

Administrative Review Process



ADDITIONAL UNITS REQUEST

For consideration of exceeding the maximum cap on weekly/yearly unit limitations, submit a cover letter, documentation of medical necessity **and** the exceptional circumstance (*i.e., how the recipient is an eminent danger to self or others and/or is at risk for hospitalization or decompensation*) along with the claim, related progress note(s) and cover letter to the following:

Email: Stephanie.Logan@Medicaid.Alabama.gov
Wanda.Williams@Medicaid.Alabama.gov

or

Mail: Alabama Medicaid Agency
Attn: Associate Director, Mental Health Programs
P.O. Box 5624
Montgomery, AL 36103-5624

A sample Additional Units Request form (that can be used in lieu of a cover letter) can be found at:

http://www.medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.11_Mental_Health/9.4.11_Administrative_Review_Process_Template.pdf

Documentation Requirements:

- Clinical notes / Statement
- Treatment Plan / Rationale
- Copy of Prescription if a medication change
- Other supporting documents