Product Lines Affected

F&C	X	PHC (HMO SNP[4]	X
MSC+[1]	X	MnCare	X
PWSHC (HMO SNP)[2]	X	Part D	
SNBC[3]	X	Other	

Gray text indicates quoted regulatory, statutory, or other language not subject to change

Policy Name	**Mental Health Targeted Case Management**
Policy Number	**CC23**
Origination Date	June 2011
Revision Effective Date	May 7, 2026
Responsible Position	Behavioral Health Manager
Regulatory Requirement(s)	2026 Minnesota Department of Human Services (DHS) Families and Children contract, sections 6.1.18(5)(a), 6.1.31(20), 6.1.32(21), 6.1.33, and 6.1.34 2026 DHS Special Needs BasicCare (SNBC) contract, sections 6.1.20.1(4a), 6.1.37(20), 6.1.38(20), 6.1.39, and 6.1.40 2026 Minnesota Senior Health Options/Minnesota Senior Care Plus (MSHO/MSC+) contract, sections 6.1.17(5)(a), 6.1.35.3220), 6.1.36, and 6.1.37 MN Stat. secs. 245.461 – 245.486, 245.4871 – 245.4889, and 256B.0625, subd. 20 MN Rules parts 9520.0900 – 9520.0926 and 9505.0322 Title 42 Code of Federal Regulations (CFR) Parts 440.169, 440.230, and 441.18 Title XIX, Section 1915(g) of the Social Security Act
Cross-References	UM01: Utilization Management Structure/Plan UM03: Transition Services UM13: Notices of Denials, Terminations, or Reductions (DTRs) of Services CC22: Case Management/Care Coordination for Behavioral Health
Attachments	

Policy

Pursuant to the above regulatory authorities, PrimeWest Health provides case management services to the extent authorized by the State agency to people with Serious and Persistent Mental Illness (SPMI) and children with Serious Mental Illness (SMI). Services provided must meet the relevant standards under Minnesota Statutes, §§245.461 to 245.4887, 245.4889, 256B.0945, and 253B the Comprehensive adult and children's Mental Health Acts, Minn. R. 9520.0900 to 9520.0926, and 9505.0322, excluding subpart 10. This Policy and Procedure has the statutory requirements incorporated into the language and at times is directly taken from the Statute.

Definition(s)

Serious and persistent mental illness (SPMI) (MN Stat. sec. 245.462, subd. 20): An organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is detailed in a diagnostic codes list published by the commissioner, and that seriously limits a capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.

1. An "adult with an acute mental illness" means an adult who has a mental illness that is serious enough to require prompt intervention.
2. 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:
   a. the adult has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months;

[1]PrimeWest Health's Minnesota Senior Care Plus (MSC+) program for members who have only Medicaid coverage through PrimeWest Health
[2]PrimeWest Health's Minnesota Senior Health Options (MSHO) program for members who have both Medicaid and Medicare coverage through PrimeWest Health
[3]PrimeWest Health's Special Needs BasicCare (SNBC) program for members who have only Medicaid coverage through PrimeWest Health
[4]PrimeWest Health's Special Needs BasicCare (SNBC) program for members who have both Medicaid and Medicare coverage through PrimeWest Health

b. the adult has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding 12 months;
c. the adult has been treated by a crisis team two or more times within the preceding 24 months;
d. the adult:
    i. has a diagnosis of schizophrenia, bipolar disorder, major depression, or a 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 the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (a) or (b), unless ongoing case management or community support services are provided;
e. 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;
f. the adult (i) was eligible under clauses (a) to (e), 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 (a) or (b), unless ongoing case management or community support services are provided; or
g. the adult was eligible as a child under section 245.4871, subdivision 6, and is age 21 or younger.

Severe Mental Illness (SMI) (MN Stat. sec. 245.4871, subd. 6): For purposes of eligibility for case management and family community support services, "child with serious mental illness" means a child who has a mental illness 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 a mental illness; or
2. the child is a Minnesota resident and is receiving inpatient treatment or residential treatment for a mental illness through the interstate compact; or
3. the child has one of the following as determined by a mental health professional:
    a. psychosis or clinical depression; or
    b. risk of harming self or others as a result of a mental illness; or
    c. psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year; or
    d. the child, as a result of a mental illness, 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.

