Maryland
DEPARTMENT OF HEALTH

Behavioral Health Administration

Targeted Case Management Plus User Guide

Guidelines & Resources For Care Coordination Organizations

Last Updated July 8, 2026

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TCM Plus Overview

Targeted Case Management (TCM) is a coordinated support service helping individuals with serious mental health or substance use challenges access crucial medical, social, educational, and housing resources. Case management provides individualized support and guidance to assist youth and families in navigating complex systems, connecting with appropriate providers, and ensuring services are tailored to address their specific needs. This service is funded by Medicaid and executed by Care Coordination Organizations (CCOs) who facilitate Child & Family Team (CFT) meetings, develop and manage Plans of Care (POC), arrange transportation to/from services, and perform outreach to locate providers and meet family needs. See COMAR 10.09.90 for more information.

Similar to the Medicaid-funded TCM model, Targeted Case Management Plus (TCM Plus or TCM+) employs a coordinated, holistic approach, supporting youth with behavioral health diagnoses through Care Coordination Organizations. The only difference between TCM and TCM Plus is the youth's insurance status: TCM is for youth who have Medicaid, whereas TCM Plus is specifically for youth who have private insurance or who otherwise do not have Medical Assistance, but meet the uninsured eligibility criteria. Services rendered through TCM Plus are community-based and must be provided to eligible youth and families across Maryland.

As noted in Health- General §15-1102, this award funds TCM Plus services for up to 100 youth on a first-come, first-served basis. The Behavioral Health Administration (BHA) reviews submitted referrals for TCM Plus, determines eligibility, and authorizes services in six-month increments. Upon authorization for services, the youth and their family are enrolled in a Care Coordination Organization. Families are matched with a Youth Care Coordinator (YCC) via the CCO, who works with the family to facilitate Child & Family Team meetings and develop a Plan of Care. The Plan of Care is designed to streamline access to services, create holistic, family-driven goals, and bridge gaps between medical, social, school, and mental health systems. It ensures personalized, consistent support to manage symptoms, reduce crises, improve functioning, and promote independence.

Through TCM Plus, youth are also eligible for Customized Goods and Services (CGS) and family peer support services (FPSS). Customized Goods and Services are items and services funded as part of a youth's Plan of Care that offers a therapeutic benefit and support treatment goals (e.g., art supplies, therapeutic toys, camp, dance/music/equine therapy, safety items). CGS are initiated through the CCO and have a funding limit of $1,000 per 6-month authorization period. Additionally, Family Peer Support Services provide emotional support, guidance, and system navigation to families caring for loved ones with mental health, substance use, or behavioral challenges. Delivered by trained specialists with lived experience, these services offer mentoring, resource connection, advocacy, and educational workshops to empower families and foster recovery.

TCM Plus Eligibility Requirements

To be eligible for TCM Plus, the youth must be under the age of 18, have a Serious Emotional Disorder (SED), and be privately insured or uninsured. Additionally, the youth must meet at least one of the three following criteria at the time of referral:

1. **Recently discharged from a Residential Treatment Center (RTC)**
2. **Currently enrolled in a Home and Hospital Program, or**
3. **Currently exhibits a combination of risk factors**

   The youth must present with at least two risk factors from the list below:

   - **Runaway Behavior**
   - **Substance Use**
   - **Significant School Behavioral Problem**
     - School suspension(s)/expulsion(s)
       - Chronic absenteeism (the youth is absent more than 20% of school days in the last 12 months), or
       - Academic failure (the youth is at risk of or has received a final grade lower than a D in any class during any marking period)
     - School avoidance behaviors – the youth displays 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 intense fear of school
       - Anxieties (separation, performance, social, etc)
       - Absences or tardiness on significant days (e.g., tests, assemblies, speeches)
       - Excessive worrying
       - Frequent requests to call, go home, or visit the nurse's office, or
       - Crying or emotional distress about staying in school
     - Significant involvement with school support teams
   - **Involvement with Department of Juvenile Services (DJS)**
     - The youth has been through adjudication and may be in pending-placement status in a detention facility or in the community
     - The youth is in out-of-home placement in a group home, therapeutic group home, treatment foster care, or Transition Age Youth program
     - The youth is committed to DJS, or
     - The youth has had a pre-adjudication hearing with DJS
   - **Failed Teen Court Completion**
   - **Victim of maltreatment (such as abuse or neglect)**
     - The youth has experienced abuse, neglect, or has been a witness to domestic violence

Uninsured Eligibility Criteria

Youth are considered uninsured and can be approved for uninsured services for up to 180 days each year if they meet all the following requirements:

- Are a Maryland resident
- Require treatment for a behavioral health diagnosis covered by the Public Behavioral Health System (PBHS)
- Meet financial criteria (review income and asset limits)
- Have a verifiable Social Security number (SSN) formatted as "AAA-GG-SSSS"
- Meet citizenship and residency requirements
- Applied for Medicaid, Social Security Insurance, or Social Security Disability Insurance because they have had an illness/disability for 12 months or more (or expect to have an illness/disability for 12 months or more)

Additional eligibility requirements can be found in Carelon's Participant Handbook. Please note that if a family meets the uninsured eligibility criteria, they must work with their CCO and LBHA to apply for uninsured services and exhaust the 180 day authorization period before applying for TCM Plus.

