Accessing Services for Children with Developmental Disabilities through Maryland Medical Assistance/Medicaid and MCHP

A Guide from the Maryland Disability Law Center

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Table of Contents

What is Maryland Disability Law Center? 5

What is Maryland Medicaid (Medical Assistance)? 5

What is HealthChoice? 5

What is the Fee-for-Service Program? 5

What Services Should be Covered by Medical Assistance? 6

What is EPSDT and Who is Eligible? 6

What are Well-Child Visits/Healthy Kids Check Ups, and What Do They Include? 6

What is Case Management? 7

What is Home Health Care? 7

What are Private Duty Nursing Services? 7

What are Durable Medical Equipment and Disposable Medical Supplies? 8

How Can I Get Medical Equipment and Supplies for a Child? 8

What About Assistive Technology (AT)? 8

When are Children on Medical Assistance Eligible for Transportation to Medical Care? 8

What are Carved-Out Services? 9

How Can I Gain Access to Mental Health Services? 9

What are EPSDT Therapeutic Behavioral Services (TBS), and How Can I Access Them? 10

How Can I Access Dental and Vision Care Through Medicaid? 11

What is Personal Care? 11

How Can I Access Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy? 11

How Can I Find a Provider for PT, OT or Speech Therapy? 12

Are Children on Medicaid Eligible for Residential Services? 12

What Services for Children are Not Covered by Medicaid? 12

What if a Child Has Private Insurance in Addition to Medicaid? 13

What is the Relationship Between Medicaid Services and Services From the Developmental Disabilities Administration (DDA)? 13

Who is Responsible for Locating and Providing the Requested Medicaid Services After They are Approved? 14

Is There a Legal Timeframe for Approving and Providing Services Once a Request or Referral Has Been Made? 14

What Should I Do If a Child Cannot Obtain Needed Medicaid Services? 14

What is Maryland Disability Law Center?

Maryland Disability Law Center (MDLC) is the designated Protection and Advocacy agency for the State of Maryland, mandated to protect and advance the civil rights of people with disabilities. We are a non-profit legal services organization. We use an array of strategies, including information and referral, direct representation, abuse and neglect investigations, technical assistance, and community outreach and training. Our goal is to create a more integrated and just society by advancing the legal rights of people with disabilities and ensuring equal opportunities to participate in community life.

What is Maryland Medicaid (Medical Assistance)?

Medicaid, also called the Maryland Medical Assistance Program, is a joint state and federal health insurance program that offers access to a broad array of healthcare services to low-income and other qualifying individuals. It is under the control of the Maryland Department of Health and Mental Hygiene (DHMH), but to apply for Medical Assistance contact your local department of social services. Children up to the age of 19 (and pregnant women) who meet income guidelines may also qualify for Medicaid/Medical Assistance under The Maryland Children's Health Program (MCHP) or MCHP Premium.

For more information, please contact your local health department, or visit the Maryland Department of Human Resources' website: http://dhr.maryland.gov/fiaprograms/medical.php or the Maryland Department of Health and Mental Hygiene's website: http://mmcp.dhmh.maryland.gov/chp/SitePages/Home.aspx.

The information in this booklet applies to those who are eligible for Medicaid under the Medical Assistance Program, MCHP, or MCHP Premium.

What is HealthChoice?

HealthChoice is the name of Maryland's statewide mandatory managed care program. The HealthChoice Program provides health care to most Medicaid recipients. Eligible Medicaid recipients enroll in a Managed Care Organization (MCO) and select a Primary Care Provider (PCP) to oversee their medical care. When participating in HealthChoice, the Medicaid recipient must select a PCP who is a member of the MCO's provider network. The PCP is a key party, and is responsible for making referrals to specialists and other services, such as durable medical equipment assessments. Some referrals require the PCP to obtain prior approval from the MCO.

What is the Fee-for-Service Program?

As an alternative to HealthChoice, some people are enrolled in the Fee-for-Service System (FFS). Under FFS, the Medicaid recipient can go to any doctor or other provider who accepts Medicaid. However, the Department of Health and Mental Hygiene (DHMH) still must approve or authorize some services in advance. If your child is in the Rare and Expensive Case Management (REM) program or the Model Waiver Program, they are in the Fee-for-Service System.

Children with specified rare and expensive conditions may qualify for the REM program. A person must be eligible for HealthChoice in order to receive REM services. For more information and/or to request a list of REM qualifying diagnoses, call DHMH at 800-565-8190 or Baltimore Health Care Access at 410-649-0521.

Children from families with income too high to qualify for Medical Assistance or MCHP may qualify for Medicaid through the Model Waiver Program, if they need health care services, such as in-home nursing, that are not covered by their private insurance in order to leave a hospital or other facility or to avoid admission in the first place. Call The Coordinating Center at 410-987-1058 for information or to apply for the Model Waiver.

What Services Should be Covered by Medical Assistance?

Almost any service deemed "medically necessary" through an assessment or screening, and recommended by a doctor or other licensed health care practitioner is covered by Medical Assistance through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. A screening does not need to be a formal process; it can include any visit by a child with a doctor or other qualified professional, regardless of whether the professional participates in the Medical Assistance program. Some covered services include:

- Regular Well-Child Check-Ups
- Case Management
- Home Health
- Private Duty Nursing
- Durable Medical Equipment and Disposable Medical Supplies
- Transportation
- Specialty Mental Health Services
- Therapeutic Behavioral Services
- Dental and Vision Care
- Personal Care
- Physical, Occupational, and Speech Therapy

The federal law lists a number of specific services that must be covered; but if a child needs services that are not on the list, the child may still be able to get them if they fall within a service category that the Medicaid Program may cover. Children who are covered by Medicaid, MCHP, or MCHP Premium have the right to virtually any home or community-based service that a health care professional determines is medically necessary.

What is EPSDT and Who is Eligible?

EPSDT stands for Early and Periodic Screening, Diagnosis and Treatment. Federal law requires the state to provide periodic screening, diagnosis and all "medically necessary" treatment services to all Medicaid recipients under 21 years old. All children in Maryland under 21 years of age receiving Medicaid benefits or MCHP, including children enrolled under the Autism Waiver, the Model Waiver, the Living at Home Waiver, or the Developmental Disabilities (DD) Waiver, are eligible for services under this broad EPSDT benefit. EPSDT includes 2 components: (1) well child visits, also called Healthy Kids Check-ups; and (2) all treatment and services that are medically necessary.

What are Well-Child Visits/Healthy Kids Check Ups, and What Do They Include?

Well Child Checkups are routine visits to the PCP that every child should have through their youth. From birth to 1 year old, children should get 7 check-ups. From 1 to 2 years old, 3 check-ups; and from 3-21 years old, at least 1 check-up a year. If a child's doctor thinks that more check-ups are necessary, they should be covered.

A check-up should include an unclothed physical exam, developmental screening, mental health screening, lead testing at ages 12 and 24 months, vision testing, hearing screening, immunizations, dental screening, health education, and laboratory tests.

What is Case Management?

Case managers assist families in coordinating referrals and authorizations, and can help a child obtain the other Medicaid services described in this booklet. Case managers also assist families by identifying resources in their communities, including providers, transportation and even non-medical services.

Upon request, children with disabilities should be assigned a case manager by their MCO. Call the Special Needs Coordinator for your child's health plan to request a case manager. Children in REM or a waiver program will be automatically assigned a case manager, but this person may be referred to as a "service," "resource," or "care" coordinator.

What is Home Health Care?

Home Health Care agencies can provide skilled nursing services and/or home health aides to provide skilled care and assist with activities of daily living. Home Health is typically provided in the Medicaid recipient's home. Some children can get physical, occupational and speech therapy at home, mental health services at home, and medical supplies to be used at home. Home health services are available on a part-time, intermittent basis to children who have a medical need for them, and cannot be accessed just because it is more convenient than bringing the child to a provider. However, there is no requirement that the child be housebound to receive home health services.

In order to receive home health services, you should get a referral from the child's doctor, and the doctor will need to get approval from the child's MCO. If the child is in fee-for-service Medical Assistance, the child's doctor will need to get approval from DHMH. The child's doctor should work in conjunction with a home health provider to obtain the services.

Shift home health aide services are available under the REM Program for eligible individuals.

What are Private Duty Nursing Services?

Medicaid also covers "private duty nursing (PDN) services" for as many hours as are medically necessary where it is ordered by the child's doctor for a child with skilled nursing needs. PDN services are provided to children on Medicaid who require skilled care rather than physical assistance or care with activities of daily living that a non-nurse could provide. PDN services can be provided in or outside of the Medicaid recipient's home. Nursing services are typically only approved when the parents are working, attending school, sleeping, or due to some special circumstances (e.g., due to parent illness or disability). DHMH does not approve nursing hours when parents -- who are expected to be trained to provide nursing to their child -- seek it for other reasons. DHMH rules exclude service coverage when services are considered for the convenience of the family.

