



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

Form for Review of Uninsured for Case Management

DATE: _____

TO: Penny Scrivens, MHA/James Chambers, MHA (FAX# 410-402-8304)

FROM: Name of Person Requesting Exception: _____

Phone #: _____ FAX#: _____

CSA: _____

CONSUMER NAME: _____

VALUE OPTIONS MEMBER#: _____

DIAGNOSIS: _____

REASON FOR EXCEPTION:

1. DISCHARGE FROM HOSPITAL: _____
2. RELEASE FROM INCARCERATION: _____
3. AT RISK OF HOMELESSNESS OR HOMELESS: _____
4. DIVERSION FROM HOSPITAL OR JAIL: _____
5. NCR: _____

Other Information: _____

Approved: _____

Not Approved: _____

MHA Signature: _____ Date: _____