

## **Process for Requesting Rule 5 Children's Residential Treatment**

### **Purpose:**

To partner with counties regarding county screening and access of children's residential treatment for Prepaid Medical Assistance Program (PMAP) members. The Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Plus) behavioral health utilization team must be part of the decision-making process for determining medical necessity. Blue Plus has financial responsibility for treatment, and the county has financial responsibility for room and board.

### **For requests for utilization management participation in a county screening:**

- Fax a completed county screening referral form (X21966), a diagnostic assessment, and CASII to 651-662-2906.
- Email the Rule 5 CRT review team at [PDL.BH.Rule.5.Crt@bluecrossmn.com](mailto:PDL.BH.Rule.5.Crt@bluecrossmn.com) and notify them that clinical information has been faxed over and a county screening is scheduled.
- A care manager from the Rule 5 CRT review team will contact the county social worker or targeted case manager within 2 business days, upon receipt of the information.

### **Additional Information:**

- If the information has been faxed and placement is needed within 24 hours or less then the county social worker/targeted case manager needs to send an urgent email to the Rule 5 CRT review team at [PDL.BH.Rule.5.Crt@bluecrossmn.com](mailto:PDL.BH.Rule.5.Crt@bluecrossmn.com).
- If the child will be admitted to a CRT, the children's residential treatment provider is still required to do a pre-certification request. The county social worker or targeted case manager can be proactive and discuss this with the provider to ensure this is completed.
- If you have further questions about the process, call the clinical guides at 1-855-552-2583. They will take a message and forward to our review team to return the call.

**County Screening Referral Form for  
Children’s Residential Treatment for  
Blue Plus Prepaid Medical Assistance Program**  
(form does not replace pre-certification)

This form to be completed by county staff only and does not replace pre-certification. To proceed with the request for a behavioral health clinician to attend a county screening, this form and all clinical information including the diagnostic assessment and CASII should be faxed to: **651-662-2906**

(A behavioral health representative will contact the requestor within 2 business days)  
Questions about this process, please email [PDL.BH.Rule.5.Crt@bluecrossmn.com](mailto:PDL.BH.Rule.5.Crt@bluecrossmn.com)

Child ID#:		Date of birth:	
Child’s first name:		Child’s last name:	

County contact name, email and phone number:	
Date/time of screening team meeting (if already scheduled):	
Provider name and contact phone number (if already determined):	
Planned admit date (if determined):	
Comments:	

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