



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

MEMORANDUM

TO: Mental Health Case Management Programs

FROM: Lissa Abrams
Deputy Director, MHA

RE: Case Management – Requests for uninsured individuals

DATE: October 14, 2009

Due to the limited amount of state general funding available to serve individuals who are uninsured in case management, the following process will be followed to request approval.

Approval Process for new Individuals who are uninsured requesting Case Management Services

When a request is made for a new individual who is uninsured, providers are to submit the request to ValueOptions for authorization for case management. The case management request will need to meet the uninsured eligibility criteria and meet medical necessity criteria for case management to be considered for an exception by MHA and the CSA for approval for an uninsured eligibility span for case management.

Once VO has reviewed the request, VO will “pend” the decision and forward the request to the CSA for review and approval.

Exceptions granted will be very limited and contingent upon the urgency of the request such as a discharge from a state hospital, or diversion from inpatient psychiatric care and the expectation that the provider will link the individual to the necessary benefits in order to obtain Medicaid coverage for future services.

If approval is recommended by the CSA, the CSA will request final confirmation by phone or email to MHA – Penny Scrivens, LCSW-C, Case Management Coordinator, at 410-402-8482 pscrivens@dnhm.state.md.us or James Chambers, Director, Adult Services at 410-402-8476 jchambers@dnhm.state.md.us. MHA will review the request and determine if funds are available and send the decision to CSA within 2-3 working days. If MHA approves, the CSA will enter the approval.

Providers may request courtesy reviews for those consumers who are uninsured and likely to receive Medicaid eligibility with the caveat that there will be no retroactive uninsured eligibility if the person does not obtain Medicaid.