

# Maryland

## *Children's Medical Services*

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**Contact Person:** Sandra Malone, OTR  
Chief, Specialty Care

**Telephone:** (410) 767-6749  
**Fax:** (410) 333-7956

**Address:** Children's Medical Services  
Maryland State Department of Health and Mental Hygiene  
201 West Preston Street  
Baltimore, MD 21201

**Email Address:** MALONES@DHMH.STATE.MD.US

**Web Site:** MDPUBLICHEALTH.ORG

**Toll-free Hot Line:** MCH Hotline  
Child Health Resource Line

**Telephone:** 1-800-456-8900  
**Telephone:** 1-800-638-8864

### ELIGIBILITY CRITERIA

#### **AGE:**

To be eligible for the program's services, an individual must be younger than 22 years old. However, age eligibility may be extended 3 years beyond the twenty-second birthday if the case management plan confirms that the treatment should be continued in order to prevent a significant disruption in the provision of necessary services and documents that the applicant is without third party insurance or entitlement coverage.

#### **RESIDENCY:**

An individual must be a resident of the state of Maryland.

#### **MEDICAL ELIGIBILITY CRITERIA:**

Children with special health care needs, for example individuals birth to 22 years with disabilities and handicapping conditions, chronic illness and conditions, health related educational problems, health related behavioral problems, and those at risk for these conditions may be eligible.

***Eligible Conditions:***

Eligible medical conditions include but are not limited to: chronic asthma, chronic renal disease, cystic fibrosis, diabetes hemophilia, immune deficiencies, JRA, childhood cancers, PKU, chronic anemia, biliary atresia, broncho-pulmonary dysplasia, tracheal esophageal fistula, ulcerative colitis, brain tumors, CP, high risk neonates, closed head injuries, hydrocephalus, medical aspects of LD, ADD, medical aspects of MR and DD including Down Syndrome and other MR syndromes, muscular atrophies and dystrophies, myelomeningocele; seizure disorders; musculoskeletal impairments; cardiac anomalies; orofacial and malocclusive conditions; vision, hearing, language and speech abnormalities.

***Excluded Conditions:***

Mental Health Services

***FINANCIAL ELIGIBILITY CRITERIA:***

***General Financial Eligibility:***

An applicant's financial eligibility is based upon the composition and income of the family unit. The following "Annual Adjusted Gross Salary Scale" is based on 200% of the 1998 Federal Poverty Income Guidelines. The "Medical Deduction Eligibility Scale" is for the use only when family income falls between the Revised Financial Eligibility Scale and the New Medical Deduction Eligibility Scale. The following out-of-pocket medical expenses of a family unit may be deducted: (1) loan payments for medical or medically related emergency debt; (2) payments to a hospital or other health care provider for a member of the family unit not covered by other third party insurance entitlements, or the Program; and (3) payments for health insurance for a member of the family unit. The applicant is financially eligible for the CMS program if, following the deduction of eligible payments, the income of the family unit is at or below the Revised Financial Eligibility Scale.

<b><i>Revised Financial Eligibility Scale</i></b>		<b><i>New Medical Deduction Eligibility Scale</i></b>
<b><i>FAMILY SIZE</i></b>	<b><i>ANNUAL ADJUSTED INCOME</i></b>	<b><i>ANNUAL ADJUSTED INCOME</i></b>
1	\$16,100	20,125
2	21,700	27,125
3	27,300	34,125
4	32,900	41,125
5	38,500	48,125
6	44,100	55,125
7	49,700	62,125

*General Financial Eligibility: (continued)*

<i>Revised Financial Eligibility Scale</i>		<i>New Medical Deduction Eligibility Scale</i>
FAMILY SIZE	ANNUAL ADJUSTED INCOME	ANNUAL ADJUSTED INCOME
8	55,300	69,125
9	60,900	76,125
10	66,500	83,125
11	72,100	90,125
12	77,700	97,125
For a family unit with more than 12 members add \$5,600 annually for each additional member.		For a family unit with more than 12 members add \$7,000 annually for each additional member.

*Financial Eligibility for Initial Screening:*

Same as "General Financial Eligibility".

*Family Co-Payment or Financial Participation Requirements:*

Not addressed. Contact the Program directly for information.

SCOPE OF SERVICES

**SERVICES:**

*Eligible Services:*

In patient and out patient hospital services related to the eligible medical conditions. Durable medical equipment; orthoses; prosthesis; formula and medication to correct metabolic and physiologic errors, approved therapies, medications, selected dental services; hearing aids and augmentative devices.

*Excluded Services:*

Not specifically addressed. Contact the Program directly for more information.

***HOW/WHERE SERVICES ARE PROVIDED:***

Specialty consultation clinics provided through local health departments and approved hospitals, private office care arranged at the discretion of the program, inpatient and outpatient hospital care through University affiliated medical facilities, and selected community based providers.

***Specialty Clinics/Program:***

Not addressed. Contact the Program directly for more information.

***Out of State Services:***

Services may be arranged with out-of-state providers when not otherwise available within state. Hospitals in contiguous states who are Maryland Medicaid providers qualify as CMS provider.

***COORDINATION OF FINANCIAL BENEFITS AND SERVICES:***

***Coordination of Financial Benefits:***

CMS is the payor of last resort. All third party resources, including Medicaid and other health/medical insurance benefits, must be used prior to payment by CMS. The only exception is Part H of IDEA. With Medicaid expansion and the implementation of the State's Health Insurance Program for children, the population served by the CMS program has decreased considerably and now consists of undocumented children, older children who age out of MCHP at age 19, and children with special health care needs who are underinsured.

***Coordination of Services:***

CMS provides family centered care coordination via professional staff in conjunction with families, local health department counterparts, facilities, and agencies rendering services. CMS in conjunction with the Maryland Medical Assistance Program, local early intervention programs, and local health departments has implemented a reimbursement system for case management of Medicaid/Part H eligible infants and toddlers.

CMS pays for services denied by third party payees for eligible children.

***SPECIALIZED OR UNIQUE SERVICES, SPECIAL GRANTS, WORKSHOPS, ETC.:***

Community based diagnostic and advisory clinics  
Early intervention case management  
Wrap around services for Medicaid eligible children

***STATUTORY/REGULATORY AUTHORITY:***

CMS derives its authority from the MCH Services Block Grant and its OBRA 1989 amendments PL 101-239; Title 15-125 of the annotated code of Maryland and COMAR 10.11.03.