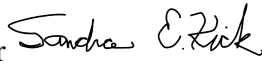




Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Mental Health Case Management Transmittal No. 9
Behavioral Health Services Organization Transmittal No. 31
December 16, 2024

TO: Behavioral Health Administrative Services Organization (BHASO)
 Local Behavioral Health Authorities (LBHAs)
 Core Service Agencies (CSAs)
 Care Coordination Organizations (CCOs)
 1915(i) Providers

FROM: Sandra Kick, Director 
 Medical Benefits Management

RE: 1915(i) Intensive Behavioral Health Services for Children, Youth, and Families
 And Child and Adolescent Targeted Case Management (TCM) Service Updates,
 Effective January 1, 2025

NOTE: **Please ensure that the appropriate staff members in your organization are informed of the content of this transmittal.**

The purpose of this transmittal is to notify 1915(i) and Care Coordination Organization (CCO) providers and their stakeholders of eligibility and programmatic updates to 1915(i) Intensive Behavioral Health Services for Children, Youth, and Families (hereinafter “1915(i)”) and Child and Adolescent Targeted Case Management (TCM) that will be effective January 1, 2025.

The Maryland Department of Health (the Department) is implementing the changes described below following the Centers for Medicare and Medicaid Services (CMS) approval of the five-year renewal of Maryland’s 1915(i) State Plan. The Department is in the process of amending the regulation, COMAR 10.09.89 and 10.09.90, to reflect the eligibility and provider requirements.

1915(i) and TCM III Participant Eligibility Effective 1/1/2025:

The participant eligibility for youth who live in the community and receive a score of 3-4 on the Early Childhood Service Intensity (ECSII) or 3-5 on the Child and Adolescent Service Intensity

(CASII) instruments has been expanded to include crisis stabilization center visits and mobile crisis team responses. Please refer to Table 1 for the updated participant eligibility.

Child and Adolescent Needs and Strengths (CANS) Administration:

The time frame to administer the CANS assessment has been changed from every 90 days to a minimum of every 6 months. The CANS can now be administered by either a Care Coordinator or a Care Coordinator Supervisor certified to administer the assessment.

Intensive In-Home Services (IIHS) Service Requirements:

IIHS providers must see the family and/or youth at least twice each week instead of once each week. At least one of these two services must be provided in person. IIHS must be provided consistent with the state-approved Evidence-Based Practice (EBP) or state-approved promising practice model.

Family Peer Support Provider Requirements:

Family Support Organizations (FSOs) are no longer required to have a board of directors that is 50% comprised of individuals with lived experience with behavioral health conditions and navigating services as consumers or family members/caregivers.

Art Therapy Provider Requirements:

Art Therapists may be certified by the Art Therapy Credentials Board in the American Art Therapy Association or licensed as a Licensed Clinical Professional Art Therapist (LCPAT) to enroll to provide Expressive & Experiential Behavioral Services.

Quality Improvement Strategy:

The Department has updated the 1915(i) Quality Improvement Strategy performance measures for several requirements to align with the statutory requirements in 42 CFR §441.745. The updated quality measures are published in the [Medicaid 1915\(i\) State Plan](#) (pages 38-51).

If you have any questions or concerns regarding this transmittal, please contact mdh.mabehavioralhealth@maryland.gov.

**Table 1: 1915(i) and TCM III Participant Eligibility Effective January 1, 2025
(changes in bold)**

Child younger than 6 years old:

Receive a score of 3-5 on the ECSII

If the child scores a 3-4 on the ECSII they either must:

1. Be referred directly from an inpatient or day hospital unit, primary care physician, outpatient psychiatric facility, ECMH Consultation Program in daycare, Head Start, Early Head Start, Judy Hoyer Centers, or home visiting program; or
2. If living in the community:
 - a. Have one or more psychiatric inpatient, or day hospitalizations, ER visits, **crisis stabilization center visits, mobile crisis team responses**;
 - b. Exhibit severe aggression (i.e. hurting or threatening actions or words directed at infants, young siblings, killing a family pet, etc.);
 - c. Display dangerous behavior (i.e. impulsivity related to suicidal behavior);
 - d. Been suspended or expelled or at risk of expulsion from school or child care setting;
 - e. Display emotional and/or behavioral disturbance prohibiting their care by anyone other than their primary caregiver;
 - f. At risk of out-of-home placement or placement disruption;
 - g. Have severe temper tantrums that place the child or family members at risk of harm;
 - h. Have trauma exposures and other adverse life events; or
 - i. At risk of family-related risk factors including safety, parent-child relational conflict, and poor health and developmental outcomes in the past 12 months

Please note that if a child younger than 6 scores a 5 on the ECSII, they do not also have to meet the requirements in either 1 or 2 listed above in order to be eligible.

Youth ages 6-21 years old:

Receive a score of 3-6 on the CASII

If the child scores a 3-5 on the CASII, they must also be living in the community and either:

1. Have two or more inpatient psychiatric hospitalizations, ER visits, **crisis stabilization center visits, or mobile crisis team responses** in the past 12 months; or
2. Been in an RTC within the past 90 days

Please note that if a youth between 6 and 21 years old scores a 6 on the CASII, they do not also have to meet the requirements in either 1 or 2 listed above in order to be eligible.