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## Section 5

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### A. EXPANDED EPSDT-RELATED SERVICES

#### Scope of Services

Medicaid participants under 21 years of age are entitled to a broader scope of services than adults are. These services are called expanded EPSDT diagnostic and treatment services. For referral and pre-authorization, contact the participant's Managed Care Organization (MCO) or refer to the MCO Provider Manual regarding the following:

- Vision services including eye glasses<sup>1</sup>
- Nutrition counseling services<sup>1</sup>
- Chiropractic care<sup>1</sup>
- Durable medical equipment and supplies<sup>2</sup>
- Private duty nursing services<sup>3</sup>

Some expanded EPSDT treatment services are not the responsibility of the MCO. Examples of services that are reimbursed through the Medicaid fee-for-service system include:

- Audiology services including hearing aids\*<sup>1</sup>
- Occupational therapy<sup>1</sup>
- Physical Therapy<sup>1</sup>
- Speech and language therapy<sup>1</sup>

*\*Inquire about pre-authorization requirements*

For information about the above services, to inquire about other medically necessary services, or to obtain authorization for a service when the child is not enrolled in a MCO, contact the following Department of Health and Mental Health (DHMH) Divisions:

<sup>1</sup>**Division of Children's Services at 410-767-1903**

<sup>2</sup>**Division of Community Support Services at 410-767-1739**

<sup>3</sup>**Division of Nursing Services at 410-767-1448 or**

For information and pre-authorization for Mental Health Services including Therapeutic Behavioral Services, call **Maryland Public Mental Health System** (consumers and providers) at **1-800-888-1965**.

#### Documentation of Referral for Services

When a suspected problem is identified during the child's health care examination, the Primary Care Provider (PCP) may elect to treat the condition if it is within his/her scope of training and expertise. However, if the condition is outside the expertise of the PCP, he/she must complete a referral to a qualified specialist to evaluate, diagnose, and/or treat the condition. When making the referral to the specialist for expanded EPSDT services,

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include complete name, degree, and nine-digit MA number of the PCP. Use the *Maryland Uniform Consultation Referral Form* (Refer to Section 5, Addendum) as required by regulation to facilitate referrals to specialty providers. Document the referral and include the follow-up summary report from the specialist in the child's medical record.

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### B. HEALTHCHOICE SELF-REFERRED SERVICES

These services are defined by HealthChoice regulations as services received from a provider outside the Managed Care Organization (MCO) network that **do not require a referral** from the Primary Care Provider (PCP) or pre-authorization from the MCO.<sup>1</sup> The MCO is financially responsible for payment to the out-of-plan providers for the following services:

- Initial medical exam for a child in State-supervised care;
- Emergency services;
- Annual diagnostic and evaluation service for HIV disease;
- Family planning services;
- Newborn's initial medical examination in a hospital;\*
- Pregnancy-related services initiated prior to MCO enrollment;
- Renal dialysis provided in a Medicare certified facility;
- School-based health center services including EPSDT preventive services.

*\*In-plan providers who see newborns should seek reimbursement from the MCO.*

Since 2009, School-Based Health Center (SBHC) providers no longer need a contract with Managed Care Organizations (MCOs) to be reimbursed for Healthy Kids Program preventive care services as long as the SBHC provider is EPSDT certified and complies with the criteria found in the Code of Maryland Regulations (COMAR).<sup>2</sup> If a child or adolescent enrolled in Medicaid receives services in a SBHC, the center is required to send information regarding those services to the primary care provider (PCP) within three (3) business days. The *School-Based Health Center Health Visit Report Form* is used for this purpose (refer to Section 5, Addendum). If a follow-up care with the PCP is required within one (1) week and the health visit report is mailed, the SBHC should also telephone, email, or fax the health visit report to the student's MCO and PCP on the day of the SBHC visit. For assistance or questions regarding EPSDT services at SBHCs, call the **Healthy Kids Program** at **410-767-1903**.

