

UCare MSC+/MSHO

Care Coordination and Long-Term Services and Supports

Title: Elderly Waiver (EW) Denial/Termination/Reduction (DTR) Notification Form Instructions

Purpose: To provide instruction to care coordinators on completion of the EW DTR Notification Form.

Summary: UCare care coordinators complete the EW DTR Notification Form in its entirety for any denial, termination, or reduction to Elderly Waiver services within one business day of the determination and at least 14 days prior to the ending of services.

The DTR Notification Form is sent to UCare’s CLS Intake team via email at CLSIntake@ucare.org or fax at 612-884-2185.

Allow 14 calendar days for processing of the request by UCare. UCare will provide the member and the care coordinator with a copy of the DTR Notice by fax once the DTR has been processed.

NOTE: DTRs are required for EW services paid for by UCare. If the service is being paid by Medicare or another payor, UCare does not require a DTR.

- For PCA/CFSS and Extended PCA/CFSS services that are being denied, terminated or reduced, care coordinators must use the [PCA/CFSS Communication Form](#).
- For Home Health Aid (HHA)/Extended HHA or Skilled Nursing Visit (SNV), use the [Home Health Communication Form](#).

Reminders	
	<ul style="list-style-type: none">• A <u>WSAF</u> should not be completed when reducing services. A DTR is required. When the DTR is processed a new authorization will be generated.• When transferring services from one agency to another and the level of service is not changing, a DTR is not required. The care coordinator notifies the agency for which services are ending and submits WSAF with the new provider information.

Contact the Clinical Liaisons at 612-294-5045 or by email at msc_msho_clinicaliaison@ucare.org with care coordination related questions.

EW DTR Notification Form Instructions:

Member and Care Coordinator Information Sections: Enter information as indicated in each field.

New or Current Waiver Span: Enter the entire span of the current EW Span.

Service/Item Requested: Enter up to four separate DTRs per form/per member. Use additional forms as necessary to report other EW services requiring a denial, termination, or reduction.

Denial/Termination/Reduction: Select the type of determination

Denial: Check this box when:

The request was for a new and/or increase in service that the member would like to receive, and the request is denied.

For example: The request for increased homemaking hours is denied.

Termination: Check this box when:

A service that the member is currently receiving will end and the services will be discontinued.

For example: Chore services are ending due to member request.

Reduction: Check this box when:

The amount of services that the member is currently receiving will be decreased/reduced.

For example: Homemaking reduced from 5 hrs. weekly to 2 hrs. weekly. EW Date Span runs: 12/01/2023-11/30/2024. New authorization for homemaking of 2 hrs. weekly will reflect a 14-day advanced notice of action period before the change becomes effective and have an end date of 11/30/2024.

Terminating EW Eligibility: Check this box when:

Due to ineligibility, member's waiver will be closed in MMIS and services member was receiving will be terminated going forward.

For example: EW member admitted to nursing facility for over 30 days and EW is being terminated.

Reason Code: Refer to the [EW DTR Situations: Reason Codes Decision Tool](#) for the reason code when completing the DTR Notification Form.

Service Description: Choose the EW service type from the drop-down options.

Frequency: Provide a short description of the service and frequency. Examples: homemaking 2hrs weekly; adult day care 3 days weekly.

Rate Per Unit: Leave blank if it is a standard DHS rate from the [Long-Term Services and Supports Services Rate Limits \(LTSS\)](#) fee schedule. If the rate is negotiated, enter the negotiated rate.

Provider: Provide the name of provider/agency authorized for the service (as applicable).

EW UMPI/NPI: Enter the providers UMPI/NPI number for EW services. To avoid misdirected fax approval letter, obtain UMPI/NPI numbers directly from the provider.

Phone: Include the provider's phone number.

Fax: Include the provider's fax number. To avoid misdirected fax approval letters, obtain the correct provider fax number directly from the provider.

DTR Comments: Provide any comments or notes to assist with processing of the DTR.
For Example: Member went to nursing facility for more than 30 days; Member is no longer eligible for EW, Member previously receiving adult day care 3 days weekly and will reduce to 2 days weekly.