Maryland’s Public Mental Health System

A Resource Guide For Consumers & Families
ACKNOWLEDGEMENTS

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It is our hope this resource guide will be a valuable addition to ongoing efforts to increase understanding of the Maryland Public Mental Health System. For many years, On Our Own of Maryland has worked to ensure mental health care and services in Maryland is consumer-oriented, and sensitive to consumer and stakeholder concerns. This new guide discusses self-directed care, advance directives, and recovery and updates changes in confidentiality laws. In addition, the glossary contains many words and terms related specifically to managed care.

Consumers and family members continue to be actively involved in the advisory councils to the Maryland Mental Hygiene Administration, the Administrative Services Organization and local mental health advisory committees and boards. Additionally, consumers and family members are encouraged to get involved in the statewide consumer and/or family member organizations in order to make our voices heard and our organizations strong.

We wish to express our gratitude to Terezie S. Bohrer for her invaluable assistance in helping to produce and revise this manual and a special thank you to Kristen Myers for her design of the manual’s cover.

July 2005
INTRODUCTION

The purpose of this resource guide is to assist consumers and family members to understand the publicly funded health and mental health system in Maryland. This guide is intended to provide information about how the system works and to provide mental health, health, and advocacy resources that may be of assistance to consumers and family members.

The Maryland Public Mental Health System (PMHS) started in 1997, to assure that people with mental illnesses will get the services they need, when they need them. “Managed Care” means controlling health care costs and discouraging unnecessary services. The managed care system in Maryland was designed to make sure that citizens who need mental health care, and who meet certain eligibility criteria, get the treatment they need.

This guide briefly describes the concept of managed care, the mental health system in Maryland, consumer rights and responsibilities, self-directed care, advance directives, special population issues and resources, community support and advocacy resources, and defines words used frequently in the mental health field.

For people with psychiatric disabilities, managed care is now an acceptable way of delivering services. Because the system in Maryland is fairly new, many changes are expected to continue over the next few years. On Our Own of Maryland, Inc. encourages all consumers and family members to actively participate in offering recommendations to make the system more responsive. You are urged to participate and advocate for appropriate, accessible, high quality community-based mental health services.
WHAT IS MANAGED CARE?

“Managed Care” is the term used to describe a health care concept that started in the 1930s to address rising health care costs. Today, in addition to cutting costs, managed care also means:

- **Measuring outcomes** (for example: Do people get well as a result of treatment provided? Do they remain sick after treatment? etc.)
- **Controlled access to treatment** (called “gate keeping”—for example, only allowing people with certain symptoms to get specific care and/or treatment)
- **Stressing prevention** (for example, getting vaccinations, mammograms, prostate tests, etc.)
- **Appropriate care** (for example, getting no more and no less treatment and care than is needed)
- **Information collecting** (including consumer surveys) and management of data to improve efficiency and monitor progress.

In the past 15 years, enrollment in managed care plans has increased greatly throughout the United States. Currently, two-thirds of all employers providing health insurance are using some form of managed care to reduce costs in administering their mental health benefits. Managed care plans now apply to millions of people with both private and public medical insurance, including people who have Medicaid and/or Medicare.

Nationwide, numerous concerns have been raised by consumers, family members, mental health professionals and advocates regarding serving people with severe mental illnesses in a managed care system. However, recent research studies in Maryland have shown positive experiences and high consumer satisfaction with the new Public Mental Health System.

HOW DID “PUBLIC” MANAGED CARE GET STARTED IN MARYLAND?

In 1995, a law was passed in Maryland that allowed the Department of Health and Mental Hygiene (DHMH) to develop a managed care system for people with Medicaid (also called Medical Assistance Program). Between 1995 and 1998 many public meetings were held to get input from citizens on what the system should look like. The “somatic” (or “physical”) health care plan in Maryland is
called “HealthChoice,” and medical companies that take care of people with Medicaid in the HealthChoice program are called “Managed Care Organizations” (MCOs). An MCO is a group of doctors, clinics and other health care providers. These providers work together to take care of physical health care needs.

Furthermore, MCOs in Maryland are responsible for providing substance abuse services including screening, diagnostic assessments and treatment. This includes outpatient substance abuse treatment such as methadone maintenance, outpatient detoxification and inpatient care if medically necessary.

On July 1, 1997, the Department of Health and Mental Hygiene (DHMH)/Mental Hygiene Administration (MHA) started the new Public Mental Health System (PMHS). The PMHS was designed to improve access to mental health services and ensure the mental health services help consumers achieve treatment goals leading to recovery. Mental health services are delivered through a “carved out” specialty mental health program, which manages all public mental health services under one system. This system is separate from the managed care organizations. The PMHS serves people with Medicaid and a limited number of people who have no insurance and who need services because they have a mental illness and cannot afford to get care or treatment.

WHAT ARE THE GOALS FOR THE MANAGED CARE PROGRAM?

The purpose of HealthChoice is to improve the health status of Maryland citizens who are eligible to participate in the Medical Assistance Program. The goals of the HealthChoice program are to:

- Provide every consumer with a “medical home” (a personal doctor);
- Provide primary care doctors, clinics, specialists, nurses, hospitals, pharmacies and other medical providers when needed;
- Provide consumers choices in selecting an MCO and a doctor;
- Provide services at a reasonable cost;
- Maintain the high quality of Maryland’s health care system;
- Provide regular check-ups, routine tests and other services to help consumers stay healthy;
- Have 24-hour telephone service available for referrals, appointments and/or advice; and
- Assure accountability through use of service and financial reports.
WHAT DOES THE PROGRAM MEAN FOR CONSUMERS AND FAMILY MEMBERS?

In 2005, approximately 12 percent of Maryland’s population (over 640,000 people) are enrolled in the Maryland Medical Assistance (Medicaid) program. Physical health and/or mental health services are available 24 hours a day, seven days a week. For physical health, each consumer with a Medicaid card has an assigned doctor in a managed care organization. The consumer with Medicaid can either select a Managed Care Organization (MCO) doctor or have one assigned. Consumers can change their MCO once a year and at certain other times, for example if they move to another county. For information on HealthChoice, consumers can call toll-free in Maryland 1-800-977-7388 (TDD for hearing impaired: 1-800-977-7389).

For mental health services, Medicaid enrolled consumers can get help by calling one number: 1-800-888-1965. Mental health services are available throughout the State; however, not all areas in the State have every type of services. Services include emergency services, crisis services, outpatient clinics, day and residential rehabilitation services, partial hospitalization, etc. Trained professional “Care Managers” are available to help consumers and family members get the right services when they are needed.

Since the start of the Maryland Public Mental Health System (PMHS) program in 1997, more people with mental illnesses have gotten the help and treatment they need than ever before. Services are based on the needs of the consumer, not the system. Furthermore, cultural diversity is recognized and attempts are made to match special consumer needs with appropriate providers.

Lastly and most importantly, consumers and family members are encouraged to be active participants in the planning, development, implementation, oversight and evaluation of the Public Mental Health System. Consumers and family members can participate in State and local advisory committees and in surveys to determine the effectiveness and outcomes of the Public Mental Health System.
CHAPTER 2: THE MARYLAND PUBLIC MENTAL HEALTH SYSTEM

WHAT ARE THE GOALS OF THE PUBLIC MENTAL HEALTH SYSTEM?

The goals of the Maryland Public Mental Health System (PMHS) are to:

- Help individuals get the care they need;
- Make sure the care is appropriate;
- Improve the quality of care;
- Pay for the care received; and
- Learn what services help people.

WHO IS SERVED BY THE PMHS?

The Public Mental Health System serves three main groups of people:

1. Medical Assistance recipients enrolled in Managed Care Organizations;
2. Medical Assistance recipients who are also eligible for Medicare and remain in the Medicaid fee-for-service system; and
3. Individuals for whom—because of their medical and financial need—the cost of mental health services is subsidized, in whole or in part, by State and local funds.
CHAPTER 3: THE KEY PLAYERS IN THE PMHS

STATE AND LOCAL GOVERNMENT:

THE MENTAL HYGIENE ADMINISTRATION (MHA): The MHA is a part of the Maryland Department of Health and Mental Hygiene (DHMH). MHA funds most of the Public Mental Health System (PMHS) using State and Federal money and oversees the entire PMHS. MHA is responsible for developing State policies and procedures, managing the overall State budget, and running the State psychiatric hospitals. MHA works closely with the Core Service Agencies (CSAs) and contracts for the services provided by MAPS-MD, the Administrative Services Organization (ASO).

CORE SERVICE AGENCIES (CSAs): Core Service Agencies, which are local mental health authorities, plan and manage public mental health services at the local level. CSAs are part of 24 local governments (23 Counties plus Baltimore City) and also operate under the authority of the Secretary of the Department of Health and Mental Hygiene. CSAs are responsible for identifying local service needs and developing plans to meet those needs. CSAs work cooperatively with the MHA and MAPS-MD to advocate and make sure consumers in their area get the services they need. CSAs also assist with processing complaints, grievances and appeals. (See Chapter 11 for the listing of CSAs.)

ADMINISTRATIVE SERVICE ORGANIZATION: MAPS-MD

The Administrative Services Organization (ASO), known as MAPS-MD, is a private managed care organization, hired by the State, to manage the Public Mental Health System. MAPS-MD does not provide mental health services but is responsible for helping consumers get the proper services (“gate keeping,” referrals and monitoring), handling authorizations (approval for services), utilization review (ensure quality and appropriateness of services) and is responsible for processing claims (claims for payment of providers). They also are responsible for evaluating the system and for compiling data for the management information system (reporting of costs, types and services provided, etc.). MAPS-MD administratively supports the activities of the MHA and CSAs. MAPS-MD has professional Care Managers available 24 hours a day, seven days a week, to answer consumer calls and make appropriate referrals. One toll-free phone number is used statewide: 1-800-888-1965.
MANAGED CARE ORGANIZATIONS:

Managed Care Organizations (MCOs) are private organizations that provide health care to consumers for a set fee paid by the State or an employer. In Maryland, under HealthChoice (the physical health system), the Department of Health and Mental Hygiene contracts with certain providers to cover Medicaid enrollees. The State has determined certain services and benefits must be offered by the MCOs with State contracts.

The MCOs provide consumers with a “medical home” for their basic physical health services (primary care provider--PCP), including substance abuse treatment if needed, and control referrals to specialists (acts as gatekeeper). MCOs, as part of their “gate keeping” function, decide whether care and treatment is “medically necessary.” Then they either provide the care or refer the patient to a specialist. MCOs refer most mental health consumers to MAPS-MD when they require “specialty” psychiatric services.

CONSUMERS/FAMILY MEMBERS:

In the health and mental health care systems, consumers are encouraged to make choices and decisions about the type of treatment they receive and about whom they want to provide the treatment. Consumers are not limited to providers in their County, but may in fact seek providers outside of their local area. Empowerment and active participation in all aspects of treatment and rehabilitation planning are promoted in the Public Mental Health System. Recovery is emphasized.

This means that mental health services and treatment should help to eliminate symptoms of mental illness and also help to integrate consumers in the community and be culturally sensitive. It is important for you to know that there may be limitations on the type of services a consumer receives--based upon availability of that particular service in a region of the State, and whether the service is determined to be medically necessary.

Consumers and family members are also valued members of advisory boards and committees set up by the Mental Hygiene Administration, the Core Service Agencies and MAPS-MD. Local Mental Health Advisory Committees are required by State law to have consumers and family member representatives. If you are interested in becoming an advisory committee member, contact your local Core Service Agency.
In addition, a Consumer Subcommittee has been formed to provide an opportunity for consumers, families and advocates to explore topics of concern, areas that need further explanation and aspects of the PMHS that are working well or not working well. These topics, along with recommendations, are presented at the Intra-System Quality Council. This is one way consumers, families and advocacy organizations can provide input to the Mental Hygiene Administration and MAPS-MD. For more information, call 1-800-888-1965 and ask for the Consumer Liaison.

Consumer and family member input is extremely important in completing consumer satisfaction surveys. Improvements can be made in the new systems based on information from these surveys. Finally, when consumers believe they have not been treated properly or have been denied services, there is a fair and timely grievance procedure they can use. (See Chapter 7 for a description of the grievance process.)

PROVIDERS:

A provider who meets appropriate licensing, certification, accreditation or other official standards is eligible to provide services in the Public Mental Health System. Eligible providers include facilities, programs and individual mental health practitioners. To provide services in the Public Mental Health System, all mental health professionals must go through a “credentialing” process and be approved as a Medical Assistance Program (Medicaid) provider. MAPS-MD and the Core Service Agencies have a listing of licensed and approved individual providers (psychiatrists, psychologists, social workers, psychiatric nurses, and certified counselors) and programs (residential rehabilitation programs, clinics, etc.) that are part of the system. Over 6,000 providers are available in the Public Mental Health System. You can get specific program and provider information online at the MAPS-MD web site: www.maps-md.com or by calling Customer Service at 1-800-888-1965.

MEDICAID AND OTHER OVERSIGHT BOARDS:

The Maryland Medicaid Advisory Committee was established in July 1996 to assist DHMH with the implementation, operation and evaluation of the HealthChoice program. They meet monthly and every year publish a report to the Governor describing their work, findings and recommendations. Periodically, they hold public hearings around the State to get consumer input. The Advisory Committee consists of consumers, family members, advocates and professionals.
In addition, the Maryland Advisory Council on Mental Hygiene/P.L.102-321 Planning Council (often called the Joint Council) regularly reviews and makes recommendations on State plans and budgets, monitors and evaluates mental health services in the State, and serves as an advocate for people of all ages with mental illnesses. Likewise, the Joint Council is made up of consumers, family members, professionals, representatives from various State agencies and other interested citizens.

Lastly, Maryland law requires each County and Baltimore City to have a local Mental Health Advisory Committee (MHACs). These Advisory Committees monitor the activities of Core Service Agencies and provide oversight in the local jurisdictions of expenditures (costs) and service delivery (allocations and quality).
WHAT IS THE PROCESS TO GET SERVICES?

When a consumer with Medicaid (or eligible for Medicaid), a family member or a provider thinks mental health services are needed, they call MAPS-MD at 1-800-888-1965. They can call at any time of the day or night, seven days a week. The professional staff at MAPS-MD will ask several questions about the person and the type of services needed. MAPS-MD has a list of providers, their locations, and the type of services they provide which will be used to help choose the service to best meet the consumer’s needs. If a person does not have Medicaid, they may have to pay a flat $2.00 co-payment.

Prior to getting any service, except in emergencies, MAPS-MD must approve the services and the referral to the mental health provider. Services are approved when they are: (1) appropriate to the consumer’s needs; (2) provided in the least restrictive setting; and (3) believed by MAPS-MD to be the most helpful.

The consumer’s Primary Care Physician in the Managed Care Organization (MCO) may also provide some mental health care. If the consumer’s MCO believes specialty care is needed, the consumer will then be referred to the PMHS.
HOW THE SYSTEM WORKS:

Consumers with a mental health problem contact MAPS-MD or a Provider in the PMHS

Consumers who contact MAPS-MD: MAPS-MD will ask questions to find out if the person may be eligible for services, determine medical necessity and refer the consumer to a provider. If the consumer does not have Medicaid, they will receive instructions on how they need to document their income or circumstances.

Consumers who contact a Provider: The Provider will ask questions and then contact MAPS-MD to start the registration process.

For Non-Medicaid Eligible Consumers: There is a flat $2.00 co-payment. If the consumer is unable to pay the co-pay, the Core Service Agency can make a decision to grant a waiver or decrease the amount of the co-pay.

For Medicaid Consumers: There is no co-pay for services.

For Medicare Consumers: Approval from MAPS-MD is not needed to receive Medicare covered services unless benefits may be exhausted prior to completion of treatment.

MAPS-MD CARE MANAGER DECIDES WHAT SERVICES TO AUTHORIZE AND HOW MANY VISITS

CONSUMER CHOoses TYPE OF SERVICE AND WHICH PROVIDER TO SEE WHENEVER POSSIBLE.