In order to receive PDN services, you should get a referral from the child's doctor, and the doctor will need to get approval from the child's MCO. If the child is in fee-for-service Medical Assistance, the child's doctor will need to get approval from DHMH. The child's doctor should work in conjunction with a nursing agency and, where applicable, the REM case manager to obtain the services.

What are Durable Medical Equipment and Disposable Medical Supplies?

Children on Medicaid are eligible for all medically necessary Durable Medical Equipment and Disposable Medical Supplies. Examples of Durable Medical Equipment are communication devices, wheelchairs, seating and positioning devices, transfer equipment, specialized beds and more. Disposable Medical Supplies include diapers for children with incontinence, diabetic supplies, enteral/parenteral nutritional formula, formula for PKU, feeding disorders, and more.

How Can I Get Medical Equipment and Supplies for a Child?

To get equipment and supplies, get a referral from the child's doctor. In some cases, a specialized assessment may be needed to determine the appropriate equipment needs of the child. This is then processed by a Durable Medical Equipment (DME) vendor, a company that supplies equipment and that will submit a request for Medicaid approval. For children in HealthChoice, approval from the child's health plan is needed. The health plan should let you and the vendor know within 72 hours if the equipment or supplies are approved or denied. If approved, the child should receive the equipment or supplies within 7 days. If there is an emergency need, the child should receive the equipment or supplies within 24 hours. For children in a fee-for-service program, the DME vendor will seek DHMH approval for the equipment, and these timetables are not applicable. However, children in fee-for-service programs are still entitled to have equipment and supplies delivered without unreasonable delay.

What About Assistive Technology (AT)?

Assistive technology (AT) is any service or device that helps a person with a disability increase, maintain or improve his or her functional abilities. AT can be as simple as a pencil grip or slant board or as sophisticated as a voice output computer system, or seating or positioning device. AT can include devices and services to assist with writing, speaking, moving, and any other life functions. Children may be eligible for AT both through Medicaid and through the school system. When seeking AT through Medicaid, your child will need approval from the MCO (health plan) or DHMH (see discussion of medical equipment and supplies, above).

School systems must consider AT for school-age children and provide it if a student needs it in order to benefit from his or her education, regardless of whether the student is eligible for Medicaid. If a child may need AT in school, the Individualized Education Program (IEP) team should discuss the need for an AT evaluation to determine the appropriate AT, and should then include the AT on the child's IEP, if recommended. If the team agrees that a student needs to utilize AT in the home in order to make meaningful educational progress, the school must allow the student to take the device home during the evenings, on weekends, and possibly over the summer.

As your child leaves school, the school system may keep any AT it provided. If your child is leaving school and entering a day program funded by the Developmental Disabilities Administration (DDA), make sure your child has an up-to-date and accurate assessment for AT. Also ensure that AT is included in your child's IEP, prior to leaving school, and DDA's Individual Plan (IP). Your child's transition plan should include what AT he or she will need after leaving school, resources for obtaining the AT, and who is responsible for assisting in obtaining the AT.

When are Children on Medical Assistance Eligible for Transportation to Medical Care?

Children are eligible for transportation to and from medical appointments and other Medicaid services if the parents or guardians cannot provide transportation. Call the local health department's Medical

Assistance Transportation program. You can find the number in the blue government section of the phone book. Transportation will only be provided for the Medicaid recipient and parent/guardian.

What are Carved-Out Services?

For children in HealthChoice, some services are covered by Medicaid, but are not covered by the child's MCO. Children do not need MCO approval or MCO doctor referrals to access these services. This can be confusing because the parent must apply to other agencies for access to these "carved-out services" and the MCO may not be helpful in guiding you to these agencies. These services are:

1. Mental Health Services
2. Dental Care
3. Personal Care
4. Physical, Occupational, and Speech Therapy
5. Initial substance abuse assessment (also covered by the MCO)
6. Limited Residential Care for persons with developmental disabilities

How Can I Gain Access to Mental Health Services?

