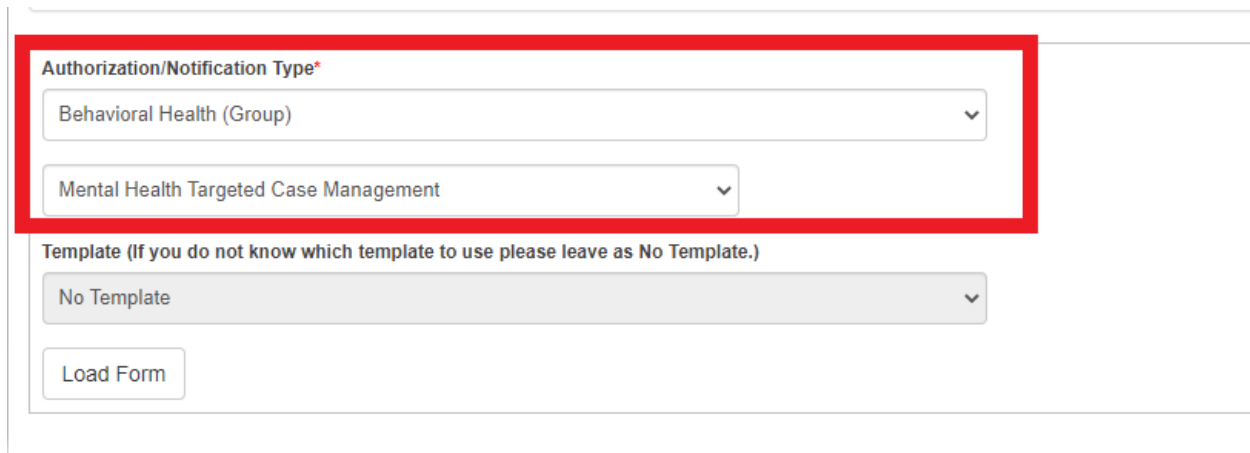


Mental Health Targeted Case Management (MH-TCM)

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.



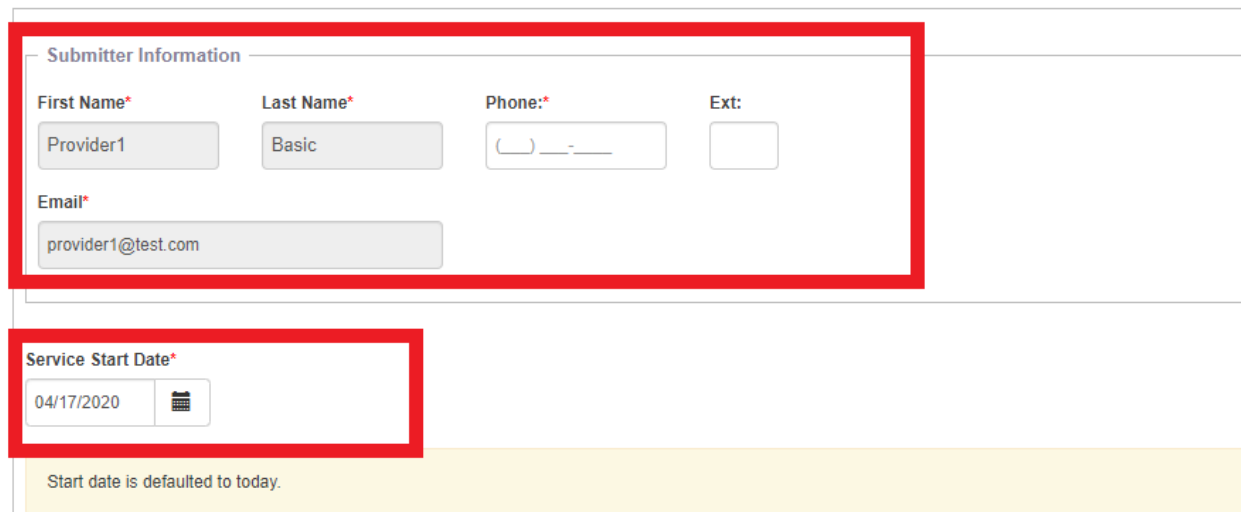
The screenshot shows a web form with two dropdown menus. The first dropdown, labeled "Authorization/Notification Type*", has "Behavioral Health (Group)" selected. The second dropdown, which appears after the first selection, has "Mental Health Targeted Case Management" selected. Below these dropdowns is a third dropdown labeled "Template (If you do not know which template to use please leave as No Template.)" with "No Template" selected. A "Load Form" button is located at the bottom of the form.

