



**DSD Waiver Only Recommendation for Action  
Denial, Termination, or Reduction (DTR) for HCBS Waiver Services**

**NOTIFICATION MUST BE SENT WITHIN ONE (1) DAY OF DISCUSSION WITH MEMBER**

**Must submit an updated 5841 with this form**

<b>Choose the recommended action</b>		
<input type="checkbox"/> Denial of Service	<input type="checkbox"/> Termination of Service	<input type="checkbox"/> Reduction of Service

<b>Member Information</b>		
Name:	ID Number:	
Date of Birth:	Address:	
Guardian Name:	Guardian Address:	
<b>Provider Information</b>		
Care Coordinator / Case Manager Name:	Care Coordinator / Case Manager <u>Facility Name</u> & Address:	
CC / CM Phone #:	CC / CM Fax #:	
Primary Care Provider Name:	Primary Care Provider <u>Facility Name</u> & Address:	
Primary Care Provider Phone:	Primary Care Provider Fax:	
<b>Servicing Provider Information</b>		
Servicing Provider 1 Name:	ORWA Service Code(s):	Servicing Provider 1 Fax Number:
Servicing Provider 1 Address:		Provider 1 NPI:
Servicing Provider 2 Name:	ORWA Service Code(s):	Servicing Provider 2 Fax Number:
Servicing Provider 2 Address:		Provider 2 NPI:
Servicing Provider 3 Name:	ORWA Service Code(s):	Servicing Provider 3 Fax Number:
Servicing Provider 3 Address:		Provider 3 NPI:
Servicing Provider 4 Name:	ORWA Service Code(s):	Servicing Provider 4 Fax Number:
Servicing Provider 4 Address:		Provider 4 NPI:

**DTR ONLY - Reason Code for the Recommended Action**

Recommendation Date of Action:

Date of discussion with the member or legal representative:

ORWA Reason Code with description:

Describe the recommended action and reason why it is being recommended.

**ORWA Service Codes**

Code	Description	Code	Description
0701	Home Care – PCA Service	0703	Home Care – Home Health Aide
0704	Home Care – Skilled Nursing Visit	0706	Home Care – Therapies
0707	Home Care – Home Care Nursing		

**ORWA Reason Codes**

Code	Description
0601	You were not in this health plan on the date of service. Supporting Statute/Rule M.S. 256B.031 subd.5 - Enrollment process for prepaid medical plans. Minnesota Rules, Part 9500.1452, Eligibility to enroll in a health plan. 9505.0010 to 9505.0150 – Eligibility criteria for participation in a prepaid medical program
0714	This is not a covered service under your waiver. <b>Supporting Statute</b> M.S. 256B.0915, subp. 5 and M.S. 256B.0915, subp. 5
0716	You have already received the same or similar service or item. M.R. 9505.0220 M for concurrent duplication <b>Supporting Citation /Rule</b> M.R. 9505.0220, subd. U, or V for provider consults and M.R. 9505.0210 and Provider Manual Ch 23 for DME
1114	You are not eligible for Long Term Care or Waiver Services for the time requested. Supporting Statute M.S. 9505.0210
1602	Services are being terminated at the member’s request. Supporting Statute M.S. 256B.69, subd. 6b
164	Based on your assessment, your PCA services will be reduced. Supporting Statutes M.S. § 256B.0625, Subd. 19a M.S. 256B.0659, Subd. 3a
1605	Based on your assessment, your PCA services will be terminated. Supporting Statutes M.S. § 256B.0625, Subd. 19a M.S. § 256B.0655, Subd. 1b and Subd. 2
1606	Based on your assessment, PCA services are not necessary. Supporting Statutes M.S. § 256B.0625, Subd. 19 M.S. § 256B.0655, Subd. 1b
1607	Your assessment did not support the need for the amount of PCA services requested. Supporting Statutes M.S. § 256B.0655, Subd. 1a
1608	Based on your Care Plan, your Waiver Services will be reduced. Supporting Statute/Rule M.S. 256B.0652 M.R. 9505.0290
1609	Based on your Care Plan, your Waiver Services will be terminated. Supporting Statute M.S. 256B.0652
1611	This is not part of your care plan. Supporting Statute/Rule M.S. 256B.0651, subd. 12; M.R. 9505.0290 or 9505.0295
1615	Services are being reduced at the member’s request. Supporting Statute M.S. 256B.69, subd. 6b