Children dually diagnosed with a developmental disability and mental illness can access mental health services. Maryland's Public Mental Health System requires that all mental health services be approved through a private agency working for the state called ValueOptions Maryland. Mental Health services for children and adolescents include, but are not limited to:

Diagnostic evaluation and Assessment
Medication Management
Individual Therapy
Group Therapy
Family Therapy
Intensive Outpatient Services
Mental Health Targeted Case Management
Inpatient Hospitalization
Residential Treatment Center Care
Partial Hospitalization/ Day Treatment
Therapeutic Behavioral Services (In-home behavioral aides)
Mobile Treatment
Psychological Testing

To secure services for a child with a mental illness diagnosis, a treating professional for the child should contact ValueOptions Maryland. If possible, the referring professional should use ValueOptions' ProviderConnect website at https://www.valueoptions.com/pc/eProvider/providerLogin.do.The professional can also call 1-800-888-1965 or contact ValueOptions by fax (1-877-502-1044) (keep a copy of your fax confirmation) or mail:

Jaime Miller, LCSW-C
Director of Clinical Operations
ValueOptions Maryland
P.O. Box 166
Linthicum, MD 21090
410-691-4091

Professionals or parents may also contact ValueOptions 24 hours a day for children with a developmental disability who do not have a mental illness diagnosis if they need therapeutic behavioral services, a psychiatric assessment, medication monitoring, or other related services.

Professionals: Contact ValueOptions with the specific services requested, including the frequency or number of hours per day/week (if applicable). It is also recommended that the referral be confirmed in writing, be signed by a licensed professional, document all the specifics of the service request, and document the medical necessity of the service. A sample service request for Therapeutic Behavioral Services is available in the "Publications" section of MDLC's website: www.mdlclaw.org.

All licensed mental health professionals in Maryland, whether they participate in Medicaid or not, may refer a child for mental health services through ValueOptions. Professionals can review Maryland's Public Mental Health System Provider Manual for further details. It is available upon request from the Mental Hygiene Administration, ValueOptions, or on-line at http://maryland.valueoptions.com/provider/prv_man.htm.

Families: Although families may call ValueOptions themselves to request mental health services for their child, we recommend that they obtain the assistance of a mental health professional to make the referral for services. Other than the first 12 outpatient therapy visits or emergency room care, services must generally be pre-approved by ValueOptions and will require a professional's referral. Be sure to provide the child's professional with this booklet for assistance in the referral process.

ValueOptions should comply with strict timelines found in state regulations for approving services and arranging for a provider to deliver the services.

Please refer to MDLC's publication, "Accessing Mental Health Services for Children in Maryland through Medical Assistance/Medicaid and MCHP," which can be downloaded at www.mdlclaw.org, or mailed upon contacting MDLC.

What are EPSDT Therapeutic Behavioral Services (TBS), and How Can I Access Them?

Therapeutic Behavioral Services (TBS) provides help for children who have mental illness or developmental disabilities and maladaptive behaviors. Maladaptive behavior means behavior that is harmful to one's self or others, developmentally inappropriate, and disruptive or dangerous. This service is provided at home and in the community, and includes an initial assessment, the development of a behavior plan, and an ongoing individual one-to-one aide. TBS is designed to support children who are at risk for a higher level of care without the intervention.

TBS can help to prevent the need for an out-of-home placement when a child's behaviors are too difficult for his or her caregivers to manage alone. A TBS aide can help by supporting the child in his/her family home, foster home, at school, or at day care as well as in the community. TBS can also assist a child during a transition to home from an out-of-home placement.

TBS cannot be used to provide respite care or child care during a parent's working hours, but children with a mental illness or developmental disabilities and maladaptive behaviors may be eligible for a TBS aide while in childcare, even if a parent is at work. TBS is not available as a separate service during hospitalization, a residential treatment center stay, or a group home stay (if one-to-one staffing is already provided), or in any other outpatient or residential program that already includes compensation for one-to-one support. TBS cannot be used to provide personal care services (such as bathing, toileting and eating) or to assist in activities of daily living. Personal care services are also covered by Medicaid (see section below).

If a child needs TBS services, see the section on mental health services and follow the instructions for using the ValueOptions referral system, which is also used to access TBS services. Also, see our website at www.mdlclaw.org for a sample TBS referral letter. For access to TBS services at school request an IEP meeting.

How Can I Access Dental and Vision Care Through Medicaid?