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<sup>1</sup> See COMAR 10.09.65.13

<sup>2</sup> See COMAR 10.09.68.

**C. CHILDREN IN STATE-SUPERVISED CARE****Who is in State-Supervised care?**

Children and adolescents under the care and custody of any state agency, per court order, including the Department of Human Resources (DHR) and the Department of Juvenile Services (DJS) are in State-supervised care. All children in State-supervised care should be enrolled in a Managed Care Organization (MCO).<sup>3</sup> Children newly eligible for Medical Assistance will have fee-for-service coverage until enrolled in a MCO.

**Role of the Screening Provider**

Children in State-supervised care often need special consideration due to a history of family turmoil and inconsistent medical care. Being removed from his/her home and placed in unfamiliar settings is a stressful life event for a child. Often there are also significant health problems that need immediate attention. Therefore, an initial examination must be completed with care by a Maryland Healthy Kids Program (EPSDT) certified provider preferably prior to or within 24 hours of removal, but no later than 5 days of removal.<sup>4</sup>

If time permits, the comprehensive preventive exam should be completed at the initial visit. In either case, initial or comprehensive, the preventive visit must be completed within 60 days and include all the requirements of the Maryland Healthy Kids Program as specified in the *Maryland Schedule of Preventive Health Care*.<sup>5</sup> Use the *Health Passport Form* provided by the local *Departments of Social Services* to document all health care encounters for children in State-supervised care.<sup>6</sup> The Maryland Healthy Kids Program encounter forms and questionnaires can be used and attached to the Passport when a comprehensive preventive exam is rendered. Refer to *Section 6: Billing and Encounter Data Reporting* for information on billing for services to children in State-supervised care.

**Role of DHR and DJS Caseworker**

The enrollee's caseworker from DHR or DJS assists the child in accessing needed medical services through the MCO, the Primary Care Provider (PCP), or any other Medicaid provider as appropriate. The caseworker is responsible for ensuring that the initial examination and any follow-up medical services are scheduled according to mandated time frames. The caseworker works with the child's biological parents, caregivers (i.e., foster family, DJS facility), PCP, and other community resources to

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<sup>3</sup> See Department of Human Resource. (2014). Policy #: SSA-CW#14-17.

<sup>4</sup> *Ibid.*

<sup>5</sup> *Ibid.*

<sup>6</sup> *Ibid.*

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gather needed health history information. If the child is not already enrolled in Medicaid, it is the caseworker's responsibility to get the child enrolled.

### **Role of the MCO**

The initial medical examination for children in State-supervised care is a self-referred service. Therefore, if a child is in a MCO, it is the MCO's responsibility to reimburse out-of-network providers for this service within 30 days of rendering service. However, in-network MCO providers other than the child's designated PCP, must obtain MCO authorization before rendering this service. Use the age appropriate CPT Preventive Medicine Service codes for the initial examination (Refer to Section 6).

To assure continuity and coordination of care, contact the *Special Needs Coordinator* at the child's MCO to assist the DHR case manager with accessing services for the child in State-supervised care (Refer to Section 8). The MCO Special Needs Coordinator expedites any change of network providers upon relocation of the child to a new geographic location. Additionally, the liaison ensures the transfer of the child's medical record to the new PCP. Contact the **Healthy Kids Program at 410-767-1903** with questions about State-supervised care.

**D. OTHER PROGRAMS FOR CHILDREN****Rare and Expensive Case-Management Program (REM)**

Children under 21 years of age who qualify for enrollment in HealthChoice, and who have certain diseases or medical conditions, may qualify to be enrolled in the *REM Program*.<sup>7</sup> If the child meets the criteria, the family may request enrollment in REM. The Managed Care Organization (MCO) or the Primary Care Provider (PCP) can initiate a referral to the REM program by using the *REM Intake and Referral Form* (Refer Section 5, Addendum). Participation in the REM program is voluntary.

