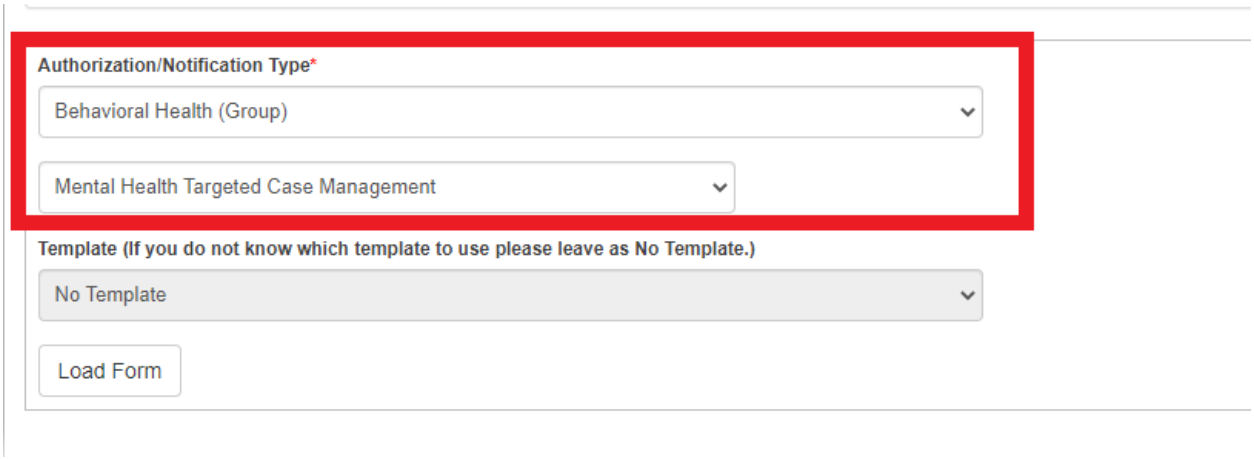
Mental Health Targeted Case Management (MH-TCM)

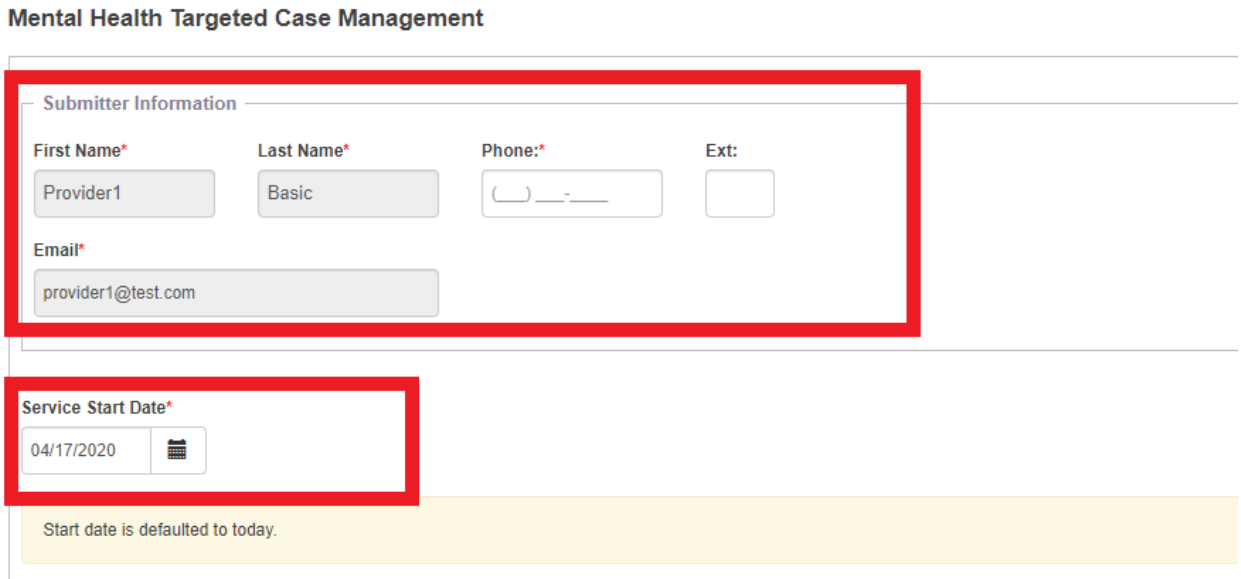
Create a new Authorization or edit Member information (see *Getting Started*).
Note: All fields with a red asterisk are required.