Covered vision services include one eye exam and one pair of glasses per year. But if the glasses are lost, stolen or broken, or the child's prescription changes, the child is eligible for another pair, prior to the annual review date. Children are also eligible to receive specialized glasses, like goggles, where medically necessary. The child's doctor should write a letter explaining the need for specialized glasses.

Dental services are carved out of the HealthChoice program, and are available through the Maryland Healthy Smiles Dental Program. Contact DentaQuest for information and participating dentists at 1.888.696.9598 or www.dentaquestgov.com. Covered dental services include teeth cleaning, fluoride treatment, exams, emergency care, preventive services, sealants, orthodontic care, general anesthesia and other treatment.

What is Personal Care?

A personal care aide assists in the home with activities of daily living such as feeding, toileting, bathing, dressing and mobility if it is medically necessary. No waiting list can be maintained for this service. Personal care services cannot be used as a substitute for childcare. Personal Care, in contrast to Private Duty Nursing or Home Health Care, is for individuals who do not require skilled care.

Anyone, including a family member, case manager, or other person can make a referral for this service by contacting the county personal care program within each county health department. If you contact the health department but have trouble in getting a child assessed and approved for personal care services or getting an aide to provide sufficient hours, contact MDLC.

Even after approval for services, local health departments may have trouble finding someone to provide personal care services at the current payment rate, which is a low flat rate per day. If you have a friend, neighbor or relative willing to provide personal care, that person can apply to become an approved provider for the child. Approved providers cannot be the spouse, parent (of a dependent child), or an individual who has full and unrestricted powers of guardianship of the person requiring personal care.

How Can I Access Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy?

If a licensed provider of these services determines that PT, OT or Speech Therapy are medically necessary, children are entitled to receive them. These services are carved out of HealthChoice. That means that you do NOT go through the child's MCO or need a doctor's referral to receive them. Even if a child is receiving these therapies at school, he or she is eligible for additional hours with a provider outside of school, if the additional hours are medically necessary. The therapies provided by schools are very limited and often are targeted to the school setting, not the home or community setting.

In order to access these services, contact a provider. Be sure to confirm with the provider that they accept Medical Assistance.

How Can I Find a Provider for PT, OT or Speech Therapy?

Contact a hospital close to your home. Many hospitals provide these services on an outpatient basis. In Baltimore, facilities such as Kennedy Krieger Institute and Mount Washington Pediatric Hospital provide these services. In the Washington D.C. area, Children's National Medical Center and HSC Pediatric Center provide these services.

1. In Baltimore, contact PACT: Helping Children with Special Needs at 410-298-7000.
2. In Harford County (and some parts of Baltimore County), call the Maryland Therapy Network at 410-569-0990 (Harford) or 410-515-4900 (Baltimore).
3. Call the Maryland Speech Language Hearing Association at 410-239-7770.
4. Call Medical Assistance at 1-800-492-5231 for a list of providers.

Are Children on Medicaid Eligible for Residential Services?

Unless a child is in a Waiver program, the Medicaid program only covers institutional placements in hospitals, nursing homes, Intermediate Care Facilities for the Intellectually Disabled (ICF-ID), and residential treatment centers (for psychiatric care). Long term placements in these facilities are NOT usually recommended for children.

If a family is interested in obtaining community-based residential care for a child who needs 24 hour per day supervision and active treatment, they should apply to the Developmental Disabilities Administration (DDA). Call DDA at 410-767-5600. However, many children are found ineligible or placed on a waiting list by DDA. If a child who needs 24 hour a day care and supervision is not already in a waiver program, he or she may be eligible to be placed in a waiver program in order to access community-based residential services or other intensive community-based services that would enable the child to live at home.

Children in the Autism Waiver or Developmental Disabilities Waiver are eligible for community-based residential programs, if a health care professional finds that such a placement is medically necessary.

MDLC focuses on getting children community-based services, so they can continue to live at home. In most cases, we can provide information but will not be able to represent children in obtaining residential services.

What Services for Children are Not Covered by Medicaid?

Room and board costs (for example, a group home or foster home) are not covered under federal Medicaid law.

Habilitation services, which teach children with developmental disabilities new skills or behaviors, are not covered under regular Medicaid, but may be provided through a home and community-based waiver program. However, rehabilitation services, which can be hard to distinguish from habilitation, are covered by Medicaid.