Procedure

A. **Referral and Eligibility**
1. Referrals
   a. A new member or existing member may be referred to PrimeWest Health or their county of residence for Mental Health Targeted Case Management (MH-TCM).
      i. Referrals can come from the following sources:
         - County case managers
         - Physicians
         - Mental health professionals and providers
         - Members (self-referral)
         - Parents (if referring a minor child)
         - Legal guardians
      ii. Referrals can be made to the following entities:
         - PrimeWest Health Utilization Management (UM). Phone: **1-866-431-0803** (toll free); fax: **1-866-431-0804** (toll free)
            - If PrimeWest Health receives the referral, PrimeWest Health sends the referral to the County Social/Human/Family Services department in the county in which the member resides.
         - Member's County Social/Human/Family Services department
   b. The county or provider authorized by the county to provide MH-TCM determines if the member is eligible for MH-TCM based on the child or the adult meeting the following criteria: SMI – MN Stat. sec. 245.4871, subd. 6 and SPMI – MN Stat. sec. 245.462, subd. 20. The county or provider authorized by the county to provide MH-TCM can accept a signed statement from a mental health professional stating that the member meets the criteria for either serious and persistent mental illness (SPMI) or severe mental illness (SMI) for eligibility but requires a full diagnostic assessment be completed on the member within four months of the date eligibility is determined. The most common documentation to determine eligibility is a diagnostic assessment. The county or provider authorized by the county to provide MH-TCM reviews the diagnostic assessment using the following criteria:
      i. The diagnostic assessment (cannot be older than 180 days)
      ii. Documentation to support the SMI/SPMI status of the individual meeting statutory criteria (MN Stat. sec. 245.4871, subd. 6 and 245.462, subd. 20)
      iii. The Minnesota Department of Human Services (DHS) Adult Diagnostic Verification Form (DHS-6069A-ENG) form or the Child/Adolescent Diagnostic Verification Form (DHS-6069B-ENG)
   c. If a written statement by a mental health professional is used to determine eligibility, a diagnostic assessment must be obtained four months from the date eligibility is determined. If there is a substantial break in the provision of MH-TCM (more than six months) and the member is referred again for MH-TCM, a signed statement from a mental health professional indicating that the member has a significant impairment in functioning and is reasonably likely to have future episodes requiring inpatient hospitalization or residential treatment unless ongoing case management or community support services is required. MH-TCM can resume based on the previously completed diagnostic assessment, as long as it is not more than three years old. If the diagnostic assessment is more than three years old, a new diagnostic assessment is required to continue services. If the break in the provision of MH-TCM services is less than six months, MH-TCM services can resume using the diagnostic assessment on which that eligibility determination was based.
   d. If a member needs assistance obtaining a diagnostic assessment, the Social/Human/Family Services department of the county in which the member resides assists the member to obtain a diagnostic assessment. If the county is unable to assist the member, a PrimeWest Health care coordinator assists the member with setting up a provider for a diagnostic assessment. The assessment is offered within 10 business days of member request for or consent to services. If a mental health professional conducts a diagnostic assessment for a child of a minority race or minority ethnic heritage, the mental health professional also must be skilled in and knowledgeable about the child's minority racial and minority ethnic heritage.
   e. The county or provider authorized by the county to provide MH-TCM has **five business days** from the date they receive the referral to notify the referring provider, if applicable, and member that the

member **may** be eligible for MH-TCM. (MN Stat. sec. 245.4881, subd. 2 and 245.4711 subd. 1; MN Rules part 9520.0906).

f. As soon as the county has enough documentation to support services, the county or provider authorized by the county to provide MH-TCM can start providing MH-TCM services.

g. **Determination of continued eligibility** – In order for a member to maintain eligibility for MH-TCM, a new diagnostic assessment must be completed every 36 months to determine whether the member continues to have a diagnosis of SPMI or SMI. Unless a member's mental health status or behavior has changed markedly since the member's most recent diagnostic assessment, only updating of the diagnostic assessment is necessary. If the member's mental health status or behavior has changed markedly, a new diagnostic assessment must be completed.