Some examples of diagnoses, which qualify children for the REM Program include spina bifida, cystic fibrosis, hemophilia, congenital anomalies, degenerative disorders, and metabolic and blood disorders. See *Attachment A of the REM Intake and Referral Form* for the current list of diseases and medical conditions (Refer to Section 5, Addendum).

Families electing to have their child enrolled in the REM Program receive services through the Medicaid fee-for-service program rather than through MCOs. Therefore, any Healthy Kids Program certified Medicaid provider could provide preventive care to REM participants. REM participants receive case management services and are eligible for all Medicaid covered services.

For questions about referrals, eligibility, grievances, services, and case management call the **REM Program** at **1-800-565-8190**.

**Administrative Care Coordination Services**

The *Administrative Care Coordinators Units* (ACCU) at the Local Health Departments (LHDs) serve as local resources for information and consultation for Medicaid participants to enhance their access to Medicaid services. The LHDs provide linkages to care and care coordination services to “at risk” pregnant or postpartum women, and children to assist participants with access and utilization of the managed care system and other health related services. Contact the LHD ACCU for information on available services for prenatal, postpartum and child populations (Refer to Section 8).

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<sup>7</sup> See <https://mmcp.dhmh.maryland.gov/longtermcare/Pages/REM-Program.aspx>.

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### Early Intervention Services

The Maryland State Department of Education (MSDE) Early Childhood Intervention and Education (ECIE) includes the *Maryland Infants and Toddlers Program* (MITP)<sup>8</sup> and the *Maryland Preschool Special Education Services*<sup>9</sup> to assist children with disabilities, from birth through five years of age, and their families.

#### *Maryland Infant and Toddlers Program*

The Program provides therapy services and intensive case management for infants and children from birth through 3 years of age who are at-risk of or experiencing developmental delays. There is no financial eligibility requirement. Eligibility is based solely on developmental delay, atypical behavior, or a diagnosed developmental condition. *Maryland's Extended Individualized Family Service Plan* (IFSP) option offers families the choice to remain on an IFSP beyond their child's third birthday, if their child is determined eligible for preschool special education and related services as a child with a disability. The extension of IFSP services beyond the age of three incorporates the strength of the special education/preschool education program with the existing infants and toddlers family-centered model. Obtain more information about services by calling the local *Infants & Toddlers Programs* or the **MSDE Infants & Toddlers Program** at **1-800-535-0182** (Refer to Section 8).

#### *Maryland Preschool Special Education Services*

The program provides services for children from 3 years through 5 years of age. Maryland Preschool Services include special instruction and related services provided to young children, who qualify under the Individuals with Disabilities Act (IDEA, Part B, section 619). For more information, contact the *Local Child Find* office or the *MSDE Preschool Special Education Services Program* by calling **1-800-535-0182** (Refer to Section 8).

### Head Start Program

The Head Start and Early Head Start Programs are federally funded child development programs for children through 4 years of age whose family income is below the federal poverty level. Financial eligibility guidelines for the program are similar to Medical Assistance (MA) and Maryland Children's Health Program (MCHP) income guidelines and therefore, the majority of Head Start children should be enrolled in MA or MCHP. Refer to *Section 1* of the Manual for ways to enroll a child in MA/MCHP. For more

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<sup>8</sup> See

[http://www.marylandpublicschools.org/MSDE/divisions/earlyinterv/infant\\_toddlers/about/message.htm](http://www.marylandpublicschools.org/MSDE/divisions/earlyinterv/infant_toddlers/about/message.htm)

<sup>9</sup> See

[http://www.marylandpublicschools.org/MSDE/divisions/earlyinterv/infant\\_toddlers/about/preschool\\_services.htm](http://www.marylandpublicschools.org/MSDE/divisions/earlyinterv/infant_toddlers/about/preschool_services.htm)

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information, contact the appropriate *Head Start Grantee Agency* that administers the program in different counties (Refer to Section 8).

