

# Instructions for “Client Placement Authorization” (CPA)

## MinnesotaCare Fee-for-Service Only

These instructions will be useful to the accurate completion of the new CPA (DHS-2780) dated 06/11. Each “box” on the CPA contains a number and a title which corresponds to the numbers and the titles below. Each number and title in these instructions identifies a definition and valid values for that box.

The definition describes what information is requested in that box. The valid values list the possible entries recognized by MMIS. When specific valid values are listed, it is important to enter only one of the options identified in these instructions into that CPA box. Entries other than the ones listed in these instructions cannot be accepted by MMIS and will cause the CPA processing to be delayed. If an “N/A” appears for valid values then there are no specific MMIS-recognized entries.

### 1. Agreement Start Date

Definition: Date that all the services on this CPA begin, in MMDDYY format.

Valid Values: N/A

### 2. Agreement End Date

Definition: Date that all the services on this CPA end, in MMDDYY format.

Valid Values: N/A

### 3. PMI#

Definition: The eight-digit Person Master Index Number (PMI#) assigned to this specific client.

Valid Values: N/A

### 4. Client Name

Definition: The client’s full name, listing the last name first, followed by the first name and finally the middle initial.

Valid Values: N/A

### 5. Client Alias

Definition: Any names the client may have used. This is needed to complete the PMI# lookup and/or assignment.

Valid Values: N/A

### 6. DOB

Definition: The client’s date of birth, in MMDDYYYYY format.

Valid Values: N/A

### 7. Co/Tribe of Service Delivery

Definition: The name of the county where the authorized service provider is located.

Valid Values: See list of county and tribe codes below.

## TRIBES

A1 Bois Forte/Nett Lake  
A2 Fond du Lac  
A3 Grand Portage  
A4 Leech Lake

A5 Lower Sioux  
88 Mille Lacs  
A7 Prairie Island  
A8 Red Lake

A9 Shakopee  
B1 Upper Sioux  
B2 White Earth

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### COUNTIES

001 Aitkin	029 Hubbard	058 Pine
002 Anoka	030 Isanti	059 Pipestone
003 Becker	031 Itasca	060 Polk
004 Beltrami	032 Jackson	061 Pope
005 Benton	033 Kanabec	062 Ramsey
006 Big Stone	034 Kandiyohi	063 Red Lake
007 Blue Earth	035 Kittson	064 Redwood
008 Brown	036 Koochiching	065 Renville
009 Carlton	037 Lac Qui Parle	066 Rice
010 Carver	038 Lake	067 Rock
011 Cass	039 Lake of the Woods	068 Roseau
012 Chippewa	040 Le Sueur	069 St. Louis
013 Chisago	041 Lincoln	070 Scott
014 Clay	042 Lyon	071 Sherburne
015 Clearwater	043 McLeod	072 Sibley
016 Cook	044 Mahnomen	073 Stearns
017 Cottonwood	045 Marshall	074 Steele
018 Crow Wing	046 Martin	075 Stevens
019 Dakota	047 Meeker	076 Swift
020 Dodge	048 Mille Lacs	077 Todd
021 Douglas	049 Morrison	078 Traverse
022 Faribault	050 Mower	079 Wabasha
023 Fillmore	051 Murray	080 Wadena
024 Freeborn	052 Nicollet	081 Waseca
025 Goodhue	053 Nobles	082 Washington
026 Grant	054 Norman	083 Watonwan
027 Hennepin	055 Olmsted	084 Wilkin
028 Houston	056 Ottertail	085 Winona
	057 Pennington	086 Wright
		087 Yellow Medicine

### 8. County of Residence

Definition: The name of the county in which the client lives.

Valid Values: See the list of county codes listed above.

### 9. County/Tribe of Financial Responsibility

### 10. Date of Signature

Definition: The date the CPA was authorized by the county/tribe, in MMDDYY format.

Valid Values: N/A

### 11. Authorized County/Tribal Signature

Definition: The county/tribe signature authorizing treatment services.

Valid Values: N/A

### 12. Social Security #

Definition: The client’s nine-digit social security number, if they have one.

Valid Values: N/A

### 13. Social Security #

Definition: The client’s nine-digit social security number, if they have one.

Valid Values: N/A

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### 14. Language [situational, not required]

Definition: The primary language the client speaks.

Valid Values:

01	Spanish	06	Russian
02	Hmong	07	Somali
03	Vietnamese	08	Other
04	Cambodian	09	English
05	Laotian	Space	Default to English

### 15. Hispanic? [situational, not required]

Definition: Identifies whether the client claims Hispanic ethnicity.

Valid Values: Y Yes (client self-identifies as Hispanic)  
N No (client does not self-identify as Hispanic)

### 16. Marital Status [situational, not required]

Definition: Identifies the client’s current marital status.

Valid Values:

D	Divorced	S	Living apart
L	Legally separated	U	Unknown
M	Married	W	Widowed
N	Never married		

### 16. Gender [situational, not required]

Definition: Identifies the client’s gender.

Valid Values: M Male  
F Female

### 17. A notification letter is automatically sent to the client. Check the box if client doesn’t want a letter sent.

Definition: Identifies whether the client prefers not to receive a notification letter. The client notification letter contains information regarding authorized services, appeal rights and data privacy. Check the box if the client does not want to receive the letter.

Valid Values: Check mark in box.

### 18. Service Agreement # [not required]

Definition: The 11-digit service agreement number automatically generated by MMIS.

Valid Values: N/A

### 19. Client Address

Definition: Identifies the client’s full mailing address.

Valid Values: N/A

### 20. Race

Definition: The race the client identifies him/herself as.

