

TCM Plus Referral Guide

Targeted Care Management (TCM) Plus is a program 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. TCM Plus offers additional services beyond those provided by standard care coordination. This includes funding for customized goods/services included in a Plan of Care that offer 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, 92 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. This guide consists of documents to assist in navigating the TCM Plus system. Each resource included in this guide is listed below, as well as the page in this guide you can find it on,

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¹ Retrieved from: <http://www.mdcoalition.org/blog/a-new-service-targeted-case-management-tcm-plus>

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. 7 and 8 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 Quarterly Report, pg. 9 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 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.

APPENDIX A

TCM Plus

The goal of the program is to provide services to children/youth who have a combination of risk factors and who would benefit from care coordination and additional supports. Referrals will be open on a first-come, first-served basis at the discretion of the Behavioral Health Administration (BHA). Services will be open to 92 youth **without** Medical Assistance which may include youth with private insurance.

- Youth without Medical Assistance and those in TCM Levels I-III deemed eligible will be able to receive these supports for up to 6 months from the date of enrollment. Youth may be reauthorized in increments of 6 months following reassessments. Services will be available statewide on a first-come, first served basis at the discretion of BHA beginning on July 1st.
- For youth who have private insurance or who do not otherwise meet eligibility for Medical Assistance but who meet the TCM Plus criteria, referrals should be sent directly to BHA using the TCM Plus referral Form. BHA will facilitate enrollment with a CCO and authorization of the additional services. Youth enrolled in these slots will be offered high fidelity care coordination in addition to the additional supports.
- The CCO must work with the Maryland Coalition of Families to provide family or peer support to TCM Plus participants.
- Submit monthly invoices (Care Coordination Plus Monthly Services Invoice & Entering and Exiting Report, pg. 7 and 8) no later than the 15th of the following month to Leah Keenan at lkeenan@harfordmentalhealth.org.
- Submit Monthly reports (TCM Plus Monthly Report, pg. 9) to Candice Adams at Candice.adams@maryland.gov no later than the 5th of every month.
- Submit Bi-annual reports (Care Coordination Plus Bi-annual Report, pg. 10) to Candice Adams at Candice.adams@maryland.gov no later than January 15th and July 15th.

Eligibility Criteria for TCM Plus Referrals (Effective August 1, 2016)

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

- A. Child/youth is being discharged from a Residential Treatment Center (RTC) placement with a discharge plan that recommends community-based services;
- B. Child/youth is enrolled in a Home and Hospital Program; **or**
- C. 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 with at least two risk factors from those listed below. The risk factors listed under "3" are considered separate 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 who is 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 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 class.
 - 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 in 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 successfully 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, care coordination services will be provided by the CCO.
4. As youth discharge from services, it is important that BHA is notified immediately so that 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.gov

Care Coordination Plus Monthly Services Invoice

This two-page document (including the “Entering and Exiting Report”) is typically completed by an agency’s billing department

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

**Care Coordination Plus
(Month Year) Entering and Exiting Report**

Days	Entering and Exiting Youth		Full Month Youth
	Number of Youths	Total	Number of Youths
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	-	-	
Total	-	-	

Number of Youth Exits
-

Number of Youth Entrances
-

Total Day in Care	-	Total Youth in Care	-
Expense per Day	\$ 41.19	Expense per Month	\$ 1,235.63
Total Day Expenses	\$ -	Total Month Expenses	\$ -

TOTAL -

TCM Plus Monthly Report

Name of Care Coordination Office:

Reporting Month:

Date Submitted:

Reports are due by the close of business on the first business day of each month

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

Please email completed form to Candice Adams – Candice.adams@maryland.gov

Care Coordination Plus Bi-annual Report

TCM Plus FY20XX

This document is typically completed by a manager or supervisor

Provider Name:

Reporting Period:

