

Notification of Admission Mental Health Inpatient or Residential

- **FYI** *Incomplete, illegible, or inaccurate forms will be returned to sender.* Please complete the entire form and allow 14 calendar days for decision.
 - For questions, call Mental Health and Substance Use Disorder Services at: 612-676-6533 or 1-833-276-1185

To **fax** form and any relevant documentation including initial admission notifications: **612-884-2033** or **1-855-260-9710**

Submit Request: <u>UCare's Secure Email Site</u> Email: <u>MHSUDservices@ucare.org</u>

MEMBER INFORMATION

UCare ID	PMI
Member Name	DOB
Address	
City, State, Zip	
ICD-10	Phone

SERVICING FACILITY INFORMATION

Facility	NPI Number	
Service Location Address		
Contact Phone	Fax	
Please Check if an IMD	Facility	
REQUESTER INFORMAT	ION	
Request Sent By	Email	
Phone	Total Pages Faxed	
SERVICE/PROCEDURE ITEMS REQUESTED		
Initial Admission	Concurrent Review (Previously Approved Notification Number)	
Admit Date	Anticipated/Discharge Date	
Dates of Service Requested		
Required only for Residential Facilities		
Procedure Code	Units/Days Requested	
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Mental Health Inpatient or Residential (Continued)

RECOMMENDED DOCUMENTATION	
Confirm service and attach the following documents if applicable:	
 Children's Mental Health Residential Treatment Diagnostic Assessment, Individual Treatment Plan, Progress Notes (from past 60 days), Discharge Summary and County out of home placement screening 	
 Crisis Residential Crisis Assessment & Crisis Stabilization Plan, Discharge Plan, Medication Administration Record, Progress (daily) Notes & Discharge Summary 	
 Eating Disorder Residential H&P, Treatment Plan, Medication Administration Record, Social Work, Practitioner & Nursing Progress Notes (from the past 7 days) and Discharge Summary 	
 Inpatient Mental Health Admission H&P, Treatment Plan, Medication Administration Record, Social Work, Practitioner & Nursing Progress Notes (from the past 24 – 48 hours) and Discharge Summary 	
 Intensive Residential Treatment Services Diagnostic Assessment; Progress Notes from past 30 days; and the most current Functional Assessment, Individual Treatment Plan, Medication List, and Level of Care Assessment per 245I.23 statute timeline 	
Additional Information that May Support Medical Necessity:	
IICare Case Managers may assist in the coordination of services to provide the quality care that is	

UCare Case Managers may assist in the coordination of services to provide the quality care that is customized accordingly to aid members to their recovery.