

TCM PLUS – CUSTOMIZED GOODS AND SERVICES REQUEST FORM

Procedure for goods or services reimbursement or purchase:

1. Email this form, password protected, to BHA (mhawkins@maryland.gov) along with documentation that specifically details exactly what needs to be purchased. This can also be faxed to our secure fax: **410-402-8316**.
2. BHA Representative will email the signed authorization form back to indicate approval.
3. The MCF will purchase goods on behalf of the youth and have them delivered to the care coordinator.
4. Service providers will submit proof of service to the Maryland Coalition of Families along with invoice.
5. The Maryland Coalition of Families will reimburse service providers.

Youth name:
Request date:
Program name or item requested:
Program dates:
Cost:

Has this request been discussed in a CFT and included in the POC? Yes No **1915(i)**

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

Describe how the funds will be used to promote the child's behavioral health and why the child is seeking this request.

What is the plan for sustainability?

Care Coordinator Information:

Name:
Phone Number:
Work Mailing Address:
Email Address:
Supervisor Signature/Date:

BHA Use Only

APPROVED DENIED BHA Signature _____

Reason for denial:
