

Hennepin County Human Services Behavioral Health Department  
Adult Case Management eForms Process & Procedure– updated 3/28/2024

- This document will review 3 eForms for Hennepin County providers to submit TCM, ACT and FACT case management requests.
  - [Hennepin County Behavioral Health Intake Opening](#) - Page 1
  - [Uncompensated care request \(Service Authorization for HennPay\)](#) – Page 6
  - [Contracted Partner Closing Request](#) – Page 6

**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. The date auto-populates to today and is a reference field for processing, the date of service start is asked for under Person Info
  - c. From the Program/agency drop-down list, select the agency and level of care
  - d. Click Next

HENNEPIN COUNTY  
MINNESOTA

## 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](mailto: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

- a. Fill out demographic info, do not include dashes or slashes for SSN or dates, they will auto-populate
- b. If a person's Status is "undocumented", the SSN field will be disabled
- c. Click Next

HENNEPIN COUNTY  
MINNESOTA

## Behavioral Health Intake Opening

IntakePerson infoDiagnosis infoEligibility infoUncompensated care request (Service authorization for HennPay)

Person's first name\*

Person's last name\*

Person's preferred name

Person's status\*

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

Person's date of birth\*

Person's date of service start\*

Person's legal sex\*

Person's gender\*

Person's sexual orientation\*

Person's ethnicity\*

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> NextSubmit

4. Diagnosis info section

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

The screenshot shows the 'Behavioral Health Intake Opening' form for Hennepin County, Minnesota. The 'Diagnosis info' tab is selected. The form contains the following fields and options:

- Radio buttons for 'Diagnostic assessment' (selected) and 'Examiner's statement'.
- 'Date of diagnosis\*' field with a calendar icon, containing '10/23/2023'.
- 'Name of primary diagnosis\*' text field containing 'SPMI'.
- 'ICD 10 code\*' text field containing '123-456'.
- Navigation buttons: '< Back', '> Next', and 'Submit'.

5. Eligibility info section

- a. Select the date that MA eligibility was verified by the Partner line or Social Services email team
- b. Type in the 8 digit PMI number
  - i. Include leading 0s (00123456, not 123456)
  - ii. For people without a PMI, enter 00000000
- c. Select insurance type and type details
  - i. MA Eligible/Not enrolled; or meets exception: type a brief reason
  - ii. Medical Assistance (MA)/PMAP/MA with spend down: type in provider and plan
- d. Enter supervisor and case manager name, email and phone number
- e. Upload a complete and signed [Information Disclosure/Tennesen Notice](#)
- f. Include additional email addresses who will be copied on receipts and final confirmations
- g. If the person meets qualifications for Uncompensated care request (Service Authorization for HennPay), the section will populate, click Next
- h. 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

X

### Additional emails

Enter additional email addresses to be copied on confirmations

Add email

< Back

> Next

Submit

6. Uncompensated care request (Service Authorization for HennPay) section
  - a. Most information from the Intake Opening form will auto-populate to the Uncompensated care request
  - b. Add the person's address
  - 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, in alignment with your contract
  - d. Add Rationale for request, ex: "MA application in progress"
  - e. Click Submit

The screenshot shows the 'Uncompensated care request (Service authorization for HennPay)' section of the Hennepin County Behavioral Health Intake Opening form. The form is titled 'HENNEPIN COUNTY MINNESOTA Behavioral Health Intake Opening'. The navigation tabs include 'Intake', 'Person info', 'Diagnosis info', 'Eligibility info', and 'Uncompensated care request (Service authorization for HennPay)'. The form fields are as follows:

- Person's address line 1 (required)
- Person's address line 2
- Person's city (required)
- Person's state (required) - dropdown menu showing 'MN'
- Person's ZIP Code (required)
- Person's date of service authorization start (required) - date field showing '03/28/2024'
- Service authorization information section:
  - Reason for service authorization request (required) - dropdown menu
  - Rationale for request - text area

At the bottom of the form, there are 'Back' and 'Submit' buttons.

7. Once you have clicked Submit, the form will be routed 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 and meet exception criteria outlined in your contract.

The fields on the form are the same as the Intake Opening, except: Diagnosis info is not required, a Tennessee Notice/Information Disclosure is not required.

You will need to type a brief rationale for your request at the bottom of the form. Example: Person is appealing MA denial

Note: Hennepin County Finance perform quarterly audits via the “lookback” project. If a person’s MA has lapsed, and they re-apply, and their enrolled dates overlap with Uncompensated care payments to your agency, you will be back-billed for those payments by Hennepin County.

**Contracted Partner Closing Request**

1. Complete the fields on the form, Include leading 0s on the PMI (00123456, not 123456)
2. Attach Closing/Discharge Summary AND Notice of Action (NOA)
  - a. If the closed reason is “Client deceased”, an NOA is not required
3. Additional email addresses can be added to get receipts and confirmations
4. Click Submit, the form will be routed to Hennepin County Office support for processing
5. Once the request is processed, you will receive a confirmation email with the close date.

The screenshot shows a web form titled "Hennepin County Contracted Partner Closing Request" with a dark blue header containing "HENNEPIN COUNTY MINNESOTA". The form fields include: "Person's first name (required)", "Person's last name (required)", "SSIS Workgroup # (required)", "Person's PMI number (required)", "Case Manager's email address (required)", "Closing date (required)" with a date picker set to "mm/dd/yyyy", and a "Closing reason (required)" dropdown menu currently showing "Client deceased (the Notice of Action form is not needed for people who have passed away)". Below these are two "Attach" buttons for "Attach the Closing Summary/Discharge Summary (required)" and "Attach Notice of Action form". At the bottom, there is a text area for "Enter additional email addresses to be copied on confirmations" with an "Add email" button, and a final "Submit" button.