Behavioral Health System Baltimore

Baltimore City -Care Coordination Organizations (CCO) Overview

Youth Care Coordination, also referred to as Targeted Case Management (TCM), is a system of the care-informed model providing support to youth and families with intensive mental health needs. Care Coordinators facilitate creating a youth-guided, family-driven, strengths-based plan of care by identifying individualized needs, strengths, and goals utilizing a team-based approach. Services are offered through tiered levels of care based on assessed needs. Youth in TCM deemed eligible will receive these supports for up to 6 months from the enrollment date. Youth may be reauthorized in increments of 6 months following reassessments. TCM Plus and the 1915i Waiver care coordination offer an additional layer of services 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. Children must have or be eligible for Medical Assistance to receive Care Coordination.

Youth and families have access to the following:

- A Care Coordinator assisting a family in building a team of both formal (professional) and informal (natural) supports
- A Plan of Care (POC) developed by the team, family-driven and youth guided • A Plan of Care (POC) that includes strengths, goals, interventions, and measurable outcomes
- Child and Family Team Meetings to create and review progress toward achieving goals identified in the Plan of Care (POC)
- Culturally sensitive understanding of the family's needs
- Family and Youth Support

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Care Coordination (TCM) Levels 1-3

Three levels of Care Coordination are provided based on individual needs and medical necessity criteria.

- **Level I- General**: Up to 3 hours of service per month, with a minimum of 30 minutes of face-to-face contact
- **Level II- Moderate**: Up to 7.5 hours of service per month, with a minimum of 1 hour of face-to-face contact
- **Level III- Intensive**: Up to 15 hours of service per month, with a minimum of 1.5 hours of face-to-face contact

Eligibility Criteria:

Level I - General: Based on the severity of the participant's mental illness, and the participant meets at least two of the following conditions:

1. Not linked to behavioral health, health insurance, or medical services.
2. Lacks essential support for education, income, shelter, or food.
3. Transitioning from one level of intensity to another level of intensity of services.
4. Needs care coordination services to obtain and maintain community-based treatment and services.
5. The participant is currently enrolled in Level II or III care coordination services and has stabilized to the point that Level I is most appropriate.

Level 2 - Moderate: Based on the severity of the participant's mental illness, and the participant urgently meets three or more of the following conditions:

1. Not linked to behavioral health services, health insurance, or medical services
2. Lacks essential support for education, income, food, or transportation
3. Homeless or at-risk for homelessness
4. Transitioning from one level of intensity to another level of intensity, including out-of-inpatient psychiatric or substance use services; RTC; or intensive behavioral health services
5. Multiple behavioral health stressors within the past 12 months, such as the history of psychiatric hospitalizations, repeated visits or admissions to emergency room psychiatric units, crisis beds, or inpatient psychiatric units
6. Needs care coordination services to maintain community-based treatment and services
7. The target populations may include participants transitioning to a community setting, and case management services will be made available for up to 180 consecutive days of the covered stay in the institution
8. The participant is currently enrolled in Level III care coordination services and has stabilized to the point that Level II is most appropriate
9. The participant is currently enrolled in Level I care coordination and has experienced one of the following adverse childhood experiences during the preceding six months:
    a. Emotional, physical, or sexual abuse
    b. Emotional or physical neglect

c. Significant family disruption or stressors

Level 3 – Intensive: Based on the severity of the participant's mental illness, the participant urgently meets at least one of the following conditions:

1. Has been enrolled in the 1915(i) for six months or less
2. The participant is currently enrolled in Level I or Level II targeted case management and has experienced one of the following adverse childhood experiences during the preceding six months:
    a. Emotional, physical, or sexual abuse
    b. Emotional or physical neglect
    c. Significant family disruption or stressors
3. Meets the following conditions:
    a. Has a behavioral health disorder amenable to active clinical treatment
    b. Has a severe emotional disturbance and continues to meet the service intensity needs and medical necessity criteria for the duration of their enrollment
    c. Has been assessed by a licensed mental health professional that finds a significant impairment in functioning representing potential serious harm to him or herself or others across settings
    d. Scores 3 on the ECSII (Early Childhood Services Intensity Instrument); or three or higher on the CASII (Child and Adolescent Service Intensity Instrument)
4. Youth with a score of 3, 4, or 5 on the CASII shall also meet one of the following criteria to be eligible:
    a. Transitioning from an RTC
    b. Living in the community, be 6-21 years old, and have:
        - Any combinations of two or more inpatient psychiatric hospitalizations or emergency room visits in the past 12 months; or
        - Been in an RTC within the past 90 calendar days
5. Youth who are younger than six years of age who have a score of 3 or 4 on the ECSII shall either:
    a. Be referred directly from an inpatient hospital unit; or
    b. If living in the community, have one or more hospitalizations or emergency room visits in the past 12 months.