B. **Case Management Process and Requirements**

1. The role of the case manager is to inform and help members gain access to needed available services and resources. The county or the provider authorized by the county to provide MH-TCM must assign a mental health targeted case manager within five business days after receiving a request from a member or a referral from a provider. The assigned mental health targeted case manager attempts to contact the member or the member's parent or legal representative no later than 15 business days after the county receives the referral or request.
   a. The county ensures the following documents are completed and in the member's record:
      i. Functional Assessment (mental health targeted case managers must complete this a minimum of every six months; mental health targeted case managers use the diagnostic assessment to address identified functional needs)
         - Each member receiving MH-TCM must have the following areas of function assessed every 180 days or with significant functional status change
            - Mental health symptoms as present in the adult's/child's diagnostic assessment
            - Mental health needs as presented the adult's/child's diagnostic assessment
            - Use of drugs and alcohol
            - Vocational and educational functioning
            - Social functioning, including the use of leisure time
            - Interpersonal functioning, including relationships with the adult's/child's family
            - Self-care and independent living capacity
            - Medical and dental health
            - Financial assistance needs
            - Housing and transportation needs
      ii. Care plans
         - For purposes of MH-TCM, the care plan for adults is referred to as the Individual Community Support Plan (ICSP). The care plan for children is referred to as the Individual Family Community Support Plan (IFCSP).
            - **ICSP** – The ICSP is a written document developed by a case manager on the basis of the diagnostic assessment, a functional assessment, and level of care assessment. The plan must identify the following specific services needed by an adult with SPMI to develop independence or improved functioning in the following (MN Stat. sec. 245.462, subd. 12):
               - Daily living
               - Health and medication management
               - Social functioning
               - Interpersonal relationships
               - Financial management
               - Housing
               - Transportation
               - Employment

               The plan must also include the following:
               - Goals and objectives of treatment
               - Treatment strategies
               - Schedule for accomplishing treatment goals and objections

  - The individual responsible for providing treatment for the adult
  - Coordination of services if more than one case manager is involved
  - The circumstances that necessitate each case management service
  - Specific case management roles and responsibilities, including, for each type of service, who will do the following:
    - Coordinate
    - Ensure access
    - Monitor
  - Frequency of contact between case managers for the purpose of coordinating services
  - Services the member needs
- **IFCSP** – The IFCSP is a written document developed by a case manager on the basis of the diagnostic assessment and a functional assessment. The plan must identify the following specific services needed by a child with SMI and the child's family to address the following areas (MN Stat. sec. 245.4871, subd. 19):
  - Treat the symptoms and dysfunctions determined in the diagnostic assessment
  - Relieve conditions leading to mental illness and improve the personal well-being of the child
  - Improve family functioning
  - Enhance daily living skills
  - Improve functioning in education and recreation settings
  - Improve interpersonal and family relationships
  - Enhance vocational development
  - Assist in obtaining transportation, housing, health services, and employment

  The plan must also include the following:
  - Coordination of services if more than one case manager is involved
  - The circumstances that necessitate each case management service
  - Specific case management roles and responsibilities, including, for each type of service, who will do the following:
    - Coordinate
    - Ensure access
    - Monitor
  - Frequency of contact between case managers for the purpose of coordinating services
  - Services the member needs

- The IFCSP and the ICSP must be completed 30 days after the service notification letter is sent to the member and provider after the determination of eligibility. The IFCSP and ICSP must be updated at a minimum of every 180 days or more often if requested by the individual or family (MN Rules 9520.0914 subp. 2(A)(1) and (2) and MN Rules 9520.0914 subp. 2(B)(1) and (2)).
  - Additional requirements for the mental health targeted case manager:
    - Children:
      - The case manager will arrange for a standardized assessment by a physician chosen by the child's parent, legal representative, or the child as described in MN Rules 9520.0907 for the side effects related to the administration of the child's psychotropic medication if applicable, and monitor progress towards achieving outcomes specified in the IFCSP.
      - Coordinate support services needed by the child and the child's family.
      - Note in the record any unmet needs of the child and the child's family due to unavailability (IFCSP best location).
      - Participate in discharge planning to assure smooth transition when the child is placed out of home.
      - Six months prior to the child's 18th birthday, assist the child and child's family with the continuation of mental health and case management services as needed.
    - Adults:

- Monitor progress toward achieving outcomes.
- Involve the adult, the family, physician, mental health providers, other services providers, and other interested parties in the development of the ICSP.
- If needed, arrange for a standardized assessment by a physician of the adult's choice of side effects related to the administration of psychotropic medication.