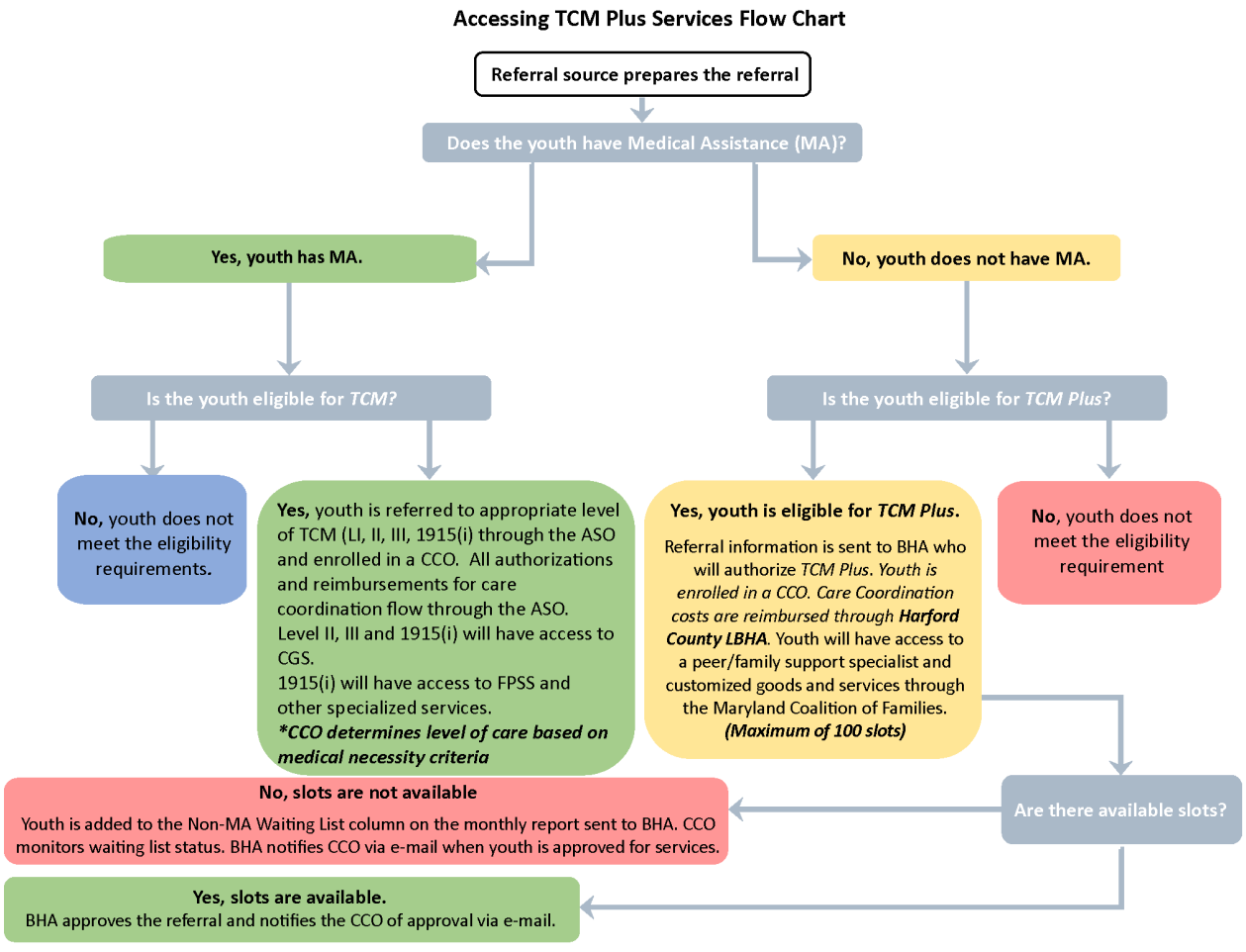
Provider Alerts Regarding Uninsured Eligibility

For reference, the Administrative Services Organization (ASO) provider alerts regarding eligibility are listed below. Please note that the ASO for the Maryland Public Behavioral Health System transitioned from Optum Maryland to Carelon Behavioral Health on January 1, 2025.

- Uninsured Eligibility (2.26.21)
- Uninsured Eligibility Process (4.20.23)
- Providing Treatment for P10 Family Planning Services: Participant Eligibility (9.13.24)
- Uninsured Request Process: 90-Day Spans (8.14.25)
- Updated Guidance on Benefits and Backdating for Uninsured and Underinsured Participants (11.12.25)

TCM and TCM Plus Eligibility Flow Chart

The flow chart below can be used to differentiate between TCM and TCM Plus access and determine which service the youth is eligible to receive. Please note that if the youth meets the uninsured eligibility criteria (see page 5), they must utilize the full uninsured authorization span through Carelon before submitting a request for TCM Plus authorization.