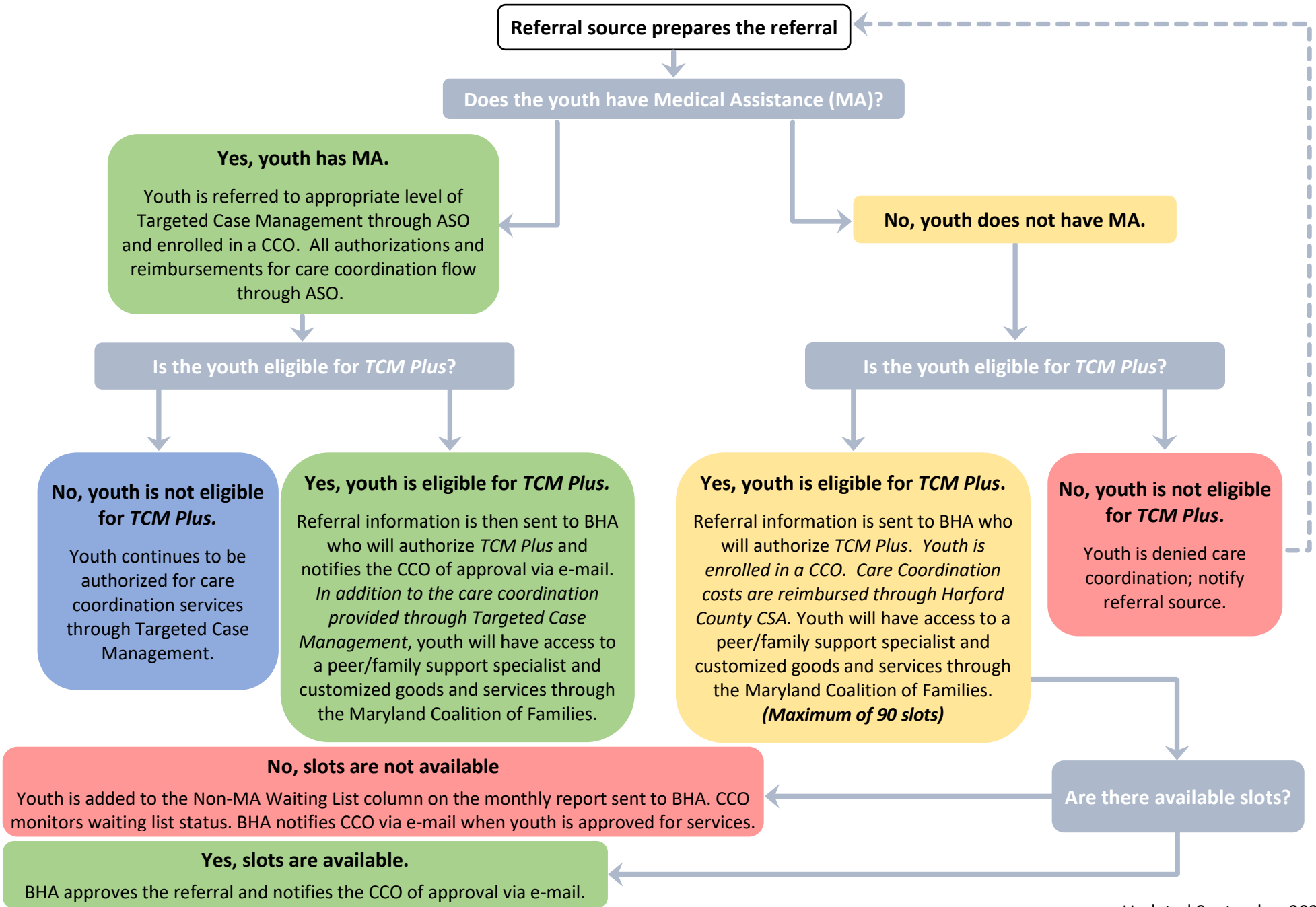
Report Date:

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?

