



MH-TCM Eligibility Notification Form

Instructions: 1. For Initial or Annual Notification for MH-TCM, submit this form. 2. SCHA will request the Diagnostic Assessment, Functional Assessment, ICSP, IFCSP, case notes, etc. on an as needed basis. Authorization Request	Type of Request			
Initial Notification Request Renewal Notification Renewal No	Instructions: 1. For Initial or Annual Notification for MH-TCM, submit this form.			
Initial Notification	2. SCHA will request the Diagnostic Assessment, Functional Assessment, ICSP, IFCSP, case notes, etc. on an as needed basis.			
Billing / Eligibility Information	Authorization Request			
First SCHA MH-TCM Billing Date (list specific date): This is a court ordered civil commitment case. Date of Commitment:		Renewal Notification		
This is a court ordered civil commitment case. **Must Submit Pre-Petition Screening and Full Court Order Member has transitioned to South Country Health Alliance from another health plan on: Brief	Billing / Eligibility Information			
Member has transitioned to South Country Health Alliance from another health plan on:	First SCHA MH-TCM Billing Date (list specific date):	Date member most recently opened to MH-TCM Services:		
Member has transitioned to South Country Health Alliance from another health plan on: Diagnostic Assessment Information:		Date of Commitment:		
Diagnostic Assessment Information:	*Must Submit Pre-Petition Screening and Full Court Order	Date of Continuation of Commitment:		
Brief Standard / Extended DA Primary Diagnosis Code(s):	Member has transitioned to South Country Health Alliance from another health plan on:			
Standard / Extended DA	Diagnostic Assessment Information:			
Has there been a break in MH-TCM service? □ No □ Yes, If Yes → O Date re-opened: □ No □ Yes Has there been continued MH-TCM services in lapse of a DA? "Please include information with Notification Form to justify sontinued services. □ No □ Yes Member has transferred MH-TCM Services to another servicing provider? → □ No □ Yes New MH-TCM Member whom refused an Initial DA. "Must be submitted within 30 days of request for presumptive. □ No □ Yes Has there been a marked change in member's mental health status that required a new/updated DA? □ No □ Yes Has the child turned 18 years of age since the most recent PA submission? Member Information				
No				
No				
No Yes Member has transferred MH-TCM Services to another servicing provider? →		· · · · · · · · · · · · · · · · · · ·	ude information with Natification Form to justify	
No				
another servicing provider? → No No Yes New MH-TCM Member whom refused an Initial DA. *Must be submitted within 30 days of request for presumptive. No No Yes Has there been a marked change in member's mental health status that required a new/updated DA? Member Information Name:		If yes: Please list the previous provider:		
No		The second control of the previous provider.		
No Yes Has the child turned 18 years of age since the most recent PA submission? Member Information		. *Must be submitted within 30 days of request for presumptive.		
Member Information Name: PMI: DOB: Address: City, State, Zip: County of Residence: County of Financial Responsibility: If member is a child, Legal Guardian Information; Legal Guardian Name: Address: City, State, Zip: Case Manager / Provider Information MH-TCM Case Manager: Provider Organization Name: Billing Provider NPI and TIN (Tax ID Number) NPI: TIN: Provider City, State, Zip: Case Manager Phone / Fax: Assurances I, Case Manager, attest that the following documents are located in member's file: Current Diagnostic Assessment which contains all required elements. Or Psychological Evaluation meeting all DA requirements.	☐ No ☐ Yes Has there been a marked change in member's mental health status that required a new/updated DA?			
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Functional Assessment Signed ICSP/IFCSP	Or Psychological Evaluation meeting all DA requirements.			
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SCHA Behavioral Health Program: 888-633-4051 (Phone)