



State of Maryland – Department of Health and Mental Hygiene  
MENTAL HYGIENE ADMINISTRATION  
Catonsville, MD 21228

**Documentation for Uninsured Eligibility Benefit**

Consumer Name: \_\_\_\_\_

ID: \_\_\_\_\_

Address: \_\_\_\_\_

Program: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

**REQUIREMENTS**

- The consumer requires treatment for a mental health diagnosis(es) covered by the PMHS.
- The consumer is financially needy and is at 200% of federal poverty level.\*
- The consumer has a verifiable Social Security Number\*  
The consumer is a Maryland resident
- The consumer has applied for Medical Assistance (MA), Social Security Insurance (SSI), or Social Security Disability Insurance (SSDI) if they have an illness/disability for a period of 12 months or more (or are expected to have an illness/disability for a period of 12 months or more.)\*

**AND the consumer meets one\* of the following criteria:**

- The consumer has received services in the PMHS in the past two years;
- The consumer is currently receiving SSDI for mental health reasons;
- The consumer is homeless within the state of Maryland;
- The consumer was released from prison, jail, or a Department of Correction facility within the last 3 months;
- The consumer was discharged from a Maryland-based psychiatric hospital within the last 3 months; or
- The consumer is receiving services as required by an order of a Conditional Release.

\*If criteria not met, consumer/provider may request an exemption from CSA due to urgent need

**Individuals may only receive PMHS uninsured benefits if the provider has documented that the consumer is not eligible for MA, SSI, SSDI, or any other public benefit program and includes, in the individuals medical record, documentation from MA or Social Security stating the reason for ineligibility.**

**Check all that apply:**

- Application submitted to DSS for Medicaid eligibility determination.
- If yes, indicate date application submitted, outcome, (e.g. denied due to disability determination, income, other) and the rationale if denied.

Application submission date: \_\_\_\_\_ Outcome: \_\_\_\_\_

Rationale of denial: \_\_\_\_\_

- Application not submitted to DSS because the individual has SSDI in excess of Federal Poverty Level (FPL).
- Application submitted to all other public entitlement programs. If yes, indicated the program, date of application and outcome.

Program \_\_\_\_\_ Application submission date: \_\_\_\_\_

Outcome: \_\_\_\_\_

- For individuals not eligible for Social Security or Medicaid, application submitted for Primary Adult Care (PAC) Waiver.

Application submission date: \_\_\_\_\_ Outcome: \_\_\_\_\_

- For individuals working who are determined disabled by Social Security or Disability determination, application submitted for Employed Individuals with Disabilities (EID).

Application submission date: \_\_\_\_\_ Outcome: \_\_\_\_\_

- Application submitted to Social Security Administration.

Application submission date: \_\_\_\_\_ Outcome: \_\_\_\_\_

- Individual does not have private insurance.
- Individual has private insurance but has exhausted all benefits.
- Individual has SSDI/Medicare and a serious mental illness and requires service such as PRP to prevent or divert hospitalizations, incarceration, or homelessness.