

## Community Services Initiative/Rehab Option Program

	<b>Community Services Initiative (CSI)</b>	<b>Rehab Option</b>
<b>Authority</b>	COMAR 14.31.01.10	Health General §15-139 and COMAR 14.31.08.05
<b>Eligibility</b>	<p>The CSI program provides funding to divert or return youth from out-of-state and in-state residential placements.</p> <ol style="list-style-type: none"> <li>1. The child must have an open case and currently be receiving services from a Lead Agency; and,</li> <li>2. There must be a determination that the child's needs can be met without Children's Cabinet funding after a period of two (2) years, based upon:               <ol style="list-style-type: none"> <li>a. A clinical assessment that the child's needs for the services included in the community-based service plan will substantially diminish within a two-year period; or</li> <li>b. The documented commitment of the child's lead agency, or other agencies or funding sources, to assume responsibility for the funding and implementation of the child's plan of care after two (2) years.</li> </ol> </li> </ol>	<p>A child with a mental illness or a developmental disability not in State custody, regardless of whether the child is eligible for the Maryland Medical Assistance Program, is eligible for funded services if:</p> <ol style="list-style-type: none"> <li>(1) The child:           <ol style="list-style-type: none"> <li>a. Is in an out-of-home placement and has been recommended for discharge but the child's family is unwilling or unable to have the child return home; or</li> <li>b. Remains in the home but the child's family is unable to provide appropriate care for the child without additional services and the child is at risk of requiring an out-of-home placement or the treating professionals have recommended an out-of-home placement;</li> </ol> </li> <li>(2) The services requested for the eligible child:           <ol style="list-style-type: none"> <li>a. Are not covered or available from either the Maryland Medical Assistance Program or the legal parent, legal guardian, or caretaker's health insurance plan; or</li> <li>b. Cannot be funded by the parent, legal guardian, or caretaker based on the family income and resources; and</li> </ol> </li> <li>(3) Services:           <ol style="list-style-type: none"> <li>a. Are not intended for long-term care;</li> <li>b. Are time-limited, not to exceed 2 years from the first date of service;</li> <li>c. Include a transition plan; and</li> <li>d. Are community-based.</li> </ol> </li> </ol> <p>The parent, legal guardian, or caregiver of the child may apply for services. The application may be supported by a provider, agency, or advocate.</p>
<b>Order of Prioritization</b>	<p>The order of priorities for serving children with CSI funding, from highest to lowest, is as follows:</p> <ol style="list-style-type: none"> <li>(1) A child in need of out-of-State placement, as defined in Regulation .02B(2) of this chapter;</li> <li>(2) A child in need of out-of-State placement, as defined in Regulation .02B(2) of this chapter, already placed out-of-State;</li> </ol>	<p>The LMB/LCC shall fund services for eligible children in the following priority ranking:</p> <ol style="list-style-type: none"> <li>(1) Children in a residential treatment center who are eligible for the psychiatric residential treatment demonstration waiver referenced in Health-General Article, §15-130.1, Annotated Code of Maryland;</li> <li>(2) Children whose families have requested a voluntary</li> </ol>