Please email completed form to Candice Adams – Candice.adams@maryland.gov
Reports are due December 31st and June 30th

Updated February 2021

Accessing TCM Plus Services Flow Chart



REFERRAL FORM: BEHAVIORAL HEALTH CARE COORDINATION FOR CHILDREN AND YOUTH/ 1915i

Demographic Information

Youth Name:
 Youth Phone:
 Cell Phone:
 Gender:
 DOB:

Referral Date:
 Address:
 City:
 Zip Code:
 State:
 MA#:

Parent/Guardian Phone:
 Parent/Guardian Cell:

Address (if different from child):
 Email:

Ethnicity, Race, Language, and Ability Status

American Indian or Alaskan Native
 Black or African American
 White
 Other:

Asian
 Hispanic, Latine, or Spanish origin
 Not Disclosed

Primary Language:

Deaf or Hearing Impaired Blind or Visually Impaired

Are interpreter services required? 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

Current School:

Special Education Services: No Services

504 Plan

IEP

Not in School

Guidance Counselor:

Phone:

Behavioral Health Diagnosed By:
 Diagnosis

Psychosocial/Environmental Elements Impacting Diagnosis:

ICD Code None **Psychosocial/Environmental Element** ICD Code

Medical Diagnoses Impacting Behavioral Health Diagnosis:

None **Diagnosis** ICD Code

Current Medications (please list names and dosages):

None

Primary Physician:

Person Making Referral:

Phone: Fax:

Reason for Referral: 1915i Referral

Phone Number:

Agency:

Email:

Release of Information (please review and have the parent/guardian sign the release):

I understand that I am applying for Care Coordination in _____ County. This service has been explained to me and I understand that if approved I will participate in the development of a Plan of Care with a team of people working with my family. I authorize the release of information to the Care Coordination Organization in _____ County so they can conduct a full screening and initiate an eligibility determination by the Administrative Service Organization (ASO) to determine my eligibility for Care Coordination services. I understand that I may revoke my permission at any time by written or verbal request.

Signature of parent or legal guardian:

Date:

Witness signature:

Date:

If you require additional assistance or need further information or clarification about the services, you may contact your local LBHA/CSA.

Please indicate the level of care you intend to refer the youth to

Level I – General (must meet at least 2)

- A. Participant is not linked to behavioral health services, health coverage, or medical services;
- B. Participant lacks basic supports for education, income, shelter or food;
- C. Participant is transitioning from one level of intensity to another level of intensity of services;
- D. Participant needs care coordination services to obtain and maintain community-based treatment and services;
- E. 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 II – Moderate (must meet at least 3)

- A. Participant is not linked to behavioral health services, health insurance, or medical services;
- B. Participant lacks basic supports for education, income, food, or transportation;
- C. Participant is homeless or at risk of homelessness
- D. Participant is transitioning from one level of intensity to another level of intensity of services including transitioning out of the following services:
 - (1) Inpatient psychiatric or substance use services (2) RTC (3) 1915(i) services under COMAR 10.09.89
- E. Due to multiple behavioral health stressors within the past 12 months, the participant has a history of:
 - (1) Psychiatric Hospitalizations, or
 - (2) Repeated visits or admissions to: (a) Emergency room psychiatric units (b) Crisis beds (c) Inpatient psychiatric units
- F. Participant needs care coordination services to obtain and maintain community-based treatment and services;
- G. Participant is currently enrolled in Level III Care Coordination services and has stabilized to the point that Level II is most appropriate
- H. Participant is enrolled in Level I Care Coordination services and has experienced one of the following adverse childhood experiences during the preceding six months:
 - (1) Emotional, physical, or sexual abuse (2) Emotional or physical neglect (3) Significant family disruption or stressors

Level III – Intensive (must meet the below criteria and submit CON documents outline in I-IX below)

The participant has a behavioral health disorder amenable to active clinical treatment, resulting from a face-to-face **psychosocial assessment by a licensed mental health professional**

Children ages 0 - 5 must receive a **score of 3** on the Early Childhood Services Intensity Instrument (ECSII). Children ages 0 - 5 who have a **score of 3 or 4** on the ESCII must meet one of the following criteria:

