

Region 7E AMHI Uncompensated Care/Flex Funds Policy and Request Process for Providers

The intended purpose of the Region 7E AMHI Uncompensated Care and Flex Funds is to provide regional partners access to funding to provide the necessary treatment, services, and supports to adults with Serious and Persistent Mental Illness (SPMI) in their community, especially those who are uninsured and underinsured.

All Uncompensated Care Requests must follow the below guidance:

- **Adult only (Age 18+)**
- **Meet SPMI criteria, as defined by Minn. Stat. 245.462, Subd. 20, (c)**
- **Be a resident of Region 7E.**

Uncompensated Care Requests for services that are insurance billable shall follow the below guidance:

- Region 7E defines an **uninsured adult** as an adult without any form of health care coverage and has been denied or not eligible for Medical Assistance.

- Region 7E defines an **underinsured adult** as an adult with Medicare only or private insurance, with a service need that is not covered by their existing plan, and they are not eligible for Medical Assistance.

-Please note: Region 7E is unable to fund Medical Assistance copays or spenddowns, MinnesotaCare copays or premiums, Medicare copays or premiums, hospital level of care expenses, or care for incarcerated individuals.

Request Process:

Step 1: Identifying the individual's county of residence within Region 7E.

Step 2: Complete the Region 7E AMHI Uncompensated Care or Flex Funds Request Form and contact the Behavioral Health/Social Services Supervisor of that County that also sits on the AMHI Governing Board to discuss the need.

- Chisago- Kelly Ihrke (Kelly.ihrke@chisagocountymn.gov)
- Isanti- Emily Hawkins (Emily.hawkins@co.isanti.mn.us)
- Kanabec- Katie Heacock (katie.heacock@kanabecountymn.gov)
- Mille Lacs- Jessica Andrich (Jessica.andrich@millelacs.mn.gov)
- Pine- Barb Schmidt (barbara.schmidt@pinecountymn.gov)

Step 3: The Supervisor of the County will assess the need and determine if the request should be brought to the AMHI Governing Board.

Step 4: Requests exceeding \$1,000 will require majority vote approval by the AMHI Governing Board. Requests \$1,000 and under are at the discretion/approval of the Supervisor of the County.

Step 5: If request is approved, providers are responsible to ensure data is reported in the Minnesota Health Information System (MHIS) as required.

Region 7E AMHI Uncompensated Care or Flex Funds Request Form for Providers

Date: _____

Consumer's Name: _____ D.O.B: _____

Consumer's Race: Caucasian Black or African American American Indian/Alaskan Native Asian
Pacific Islander Declined Unknown

Is the Consumer Hispanic or Latino? Yes No

Consumer's Address: _____

Consumer's Phone: _____

Amount of Request: _____

Duration of Request: _____

Requested for the Purpose of:

- Diagnostic Assessment (DA) (BRASS 408) * Housing Flex Funds (BRASS 443) **
- Day Treatment (BRASS 468) * ACT (BRASS 438)
- Adult Outpatient Therapy (BRASS 452) * IRTS (BRASS 474) **
- Residential Crisis Services (BRASS 436) * Client Flex Funds (BRASS 418)
- Transportation Expenses (BRASS 416) Adult Outpatient Medication Management (BRASS 454) *

*- **Number of HOURS billed must be provided.** **- **Number of DAYS billed must be provided.**

Summary of request:

Has the Consumer applied for and/or been denied Medical Assistance? Yes No

Have all other funding sources been maximized? Is the service provided insurance billable? Please explain:

Do you attest that the Consumer is SPMI as defined in Minn. Stat. 245.462, Subd. 20, (c)?

Yes No Diagnosis: _____

Name and Title/Licensure of Provider attesting:

Payment/Billing Address (please provide any specific details that should be included on payment):

Requested By:

(Provider Name, Address, Phone number, and Email)

County Supervisor Approval: _____

If exceeds \$1,000 Majority Approval:	
<input type="checkbox"/>	Chisago
<input type="checkbox"/>	Isanti
<input type="checkbox"/>	Kanabec
<input type="checkbox"/>	Mille Lacs
<input type="checkbox"/>	Pine
<input type="checkbox"/>	Consumer Rep