

# DCT Administrative Review Process

## What is an Administrative Review?

Consistent with Minnesota Statutes, section 246.54, subd. 3, a county of financial responsibility may submit a written request for an Administrative Review by the Commissioner of the Department of Human Services in cases where there is a disagreement regarding the county's liability for the cost of care when a delay in discharge of a client from a regional treatment center or state-operated community-based behavioral health hospital results from the following actions:

1. the facility did not provide notice to the county that the facility has determined that it is clinically appropriate for a client to be discharged;
2. the notice to the county that the facility has determined that it is clinically appropriate for a client to be discharged was communicated on a holiday or weekend;
3. the required documentation or procedures for discharge were not completed in order for the discharge to occur in a timely manner; or
4. the facility disagrees with the county's discharge plan.

## How do I request an Administrative Review?

Under the circumstances outlined above, the county of financial responsibility may request an Administrative Review by completing the attached form. These forms should be submitted via email to: [dct.administrative.review@state.mn.us](mailto:dct.administrative.review@state.mn.us).

Once received, the request for Administrative Review will be routed to the facility's social services leadership and the Mental Health and Substance Abuse Treatment Services (MHSATS) Executive Director to conduct an assessment and make a recommendation to the Commissioner.

Assessment of the Administrative Review will include analysis of the medical record, as well as dialogue with the county of financial responsibility regarding the information provided and assertions made and will be an iterative process.

Upon completion of the assessment, the Administrative Review will be submitted to the Commissioner. The Commissioner, whose decision is binding, will make the final determination regarding financial responsibility.

Upon final determination, the DCT Finance Department will notify the county of financial responsibility with the outcome and adjust any approvals as applicable.



## Direct Care and Treatment Administrative Review Request

Date of Request: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Episode Number: \_\_\_\_\_

Name of DCT Facility: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

County of Financial Responsibility: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Administrative Review (check all that apply)

- ☐ Facility did not provide notice to the county that the facility has determined that it is clinically appropriate for a client to be discharged
- ☐ Notice to the county that the facility has determined that it is clinically appropriate for a client to be discharged was communicated on a holiday or weekend
- ☐ Required documentation or procedures for discharge were not completed in order for the discharge to occur in a timely manner; or
- ☐ Facility disagrees with the county's discharge plan.

**Additional Information:** (Provide any additional information in considering this Administrative Review)

Please submit completed form to: [dct.administrative.review@state.mn.us](mailto:dct.administrative.review@state.mn.us).  
Supporting documents may also be attached to this email.

**FOR INTERNAL USE ONLY**

Date Received: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Assessment Narrative:

Recommendation:

MHSATS Executive Director

Date

Please Route to the DHS Commissioner.

**DHS Commissioner Review**

- ☐ I have reviewed this Request for Administrative Review and, based on the established criteria, concur with the above recommendations.
- ☐ I have reviewed this Request for Administrative Review and, based on the established criteria, disagree with the above recommendations. I propose the following:

\_\_\_\_\_  
DHS Commissioner

\_\_\_\_\_  
Date

Please Route to the DCT Finance Department.

**DCT Finance Department**

DCT Finance Contact: \_\_\_\_\_

Date County Notified: \_\_\_\_\_

Notes: