

Section 5 Other Medicaid Child Health Services

A. EXPANDED EPSDT-RELATED SERVICES

Scope of Services

Medicaid recipients under 21 years of age are entitled to a broader scope of services than adults. These services are referred to as expanded EPSDT diagnostic and treatment services. For referral and pre-authorization contact the recipients's MCO or refer to the MCO Provider Manual regarding the following:

- Vision services including eye glasses¹
- Nutrition counseling services¹
- Inpatient and outpatient alcohol and drug treatment services²
- Chiropractic care¹
- Durable medical equipment and supplies³
- Private duty nursing services³

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*¹
- Occupational therapy¹
- Physical Therapy¹
- Speech and language therapy¹

**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:

¹**Division of Hospital & Professional Services at 410-767-1722**

²**Division of Children Services at 410-767-1903**

³**Division of Nursing Services at 410-767-1448 or Division of Community Support Services at 410-767-1739**

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 their scope of training and expertise. However, if the condition is outside the expertise

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of the PCP, 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, include complete name, degree and nine-digit MA number of the primary care provider. 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 chart.

B. HEALTHCHOICE SELF-REFERRED SERVICES

These services are defined by HealthChoice regulations as services received from a provider outside the MCO network that do not require a referral from the PCP or pre-authorization from the MCO. 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
- Initial Assessment for substance abuse treatment**

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

***Refer to the Self-Referral and Emergency Services Manual for scope of substance abuse treatment permitted without a referral*

As of Sept. 1, 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 HealthChoice Regulation 10.09.68. 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). The School-Based Health Center Health Visit Report Form is used for this purpose and can be found in the Addendum in Section 5. For assistance or questions regarding EPSDT services within a SBHC, call the **Division of Healthy Kids** at **410-767-1683**. In addition, the *HealthChoice Manual for Providers of Self-Referral and Emergency Services* provides SBHC information and is available on line at: <http://dhmh.maryland.gov/mma/healthchoice/>. Providers may also request the *HealthChoice Manual for Providers of Self-Referral and Emergency Services* by calling **410-767-1482** for a copy.

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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 can be enrolled in a Managed Care Organization. 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. The very process of being placed in an unfamiliar setting is stressful. Often there are significant health problems that need immediate attention. Therefore, an initial examination must be completed care by a Maryland Healthy Kids Program (EPSDT) certified provider within 5 days of entry into state-supervised care.

If time permits, the comprehensive preventive exam may 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*. Use the *Departments of Social Services Health Passport Form* to document all health care encounters for children in state-supervised care. 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 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) and other community resources, and the PCP to 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 Managed Care Organization

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

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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 code for the initial examination (Refer to Section 6).

To assure continuity and coordination of care, contact the special needs coordinator from 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 re-location 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 **Division of Healthy Kids at 410-767-1683** 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, but who have certain diseases or medical conditions, may qualify to be enrolled in the Rare and Expensive Case-Management Program. If the child meets the criteria, the family may request enrollment in REM. Participation in the REM program is voluntary.

Some examples of conditions which qualify children for the Program include spina bifida, cystic fibrosis, hemophilia, congenital anomalies, degenerative disorders, and metabolic and blood disorders. Refer to the Long Term Care website for the current list of diseases and medical conditions on the last pages of the Intake/Referral Form at: [REM Intake Referral Form Package](#)

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 can provide preventive care to REM participants. REM recipients receive case management services and are eligible for all Medicaid covered services. In addition, certain Waiver services are available if medically necessary and approved by the Medicaid program.

The MCO or the PCP can initiate a referral to the REM program by using the *REM Intake and Referral Form* (Refer Section 5 – Addendum). For questions about referrals, eligibility, grievances, services and case-management call the **Rare and Expensive Case Management Program at 1-800-565-8190**.

Administrative Care Coordination Services

The Administrative Care Coordination/Ombudsman (ACCU) program serves as a local resource for information and consultation for Medicaid and managed care recipients to enhance their access to Medicaid services. Local health departments (LHDs) provide linkages to care and care coordination services to "at risk" pregnant

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or postpartum women, and children to assist recipients with access and utilization of the managed care system and other health related services. Contact the LHD ACCU Program for information on available services for prenatal, postpartum and child populations (Refer to ACCU Contact List in Section 8).

Early Intervention Services

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

Maryland Infant and Toddlers Program

This Program provides therapy services and intensive case-management for infants and children from birth to through 2 years of age who are at-risk of or experiencing developmental delays. In January 2010, services to children who are already enrolled with the Infants and Toddlers Program prior to 3 years of age may continue services to 5 years of age based on parent choice. There is no financial eligibility requirement. Eligibility is based solely on developmental delay, atypical behavior, or a diagnosed developmental condition. Obtain more information about services by calling the **Maryland Infants & Toddlers Program** at **1-800-535-0182**.

Preschool Special Education Services

Early Childhood Education Programs for Children with Disabilities provide 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 school system [Child Find](#) office or the **MSDE Preschool Services Section** by calling **1-800-535-0182**.

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. If they are not enrolled in MA/MCHP, families should complete an application for the **Maryland Children's Health Program** by calling the local health department (Refer to Section 8) or **1-800-456-8900**.

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

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E. DENTAL CARE

The Maryland Healthy Smiles Dental Program is available for all Maryland Medicaid enrollees under 21 years of age as well as pregnant women. Adults over 21 years of age in the Rare and Expensive Case Management Program (REM “Red and White Card”) are also eligible to participate in the program.

Effective July 1, 2009, DentaQuest began coordinating all dental-related customer services for Maryland Medicaid participating enrollees. DentaQuest is contracted to assist Medicaid enrollees in the “Maryland Healthy Smiles” Program locate dental care within a reasonable distance from the enrollees’ residence to ensure adequate access to oral health care services. Additionally, DentaQuest provides verification of dental benefits and eligibility verification.

Providers may contact the **Division of Dental, Clinics and Laboratory Services** at **410-767-5706** to assist children not enrolled in the Maryland Healthy Smiles Program and request the *Maryland Oral Resource Guide*. The *Maryland Oral Health Resource Guide* may also be obtained online at: <http://fha.maryland.gov/oralhealth/services.cfm>. Parents or caregivers can self-refer to a dentist, without a referral from the primary care provider (PCP).

F. SPECIALTY MENTAL HEALTH SYSTEM (SMHS)

The **Specialty Mental Health System**, frequently called the Public Mental Health System, provides a full range of mental health services. The Maryland Mental Hygiene Administration (MHA), along with local Core Service Agencies (CSAs), has oversight of the mental health authorities in each jurisdiction. Specialty mental health services are covered by Maryland Medicaid and available to all Medicaid recipients.

Primary mental health services are mental health services provided in the primary care office. COMAR regulations specify that a MCO or REM program primary care provider may treat a Medicaid recipient regardless of diagnosis or severity of illness if the treatment falls within the scope of the provider’s practice, training and expertise.¹

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).

¹COMAR 10.09.70.06 A (1)