SERVICES PROVIDED
CHAPTER 5: BENEFITS IN THE PUBLIC MENTAL HEALTH SYSTEM

WHAT SERVICES ARE AVAILABLE IN THE PMHS?

Services covered in the Public Mental Health System include:

- Outpatient therapy;
- 24-hour crisis help;
- Hospitalization;
- Residential Treatment Centers (for children and adolescents);
- Residential rehabilitation;
- Day treatment;
- Supported living;
- Rehabilitation services;
- Mobile treatment;
- Prescription medications (for consumers with Medicaid); *
- Case Management; and
- Partial hospitalization (for consumers with Medicaid only).

In addition, Core Service Agencies (CSAs) can help consumers with limited financial resources that do not qualify for Medicaid and/or the Maryland Pharmacy Assistance Program, to get needed psychiatric medications, lab tests and/or transportation to mental health appointments. Some CSAs have funds for consumer emergencies. For example, paying rent while a consumer is briefly hospitalized so they do not lose their apartment, emergency dental care, shelter, food, etc. Consumers or family members must call their designated Core Service Agency to access these services. (See Chapter 11 for the listing of CSAs.)

* Low-income consumers without Medicaid may be eligible for the Maryland Pharmacy Assistance Program (MPAP). Call 1-800-226-2142 for eligibility requirements. The MPAP helps Maryland residents pay for certain maintenance drugs used to treat long term illnesses. Eligibility is based on the number of persons in the household, income and assets. When a person uses the MPAP, they pay a “co-pay” of $2.50 for each generic prescription and $7.50 for a brand name prescription.
CHAPTER 6: OTHER CONSUMER SERVICES

PEER SUPPORT GROUPS:

Peer support groups are for people with the same or similar issues, concerns and/or problems, who get together to identify one another, to communicate with each other on a one-to-one or group basis, and to offer support to each member of the group. Peer support is not intended to take the place of therapy, but is a way to help people to cope with their situation and resolve problems. In the United States, it is estimated there are over half a million “self-help” groups; together they serve millions of people.

In Maryland, there are peer support groups for people with mental illnesses and also groups for family members of relatives with mental illnesses. These groups vary in size and in structure. Most groups are free or have a small membership fee to join the organization.

On Our Own of Maryland is a statewide mental health consumer education and advocacy network, which promotes equality for people who receive mental health services and develops alternative recovery-based mental health initiatives. Throughout the year, On Our Own of Maryland sponsors various workshops, seminars and conferences. They have also started a housing corporation, called Main Street Housing, to develop decent, safe and affordable housing around the state for mental health consumers.

CONSUMER SUPPORT GROUPS:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Phone Numbers</th>
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<tbody>
<tr>
<td>On Our Own of Maryland</td>
<td>410-646-0262; 1-800-704-0262</td>
</tr>
<tr>
<td>On Our Own of Anne Arundel County</td>
<td>410-224-0116</td>
</tr>
<tr>
<td>On Our Own, Inc. (Baltimore City)</td>
<td>410-444-4500</td>
</tr>
<tr>
<td>On Our Own Center (Baltimore County)</td>
<td>410-282-1701; 1-800-307-2203</td>
</tr>
<tr>
<td>On Our Own of Calvert County</td>
<td>410-535-7576; 301-855-1251</td>
</tr>
<tr>
<td>On Our Own of Carroll County</td>
<td>410-751-6600</td>
</tr>
<tr>
<td>On Our Own of Charles County</td>
<td>301-392-1840</td>
</tr>
<tr>
<td>On Our Own of Cecil County</td>
<td>410-392-4228</td>
</tr>
<tr>
<td>On Our Own of the Eastern Shore</td>
<td>410-778-4648</td>
</tr>
<tr>
<td>On Our Own of Frederick County</td>
<td>301-620-0555</td>
</tr>
<tr>
<td>On Our Own of Howard County</td>
<td>410-772-7905</td>
</tr>
<tr>
<td>On Our Own of Montgomery County</td>
<td>240-683-5555</td>
</tr>
</tbody>
</table>
On Our Own of St. Mary’s County 301-997-1066
Office of Consumer Advocates (Washington County) 301-790-5054
Lower Shore Friends 410-334-2173
Hope Station/Satellite Center ( Allegany County) 301-759-4888
Hearts and Ears 410-889-2022
The Harvey House (Garrett County) 301-334-1314
Helping Other People Through Empowerment 410-327-5830
DRADA (Groups throughout Maryland) 1-800-288-1104
Recovery, Inc. 301-431-1818
Emotions Anonymous (Silver Spring and Columbia) 202-364-9448

FAMILY MEMBER SUPPORT GROUPS:

National Alliance for the Mentally Ill (NAMI) is a non-profit, self-help organization searching for a better understanding of mental illness and better techniques to cope with everyday problems. Many local groups offer mutual family support groups, information, education and advocacy.

NAMI Maryland (State Organization) 410-863-0470; 1-800-467-0075
NAMI Allegany County 301-689-6571
NAMI Anne Arundel County 410-956-1562
NAMI Calvert 410-535-2746
NAMI Carroll County 410-876-6416
NAMI Cecil County 410-398-2721
NAMI Frederick County 301-696-1810
NAMI Garrett County 301-895-5366
NAMI Harford County 410-879-0111
NAMI Howard County 410-772-9300
NAMI Lower Shore 410-641-6809
NAMI Metro Baltimore 410-435-2600
NAMI Mid-Shore 410-883-3118
NAMI Montgomery County 301-949-5852
NAMI Prince George’s County 301-277-8844
NAMI St. Mary’s County 301-373-3913
NAMI Washington County 301-824-7725
Maryland Coalition of Families for Children’s Mental Health 410-730-8267; 1-888-607-3637
CONSUMER OPERATED SERVICES:

Many consumers are interested in starting their own businesses. Business ownership allows people with mental illnesses more choices in selecting what they want to do and allows them to set their own working hours. On Our Own of Maryland and the Mental Hygiene Administration are encouraging consumers to consider “self-employment” options. Family members are also being encouraged to start businesses such as respite care programs.

In Maryland, consumers have started many different types of businesses including: Web-site development, accounting consultation, research and consulting firms, office cleaning services, retail sale of arts and crafts items, cellular phone businesses, catering businesses, and so on. Consumer groups have started consumer-run services, such as case management services and peer-provided “warm line” listening support services. The range of business opportunities is wide and varied.

Consumers may be able to receive supported employment services (such as job coaching) funded through the Mental Hygiene Administration and/or the Department of Rehabilitative Services (DORS) when starting and running a business. Contact your local Core Service Agency about the possibilities of supported employment services. Also, DORS has a special program called The Rise Program for consumers who are interested in running their own businesses. Through The Rise Program, consumers receive help with acquiring the business skills that are needed to start a business, and in some cases, they may receive limited financial help.

In addition, consumers who receive Supplemental Security Income (SSI), and in limited cases those who receive Social Security Disability Insurance (SSDI), may be able to use the Plan for Achieving Self-Support (PASS) work incentive to buy equipment and establish their business. Contact the Social Security Administration’s PASS Cadre at 1-800-551-9305, 8:30 am to 3:30 pm, for more information about the PASS work incentive.

OTHER COMMUNITY BASED CONSUMER ADVOCACY SERVICES:

There are Mental Health Association offices in several counties and in Baltimore City. These offices provide information and referral services, and several operate mental health programs and services, such as Hotlines, and education and training
events. Local Mental Health Association chapters and/or contact persons are located in the following areas:

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Metropolitan Baltimore Branch</td>
<td>410-235-1178</td>
</tr>
<tr>
<td>(Serving Baltimore City, Baltimore and Harford Counties)</td>
<td></td>
</tr>
<tr>
<td>Frederick County</td>
<td>301-663-0011</td>
</tr>
<tr>
<td>Howard County</td>
<td>410-995-3323</td>
</tr>
<tr>
<td>Lower Shore</td>
<td>410-860-9015</td>
</tr>
<tr>
<td>(Serving Somerset, Wicomico and Worcester Counties)</td>
<td></td>
</tr>
<tr>
<td>Montgomery County</td>
<td>301-424-0656</td>
</tr>
<tr>
<td>Prince George’s County</td>
<td>301-699-2737</td>
</tr>
<tr>
<td>Talbot County</td>
<td>410-822-0444</td>
</tr>
<tr>
<td>Washington County</td>
<td>301-733-6555</td>
</tr>
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CHAPTER 7: CONSUMER RIGHTS IN THE PUBLIC MENTAL HEALTH SYSTEM

CONSUMER RIGHTS:

Consumers in the Public Mental Health System have the right to:

- Be in a safe environment and be treated with respect and dignity;
- Receive appropriate humane treatment and services that restricts liberty consistent with treatment needs and legal requirements;
- Know the names and titles of caregivers providing care and treatment;
- Obtain covered necessary care from participating providers;
- Refuse to participate in physically intrusive research conducted by a provider in a facility;
- Discuss care and treatment with their provider(s) including potential risks and benefits of prescribed treatment;
- Privacy and confidentiality related to all aspects of care;
- Be protected from neglect and physical, emotional, sexual or verbal abuse;
- Be free from restraints and seclusion except in certain emergency situations when the consumer presents a danger to self, others or the therapeutic environment;
- Visit and have private conversations with a lawyer or clergy of their choice;
- Be part of developing their individual treatment or service plan and in all decision making regarding their mental health care;
- Get information about any co-payments/fees that must be paid;
• Refuse treatment or medications unless ordered by the courts, or when there is an emergency, or when a person is in the hospital involuntarily and medication is approved by a clinical review panel;

• Be given information about the Public Mental Health System, its services and caregivers, as well as the rights and responsibilities of consumers;

• Be able to choose providers who are part of the Public Mental Health System network and refuse care from a provider;

• Voice complaints and be told how to file grievances and appeals about the Public Mental Health System or services provided;

• See and read medical/treatment records, unless the provider determines it may be harmful, and then the provider can explain this to the consumer;

• Vote; and

• Receive, hold and dispose of property unless restricted for medical and/or security reasons.

ROLE OF FAMILIES:

Families are often a valuable resource to both consumers and providers in planning treatment, implementing treatment approaches, evaluating progress and planning discharge and aftercare. Their knowledge of the consumer’s history may provide important information to the treatment team in diagnosing and deciding treatment approaches.

Family participation is only possible when the consumer consents to this involvement. Consumers have the right to refuse to allow information to be shared with family members. It is important to recognize that family involvement can frequently help consumers to achieve their treatment goals.

CONFIDENTIALITY:

All staff working in the PMHS must follow strict rules and follow State and federal regulations about releasing consumer information. A consumer must give written approval before information can be released, unless a psychiatric emergency or
laws show otherwise. No one can get information from the PMHS about your care unless they are a part of the PMHS providing or managing your health care services.

The federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 established a “Privacy Rule,” resulting in the development of national standards for the protection of health information. A major goal of HIPAA is to make sure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care. The HIPAA regulations describe in great detail what is “protected health information” and the “covered entities” that keep the health records. Covered entities include providers, hospitals, health care plans, and health care clearinghouses. Health information relates to the past, present or future physical or mental health of the individual; the provision of health care to the individual; or the past, present or future payment for the provision of health care to an individual.

The Maryland Confidentiality of Medical Records Law also describes protection and confidentiality of medical information pertaining to individuals. The State law also contains penalties for failure to comply with the law. Both the federal (HIPAA) and the State laws allow for disclosures made with the authorization of a patient or other “person in interest.” While the provisions are slightly different in these two laws, authorizations usually require: 1) the document be in writing; 2) contain a description of the information to be disclosed; 3) it must be signed and dated by the person in interest; 4) it must state the name of the disclosing provider; 5) it must identify the person who is getting the information; and 6) it must state the period of time the authorization is valid. In Maryland, with a few exceptions, authorizations are generally valid for one year.

The Maryland medical records law also allows providers to charge for handling, postage and copying fees.
THE GRIEVANCE, APPEAL AND COMPLAINT PROCESS:

In the Public Mental Health System, when a consumer does not agree with a MAPS-MD decision about their care they may file a grievance. The grievance procedure has been set by State regulations and is the same all over the State.

WHAT IS A GRIEVANCE?

In the Public Mental Health System, a “grievance” is a formal request, made by a consumer (or with the assistance of a provider/advocate on behalf of the consumer) to review a previous MAPS-MD opinion that resulted in denial or reduction of the service requested, or denial of additional services recommended by a provider. It is important to point out that MAPS-MD Care Managers must ask the opinion of a physician advisor before care can be denied and must offer an alternate plan to the services being requested.

In addition, when a patient in a State operated hospital or Residential Treatment Center (RTC) has a complaint, a different process is used. This process is called: “The Resident Grievance System.” The Resident Grievance System (RGS) was established in 1985 to address and resolve patients’ rights complaints in State psychiatric facilities.

Private psychiatric hospitals also are required to have complaint procedures. Some hospitals have “ombudspersons” or “patient representatives” to help resolve grievances.

HELPFUL RESOURCES: [See Chapters 11 and 12 for detailed descriptions]

- The Maryland Disability Law Center
- Legal Aid
- On Our Own of Maryland
- Mental Health Association of Maryland
- National Alliance of the Mentally Ill/Maryland
- Core Service Agencies
- United States Government Office for Civil Rights
HOW ARE GRIEVANCES HANDLED IN THE PMHS?

DENIAL OF SERVICES:

A “level” system has been developed to address grievances from consumers in the Public Mental Health System who are denied services, including extension of services. An individual may file a grievance orally, electronically, or in writing. Grievances must be filed within 10 business days of notice that services are denied. At each level a provider or an advocate, chosen by the individual, may assist the individual to present information and ask questions related to the service denial. To start the process, the individual and/or provider contacts MAPS-MD:

MAPS-MD GRIEVANCE DEPARTMENT
8403 Colesville Road, Suite 1600
Silver Spring, MD 20910
1-800-888-1965; Fax: 301-563-7306

LEVEL I: MAPS-MD PSYCHIATRIST

If the MAPS-MD staff determines the requested service(s) are not “medically necessary” and deny services the individual and/or the provider may file a grievance requesting an immediate review of the denial. The MAPS-MD Utilization Review (UR) psychiatrist will document receipt of the grievance, review the information, make a decision and then inform the individual or provider of the determination.

For a request for inpatient admission or urgent services, this will be done within one (1) hour of the request. For non-urgent services the process must be completed within 24 hours.

When the services are determined to be medically necessary, the MAPS-MD doctor will arrange for the services to start. If the services are determined not to be medically necessary, the psychiatrist will inform the individual and/or the provider of that determination and also the procedure for filing a Level II grievance.
LEVEL II: MAPS-MD MEDICAL DIRECTOR

Within 3 days of Level I denial, the individual and/or provider can request another review by the MAPS-MD UR Medical Director. Again, the individual and/or provider will be informed of the determination within the same time limits as stated above. When it is determined services are necessary, the Medical Director will notify the MAPS-MD UR agent to arrange to start the services. If the medical director decides services are not necessary, the individual and provider will be notified in writing of the decision (including the clinical reason for the denial) within two (2) business days. Also, the individual and/or provider will be told they can appeal to the State Office of Administrative Hearings (OAH)* and/or the Level III grievance procedure through the Core Service Agency (CSA). See Chapter 11 for the list of Core Service Agencies. The OAH can be contacted at:

OFFICE OF ADMINISTRATIVE HEARINGS
11101 Gilroy Road
Hunt Valley, MD 21031-1301
410-229-4100; Fax: 410-229-4266

*For people who do not have Medicaid and who are eligible for services in the Public Mental Health System, grievances are handled somewhat differently. These consumers cannot appeal to the Maryland Office of Administrative Hearings.