Select "Behavioral Health (Group)" from the *Authorization/Notification Type* dropdown menu. Then select "Mental Health Targeted Case Management" from the dropdown menu that appears after you make your first selection.



Click *Load From*.

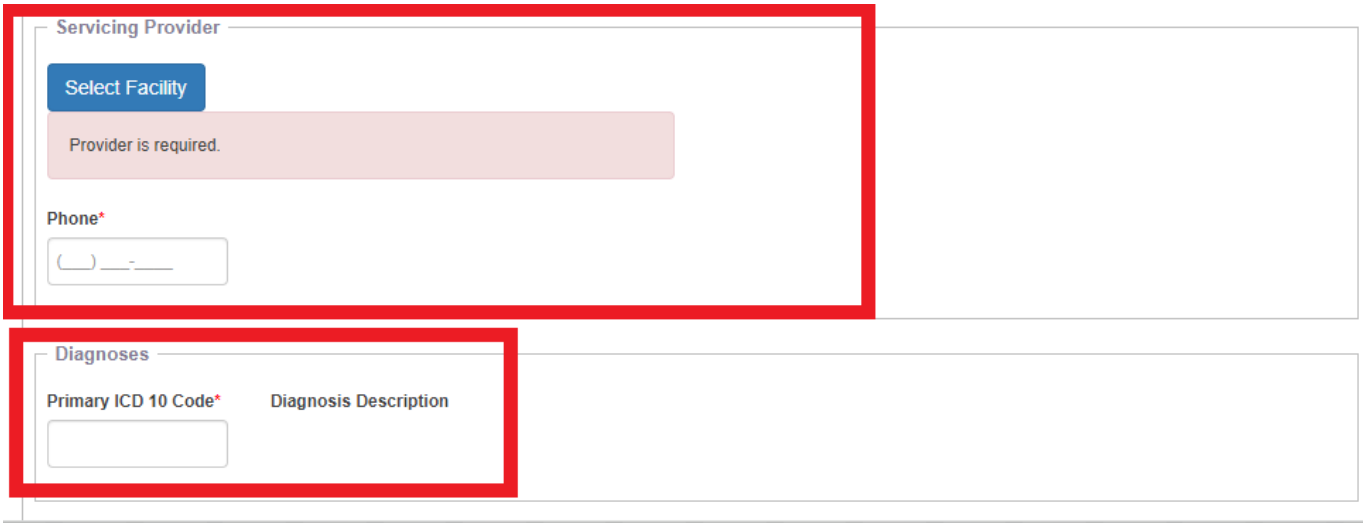
Fill out the *Submitter Information* in full and enter the *Service Start Date*.
Note: The Service Start Date will always default to the current date.



Select the *Servicing Provider*.

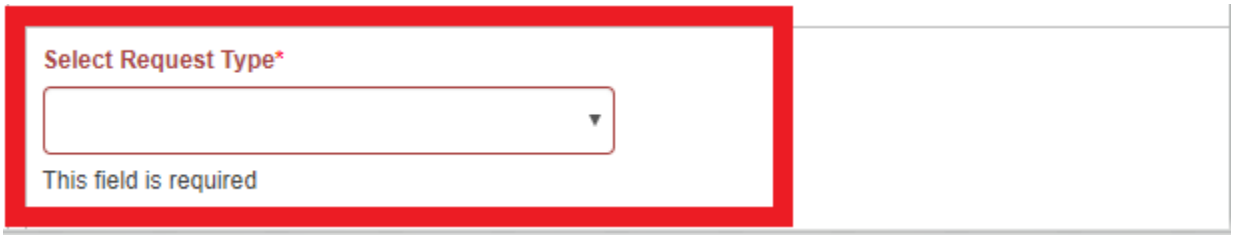
Enter the *Serviceing Provider Phone Number.*

Enter the *Diagnoses*.