	<ul style="list-style-type: none"> <li>(3) A child in need of residential placement, as defined in Regulation .02B(3) of this chapter, awaiting discharge from an in-State residential placement;</li> <li>(4) A child in need of residential placement, as defined in Regulation .02B(3) of this chapter, recommended for in-State placement; and</li> <li>(5) A child with intensive needs, subject to the availability of additional State funding and in accordance with the Children's Cabinet plan. <i>Note – the Children’s Cabinet has not approved this category for CSI funding.</i></li> </ul>	<p>placement agreement if the child or family needs interim or alternative services for the purpose of:</p> <ul style="list-style-type: none"> <li>(a) Keeping the child at home in the community; or</li> <li>(b) Providing an interim residential placement while the family is seeking a voluntary placement agreement;</li> </ul> <p>(3) Children with or without Medical Assistance whose families have requested placement in a residential treatment center or intermediate care facility for the mentally retarded and who have been determined medically eligible for this placement if services under this chapter would enable the child to continue to live at home; and</p> <p>(4) Children in need of services to return home who are in hospitals, emergency rooms, residential treatment centers, and other out-of-home placements after they have been identified as ready for discharge when the family is:</p> <ul style="list-style-type: none"> <li>(a) Unwilling to have the child return home; or</li> <li>(b) Unable to meet the child's needs at home without additional services.</li> </ul>
<b>Funding Limits</b>	<ul style="list-style-type: none"> <li>▪ \$100,000 per year per child for CSA referrals.</li> <li>▪ \$70,000 per year per child for all other Lead Agency referrals.</li> <li>▪ At least 30% of the total cost of the plan of care must be funded by non-LCC funds.</li> <li>▪ If eligible, CSI can fund up to two (2) years of a youth’s plan of care.</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$100,000 per year per child for CSA referrals.</li> <li>▪ \$70,000 per year per child for all other Lead Agency referrals.</li> <li>▪ Are time-limited, not to exceed 2 years from the first date of service (inclusive of LCC Flex Fund services).</li> <li>▪ During the initial development of each plan of care and during the periodic review of each plan of care, consideration shall be given to the availability of services through other funding sources, including: <ul style="list-style-type: none"> <li>(1) The Maryland Medical Assistance Program;</li> <li>(2) The parent's or legal guardian's private health insurance; or</li> <li>(3) Contributions from: <ul style="list-style-type: none"> <li>(a) The parent's or legal guardian's personal income*;</li> <li>or</li> <li>(b) Any other public source.</li> </ul> </li> </ul> </li> </ul>
<b>Services</b>	<ul style="list-style-type: none"> <li>▪ Funding for all cases will be based on the actual cost of the approved plan of care.</li> <li>▪ All line items in the budget/Grand Spending Plan must correlate to a goal or need in the youth’s approved Plan of Care and should be individualized for the child based on his plan of care.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Individual services may be funded only if the services: <ul style="list-style-type: none"> <li>(1) Are authorized in the child's plan of care as specified in Regulation .08 of this chapter; and</li> <li>(2) Include a transition plan.</li> </ul> </li> <li>▪ It is impossible to provide a list of “approved” expenses since services are to be individualized according to the Plan of Care. Thus, there are potentially as many services as there are youth</li> </ul>

	<ul style="list-style-type: none"> <li>▪ It is impossible to provide a list of “approved” expenses since services are to be individualized according to the Plan of Care. Thus, there are potentially as many services as there are youth served.</li> </ul>	<p>served.</p> <ul style="list-style-type: none"> <li>▪ If a service to be funded is subject to State or local regulation, the provider shall provide appropriate documentation of compliance, such as a valid license or permit to operate, in order to receive payment.</li> </ul> <p>The LMB/LCC may fund services that are not provided by licensed health or child caring professionals or agencies, dependent on the child’s need, including but not limited to:</p> <ol style="list-style-type: none"> <li>a. Vocational classes;</li> <li>b. Sports activities;</li> <li>c. Camps;</li> <li>d. Recreational programs;</li> <li>e. After school or holiday programs;</li> <li>f. Mentoring;</li> <li>g. Occupational/vocational therapies; or</li> <li>h. Social skill development training.</li> </ol> <p>Out-of-home placement services shall be:</p> <ol style="list-style-type: none"> <li>(1) Short-term in duration; and</li> <li>(2) Limited to those designed to respond to the needs for crisis and respite care.</li> </ol>
<p><b>Exclusions</b></p>	<ul style="list-style-type: none"> <li>▪ Not a step-down service – CSI is an <u>alternative</u> to in-state residential or out-of-state placement. Eligible youth must be <u>in need</u> of an out-of-state placement or an in-state residential placement to be eligible for CSI.</li> <li>▪ Services not identified in the plan of care cannot be funded.</li> <li>▪ Funds cannot be used for RTCs, educational placements, or other non-community-based placements or hospitalizations.</li> <li>▪ Funds cannot be used for any service to which the child has a legal entitlement.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Funds cannot be used for services for youth in State-agency custody.</li> <li>▪ Services not identified in the plan of care cannot be funded.</li> <li>▪ Funds cannot be used for RTCs, educational placements, or other non-community-based placements or hospitalizations.</li> <li>▪ Funds cannot be used for any service to which the child has a legal entitlement.</li> </ul>

\* LMBs have asked for examples of options to consider when testing a parent’s income. Please be advised *that the requirement is to consider a parent’s contribution toward funding services identified in the plan of care* – not assessing parental income. As part of its local plan for the implementation of Rehab Option funds, the LMB should develop a protocol for the consideration of a parent’s contribution toward the services identified in the plan of care. Tests of income and measures of poverty such as MCHIP, Title IV-E, and Medicaid guidelines alone do not satisfy the requirement is to consider a parent’s contribution toward funding services identified in the plan of care.