LEVEL III: CORE SERVICE AGENCY

When the grievance is filed with the CSA, the CSA may request information from MAPS-MD UR medical director. This information must be given to the CSA within one business day of the request. The CSA will review the information received and decide whether to authorize the requested services. The CSA must inform the individual and/or provider of the decision within five (5) business days of a request for inpatient admission or urgent services, or ten (10) business days for non-urgent services.
When the CSA authorizes services, the CSA must notify MAPS-MD to start services. If the CSA does not authorize services, the CSA must provide the individual and/or provider with written notice of the right to appeal to the Office of Administrative Hearings (OAH). The appeal to OAH must be filed in writing within 45 days of a decision to deny services.

OTHER COMPLAINT/GRIEVANCE PROCEDURES:

CSAs also have the responsibility to address complaints about service quality (quality assurance), about providers, a CSA, the MHA or MAPS-MD. All programs licensed by the DHMH or MHA, or that receive MHA funds, are required by law to have fair, timely and impartial grievance procedures. Copies of grievance procedures must be available upon request.

Formal complaints about a health care facility or community based treatment program can also be made to the DHMH/Office of Health Care Quality (OHCQ). The OHCQ can be contacted at the following address:

DHMH/Office of Health Care Quality  
Spring Grove Hospital Center  
55 Wade Ave.  
Catonsville, MD 21228  
Toll Free: 1-877-402-8218; 410-402-8015  
E-mail: ohcqweb@dhmh.state.md.us

Complaints about health care professionals can be directed to a specific Maryland health licensing board:

- To report any problems with nurses: 1-877-847-0626; 410-585-1900
- To report any problems with physicians: 1-800-492-6836; 410-764-4777
- To report any problems with professional counselors and therapists: 1-877-463-3464; 410-764-4732
- To report any problems with psychologists: 1-877-463-3464; 410-764-4787
- To report any problems with social workers: 410-764-4788; 1-877-526-2541
The **Resident Grievance System** Director, for grievances/complaints in a MHA inpatient facility, can be reached at the following address:

**RESIDENT GRIEVANCE SYSTEM DIRECTOR**  
201 West Preston Street, Room 501  
Baltimore, MD 21201  
410-767-6888; Toll Free: 1-800-RGS-7454

It is important to mention a consumer could go to court at any time during this process, but it is most advisable to go through the regulatory procedures first. Complaints can also be directed to the **Director of the Mental Hygiene Administration**:

**MENTAL HYGIENE ADMINISTRATION**  
Spring Grove Hospital Center – Dix Building  
55 Wade Avenue  
Catonsville, Maryland 21228  
410-402-8300; Fax: 410-402-8441

Toll Free 1-877-463-3464 DHMH general information

The **Office for Civil Rights** of the United States Department of Health and Human Services (DHHS) is responsible for laws that prohibit discrimination (on the basis of race, color, national origin, disability, age, sex and religion) by health care and human services providers that receive funds from DHHS.

**Office for Civil Rights**  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
H.H.H. Building, Room 509-F  
Washington, D.C. 20201  
Toll Free 1-800-368-1019; 202-619-0403  
E-Mail: ocrmail@hhs.gov; Website: [http://www.hhs.gov/ocr](http://www.hhs.gov/ocr)
In addition, the Maryland Commission of Human Relations helps to eliminate discrimination. In Maryland there are anti-discrimination laws for housing, employment, and public accommodations. The Commission also initiates and investigates complaints of discrimination in State government agencies. If you believe you have been treated unfairly because of your race, color, religion, sex, age, familial status, national origin, marital status, disability, genetic information or sexual orientation, you may file a complaint of discrimination with the Commission:

Maryland Commission of Human Relations
6 Saint Paul Street, Suite 900
Baltimore, MD 21202
Toll Free: 1-800-637-6247; 410-767-8600

HealthChoice Complaint and Appeal Process:
The Department of Health and Mental Hygiene through the HealthChoice Program operates a central complaint investigation unit in order to investigate complaints and grievances against MCOs.

HealthChoice Enrollee Action Line

Phone Number: 1-800-284-4510
Hours of Operation: 8:00 A.M. - 5:30 P.M.

HealthChoice enrollees contact this line with questions or problems related to the HealthChoice Program. Staff handle inquiries and simple complaints. It has the capability to address callers in languages other than English through the use of the language link line.

Provider Hotline

Phone Number: 1-800-766-8692
Hours of Operation: 7:30 A.M. – 5 P.M.

This hotline handles calls from providers who have questions or problems related to HealthChoice. Staff assists with all access and billing related issues and problems.
Complaint Resolution Unit

Phone Number: 1-800-284-4510
Hours of Operation: 8 A.M. – 5:30 P.M.

This unit handles complicated medical complaints that are forwarded from the Enrollee Action Line or the Provider Hotline. When a complaint is not resolved within 10 days, the Complaint Resolution Unit staff may request assistance from the Ombudsman at the local health department. The Complaint Resolution Unit can address callers in languages other than English by the use of the language link telephone line.

The Department operates an Ombudsman Program to assist with the investigation of a dispute between the enrollee and their MCO that is referred by the Department’s Complaint Resolution Unit. The Ombudsman Program is operated locally in each of the 23 county health departments and in Baltimore City. The Ombudsman understands managed care and the Medicaid process. The Ombudsman places major emphasis on the use of education of all parties to resolve the conflict. The Ombudsman utilizes mediation or other dispute resolution techniques, assists the enrollee in negotiating the MCO’s internal grievance process, advocates on behalf of the enrollee throughout the process and educates the enrollee about the State’s Fair Hearing procedures.

The enrollee can also file a complaint with the Insurance Commissioner’s Office or use the other resources listed in chapters 11 and 12 of this Manual.
Consumers have the following responsibilities in the Public Mental Health System:

- Selecting a mental health provider;
- Giving as much information as possible to the provider(s) who are giving care;
- Following the instructions and advice from the provider who gives health care services;
- Telling providers when there is an unexpected problem or symptom;
- Helping providers make decisions about the consumer’s health care;
- Calling the provider before going to an emergency room unless a delay would be detrimental to the consumer’s health;
- Applying for all entitled benefits;
- Helping with answering consumer satisfaction surveys to improve the Public Mental Health System;
- Learning about their illness and medicines to be more in charge of their health care;
- When required, paying the co-payments;
- Reporting suspected fraud and/or abuse;
- Giving concerns and ideas to improve the Public Mental Health System to providers and managers; and
- Using services appropriately.
SELF-DIRECTED CARE:

Self-directed care has been gaining approval from all sectors of the mental health community. People with physical disabilities, developmental disabilities and seniors are using models of self-direction to maximize consumer choice and allow personal control of services and supports. This concept is based on the belief that individuals with disabilities can take charge of their own lives, their wellness and recovery, and their case management. People with mental illnesses should have the opportunity for a fulfilling life; consumer empowerment is stressed along with promoting the highest level of consumer participation in all aspects of community life. This includes a home, a job, and meaningful relationships with family and friends. Principles and values of self-directed care include: freedom of choice, control over one’s own life, personal responsibility and access to services and supports.

The Federal Centers for Medicare and Medicaid Services\(^1\) have identified four elements of self-directed care:

- (1) Person-centered planning;
- (2) Individual budgeting;
- (3) Financial management services; and
- (4) Supports brokerage.

The emphasis is on helping people to achieve their goals; giving the individuals control over how funds are used for their care; and monitoring budgets and providing education and operational assistance to help participants design and manage their self-directed care plans.

This concept is being adopted nationwide—including here in Maryland. Self-directed care is a critical component to a recovery oriented system.

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ADVANCE DIRECTIVES AND CRISIS PLANNING:

WHAT IS AN ADVANCE DIRECTIVE?

An Advance Directive is generally a written statement, done in advance of the consumer having a serious illness, which describes how the consumer wants medical decisions to be made. In this way, consumers choose a person to act on their behalf (their health care agent) and they have expressed how they want to be treated under certain circumstances, who they want to treat them, what actions should (or should not) be taken, and where they want to go for treatment when they are seriously ill and unable to make treatment decisions. Advance Directives are similar to common forms of Living Wills and Durable Power of Attorney for Health Care. See the Appendix for a copy of an Advance Directive for Mental Health Services.

When a consumer prepares an Advance Directive, it is important that the persons named knows where the Directive is located and the contents. The consumer may request the provider keep a copy of the Advance Directive in the permanent medical record. Additionally, the consumer should keep a copy and also may want to keep a small card in their wallet that states they have an Advance Directive and where it is located.

Any person, 18 years or older, can prepare an Advance Directive. They do not need a lawyer to complete this document. The consumer may choose an adult relative or a trusted friend to be their agent and speak for them when they are too sick to make decisions. Consumers can change their minds or cancel this document at any time as long as they are competent and can communicate their wishes to their caregivers, family members or others who may need to know.

WHAT IS CRISIS PLANNING?

Some providers have developed “Crisis Relapse Plans” to assist consumers when a crisis occurs. Similar to the Advance Directive described above, Crisis Relapse Plans describe what should be done in a crisis and under what circumstances they should be implemented. For example, a plan may describe what a crisis is, who should manage the crisis, where to take the consumer in the event of a crisis, what type of treatment approach should be used, who should be notified, etc. Crisis Relapse Plans can be changed whenever the consumer decides and as described earlier, should be given to providers and family members.
TREATMENT PLANNING PROCESS:

Maryland mental health law requires consumers to be involved in their treatment and rehabilitation process. In fact, consumers should participate in the development and updating of their treatment or rehabilitation plan and be told, in language they understand, of the content and nature of the plan, any possible side effects of recommended treatments, and any alternative treatments or services that are available. Consumers should be actively involved in all aspects of treatment decision making including who they want to take care of them, what type of treatment they want and where they want to receive services.

CONSUMER RESPONSIBILITIES:

Consumer responsibilities are listed in Chapter 8. It is important to know these responsibilities in order to get appropriate care and treatment.

SELF-ADVOCACY:

“Self-advocacy” means to speak on behalf of oneself and to express needs, wants or desires. Consumer advocates are people who have received or who are receiving mental health services and who work together for desired change in the mental health service delivery system. Self-advocates and peer advocates are other terms frequently used in this category.

Advocates come from all walks of life. Today self-advocates are working to get services and resources, are assuring existing rights are respected and protected, and are working to bring about positive changes in the Public Mental Health System. Family member advocates (parents, siblings, spouses, etc.) of people who have received or are receiving mental health services can represent or speak on behalf of their family member and also speak on behalf of themselves.

PREVENTION:

Prevention efforts in mental health are aimed at keeping a disease or disorder from appearing, delaying its onset, or trying to stop it from progressing too quickly. Approaches to prevention include early identification and appropriate interventions.
SATISFACTION SURVEYS AND REPORT CARDS:

Consumer satisfaction surveys are done annually to measure satisfaction and outcomes (for example: are people getting better, remaining sick, etc.) from mental health services received. Surveys provide information about many aspects of the mental health system, including types of providers, types of services used, and users of services. The information obtained from surveys and “Report Cards” is used to make necessary changes to improve health care services.

In a recent statewide telephone survey of 839 adults,\(^2\) to examine satisfaction with the PMHS, 74 percent believed they can deal more effectively with daily problems; 73 percent felt they were better able to control their lives; 69 percent were better able to deal with crisis; 70 percent were getting along better with their family; 59 percent said their housing situation has improved; and 61 percent said their symptoms were not bothering them as much.

A total of 778 caregivers of children also were surveyed\(^3\) and 64 percent believed their child is better at handling daily life; 64 percent stated their child gets along better with family members; 68 percent believed their child gets along better with friends/others; and 53 percent said their child is better able to control his/her behavior.

Surveys are done every year to guide the Mental Hygiene Administration, the Core Service Agencies and MAPS-MD in the operation of, and services provided by, the Public Mental Health System.

Consumers and family members need to continue to assist in the development of survey tools, complete the annual surveys, and share their insights to bring about needed changes to refine the Public Mental Health System when determined necessary.

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\(^2\) DHMH/MHA. “FY 2004, Adult Consumers Rate Maryland Public Mental Health Services.”

\(^3\) DHMH/MHA. “FY 2004, Caregivers Rate Children’s Maryland Public Mental Health Services.”
CHAPTER 10: SPECIAL POPULATIONS

ELIGIBLE UNINSURED:

People without Medicaid may be served in the PMHS if the following conditions are met:

- The person needs treatment for a mental health problem;
- Their income and family size meets the set scale;
- They have a Social Security Number;
- The person has applied for benefits (MA, SSI, SSDI) or they applied and have been found not to be eligible;
- The person’s mental health insurance does not cover a particular level of service or benefits are all used up;
- The person must be a citizen of the United States and reside in Maryland; or
- An alien lawfully in the Country or one who has met certain legal conditions for permanent or temporary residency.

The consumer will be asked to bring income documents to the provider’s office. If the provider thinks the consumer meets the State’s requirements, the provider will request that the consumer be given “uninsured eligibility” and the provider will work with the CSA and MAPS-MD to see whether the consumer meets the criteria. For most mental health services an eligible uninsured consumer must pay a flat $2.00 co-payment.

VETERANS:

Medical care, including psychiatric care, is one of the benefits veterans may be entitled to receive. In order to determine eligibility and to get these benefits, it is necessary to apply to the Department of Veterans Affairs. The Disabled American Veterans organization may help veterans to complete the application process. Call 202-554-3506 for more information.

There is a Maryland Department of Veterans Affairs to assist Maryland Veterans to get help; call 410-333-4428. In addition, there are VA Regional Offices where a person can get benefit information and where to go; call 1-800-827-1000.
Maryland VA Medical Centers are located in:
Baltimore, 410-605-7000; 1-800-463-6295;
Fort Howard, 410-477-1800; 800-351-8387;
Perry Point, 410-642-2411; 1-800-949-1003.

Mental Health services are offered at several locations including:
Cambridge, 410-228-6243
Cumberland, 301-724-0061.
For the Homeless Veterans Program, call 1-800-949-1003, extension 5762 or 6516.

HOMELESS:

The Mental Hygiene Administration receives federal money (PATH and Shelter Plus) to provide mental health services to homeless people in shelters and on the streets. MHA transfers the money to the Core Service Agencies who then contract with providers to provide outreach, case management, eviction prevention, security deposits, crisis intervention, housing subsidies, emergency purchases (food, medication, etc.) and assist people in getting treatment. For information on local homeless programs, contact the Core Service Agency where the consumer lives.

CONSUMERS IN THE CRIMINAL JUSTICE SYSTEM:

Nationally, it has been estimated the number of people with major mental disorders (Schizophrenia and Major Affective Disorders) among jailed inmates is two to three times higher than those of the general population. In Maryland, it has been estimated that 30 percent of the Division of Corrections’ population has a major mental disorder. It has been found that there is significant discrimination against inmates with mental illnesses in getting pre-trial releases.

Over the past 15 years, many mental health programs have been started in local jails and include after-care programs. The Mental Hygiene Administration has received federal funding to provide housing for people coming out of jail. These funds are awarded to private providers through the Core Service Agencies. For specific information on “forensic” services, contact the Core Service Agency where the individual consumer lives.
CONSUMERS WITH CO-OCCURRING SUBSTANCE ABUSE PROBLEMS:

Recent studies have shown that drug and alcohol abuse by people with mental illnesses has become a significant problem. People with co-occurring disorders have varied and complex treatment needs and it has been difficult to design programs to meet their needs. In addition, many professionals do not have expertise to work with people with mental illness and substance abuse problems. Everyone agrees there is a need to develop specialized integrated mental illness/substance abuse programs, including outreach, AA/NA and case management, to address the complicated needs of this population.

CONSUMERS WITH DEVELOPMENTAL DISABILITIES/SPECIAL NEEDS:

Specialty mental health services have been developed in Maryland to serve individuals who are deaf or hard of hearing and have mental illnesses. In addition to a special unit at Springfield State Hospital Center, there are community-based services in areas where there is a large number of people with hearing impairments. Also, there are specialty mental health services for people who are mentally retarded and have psychiatric problems. For more information on the availability of special needs programs/services in a specific geographic region, contact the Core Service Agency in that area.

