# BCBS MSC+/MSHO Consumer Directed Community Support (CDCS) Denial/Termination/Reduction (DTR) Guide

**Purpose:** To instruct Care Coordinators on completing the DTR form regarding CDCS.

**Summary:** For CDCS-related denials, terminations, and reductions (DTRs), the Care Coordinator (CC) must follow the current DTR process and timelines using the Request for DTR form within 24 hours of determination.

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| **Reminders:** |

* Update Bridgeview authorizations once you have received the DTR Notice from UM.
* Refer to the DTR form and DTR Instruction form
* 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) Home Care services as applicable. The other waiver CM is responsible for authorizing and completing DTRs for all services related to the CDCS Community Support Plan (CSP) waiver.
* If the member is accessing CDCS through EW, the CC is responsible for authorizing and completing DTRs for CDCS services, which may include traditional MA Home Care and/or waiver services.
* CC can include up to 5 DTR requests per BCBS DTR form.

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| **EW CDCS-Specific DTR Scenarios:** |

* Member requests goods/services that do not meet EW waiver criteria and/or are 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; the only exception is an approved conversion request.
* Member requests to reduce goods/services within their EW CDCS CSP plan or applicable MA Home Care services that the Care Coordinator authorizes
* 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)

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| **EW CDCS-Specific DTR Requirements:** |

* To deny or terminate the **entire** EW CDCS program, use the T2028 HCPCS code and the “CDCS Program” description in the Service Description field.
* When denying, reducing, or terminating something requested within the CDCS Support Plan, CC must include HCPC code T2028 with the appropriate modifier (e.g., T2028 U1 Personal Assistance) in the Service Description field.
* If DTR is for formal MA Home Care services, use the appropriate home care code per the DHS-3945 Long Term Services and Supports Service Rate Limits (i.e. Skilled nurse visits- RN T1030 or LPN T1031)
* **Provider Name:**
* Name of FMS Provider
* Indicate N/A when no FMS Provider is selected, and DTR is not for formal MA Home Care services
	+ Anytime DTR is for formal MA Home Care services, enter, as applicable:
* Name of Home Care Agency
* Name of CFSS/PCA Agency
* **Service Description HCPCS** *(Healthcare Common Procedure Coding System)****:***
* For goods and services authorized under T2028, the FMS Provider categorizes them into one of the service categories below. Although the CC will only authorize CDCS services under the T2028 code, these codes and modifiers must be used for completing DTRs.
	+ **HCPC service categories:**
* Personal Assistance (T2028 U1)
* Community Integration and support(s) (T2028 U6)
* Treatment and Training (T2028 U2)
* Individual-directed goods and services (T2028 U9)
* Environmental Modification – home modifications (T2028 UB)
* Environmental Modifications – vehicle modifications (T2028 UA)
* Financial management services (FMS) – (T2028 U5)
* CDCS support planning services - (T2028 UC)
* **DTR Reason:**

This field should include what is being denied, terminated, or reduced and the rationale, including frequency/hours/amount. For example, a Whirlpool/jetted walk-in tub request is denied because it does not meet EW criteria.