Using the *Select Request Type* dropdown menu, choose one of the following:

- Initial request for MH-TCM *(see the instructions on pages 3 – 5)*
- Request for continuation of MH-TCM *(see the instructions on page 6)*
- Transfer from another payer source *(see the instructions on page 6)*

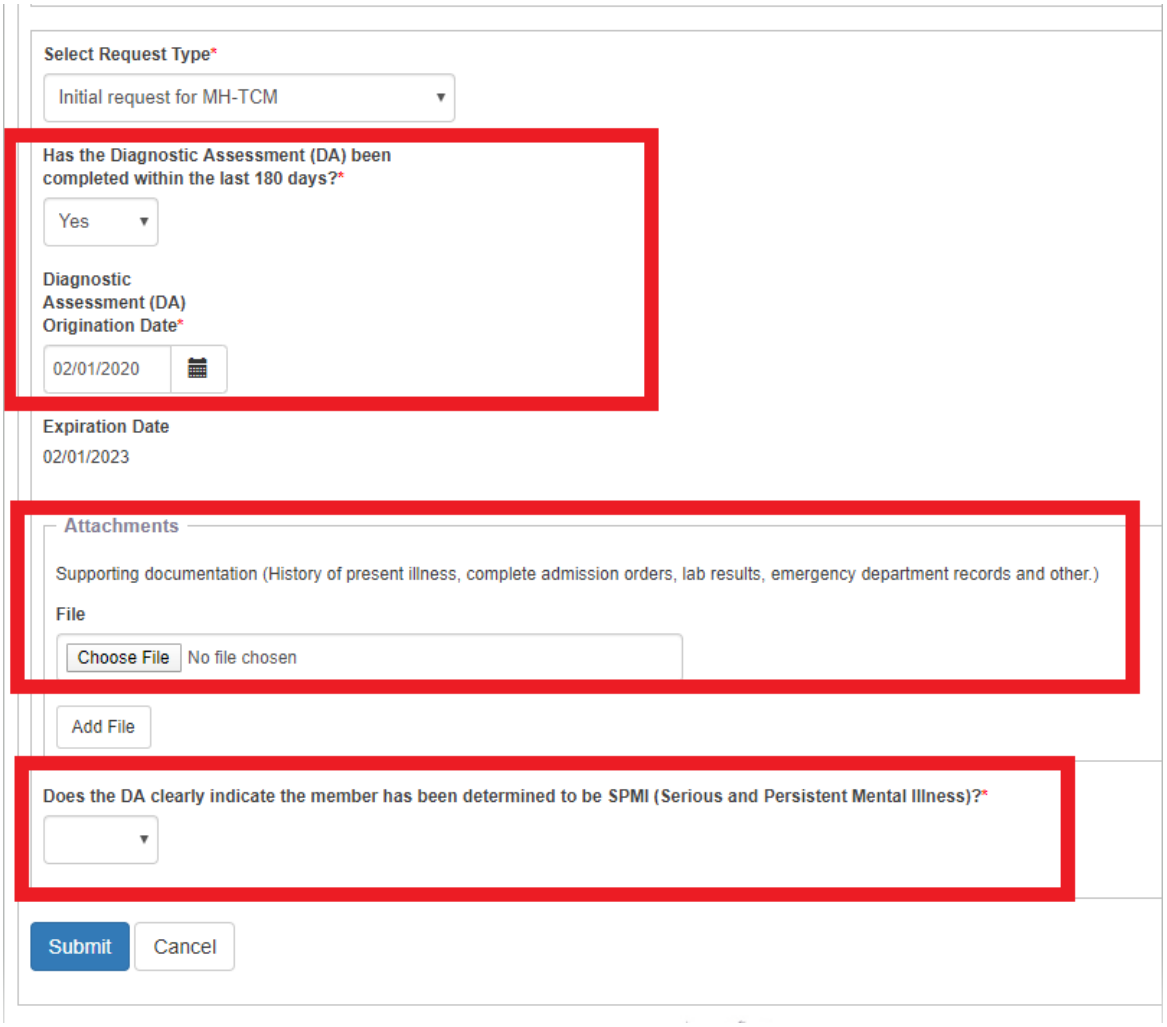


The following instructions apply when you select *Initial request for MH-TCM*.

