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# **MSHO/SecureBlue and MSC+/Blue Advantage**

### **Care Coordinator Request for Denial/Termination/Reduction (DTR)**

## Please fax to **651-662-6285** within **24 hours** of determination that services under MA state plan homecare/Elderly Waiver/MSHO supplemental benefits may be denied, reduced, or terminated.

## **\*\* Refer to CC DTR Decision Guide and CDCS DTR Guide for additional details**

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| --- | --- |
| **Today’s Date:** | |
| Care Coordinator: | | Care Coordination Agency: | |
| Phone: | Fax: | | Email: | |

|  |  |
| --- | --- |
| **Member Information** |  |
| Name:       DOB: |  |
| Member ID # (8+ PMI): |  |
| Diagnosis: |  |
|  |  |

**[(Text in blue font has a mouseover function for more details)](#mouseover" \o "There are no links to follow)**

**Person initiating DTR (choose one**):  Care coordinator  Member/authorized representative  Provider

**Select type(s) of services being denied/terminated/reduced (*complete grid below for each service)*:**  MA State Plan Home Care Service(s)  Elderly Waiver  MSHO Supplemental Benefit(s)

**Is this denial for a new service request without a current service agreement**  Yes or  No

**Hospital or SNF Admission > 30 days *(days are not combined. Close EW on day 30 of hospital stay or day 30 of nursing home stay):***

Date of admission to hospital (if >30 days):

Date of admission to nursing facility (if >30 days):

The only time service agreement(s) can be closed prior to receiving the DTR effective date is when the member has had a facility stay greater than 30 days or has moved to the nursing home long-term. In these scenarios, the service agreement end date(s) is the facility admission date (greater than 30 days or long-term).

**[Elderly Waiver Program Eligibility:](#EW" \o "Do not send in DTR unless member has been in institution 30+ consecutive days or it has been determined that admission is permanent/LTC placement.  ( note this in summary area  page 2))**

Is the member requesting to be open to EW and being denied by the CC?  Yes  No

Is the CC terminating ALL existing EW services and closing the waiver span?  Yes  No  [Current Waiver Span:](#currentwaiver)

*If yes to either of the questions above, CC must also enter all services being termed or denied in the grid below.*

Member at reassessment no longer meets Nursing Facility Level of Care (NF LOC):  Date of face-to-face assessment:

**\*\*Do not make any changes to existing service agreement(s) in Bridgeview until *UM provides Service Agreement end date(s). \*\****

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| **[Provider](#provider" \o "Name that is associated with UMPI or NPI)** | **Provider UMPI/NPI** | **[HCPC Code](#HCPCCode" \o "Add Procedure Code ie T1019, S5120..)** | [**Code Description**](#HCPC) | **Service Frequency**  **[Current](#Current" \o "Current: Frequency in units or visits  per day, week, month  ) /** **[Future](#Future" \o " Future: Denial enter N/A, Term enter  zero, Reduction enter reduced amount. )** | | **Date Provider Notified** | **Denial (D)**  **Termination (T)**  **Or Reduction (R)**  **(indicate one)** | [**Current Authorization Date Span in BV or Helios**](#Current) | **[Authorization #:](#Auth" \o "Required unless this is a denial request)**  EW service(s) must use the service agreement number from Bridgeview.  MSHO Supplemental Benefits no longer require service agreements and may not have a service agreement number.  **MA service(s) must use the authorization number in Helios.**  For service/item that do not currently have a service agreement or service authorization number, indicate that in this column with N/A and describe in summary below, including MSHO Supp. |
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**[\*\*Required - Summary](#summary" \o "Short detail of scenario leading to DTR request.  Reason given for DTR is used to determine reason code for member letter.) *[of need and reason](#summary" \o "Short detail of scenario leading to DTR request.  Reason given for DTR is used to determine reason code for member letter.)* [for DTR](#summary" \o "Short detail of scenario leading to DTR request.  Reason given for DTR is used to determine reason code for member letter.) :**

*Grid Notes:* If you are denying a service/or supply that is not currently authorized, only information required is to provide on the grid the “HCPC Code and Description” and for CC to fill out Summary area. (i.e.: Member requested washing machine, not covered under waiver)