Valid Values:

1	White	5	Asian/Pacific Islander
2	African American	8	Other
4	American Indian	9	Unknown

### 21. Financially Responsible Person

Definition: Name of the individual who is financially responsible for the client.

Valid Values: N/A

### 22. Financially Responsible Persons Address

Definition: Financially responsible person’s full mailing address.

Valid Values: N/A

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### 23. Rule 25 or 31 Assessment Date

Definition: The date the Rule 25 chemical health assessment was conducted, in MMDDYY format.

Valid Values: N/A

### 24. Assessment Severity Ratings

Definition: Identifies the severity rating for each Dimension as a result of the Rule 25 chemical use assessment.

Valid Values: 0 – 4 [see Minnesota Matrix for definitions (DHS-5204)]

### 25. Limited Eligibility

Definition: Identifies additional client information.

Valid Values: M Minor A Adult with Minor  
P Pregnant O Other

### 26. This field is no longer used.

### 27. Have client initial box if client is a minor and approves notification letters being sent to the financially responsible person.

Definition: Identifies whether a minor client approves a notification letter being sent to financially responsible person.

Valid Values: Client initials.

### 28. Placement Exception

Definition: Identifies the exception to client placement, allowing counties and tribes to place clients differently than assessment severity ratings require.

Valid Values: 01 Distance (when the required type of placement is not within 50 miles of the client's home and the client and assessor agree on an alternative).  
02 Special Populations (when clients are placed differently than assessment severity ratings require; into a program specific to his/her age, gender, sexual orientation, religion, or culture).  
04 Civil Commitment (when clients are placed by a committing court differently than assessment severity ratings require).  
08 Adolescent (when a minor is placed differently than assessment severity ratings require).  
99 None

### 29. Annual Income

Definition: Financially responsible person's annual income, according to CCDTF eligibility criteria.

Valid Values: N/A

### 30. Household Size

Definition: Number of persons residing in the same dwelling as the identified client, according to CCDTF eligibility criteria.

Valid Values: N/A

### 31. Procedure Code

Definition: Identifies specific medical procedures which DHS will pay for. These codes must be used when revenue codes 0944 or 0945 are used.

Valid Values: H2035 Hourly individual rate  
H2035/HQ Hourly group rate  
H2036 Daily rate  
H0020 Daily rate for Methadone  
H0047 Daily rate for Buprenorphine, Naltrexone, Antabuse

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### 32. Assessment Severity Ratings

Definition: Identifies the intensity and type of treatment the client needs. See MN Matrix on E-docs (form DHS-5204B).

Valid Values: 0 – 4 (must have a rating in each dimension)

### 33. Revenue Code

Definition: Identifies specific services which DHS will pay for.

Valid Values:

0101	Hospital-based Residential
1002	Room & Board (must be used simultaneously with 0944 or 0945 + H2036)
1003	Free standing room and board (can only be used with H2035 or H2035/HQ)
0945	Treatment (alcohol)
0944	Treatment (drug and MAT)
0953	Treatment (alcohol and drug)

### 34. Drug Code

Definition: Identifies which medical-assisted therapy is used. Must be used with revenue code 0944 and procedure code H0020 or H0047.

Valid Values:

M	Methadone	A	Antabuse
N	Naltrexone	B	Bupenorphine

### 35. Service Start Date

Definition: Date this specific service is authorized to begin, in MMDDYY format.

Valid Values: N/A

### 36. Service End Date

Definition: Date this specific service is authorized to end, in MMDDYY format.

Valid Values: N/A

### 37. Service Rate

Definition: Per unit rate for this specific service as identified by procedure code and modifiers on line item.

Valid Values: N/A

### 38. Total # Units

Definition: Number of service units authorized.

Valid Values: N/A

### 39. Total Amount

Definition: Total authorized dollar amount for this specific service, calculated by multiplying the “Service Rate” by the “Total # Units.”

Valid Values: N/A

### 40. NPI #

Definition: Ten-digit number identifying this specific provider.

Valid Values: N/A

### 41. Provider Name

Definition: Name of specific service provider.

Valid Values: N/A

### 42. Provider Address & Taxonomy/Contract ID

Definition: Address and nine-digit number which further defines this specific provider.

Valid Values: N/A

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### 43. Reserve Fund Eligibility

Definition: Identifies the CCDTF funding source the county/tribe wishes to utilize.

Valid Values: E Tier 1/Entitled  
O Other (must choose “Y” in box 43)

### 44. County Pay 100% [Leave blank]

Definition: Identifies when the county chooses to be responsible for 100% of the amount authorized for that line item.

Valid Values: Y Yes- county agrees to pay 100% of these charges  
N No- county doesn't agree to pay 100% of these charges

### 45. Employer Name and Address

Definition: The name and full address for the Financially Responsible Person's employer.

Valid Values: N/A

### 46. Medicare Claim #

Definition: The client's Medicare number, if the client has Medicare.

Valid Values: N/A

### 47. Health Insurance Company Name and Address

Definition: The name and address for the Financially Responsible Person's health insurance company.

Valid Values: N/A

### 48. Certificate/Policy #

Definition: The certificate/policy number for the insurance coverage.

Valid Values: N/A

### 49. Group Name/#

Definition: The group name/number for the insurance coverage.

Valid Values: N/A

### 50. Pre-Certification Number

Definition: The pre-certification number from the insurance company.

Valid Values: N/A

### 51. Policyholder Name and Address

Definition: The policyholder's name and address, if the policy holder isn't the client.

Valid Values: N/A

### 52. Employer of Policyholder

Definition: The policyholder's employer name.

Valid Values: N/A

### 53. Relationship to Client

Definition: The policyholder's relationship to the client.

Valid Values: 1 = Self  
2 = Spouse  
3 = Child

### Client Signature and Date

### Financially Responsible Person Signature and Date