– Children and adults:
- Advise of the right to Appeal if mental health services are denied, suspended, reduced, terminated, not acted upon with reasonable promptness, or are claimed to have been incorrectly provided.
- The case manager will ask each member about other services they are receiving, including case management or service coordination. Occasionally, a member may need MH-TCM services from another agency or program, or be assigned a case manager by the other agency or program, for example, when:
  - A civil commitment exists
  - The member receives child welfare or waivered services
  - The member has the diagnosis of developmental disability and the diagnosis of mental illness or emotional disturbance
  - The member was assessed as having a substance use disorder and is determined to have a serious and persistent mental illness or a severe emotional disturbance

b. **Visit Frequency**
   i. **Adults:** The adult's mental health targeted case manager must **attempt** to meet with the adult at least once every 30 calendar days or at least once within a longer interval of between 30 – 90 calendar days as specified in the adult's ICSP. The mental health targeted case manager must be available to meet more frequently with the adult at the request of the adult. The standard for face-to-face contact is at least monthly. Face-to-face contact of less than monthly is **not** an acceptable standard for the large majority of members receiving MH-TCM services. Although Minnesota Rules allows for less frequent contact, that is to be applied only in certain situations. For example, prior to closing MH-TCM services, the member and the member's mental health targeted case manager might plan for less than monthly face-to-face contact to help determine the member's self-sufficiency and aptness of case closure planning. Face-to-face contact of less than once per month must be supported by an evaluation of the individual's functioning and planned in the written ICSP. Adult MH-TCM reimbursement is a monthly rate paid if at least one MH-TCM core service component is provided in at least one face-to-face contact with the adult during that month; or at least a telephone contact within which at least one MH-TCM core service component is provided with the adult or the adult's legal representative, plus a face-to-face contact with the adult or the adult's legal representative within the preceding two months. For adult MH-TCM, interactive video may be used instead of a face-to-face contact if the member resides in a hospital, nursing facility, residential mental health facility, or an intermediate care facility for persons with developmental disabilities. The use of interactive video may substitute for no more than 50 percent of the required face-to-face contacts. Reimbursement for qualifying services should not be interpreted as the service standard for face-to-face contact frequency.
   ii. **Children:** A child's mental health targeted case manager must **attempt** to meet with the child at least once every 30 days. MH-TCM reimbursement is a monthly rate paid if at least one MH-TCM core service component is provided in at least one face-to-face contact with the child, the child's parents, or the child's legal representative during that month. A child's mental health targeted case manager must be available to meet with the child's parent or legal representative upon request of the parent or representative. It is considered best practices to meet with the child a minimum of one time a month, but there are times when it is appropriate to meet with the family without the child being present. The reason for such a meeting must be documented in the child's record. Monthly face-to-face contact is required when the child is in out-of-home placement.

c. **Billing:** In order to be eligible for a billable service, one of the following core services of MH-TCM must be met:
   i. Assessment

   ii. Development of a specific care plan
   iii. Referral and related activities to obtain needed services
   iv. Monitoring and follow-up activities
d. Per MN Rule, MH-TCM does **not** include the following:
   i. The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred; such as: helping move a member's furnishings, transportation of a member, or legal services
   ii. Activities integral to the administration of foster care programs
   iii. Activities for which third parties are legally obligated to pay
   iv. Services that are integral components of another Medicaid service; such as: rehabilitation services, therapeutic support services, therapy, diagnostic assessment, or medication management
   v. Initial eligibility/financial/fee assessment service description (before the individual is determined to be eligible for MH-TCM)
   vi. Outreach (case findings)
   vii. Provision of other mental health services
   viii. Transporting of member – service description transportation
   ix. Supervision/clinical supervision

