

Hennepin County Human Services Behavioral Health Department
Adult Case Management eForms Process & Procedure– updated 10/31/2023

- This document will review 3 eForms for Hennepin County providers to submit case management related requests. This is a DRAFT document and links will be provided when the forms are finalized.
 - [Hennepin County Behavioral Health Intake Opening](#) (for AMH-TCM, ACT, FACT)
 - [Uncompensated care request \(Service Authorization for HennPay\)](#) (for AMH-TCM, ACT, FACT)
 - [Contracted Partner Closing Request](#) (for AMH-TCM, ACT, FACT)

Hennepin County Behavioral Health Intake Opening

1. The Intake Opening form has 4 sections across the top: Intake, Person Info, Diagnosis info and Eligibility info
 - a. If the resident needs a Service Authorization for Uncompensated care at the time of intake, this section will auto-populate if the requirements are met.
 - b. The section you are currently in will show a light blue background
 - c. Other sections will show a dark blue background
2. Intake section
 - a. As noted on the eForm, all fields are required
 - b. You will need the DA or Examiner's statement
 - c. You will need to verify MA eligibility
 - d. The date auto-populates to today and does not need to be changed- this is a reference field for processing, you will fill in the date of service start on the Person info section
 - e. From the Program/agency drop-down list, select the agency and level of care
 - f. Click Next

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Behavioral Health Intake Opening

Intake

Person info

Diagnosis info

Eligibility info

Uncompensated care request (Service authorization for HennPay)

All of the fields on this form are required, you will need:

- The person's Diagnostic Assessment or Examiner's Statement
- Verify the person's MA Eligibility by calling 612-596-8500 or email socialservices@hennepin.us
- A signed information Disclosure/Tennessee Notice Information Disclosure/Tennessee [Information Disclosure/Tennessee](#)

Date*

10/23/2023

Program/agency*

AMH-TCM MHR

> Next

Submit

3. Person info section

- Fill out demographic info, do not include dashes or slashes for SSN or dates, they will auto-populate
- If a person's Status is "undocumented", the SSN field is optional and for the PMI#, insert 00000000
- Click Next

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Behavioral Health Intake Opening

Intake

Person info

Diagnosis info

Eligibility info

Uncompensated care request (Service authorization for HennPay)

Person's first name*

Shadow

Person's last name*

Clark

Person's preferred name

Kitty

Person's status*

Permanent resident

Person's social security number (SSN, do not include dashes)*

123-45-6789

Person's date of birth*

08/28/1983

Person's date of service start*

10/23/2023

Person's legal sex *

Female

Person's gender*

Cisgender woman

Person's sexual orientation*

Bisexual

Person's ethnicity*

Non Hispanic

Person's race- (select all that apply)

☐ Black

☐ African American

☐ American Indian and Alaska Native

☐ Asian

☐ Native Hawaiian and Other Pacific Islander

☒ White

☐ Race not listed

< Back

> Next

Submit

4. Diagnosis info section

- a. Select DA or Examiner's statement
- b. Indicate date of diagnosis (date the DA/Examiner's statement was issued)
- c. Type in the name of the Primary diagnosis
- d. Type in the ICD-10 code
- e. Click Next

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Behavioral Health Intake Opening

Intake

Person info

Diagnosis info

Eligibility info

Uncompensated care request (Service authorization for HennPay)

☒ Diagnostic assessment

☐ Examiner's statement

Date of diagnosis*

10/23/2023

Name of primary diagnosis*

SPMI

ICD 10 code*

123-456

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> Next

Submit

5. Eligibility info section

- a. Select the date that MA eligibility was verified
- b. Type in the full 8 digit PMI number, including leading 0s, if any (ex: 00235687, not 235687)
- c. Verify Hennepin CFR, resident and other services
- d. Select insurance type
 - i. MA Eligible/Not enrolled; or meets exception: type in exception
 - ii. Medical Assistance (MA)/PMAP/MA with spend down: type in provider/type
- e. Enter supervisor and case manager name, email and phone number
- f. Upload a complete and signed Information Disclosure/Tennessee Notice
- g. Include additional email addresses who will be copied on receipts and final confirmations
- h. If the person meets qualifications for Uncompensated care request (Service Authorization for HennPay), the section will populate, click Next
- i. If the person does not meet Uncompensated care request (Service Authorization for HennPay) requirements, click Submit

