TCM Plus Referral Guide

Targeted Care Management (TCM) Plus is a program designed by the Behavioral Health Administration (BHA) to support youth and families with a combination of risk factors and intensive mental health or substance use issues. TCM Plus offers additional services beyond those provided by standard care coordination. This includes funding for customized goods/services included in a Plan of Care that offer a therapeutic benefit and family-to-family peer support. Youth who receive Medicaid (Medical Assistance) are automatically approved for services. Additionally, 60 youth statewide with no insurance or private insurance can access TCM Plus services.¹ Referrals are open on a first-come, first-served basis at the discretion of the BHA. This guide consists of documents to assist in navigating the TCM Plus system. Each resource included in this guide, as well as the page in this guide you can find it on, is listed below.

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¹ Retrieved from: http://www.mdcoalition.org/blog/a-new-service-targeted-case-management-tcm-plus

Updated April 2020
Community Provider Agreement

This CONTRACT made as of the START OF CONTRACT DATE, by and between Office on Mental Health, Core Service Agency of Harford County, Inc. ("CSAHC"), a mental health authority for Harford County, 125 North Main Street, Bel Air, Maryland 21014, and CARE COORDINATION OFFICE ("Community Provider"), a non-profit corporation of the State of Maryland, for which Provider agrees to provide specific services in exchange for payment.

WITNESSETH:

WHEREAS, CSAHC is expanding services for youth who are referred to the Mental Health Case Management: Targeted Case Management Plus program within the State of Maryland pursuant to funding from Department of Health; and,

WHEREAS, CSAHC has a policy of using to the fullest extent possible all existing private agencies and resources; and,

WHEREAS, CSAHC seeks Community Providers to participate with the CSAHC in participation with the Behavioral Health Administration (BHA) in implementing the “Targeted Case Management Plus Program” for youth and families with the overarching purpose of increasing access to and availability of these critical family support services statewide, specifically for families with private insurance or who otherwise do not have Medical Assistance eligibility, and

WHEREAS, CSAHC wants to form partnerships with community providers to deliver these services; and,

NOW, THEREFORE, the parties hereto agree as follows:

FIRST: CONTRACT SERVICES

Community Provider agrees to deliver services as described in Appendix A of this Contract. Such services will be delivered in accordance with professionally accepted standards of quality to the satisfaction of CSAHC.

The Community Provider agrees to be a participating agency in the Targeted Case Management Plus program, a project whose mission is to support the expansion of care coordination services for youth and families who do not have Medical Assistance eligibility.

The specific expectations of the participating agencies are outlined in Appendix A.

SECOND: PAYMENT FOR SERVICES
A. CSAHC shall reimburse community provider $1,235.63/month per youth or $41.19/day for youth who are enrolled for less than a full calendar month.

B. The CSAHC will forward these payments upon receipt of approval and payment from the Behavioral Health Administration for said services. See Appendix B (Care Coordination Plus Monthly Services Invoice & Entering and Exiting Report, pg. 7 and 8 in the referral guide) for blank invoices to be used for reimbursement.

C. The Community Provider agrees to supply BHA a quarterly report as set forth in Appendix A. See Appendix C (Care Coordination Plus Quarterly Report, pg. 9 in the referral guide) for a blank report.

D. The parties agree that upon termination of this Contract any necessary adjustments shall be made and all monies due for services rendered prior to termination shall be paid in a timely manner as received by CSAHC from the MDH. If monies are owed to the CSAHC by community provider, legal action will be taken to collect them inclusive of any related expenses incurred in the pursuit thereof.

THIRD: CONTRACT AMENDMENT

No amendment to this Contract shall be effective unless it is in writing and signed by duly authorized representatives of CSAHC and community provider.

FOURTH: APPLICABLE LAW

This Contract shall be construed by and governed under the laws and regulations of the State of Maryland. community provider agrees to accept such additional conditions imposed by CSAHC that may be required by law, by the Maryland State Department of Health, by the Behavioral Health Administration, or by Executive Order governing the use of such funds. Such additional conditions shall not become effective until Community Provider has been notified in writing.

