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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**

|  |
| --- |
| **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)