C. **Civil Commitment**

1. The county pre-petition screening teams are required to notify PrimeWest Health within 72 hours when a member is the subject of a pre-petition screening investigation. The PrimeWest Health mental health targeted case manager shall: work with hospitals, pre-petition screening teams, family members or representatives, and current providers, to assess the member and develop an individual care plan that includes diversion planning and least restrictive alternatives consistent with the Commitment Act. This may include the following:
   a. Testifying in court
   b. Preparing and providing requested documentation to the court
      i. Report to the court within the court-required timelines regarding the member's care plan status and recommendations for continued commitment, including, as needed, requests to the court for revocation of a provisional discharge
      ii. Provide input only for pre-petition screening, court-appointed independent examiners, substitute decision-makers, or court reports for members who remain in the facility to which they were committed
      iii. Provide mental health case management coverage which includes discharge planning for up to 180 days prior to a member's discharge from an inpatient hospitalization in a manner that works with, but does not duplicate, the facility's discharge planning services
      iv. Ensure continuity of health care and case management coverage for members in transition due to change in benefits or change in residence.
2. Under Minnesota's current MH-TCM billing system, "reimbursable" means that the activity can be included in the monthly rate reimbursed for case management services. The following activities may be reimbursable if a billable contact, as defined above, occurs in the same month:
   a. Diversion planning (assessment and planning)
   b. Participation in commitment hearings and related negotiations (assessment and planning)
   c. Follow-up reporting to the court after commitment, or as part of a continuance or stay (monitoring and related activities and coordination)
   d. Discharge planning (planning and referral)
   e. Provisional discharges (planning and referral)
   f. Request for revocation of provisional discharge or stay, or extension of commitment or stay, and associated notices to member and others (monitoring)
   g. Final report to court prior to discharge of commitment (planning and monitoring)
3. **Commitment Act activities that are not reimbursable as MH-TCM**
   a. Pre-petition screening
   b. Court-appointed independent examiner(s) role activities
   c. Substitute decision maker role activities

d. Court reports for persons who are under commitment in the facility to which they were committed, in which case the facility is responsible for the court reports.

D. **Case Manager Qualifications**

1. Eligible case management service providers must be employed by a county or under contract with PrimeWest Health to provide MH-TCM services.
2. Adult MH-TCM case managers, case manager associates (CMAs), and immigrant case managers must meet the requirements outlined in MN Stat. sec. 245.462, subd 4.
   a. Children's MH-TCM case managers, CMAs, and immigrant case managers must meet the requirements outlined in MN Stat. sec. 245.4871, subd. 4 and subd. 7a
3. An adult MH-TCM case manager or children's MH-TCM case manager with at least 2,000 hours of supervised experience in the delivery of services to adults with mental illness or children with serious mental illness must receive regular ongoing supervision and clinical supervision, totaling 38 hours per year. The case manager must meet with the clinical supervisor at least one time per month to discuss individual service delivery. The remaining 26 hours of supervision may be provided by a case manager with two years of experience. Group supervision may not constitute more than one-half of the required supervision hours. Clinical supervision must be documented in the member record.
4. An adult MH-TCM case manager or children's MH-TCM case manager who is not licensed, registered, or certified by a health-related licensing board must receive 30 hours of continuing education and training in mental illness and mental health services every two years.

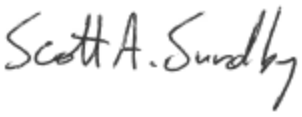
E. **Oversight and Monitoring Process**

1. PrimeWest Health provides technical support and training to counties and providers regarding MH-TCM requirements.
   a. PrimeWest Health provides counties and providers, upon request, a copy of the PrimeWest Health MH-TCM audit tool to conduct internal self-audits. The audit tool is a comprehensive list of requirements based on Minnesota Statute, Minnesota Administrative Rule, and DHS requirements.
2. Upon request by the county or provider agency, PrimeWest Health conducts a review of MH-TCM records for assurance that regulatory requirements are being met.
   a. For each agency, random records are selected, pulled, and reviewed from a variety of case managers in order to ensure the county or provider agency understands compliance expectations.
   b. Records are reviewed using the PrimeWest Health MH-TCM audit tool.
   c. Results of the MH-TCM review are discussed with each county or provider agency upon completion and a letter is sent to Public Health and Human Services directors and supervisors within 30 days of audit completion.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to PrimeWest Health. Remediation for violators includes, but is not limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Signatures



Medical Director Approval: **Date:** 05/07/2026

Scott Sundby, MD
Chief Senior Medical Director

Behavioral Health Medical Director Approval: **Date:** 05/07/2026

Greg Thelen, MD
Behavioral Health Medical Director

Board Approval: **Date:** 05/07/2026

Gary Hendrickx, Chair
PrimeWest Health Joint Powers Board of Directors