Mental Health-Targeted Case Management (MH-TCM)
Referral and Eligibility Determination Process

Referrals

Referrals can come from the following sources:
- County case managers
- Physicians
- Mental health professionals and providers
- Member (self-referral)
- Parent (if referring a minor child)
- Legal guardian

Referrals can be made to the following entities:
- PrimeWest Health Utilization Management (UM) department
  - Phone: 1-866-431-0803 (toll free); Fax: 1-866-431-0804 (toll free)
- Member’s County Social/Human Services department

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<tr>
<th>County</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Beltrami</td>
<td>1-218-333-8300</td>
<td>Meeker</td>
<td>1-877-915-5300</td>
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<tr>
<td>Big Stone</td>
<td>1-320-839-2555</td>
<td>Pipestone</td>
<td>1-888-632-4325</td>
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<td>Clearwater</td>
<td>1-800-245-6064</td>
<td>Pope</td>
<td>1-320-634-5750</td>
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<td>Douglas</td>
<td>1-320-762-2302</td>
<td>Renville</td>
<td>1-800-363-2533</td>
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<td>Grant</td>
<td>1-800-291-2827</td>
<td>Stevens</td>
<td>1-800-950-4429</td>
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<tr>
<td>Hubbard</td>
<td>1-800-660-1666</td>
<td>Traverse</td>
<td>1-800-721-8277</td>
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<td>McLeod</td>
<td>1-800-247-1756</td>
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Referrals must be made by completing the Targeted Case Management (MH-TCM) Service Authorization Request Form located on the PrimeWest Health website.

When the county or provider of MH-TCM services has the documentation that they feel supports eligibility criteria for MH-TCM, they need to complete the MH-TCM Service Authorization Request Form. In addition to this form, the necessary documentation must be supplied for eligibility determination. The following documentation is generally the most commonly supplied:
- The diagnostic assessment
- A signed statement from a mental health professional stating that the member has either a serious and persistent mental illness (SPMI) or a severe emotional disturbance (SED)

Eligibility

In order to be eligible for MH-TCM, the member must have documentation supporting that he/she meets the following criteria per MN Stat. sec. 245.462 (adults) and sec. 245.4871 (children).

SPMI – as stated in MN Stat. sec 245.462, subd. 20
(c) For purposes of case management and community support services, a "person with serious and persistent mental illness" means an adult who has a mental illness and meets at least one of the following criteria:
(1) the adult has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months;
(2) the adult has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months’ duration within the preceding 12 months;
the adult has been treated by a crisis team two or more times within the preceding 24 months;

(4) the adult: *(must meet all three)*
   (i) has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder;
   (ii) indicates a significant impairment in functioning; and
   (iii) has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided;

(5) the adult has, in the last three years, been committed by a court as a person who is mentally ill under chapter 253B, or the adult's commitment has been stayed or continued; or

(6) the adult (i) was eligible under clauses (1) to (5), but the specified time period has expired or the adult was eligible as a child under section 245.4871, subdivision 6; and (ii) has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided.

SED – as stated in MN Stat. sec. 245.4871, subd. 6

**Child with severe emotional disturbance.** For purposes of eligibility for case management and family community support services, **"child with severe emotional disturbance"** means a child who has an emotional disturbance and who meets one of the following criteria:

1. the child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance; or
2. the child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact; or
3. the child has one of the following as determined by a mental health professional:
   (i) psychosis or a clinical depression; or
   (ii) risk of harming self or others as a result of an emotional disturbance; or
   (iii) psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year; or
4. the child, as a result of an emotional disturbance, has significantly impaired home, school, or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

Upon referral, PrimeWest Health will send out a letter to both the member and referring provider informing them that the member has been referred for MH-TCM. PrimeWest Health has 10 working days to determine eligibility. If the member meets criteria, a Service Authorization letter will be sent to both the member and referring provider.

**Denial of eligibility**

Once a member is determined ineligible for MH-TCM, PrimeWest Health will notify the provider and the member via a Denial, Termination, or Reduction (DTR) letter. PrimeWest Health will send both the provider and the member a DTR letter within 10 days for non-eligibility determination. In addition, the member will receive a copy of his/her Appeal rights and the Appeal process at this time.

**Additional reasons for issuing a DTR**

Notification of the following reasons must be issued 10 days prior to termination of services:

- The mental health professional conducting a diagnostic assessment (D/A) other than the D/A to determine eligibility has determined the member no longer needs MH-TCM
- The member is recommended to receive a less intensive level of case management (i.e., complex case management) by his/her Interdisciplinary Team
- The provider closes a case for non-cooperation or non-participation (the length of time to determine non-cooperation prior to closing is 90 days for children and for 180 days for adults), per MN Rules part 9520.0924