

FOR YOUR REFERENCE, DOES NOT NEED TO BE SENT IN WITH APPLICATION:

Consumer Support Funds- funding of last resort for Adults

(Please apply early as requests take a few weeks to process)

Eligibility:

- For adults receiving mental health outpatient services in the Public Behavioral Health System (medicare, medicaid, uninsured)
- Must support existing treatment goals.
- Must have a primary **mental health** diagnosis.
- If the request is an on-going need (such as rent, utilities, etc.) then you will need to provide a sustainability plan for how the item will be handled by the client moving forward
- If there is more than one family member in the home, please make a copy of the budget form (part of the application) and fill one out for each household member.

Documents to include with application:

- ☐ Copy of Treatment plan
- ☐ Receipt of payment or Invoice
- ☐ Sustainability form, if applicable

Types of items paid with CSF funds may include:

- Pharmacy
 - a. Funds shall be used for non-Medical Assistance (MA) or non-Maryland Children's Health Insurance Program (MCHIP) individuals who receive a prescription for a psychotropic medication or a medication that supports the administration of a psychotropic medication related to the treatment of a mental illness, from a prescriber who is licensed by the Maryland Board of Physicians or the Maryland Board of Nursing and legally authorized to prescribe the medication.
- Language Interpretive Services
- Vital Records
- Transitional Support Needs - Housing
 - a. Funds may be used for the following allowable emergency or time-limited permanent housing costs (not for a provider owned or operated residence or recovery residence) in order to alleviate a need that is presenting a barrier to the client's recovery:
 - i. Security deposit and first month's rent for permanent housing (not for a provider owned or operated residence or recovery residence)
 - ii. Utility turn-on charges, or deposit for permanent housing (not for a provider owned or operated residence or recovery residence)
 - iii. Basic household goods to establish a permanent housing residence (not for a provider owned or operated residence or recovery residence). The purchase of basic household goods is not intended to replace usable items already available to the individual.
 - iv. Past due utility, rent, or mortgage when payment enables the client to remain in permanent housing, when a plan for continuing payment by the client is feasible (not for a provider owned or operated residence or recovery residence).
- Transitional Support Needs -Clothing or Personal Hygiene
 - a. Funds may be used for emergency or time-limited clothing or personal hygiene item costs.
- Transitional Support Needs: Education or Employment
 - a. Educational or employment expenses may only be reimbursed in connection with the individual's approved individual supported employment, treatment, or recovery plan when

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the item is not otherwise eligible for coverage from the Division of Rehabilitation Services (DORS) or a related state or federal program.

- Transitional Support Needs: Medical
 - a. Funds may be used for medical services, for which no other resources exist, such as eyeglasses and durable medical equipment.
 - b. Medical services requests must indicate the type of medical service (medical) or equipment requested (e.g., durable medical equipment, eyeglasses), a completed copy of the PBHS uninsured eligibility form; a copy of a completed Medicaid or Health Insurance Exchange application and documentation of submission.

Ineligible Use of Funds:

1. Goods and services for the use of employees, consultants, contractors, or staff of the LBHA, CSA or affiliated entity or for any friends or family members of employees, consultants, contractors, or staff of the LBHA, CSA or affiliated entity
2. Cell phones, cell phone services, and associated fees and charges.
3. Passports
4. Furniture, furnishings, and supplies for the operation of a PBHS provider owned or operated residence or program.
5. Communal supplies for the operation of a PBHS provider owned or operated residence program, including but not limited to toilet paper, cleaning and household supplies, bedding, towels, cutlery, cooking utensils, and appliances.
6. Services that are directly or indirectly provided by or are the responsibility of PBHS providers.
7. Operating expenses for a PBHS provider owned or operated residence or program.
8. Application fees, security deposits, move-in fees, or any other fees charges, or rent for a PBHS provider owned or operated residence, recovery residence, or program.
9. Services or equipment that is reimbursable by the PBHS or another payer.
10. Co-pays for services reimbursable by the PBHS.
11. Client's personal, client's family members', or client's friend's vehicle repairs, emissions tests, registration fees, transfer taxes, titling fees, insurance premiums, monthly payments or down payments.
12. Gasoline, including mileage reimbursement, for use in a client's personal, family members' or friends' vehicle.
13. Transportation to or in support of a PBHS funded non-treatment services, including, but not limited to a Psychiatric Rehabilitation Program (PRP).
14. Gym or health club memberships (unless prescribed by the treating physician).
15. Legal fees, fines, or debts, except as otherwise specified in the Transitional Support Needs section of this document,
16. Cash payments or cash equivalent payments (e.g., gift cards) directly to clients, family members of clients, or friends of clients.
17. Dental care costs (effective January 8, 2009).
18. Food
19. Goods or services for individuals who are not actively engaged in a Fee-for- Service (FFS) Public Behavioral Health System (PBHS) funded outpatient mental health service, inclusive of Mobile Treatment Services (MTS) or Assertive Community Treatment (ACT), psychiatric rehabilitation program (PRP), residential rehabilitation program (RRP), residential crisis, respite, mental health case management, 1915(i) array of services or supported employment services.\
20. Goods or services that are intended for purely recreational purposes.
21. Any other goods or services not specified above for which BHA'sPBH&EI has not approved in writing.