

# HENNEPIN COUNTY

## MINNESOTA

### Contracted Provider Transfer Process for Voluntary Individuals (AMH-TCM, ACT, FACT)

- Only 1 SSIS WG for Behavioral Health case management can be open at a time, make sure the previous SSIS WG is closed by the County of Financial Responsibility before requesting a transfer from Hennepin OS staff.
- *Resident with ACT level of care only:* The Hennepin County social worker will send information to the ACT team(s), using the Universal ACT referral form in ECF, form number N10497.

### Transfers from Hennepin County case management (a.k.a. "operated") to a provider

1. Hennepin case management staff will send transfer forms/documents directly to the new provider, including:
  - a. Transfer summary
  - b. Functional assessment
  - c. Most recent diagnostic assessment (no more than 3 years old)
  - d. ICSP
2. When the new provider accepts the transfer, the new provider will send an email to:
  - a. Hennepin County operated case manager & [HSPH.OS.BH@hennepin.us](mailto:HSPH.OS.BH@hennepin.us)
  - b. Subject line: "Transfer from Hennepin to [provider]"
  - c. Body of email: [Provider] has accepted the transfer of [person name] effective on [date of intake at new provider]. All documents have been received.
3. [HSPH.OS.BH@hennepin.us](mailto:HSPH.OS.BH@hennepin.us) will reply with confirmation and the new SSIS WG# for the new provider.
4. Complete an [Uncompensated Care request \(Service Authorization for HennPay\) \(hennepin.us\)](#) if needed.

### Transfers between ACT and AMH-TCM (change in Level of Care)

1. Send transfer forms/documents to the new provider, including:
  - a. Transfer summary
  - b. Functional assessment
  - c. Most recent diagnostic assessment (no more than 3 years old)
  - d. Verification of an SPMI diagnosis
2. When the new provider accepts the transfer, the new provider will send an email to:
  - a. [HSPH.OS.BH@hennepin.us](mailto:HSPH.OS.BH@hennepin.us)
  - b. Subject line: "Transfer from [Level of Care] to [Level of Care]"
  - c. Body of email: [Provider] has accepted the transfer of [person name] at [level of care] effective on [date of intake at new provider]. All documents have been received.
3. [HSPH.OS.BH@hennepin.us](mailto:HSPH.OS.BH@hennepin.us) will reply with confirmation and the new SSIS WG# for the new provider.
4. Complete an [Uncompensated Care request \(Service Authorization for HennPay\) \(hennepin.us\)](#) if needed.

## Transfers between providers with a Hennepin County contract

1. Send transfer forms/documents directly between providers, including:
  - a. Transfer summary
  - b. Functional assessment
  - c. Most recent diagnostic assessment (no more than 3 years old)
  - d. ICSP
  - e. The name and phone number of the current case manager
2. When the new provider accepts the transfer, the new provider will send an email to:
  - a. [HSPH.OS.BH@hennepin.us](mailto:HSPH.OS.BH@hennepin.us)
  - b. Subject line: "Transfer from [provider] to [provider]"
  - c. Body of email: [Provider] has accepted the transfer of [person name] effective on [date of intake at new provider]. All documents have been received.
3. [HSPH.OS.BH@hennepin.us](mailto:HSPH.OS.BH@hennepin.us) will reply with confirmation and the new SSIS WG# for the new provider.
4. Complete an [Uncompensated Care request \(Service Authorization for HennPay\) \(hennepin.us\)](#) if needed.

## Transfers out of Hennepin County to another county

1. When people transfer out of Hennepin County, they must be closed in SSIS, the Hennepin County billing system. Submit a [Contracted Partner Closing Request \(hennepin.us\)](#).

## Transfers into Hennepin County from another county

1. Use the [Behavioral Health Intake Opening \(hennepin.us\)](#) form to submit the person's info
2. Under the Diagnosis info tab, and Name of primary diagnosis, type the word Transfer and then the name of primary diagnosis, as below

The screenshot shows the 'Behavioral Health Intake Opening' form for Hennepin County, Minnesota. The form has four tabs: 'Intake', 'Person info', 'Diagnosis info', and 'Eligibility info'. The 'Diagnosis info' tab is selected. There are three radio buttons for the type of assessment: 'Diagnostic assessment' (selected), 'Examiner's statement', and 'Reasonable efforts letter'. Below these are three required fields: 'Date of diagnosis' (with a calendar icon and the value '04/01/2024'), 'Name of primary diagnosis' (with a red box around the text 'Transfer - SPMI'), and 'ICD 10 code'. At the bottom, there are three buttons: 'Back', 'Next', and 'Submit'.