Respite care is also not a covered service under Medicaid because its purpose is to assist the family, not to improve the child's medical condition. However, some respite is available through state funding and for children in some waiver programs. Contact the Developmental Disabilities Administration at 410-767-5600, the local Department of Social Services, or some local health departments.

What if a Child Has Private Insurance in Addition to Medicaid?

Medicaid is the payer of last resort. If a child has other insurance coverage, Medicaid will only pay if the other insurance will not cover the service. Try to find a provider who participates in both the child's private health insurance plan and Medicaid. If the private insurance does cover a service, Medicaid will pay the co-pay if the provider is a Medicaid provider. Be sure to let the provider know that the child has Medical Assistance or MCHP in addition to the private insurance.

What is the Relationship Between Medicaid Services and Services From the Developmental Disabilities Administration (DDA)?

DDA provides additional services not covered by the regular Medicaid program. These DDA services include respite care, staff support in the home, environmental modifications, behavior supports, assistive technology and residential services. Because funding for new applicants is limited, DDA assigns each applicant a priority category. DDA can usually provide new services only to people in its Crisis Resolution priority category: people who are in crisis. One important exception is that for many years, DDA has had funding to serve eligible young adults as they transition from school after they turn 21 years old. Youth with developmental disabilities who leave or complete school before age 21 are not included in DDA's definition of transition aged youth.

DDA provides most of its services through a Medicaid waiver program that accepts a limited number of new participants each year. DDA can enroll many children and adults in its Medicaid waivers even if they are not eligible for community Medical Assistance. The eligibility criteria for Medicaid waivers allow a child's family's income to be ignored and allow the monthly income of individuals over 18 years old to be 300% of the maximum monthly SSI benefit. All people enrolled in DDA Medicaid waivers are entitled to receive Medical Assistance for health care as well as all the DDA Medicaid waiver services they need.

DDA gives no special preference to children on Medical Assistance or MCHP who apply to enroll in DDA's Medicaid waivers. However, if funding is available, DDA will serve children in the Crisis Resolution priority category. MDLC advises the families of all children with developmental disabilities to apply to DDA for services and establish their eligibility and priority category. Because priority categories can change when family or individual circumstances change, be sure to notify DDA or your child's resource coordinator if you believe your child should be in a higher priority category. If your child is not eligible for services, but needs services now, he or she will be placed on a waiting list. If services will be needed in the future, the child will be in DDA's future needs registry. DDA's future needs registry is different from the Autism Waiver registry because DDA makes an eligibility determination before placing individuals on the future needs registry. If you believe DDA made a wrong decision about eligibility or priority category, you should request reconsideration or file an appeal.

Even if your child cannot enroll in DDA's Medicaid waivers, DDA has some limited funding for Low Intensity Support Services (LISS) to address a wide range of individual needs for up to $3,000/year on a first come, first served basis. Again depending on the availability of funds, DDA can approve additional LISS funding beyond $3,000. If you do not know if a needed service is funded by DDA through Medicaid or by state only funds or whether a child is in the waiver, contact MDLC for assistance.

We recommend that parents of children with developmental disabilities keep documentation of the child's eligibility and priority category. Additionally, parents should ask the resource coordinator for help in keeping the priority category current. Having this information on file at home and with DDA will speed the process when the child applies for specific DDA services. See the following website for more information: http://www.dhmh.state.md.us/dda_md/howtoapply.htm.

Who is Responsible for Locating and Providing the Requested Medicaid Services After They are Approved?

The State of Maryland's Medical Assistance Program is responsible for arranging corrective treatment through referral to appropriate and qualified individuals or agencies that are willing and able to provide the covered services. The family and the professional or agency requesting authorization for services are NOT required to locate, arrange or provide the services. However, parents have a right to request the Medicaid provider of their choice if the provider is willing and able to serve the child. If a child is having trouble obtaining a Medicaid service, you may also request a case manager's help. Call DHMH at 1-800-284-4510 or the child's health plan to ask for assistance.

Is There a Legal Timeframe for Approving and Providing Services Once a Request or Referral Has Been Made?

Yes. Under federal law, Medicaid services must be approved and provided (or denied) with "reasonable promptness." There is not one definition for how long it should take for a child to get a service he or she needs. It depends on the individual facts and circumstances, such as whether there is an urgent need for a particular service. However, the child should be able to receive Medicaid services without being put on a waiting list. If a family is told that a child is not able to get any service that a professional has said he or she needs within a reasonable time or the family is told the child is on a waiting list, please contact MDLC's intake office.