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1915i Waiver

Included in the 1915(i) program are an array of diagnostic and therapeutic mental health services, including 24-hour availability of mental health and crisis services, which are provided to the youth and family using a wraparound approach that includes intensive care coordination with an individualized plan of care. Specialized services not otherwise available through the Medicaid program include mobile crisis stabilization, respite services, intensive in-home services, expressive and experiential behavioral services, and family and peer support services.

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

1. A licensed mental health professional must complete a comprehensive psychosocial assessment within 30 days of submitting the application to Optum. The psychosocial assessment must outline how the youth's functioning presents a potential danger to self or others across settings, including the home, school, and community. The serious harm does not necessarily have to be imminent.
2. The psychosocial assessment must support the completion of the Early Childhood Service Intensity Instrument (ECSII) for youth ages 0-5 or the Child and Adolescent Service Intensity Instrument (CASII) for youth ages 6-21.
3. Early Childhood Service Intensity Instrument (ECSII)
    a. Youth must receive a score of 4 (High Service Intensity) or 5 (Maximal Service Intensity)
    b. Youth who are younger than six years old who have a score of 4 on the ECSII must:
        i. Be referred directly from an inpatient hospital unit

-or-

        ii. If living in the community, have two or more psychiatric inpatient hospitalizations in the past 12 months

4. Child and Adolescent Service Intensity Instrument (CASII)
    a. Youth must receive a score of 5 (Non-Secure, 24-Hour, Medically Monitored Services) or 6 (Secure, 24- Hours Medially Managed Services)

-or-

    b. Youth with a score of 5 on the CASII also must meet one of the following criteria to be eligible based on their impaired functioning and service intensity level:
        i. Transitioning from a residential treatment center (RTC)
        ii. Living in the community and:
            - If 13 years old or older, have the following:
                - Three or more inpatient psychiatric hospitalizations in the past 12 months

-or-

- Resided in an RTC within the past 90 days

- If ages 6 through 12 years old and have:
  - Two or more inpatient psychiatric hospitalizations in the past 12 months

-or-

- Resided in an RTC within the past 90 days

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Targeted Case Management (TCM) Plus

Targeted Care Management (TCM) Plus is a program designed by the Behavioral Health Administration (BHA) to support youth and families with 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 in a Plan of Care that provides a therapeutic benefit and family-to-family peer support. Youth who receive Medicaid (Medical Assistance) are automatically eligible for customized goods and services through TCM Plus. 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.

1. **This program is intended to serve two populations of youth:**
    a. **Youth with Medical Assistance (MA) who meet Mental Health Case Management eligibility and TCM Plus eligibility and are interested in participating in the Care Coordination model**
    b. **Youth with Private Insurance who meet TCM Plus eligibility and are interested in participating in the Care Coordination model**

2. **Youth and families enrolled in this program will receive the following benefits:**
    a. **Peer-to-peer/family support through the Maryland Coalition of Families (MCF)**
    b. **Funding for customized goods and services**

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

1. Child/youth is being discharged from a Residential Treatment Center (RTC) placement with a discharge plan that recommends community-based services;
2. Child/youth is enrolled in a Home and Hospital Program; or
3. 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 at least two risk factors from those listed below. The risk factors listed under "3" are considered different 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 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 a 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 course.

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 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 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 for 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, the CCO will provide care coordination services.
4. As the youth is discharged from services, BHA must be notified immediately so that the 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.go

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Baltimore City Care Coordination Organization (CCO) Information

Provider Name	Provider Address	Contacts (Alphabetically)
Empowering Minds Resource Center (EMRC)	1800 North Charles Street 6th Floor Baltimore, Maryland 21201 Office: 410-625-5088 Fax: 410-625-4980	Amanda Lowe: alowe@emrcgroup.org Freda Taylor: ftaylor@emrcgroup.org *Ife Minor: iminor@emrcgroup.org
Hope Health Systems, Inc. (HHS)	6707 Whitestone Road Suite 106 Woodlawn, MD 21207 Office: 410.265.8737 Fax: 410.265.1258	*Jennifer Wolsin: jhegner@hopehealthsystems.com *Ronni Nunez: rnunez@hopehealthsystems.com
Optimum Maryland	2300 Garrison Boulevard Suite 104 & 106 Baltimore, MD 21216 Office: 410-233-6200 Fax: 410-233-6201	Andrew Omotosho: andrew@optimummd.com James Omotosho: james@optimummd.com *Maya Jackson: maya.jackson@optimum.com
Volunteers of America (VOA)	7901 Annapolis Road Lanham, MD 20706 Office: 301.459-2020	*Anna Rawa: arawa@voaches.org Luz Francois: lfrancois@voaches.org
Wraparound Maryland (Wrap MD)	1100 Bolton Street Suite 1500 Baltimore, MD 21201 Office: 443-449-7713	Zina Delancey: zdelancey@wraparoundmd.com *Tonya Kline: tkline@wraparoundmd.com

CCO Referral Link:

https://www.bhsbaltimore.org/wp-content/uploads/2022/10/CCO-Referral-form-DIGITAL-02.2022.docx