



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Mental Hygiene Administration


Spring Grove Hospital Center – Dix Building

55 Wade Avenue – Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Brian M. Hepburn, M.D., Executive Director

TO: CSA Directors

FROM: Lissa Abrams
Deputy Director 

RE: Case Management Transition Update

DATE: August 12, 2009

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This memorandum outlines the procedures that the mental health case management vendors will follow in order to transition from contracts to fee for service. We have received lots of input, reviewed many scenarios, and have attempted to develop a plan that is reasonable and one the ASO is able to implement. I appreciate all your input.

Please assure your vendors receive this information as soon as possible.

Beginning September 1, 2009, case management transitions to the Public Mental Health System's (PMHS) fee for service system. Providers will be given the following unmanaged visits in order to deliver services and submit claims.

For individuals receiving case management services, as of August 31, 2009 the following will apply:

1. For Uninsured Recipients – Maximum of 2 visits per month.
 - A. Individuals without uninsured eligibility spans must register with ValueOptions and obtain an uninsured eligibility prior to delivering services.
 - B. Start up – Each consumer who is uninsured and currently in case management may receive a maximum of 2 visits per month for two months of unmanaged case management units. After the second visit in the second month (September through October 31st, 2009) the provider shall request authorization through ValueOptions web based authorization system. For example if the last service is provided on October 15, request the authorization for November on October 16. All services requested after October will be authorized for no more than 2 months at a time.
 - C. For New Individuals who are uninsured, and are served after September 1st:
 1. Only individuals approved by the CSA and MHA (procedures to be sent later) as having an immediate and urgent need will be able to access uninsured eligibility for case management. After the conversion to fee for service, MHA will reevaluate this limitation to determine if funds are available to serve additional individuals who are uninsured.

2. A courtesy review is required for all new uninsured individuals. Once the person is linked to entitlements and is eligible for Medicaid, the service will be reimbursed by Medicaid back to the date of the Medicaid application. For these individuals, an uninsured eligibility span will not be open.

~~D. Since PAC does not cover case management, PAC recipients are considered uninsured for purposes of case management.~~

2. For Medicaid Recipients:

For individuals currently receiving case management services as of August 31, 2009 the following rules will apply:

- A. Start Up – Each Medicaid recipient will receive 5 unmanaged visits with a maximum of 5 visits per month during the transition. After the 5th visit is provided, the provider is to request authorization, as needed, for additional visits.
- B. The authorization will determine if the individual needs general level or intensive level of services.
- C. The authorization period may not exceed 6 months.
- D. There is no limitation on the number of Medicaid consumers receiving case management.

3. Assessment: Providers will be paid for only one assessment unit per consumer in FY 10 whether the individual is uninsured or Medicaid recipient and no more than 2 assessments per year in FY 11 and every year thereafter.

For implementation purposes and to encourage staggering of authorization requests, providers may request the next month's authorization in the current month.

During the transition, when providers reach the identified threshold, the provider will request an authorization through ValueOptions to continue services. After reaching the sooner of the case management threshold of five unmanaged visits or December 31, 2009 for Medicaid recipients and 2 monthly visits or November 1, 2009 for uninsured individuals, all case management services must have an authorization before a claim will be reviewed and approved for payment.

MHA and ValueOptions will hold a webinar on September 9, 2009 from 1:00 -3:00 pm for case management vendors to review the authorization criteria and the authorization process. Please hold the date additional information will be sent later. I am assuming that all current case management providers are also another type of public mental health system provider. All providers are to register through ValueOptions next week. The specific case management training is planned for mid September. Providers may want to attend the clinical trainings or claims trainings to familiarize them with VO's system.

Please contact me if you have any questions or need further clarification. Thanks

- C: MHA Management Committee
- Penny Scrivens
- Mary Mastrandrea, ValueOptions
- Mara Rapant, ValueOptions
- Nancy Calvert, ValueOptions
- Jennifer Lowther, ValueOptions