Smartsheet Referral Form

Once the youth's eligibility is determined, a TCM Plus referral is submitted. As of October 20, 2025, the Behavioral Health Administration transitioned from a paper referral process to a digital Smartsheet form. The form can be found here and collects the following information:

Is this an Initial or Reauthorization request? *

Reauthorization indicates that the youth has had TCM Plus within the last 6 months.

◯ Initial ◯ Reauthorization

Youth Demographic Information

Youth's Name *

Street Address *

City *

State *

Zip Code *

Youth's Cell Phone

+1

Youth's Alternate Phone

+1

Identified Gender *

◯ Male ◯ Female

Date of Birth *

mm/dd/yyyy

Age *

Insurance Type *

◯ Private

◯ Uninsured

Parent/Legal Guardian Information

Parent/Legal Guardian Name *

If legal guardian, a court order must be attached.

Is the parent/legal guardian's address the same as the youth's address? *

◯ Yes ◯ No

Parent/Legal Guardian's Email Address

Parent/Legal Guardian's Phone *

+1

Parent/Legal Guardian's Alternate Phone

+1

Youth's Race, Ethnicity and Language

Race and Ethnicity *

☐ American Indian/Alaskan Native

☐ Asian

☐ Black/African American

☐ Hispanic/Latinx/Spanish Origin

☐ Native Hawaiian/Pacific Islander

☐ White

☐ Other

Primary Language *

Are interpretation services required? *

◯ Yes ◯ No

Accommodations Needed

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

Does this youth have a behavioral health diagnosis? *
- ◯ Yes
- ◯ No

Reason for Referral

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

Jurisdiction *

Release of Information

Please have the parent/legal guardian read the below statement, then check the box and enter their name below it to provide acknowledgement and consent.

I understand that I am applying for Care Coordination and additional supports in the Jurisdiction listed above. 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.

☐ By checking this box and digitally signing below, I acknowledge that I have read the above statement in full and give my full consent. *

Please enter your full name, which serves as your digital signature. *

Referring Agency

Referral Source Type *

Is this referral coming from a Care Coordination Organization (CCO), a non-CCO organization or a non-CCO person (e.g., parent)?

Name of Person Making Referral *

Email of Person Making Referral *

Phone *

+1

Fax

+1

Please attach any pertinent documentation below.

If legal guardian is listed on form in lieu of parent, a court order must be attached.

Drop your files here

Browse

How did you hear about this program?

For assistance or further information/clarification about services, please contact your local LBHA/CSA.

Authorization and Intake Protocol

Authorization Process

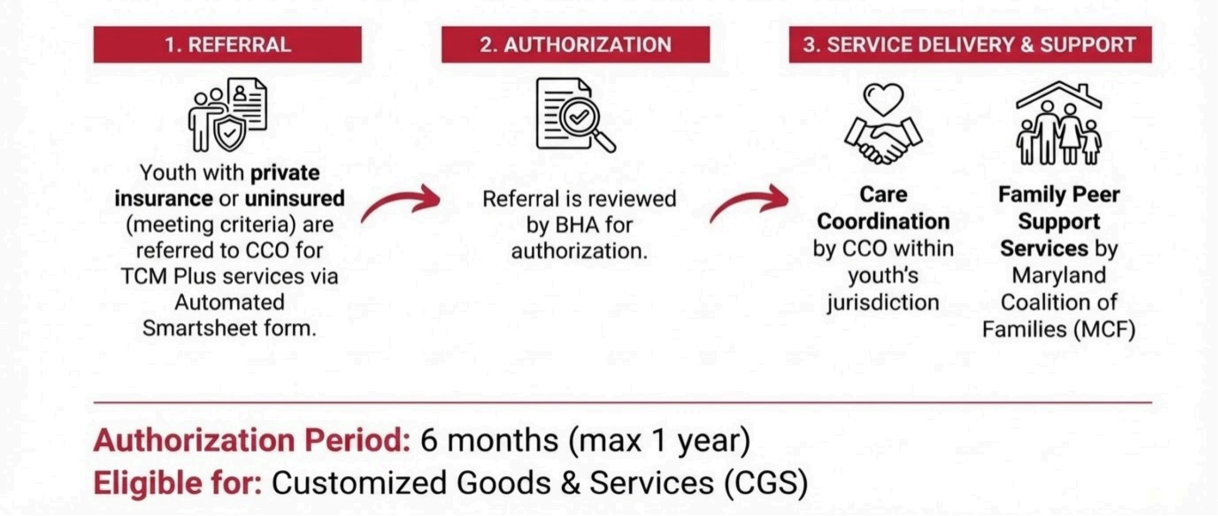
The Behavioral Health Administration (BHA) reviews submitted referrals for TCM Plus, determines eligibility, and authorizes services in six-month increments. Upon authorization for services, the youth and their family are enrolled in a Care Coordination Organization. Families are matched with a Youth Care Coordinator (YCC) via the CCO, who works with the family to schedule an intake date, facilitate Child & Family Team meetings, develop a Plan of Care, arrange transportation to/from services, and connect families to local providers. After TCM Plus authorization, youth are also eligible for Customized Goods and Services (CGS) and family peer support services (FPSS) provided by the Maryland Coalition of Families (MCF).