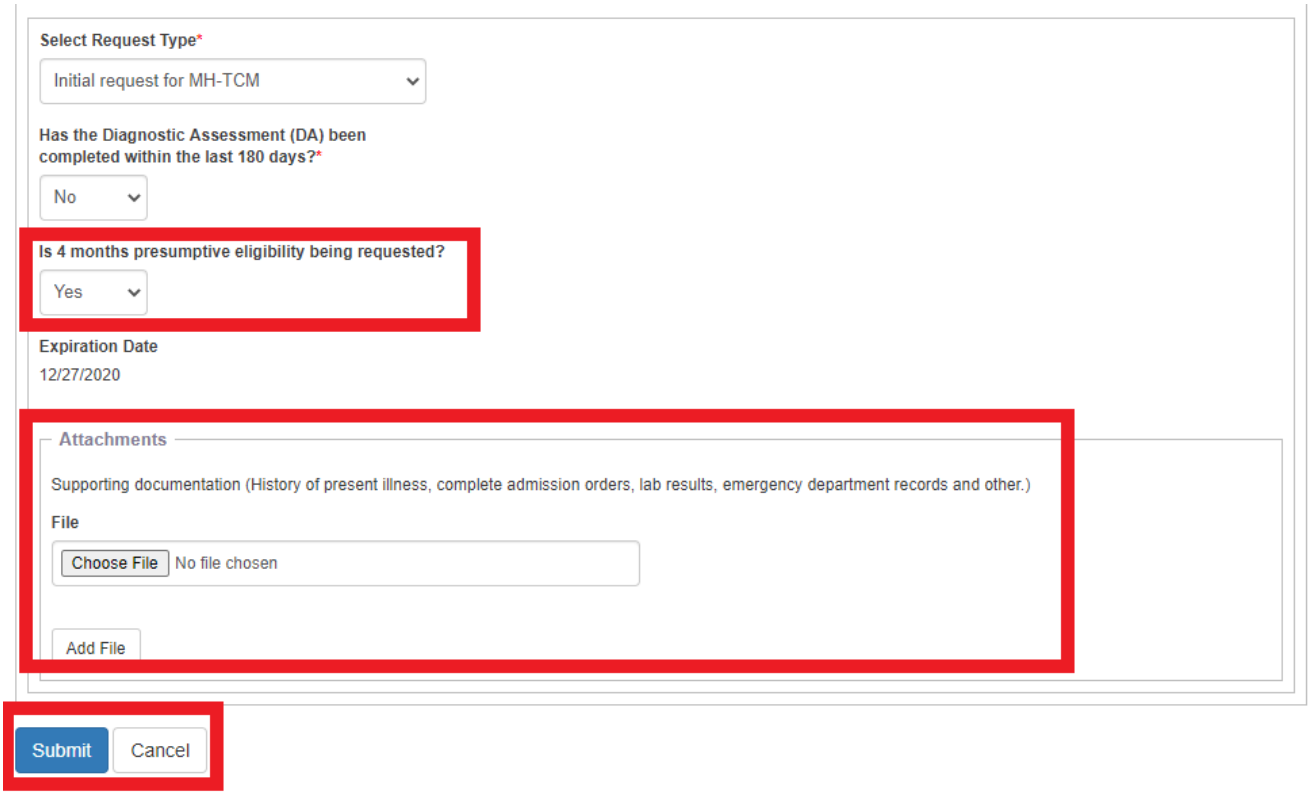
Answering "Yes" to a question will prompt a different set of questions than answering "No." The steps to take following a "Yes" answer are shown first. The steps to take following a "No" answer are shown second.

Select **Yes** or **No** to the question that asks, *Has the Diagnostic Assessment (DA) been completed within the last 180 days?*

