Clear Form

Medica

Medica Behavioral Health Targeted Case Management Request Form

(Please have TCM provider complete this form)

Client Name:_____DOB:_____PMI#: _____

Client Address: _____

Client Phone #: _____

TCM Provider: _____

Provider Address: _____

Agency/County: _____

Authorization State Date: _____ Number of Units: _____

Current Diagnosis

DSM5: _____

Date of Last Annual Wellness Physical: _____

If unknown, please obtain this information from the member.

Does the member have any of the following medical issues?

☐ Diabetes ☐ Heart Disease ☐ Cancer ☐ Hypertension

☐ Asthma ☐ Rheumatoid Arthritis ☐ Chronic Pain ☐ Other _____

Does the member have unmet or complex medical needs? ☐ Yes ☐ No

If yes, please explain: _____

If yes, do you have the necessary resources to assist them with this? ☐ Yes ☐ No

Would it be helpful to receive a call from a TCM Care Advocate to assist with medical or behavioral resources (e.g. durable medical equipment such as a walker or diabetic supplies, or a day treatment program or new psychiatrist)? ☐ Yes ☐ No

Have they been hospitalized (behavioral or medical reasons) within the past 6 months? ☐ Yes ☐ No

If yes, for what were they hospitalized?_____

Have they had a change in their commitment status? ☐ Yes ☐ No

** Complete the LOCUS/CASI within 30 days of start of TCM.*

Please mail, fax, or email this fully completed form to:

Medica Behavioral Health
Attn: UBH Retro Review
P.O Box 1459 MN 101-E700
Minneapolis, MN 55440-1459
Fax: 1/855-454-8155
Email: mbh-stcm@optum.com