

CDCS DTR Guide:

Background: Consumer Directed Community Supports ([CDCS](#)) is a waiver service option that allows more flexibility by incorporating self-directed and self-designed services that may include traditional Medical Assistance (MA) state plan home care services and/or waiver services to meet assessed needs. Individuals may access CDCS through elderly waiver (EW) or through another Home Community Based Services (HCBS) waiver.

Refer to the following resources and links for more details about the CDCS program: [Community-Based Services Manual \(CBSM\)](#), [DHS CDCS Manual](#) section [Eligibility for CDCS](#), [CDCS participant Online Training Module](#), [DHS 4317- CDCS Consumer Handbook](#), [DHS-4270- CDCS Lead Agency Operations Manual](#), [CDCS Resources tab](#) on the [Care Coordination Website](#), the MSHO and MSC+ Community Care Coordination Guidelines, and [Bridgeview Care Coordination User Guide](#).

For CDCS related denials, terminations, and reductions (DTR's) the Care Coordinator (CC) must follow the current DTR process and timelines using the *Request for DTR* form within 24 hours of determination. The DTR form must be completed thoroughly as described in the MSHO/MS+ Community CC Guidelines section *DTR- Coordination of Potential Denials, Terminations, and Reduction of Services* and the following guidance below.

- If the member is accessing CDCS through another HCBS waiver, the other waiver Case Manager (CM) must work with the CC to authorize formal Medical Assistance (MA) state plan home care services as applicable. The other waiver CM is responsible for authorizing and completing DTRs for all CDCS Community Support Plan (CSP) waiver related services.
- If the member is accessing CDCS through EW, the CC is responsible to authorize and complete DTRs for CDCS services which may include traditional MA state plan home care and/or waiver services.

Resources for DTR's include but are not limited to, the Care Coordinator DTR Decision Guide and EW CDCS specific DTR scenarios below.

Reminder: For existing services DO NOT adjust the SA until Utilization Management (UM) has provided an effective date for the termination or reduction.

EW CDCS Specific DTR Scenarios

- Member requests goods/services that does not meet EW waiver criteria and/or is not the most cost-effective alternative option
- Member requests goods/services and does not have sufficient funds within their EW CDCS case mix budget limit (*only exception is an approved Conversion Request)
- Member requests to reduce goods/services within their EW CDCS CSP plan or applicable MA plan services that is authorized by the Care Coordinator
- Member exiting from EW CDCS service for any reason but staying on the EW program
- Member exiting from EW CDCS and EW program (see DTR Decision Guide to determine when a DTR is required)

EW CDCS specific DTR Requirements

This resource is a guide to help identify the unique distinctions when completing the *Request for DTR* form related to DTRs for services under EW CDCS for the following:

- Denying or terminating the entire EW CDCS program, use the T2028 HCPCS code and the description “CDCS Program” in the code description column.
- DTR service categories within CDCS, CC must include HCPCS code T2028 and select appropriate service category and modifier (i.e., T2028 U3).
- DTR for formal MA state plan home care services, use the appropriate home care services procedure code per the *DHS-3945 Long Term Services and Supports Service Rate Limits (i.e., Skilled nurse visits- RN T1030 or LPN T1031)*

Requirements for completing Request for DTR form:

Provider column:

Under Provider Column list the following as it applies to goods/services:

- Name of FMS Provider (enter when a FMS provider is selected and DTR is not for formal MA home care services)
- N/A (enter when no FMS Provider is selected and DTR is not for formal MA home care services)

OR

Anytime DTR is for formal MA home care services enter, as applicable:

- Name of Home Care Agency
- Name of PCA Agency

HCPCS Code column (Health Care Common Procedure Coding System):

For goods and services authorized under the T2028 the FMS Provider categorizes these goods/services into one of the [service categories](#) below. Although the CC will only authorize the CDCS services under the T2028 code, these codes and modifiers must be used for completing DTRs.

HCPCS service categories:

- ✚ Personal Assistance (T2028 U1)
- ✚ Treatment and Training (T2028 U2)
- ✚ Environmental Modification and Provisions (T2028 U3)
- ✚ Self-Direction Support Activities (T2028 U4)

Code Description Column:

In addition to identifying the service category within CDCS (i.e., Environmental Modification and Provisions) include specific goods/services descriptions (i.e., whirlpool/jetted walk-in tub)

Example: 1) FMS Provider is AMEX 2) Request: Whirlpool/jetted walk-in tub 3) EAA provider is *My Bath* 4) Determination: Denial 5) Rational: Request does not meet EW criteria and is not appropriate.

Provider	Provider UMPL/NPI	HCPC Code	Code Description	Service Frequency		Date Provider Notified	Denial (D) Termination (T) Or Reduction (R) (indicate one)	Current Authorization Date Span in BV or AGP	Authorization #: SA# in BV (EW/MSHO Supplemental Benefit) OR Reference ID in M360 (Homecare/PCA)
AMEX	X1234567	T2028 U3	Environmental Modification and Provisions - whirlpool/jetted walk-in tub	N/A	N/A	01/11/2021	D	N/A	N/A

****Summary of need and reason for DTR:** Denying whirlpool/jetted walk-in tub as it does not meet the EW criteria and is not covered under CDCS environmental modification and provisions.

*Consult with your Partner Relations Consultant, as necessary.