FIFTH: TERM OF AGREEMENT: CANCELLATION

A. This Contract shall be effective for the period July 1, 2019, through June 30, 2020.

B. This Contract may be canceled without cause by either party upon serving forty-five (45) days written notice of termination to the other party. CSAHC shall not be obligated to pay for any services provided by Community Provider after it has received notice of termination without the written approval of CSAHC.

SIXTH: INDEMNIFICATION

The Community Provider shall indemnify and hold harmless CSAHC and their employees against any claims, liabilities, or expenses (including reasonable attorney's fees) arising as a result of any actions and/or omissions of the providers, employees, agents, contractors or servants while rendering care or service under this Contract.

SEVENTH: COMMUNITY PROVIDER

It is agreed by the parties that at all times and for all purposes hereunder the Community Provider is not an employee of the CSAHC. No statement contained in this Contract shall be constructed so as to find the
Independent Contractor or any of its employees, contractors, servants or agents to be employees of CSAHC, and they shall be entitled to none of the rights, privileges, or benefits of employees of CSAHC.

EIGHTH: COOPERATION AND INTERFACE

Community Provider shall participate with the CSAHC acting as a Targeted Case Management Plus Provider in participation with the Behavioral Health Administration (BHA) in implementing the “Care Coordination for Children and Youth Program”.

NINTH: MISCELLANEOUS

A. Time shall be of the essence to this Contract.

B. This Contract shall not be assigned by either party without the written consent of the other party.

C. This Contract sets forth the entire Contract between the parties with respect to the subject matter, hereof, and no amendment, change or modification shall be effective unless process in accordance with paragraph THIRD of this Contract.

IN WITNESS WHEREOF, the parties hereto have executed this Contract to be effective for the term stated herein.

DATE: ______________________ BY: ____________________________________________

CARE COORDINATION OFFICE, Community Provider

DATE: ______________________ BY: ____________________________________________

Jessica Kraus, Executive Director
Office on Mental Health
Core Service Agency of Harford County, Inc.
APPENDIX A

TCM Plus FY19

The goal of the program is to provide services to children/youth who have a combination of risk factors and who would benefit from care coordination and additional supports. Referrals will be open on a first-come, first-served basis at the discretion of the Behavioral Health Administration (BHA). Services will be open to 60 youth without Medical Assistance which may include youth with private insurance.

- Youth without Medical Assistance and those in TCM Levels I-III deemed eligible will be able to receive these supports for up to 6 months from the date of enrollment. Youth may be reauthorized in increments of 6 months following reassessments. Services will be available statewide on a first-come, first served basis at the discretion of BHA beginning on July 1st.

- For youth who have private insurance or who do not otherwise meet eligibility for Medical Assistance but who meet the TCM Plus criteria, referrals should be sent directly to BHA using the TCM Plus referral Form. BHA will facilitate enrollment with a CCO and authorization of the additional services. Youth enrolled in these slots will be offered high fidelity care coordination in addition to the additional supports.

- The CCO must work with the Maryland Coalition of Families to provide family or peer support to TCM Plus participants.

- Submit monthly invoices (Appendix B; Care Coordination Plus Monthly Services Invoice & Entering and Exiting Report, pg. 7 and 8 in the referral guide) no later than the 15th of the following month to Leah Keenan at lkeenan@harfordmentalhealth.org.

- Submit Quarterly data (Appendix C; Care Coordination Plus Quarterly Report, pg. 9 in the referral guide) to Candice Adams at Candice.adams@maryland.gov no later than October 15th, January 15th, April 15th, and July 15th.
Eligibility Criteria for TCM Plus Referrals (Effective August 1, 2016)

Referrals must meet one of the three following criteria at the time of referral:

A. Child/youth is being discharged from a Residential Treatment Center (RTC) placement with a discharge plan that recommends community-based services;

B. Child/youth is enrolled in a Home and Hospital Program; or

C. Child/youth is experiencing a combination of the risk factors listed below and would benefit from cross-discipline and multiple agency resources. To be eligible, the child/youth must present with at least two risk factors from those listed below. The risk factors listed under “3” are considered separate risk factors that can be counted separately.

