



**Mental Health-Targeted Case Management
DTR NOTIFICATION FORM**
(1/1/2011)

1a. Member's Name:	2. Member's Date of Birth:	3. UCare ID Number:
4. Date Eligibility Screening Was Completed:	5. Date Member Informed of Decision:	
6. Type of Decision: Denial: please submit the diagnostic assessment, functional assessment, ICSP or IFCSP and any other documentation along with the DTR Notification Form. Termination		
7. Reason Code: 0316: <i>You do not meet the coverage criteria for mental health targeted case management (MH-TCM).</i>		
8. Date Faxed to BHP or MMSI:	9. Agency's Name:	
10. Name of Person Faxing Form:	11. Phone Number (of person BHP or MMSI should call, re: any questions):	
12. Additional Information or Comments, if Applicable:		

Please fax this form to BHP at 763-486-4437 or MMSI (if a Mayo Primary Care Clinic) at 1-888-889-7822 within 1 business day of determination.