- Be referred directly from an Inpatient or day hospital unit; Primary care provider (PCP); Outpatient psychiatric facility; Early Childhood Mental Health (ECMH) Consultation program in daycare; Head Start program; Judy Hoyer Center; or Home visiting program; or
- If living in the community, have **1 or more** psychiatric inpatient or day hospitalizations; ER visits; exhibit severe aggression; display dangerous behavior; been suspended from school or childcare setting; display emotional or behavioral disturbance prohibiting their care by anyone other than their primary caregiver; at risk of out-of-home placement or placement disruption; have severe temper tantrums that place the child or family members at risk of harm; have trauma exposures and other adverse life events; or at risk of family-related risk factors including safety, parent-child relational conflict, and poor health and developmental outcomes in the past 12 months

Youth ages 6 - 21 must receive a **score of 3 or higher** on the Child and Adolescent Service Intensity Instrument (CASII). Youth ages 6 - 21 whose CASII **scores fall between 3-5** must meet one of the following criteria:

- Be transitioning from a residential treatment center; or
- Be living in the community and:
 - Have any combination of 2 or more inpatient psychiatric hospitalizations or emergency room visits in the past 12 months; or
 - Have been in an RTC within the past 90 days

Level III referrals require submission of a psychosocial evaluation dated within 30 days of submission of the application. This evaluation must have an assignment of a Diagnostic and Statistical Manual (DSM) diagnosis or Diagnostic Criteria 0-5 (DC 0-5) and address the following:

- I. Identifying information.
- II. Reason for referral.
- III. Reports reviewed to complete this referral.
- IV. **Risk of Harm-** Indicate child’s or youth’s potential to be harmed by others or cause significant harm to self or others.
- V. **Functional Status-** Indicate the degree to which the child or youth is able to fulfill responsibilities and interact with others. Include educational.
- VI. **Co-Occurrence of Conditions-** Developmental, medical, substance use, and psychiatric. Include DSM 5 diagnosis and medications, both current and past.
- VII. **Recovery Environment-** Indicate environmental factors that have the potential to impact the child’s or youth’s efforts to achieve or maintain recovery. Include description of family constellation and commitment.
- VIII. **Resiliency and/or Response to Services-** Indicate the child’s or adolescent’s ability to self-correct when there are disruptions in the environment. Include any major life changes and how the child or adolescent responded.
- IX. **Involvement in Services-** Indicate the quantity and quality of the child’s/youth’s and primary care taker’s involvement in services. Include involvement with other agencies; list all inpatient and outpatient treatments, and out of home placements (i.e., group homes, shelters, foster care or RTCs).

If you require additional assistance or need further information or clarification about the services, you may contact your local LBHA/CSA.

