



## PROVIDER ALERT

August 31, 2010

### Update from the July 28, 2010 Quarterly Case Management Meeting

1. **Effective 9/1/10** - Primary Adult Care (PAC)-
  - Mental Health Case management is approved as a benefit for Primary Adult Care (PAC) recipients.
  - ValueOptions® Maryland updated ProviderConnect to accommodate this change. Effective 9/1/10:
    - Based on Medical Necessity Criteria, PAC consumers will be approved for intensive (30 units) or general level (12) services for six months.
    - If the consumer is currently receiving services as uninsured and is approved for PAC, the case management program is advised to discharge the consumer from services in ProviderConnect and enter a new authorization request for case management services under PAC, *with a start date on or after 9/1/10.*
2. A Case Management Provider specific email distribution list will be developed by ValueOptions® Maryland. Case Management providers who wish to be added to the list may contact N. Calvert at [nancy.calvert@valueoptions.com](mailto:nancy.calvert@valueoptions.com).
3. Since funding for uninsured is very limited, priority is given to individuals who have an urgent need according to the following criteria ( requests are made to the CSAs):
  - Pending discharge from state, acute care or private psychiatric hospitals;
  - released from jail;
  - newly homeless.Requests that do not meet the “urgent” category include:
  - housing search assistance;
  - medication monitoring;
  - waiting for Medicaid approval for more than 90 days.
4. Providers report that the end-date for the uninsured eligibility span is not viewable on the enrollment history screen in ProviderConnect. Actual Uninsured Eligibility will display a span end-date (Funding Stream = UINS). However PAC and SDU, which follows the Uninsured logic for Case Management services, may not display an end-



date because the actual eligibility is determined by the state and is not related to the Case Management approved span.

5. Transitional Visits:

- Medical Necessity Criteria for Transitional Visits will be added to ProviderConnect. A Provider Alert will be distributed via email and posted on <http://maryland.valueoptions.com> when complete.
- In consideration of the time required to obtain approvals for case management services for uninsured consumers, providers may request a courtesy review for a transitional visit *only*, via ProviderConnect. However, the approval process must be completed as soon as possible in order to provide general case management services and receive reimbursement for the services provided.

6. The diagnostic criteria for Case Management is stated in COMAR 10.09.45: "...that the individual is Adult age 18 or over, who has a serious mental disorder, diagnosed, according to a current diagnostic and statistical manual of the American Psychiatric Association that is recognized by the Secretary as; (i) Schizophrenic disorder; (ii) Major affective disorder; (iii) other psychotic disorder; or..." These are general categories of disorders for individuals. There are other diagnostic categories for individuals under age 18.

The diagnostic criteria for CM per COMAR 10.09.45 is similar to MHA Priority Population diagnoses. However, exceptions may be made on a case-by-case basis.

7. Authorizations are made on a three (uninsured) month or six ( Medicaid) month basis, beginning on the start date requested in ProviderConnect and ending exactly three or six months later (e.g. January 15 – July 15). Authorization time spans do not extend to the last day of the third or sixth month.

8. The forms used to request case management for the uninsured are condensed to two pages. One form is completed by the provider and the other by the CSA. The new forms are posted on <http://maryland.valueoptions.com>, "For Providers", "Provider Forms", "Administrative Forms".