1. Child/youth has run away from home.
2. Child/youth uses substances illegally.
3. Child/youth has significant behavioral problems at school which could include the following:
   a. School suspension(s)/expulsion(s);
   b. Chronic absenteeism, as defined below:
      i. Chronic absenteeism is defined as a student who is absent more than 20% of school days in the last 12 months.
   c. Academic failure (as defined below); or
      i. Academic failure is defined as either receiving lower than a grade of D as a final grade for any class in any marking period or receiving an indication that the student is in danger of receiving a grade lower than a D as a final grade for any class.
   d. Displays school avoidance behaviors (a pattern of avoiding or refusing to attend school), including, but not limited to complaints of illness that have no medical basis, school phobia or fear, separation/performance/social and other anxieties, absences or tardiness on significant days (tests, assemblies, speeches), excessive worrying, excessive requests to call/go home/visit the nurse’s office, crying to go home, etc.
   e. Significant involvement with school support teams.

4. Child/youth has been arrested or has had previous or continuing involvement with the Department of Juvenile Services (DJS).
   a. Involvement with DJS includes the following:
      i. Child/youth who has been through adjudication and may be in pending-placement status in a detention facility or in the community;
      ii. Child/youth who is in out-of-home placement in a group home, therapeutic group home, treatment foster care, or Transition Age Youth program;
      iii. Child/youth committed to DJS; or
      iv. Child/youth who has had a pre-adjudication hearing with DJS.

5. Child/youth has failed to successfully complete the terms or conditions of a Teen Court program.

6. Child/youth has been a victim of maltreatment which may include the following:
   a) Abuse;
   b) Neglect; or
   c) A witness to domestic violence.
Referral and Enrollment Protocol

Youth with Medical Assistance

1. Youth are referred using the standard TCM referral form to the Administrative Services Organization (ASO) for Targeted Case Management authorization.

2. The ASO determines the appropriate level of TCM and authorizes an enrollment with a Care Coordination Organization (CCO).

3. The CCO and/or Core Service Agency (CSA) assess the child/youth for additional need and determine eligibility for TCM Plus.

4. The CCO and/or LBHA/CSA refer the child/youth using the TCM Plus Referral Form to BHA for authorization.

5. After reviewing eligibility, BHA authorizes TCM Plus and notifies the CCO, CSA, and the Maryland Coalition of Families.

6. As youth discharge from services, it is important that BHA is notified immediately so that new youth may be authorized for services

Youth without Medical Assistance

1. Youth are referred using the TCM Plus referral form to BHA for TCM Plus authorization.

2. After reviewing eligibility, BHA authorizes TCM Plus and notifies the appropriate CCO, CSA, and Maryland Coalition of Families.

3. Once a child/youth has been authorized, care coordination services will be provided by the CCO.

4. As youth discharge from services, it is important that BHA is notified immediately so that new youth may be authorized for services

Candice Adams is the initial point of contact for all TCM Plus referrals and can be reached at: Candice.adams@maryland.gov or 410-402-7335
### Care Coordination Plus Monthly Services Invoice

*This two-page document (including the “Entering and Exiting Report”) is typically completed by an agency’s billing department*

**Number of Youth Served**

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<th>Month:</th>
<th>Number of Youth Served</th>
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<td>Full</td>
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<td>Care Coordination Plus</td>
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**Adjustment Explanation:**

Adjustment Explanation:

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# Care Coordination Plus
(Month Year) Entering and Exiting Report

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<th>Number of Youth Exits</th>
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**TOTAL** $-
Care Coordination Plus Bi-annual Report  
TCM Plus FY20XX  

*This document is typically completed by a manager or supervisor*

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<th>Reporting Period: ___________________________</th>
<th>Provider Name: ___________________________</th>
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<th>Living Situation at Enrollment</th>
<th>Living Situation at Discharge</th>
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<th>Was a higher intensity of service or level of care required?</th>
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Submitted By: ________________ Date: ________________  
Please email completed form to Candice Adams – Candice.adams@maryland.gov  
Reports are due December 31st and June 30th  

Updated March 2020
Referral source prepares the referral

Does the youth have Medical Assistance (MA)?