MARYLAND CHILD HEALTH INSURANCE PROGRAM:

The Department of Health and Mental Hygiene administers the Maryland Child Health Insurance Program (CHIP). Children who have Medicaid are not eligible for CHIP. This program makes available free health care to children and adolescents, under the age of 19, and pregnant women of any age whose family income is within certain amounts. For more information call Children’s Health and Women’s Services at 1-800-456-8900 or www.dhmh.state.md.us/mma/mchp/. An application can be mailed to you or you can get one in person at a local Department of Social Services (DSS), WIC centers, hospitals and schools.
CHAPTER 11: HEALTH CARE RESOURCES YOU CAN USE

The following list describes health care resources that may be beneficial to consumers and family members:

1. **BLACK MENTAL HEALTH ALLIANCE:**

   Provides outreach, support, education, training and linkage for consumers and family members of persons with serious mental illness in the African-American community. The phone number is: 410-338-2642.

2. **CENTER FOR MENTAL HEALTH SERVICES (CMHS):**

   CMHS leads Federal efforts to treat mental illnesses by promoting mental health and by preventing the worsening of mental illness when possible. CMHS promotes consumer participation in the design, financing and delivery of mental health and related services. CMHS collects data, determines what works, and distributes information. The CMHS’ address is:

   The Center for Mental Health Services  
   National Mental Health Services  
   Knowledge Exchange Network (KEN)  
   P.O. Box 42490  
   Washington, D.C. 20015  
   1-800-789-2647; TDD: 301-443-9006;  
   1-800-790-2647 – Bulletin Board  
   Website: www.mentalhealth.org

3. **COMMUNITY BEHAVIORAL HEALTH ASSOCIATION OF MARYLAND:**

   CBH is a statewide professional organization of 50 providers of community-based programs. The mission of CBH is to improve the health of Maryland’s children and adults and advocating for and providing support and technical assistance to Maryland community-based behavioral health service providers and their constituents. CBH is dedicated to making high quality treatment, rehabilitation, vocational and residential opportunities available to Maryland residents with mental illnesses. The address is:
4. CONSUMER MANAGED CARE NETWORK:

The National Association of State Mental Health Program Directors (NASMHPD) advocates at the national level for the collective interests of state mental health directors. NASMHPD identifies public mental health policy issues, apprises its members of research findings and best practices, and provides consultation and technical assistance. The Consumer Managed Care Network address is:

C/O National Association of State Mental Health Program Directors
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
703-739-9333; Fax: 703-548-9517
Website: www.nasmhpd.org

5. CONTAC: CONSUMER ORGANIZATION & NETWORKING TECHNICAL ASSISTANCE CENTER:

CONTAC is a resource center for consumers and consumer-run organizations across the United States and its territories. Services include informational materials; on-site training and skill-building curricula; electronic and other communication capabilities; and networking and customized activities fostering self-help, leadership, business management, recovery and empowerment.

Consumer Organization & Networking Technical Assistance Center
910 Quarrier Street
Suite 414, Box 11000
Charleston, WV 25301
1-888-825-8324; Fax: 1-301-345-7303
Website: www.contac.org
6. **CORE SERVICE AGENCIES (CSAs):**

The local Core Service Agency can assist consumers and family members with information about local services and providers, can help with complaints and grievances, and may be able to offer limited financial assistance. For more information, call the CSA in the region where the consumer lives. CSA phone numbers are:

- Allegany County: 301-777-5643
- Anne Arundel County: 410-222-7858
- Baltimore City: 410-837-2647
- Baltimore County: 410-887-2731
- Calvert County: 410-535-5400
- Caroline County: 410-770-4801
- Carroll County: 410-876-4440
- Cecil County: 410-996-5112
- Charles County: 301-396-5238
- Dorchester County: 410-770-4801
- Frederick County: 301-682-6017
- Garrett County: 301-334-7440
- Harford County: 410-803-8726
- Howard County: 410-313-7350
- Kent County: 410-770-4801
- Montgomery County: 240-777-1400
- Prince George’s County: 301-985-3890
- Queen Anne’s County: 410-770-4801
- Somerset County: 443-523-1810
- St. Mary’s County: 301-475-4361
- Talbot County: 410-770-4801
- Washington County: 301-739-2490
- Wicomico County: 410-543-6981
- Worcester County: 410-632-3366

7. **DEPRESSION AND RELATED AFFECTIVE DISORDERS ASSOCIATION (DRADA):**

DRADA is a nonprofit organization uniting the efforts of people with affective disorders, family members, mental health professionals and others.
The purpose of DRADA is to alleviate the suffering from depression and manic depression by assisting self-help groups, providing education and information, and lending support to research programs. For more information and/or to be referred to a local support group contact:

Depression and Related Affective Disorders Association  
2330 West Joppa Road, Suite 100  
Lutherville, MD 21093-4605  
Toll Free: 1-888-288-1104; 410-583-2919; Fax: 410-583-2964  
E-mail: drada@jhmi.edu; Web site: www.drada.org

8. HEALTHCHOICE:

For information about enrollment in HealthChoice, Maryland’s Medicaid (Medical Assistance) program, call 1-800-977-7388.

9. HOTLINES AND CRISIS CENTERS:

For consumers who need to talk to someone immediately, the following hotlines and/or crisis services are available:

24-hour, toll free, statewide help lines:

- Maryland Crisis Hotline: 1-800-422-0009
- First Call for Help: 1-800-492-0618

Anne Arundel County: 410-768-5522  
Baltimore City: 410-752-2272; TDD: 410-753-2259  
Eastern Shore: Life Crisis Center: 410-749-4357  
Frederick County: 301-662-2255  
Howard County and Central Maryland: 410-531-6677  
Montgomery County: 301-315-4000; TDD: 301-315-4815  
Prince George’s County Crisis Response System: 301-927-4500  
Prince George’s County Hotline: 301-864-7161  
Southern Maryland: Walden/Sierra Crisis Center: 301-863-6661  
Southern Maryland: First Call for Help: 1-800-492-0618
10. **MARYLAND INSURANCE ADMINISTRATION:**

   For consumers with **private health insurance** complaints may be filed with the Maryland Insurance Commissioner. The address is:

   Maryland Insurance Administration  
   Life and Health Complaint Unit  
   525 St. Paul Place  
   Baltimore, MD 21202-2272  
   1-800-492-6116; TDD: 1-800-735-2258; Fax: 410-468-2270

11. **MARYLAND PSYCHIATRIC SOCIETY:**

   The Maryland Psychiatric Society can provide consumers with telephone referrals to licensed psychiatrists practicing in Maryland. The number is 410-625-0232.

12. **MARYLAND PSYCHOLOGICAL ASSOCIATION:**

   The Maryland Psychological Association can provide consumers with referrals to licensed psychologists in Maryland. In the Washington metropolitan area, call 301-596-3999; in other areas of the State, call 410-992-4258 or 410-995-0499.

13. **MARYLAND MEDICAID ADVISORY COMMITTEE:**

   The Maryland Medicaid Advisory Committee was established in July 1996 to assist DHMH with the implementation, operation and evaluation of the HealthChoice program. They meet monthly and every year publish a report to the Governor describing their work, findings and recommendations. Periodically, they hold public hearings around the State to get consumer input. For additional information, call 410-767-5806.

14. **MENTAL HYGIENE ADMINISTRATION (MHA):**

   The Mental Hygiene Administration is the State agency responsible for the management of the Public Mental Health System. When there is a problem
that MAPS-MD and the local Core Service Agency has not been able to resolve, consumers and family members can call the Director of the MHA at 410-402-8452. The address is:

DHMH/Mental Hygiene Administration  
Spring Grove Hospital Center – Dix Building  
55 Wade Avenue  
Catonsville, Maryland 21228  
410-402-8300; Fax: 410-402-8301  
TTY/MD Relay Number: 1-800-735-2258  
Website: www.dhmh.state.md.us

15. NATIONAL EMPOWERMENT CENTER:

The Mission of the National Empowerment Center is to carry a message of recovery, empowerment, hope and healing to people who have been labeled with mental illness. NEC is founded and run by those who carry this message with the authority of their own lived experience and personal journeys of recovery and empowerment. NEC believes that recovery and empowerment is possible for all who experience extreme emotional distress and loss of social role. NEC develops and provides resources to assist in that process. The address is:

National Empowerment Center  
599 Canal Street  
Lawrence, MA 01840  
1-800-POWER 2 U [769-3728]  
Website: www.power2u.org

16. NATIONAL MENTAL HEALTH CONSUMERS’ SELF-HELP CLEARINGHOUSE:

The Clearinghouse, established in 1986, empowers consumers by providing technical assistance in the form of publications, together with personal consultations and follow-up. The Clearinghouse publishes a quarterly newsletter that is available in print and on their web site. The address is:
17. OFFICE OF THE ATTORNEY GENERAL/HEALTH EDUCATION AND ADVOCACY UNIT:

There is help available if a person with private health insurance wants to dispute a decision about payment for health care services. The Attorney General Office provides this help. The address is:

Health Education Advocacy Unit  
Consumer Protection Division  
Office of the Attorney General  
200 St. Paul Place, 16th Floor  
Baltimore, MD 21202  
Toll free: 1-877-261-8807; 410-528-1840; Fax: 410-576-6571  
E-mail: heau@oag.state.md.us

18. RECOVERY, INC:

Founded in 1937, Recovery, Inc. is a private, non-profit self-help organization. Self-help groups meet throughout the United States, Canada and Great Britain. A voluntary collection is taken at each meeting and annual memberships are available. Their headquarters are located at 802 North Dearborn Street, Chicago, Illinois 60610; 312-337-5661. For information about meetings places and times in the Maryland, Washington, D.C. and Virginia areas, call 301-431-1818. Their website address is: www.recovery-inc.com

19. VETERANS ADMINISTRATION:

For Veterans in the Washington metropolitan area, call 202-745-8267 or toll free, 1-800-827-1000. For Veterans in the Baltimore area, call 410-333-4429 or the toll free number 1-800-827-1000.
20. WEB SITES:

Internet mental health services are growing rapidly. They offer consumers advice and provide support group information; some providers are even “on-line.” The Web has an estimated 12,000 mental health sites. Interesting and informative sites include:

www.surgeongeneral.gov offers reports from the Surgeon General.

www.cdc.gov/publications.htm offers government publications.

www.nimh.nih.gov/publicat/manic.cfm offers a patient brochure on bipolar disorder from the National Institute for Mental Health.

www.apa.org offers consumer information covering everyday issues, such as work stress, raising non-violent children, controlling anger, how to use psychological services, how to cope with traumatic stress, and how the mind-body connection can help heal.

www.mentalhealth.org offers information from the Center for Mental Health Services including publications and recent developments in the field. There is a section for youth, complete with educational games.

www.mhsourc.com offers a menu of symptoms and disorders to get information about a wide range of mental illnesses. You can also read articles from journals and find detailed case histories and treatment alternatives. Contains an extensive list of treatment centers and mental health professionals plus an “Ask the Expert” section.

www.depression.com offers an in-depth look at every topic related to depression. Contains a health library and a newsroom with up-to-date articles and an online pharmacy.

www.depression.org offers general information. A most useful site for family members trying to get a better understanding of depression.

www.save.org offers education regarding suicide.

www.aacap.org offers information from the American Academy of Child and Adolescent Psychiatry.
www.counseling.org offers information from the American Counseling Association.

www.InteliHealth.com offers information on health from experts at Johns Hopkins with links to other major health sites.

Other health and mental health sites of interest include:

www.nami.org
www.mentalhealthnet.org
www.mental-health-matters.com
www.mentalhelp.net
www.metanoia.org/imhs
www.onhealth.com
www.webmd.com
www.healthcentral.com
http://mediconsult.8media.org
www.healthatoz.com
www.discoveryhealth.com
www.mylifepath.com
www.healthanswers.com
www.accenthealth.com
www.thedailyapple.com
www.personalmd.com
www.americasdoctor.com
www.health-center.com
www.medlineplus.gov
www.mayohealth.org
www.nmha.org
www.online@intelihealth.com
CHAPTER 12: COMMUNITY SUPPORT AND ADVOCACY RESOURCES

HOUSING PROGRAMS:

Safe and affordable housing is critical and necessary for people with mental illnesses. The Mental Hygiene Administration has long funded residential rehabilitation programs, which are a combination of housing and varying levels of supports, to assist people with mental illnesses to live in the community. Core Service Agencies are working with local housing authorities and housing developers to develop more affordable community-based housing. In addition, the State has developed “A Home of Your Own” program to assist consumers with disabilities to purchase a home. Rental subsidies are also available in some areas of the State. To find out about housing programs and options in a specific area, contact the Core Service Agency in that location.

EMPLOYMENT OPPORTUNITIES:

Vocational and employment opportunities are extremely important for consumers and family members. In fact, employment is one of the most commonly stated goals of adults with mental illness. Through the psychiatric rehabilitation programs (PRPs) and the Maryland Department of Rehabilitation Services (DORS), consumers can receive assistance such as assessments, job development and placement, job coaching and supported employment. Core Service Agency staff can provide consumers and family members with information on employment programs in their area.

The Supported Employment Program (SEP) provides specific support services. For example, the SEP provides vocational assessment, referral, vocational counseling, and job development activities. Eligibility for the SEP is determined and authorized by the local CSA. This service is not part of an entitlement program.
LEGAL ASSISTANCE/RESOURCES

1. BAZELON CENTER FOR MENTAL HEALTH LAW:

Provides information and publications related to mental health law and mental health advocacy. The address is:

Bazelon Center for Mental Health Law
1101 15th Street N.W. #1212
Washington, D.C. 20005
202-467-5730; Fax: 202-223-0409
E-mail: hn1660@handsnet.org; Website: www.bazelon.org/bazelon

2. LEGAL AID BUREAU:

The Legal Aid Bureau, a private non-profit law firm, is for people with limited incomes. The Bureau serves the entire state of Maryland and has 12 office locations. It provides legal representation for a variety of problems including denial of social security benefits, denial of welfare benefits, denial of unemployment benefits, custody, domestic violence, landlord/tenant problems, rights of the elderly, etc. They do not provide services in criminal cases and traffic court cases. To contact the Legal Aid Bureau, call 410-951-7777 or 1-800-999-8904 or TDD: 1-800-485-5340.

3. MARYLAND DISABILITY LAW CENTER (MDLC):

The Maryland Disability Law Center is a private, non-profit law firm that advocates for the rights of children and adults with disabilities. By federal and state law, the MDLC is the Protection and Advocacy (P & A) System for people with disabilities in Maryland. It has legal authority to investigate allegations of abuse and/or neglect and can help to address the problem. The mission of MDLC is to ensure that people with disabilities have full rights and entitlements as stated in federal and state laws. MDLC works with state and local public and private agencies to resolve systems issues as well as individual client cases. MDLC is located at the following address:
4. MARYLAND INSURANCE ADMINISTRATION:

When an individual with private insurance has exhausted their HMO’s grievance process, they may file a complaint in writing with the Maryland Insurance Administration regarding the HMO’s adverse decision. The address is:

Maryland Insurance Administration  
Chief of Complaints  
525 St. Paul Place  
Baltimore, MD 21201-2272  
1-800-492-6116; TDD: 1-800-735-2258

5. HEALTH EDUCATION AND ADVOCACY UNIT, CONSUMER PROTECTION DIVISION OF THE OFFICE OF THE ATTORNEY GENERAL

This unit can assist consumers and family members when filing a grievance with an HMO regarding an adverse decision. “Adverse decision” means a determination that a service was not medically necessary and may result in non-coverage of the health care service. The address is:

Office of the Attorney General  
200 St. Paul Place, 16th floor  
Baltimore, MD 21202  
Toll Free: 1-877-261-8807; 410-528-1840  
Website: www.oag.state.md.us
ADVOCACY ORGANIZATIONS:

1. FEDERATION OF FAMILIES FOR CHILDREN’S MENTAL HEALTH:

   The Federation of Families for Children’s Mental Health is a national parent-run organization focused on the needs of children with mental disorders and their families. The Federation provides information and advocacy. The national address is:

   Federation of Families for Children’s Mental Health
   1101 King Street, Suite 420
   Alexandria, VA 22314
   703-684-7710; Fax: 703-836-1040
   Website: www.ffcmh.org

2. MENTAL HEALTH ASSOCIATION OF MARYLAND (MHAM):

   The Mental Health Association of Maryland is a voluntary, nonprofit citizens’ organization that brings together consumers, families, professionals, advocates and concerned citizens to promote mental health and prevent mental disorders through advocacy, education, research and service. MHAM, a division of the National Mental Health Association, is a federation of local affiliates throughout the state in various regions. For more information on the MHAM and/or its local affiliates contact:

   Mental Health Association of Maryland
   711 West 40th Street, Suite 460
   Baltimore, MD 21211
   Toll Free: 1-800-572-6426; 410-235-1178; Fax: 410-235-1180
   E-mail: info@mhamd.org; Web site: www.mhamd.org

   The address of the National Mental Health Association is:
   2001 N. Beauregard Street, 12th floor
   Alexandria, VA 22311
   703-684-7722; Fax: 703-684-5968
   Website: www.nmha.org
3. NATIONAL ALLIANCE FOR THE MENTALLY ILL OF MARYLAND (NAMI MARYLAND):

The National Alliance for the Mentally Ill of Maryland is a statewide volunteer nonprofit organization whose mission is to improve the quality of life for individuals with serious brain disorders such as schizophrenia, bipolar disorder, major depression and others. NAMI MD provides information and referrals, family support, education and advocacy. The address of the State office is:

NAMI Maryland
804 Landmark Drive, Suite 122
Glen Burnie, MD 21061
Toll Free: 1-800-467-0075; 410-863-0470; Fax: 410-863-0474
E-mail: amimd@aol.com; Website: http://md.nami.org

The address of the NAMI national office is:

National Alliance for the Mentally Ill
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
Toll Free Helpline: 1-800-950-NAMI (6264)
Front desk: 703-524-7600; TDD: 703-516-7227
Website: www.nami.org

4. MARYLAND COALITION OF FAMILIES FOR CHILDREN’S MENTAL HEALTH:

The Maryland Coalition of Families for Children’s Mental Health is a grassroots group of eight family and advocacy organizations: The Mental Health Association of Maryland, National Alliance for the Mentally Ill of Maryland, Federation of Families for Children’s Mental Health of Montgomery County, Parent’s Place of Maryland, the Black Mental Health Alliance, Pathways Schools and South & Southeast Development Organization. The Coalition represents families who are socially, economically, geographically and culturally diverse. The common thread is that all of the families have a child with serious mental health needs. The mission of the Coalition is to develop family organizations
throughout Maryland and advocate on State issues affecting children’s mental health. The address is:

The Maryland Coalition of Families for Children’s Mental Health  
10632 Little Patuxent Parkway, Suite 119  
Columbia, MD 21044  
Toll Free: 1-888-607-3637; 410-730-8267  
E-mail: info@mdcoalition.org; Website: www.mdcoalition.org

5. NATIONAL MENTAL HEALTH CONSUMERS’ SELF-HELP CLEARINGHOUSE:

Provides information on consumer services throughout the United States. The address is:

National Mental Health Consumers’ Self-Help Clearinghouse  
1211 Chestnut Street, Suite 1207  
Philadelphia, PA 19107  
Toll Free: 1-800-553-4539  
E-mail: info@mhsselfhelp.org; Website: www.mhsselfhelp.org

6. ON OUR OWN OF MARYLAND (OOOMD):

On Our Own of Maryland is a statewide mental health consumer advocacy and education organization that provides workshops and conferences about consumer and mental health issues, and advocates statewide for consumer rights and the improvement of mental health services. Local consumer groups may provide support services, social activities, drop-in centers and/or education programs. For more information and/or to be referred to a local consumer group contact:

On Our Own of Maryland, Inc.  
1521 South Edgewood Street, Suite C  
Baltimore, MD 21227-1139  
Toll Free: 1-800-704-0262; 410-646-0262; Fax: 410-646-0264  
E-mail: ooomd@earthlink.net; Website: www.onourownmd.org
CHAPTER 13: GLOSSARY OF TERMS

Anyone faced with a mental illness can be easily overwhelmed by the "alphabet soup" of organizations, government agencies and programs that touch the lives of persons with mental illnesses. This glossary is an attempt to help you understand the "players," the services available, and some of the words and terms used in the mental health system. This glossary was developed with assistance from NAMI-Maryland and MAPS-MD.

Activity Therapy: Activity Therapy involves the consumer participating in artistic activities, such as, painting, dance, and music, participating in recreational and occupational therapies, and/or participating in psychodrama.

Administrative Service Organization (ASO): An organization that is under contract with the Mental Hygiene Administration to provide administrative services, including reviewing the utilization of public mental health care, giving authorization for mental health care, processing payment to the mental health care providers, and conducting quality assurance audits and surveys. MAPS-MD is the ASO in Maryland.

Adult Evaluation Review Service (AERS): Through local health departments, the Department of Health and Mental Hygiene provides comprehensive long-term care evaluations for aged and functionally disabled adults to prevent unnecessary and/or inappropriate institutionalization. A multi-disciplinary team assesses the individual’s needs and identifies those services that would help the individual to remain in the community, or the least restrictive environment. AERS may provide assistance with obtaining the identified services or refer to other providers for case management.

Adult Protective Services: Adult Protective Services provides services to protect the welfare of elderly and disabled adults. These services are provided to individuals, who are 18 years of age or older, and are victims of actual or potential abuse, neglect or exploitation.

Advanced Directive: A legal document prepared while a person is mentally competent, stating how decisions should be made in regard to treatment in the event the person becomes incompetent.

Aftercare Plan: A written plan for the consumer for when the individual is discharged from an inpatient facility. The plan is developed by the inpatient facility with input from the consumer, community programs and government agencies that will be providing services to the consumer in the community. The Aftercare Plan must include information about all diagnoses, treatments, prescribed medication, where to obtain medication in the community, the date the consumer was released from the inpatient facility, the location of the community placement, the plan for continuing treatment, and a list of referrals for social services, legal aid, educational services, vocational services and medical treatment.
Americans with Disabilities Act (ADA): A federal statute which, among other measures: (1) prohibits employment discrimination against persons with mental disabilities; (2) in most instances, requires that employers make reasonable accommodations to enable a person with a mental illness to perform the job; and (3) prohibits retaliation against employees for asserting ADA rights.

ADAA: State of Maryland Alcohol and Drug Abuse Administration - State agency charged with services related to alcohol and drug abuse. ADAA is located within the Department of Health and Mental Hygiene.

ALOS: Average length of stay

ALU: Alternative Living Unit: A one-to-three person supervised home, usually approved by the Developmental Disabilities Administration or Mental Hygiene Administration.

Appeal: Any action an eligible individual files with contesting a denial of services decision or any action a provider files contesting a denial of a claim.

Applied: A person has “applied” for Medical Assistance (Medicaid), when the consumer has fully completed the Medical Assistance application and returned it to the Department of Social Services (DSS) in that person’s jurisdiction.

APS: Adult Protective Services - This service is provided by the Department of Social Services to ensure adults are not abused, neglected or abandoned.

ARC: Association for Retarded Citizens

Authorization Treatment Plan (AP): Any type of mental health treatment plan that the provider is seeking to have authorized by MAPS-MD. MAPS-MD authorizes providers to give treatment to a consumer, if the treatment is “medically necessary.”

Behavioral Therapy: The focus of behavioral therapy is to have the consumer get rid of unwanted behavior and to engage in appropriate behavior. Behavioral therapy is a process of rewards and reinforcement for appropriate behavior and desensitization in regard to anxious reactions.

Beneficiary: An individual who is entitled to have some or all of his/her bills for mental health care paid by Medicaid, Medicare, or a private insurance plan.

Benefits: Medicaid, Medicare and private insurance provide benefits to people in the form of payment for some or all medical services, medical related services, rehabilitative services, and/or prescription drugs.
C

C&A: Child and Adolescent Services - A division of the Mental Hygiene Administration that develops policy and monitors mental health services for individuals younger than 18 years of age.

C & A: Children and Adolescents

Capitation Payment: Typically, a capitation payment is a fixed monthly payment to a provider for making a set variety of mental health services available to each consumer, as needed. The capitation payment for each consumer is a set fee, regardless of whether a specific consumer actually uses more or less of the mental health services.

Care Manager: A MAPS-MD licensed mental health professional that reviews consumers’ and providers’ requests for mental health care, authorizes care, and makes appropriate referrals.

CARF: Rehabilitation Accreditation Commission (Formerly known as the Commission on Accreditation of Rehabilitation Facilities).

Case Management: The process by which mental health services and related support services for each consumer are coordinated and monitored.

Case Rate: A provider may determine in advance what mental health services will likely be needed by the consumer, during a set period of time. Based upon that determination, the provider may charge a case rate for those mental health services. If it turns out that more or less mental health care had to be provided to the consumer, the case rate remains the same.

Categorically Eligible: To be eligible for Medicaid, a person must fit into specific categories, such as, children, senior citizens or disabled persons. The person must also meet low-income and low-assets requirements.

Categorically Needy: A group of people who are automatically eligible for Medicaid. The group includes people who receive Temporary Cash Assistance (TCA), Supplemental Security Income (SSI), and other federally assisted income maintenance payments.

Center for Medicare and Medicaid Services (CMS): The federal agency responsible for administering Medicare and Medicaid, among other duties. CMS was formerly named the “Health Care Financing Administration.”

Child Protective Services: A unit of each local Department of Social Services (DSS) which is responsible for investigating allegations of child neglect, abuse and abandonment and is responsible for taking children into emergency shelter care, as needed.

CHIP: Child Health Insurance Program. CHIP provides health care insurance to uninsured children. CHIP is a block grant to States and, therefore, the funds may be depleted, without
providing insurance to all uninsured children. Children who are eligible for Medicaid are not eligible for CHIP.

**CINA:** Child in need of assistance. The State of Maryland Departments of Social Services and Juvenile Services apply this term to children and adolescents who are abused, neglected, abandoned or mentally disabled.

**CINS:** Child in Need of Supervision - This is the State of Maryland Department of Juvenile Services term applied to children and adolescents who exhibit acting-out and pre-delinquent behavior.

**Claim:** After a provider of mental health care has given mental health services to a consumer, the provider makes a “claim” for payment to MAPS-MD. MAPS-MD processes the bill for payment.

**Claims Customer Service Representative (CCSR):** The MAPS-MD Claims Customer Service Representatives answer telephone calls from consumers and providers. The CCSRs research and respond to questions regarding claims processing and status. The CCSRs work with providers to resolve claims issues related to pending and denied claims. CCSRs are trained in the latest Medicaid billing procedures and policy issues. The CCSRs monitor possible trends in fraud and abuse and trends in billing errors, requiring additional education and training.

**Clinical Criteria:** The factors by which a decision is made whether a specific treatment setting, such as inpatient or outpatient is the appropriate level of mental health care for a given consumer.

**CM:** Mental Health Case Management (COMAR 10.09.45) "targeted case management" - services are targeted to individuals inadequately receiving mental health services. Case Management works with the individual to identify goals for the individual service plan, provides linkage to services, monitors service provision, and advocates on behalf of the individual.

**CMHS:** Center for Mental Health Services. Federal agency that provides leadership to (1) ensure the application of scientifically established findings and practice-based knowledge in the prevention and treatment of mental disorders; (2) improve access, reduce barriers, and promote high quality effective programs and services for people with, or at risk for these disorders, as well as for their families and communities; and (3) promote the rehabilitation of people with mental disorders.

**COB:** Coordination of benefits. COB relates to claims processing when MAPS-MD is the secondary payor.

**Cognitive Therapy:** Cognitive therapy involves the consumer identifying and correcting negative, self destructive or distorted thinking patterns and replacing such thoughts with a healthy outlook.
COMAR: Code of Maryland Regulations. COMAR is the regulations that implement Maryland law.

Community Behavioral Health Association of Maryland: A professional association of community behavioral health providers. These providers perform services for people who are entitled to public mental health services and to people who pay (directly or by private insurance) to receive mental health care.

Community Mental Health Program: Community Mental Health Programs include: Outpatient Mental Health Clinics, Therapeutic Nursery Programs, Mobile Treatment Services, Psychiatric Rehabilitation Programs and Residential Rehabilitation Programs.

Community Support Specialist: A mental health worker who provides case management services, including coordinating and monitoring mental health services and support services provided to the consumer.

Complaint: If a consumer using the Public Mental Health System is dissatisfied with the quality of mental health care, the consumer may make a complaint to MAPS-MD, the Mental Hygiene Administration or the Core Service Agency.

CON: Certificate of Need. Approval required by Maryland Health Resources Planning Commission for inpatient services for individuals of all ages. Required of a hospital before they are allowed to expand their facilities.


Concurrent Review: Concurrent review is performed simultaneously and on an ongoing basis. MAPS-MD follows the treatment as it is occurring and makes medical necessity determinations about the provisions of care while the care is being provided.

Consumer: A consumer is an individual (or parent of a minor child) who receives or received mental health services from the Maryland Public Mental Health System.

Consumer or Family Operated Programs: These programs, which are operated by consumers and/or family, provide support and advocacy for their members.

Contact Note: A contact note is a note written by a staff member of a mental health program in the medical records of the consumer. A contact note describes in-person, written, or telephone contacts between the staff and the consumer.

Co-payment: A co-payment is that portion of a bill for health care that the consumer must pay.

CPS: Child Protective Services - A service provided by the State of Maryland Department of Human Resources (through local Department of Social Services) that investigates child abuse and neglect complaints received from the community.
CPT (Current Procedural Terminology Coding System): The name of procedure codes used for billing.

CRP: Community Rehabilitation Program (formerly called psychosocial program)

CSA: Core Service Agency. CSAs are agents of local government. Among other duties, CSAs help arrange for public mental health care to be given to consumers. CSAs also are responsible for planning, managing, and monitoring publicly funded mental health services in their area.

CSR: A MAPS-MD Customer Service Representative. CSRs answer telephone calls from consumers and providers and answer consumers’ questions regarding eligibility, information, and referral; provide consumers with information about how to access mental health services; and refer consumers with complicated needs and/or emergent/urgent needs to a MAPS-MD Care Manager for assistance. The Customer Service Representatives also verify consumers’ benefits and schedule appointments with network providers upon the request of consumers. In addition, Customer Service Representatives assist MAPS-MD’s clinical staff by screening crisis calls from consumers to determine the appropriate level of care and to expedite intervention by transferring crisis calls to a Care Manager for immediate assessment.

Cultural Competence: A desire to understand and accept the beliefs, values and traditions of a consumer and to use this knowledge to help the consumer to reach his/her human potential.

D

Day Treatment: Intensive mental health treatment which is not provided in a residential facility.

Denial: A denial refers to a decision not to authorize mental health care requested by the provider for the consumer. Also, a denial refers to a decision by MAPS-MD not to pay some or all of a bill submitted by a provider.

DBM: The Department of Budget and Management- An executive department of the State government responsible for the preparation of the State budget and fiscal planning.

DDA: State of Maryland Developmental Disabilities Administration - An agency in the State government charged with providing services to individuals with developmental disabilities in Maryland. DDA is located within the Department of Health and Mental Hygiene.

DHCD: State of Maryland Department of Housing and Community Development - Maryland agency charged with administering federal and State programs for housing and community development.

DHMH: State of Maryland Department of Health and Mental Hygiene. An executive department of State government that is responsible for all public health related issues. Also known as the "State Health Department."
DHR: State of Maryland Department of Human Resources. A department of the State government charged with serving families and individuals who, due to financial hardship, disability, age, chronic disease, or any other cause, need help in obtaining basic necessities of food and shelter. DHR is responsible for welfare programs.