Care Coordination Organization (CCO) Contacts

Jurisdiction	CCO Name	CCO Phone #	CCO Fax#/ Referral Email
Allegany	Potomac Community Services	301-791-3087	301-393-0730
Anne Arundel	Center for Children	301-609-9887	301-609-7284
Baltimore City	Baltimore Crisis Response, Inc.	410-433-5255	<i>Not Accepting Referrals</i>
	Empowering Minds Resource Center	410-625-5088	410-625-4890
	Hope Health Systems	410-265-8737	410-265-1258 ccoreferral@hopehealthsystems.com
	Leading By Example	443-438-7614	443-835-4776 referrals@leadingbyexamplellc.com
	Optimum Maryland	410-233-6200	410-233-6201
	You First Health Systems, Inc.	301-329-0177	301-825-9777 info@youfirsthealthsystems.com
Baltimore County	Hope Health Systems	410-265-8737	410-265-1258 ccoreferral@hopehealthsystems.com
	Wraparound Maryland	443-449-7713	443-451-8268
Calvert	Center for Children	410-535-3047	410-535-3890
Caroline	Wraparound Maryland	410-690-4805	410-690-4806
Carroll	Potomac Community Services	301-791-3087	301-393-0730
Cecil	Advantage Psychiatric Services	410-686-3629 Ext. 409	410-780-7178
Charles	Center for Children	301-609-9887	301-609-7284
Dorchester	Wraparound Maryland	410-690-4805	410-690-4806
Frederick	Potomac Community Services	301-791-3087	301-393-0730
Garrett	Burlington United Methodist Family Services	301-334-1285	301-334-0668
Harford	Empowering Minds Resource Center	443-484-2306	443-484-2970
Howard	Center for Children	301-609-9887	301-609-7284 CCOferralsHOWARD@center-for-children.org
Kent	Wraparound Maryland	410-690-4805	410-690-4806
Montgomery	Advanced Behavioral Health, Inc.	301-345-1022	301-560-5558 vkurdian@abhmaryland.com
	Volunteers of America	240-696-1565	301-306-5105
Prince George's	Center for Children	301-609-9887	301-609-7284
Queen Anne's	Wraparound Maryland	410-690-4805	410-690-4806
St. Mary's	Center for Children	301-475-8860	301-475-3843
Somerset	Wraparound Maryland	410-219-5070	410-219-5072
Talbot	Wraparound Maryland	410-690-4805	410-690-4806
Washington	Potomac Community Services	301-791-3087	301-393-0730
Wicomico	Wraparound Maryland	410-219-5070	410-219-5072
Worcester	Wraparound Maryland	410-219-5070	410-219-5072

Should you require additional assistance or need information or clarification about services in your jurisdiction, please contact your Local Behavioral Health Authority/Core Service Agency (LBHA/CSA). A full directory of LBHAs/CSAs is available at <https://mabha.org/getting-help/>.

last updated 08/12/2024

Customized Goods and Services Protocol (Effective July 1, 2018)

Customized Goods and Services are used in support of the Plan of Care (POC) for a young person enrolled in TCM Plus. All Customized Goods and Services expenditures are expected to be primarily driven by choices made by the young person with the support of their family and other community supports for an identified therapeutic goal. This “self-determined” approach encourages the young person, their family members and other supporters, to be creative and take on a degree of personal responsibility for their charted path towards improved health and functioning. As a result, the goal of Customized Goods and Services is to actualize realistic movement towards wellness, the objectives of which are incorporated into the overall Plan of Care in a context of mutually supportive community and family support. Customized Goods and Services are not synonymous with flexible funds as defined in the past, which could be used to address crucial items resulting from family cash shortfalls (e.g. rent) or for services that the young person may not be fully invested in (e.g. necessary but unwanted tutoring) This is not to suggest that these of expenditures are not critical but they must be accessed through other sources. In addition to meeting this therapeutic, self- determined and integrated community support philosophy, the funds must only be used for reasonable and necessary costs. A reasonable cost is one that, in its nature and amount, does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. Necessary costs have been generally determined to be those that are likely to improve outcomes or remediate a particular and specific need identified in the POC.

Broader policy requirements mandate that we specify unallowable costs, which is difficult to do. The following list, some of which are highly self-evident, are taken directly from the 1915(i) State Plan Amendment application approved by the Centers for Medicare and Medicaid Services. **Unallowable costs include, but are not limited to the following:**

1. Alcoholic Beverages;
2. Bad Debts;
3. Contributions and Donations;
4. Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringement;
5. Entertainment Costs;
6. Incentive compensation to employees;
7. Personal use by employees of organization-furnished automobiles (including transportation to and from work);
8. Fines and Penalties;
9. Goods or Services for Personal Use;
10. Interest on Borrowed Capital/Lines of Credit;
11. Costs of Organized Fundraising;
12. Costs of Investment Counsel/Management;
13. Lobbying;
14. Renovation/Remodeling and Capital Projects.

To the extent possible, Customized Goods and Services should be used as the funding source of last resort - only for those costs that cannot be covered by any other source and that are vital to the implementation of the individual's' specified and approved plan. It is requested that at least two other unsuccessful funding sources were identified and documented prior to requesting funds.