Authorization Summary

Upon approval of a new referral, an authorization email summary is sent to the following recipients: the referral source, the Care Coordination Supervisor, the Local Behavioral Health Authority (LBHA) Child & Adolescent Coordinator, and Maryland Coalition of Families.

Where to Access: The full authorization summary is a PDF file attached to the email notification. Please click on the PDF attachment labeled "TCM Plus Authorization.pdf" (not the Smartsheet link), to view the details.

What to Expect: The summary contains the child's name, demographic information, parent/guardian contact information, diagnosis, and reason for referral. A sample of this notification is included on the next page, with the PDF file circled in red.



Intake Scheduling Timeline

Following authorization, the referral source and Care Coordination Supervisor will receive instructions and a Smartsheet reminder link to submit the intake date.

- **Critical Deadline**: You have 30 days from authorization to connect with the family and schedule the intake meeting.
- **Consequence**: After 30 days, Smartsheet will automatically close the case, and it will no longer be active.

Email Notification Samples

TCM Plus Authorization

APPROVED: Targeted Case Management Plus (TCM+)

Greetings,

Thank you for your email requesting TCM Plus services for [redacted]. I have reviewed the referral and have determined the youth meets the requirements of TCM Plus and am authorizing enrollment with [redacted]. I am forwarding a copy of the authorization to the [redacted] C&A Coordinator and the Maryland Coalition of Families so that they are aware of this authorization.

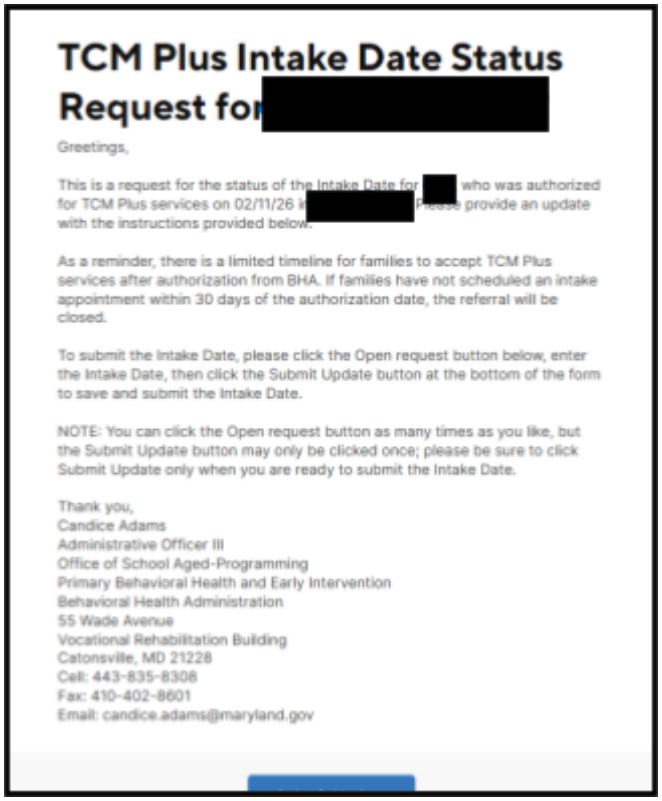
Please be advised: Your 6-month authorization period begins on your intake date. You will receive a separate notification with instructions to submit your intake date. Please monitor your email for this notification and submit the required information as soon as possible, as your approval will expire if not completed within 30 days of authorization.

Best regards,

Candice Adams
Administrative Officer III
Office of School Aged-Programming
Primary Behavioral Health and Early Intervention
Behavioral Health Administration
55 Wade Avenue
Vocational Rehabilitation Building
Catonsville, MD 21228
Cell: 443-835-8308
Fax: 410-402-8601
Email: candice.adams@maryland.gov

1 attachment added
TCM Plus Authorization.pdf (3M) added by automation@smartsheet.com on Row 8

TCM Plus Intake Notification



TCM Plus Intake Date Status Request for [redacted]

Greetings,

This is a request for the status of the Intake Date for [redacted] who was authorized for TCM Plus services on 02/11/26 [redacted] Please provide an update with the instructions provided below.

As a reminder, there is a limited timeline for families to accept TCM Plus services after authorization from BHA. If families have not scheduled an intake appointment within 30 days of the authorization date, the referral will be closed.

To submit the Intake Date, please click the Open request button below, enter the Intake Date, then click the Submit Update button at the bottom of the form to save and submit the Intake Date.

NOTE: You can click the Open request button as many times as you like, but the Submit Update button may only be clicked once; please be sure to click Submit Update only when you are ready to submit the Intake Date.

Thank you,
Candice Adams
Administrative Officer III
Office of School Aged-Programming
Primary Behavioral Health and Early Intervention
Behavioral Health Administration
55 Wade Avenue
Vocational Rehabilitation Building
Catonsville, MD 21228
Cell: 443-835-8308
Fax: 410-402-8601
Email: candice.adams@maryland.gov

As youth are discharged from services, it is important that BHA is notified immediately so that new youth may be authorized for services. Starting **Q1 of FY27**, youth and their families will receive a **satisfaction survey** after they are discharged from the program. This survey will give families the opportunity to reflect on their experience and offer constructive feedback.

