



# In Lieu of Services DTR Notification Care Coordinator/Case Manager Use Only

Incomplete, illegible, or inaccurate forms will be returned to sender.



Fax form and relevant documentation to:  
612-884-2185 or 1-866-402-5018



E-Mail: [CLSIntake@ucare.org](mailto:CLSIntake@ucare.org)



For questions, call: **612-676-6705**  
(To reach a representative, dial option 2 then option 4)

## Member Information

|            |                |
|------------|----------------|
| Name:      | Date of Birth: |
| Address    | Phone:         |
| Member ID: | Product:       |

## Care Coordinator/Case Manager Information

|        |           |
|--------|-----------|
| Name:  | Delegate: |
| Phone: | Fax:      |
| Email: |           |

## DTR Information

|   |                       |
|---|-----------------------|
| <input type="checkbox"/> Denial<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Reduction | Reason code:          |
| Service description: ILOS Post Discharge Meals  | Provider: Mom's Meals |
| Frequency: 2 meals/day for 14 days  |                       |

DTR Comments (e.g., date of nursing home admission or reason for DTR):