What Should I Do If a Child Cannot Obtain Needed Medicaid Services?

If a service the child needs is denied or there is a delay in getting the service because of provider problems or for other reasons, the family has the legal right to take further action. Contact MDLC's intake office by calling 410-727-6352 or 1-800-233-7201 between 10am and 12 noon.

In some cases, MDLC may be able to provide legal representation. Representation by MDLC is free. In other cases, we may refer individuals to other attorneys who can represent them for free. MDLC has a list of private attorneys who are willing to represent children from low income families on a pro bono basis. However, there is no guarantee that a pro bono attorney will be available at the time you contact MDLC.

If a child is denied a service that should be covered by the HealthChoice Program and has a Managed Care Organization, you can call the Health Enrollee Action Line (HEAL Line) to file a complaint or an appeal: 1-800-284-4510. You should contact MDLC for advice first. A local ombudsman may also be assigned to help access needed benefits and services. If a child is denied a service that should be covered in the Fee-for-Service Program, call 1-800-492-5231 to file a complaint or appeal. If possible, please make all complaints in writing.

Parents/guardians are entitled to request a Medicaid "Fair Hearing," which is an administrative hearing to resolve the problem. There may also be other, more informal appeal options that vary depending on which service the child cannot obtain. Contact MDLC for more information on how to appeal.

GLOSSARY

AT – Assistive Technology

DD – Developmental Disabilities

DDA – Developmental Disabilities Administration

DHMH – Department of Health and Mental Hygiene

DME – Durable Medical Equipment

DMS – Disposable Medical Supplies

EPSDT – Early and Periodic Screening Diagnosis and Treatment

FFS – Fee For Service

HEAL – Health Enrollee Action Line

ICF-ID - Individual Care Facility for the Intellectually Disabled

IEP – Individualized Education Program

IP – Individual Plan

LISS – Low Intensity Support Services

MA – Medical Assistance

MCHP – Maryland Children's Health Program

MCO – Managed Care Organization

OT – Occupational Therapy

PCP – Primary Care Physician

PDN – Private Duty Nursing

PT – Physical Therapy

REM – Rare and Expensive Case Management

TBS – Therapeutic Behavioral Services

RESOURCES

Baltimore Health Care Access
Phone: 410-649-0521 *information for Baltimore City residents*
Web: www.baltimorehealthcareaccess.org

DentaQuest *dental services*
Phone: 1.888.696.9598
Web: www.dentaquestgov.com

Maryland Department of Health and Mental Hygiene
Phone: 1-800-565-8190 *for REM information*
Phone: 1-800-284-4510 *for help when you have difficulty obtaining a Medicaid service*
Web: http://mmcp.dhmh.maryland.gov/chp/SitePages/Home.aspx. *Medicaid information*

Maryland Department of Human Resources
Web: http://dhr.maryland.gov/fiaprograms/medical.php *Medicaid information*

Maryland Developmental Disabilities Administration
Phone: 410-767-5600
Web: www.dda.dhmh.maryland.gov

Maryland Disability Law Center
Legal advocacy for Marylanders with disabilities
Phone: 410-727-6352
Web: www.mdlclaw.org

Maryland Medical Assistance
Phone: 1-800-492-5231 *for a list of PT, OT and speech therapy providers*

Maryland Speech Language Hearing Association
Phone: 410-239-7770
Web: www.mslha.org

Maryland Therapy Network
Phone: 410-569-0990 *finding OT, PT and speech services in Harford County*
Phone: 410-515-4900 *finding OT, PT and speech services in Baltimore County*
Web: www.marylandtherapynetwork.com

PACT: Helping Children with Special Needs
Phone: 410-298-7000 *finding OT, PT and speech services in Baltimore City*
Web: www.pact.kennedykrieger.org

Public Mental Health System Providers' Manual
Web: http://maryland.valueoptions.com/provider/prv_man.htm

The Coordinating Center
Phone: 410-987-1058 *for Model Waiver application*
Web: www.coordinatingcenter.org

Value Options Provider Connect
For treating professionals to secure services for children with mental health diagnoses
Phone: 1-800-888-1965 Fax: 1-877-502-1044
Web: https://www.valueoptions.com/pc/eProvider/providerLogin.do

NOTES

Maryland Disability Law Center
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