Community Provider Agreement

Please find below a sample of the Community Provider Agreement between the Core Service Agency of Harford County (CSAHC) and the Care Coordination Organization. By signing this contract, the CCO agrees to deliver the TCM Plus services outlined in the Appendix in exchange for reimbursement from the CSAHC.

Office on Mental Health

CORE SERVICE AGENCY OF HARFORD COUNTY, INC.

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. 8 and 9 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 Monthly & Quarterly Report, pg.10 and 11 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 the 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. (contract is updated annually)
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.

TCM Plus Reporting Requirements

Throughout the fiscal year, Care Coordination Organizations providing TCM Plus are required to submit the following reports to the Behavioral Health Administration (BHA):

- **Targeted Case Management Plus Invoice Report** (Page 16-19)
    - Four Sections
        - Monthly Services Invoice
        - TCM Plus Youth Census Report
        - TCM Plus Enrollment Demographics Report
        - Quarterly Successes, Barriers, and Impacts Report
    - Typically completed by an agency's billing department
    - Due to CSAHC and BHA by the 15th of every month
    - Please email completed forms to Savannah Sosa-Dixon at the Core Service Agency of Harford County (sSosa-Dixon@harfordmentalhealth.org) and Candice Adams (candice.adams@maryland.gov) at BHA
- **Targeted Case Management Plus Monthly Reporting Form** (Page 20)
    - Due to BHA by the close of business on the first business day of each month
    - Please email completed form to Candice Adams at BHA (candice.adams@maryland.gov)
- **Targeted Case Management Plus Bi-Annual Report** (Page 21)
    - Typically completed by a manager or supervisor
    - Due to BHA by December 31st and June 30th of every year
    - Please email completed form to Candice Adams at BHA (candice.adams@maryland.gov)

Please find samples of these documents below (Pages 16-21).

Targeted Case Management Plus Monthly Services Invoice

Provider:	
Jurisdiction:	
Address:	

Date:	

Month:	December

Adjustment Explanation:	Number of Youth Served				Current Month	Adjustments to Current Year (for prior billing)	Current Monthly Invoice (after adjustments)	Year to date
	New	Full Month	Exit	Total				
	0	0	0	0	$ -		$ -	

Targeted Case Management Plus Youth Census Report

Entering & Exiting Youth (Not Full Month)			Full Month Youth
Days	**Numbers of Youth**	**Total Number of Days**	
1	-	-	
2	-	-	
3	-	-	
4	-	-	
5	-	-	
6	-	-	
7	-	-	
8	-	-	
9	-	-	
10	-	-	
11	-	-	
12	-	-	
13	-	-	
14	-	-	
15	-	-	
16	-	-	
17	-	-	
18	-	-	
19	-	-	
20	-	-	
21	-	-	
22	-	-	
23	-	-	
24	-	-	
25	-	-	
26	-	-	
27	-	-	
28	-	-	
29	-	-	
30	-	-	
31	-	-	
Total	**0**	**0**	

Total Day in Care for Youth Entering & Exiting	0	Total Full Month Youth	0
Expense Per Day	$ 41.19	Full Month Expense	$ 1,235.63
Total Expenses for Youth Entering & Exiting	$ -	Total Expenses for Full Month Youth	$ -

Monthly Total	$ -

TCM Plus Enrollment Demographics Report

TCM Plus Youth

July 1, 2025 - June 30, 2026

	First Name	Last Name	Date of Birth	Age	Gender	Ethnicity	Race	Date of Initiation	Date of Discharge (if appicable)	Housing
1				126						
2				126						
3				126						
4				126						
5				126						
6				126						
7				126						
8				126						
9				126						
10				126						
11				126						
12				126						
13				126						
14				126						
15				126						
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22				126						
23				126						
24				126						
25				126						
26				126						
27				126						
28				126						
29				126						
30				126						

Quarterly Successes, Barriers, and Impacts Report

		Please include any barriers, successes and impacts.
Quarter 1	Successes	
	Bariers	
	Impacts	
Quarter 2	Successes	
	Bariers	
	Impacts	
Quarter 3	Successes	
	Bariers	
	Impacts	
Quarter 4	Successes	
	Bariers	
	Impacts	

Targeted Case Management Plus Monthly Reporting Form

Name of Care Coordination Office: _____

Reporting Month: _____ Date Submitted: _____

Active Non-MA Participants	Date of Auth.	Date of Intake	Non-MA Waiting List	Date Submitted	Recently Closed/ Discharged Non-MA	Date Closed/ Discharged

Report due to BHA by the close of business on the first business day of each month.
Please email completed form to Candice Adams at BHA (candice.adams@maryland.gov).

Targeted Case Management Plus Bi-Annual Report

TCM Plus FY20XX

Name of Care Coordination Office: _____

Reporting Period: _____ Date Submitted: _____

Youth Name	Enrollment Date	Living Situation at Enrollment	Living Situation at Discharge	Was the discharge successful (i.e., goals met)?	Was a higher intensity of service or level of care required?

Bi-Annual reports due to BHA on December 31st and June 30th of every year.
Please email completed form to Candice Adams at BHA (candice.adams@maryland.gov).