Documentation: The Maryland Coalition of Families (MCF) Family Peer Support Specialist (FPSS) shall use the standardized form to request customized goods and services. The form shall be provided by BHA.

Reimbursement: MCF will act as the fiscal agent for goods and services once approval of purchase is provided by BHA. Service providers will invoice MCF directly for reimbursement. Invoices from service providers should include dates of service delivery. Goods purchased by MCF will be delivered to the identified location/party to ensure delivery to program participants.

Procedure for goods or services reimbursement or purchase:

1. MCF FPSS at MCF will write and approves the request.
2. FPSS Supervisor reviews and approves request – submits to the Maryland Coalition of Families (MCF) Customized Goods and Services (cgsrequests@mdcoalition.org).
3. This form is then submitted by MCF, password protected, to BHA (candice.adams@maryland.gov) **along with documentation that specifically details exactly what needs to be purchased.**
4. BHA Representative will email the signed authorization form back to indicate approval to purchasing@mdcoalition.org.
5. GOODS: MCF will purchase goods on behalf of the youth and have them delivered to the identified location.
 - a. FPSS will obtain signature from family that they have received good and submit to MCF.
6. SERVICES:
 - Service providers will submit proof of service to MCF along with invoice.
 - MCF will reimburse service provider.

TCM PLUS – CUSTOMIZED GOODS AND SERVICES REQUEST FORM

Youth name:	DOB:	Age:
Caregiver name:		Request date:
Name of program/service or item requested (provide name of specific vendor, link to website page where item can be purchased and item #, if applicable):		
For items to be purchased, please indicate whether: <input type="checkbox"/> Only this specific item may be purchased (<i>if approved, fulfilling request may be delayed if item is unavailable</i>) <input type="checkbox"/> 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?

Recipient's Name:	_____		
Address:	_____		
City:	State:	Zip Code:	
County:	_____		
Delivery confirmation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

What is the youth's level of care?

TCM Plus <input type="checkbox"/>	TCM Level I <input type="checkbox"/>	TCM Level II <input type="checkbox"/>	TCM Level III <input type="checkbox"/>	1915(i) <input type="checkbox"/>
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Has this request been discussed in a CFT and included in the POC? Yes No

Is the Plan of Care included or attached to this request? Yes No

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.

Identify how the item or service will be sustained as a support for the child.

TCM PLUS – CUSTOMIZED GOODS AND SERVICES REQUEST FORM

What other resources/funds/individuals have been accessed to obtain good or service? Please list all agencies such as DSS and other charitable organizations that have been contacted and note reason for refusal: Must have contacted a minimum of 2 agencies. If requesting funding for electronic devices, such as laptops or tablets, please contact local schools before completing a CGS Request for funding.

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

Requestor Information:

FPSS Name:	
Phone Number:	Work Mailing Address:
Email Address:	
Supervisor Signature/Date:	
Care Coordinator Name:	
Care Coordination Organization:	
Date of Notification of Care Coordinator:	

BHA Use Only

APPROVED DENIED BHA Signature _____ Date _____

Reason for denial:

Procedure for purchasing items goods or services:

1. *The FPSS shall complete and upload the CGS Request Form, Plan of Care and any invoices/W9 (if applicable) to Salesforce. The Care Coordinator shall complete the CGS Request form and email it along with the Plan of Care any invoices/W9 (if applicable) to CGSrequests@mdcoalition.org.*
2. *MCF then submits this form, password protected, to BHA (candice.adams@maryland.gov) **along with documentation that specifically details exactly what needs to be purchased.***
3. *BHA Representative will email the signed authorization form back to indicate approval to CGSrequests@mdcoalition.org.*
4. *GOODS: MCF will purchase goods on behalf of the youth and have them delivered to the identified location. FPSS will obtain signature from family that they have received the item and submit to MCF*
5. *SERVICES:*
 - *Service providers will submit proof of service/receipts to the Maryland Coalition of Families at CGSrequests@mdcoalition.org.*
 - *The Maryland Coalition of Families will send payment to service providers.*