Behavioral Health Intake Opening

Intake

Person info

Diagnosis info

Eligibility info

Uncompensated care request (Service authorization for HennPay)

Date medical assistance eligibility was verified*

10/23/2023



Person's PMI number (8 digits include leading zeros)*

98765432

Is Hennepin county the person's county of financial responsibility (CFR)?*

☒ Yes ☐ No

Is the person a Hennepin county resident?*

☒ Yes ☐ No

Is the person open to other Hennepin county services? *

☐ Yes ☒ No ☐ Not sure

Insurance Type (anyone with private insurance who is not eligible for MA is also not eligible for TCM services)

☒ MA eligible/Not Enrolled; or meets exception

Add exception/rationale note

Veteran who has just started meeting with VA for services

☐ Medical Assistance (MA)/PMAP/MA with spend down

Contracted provider contact information

Supervisor first name*

EJ

Supervisor last name*

Dean

Supervisor email address*

ej.dean@hennepin.us

Phone number*

612-555-1234

Case manager first name*

Anne

Case manager last name*

Clark

Case manager email address*

anne.clark@hennepin.us

Phone number*

612-555-9876

Attach a signed Information Disclosure/Tennessee Notice [Information Disclosure/Tennessee](#)

Attach

sample.upload.tennesen.jpg



Additional emails

Enter additional email addresses to be copied on confirmations

Add email

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> Next

Submit

6. Uncompensated care request (Service Authorization for HennPay) section
 - a. Most of the information from the Intake Opening form will auto-populate on the Uncompensated care request section
 - b. Add the person's address toward the top
 - c. Select the Reason for service authorization request from the drop down menu, this will determine the length of time the service authorization is approved for
 - d. If necessary, upload documents related to the Uncompensated care request
 - e. Click Submit

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Behavioral Health Intake Opening

Intake

Person info

Diagnosis info

Eligibility info

Uncompensated care request (Service authorization for HennPay)

Program/agency

AMH-TCM MHR

Person information

Person's address line 1*

Person's address line 2

Person's city*

Person's state*

Person's ZIP Code*

Person's date of service authorization start*

Eligibility information

Contracted provider contact information

Supervisor first name*

Supervisor last name*

Service authorization information

Reason for service authorization request*

Upload related documents

Attach

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Submit

7. Once you have clicked Submit, the form will be sent to Hennepin County Office support
8. All email addresses listed (Supervisor, Case Manager, any additional added email addresses) will get an email receipt that the form was submitted
9. Hennepin staff will process the request
10. Once the request is processed, you will receive a confirmation email with:
 - a. PDF copy of the Intake Opening form
 - b. PDF copy of the Uncompensated care request (Service Authorization for HennPay) form (if completed)
 - c. Approval or Denial for Uncompensated care request (Service Authorization for HennPay) if completed

Uncompensated care request (Service Authorization for HennPay) for a person actively getting case management

The Uncompensated care request (Service Authorization for HennPay) is available to submit requests for residents who are not new to services. All sections of the form will need to be filled out, there is no auto-population.

Contracted Partner Closing Request

1. Complete the fields on the form, include leading 0s on the PMI
2. Attach Closing/Discharge Summary AND Notice of Action
3. Click Submit
4. Once you have clicked Submit, the form will be sent to Hennepin County Office support
5. The email address listed will get a receipt that the form was submitted
6. Hennepin staff will process the request
7. Once the request is processed, you will receive a confirmation email with the close date.

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Contracted Partner Closing Request

First name (required)

Last name (required)

SSIS Workgroup #

PMI number

Case Manager's email address (required)

Closing date (required)

mm/dd/yyyy

Closing reason

Attach the Closing Summary/Discharge Summary

Attach

Attach Notice of Action form

Attach