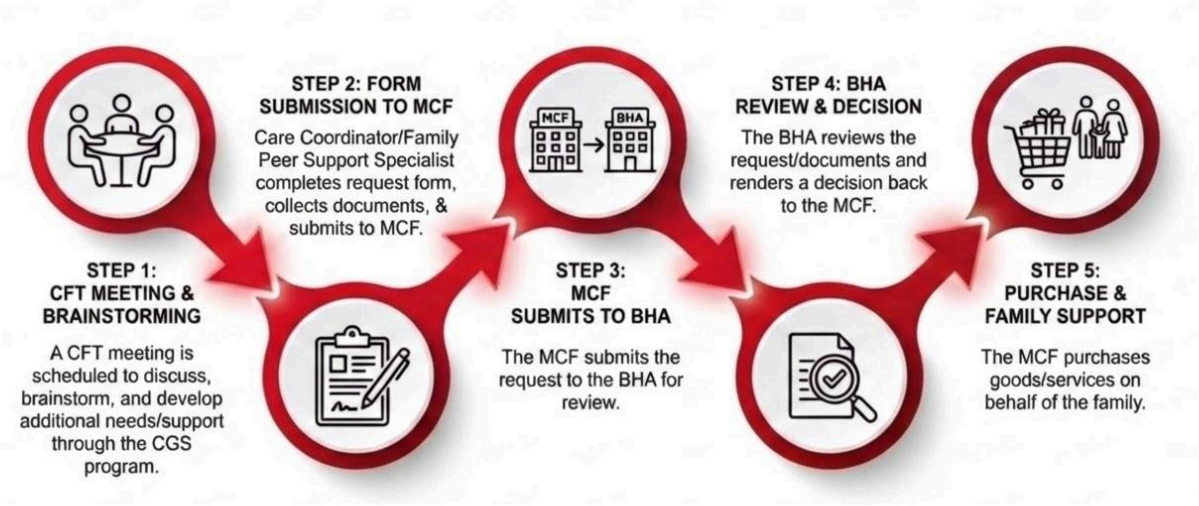
Customized Goods & Services

Customized Goods and Services (CGS) are discretionary funds used to support the goals, targets, and projected milestones of youth enrolled in Care Coordination. They are approved items or services purchased using the participant's self-directed approach to meet a specific, documented need in their POC. Customized Goods & Services have a funding limit of up to $1,000 every six months.

These funds are allocated to cover reasonable and necessary costs that align with therapeutic, self-determined, and integrated community support philosophies:

- **Reasonable cost** – In its nature and amount, does not exceed what a prudent person would incur under the circumstances prevailing at the time the decision was made.
- **Necessary costs** – Those that are likely to improve outcomes or remediate a particular and specific need identified in the POC.
- **Self-determined** – Based on the young person's choices to promote creativity and personal responsibility for their health journey (fosters realistic progress towards wellness, with objectives integrated into a POC.

Customized Goods & Services Application Process



Customized Goods & Services Processing Protocol

To make a request for Customized Goods & Services, Care Coordinators complete and submit the standard CGS Request Form (sample of blank form included below, pages 24-25) to MCF for processing. MCF then submits the CGS request to BHA through Smartsheet.

After a determination (approval, denial, or pending) is made, Smartsheet will generate a notification to the Care Coordination requester and Supervisor. The BHA/PBHEI representative will follow up on each determination with the original request details to ensure all information is clear (sample of determination form included below, pages 26-27).

Funding approvals are at the discretion of the Behavioral Health Administration (BHA) and are processed on a first-come, first-served basis. Please note that beginning in FY27, requests specifically for clothing items cannot exceed $500.

Examples of Eligible Requests

- Art Supplies
- Sports or Music Lessons
- Clothing or personal hygiene items
- Therapeutic tools
- Therapeutic recreation activities
- Therapeutic recreation activities
- Seasonal therapeutic camps
- Tutoring or academic support
- Books

Examples of Ineligible Requests

- **Household and Personal Expenses:** Rent, utilities, general household expenses, or personal debt.
- **Safety Risks:** Items that pose a safety risk, such as outdoor trampolines, treadmills, motorized vehicles (e.g., dirt bikes), and security systems (e.g., ADT, cameras).
- **Services and Renovations:** Cleaning services, home renovations, and Equine Therapy.
- **Prior/Existing Services:** Reimbursements for services already rendered or services already approved within a year (regardless of the fiscal year).
- **Financial Instruments:** Gift cards or cash.

SAMPLE OF BLANK REQUEST FORM (PAGE 1)

TCM PLUS – CUSTOMIZED GOODS AND SERVICES REQUEST FORM

Youth Name:	DOB:	Age:
Caregiver Name:		Request Date:
TCM Enrollment Dates:		

☐ TCM Plus ☐ TCM Level I ☐ TCM Level II
☐ TCM Level III ☐ 1915(i)

Name of service or item requested.