## Instructions for Completing

*Managed Care Organization (MCO), County Agency and Tribal Nation Communication Form*

# Recommendation for State Plan Home Care Services

## Purpose

Use this tool to facilitate communication about home care services between:

- Case managers for people served on waivers for people with disabilities (BI, CAC, CADI, DD)
- MCO staff (MSHO, MSC+, SNBC, Families and Children)

MCO staff or county agency and tribal nation staff use this form to:

- Request initial authorization of home care services
- Request a change in authorization of home care services
- Inform of home care services changes authorized by MCO
- Inform of addition of home care services authorized by MCO
- Inform of a reduction of home care services
- Request information about services that have been authorized to facilitate collaborative service planning between county, tribal waiver workers and MCOs.

## MCO, county agency and tribal nation initiating communication

- MCO staff or waiver case manager may initiate home care recommendations and complete the form.
- Either the waiver case manager or MCO staff send the completed form and supporting documentation to facilitate communication between organizations.

## Authorization

- Within **10 working days**, the MCO staff or case manager must decide if services are appropriate. After the MCO approves the information on the form, the MCO signs the form and faxes it to the initiating agency. The MCO indicates the home care services are approved.
- For people enrolled in SNBC or Families and Children on BI, CAC, CADI or DD waivers, the MCO authorizes home health agency services only.<sup>1</sup>
- For people enrolled in MSHO or MSC+ and on BI, CAC, CADI or DD waivers, the MCO authorizes all home care services.<sup>2</sup>
- The waiver case manager is responsible for entering the X5609 billing code on the MMIS service agreement to account for all MCO-paid home care services, except for home care therapies.
- MCO will ensure its claims system will permit billing for approved services.

## Not authorized or not within waiver budget

- The waiver case manager, MCO staff and the member must communicate to determine alternative services if the recommended home care services are not approved or are not within the waiver budget.
- The waiver case manager, MCO staff and the member develop a new plan and the waiver case manager completes another communications form for the agreed upon care plan.
- When needed for state plan services, the MCO will send a Notice of Denial, Termination or Reduction of Services (DTR) to the member, including information on appeal rights.

## Good communication will ensure:

- Members receive a coordinated plan of care and appropriate services
- County or tribal waiver allocations are not over-authorized or over-spent
- MCO authorizations for home care services are completed in a timely manner
- Home care providers are paid in a timely manner

<sup>1</sup> Home health agency services: Home health aide, skilled nurse visit and home care therapies.

<sup>2</sup> Home care services: Home health aide, skilled nurse visit, home care therapies, personal care assistance (PCA) and home care nursing (HCN) services.

Managed Care Organization (MCO), County Agency and Tribal Nation Communication Form

# Recommendation for State Plan Home Care Services

MEMBER NAME		DATE OF BIRTH	PMI
DIAGNOSIS		GUARDIAN NAME	PHONE NUMBER
MCO STAFF OR DELEGATE NAME	MANAGED CARE ORGANIZATION	STAFF PHONE NUMBER	FAX NUMBER
WAIVER CASE MANAGER NAME	AGENCY, COUNTY OR TRIBAL NATION	STAFF PHONE NUMBER	FAX NUMBER
REASON FOR COMMUNICATION <input type="radio"/> Providing information <input type="radio"/> Action or response required <input type="radio"/> Requesting information (see comments)		RECOMMENDED SERVICES <input type="radio"/> Initial <input type="radio"/> Increase in services <input type="radio"/> Decrease in services	
SPECIAL MEMBER CONCERNS OR OTHER COMMENTS			
SERVICING PROVIDER NAME			SERVICING PROVIDER NPI NUMBER
SERVICING PROVIDER TAX IDENTIFICATION NUMBER (TIN)		PHONE NUMBER	FAX NUMBER

## Recommended home health care services

**Skilled nursing visits** CODE: \_\_\_\_\_

START DATE	END DATE	FREQUENCY	UNITS OF SERVICE	COST PER UNIT
HOME CARE PROVIDER		PHONE NUMBER	<b>FOR PLAN USE ONLY</b> <input type="radio"/> Medicare <input type="radio"/> Medical Assistance	