Yes, youth has MA.
Youth is referred to appropriate level of Targeted Case Management through ASO and enrolled in a CCO. All authorizations and reimbursements for care coordination flow through Beacon.

Is the youth eligible for TCM Plus?

Yes, youth is eligible for TCM Plus.
Referral information is then sent to BHA who will authorize TCM Plus and notifies the CCO of approval via e-mail. In addition to the care coordination provided through Targeted Case Management, youth will have access to a peer/family support specialist and customized goods and services through the Maryland Coalition of Families.

No, slots are not available
Youth is added to the Non-MA Waiting List column on the monthly report sent to BHA. CCO monitors waiting list status. BHA notifies CCO via e-mail when youth is approved for services.

Yes, slots are available.
BHA approves the referral and notifies the CCO of approval via e-mail.

No, youth does not have MA.

Is the youth eligible for TCM Plus?

Yes, youth is eligible for TCM Plus.
Referral information is sent to BHA who will authorize TCM Plus. Youth is enrolled in a CCO. Care Coordination costs are reimbursed through Harford County CSA. Youth will have access to a peer/family support specialist and customized goods and services through the Maryland Coalition of Families. (Maximum of 60 slots)

No, youth is not eligible for TCM Plus.
Youth is denied care coordination; notify referral source.

Are there available slots?
Referral Form: TCM Plus

**Please complete the form in its entirety. Enter “N/A” for sections that are not applicable.**

A fillable pdf of this form is available at bit.ly/Youth-Care-Coordination

Youth’s Name: ____________________________ Date of Referral: ______________

Street Address: ____________________________ City: ______________ State: _______ Zip: __________

Youth’s Cell Phone: ________________________ Youth’s Alternate Phone: ________________________

Identified Gender: __ Male __ Female Insurance Type: __ Medical Assistance __ Private __ Uninsured

Date of Birth: ______________ Age: _______ MA#/Insurance Provider: ________________________

Name(s) of Parent(s) or Legal Guardian(s) (if legal guardian, a court order must be attached):
________________________________________________________________________________________________

Address (if different from youth): ____________________________ E-Mail: ____________________________

Parent(s)/Guardian(s)’ Phone: ____________________________ Alternate Phone: ________________________

**Ethnicity, Race, and Language**

__ Not Available __ American Indian or Alaskan Native __ Asian __ Black or African American

__ Hispanic, Latinx, or Spanish origin __ Native Hawaiian or Pacific Islander __ White

Primary Language: ____________________________ Are interpretation services required? __ Yes __ No

Deaf or hearing impaired: __ Yes __ No Blind or visually impaired: __ Yes __ No

Special Accommodations: _______________________________________________________________________

**Living Situation** Does this youth currently live or have a plan to live in a group home or any other congregate group setting other than a family or foster home? __ Yes __ No

**School / Education**

Is this youth enrolled in school? __ Yes __ No If yes, school name: __________________________________

Grade: ___________ Eligible for Special Education Services: __ Yes __ No IEP/504 Plan: __ Yes __ No

**Behavioral Health Diagnosis**

Does this youth have a behavioral health diagnosis? __ Yes __ No DSM 5 / ICD 10 Code: _______________________

Diagnosed by: ____________________________ Name of Diagnosis: ____________________________

**Reason for Referral**

Please provide a brief explanation of the reasons why the child/youth is referred based on TCM Plus eligibility criteria: ________________________________________________________________

**Release of Information** (please review and have a parent or legal guardian sign the release):

I understand that I am applying for Care Coordination and additional supports in (county name): _____________________________. This service has been explained to me and I understand that if approved I will participate in development of a Plan of Care with a team of people working with my family. I authorize the release of information to the Behavioral Health Administration so they can conduct an eligibility determination for TCM Plus services and to the Maryland Coalition of Families to facilitate the engagement of a family or peer support partner. I understand that I may revoke my permission at any time by written or verbal request.