DJS: State of Maryland Department of Juvenile Services - A department of the State government charged with providing juvenile justice services to children with suspected involvement in delinquent and/or status offenses.

DORS: State of Maryland Division of Rehabilitation Services - A division of the Maryland State Department of Education that focuses on the vocational and rehabilitation needs of persons with disabilities. DORS provides services to people with disabilities and pays for rehabilitative needs, including job coaching, training, and high school and college courses.

DRADA: Depression and Related Affective Disorders Association.


DSS: State of Maryland Department of Social Services - Local county agencies which provide a range of services including: public assistance payments, medical assistance, protective services to children and adults, and services to families with children. These local agencies are under the State Department of Human Resources.

Designated Emergency Facility: A hospital that has been designated to perform emergency evaluations of persons who may need to be involuntarily committed.

Discharge Summary: The provider writes a summary of services provided when the consumer is discharged from a mental health facility or program.

Drug Formulary: A medication list created by a health plan of prescription drugs that are pre-approved by the health plan.

Dual Eligible: A person is dual eligible if the person is eligible for Medicare and for complete or partial Medicaid coverage.

DUR: Drug Utilization Review is a review process to prevent problematic drug interaction.

EDI: Electronic Data Interchange. EDI is used for electronic billing.

Eligible Uninsured (formerly known as “Gray Zone”): A term used to describe consumers who are uninsured or under-insured and who meet financial eligibility requirements to receive public mental health care.
Eligibility: A person whose situation meets specific criteria is eligible for public mental health care.

Emergency Medical Treatment and Labor Act (EMTALA): A federal statute that requires hospitals to provide emergency treatment to all persons, including persons who do not have insurance and are unable to pay.

Emergency Services in a Designated Hospital Emergency Room: Emergency Services allows for assessment and intervention for a consumer who is in an emergency room and appears to be in psychiatric distress. The consumer, because of a mental disorder, may be a danger to self or others, or is unable to care for himself or herself. The consumer may be at the emergency room voluntarily or due to a petition for involuntary emergency evaluation.

Enhanced Support Services: Enhanced Support Services are short-term services provided in the consumer’s home. Enhanced Support Services provide supervision and assistance to an individual experiencing an increase or instability of psychiatric symptoms. Enhanced Support Services are provided in addition to other mental health services. This service is only provided by a provider of psychiatric rehabilitation services (PRP), residential rehabilitation services (RRP) or mobile treatment services.

EPSDT: Early and Periodic Screening Diagnosis and Treatment - The federal law requires states to provide EPSDT services to all Medicaid-eligible recipients under age 22 in order to identify physical and mental problems through periodic examinations (called “screens”). The purpose of EPSDT is to screen people for health problems on a regular basis so problems can be identified and treated early.


EVS: Eligibility Verification System - To determine if a recipient has already selected a managed care organization.

F

Fair Employment Practice Law (FEP Law): FEP laws are State and local laws which supplement the federal anti discrimination law in the Americans with Disabilities Act. The State of Maryland and some Maryland jurisdictions have enacted FEP laws.

Fee-for-Service: A payment system where payments are made for each specific mental health service at a preset amount.

FFCMH: Federation of Families for Children's Mental Health

Forensic Service: Mental health services given to consumers as a result of a court order.
FPS: Fee Payment System.

FY: Fiscal Year - The fiscal year for the State of Maryland runs from July 1 to June 30.

G

Global Assessment of Functioning (GAF): A scale used to determine the overall psychological and occupational functioning of a consumer.

Grievance: Any oral or written action a consumer or a provider files due to disagreement with a decision made or care rendered. In the event that MAPS-MD denies a request for mental health services, in whole or in part, the consumer may file three levels of grievances and an appeal to have the matter reviewed by a MAPS-MD psychiatrist, a MAPS-MD Medical Director, the Core Service Agency, and a Hearing Examiner at the Office of Administrative Hearings.

Group Home: A private residence where consumers who have been or are in treatment for mental illnesses may be provided care in a homelike environment.

H

HCFA-1500: A form used by providers to submit claims for payment for their services.

HD: Health Department - Local governing authority that oversees the health and often the mental health agencies within its specific jurisdiction.

Health Promotion and Training: This type of training involves having the consumer engage in activities to increase the consumer’s awareness of his/her physical and mental health and the resources needed to help promote good physical and mental health.

Health Services Cost Review Commission (HSCRC): An independent commission of the State of Maryland that is responsible for setting the fee rates of hospitals in Maryland.

HMO: Health Maintenance Organization.

Home and Community Based Waiver: The federal government provides a waiver to States to allow Medicaid payment for specific services in the consumer’s home or community, instead of requiring that the services be provided in an institution.

Home Health Psychiatric Services: A licensed home health agency that provides intensive psychiatric services in the consumer’s home.

Hospital Consultations: If a consumer is hospitalized on a medical unit and the consumer is eligible for public mental health care, the consumer may be provided with a psychiatric consultation. Similarly, if a consumer is hospitalized on a psychiatric unit and the consumer is eligible for public mental health care, the consumer may be given a medical examination or
medical consultation as part of the psychiatric admission. In these instances, the public mental health system pays part or all of the consultation fees.

**HUD:** U.S. Housing and Urban Development. A federal agency responsible for housing programs and Section 8 housing, a program of vouchers for housing for people with disabilities.

I

**IDEA:** Individuals with Disabilities Education Act

**ICD-9:** International Statistical Classification of Diseases and Related Health Problems, Ninth Edition. ICD-9 is a set of diagnosis codes used for treatment records and billing.

**IEP:** Individualized Education Plan for the special education needs of a particular child.

**IFSP:** Individual Family Services Plan

**I&R:** Information and Referral

**Income Verification:** Written documentation of a consumer’s income.

**Independent Living Skills Training:** This training involves the consumer engaging in activities to promote, maintain or restore the consumer’s ability to perform the essential activities of daily life.

**Individual component:** That portion of the mental health care bill that was incurred due to the individual needs of the consumer.

**Inpatient Hospital Psychiatric Care:** This type of care involves skilled psychiatric services in a hospital setting, including state hospitals. The care delivered includes psychiatric, medical and nursing care. The care is expected to be delivered on a 24-hour basis, including weekends. If the consumer is not certified for involuntary admission to a psychiatric hospital and there is available Residential Crisis Services or a Core Service Agency crisis response system, these options must be considered before MAPS-MD will authorize Inpatient Hospital Psychiatric Care.

**Institute for Mental Disease (IMD):** IMD refers to private and state owned inpatient psychiatric hospitals.

**Interdisciplinary Team Treatment Planning:** Interdisciplinary Team Treatment Planning meetings are provided by Outpatient Mental Health Clinics (OMHCs), the Hospital Services Cost Review Commission (HSCRC), and approved clinics. Collaborative, face-to-face treatment planning meetings are held by at least three mental health professionals (with at least two different specialties). MAPS-MD will authorize up to two Interdisciplinary Team Treatment Planning meetings per year. MAPS-MD will not pay for an additional Interdisciplinary Team Treatment Planning that is less than 120 days from a prior meeting for the consumer. OMHCs
are encouraged to include the assigned case manager in the Interdisciplinary Team Treatment Planning meetings.

**Intensive Outpatient Treatment (IOP):** IOP may only be provided and reimbursed by approved Outpatient Mental Health Services programs or Psychiatric Day Treatment programs. IOP is a program of intensive treatment, involving multiple treatment services, on multiple days, which are provided by a multidisciplinary team. An IOP program provides a minimum of three hours of therapeutic activities per day, which includes at least two group therapies. The treatment may include individual, group, family therapy and medication management. This is considered a short-term, intensive intervention.

**IRP:** Individual Rehabilitation Plan. Within 30 days of a consumer being enrolled in a Psychiatric Rehabilitation Program (PRP), the rehabilitation coordinator must prepare an IRP based upon the rehabilitation assessment of the consumer and with the input of the consumer or guardian. The IRP must include the following: The present needs and strengths of the consumer; The rehabilitation expectations and responsibilities; A description of the program services which are needed or desired by the consumer; The name of the staff member responsible for implementing the mental health rehabilitation services; A description of how the needed and desired skills and supports will help the consumer to be in an environment of the consumer’s own choosing; The rehabilitation goals and target dates for each goal; and A specification of any other mental health care services which will be provided outside of the rehabilitation program. The rehabilitation coordinator must obtain the consumer’s written or tape recorded approval or disapproval of the IRP.

**IRP Review:** IRP Reviews are required for consumers in Psychiatric Rehabilitation Programs (PRP). At least every 6 months or more often, as needed, the rehabilitation coordinator must consult with the consumer to review the Individual Rehabilitation Plan (IRP). The review must include: (1) the consumer’s progress in meeting his/her goals; (2) goal changes based upon the review of the consumer’s progress; and (3) changes in intervention, including changes in staff responsibility. The rehabilitation coordinator must obtain the consumer’s written or tape recorded approval or disapproval of the review.

**IRP Continuing Evaluation:** IRP Continuing Evaluation is required for consumers in Psychiatric Rehabilitative Programs (PRP). The staff of the rehabilitation program must write down all significant contacts with the consumer, including the dates, location, and types of contacts. At least once a month, the rehabilitation coordinator must prepare a Progress Note Summary, which includes the following information: The rehabilitation services which have been provided to the consumer; the consumer’s progress towards meeting his/her goals; changes in the consumer’s status; and if needed, suggested changes of the consumer’s rehabilitation goals or suggested changes of the rehabilitation services provided to the consumer.

**IRB:** Institutional Review Board. A committee that approves and monitors research projects.

**IRWE:** Impaired-Related Work Expenses. As part of an effort to assist disabled persons in returning to work, the Social Security Administration allows some persons to keep receiving a certain amount of his/her Supplemental Security Income (SSI) payments or Social Security
Disability Income (SSDI) payments, after the person has returned to work. The amount of continued SSI or SSDI payments is based upon the person’s income. In determining the amount of earned income of a person, the Social Security Administration allows the person to subtract certain expenses, called “IRWEs.” IRWEs are expenses, such as, the cost of medication and the cost of psychiatric treatment, which the person needs to be able to work. By deducting the IRWEs from the consumer’s earned income, the consumer is then allowed to keep a greater amount of his/her SSI or SSDI payments.

**ITP:** Individual Treatment Plan. By the fifth time that a consumer has been seen at an Outpatient Mental Health Clinic (OMHC), the treatment coordinator based upon an evaluation of the consumer must prepare an Individual Treatment Plan. The treatment coordinator must prepare the ITP with the input of the consumer or guardian and staff members of the Outpatient Mental Health Clinic. The Individual Treatment Plan must include: The present needs and strengths of the consumer; Treatment expectations and responsibilities; The consumer’s diagnosis; Short-term and long-term treatment goals and the target dates for each goal; Any referrals for services provided by other mental health care providers; and The type and frequency of treatment, along with the name of the staff person who is responsible for providing the treatment. The treatment coordinator must obtain the consumer’s written or tape recorded approval or disapproval of the ITP.

**ITP Review:** Individual Treatment Plan Review. ITP Reviews are required for consumers who are treated at Outpatient Mental Health Clinics (OMHC). At least every 6 months and more often, as needed, the treatment coordinator must prepare a written review of the Individual Treatment Plan. The written review must include the following: Changes in the consumer’s goals based upon the consumer’s progress; Changes in treatment strategy; and Changes in diagnosis. The treatment coordinator must obtain the consumer’s written or tape recorded approval or disapproval of the ITP.

**ITP Continuing Evaluation and Treatment:** ITP Continuing Evaluation is required for consumers who are treated at Outpatient Mental Health Clinics (OMHC). After staff provides a mental health service to the consumer, the staff must record it in the consumer’s medical record. At least once a month, the treatment coordinator must prepare a written Progress Summary Note, which must include the following: What services were provided to the consumer; The consumer’s progress in meeting his/her goals; Changes in the consumer’s status; and Any suggested changes in the goals for the consumer or treatment provided to the consumer.

**J**

**JOBS:** Job Opportunities & Basic Skills Program

**JCAHO:** Joint Commission on Accreditation of Healthcare Organizations. A peer review organization, which surveys, evaluates, and accredits hospitals.
L

**LCC**: Local Coordinating Council. An inter-agency committee which includes the Department of Juvenile Services, DORS, the school system, the Department of Social Services and the Core Service Agency. The LCC finds appropriate placements for disabled children and adolescents with complex needs.

**LCPC**: Licensed Certified Professional Counselor. A person who is licensed and legally authorized by the State to practice as a professional counselor.

**LCSW**: Licensed Certified Social Worker. A person who is licensed and legally authorized by the State to practice social work.

**LCSW-C**: Licensed Certified Social Worker – Clinical. The highest level of license for a social worker. To obtain this license, the social worker must complete a graduate program and have two years of clinical experience and pass a written examination.

**LEA**: Local Education Agency - This normally identifies a local board of education as it relates to funding and service provisions for students within that county. LEA has recently been changed to **LSS**—“Local School System.”

**LGSW**: Licensed Graduate Social Worker. The first level of license given to a social worker after completion of a graduate program.

**Lisa L.**: A successful Maryland class action lawsuit (1987) on behalf of children and adolescents, which requires the timely discharge from hospital to community placement.

**LMB**: Local Management Board - Serves as the coordinating board for local jurisdictions and ensures the implementation of interagency service delivery system for children, youth and families.

**LMHAC**: Local Mental Health Advisory Committee.

M

**MA**: Medicaid and Medical Assistance are the same. The federal and State government funds MA. Medicaid pays for the health care, including mental health care, for people with low income or no income. Recipients of need-based cash benefit programs such as SSI, AFDC, and Medicaid in Maryland automatically covers Public Assistance to Adults.

**MACSA**: Maryland Association of Core Service Agencies - The organization that represents the CSA directors. See CSA.

**Managed Care**: A process used by insurers to reduce healthcare services deemed to be unnecessary.
Managed Care Organization (MCO): An organization that has a contract with the State Medicaid agency to provide health services to consumers for a monthly capitation rate for each consumer.

MAPS-MD: MAPS-MD - is an Administrative Service Organization that is under contract with the Mental Hygiene Administration to provide administrative duties. MAPS-MD has many duties, including reviewing the utilization of public mental health care, giving authorization for public mental health care, processing payment to the mental health care providers, and conducting quality assurance audits and surveys.

Maryland Disability Law Center (MDLC): MDLC, a private, non-profit organization, is the designated Protection and Advocacy Organization in Maryland. The federal and State government funds MDLC. MDLC protects and advocates on behalf of people with disabilities both in the courts and in the legislature. MDLC provides free legal services. In some instances, MDLC limits its legal services to people with low income.

Maryland Health Care Commission: An umbrella state agency that includes the Health Care Access and Cost Commission and the Health Resources Planning Commission.

Maryland Governor’s Office for Children: Governor’s office that is responsible for coordinating various government agencies in regard to services for children and adolescents, and their families.

MCPA: Maryland Medical Care Policy Administration is the State agency that administers Medical Assistance (Medicaid).

MDoA: State of Maryland Department of Aging - Independent State agency. MDoA is charged with serving the needs of Marylanders age 60 or older who meet financial eligibility. Along with local Agencies on Aging, MDoA oversees various programs statewide.