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.

Mental Health Targeted Case Management



The screenshot shows a web form with two sections. The first section, "Submitter Information", is highlighted with a red border and contains fields for "First Name*" (Provider1), "Last Name*" (Basic), "Phone:*" (() - -), "Ext:" (), and "Email*" (provider1@test.com). The second section, "Service Start Date*", is also highlighted with a red border and contains a date field showing "04/17/2020" and a calendar icon. Below these sections is a yellow banner that reads "Start date is defaulted to today."

Select the *Servicing Provider*.

Enter the *Serviceing Provider Phone Number*.

Enter the *Diagnoses*.

Servicing Provider Select Facility Provider is required. Phone* () - -					
Diagnoses <table><thead><tr><th>Primary ICD 10 Code*</th><th>Diagnosis Description</th></tr></thead><tbody><tr><td> </td><td></td></tr></tbody></table>	Primary ICD 10 Code*	Diagnosis Description			
Primary ICD 10 Code*	Diagnosis Description				

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*)

Select Request Type* This field is required	
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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*.

The screenshot shows a web form for an "Initial request for MH-TCM". A red box highlights the section asking "Has the Diagnostic Assessment (DA) been completed within the last 180 days?" with a "Yes" dropdown selected. Below this, the "Diagnostic Assessment (DA) Origination Date" is set to "02/01/2020". Another red box highlights the "Attachments" section, which includes a text prompt for supporting documentation and a "Choose File" button. A third red box highlights the question "Does the DA clearly indicate the member has been determined to be SPMI (Serious and Persistent Mental Illness)?" with an empty dropdown menu. At the bottom, there are "Submit" and "Cancel" buttons.

Select Request Type*

Initial request for MH-TCM

Has the Diagnostic Assessment (DA) been completed within the last 180 days?*

Yes

Diagnostic Assessment (DA) Origination Date*

02/01/2020

Expiration Date

02/01/2023

Attachments

Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)

File

Choose File No file chosen

Add File

Does the DA clearly indicate the member has been determined to be SPMI (Serious and Persistent Mental Illness)?*

Submit Cancel

- 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*.

Select Request Type*

Initial request for MH-TCM ▼

Has the Diagnostic Assessment (DA) been completed within the last 180 days?*

No ▼

Is 4 months presumptive eligibility being requested?

Yes ▼

Expiration Date
12/27/2020

Attachments

Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)

File

Choose File No file chosen

Add File

Submit Cancel

- 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 inpatient 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*.

Select Request Type*

Initial request for MH-TCM

Has the Diagnostic Assessment (DA) been completed within the last 180 days?*

No

Is 4 months presumptive eligibility being requested?

No

Expiration Date

08/26/2023

Attachments

Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)

File

Choose File

No file chosen

Add File

Has the member had two or more episodes of inpatient care for a mental illness within the preceding 24 months?*

Submit

Cancel

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.

The screenshot shows a web form with the following elements:

- Select Request Type***: A dropdown menu with "Requests for continuation of MH-TCM" selected.
- Diagnostic Assessment (DA) Origination Date***: A date field with "03/10/2020" and a calendar icon. This field is highlighted with a red box.
- Expiration Date**: A date field with "03/10/2023".
- Attachments**: A section with a title bar and a description: "Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)". It contains a "File" section with a "Choose File" button and "No file chosen" text, and an "Add File" button. This entire section is highlighted with a red box.
- Is the DA less than 35 months old?***: A dropdown menu with a downward arrow. This field is highlighted with a red box.
- Submit** and **Cancel** buttons at the bottom.