The Head Start Program requires a full preventive care visit within 90 days of enrollment following the *Maryland Schedule of Preventive Health Care* (Refer to Section 2). A health coordinator at each local Head Start facility is available to help the family comply with health care recommendations.

**E. DENTAL CARE**

The *Maryland Healthy Smiles Dental Program*<sup>10</sup> is available for all Maryland Medicaid enrollees under 21 years of age. Pregnant women and adults over 21 years of age in the Rare and Expensive Case Management Program are also eligible to participate in the program and can receive dental care. For the list of available services, refer to the *Maryland Healthy Smiles Dental Program Handbook*.<sup>11</sup> Providers may contact the **Maryland Healthy Smiles Program** at **1-888-696-9596** for questions about dental services and assistance in locating a dentist. Parents or caregivers can self-refer to a dentist, without a referral from the primary care provider.

In 2015, *Scion Dental, Inc.*<sup>12</sup> started coordinating all dental related customer services for Maryland Medicaid participating enrollees. *Scion Dental, Inc.* is contracted to assist Medicaid enrollees in the Maryland Healthy Smiles Program in locating dental care within a reasonable distance from the enrollees' residence to ensure adequate access to oral health care services. Additionally, *Scion Dental, Inc.* provides verification of dental benefits and eligibility verification.

Providers may contact the *Office of Oral Health*<sup>13</sup> at **410-767-5300** to assist children not enrolled in the Maryland Healthy Smiles Program and request the *Maryland Oral Health Resource Guide*.<sup>14</sup>

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<sup>10</sup>See <http://phpa.dhmh.maryland.gov/oralhealth/Pages/healthy-smiles.aspx>

<sup>11</sup> To view and print a copy of the handbook, follow the link <http://phpa.dhmh.maryland.gov/oralhealth/Documents/MemberHandbook.pdf>.

<sup>12</sup> See [provider.MDhealthysmiles.com](http://provider.MDhealthysmiles.com).

<sup>13</sup> See <http://phpa.dhmh.maryland.gov/oralhealth/Pages/mission.aspx>

<sup>14</sup> To view the Oral Health Resource Guide, follow the link <http://phpa.dhmh.maryland.gov/oralhealth/Documents/OralHealthResourceGuide.pdf>

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### F. PUBLIC MENTAL HEALTH SYSTEM (PMHS)

In 2014, the Mental Hygiene Administration and the Alcohol and Drug Abuse Administration merged to become *Behavioral Health Administration* (BHA).<sup>15</sup> The agency, along with 19 local Core Service Agencies delivers a full range of community public mental health services to Medicaid participants in each local jurisdiction of Maryland. In addition, services are also provided to individuals, who because of the severity of their illness and their financial need, qualify to receive state-subsidized services. BHA and the Core Service Agencies are assisted in their responsibility to manage the public mental health services by *Beacon Health Options Maryland*,<sup>16</sup> an administrative service organization (ASO), which operates under a contract with BHA. The ASO authorizes services, provides utilization management, management information, claims processing, and evaluation services. A Primary Care Provider (PCP) can deliver behavioral health services if the treatment falls within the scope of the provider's practice, training, and expertise.

**Maryland Behavioral Health Integration in Pediatric Primary Care (B-HIPP)** is a free service for PCPs caring for patients with mental health needs from infancy through the transition to young-adulthood. It provides support to PCP through four main components: telephone consultation, continuing education, resource and referral networking and social work co-location. For more information, refer to B-HIPP website at [www.mdbhipp.org](http://www.mdbhipp.org) at or call **855-632-4477**.

When a child needs specialty mental health services beyond the scope of primary care, refer them to the **Maryland Public Mental Health System** at **1-800-888-1965** (consumers and providers)

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<sup>15</sup> See <http://bha.dhmh.maryland.gov/Pages/Index.aspx>

<sup>16</sup> See <http://maryland.valueoptions.com/>