Important reminders:

- *If requesting a service, an invoice must be included. If the vendor requires check payment, a W9 must also be submitted.*
- *If registration is required at the time of payment, please submit all information needed for registration.*
- *If requesting clothing, please include full details (size, color, quantity).*

For items to be purchased, please indicate whether:

☐ Only this specific item may be purchased (*if approved, fulfilling request may be delayed if item is unavailable*)

☐ Substitution of a similar item is acceptable if requested item is unavailable at time of purchase.

If request is for enrollment in a specific program, what are the dates of the program?
(Requests must be made at least one month prior to the start date)

Amount requested: **$**

Who will receive the items ordered?

For items to be ordered, please include the youth's preferred delivery address. If funding is for a service, please provide the vendor's address as recipient.

Recipient Name:		
Address:		
City:	State:	Zip Code:
County	Phone Number for Delivery Notification:	

Delivery Confirmation: ☐ Yes ☐ No

Ensure this request has been discussed in a CFT and documented in the Plan of Care (POC). The POC must be included or attached to this request.

SAMPLE OF BLANK REQUEST FORM (PAGE 2)

TCM PLUS – CUSTOMIZED GOODS AND SERVICES REQUEST FORM

Describe how the funds will be used to promote the child's behavioral health and why the child is seeking this request. Identify how the item or service will support the child's therapeutic goals included in the Plan of Care.

What is the family's plan to handle future costs for this item/service, given that CGS provides one-time funding only?

Before submitting a CGS Request, families **must contact at least 2 other agencies** for support (such as DSS or other community organizations). Please list the agencies you contacted and the reason for refusal. **For technology requests (laptop, tablets), the local school system must be contacted first.**

Name of Agency/Individual:	Name of Agency/Individual:
Person contacted:	Person contacted:
Reason Refused:	Reason Refused:

Requestor Information:

Request submitted by: ☐FPSS ☐Care Coordinator		
Family Peer Support Specialist:	FPSS Phone:	FPSS Email:
Care Coordinator:	Phone:	Email:
Care Coordination Organization:		
Date of Notification of Care Coordinator:		
Program Administrator Signature/Date:		

BHA Use Only

☐APPROVED ☐DENIED BHA Signature _____ Date _____

Reason for denial:

SAMPLE OF DETERMINATION FORM (PAGE 1)

TCM PLUS – CUSTOMIZED GOODS AND SERVICES REQUEST FORM

Youth Name: John Doe	**DOB:** 3/3/2013	**Age:** 13
Caregiver Name:		**Request Date:** 03/23/26 2:56 PM
TCM Enrollment Dates:		
TCM Plus Level (TCM Plus, TCM Level II, TCM Level III or 1915(i))?: TCM Level II		
Name of service or item requested. ***Important reminders:*** *·If requesting a service, an invoice must be included. If the vendor requires check payment, a W9 must also be submitted.* *·If registration is required at the time of payment, please submit all information needed for registration.* *·If requesting clothing, please include full details (size, color, quantity).* Item		
For **items** to be purchased, please indicate whether only this specific item may be purchased (*if approved, fulfilling request may be delayed if item is unavailable*) or substitution of a similar item is acceptable if requested item is unavailable at time of purchase. Only this specific item may be purchased		
If request is for enrollment in a specific program, what are the dates of the program? ***(Requests must be made at least one month prior to the start date)*** Program Start Date: Program End Date:		
Amount requested: $50.00		

Who will receive the items ordered?

For items to be ordered, please include the youth's preferred delivery address. If funding is for a service, please provide the vendor's address as recipient.

Recipient Name:		
Address:		
City:	**State:**	**Zip Code:**
County:	**Phone Number for Delivery Notification:**	
Delivery Confirmation: ☐ Yes ☐ No		

Ensure this request has been discussed in a CFT and documented in the Plan of Care (POC).
The POC must be included or attached to this request.

SAMPLE OF DETERMINATION FORM (PAGE 2)

TCM PLUS – CUSTOMIZED GOODS AND SERVICES REQUEST FORM

Describe how the funds will be used to promote the child's behavioral health and why the child is seeking this request. Identify how the item or service will support the child's therapeutic goals included in the Plan of Care.

What is the family's plan to handle future costs for this item/service, given that CGS provides one-time funding only?

Before submitting a CGS Request, families **must contact at least 2 other agencies** for support (such as DSS or other community organizations). Please list the agencies you contacted and the reason for refusal. **For technology requests (laptop, tablets), the local school system must be contacted first.**

Name of Agency/Individual:	Name of Agency/Individual:
Person contacted:	Person contacted:
Reason Refused:	Reason Refused:

Requestor Information:

Request submitted by: ☐ FPSS ☐ Care Coordinator		
Family Peer Support Specialist:	FPSS Phone:	FPSS Email:
Care Coordinator:	Phone:	Email:
Care Coordination Organization: Wraparound Maryland		
Date of Notification of Care Coordinator: 03/04/26		
Program Administrator Signature/Date:		

BHA Use Only

Determination: APPROVED BHA Signature Candice Adams Date 03/25/26

Reason for Denial:

Customized Goods and Services (CGS) Program Guidelines for Families

The **Customized Goods and Services (CGS) program** provides limited, one-time financial assistance to help families access goods or services that support their child's therapeutic goals. CGS funds are designed to reduce barriers and promote the youth's overall wellness. All goods and services must directly align with the goals established in the Child & Family Team (CFT) meetings and be reflected in the Plan of Care (POC).