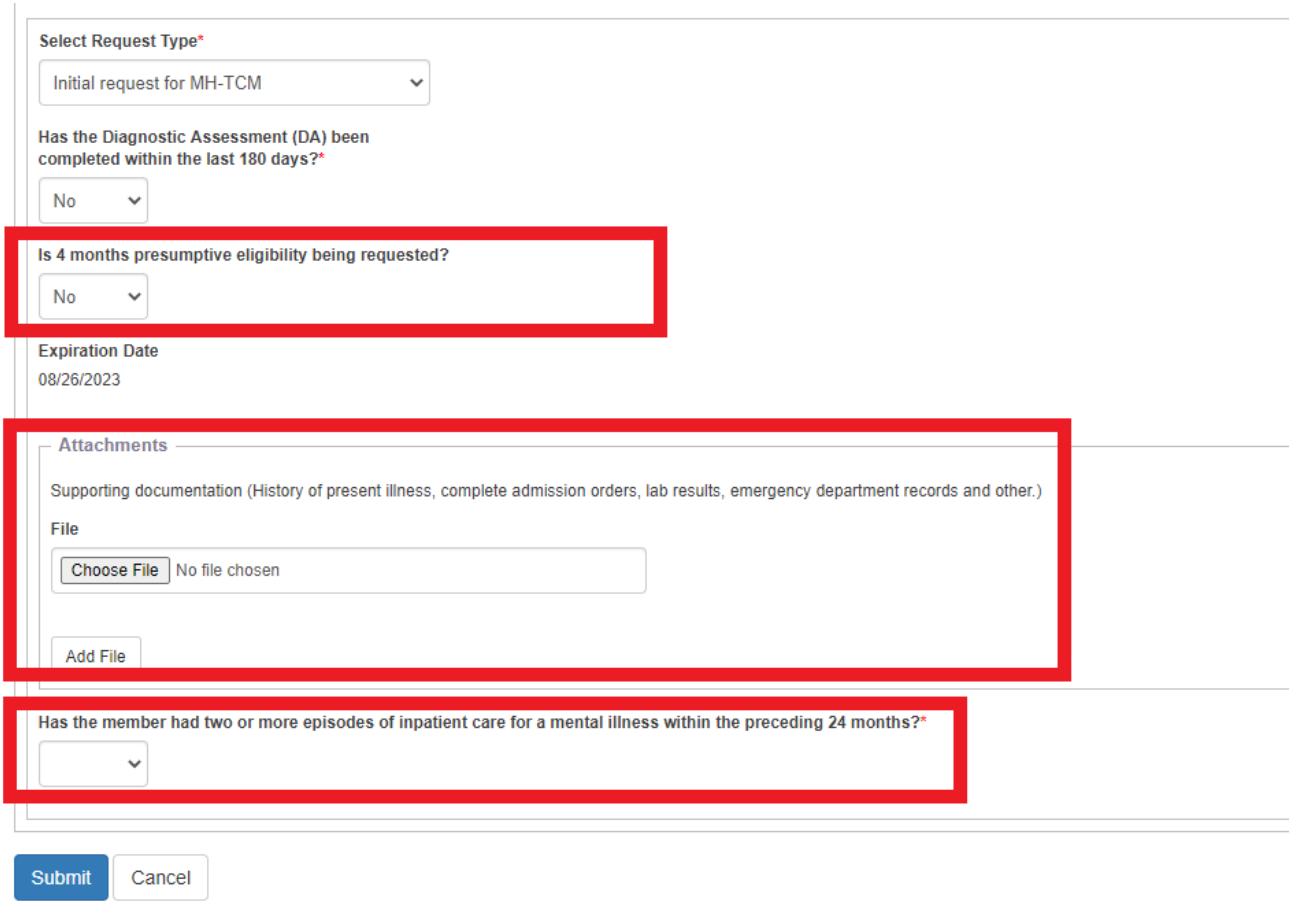
- If you select **Yes** (meaning the DA is less than 180 days old):
  - Complete the *Diagnostic Assessment (DA) Origination Date* field
  - Attach the DA using the *Attachments* field
  - Select **Yes** or **No** to the question that asks, *Does the DA clearly indicate the member has been determined to be SPMI (Serious and Persistent Mental Illness)?*
    - If the answer is **Yes**, click *Submit.*
    - If the answer is **No**, answer the next question that populates. Click *Submit.*



- If you select **No** (meaning the DA has not been completed or is more than 180 days old):
  - Select **Yes** or **No** to the question that asks, *Is 4 month's presumptive eligibility being requested?*
    - If the answer is **Yes** (meaning the request is for 4 months' presumptive eligibility):
      - Attach clinical documentation, if applicable, using the *Attachments* field.
      - Click *Submit*.



- If the answer is **No** (meaning the request is not for 4 months' presumptive eligibility):
  - Attach the DA using the *Attachments* field
  - Select **Yes** or **No** to the question that asks, *Has the member had two or more episodes of impatient care for a mental illness within the preceding 24 months?*
  - If the answer is **Yes**, click *Submit.*
  - If the answer is **No**, another question will populate.
    - Questions will continue populating with each **No** answer until enough information has been gathered to determine the member's eligibility for MH-TCM.
    - When questions stop populating, either due to a **Yes** answer or because you have reached the end of the form, click *Submit*.



The following instructions apply when you select *Requests for continuation of MH-TCM* or *Transfer from another payer source*.

Complete the *Diagnostic Assessment (DA) Origination Date* field.

Attach the DA using the *Attachments* field.

Select **Yes** or **No** to the question that asks, *Is the DA less than 35 months old*?

- If the answer is **Yes**, another question will populate.
  - Questions will continue populating with each **No** answer until enough information has been gathered to determine the member's eligibility for MH-TCM.
  - When questions stop populating, either due to a **Yes** answer or because you have reached the end of the form, click *Submit*.
- If the answer is **No**, you will be prompted to contact PrimeWest Health.