



**BlueCross BlueShield  
BluePlus  
of Minnesota**

Independent licensees of the Blue Cross and Blue Shield Association

**Mental Health - Targeted Case Management Services  
Notification of Potential Denial or Termination of Services**

(BlueAdvantage PMAP and MSC+; MinnesotaCare; SecureBlue MSHO; CareBlue SNBC)

Please fax this Notification to Integrated Health Management-Government Programs when **Mental Health-Targeted Case Management (MH-TCM) services** may be denied or terminated.

- **Denial** of MH-TCM services is defined as the *initial* determination that a member does not meet the criteria for MH-TCM services (DTR reason code 0316).
- **Termination** of MH-TCM services is defined as the *discontinuation* of MH-TCM:
  - when the member no longer meets the eligibility criteria in Minnesota Statutes, section 245.4871, subd. 6, for a child or 245.462, subd. 20, for an adult (DTR reason code 0316).
  - When the adult, or in the case a child, the child's parent or legal representative requests that MH-TCM services end (DTR reason code 1618).
  - When no face-to-face contact has occurred between the case manager and the child for 90 consecutive days, or between the case manager and the adult for 180 consecutive days, because the child or adult has failed to keep an appointment or refused to meet with the case manager (DTR reason codes 1619 and 1620).

Please complete all Contact/Member information fields on this Form.  
Complete either Denial **or** Termination information, whichever applies to the situation.

**Fax completed form to 651-662-6054 or 866-800-1665**  
within one business day of the determination/action

Today's Date: \_\_\_\_\_

Contact for eligibility determination: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Organization/County: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

**Denial**

Date request for MH-TCM services received  
(date all needed clinical information received): \_\_\_\_\_

Date of decision to deny services: \_\_\_\_\_

Reason for denial of MH-TCM services:

**Termination**

Date of decision to terminate MH-TCM services: \_\_\_\_\_

Effective Date of termination of MH-TCM services: \_\_\_\_\_

\* Effective date for a termination of MH-TCM services must be **at least 14 calendar days** from date of this Notification.

Reason for termination of MH-TCM services: