



DEVELOPMENTAL PROGRAMS BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

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SUBJECT:

SIGNATURE REQUIREMENT FOR MEDICAL ASSISTANCE CASE MANAGEMENT SERVICES

BY:

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Deputy Secretary for Mental Retardation

SCOPE:

County Mental Health/Mental Retardation Program Administrators
Targeted Service Management Program Directors
Base Service Unit Directors

PURPOSE:

The purpose of this bulletin is to clarify the signature requirement for case management services funded under Targeted Service Management and to update the Targeted Service Management Handbook.

BACKGROUND:

The Department of Public Welfare, Office of Legal Counsel clarified that Medical Assistance recipients are not required to give authorization to bill Medical Assistance for Medical Assistance case management services. This clarification does not change the requirement that an individual or his or her representative must sign a service plan or an addendum to the plan to show that the individual chooses to receive case management services.

DISCUSSION:

Medical Assistance case management is a public program provided at no cost or financial negative effect to the individual recipient or family. Regardless of how a recipient becomes eligible for Medical Assistance, no authorization from the recipient is required before the provider or county can bill Medical Assistance.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Appropriate OMR Regional Representative

The individual or representative must continue to sign an individual service plan or addendum to the plan which states that the individual chooses to receive case management services. The signature represents consent to receive the services, not authorization to bill Medical Assistance.

APPLICATION:

The Targeted Service Management Handbook should be updated to reflect this information. Replace Pages V-5 and V-27 in the current Targeted Service Management Handbook with the new pages updated July 1996.

Attachment