Medical Director: The Medical Director at MAPS-MD is a psychiatrist who is board certified by the American Board of Psychiatry and Neurology. The Medical Director is responsible for the overall quality and medical appropriateness of care provided to consumers within the Public Mental Health System. The Medical Director ensures utilization management and medical decisions are made according to State requirements. The Medical Director makes sure the care provided meets the standards for acceptable medical and psychiatric care. The Medical Director’s responsibilities include providing leadership, oversight and consultation to clinical staff and reviews with Physician Advisors of any denials for mental health care not meeting “medical necessity” criteria. In addition, the Medical Director updates and distributes information, after receiving input from the Mental Hygiene Administration, CSAs, consumers and advocacy groups. Also, the Medical Director consults with Managed Care Organization physicians regarding “medical necessity” criteria, and clinical policies and procedures. The Medical Director helps to maintain working relationships between the managers, utilization management, clinicians and the provider community.
**Medical Necessity:** The purpose of Medical Necessity Criteria is to assist Care Managers (masters or doctoral level psychologists, social workers, or licensed psychiatric nurses with over five years of mental health experience) and board certified psychiatrists, during a clinical review to determine the most appropriate level of care and intensity of services an individual requires. Referral guidelines are of additional assistance in determining a particular program or services and the nature of those services within the specific level of care identified (e.g., crisis services might be provided within the supported community residential, intensive outpatient or traditional outpatient level of care). Referral guidelines are written for specific programs or services and are not meant to be all encompassing or to infer other services might not be authorized based upon individual need. The Public Mental Health System will only provide services to a consumer that is medically necessary. Therefore, MAPS-MD will only authorize providers to give medically necessary mental health services to consumers. Medically necessary services include those procedures, treatments, tests, or services that are clearly indicated, not excessive, sufficient in quantity, and provided in the setting best suited to the consumer’s needs.

**Medical Record:** A consumer’s treatment information kept by the treating provider.

**Medicare:** The federal government that collects F.I.C.A. payments from workers’ paychecks funds Medicare. Medicare pays for health care, including mental health care, for eligible senior citizens and people with disabilities. A person who receives Medicare must pay small deductibles and some co-payments.

**Medication Monitoring:** A mental health worker monitors medication by: (1) assisting the consumer in complying with taking medication and (2) as needed, reviewing the appropriateness of the medication with a psychiatrist. Medication monitoring does not include: (1) prescribing medication, (2) measuring or pouring medication, (3) preparing a syringe for injection, or (4) administration of medication.

**Mental Health Advisory Committee (MHAC):** The State of Maryland has established citizen advisory committees for each County and Baltimore City to advise State and local officials in regard to mental health needs in their communities.

**Mental Health Program:** A program that includes a plan of treatment or rehabilitation with a variety of types of therapy.

**Mental Health Targeted Case Management:** A designated and approved provider of mental health services may give Mental Health Targeted Case Management services to adults and children. The goal of Mental Health Targeted Case Management is to work with various providers to coordinate a community-based treatment program for the consumer. This type of service is intensive services provided for a limited period of time and is authorized by MAPS-MD for one month at a time, as needed. This service is provided to adults with severe and persistent mental illnesses who frequently use emergency rooms and hospitals or are placed in jails due to their inability to manage their mental illness or basic personal needs. The purpose of Mental Health Targeted Case Management is to have the adult consumer referred to an outpatient mental health provider and to other needed services. Mental Health Targeted Case Management is also provided to minors who have serious emotional disturbances (SED). This
service is provided to minors, who will be discharged from a Residential Treatment Center (RTC) and need home and community mental health services.

**Mental Hygiene Administration (MHA):** MHA is a component of the Maryland Department of Health and Mental Hygiene. MHA oversees the Maryland’s Public Mental Health System.

**Mental Hygiene Administration Office of Consumer Affairs:** The Office of Consumer Affairs promotes consumer involvement in policy development and the development of consumer operated programs and services.

**MH:** Mental Health

**MHA:** Maryland Hospital Association. A statewide organization representing hospitals in Maryland.

**MHA:** Mental Health Association. A volunteer advocacy organization that, through education and legislation, works to improve and expand mental health services, protect the rights of people with mental illnesses, improve attitudes toward people with mental illnesses, and promote mental health. MHAM is the Mental Health Association of Maryland.

**MHRPC:** Maryland Health Resources Planning Commission - State agency charged with ongoing development of a State plan for health services. MHRPC determines need for various health services, limits and regulates the development of services according to needs.

**MOU:** Memorandum of Understanding

**MPRC:** Maryland Psychiatric Research Center - Performs research on schizophrenia in both inpatient and outpatient settings. Affiliated with the University of Maryland.

**MSDE:** Maryland State Department of Education

**Mobile Treatment:** A unique combination of clinical and case management services for individuals whose needs have not been met by traditional services. The objective is to promote rehabilitation through the provision of care and services to select consumers with serious and persistent mental illnesses who are at greatest risk of relapse and hospitalization or who repeatedly utilize emergency services. A multi-disciplinary team provides this service. Mobile Treatment Services are community-based, intensive outpatient services which are provided to adults and minors. Mobile Treatment Services provide assertive outreach, treatment, and support to adults with mental illness, who may be homeless, or for whom more traditional forms of outpatient treatment have been ineffective or who have had repeated psychiatric hospital stays. Service is provided by a multidisciplinary team, is mobile and is provided in the individual’s natural environment (i.e., home, street, shelters). Mobile Treatment Services also are available for children, adolescents, and their families who require more intensive intervention in order to clinically stabilize the child’s or adolescent’s psychiatric condition, to promote family preservation, and/or to return functioning and quality of life to previously established levels, as soon as possible. Services provided include psychiatric evaluation and treatment, clinical
assessment, medication management/monitoring, interactive therapies, support with daily living skills, assistance with locating housing, and case management. The duration, frequency, and intensity of services are determined by an individual’s treatment plan. The goal is to provide continuous treatment through a multidisciplinary team, prevent the need for hospitalizations, and remedy unstable living situations.

N

NAMI: The National Alliance for the Mentally Ill is a private non-profit advocacy organization.

NAMI/MD: National Alliance for the Mentally Ill in Maryland

NAMI-CAN: National Alliance for the Mentally Ill Children & Adolescents Network

NIH: U.S. National Institutes of Health

NIMH: National Institute for Mental Health - A federal institute that conducts research and gives grants for research, and distributes information about mental health. NIMH is part of the National Institute of Health.

NIMBY: "Not In My Back Yard." - Discriminatory attitude that inhibits implementation of a community program for individuals with serious disabilities.

NMHA: The National Mental Health Association is a private, non-profit advocacy organization.

Nursing Home Psychiatric Consultations: Nursing home psychiatric consultations are categorized as Special Mental Health Services because they are provided on a short-term basis to prevent psychiatric hospitalization. Maintenance mental health services for consumers in nursing homes are covered by the nursing homes under the day rate paid by Medicaid (Medical Assistance). Specialized mental health services are not covered by the Medicaid (Medical assistance) day rate. The Public Mental Health System will pay for specialized mental health services if they are preauthorized by MAPS-MD and if they are “medically necessary.” Specialized mental health services are defined as inpatient mental health services or psychiatric consultation services which are necessary to avoid psychiatric hospitalization.

O

OAH: Office of Administrative Hearings – A State office established in January 1990 that provides the opportunity for a citizen to appear before an Administrative Law Judge (ALJ) to obtain an unbiased and objective review of an action taken by a State agency with which the citizen disagrees.

Occupational Therapy (OT): Occupational Therapy involves assessment of a consumer’s functioning and services to improve the consumer’s functioning in activities of daily living, cognitive skills, sensory-motor skills, and psychosocial skills. The goal of Occupational Therapy is to maximize the consumer’s functional independence.
Off-site: Mental health services provided in a place other than the provider’s office or facility.

On-site: Mental health services provided in the provider’s office or facility.

Outpatient Mental Health Services (OMHC): OMHC include services, such as, assessment, evaluation, and individual, group and family therapies, which are provided by Outpatient Mental Health Clinics (OMHCs), and by individual mental health professionals.

OOO of Maryland: On Our Own of Maryland. A self-help and advocacy group of consumers. Statewide umbrella for On Our Own chapters in Maryland that provides support and fosters the development of On Our Own chapters and peer-run business and other activities throughout the state.

Outcome Measure: A system of measuring the improvement of consumers’ mental health and functioning, as a result of receiving mental health services.

Outpatient Services: Community mental health clinics, mobile treatment, psychiatric rehabilitation, office based practices, clinics, therapeutic nurseries, EPSDT, or other community services.

Outpatient Treatment: Treatment that does not include admission to a hospital or a residential treatment program.

P

P&A: Protection and Advocacy - The process of protecting mental health system consumers from abuse and neglect and assuring that their rights as citizens and recipients of care are fully respected. "P & A" can also refer to the "Protection and Advocacy for Mentally Ill Individuals Act of 1986," which provided federal funds for each State to establish programs designed to protect and advocate for the rights of people with a mental illness. MDLC is the P&A agency in Maryland

PA: Public Assistance

Partial Hospitalization (PHP) (Day Treatment): Partial Hospitalization is outpatient, short-term, intensive psychiatric treatment that may include medical and nursing supervision and interventions. PHP services must provide consumers with four hours of treatment per day. In order for individuals to utilize PHP services effectively, they must reside in a safe residence.

PASARR: Pre-Admission Screening and Annual Resident Review - The Omnibus Reconciliation Act of 1987. (OBRA '87) requires pre-admission screening and annual resident review of individuals with mental illness or mental retardation and related conditions, who are applicants to or residents of nursing facilities certified for Medicaid, regardless of the source of payment for Nursing Facilities services. Nursing Homes, which are certified by Medicaid, are required by law to conduct pre-admission and annual screenings of consumers with mental
illnesses. The nursing home must evaluate and screen all consumers, even if Medicaid does not pay some consumers’ bills.

P.A.S.S.: Plan for Achieving Self Support. P.A.S.S. is a program of the Social Security Administration to assist consumers in achieving occupational goals. The program allows a consumer, who is not eligible for Supplemental Security Income (SSI), because of too high of income or assets, to set aside money for an approved occupational goal (college tuition, business start-up costs, etc.). The money which is set aside is not counted as assets or income and may thereby allow the consumer to meet the low-income and low-assets requirement to receive SSI.

PATH: Projects for Assistance in Transition from Homelessness. A federal grant funded program that provides community based services for people with serious mental illnesses who are homeless or on the verge of becoming homeless.

PBM: Pharmacy Benefit Manager.

PCP: Primary Care Physician.

Pending: A provider’s claim for payment is pending when it is held for payment until a determination is made to allow the claim to be paid or to deny the claim for payment.

Perkins: Clifton T. Perkins Hospital Center. The Maryland forensic hospital.

Physician Advisor: MAPS-MD Physician Advisor: The Physician Advisor at MAPS-MD is a psychiatrist who is board certified by the American Board of Psychiatry and Neurology. The Physician Advisor makes recommendations regarding “medical necessity” in accordance with state regulations, and policies and procedures. The responsibilities of the Physician Advisor include utilizing appropriate expertise to determine approval or denial of requests for mental health care based on “medical necessity.” In addition, the Physician Advisor reviews and recommends the authorization of mental health care or the denial of mental health care based on COMAR regulations and “medical necessity” criteria.

PMHS: Public Mental Health System - Publicly supported mental health system of the State of Maryland, funded by State and Medicaid funds. The Mental Hygiene Administration has oversight authority and utilizes Core Service Agencies to plan and manage services on the local level and an ASO, MAPS-MD, to administer key functions of the system.

PMHS Providers: Network of individuals and institutions who are eligible to provide services to individuals served in the Maryland Public Mental Health System.

PPO: Preferred provider organization.

Preauthorization: A process by which a provider of mental health care seeks a determination from MAPS-MD that the services the provider is recommending are “medically necessary” for the consumer and seeks authorization from MAPS-MD prior to providing treatment. Prior authorization is not a guarantee of payment.
**Professional Counselor:** A person who is certified or licensed and legally authorized by the state to practice as a professional counselor.

**Program Improvement Plan: (PIP):** A statement written by a mental health program, setting forth the methods and time frames by which it will correct deficiencies cited by the Department of Health and Mental Hygiene.

**Private Practitioner:** An individual provider who is not working in a facility or program setting.

**Project Home:** Housing and case management program of the Maryland Department of Human Resources.

**Prospective Payment System (PPS):** A payment system pursuant to which the provider sets the payment rate, before providing mental health care to the consumer. The payment rate is not changed by the provider, even though, the provider’s actual cost of providing the services turns out to be more or less than the provider’s pre-set rate.

**Provider:** A provider is a person, facility, or program that provides mental health care.

**Provider Component:** The portion of the payment rate paid to providers to cover expenses, such as, administrative, capital, general, and transportation costs.

**Psychiatric Rehabilitation Program (PRP):** A community based rehabilitation program for adults with serious mental illnesses. The program provides employment training, socialization, and support. The purpose of PRPs is to reduce the symptoms of the consumer’s psychiatric disability while maximizing the consumer’s ability to function successfully in the community.

**Psychiatrist:** A psychiatrist is a person who has graduated from medical school and who has studied and been trained in psychiatry. A person has the title of “psychiatrist” if he/she is eligible to take the Board Examination or if he/she has taken the Board Exam of the American Board of Psychiatry and Neurology.

**Psychological Testing:** Psychological testing involves the administration of reliable and valid psychological tests for the purpose of answering specific questions about the consumer’s diagnosis and future treatment. Psychological testing should not be considered as a routine or normal procedure in an individual’s treatment. Specific testing procedures selected by the psychologist should clearly relate to the referral questions listed on the request for psychological testing.

**Psychologist:** A person who is licensed and legally authorized by the state to practice psychology. In addition, the person must demonstrate, by training and experience, the competency to provide mental health care services.
Public Mental Health System (PMHS): The Mental Hygiene Administration oversees the Public Mental Health System. The Public Mental Health System provides mental health services for people who meet low-income requirements. Medicaid and State funds pay for the mental health care. The Mental Hygiene Administration operates some mental health facilities. In other instances, the Mental Hygiene Administration contracts with private providers to provide public mental health care.

Q

QA: Quality Assurance

QDWis: Qualified Disabled and Working Individuals. These individuals lost their Medicare Part A, due to their return to work, and are not otherwise entitled to Medicaid. People in this category, who meet low-income and low-assets requirements, are entitled to have Medicaid pay for their Medicare Part A premiums to purchase Medicare.

QMB: Qualified Medicare Beneficiary. A consumer, who has Medicare, but is also eligible, due to low-income and low-assets, for minimal benefits under Medicaid, such as, Medicaid paying for the consumer’s Medicare premiums, deductibles and coinsurance.

QMBs with Full Medicaid (QMB Plus): These people are entitled to Medicare Part A and are eligible for full Medicaid benefits. If the individual meets low-income and low-assets requirements, Medicaid pays their Medicare Part A and Part B premiums, and perhaps pays for Medicare deductibles and coinsurance, and provides full Medicaid benefits.

R

Referral: A method of providing a consumer with a choice of mental health providers.

Referred: Referred is the term used for those individuals who go through the MAPS-MD Care Manager to be "referred" for treatment.

Referring Source: Consumer, mental health care provider, somatic MCOs, primary care physician, CSA, family, or agency or individual who makes a referral.

Rehabilitation Coordinator: A person who is a staff person at a Psychiatric Rehabilitation Program (PRP) who is responsible for coordinating and providing rehabilitation services to the consumer.

Residential Crisis Services (RCS): Residential Crisis Services are short-term, intensive, mental health and support services for children, adolescents, and adults in a community-based, non-hospital, residential setting. The purpose of Residential Crisis Service is to prevent inpatient admission, to provide an alternative to inpatient admission, to shorten the length of inpatient treatment, to provide care after inpatient admission, or to provide treatment in a foster care model for minors. For MAPS-MD to authorize Residential Crisis Services, the consumer must need inpatient psychiatric care and pose a risk to self or others. A provider serving adults shall
be approved as an alternative Residential Crisis Service provider. A provider serving children may be approved and reimbursed at the treatment foster care and prevention model rates.