**Home health aide visits**

START DATE	END DATE	FREQUENCY	UNITS OF SERVICE	COST PER UNIT
HOME CARE PROVIDER		PHONE NUMBER	<b>FOR PLAN USE ONLY</b> <input type="radio"/> Medicare <input type="radio"/> Medical Assistance	

**Physical therapy**

SERVICE AND HCPC CODE	START DATE	END DATE	FREQUENCY	UNITS OF SERVICE
COST PER UNIT	HOME CARE PROVIDER		PHONE NUMBER	<b>FOR PLAN USE ONLY</b> <input type="radio"/> Medicare <input type="radio"/> Medical Assistance

**Occupational therapy**

SERVICE AND HCPC CODE	START DATE	END DATE	FREQUENCY	UNITS OF SERVICE
COST PER UNIT	HOME CARE PROVIDER		PHONE NUMBER	<b>FOR PLAN USE ONLY</b> <input type="radio"/> Medicare <input type="radio"/> Medical Assistance

**Speech therapy**

SERVICE AND HCPC CODE	START DATE	END DATE	FREQUENCY	UNITS OF SERVICE
COST PER UNIT	HOME CARE PROVIDER		PHONE NUMBER	<b>FOR PLAN USE ONLY</b> <input type="radio"/> Medicare <input type="radio"/> Medical Assistance

**Respiratory therapy**

SERVICE AND HCPC CODE	START DATE	END DATE	FREQUENCY	UNITS OF SERVICE
COST PER UNIT	HOME CARE PROVIDER		PHONE NUMBER	<b>FOR PLAN USE ONLY</b> <input type="radio"/> Medicare <input type="radio"/> Medical Assistance

**These additional Medical Assistance services may be requested for MSHO or MSC+ members only**

PMI
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**Personal care assistance (PCA)**

SERVICE AND HCPC CODE	START DATE	END DATE	FREQUENCY
UNITS OF SERVICE	COST PER UNIT	HOME CARE PROVIDER	PHONE NUMBER

**Home care nursing (HCN)**

SERVICE AND HCPC CODE	START DATE	END DATE	FREQUENCY
UNITS OF SERVICE	COST PER UNIT	HOME CARE PROVIDER	PHONE NUMBER

**PCA supervision**

SERVICE AND HCPC CODE	START DATE	END DATE	FREQUENCY
UNITS OF SERVICE	COST PER UNIT	HOME CARE PROVIDER	PHONE NUMBER

In order for services to be authorized, county case managers must submit a copy of the most recent PCA or HCN (or both) assessment to the MCO with this service request.

**If this member is currently on a waiver, provide waiver authorization dates.**

START DATE	END DATE
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## Authorization

**Approved**    
  **Denied\***    
  **Over waiver budget\***

\* If denied or over budget, both agencies must communicate with member to determine appropriate services. Medicare-covered services should not be included in the waiver budget.

COUNTY AGENCY OR TRIBAL NATION CASE MANAGER SIGNATURE	PHONE NUMBER	DATE
MCO STAFF SIGNATURE	PHONE NUMBER	DATE

Health plan, county agency or tribal nation: Please return this form with your response within 10 working days of receipt.

## Health plan contact information

When faxing, you must indicate on the cover sheet which program the member is in. Please put "Attn: {MSHO, MSC+, SNBC or Families and Children}"

Health plan	Fax number	Phone number or email address
Blue Plus	651-662-0015	Securely email: Partner.Relations@bluecrossmn.com
HealthPartners MSHO, MSC+	952-853-8744	952-883-6983
HealthPartners SNBC	952-853-8723	952-883-6729 or 844-363-8719
HealthPartners (Families and Children only)	952-853-8712	952-883-8713
Itasca Medical Care	218-327-5545	800-843-9536
Medica (MSHO, MSC+, SNBC)	952-992-2002	888-347-3630 or 952-992-2580
Hennepin Health	612-677-6222	888-647-0550 or 612-596-1036
PrimeWest	866-431-0804	866-431-0803
South Country Health Alliance	888-633-4052	888-633-4051
UCare	612-884-2499	612-676-6705 or 877-447-4384