Signature of parent or legal guardian: ____________________________ Date: ______________

Witness signature: ____________________________ Date: ______________

Name of Person Making Referral: ____________________________ Agency Name: ____________________________

E-Mail: ____________________________ Phone: ____________________________ Fax: ____________________________

Please send the referral securely to Candice.Adams@maryland.gov or fax to (410) 402-7335

**BHA Use Only**

Received By: ____________________________ Date: ______________ Status: __ Approved __ Denied

Reason for Denial: __________________________________________________________________________

Additional Comments: ______________________________________________________________________

For assistance or further information/clarification about services, please contact your local LBHA/CSA.
### Care Coordination Organization (CCO) Contacts

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<thead>
<tr>
<th>Jurisdiction</th>
<th>CCO Name</th>
<th>CCO Phone #</th>
<th>CCO Fax#</th>
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<td>Pressley Ridge of Western MD</td>
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<td>301-724-8417</td>
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<td>Anne Arundel</td>
<td>Center for Children</td>
<td>301-609-9887</td>
<td>301-609-7284</td>
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<td>Baltimore City</td>
<td>Hope Health Systems</td>
<td>410-265-8737</td>
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<td>443-293-7086</td>
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<td>301-609-7284</td>
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<td>410-690-4806</td>
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<td>443-244-4113</td>
<td>240-578-4885</td>
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<td>Garrett</td>
<td>Burlington United Methodist Family Svcs.</td>
<td>301-334-1285</td>
<td>301-334-0668</td>
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<td>Harford</td>
<td>Empowering Minds Resource Center</td>
<td>443-484-2306</td>
<td>443-484-2970</td>
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<td>Montgomery</td>
<td>Volunteers of America</td>
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<td>301-306-5105</td>
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<td>Queen Anne’s</td>
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<tr>
<td>St. Mary’s</td>
<td>Center for Children</td>
<td>301-609-9887</td>
<td>301-475-3843</td>
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<td>Somerset</td>
<td>Wraparound MD</td>
<td>410-219-5070</td>
<td>410-219-5072</td>
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<td>Talbot</td>
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<td>Washington</td>
<td>Potomac Case Management</td>
<td>301-791-3087</td>
<td>301-393-0730</td>
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<tr>
<td>Wicomico</td>
<td>Wraparound Maryland</td>
<td>410-219-5070</td>
<td>410-219-5072</td>
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<tr>
<td>Worcester</td>
<td>Worcester Co Health Dept.</td>
<td>410-632-9230</td>
<td>410-632-9239</td>
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Updated April 2020
Local Behavioral Health Authority/Core Service Agency (LBHA/CSA) Contacts
These organizations provide additional assistance, clarification, and information about services.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>Organization</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
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<tbody>
<tr>
<td>ALLEGANY COUNTY</td>
<td>Allegany Co. Behavioral Health System’s Office</td>
<td>P.O. Box 1745, Cumberland, MD 21501</td>
<td>301-759-5070</td>
<td>301-777-5621</td>
</tr>