**Residential Rehabilitation Program (RRP):** A Residential Rehabilitation Program provides a place to live for adults with Severe and Persistent Mental Illness (SPMI), who need extensive support services in a structured living environment. RRP services are not appropriate for consumers who are able to live in their own home, when flexible support services are given to assist them in living independently. Consumers in an RRP are enrolled in a Psychiatric Rehabilitation Program (PRP) that takes place in the housing of the Residential Rehabilitation Program. The Psychiatric Rehabilitation Program services may provide a consumer with general support services or intense support services. “General Support Services” means that staff is available (on call) for the consumer 24 hours a day and 7 days a week. Also, consumers, who are given general support services, meet in person with a staff person, at least once a week. “Intensive Support Services” means that the consumer is given Psychiatric Rehabilitation Program services, at least, 40 hours a week. Also, a treatment provider is available (on call) to the consumer 24 hours a day and 7 days a week. If a consumer does not need or is not willing to participate in the Psychiatric Rehabilitation, the consumer may not be placed in a Residential Rehabilitation Program.

**Residential Service:** Mental health care which is provided in a residential rehabilitation program, a residential crisis program, a respite program, a therapeutic group home or a group home.

**Residential Specialist:** A person picked by the Department of Health and Mental Hygiene Administration or the city or county Core Service Agency (CSA) to inspect and monitor residences owned or rented by Residential Treatment Programs to provide housing to consumers. The Residential Specialist fills out a Residential Checklist form and determines whether to approve the residence.

**Residential Treatment Center (RTC):** Residential treatment centers offer 24-hour inpatient care in a licensed facility. RTCs provide children and adolescents, who have serious emotional disturbances, with residential care in a structured therapeutic environment and provides a range of diagnostic and therapeutic mental health services. RTC is a very intense level of care and can only be provided when therapeutic services available in the community are insufficient to address the youth’s need. Discharge planning must be considered prior to placement in an RTC. In addition, plans must be actively reviewed throughout the treatment process. Active discharge planning requires effective collaboration with the youth, the youth’s family or legal guardian and other appropriate agencies or service providers. Core Service Agencies (CSAs) may develop comprehensive community-based plans to divert children and adolescents from RTC placement. The overall focus of CSA service packages is to help children, adolescent and their families develop skills to manage symptoms of their mental illness and to live successfully in the community.

**Respite Care:** Respite Services are provided to families who have adult family members with Serious and Persistent Mental Illnesses (SPMI) or children with Serious Emotional Disturbance (SED). Respite Services provide temporary relief so that a caregiver is able to continue to have
the person with the mental illness live at home. Respite Services are provided on a short-term basis in the consumer’s home or in an approved community-based setting.

**RFP:** Request for Proposal. Specifies the terms and conditions for a bidding process or a grant application.

**RICA:** Regional Institute for Children and Adolescents - Facilities licensed and operated by the Mental Hygiene Administration that provide residential treatment for children and adolescents who are severely emotionally disturbed. RICAs are located in Baltimore City, Southern Maryland (Prince George's County) and Rockville (Montgomery County).

**SAMHSA:** U.S. Substance Abuse and Mental Health Services Administration

**Section 1115 Waiver:** The United States Department of Health and Human Services provides waivers from the general Medicaid regulations to allow states to provide managed care programs for all or some consumers.

**SED:** Seriously Emotionally Disturbed - Generally this term refers to children and adolescents with serious mental illness.

**Self-Insured:** When an employer pays medical claims directly without buying coverage from an insurance company. Self-insured companies are exempt from state insurance regulations, and instead are governed by the federal ERISA laws.

**SEP:** Supported Employment Program - Support provided on an ongoing and long-term basis to assist individuals with psychiatric disabilities in choosing, funding and sustaining competitive employment. The environment is usually a competitive work site with a majority of non-disabled individuals. PRPs, independent employment agencies, and other programs generally provide this service.

**Service Type:** Care in a psychiatric unit in an acute care hospital, IMD, RTC, residential services, outpatient mental health clinics, mobile treatment, psychiatric rehabilitation, individual therapy services, or other outpatient services, and ancillary services (laboratories, pharmacies).

**SGHC:** Spring Grove Hospital Center. A State psychiatric hospital in Catonsville, Baltimore County.

**SH:** Supported Housing (See Supported Living)

**SHC:** Springfield Hospital Center. A State psychiatric hospital located in Sykesville, Carroll County.

**SL:** Supported Living - This initiative is designed to increase housing options available to persons with serious mental illness. Through supported living programs, individuals with
psychiatric disabilities may access an array of flexible services and supports to enable them to live in the housing of choice and to become participating members of the community.

**SLMB:** Specified Low-Income Medicare Beneficiaries. These individuals are entitled to Medicare Part A and are not otherwise eligible for Medicaid. If the individual meets low-income and low-assets requirements, Medicaid will pay for the individuals Medicare Part B premiums.

**SLMB with full Medicaid (SLMB Plus):** These individuals are entitled to Medicare Part A and are eligible for full Medicaid benefits. If the individual meets low-income and low-assets requirements, Medicaid pays the individuals Medicare Part B premiums and provides full Medicaid benefits.

**SMI:** Seriously mentally ill persons - Sometimes used to describe adults with serious and persistent mental illnesses. Another term often used is individuals with psychiatric disabilities.

**Social Skills Training:** Assistance provided to consumers to acquire, maintain or develop social skills and other interpersonal skills. Assistance is also provided to the consumer to lessen tendencies to become isolated or withdrawn.

**Specialty Mental Health Services:** Specialized mental health services are defined as inpatient mental health services or psychiatric consultation services which are necessary to avoid psychiatric hospitalization.

**Social Security Disability Income (SSDI):** SSDI provides payments for daily living expenses of disabled people who worked for a specific number of years and thus paid Social Security taxes (F.I.C.A.). The amount of SSDI payments is based upon the number of years that the person worked, before becoming disabled. In some instances, disabled dependants of an employed person and survivors of a deceased, formerly employed person may receive SSDI.

**Specified Low-Income Medicare Beneficiary (SLMB):** The SLMB program pays a portion of Medicare premiums for people whose income is slightly higher than the federal poverty level.

**Special Populations:** Individuals with mental illnesses who are deaf or hard of hearing, homeless, in jail, or court ordered to DHMH

**SSA:** The United States Social Security Administration.

**SSDI:** Social Security Disability Insurance - A disability program of the Social Security Administration. A person must be considered medically disabled, and have worked and paid social security taxes (F.I.C.A.) for a specific number of years to be eligible.

**SSI:** Supplemental Security Income - A federal funded disability program of the Social Security Administration. A person must be considered medically disabled, have little or no income or resources to be eligible.
**Supported Employment (SE):** A Mental Health Vocational Program (MHVP) provides SE services. The Public Mental Health System funds supported Employment services. Supported Employment provides on-going, support services to people who have Serious Mental Illnesses (SMI) and who have been unable to maintain full time employment. Supported Employment services help consumers to become employed and stay employed. Supportive Employment services assist a consumer to find a job that matches the consumer’s interests, preferences and skills. The MHVP provider or the consumer may contact their local Core Service Agency to obtain approval for Supported Employment services.

**Supportive Housing:** A system of support services provided to a consumer so that the consumer can maintain housing of his/her own choice. The services may include mental health services, assistance with employment, and assistance with household chores.

**Support Services:** Rehabilitative services aimed at improving a consumer’s functional capacity and may include assistance to maintain independent housing, education, and employment.

**T**

**Temporary Assistance to Needy Families (TANF):** TANF is a federal program which was formerly called “Aid to Needy Families.” In Maryland, TANF is called “Temporary Cash Assistance” (TCA). This program provides payments, for daily living expenses to: (1) eligible families, who have minor children; (2) eligible families, who have a disabled, adult, child; and (3) pregnant women.

**Therapeutic Nursery Program (TNP):** A community-based program that provides developmental and mental health services for children five years old or younger. The program serves: (1) emotionally disturbed children who have behavioral problems or adjustment problems; (2) children who are at risk for these problems; and (3) the families of these children.

**Ticket to Work and Work Incentives Improvement Act of 1999:** A voluntary program whereby disabled people can return to work and still keep a portion of their disability payments, while having assurance of continuing medical benefits for a period of time.

**Treatment Coordinator:** A staff member of an Outpatient Mental Health Clinic (OMHC) who is responsible for coordinating and providing mental health care to the consumer.

**U**

**UM:** Utilization Management refers to overall process of reviewing authorization requests and assessing Medical Necessity Urgent Care.

**Underinsured:** A person who has public or private medical insurance that does not pay for all of the person’s needed health care. As a result, the individual has medical bills that are more than the individual’s ability to pay the bills.

**Uninsured:** Individuals who do not have public or private insurance.
**Urgent Care:** Urgent care is appropriate when a consumer is becoming unstable and needs prompt treatment. More specifically, urgent care is provided to consumers whose symptoms have become severe enough that, without treatment, the consumer would likely have a medical emergency. Urgent care is provided on short notice, without the consumer having to make an advance appointment. The purpose of urgent care is to prevent the consumer from having a psychiatric crisis, to prevent the consumer from having to go to a hospital emergency room, and to prevent the consumer from having to be hospitalized. Urgent care is to be given by a mental health practitioner known by the consumer.

**UR** - Utilization Review

**UW** - United Way

**V**

**W**

**Waivers:** The Secretary of the United States Department of Health and Human Services may, upon the request of a state, give a waiver allowing the state to receive federal Medicaid matching grants, even though the state is not in compliance with specific requirements or limitations of the federal Medicaid statute.

**WIC** - Special Supplemental Food Program for Women, Infants & Children

**Wraparound Services:** Wraparound services are provided to children and adolescents with serious emotional disturbances (SED). The services include an individualized plan for the minor and the family and community services.
APPENDIX:

ADVANCE DIRECTIVE FOR MENTAL HEALTH SERVICES
Advance Directive for Mental Health Treatment

NOTICE: This is an important legal document. Before signing this document, you should know these important facts.

Introduction:

Maryland law gives the right to anyone 16 years of age and over to be involved in decisions about their mental health treatment. However, a parent or guardian of a person under the age of 18 years may authorize treatment, even over the objection of the minor. The law also notes that at times, some persons are unable to make treatment decisions. Maryland law states that you have the right to make decisions in advance, including mental health treatment decisions, through a process called advance directive.

An Advance Directive can be used to state your treatment choice or can be used to name a health care agent. A “health care agent” is someone that will make health care decisions for you.

A. If you are a person with a mental illness, this document provides you the chance to take part in a major way in your mental health care decisions when you are not able to. This document allows you to express your consent or refusal to medications for your mental illness and other health care decisions, including use of seclusion and restraints. Please know that Maryland law allows a health care provider to override your refusal for medication for a mental disorder in limited situations if you are involuntarily committed to a psychiatric hospital.

B. This document may be completed by any individual 18 years of age and has not been determined to not be capable of making an informed decision. An Advance Directive may be oral or written. If written, it must be signed and dated. Two witnesses must also sign the document. The health care agent may not be a witness. At least one witness may not be a person who is knowingly entitled to benefit by your death, for example inherit money or insurance benefits. The witnesses must sign the document stating they personally know the person making the Directive and the person appears to be of sound mind.

C. If you wish to guide your health care providers on what treatment you want if you should become unable to give consent, and you do not want a health agent, fill out the form titled “Advance Directive for Mental Health Treatment.” If you want an agent to make the choice for you, fill out the form “Appointment of Heath Care Agent.” You may fill out both forms if you want an agent to make the choices and you also want to assist in...
those choices. If the directive is made orally, it must be made in the company of your attending physician and one witness.

D. You can also make an Advance Directive naming a person as your health care agent, to make mental health decisions when you are not able to do so. The agent must make choices in line with any desires you have expressed in this document, or if your wishes are not expressed and are not known by the agent, the agent must act in good faith in what he/she believes to be in the best interest for you. It is your job to inform the agent that the agent has been named in your Advance Directive, and to make sure he/she agrees to be your agent. It is important that your health care agent be informed about your mental illness and the decisions you have made in this form. It is highly recommended that you discuss the contents of this form with your family and close friends, and your mental health providers.

E. Maryland law does not allow a person to sign another adult into a psychiatric hospital. Therefore, a health care agent may not sign you into a psychiatric hospital.

F. Maryland law allows giving a medication for the treatment of a mental disorder over the person’s expressed wishes, or placing a person in seclusion or restraints against the person’s expressed wishes, under certain conditions.
Advance Directive for Mental Health Treatment

I (name), being an adult, and emotionally and mentally able to make this directive, willfully and freely complete this health care Advance Directive to be followed if it is determined by two physicians that I am not able as a result of a psychiatric or physical illness to assist in my health care treatment. (The second physician may not be involved in my treatment). It is my intent that care will be carried out despite my inability to make choices on my own behalf. In the event that a guardian or other decision-maker is chosen by a court to make health care choices for me, I intend this document to take priority over all other means of discovering my intent while able.

The usual symptoms of my identified mental disorder may include:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I direct my health care providers to follow my choices as set forth below:

Medications for treatment of my mental illness:
If I become unable to make informed choices for treatment of my mental illness, my wishes regarding medications are as follows:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Medication Reaction
I may be allergic to the following medications:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The following medications have been helpful in the past and I would agree to them if prescribed:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Initial all that apply:

____ I agree to the performance of all tests and other means to identify or assess my mental health.

____ I agree to the performance of all tests and other means to check how well the medications are working and their effect on my body, i.e. blood tests.

____ I specifically do not agree with dispensing the following medications, or their own brand name, trade name or generic equal.
Medication Reason for not agreeing:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I agree with dispensing all medications prescribed by my treating psychiatrist, unless listed above.

Admission to and continuation of mental health services from a facility other than an inpatient hospital:

Check one

____ I do not have a preference about receiving mental health services from a facility or other provider than a psychiatric hospital, i.e., clinic, PRP, mobile treatment.
____ I agree to receive services from a facility, which is not a hospital.
____ I do not agree to receive mental health services from a provider or facility other than a hospital.

Conditions/ Limits:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Other Choices:

If I am unable to make informed decisions about my mental health choices, my wishes regarding other information or options are listed below:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Release of Records

I authorize the release of (check one):

____ Any and all mental health records
____ The following mental health record/records of the following providers:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

To: ____________________________ (Name of person records may be released to)
Appointment of Health Care Agent

Cross through this page if you do not want to appoint a health care agent to make decisions for you.

I select the following person as my agent to make health care choices for me:

Name ________________________________________________________________
Address _____________________________________________________________
Work Phone Number ______________________ Home Phone Number ____________

If this agent is unable, unwilling, or elsewhere engaged to act as my agent, then I select the following person to act in this role:

Name: ______________________________________________________________
Address _____________________________________________________________
Work Phone Number ______________________ Home Phone Number ____________

My agent has full power and right to make health care choices for me:

_____ Just in regards to the instructions above.
_____ If my wishes are not expressed above, and my wishes are not otherwise known to my agent, or if my wishes are unknown or unclear, my agent is to make health care choices for me with my best interest in mind, to be determined by my agent after reviewing the benefits, burdens, risks that might result from a given treatment or course of treatment, or from the withholding or withdrawal of a treatment or course of treatment.

The authority of my agent is subject to the following conditions and limits:

_____________________________________________________________________
_____________________________________________________________________

My agent has full power and right to:

1. Request, receive and review any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records, and the right to disclose this information.
2. Employ and release my health care providers.
3. Approve my admission to or release from any facility (other than psychiatric hospital or unit), nursing home, adult home or other supervised housing or medical care facility.

Check one:

My agent’s powers and rights become active:

_____ When my attending physician and a second physician decide that I am unable to make well-versed choices regarding my health care;

OR

_____ When this document is signed. My agent shall not be responsible for costs of care based just on this agreement
SIGNATURES

By signing below, I indicate I am emotionally and mentally competent to make this Advance Directive.

___________________________________________ Date: __________________________

The above named person signed or acknowledged signing this Advance Directive in my company and based upon my personal study appears to be a capable person.

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Mission Statement

On Our Own of Maryland, Inc., a statewide mental health consumer education and advocacy network, promotes equality in all facets of society for people who receive mental health services and develops alternative, recovery-based mental health initiatives.

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