Approval for funding is at the discretion of Behavioral Health Administration (BHA). Submitting a request does not ensure approval. Each request is reviewed individually based on need, alignment with the POC, and available funds. Funding amount and program criteria may change at any time. All goods and services must have a clear connection to the youth's therapeutic goals.

Funds cannot be used for/Reasons for denial may include:

- Rent, utilities, general household expenses, or personal debt
- Reimbursements for services already rendered
- Items that pose a safety risk, such as outdoor trampolines, treadmills, and motorized vehicles.
- Cleaning services
- Gift cards or cash
- Services already approved within a year (regardless of fiscal year)
- Security systems (e.g. ADT, cameras)
- Memberships or subscriptions that require recurring, monthly payments.
- Equine Therapy – only eligible for 1915(i) or case-by-case review; TCM levels 2 & 3 are not eligible; not available in all jurisdictions.

Examples of Eligible Requests

- A youth experiencing anxiety and requesting art supplies for coping.
- Sports or music lessons that encourage positive social interaction
- Clothing or personal hygiene items that improve self-esteem and social participation
- Therapeutic tools such as weighted blankets or fidget items.

- Therapeutic recreation activities such as swimming lessons for confidence and physical health
- Therapeutic summer camps that support emotional growth and skill-building
- Tutoring or academic support when it's connected to emotional growth and skill-building
- Books that support emotional regulation, coping skills or social understanding

How to Apply & Eligibility

- **Funding limit**: Up to $1000, every 6 months.
- Youth must be enrolled in TCM or TCM level II or higher.
- The Care Coordinator (CC) or Family Peer Support Specialist (FPSS) submit the form on your behalf. If requesting funds for a service, you must obtain an invoice for the CC/FPSS to submit along with the CGS Request Form.
- Your CC/FPSS will provide updates regarding approvals/denials, and purchases/payments.
- As noted above, all goods and services must directly align with the goals established in the CFT meetings and be reflected in the POC.
- POC must be no more than 90 days old at the time of request.

Customized Goods and Services (CGS) Program Guidelines for CCO's

The **Customized Goods and Services (CGS) program** is designed to help families access items or services they might not otherwise be able to afford.

MCF's role is to guide the request process—from submission by the Care Coordinator, to BHA review and approval, and finally, to facilitating the purchase of the approved item or service.

Because this process can take time, and families are often waiting on items they urgently need, it is critical to minimize delays. The following strategies and requirements will help keep requests moving smoothly.

Submitting a CGS Request

1. **Always complete every section of the CGS Request form.**
    a. If a section does not apply, mark it as **"N/A"**. This ensures reviewers know it wasn't overlooked.
2. **Check all links prior to submission** to confirm:
    a. The links work;
    b. It leads directly to the specific item/service; and
    c. The item/service is still available at the time of submission
3. **Use the most recent version of the CGS Request form.** Requests on outdated forms will be returned.
4. **Provide a clear, thorough justification** showing how the item/service supports the youth's therapeutic goals listed in the Plan of Care. The Plan of Care must be **less than three months old**.
5. **Show youth involvement.**
    a. Indicate how the youth will use the item/service and how they were involved in selecting it to support their therapeutic goals.
6. **Avoid requests for items/services that pose substantial safety risks.**
    a. Examples: backyard pools, trampolines, or other items that create liability.
7. **Do not request reimbursement.** BHA will not approve funding for items/services already purchased.

8. **Submit service requests (e.g., tutoring, clinical, summer camps) at least one month before the start date.**
    a. If services have already begun by the time BHA reviews the request, it will be denied.
    b. If the family chooses a later session, the request must be updated and resubmitted.

Request Review & Approval Process

1. Care Coordinators must email the completed **CGS Request Form, Plan of Care, Invoices, and W9 (if applicable)** to: CGSrequests@mdcoalition.org
2. The Program Administrator reviews the request and forwards it to BHA at: Candice.adams@maryland.gov
3. BHA sends the automated approval or denial notifications, via Smartsheet to the Supervisors of the respective Care Coordination Organization.
4. Once approved, MCF purchases the goods or services on behalf of the youth.

a. An **email confirmation of payment** will be sent to the requestor.

Contact Information

Please reach out to the following contacts with any questions or concerns regarding Targeted Case Management Plus.

For questions regarding **TCM Plus guidelines, the referral process, or Smartsheet inquiries**, please contact:

Candice Adams
Administrative Officer III, School-Aged Programming
Maryland Department of Health, Behavioral Health Administration
candice.adams@maryland.gov

Erin Smith
Program Manager, School-Aged Programming
Maryland Department of Health, Behavioral Health Administration
erin.smith2@maryland.gov

For information on the **processing of Customized Goods & Services**, please contact:

Baneza Rivera
Program Administrator
Maryland Coalition of Families
cgsrequests@mdcoalition.org

For information on **invoicing or reporting requirements**, please contact:

Savannah Sosa-Dixon
Grant Specialist
Core Service Agency of Harford County
sSosa-Dixon@harfordmentalhealth.org