<tr>
<td>ANNE ARUNDEL COUNTY</td>
<td>Anne Arundel County Mental Health Agency</td>
<td>PO Box 6675, MS 3230, 1 Truman Parkway, 101, Annapolis, MD 21401</td>
<td>410-222-7858</td>
<td>410-222-7881</td>
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<tr>
<td>BALTIMORE CITY</td>
<td>Behavioral Health System Baltimore</td>
<td>100 S. Charles Street, Tower II, 8th Floor, Baltimore, MD 21201-3718</td>
<td>410-637-1900</td>
<td>410-637-1911</td>
</tr>
<tr>
<td>BALTIMORE COUNTY</td>
<td>Bureau of Behavioral Health of Baltimore County</td>
<td>6401 York Road, 3rd Floor, Baltimore, MD 21212</td>
<td>410-887-3828</td>
<td>410-887-3786</td>
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<tr>
<td>CALVERT COUNTY</td>
<td>Calvert County LBHA/CSA</td>
<td>975 Solomon’s Island Rd, Prince Frederick, MD 20678</td>
<td>410-996-5112</td>
<td>410-414-8092</td>
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<tr>
<td>CHARLES COUNTY</td>
<td>Department of Health LBHA/CSA</td>
<td>P.O. Box 1050, 4545 Crain Hwy., White Plains, MD 20695</td>
<td>301-609-5757</td>
<td>301-609-5749</td>
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<tr>
<td>FREDERICK COUNTY</td>
<td>Mental Health Mgmt. Agency of Frederick County</td>
<td>22 South Market Street, Suite 8, Frederick, MD 21701</td>
<td>301-682-6017</td>
<td>301-682-6019</td>
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<tr>
<td>GARRETT COUNTY</td>
<td>Garrett County LBHA/CSA</td>
<td>1025 Memorial Drive, Oakland, MD 21550-1943</td>
<td>301-334-7440</td>
<td>301-334-7441</td>
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<tr>
<td>HARPERSFORD COUNTY</td>
<td>Office on Mental Health of Harford County</td>
<td>125 N Main Street, Bel Air, MD 21014</td>
<td>410-803-8726</td>
<td>410-803-8732</td>
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<tr>
<td>HOWARD COUNTY</td>
<td>Howard County Mental Health Authority</td>
<td>8930 Stanford Blvd., Ascend One Bldg., Columbia, MD 21045</td>
<td>410-313-7350</td>
<td>410-313-7374</td>
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<tr>
<td>MONTGOMERY COUNTY</td>
<td>Department of Health &amp; Human Services, Montgomery County Government</td>
<td>401 Hungerford Drive, 1st Floor, Rockville, MD 20850</td>
<td>240-777-1400</td>
<td>240-777-1145</td>
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<tr>
<td>PRINCE GEORGE’S COUNTY</td>
<td>Prince George’s County Health Department</td>
<td>Behavioral Health Services Prince George’s County LBHA/CSA 9314 Piscataway Road, Clinton, MD 20735</td>
<td>301-856-9500</td>
<td>301-324-2850</td>
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<tr>
<td>ST. MARY’S COUNTY</td>
<td>St. Mary’s County Health Dept.</td>
<td>21580 Peabody Street, Leonardtown, MD 20650 Phone: 301-475-4330 ext. 1682 Fax: 301-363-0312</td>
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<tr>
<td>SOMERSET COUNTY</td>
<td>Somerset County Health Department</td>
<td>7920 Crisfield Highway, Westover, MD 21871</td>
<td>301-324-2850</td>
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<tr>
<td>WASHINGTON COUNTY</td>
<td>Washington County Mental Health Authority</td>
<td>339 E. Antietam St., Suite 5 Hagerstown, MD 21740</td>
<td>301-739-2490</td>
<td>301-739-2250</td>
</tr>
<tr>
<td>WICOMICO/SOMERSET COUNTIES Wicomico Behavioral Health Authority/Somerset Core Service Agency</td>
<td>108 East Main Street, Salisbury, MD 21801</td>
<td>410-543-6981 Fax: 410-219-2876</td>
<td>410-632-3366 Fax: 410-632-0065</td>
<td></td>
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<tr>
<td>WORCESTER COUNTY</td>
<td>Worcester County LBHA/CSA</td>
<td>P.O. Box 249, Snow Hill, MD 21863</td>
<td>410-632-3366</td>
<td>410-632-0065</td>
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Customized Goods and Services Protocol (Effective July 1, 2018)

