



Minnesota Health Care Programs (MHCP)

Extended Psychiatric Inpatient Contract – Initial Review

Provider Information

Form with fields: CONTRACTING HOSPITAL, CONTACT NAME, PHYSICIAN NAME, MENTAL HEALTH CASE MANAGER OR ACT TEAM, NPI/UMPI, PHONE NUMBER, PHYSICIAN NPI/UMPI.

Recipient Information

Form with fields: RECIPIENT NAME, DATE OF BIRTH, CONTRACT BED ADMIT DATE, PMI NUMBER (MA #), READMISSION (Yes/No), JARVISSED (Yes/No), PREVIOUS DISCHARGE DATE FROM CONTRACT BED (if applicable).

Diagnosis

Form with fields: AXIS I, AXIS II, AXIS III, ICD CODE.

Criteria to Access Funding under MA Contracts

Commitment Status

- Commitment status options: New commitment, Stayed commitment, Continuance of commitment (with inpatient services stipulated as condition of continuance), Revoked provisional discharge.

Form with fields: DATE OF COMMITMENT, COUNTY OF COMMITMENT, COUNTY OF RESIDENCE, COUNTY OF FINANCIAL RESPONSIBILITY.

- Additional criteria: Voluntary return provisional discharge, Voluntary in lieu of commitment (send acute admission summary to support medical necessity).

Fax (secure) this form to medical review agent on first day that patient meets any of the above criteria to access funding, as well as MH-TCM or ACT team. If voluntary and patient consents/signs release, copies may also be sent to MH-TCM or ACT team.