Customized Goods and Services are used in support of the Plan of Care (POC) for a young person enrolled in TCM Plus. All Customized Goods and Services expenditures are expected to be primarily driven by choices made by the young person with the support of their family and other community supports for an identified therapeutic goal. This “self-determined” approach encourages the young person, their family members and other supporters, to be creative and take on a degree of personal responsibility for their charted path towards improved health and functioning. As a result, the goal of Customized Goods and Services is to actualize realistic movement towards wellness, the objectives of which are incorporated into the overall Plan of Care in a context of mutually supportive community and family support. Customized Goods and Services are not synonymous with flexible funds as defined in the past, which could be used to address crucial items resulting from family cash shortfalls (e.g. rent) or for services that the young person may not be fully invested in (e.g. necessary but unwanted tutoring) This is not to suggest that these of expenditures are not critical but they must be accessed through other sources. In addition to meeting this therapeutic, self-determined and integrated community support philosophy, the funds must only be used for reasonable and necessary costs. A reasonable cost is one that, in its nature and amount, does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. Necessary costs have been generally determined to be those that are likely to improve outcomes or remediate a particular and specific need identified in the POC.

Broader policy requirements mandate that we specify unallowable costs, which is difficult to do. The following list, some of which are highly self-evident, are taken directly from the 1915(i) State Plan Amendment application approved by the Centers for Medicare and Medicaid Services. Unallowable costs include, but are not limited to the following:

1. Alcoholic Beverages;
2. Bad Debts;
3. Contributions and Donations;
4. Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringement;
5. Entertainment Costs;
6. Incentive compensation to employees;
7. Personal use by employees of organization-furnished automobiles (including transportation to and from work);
8. Fines and Penalties;
9. Goods or Services for Personal Use;
10. Interest on Borrowed Capital/Lines of Credit;
11. Costs of Organized Fundraising;
12. Costs of Investment Counsel/Management;
13. Lobbying;
To the extent possible, Customized Goods and Services should be used as the funding source of last resort - only for those costs that cannot be covered by any other source and that are vital to the implementation of the individual’s’ specified and approved plan. It is requested that at least two other unsuccessful funding sources were identified and documented prior to requesting funds.

Documentation: The Maryland Coalition of Families (MCF) Family Peer Support Specialist (FPSS) shall use the standardized form to request customized goods and services. The form shall be provided by BHA.

Reimbursement: MCF will act as the fiscal agent for goods and services once approval of purchase is provided by BHA. Service providers will invoice MCF directly for reimbursement. Invoices from service providers should include dates of service delivery. Goods purchased by MCF will be delivered to the identified location/party to ensure delivery to program participants.

**Procedure for goods or services reimbursement or purchase:**
1. MCF FPSS at MCF will write and approves the request.
2. FPSS Supervisor reviews and approves request – submits to Heidi Rochon, Program Director (hrochon@mdcoalition.org).
3. Heidi Rochon submits this form, password protected, to BHA (candice.adams@maryland.gov) along with documentation that specifically details exactly what needs to be purchased.
4. BHA Representative will email the signed authorization form back to purchasing@mdcoalition.org.
5. GOODS: MCF will purchase goods on behalf of the youth and have them delivered to the identified location.
   a. FPSS will obtain signature from family that they have received good and submit to MCF
6. SERVICES:
   - Service providers will submit proof of service to the Maryland Coalition of Families along with invoice.
   - The Maryland Coalition of Families will reimburse service providers.
# TCM Plus Monthly Report

**Name of Care Coordination Office:**

**Reporting Month:**

*Reports are due by the close of business on the first business day of each month*

<table>
<thead>
<tr>
<th>Active Non-MA Participants</th>
<th>Date of Auth.</th>
<th>Non-MA Waiting List</th>
<th>Date Submitted</th>
<th>Recently Closed/Discharged Non-MA</th>
<th>Date Closed/Discharged</th>
<th>Was the discharge successful (i.e., goals met)?</th>
<th>Was a higher intensity of service or level of care required?</th>
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Please email completed form to Candice Adams – [Candice.adams@maryland.gov](mailto:Candice.adams@maryland.gov)