

UCare MSC+ / MSHO

Care Coordination and LTSS

Title: Denial/Termination/Reduction (DTR) Elderly Waiver Situations: Reason Codes Decision Tool

Purpose: Outline situations when care coordinators would need to complete a DTR and indicate what reason code to use on the Elderly Waiver DTR Notification Form.

Denial:

- The member requests EW or a new EW service and the request is denied.


Termination:

- The member's EW or an EW service that the member is currently receiving is being terminated.

Reduction:

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

Summary:

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|  | Reminder |
| <p>A DTR should not be used when transferring services from one agency to another if the level of services is not changing. When transferring services between agencies, the care coordinator is responsible for notifying the agency for which services are ending.</p> | |

| Situation | Type of DTR Decision | Reason Code | Comments | UCare | Member DTR Letter Verbiage |
|---|----------------------|-------------|--|--|--|
| Unable to reach member to schedule assessment | Termination | 1614 | If no response is received from member, close EW and issue a termination DTR for each service & EW. Mark 'Termination EW Eligibility' check box on DTR form. | UCare will issue a 10 business days' notice of continuation of services from date letter issued. | We were unable to locate you for the required face-to-face or telephone reassessment. Your current services will be terminated. No further services will be authorized until the required re-assessment is completed. Call Member Services at 612-676-3200 to ask what is needed to request another re-assessment. This decision is based on Minnesota |

| Situation | Type of DTR Decision | Reason Code | Comments | UCare | Member DTR Letter Verbiage |
|---|----------------------|-------------|--|---|---|
| | | | | | law: M.S. 256B.0659, subd. 3a (PCA) M.S. 256B.0911 Subd. 3a (LTCC) |
| Member refuses assessment | Termination | 1114 | | UCare will issue a 10 business days' notice of continuation of service from date letter issued. | You are not eligible for Long Term Care or waiver services for the time requested. Please call your UCare Case Manager if you have any questions. This decision is based on Minnesota law: 9505.0210 |
| Member goes into a nursing home and will stay longer than 30 days | Termination | 1621 | Mark 'Termination EW Eligibility' check box on DTR form. DTRs (denials) will also need to be issued for each waiver service the member received. | UCare will issue a 10 business days' notice of continuation of service from date letter issued. | Your Elderly Waiver has been temporarily closed because you have been in an institution 30 days or more. During your stay ask your Care Coordinator for assistance to help you return to the community and Elderly Waiver. 42 CFR §441.301(b)(1) (ii) M.S. § 256S |
| Member decides to stop or reduce a waiver service | Termination | 1602 | | UCare will issue a 10 business days' notice of continuation of service from date letter issued. | This service is being terminated at the member's request. Please call your UCare Case Manager if you have any questions regarding the termination of your waiver services. This decision is based on Minnesota law: Minnesota Statute 256B.69 Subd.6b |
| | Reduction | 1615 | | | Services are being reduced at the member's request. Please call your UCare Case Manager if you have any questions. This decision is based on Minnesota Law: Minnesota Statute 256B.69 Subd. 6b. |
| Member died | N/A | N/A | No DTR required. Verbally notify providers, if applicable. Submit "Member Death Notification Form" to UCare. | N/A | N/A |

| Situation | Type of DTR Decision | Reason Code | Comments | UCare | Member DTR Letter Verbiage |
|---|--|-------------|---|---|--|
| Member no longer with UCare | N/A | N/A | No DTR required. We are unable to issue because member is no longer active in our system. | N/A | N/A |
| Member is receiving extended PCA, HHA or SNV and extended services need to be reduced or terminated | Complete the UCare PCA/Home Health Communication Form fax to the number on the form. | | If the extended medical service is ending due to member's admission to a nursing facility, no DTR is required but verbally notify provider. | UCare must review the DTR for this waiver service. | N/A |
| Member no longer qualifies for Elderly Waiver due to change in financial eligibility | Termination | 1114 | Mark 'Termination EW Eligibility' check box on DTR form. | UCare will issue a 10 business days' notice of continuation of service from date letter issued. | You are not eligible for Long Term Care or waiver services for the time requested. Please call your UCare Case Manager if you have any questions. This decision is based on Minnesota law: 9505.0210 |
| Member is rate cell A, requesting an EW service and is not eligible for EW, i.e. does not meet NF-LOC | Denial | 1114 | Use type of service code for the service(s) requested. | Effective date: 1 day from date letter issued. | You are not eligible for Long Term Care or waiver services for the time requested. Please call your UCare Case Manager if you have any questions. This decision is based on Minnesota law: 9505.0210 |
| Member isn't receiving any services other than care coordination for more than 60 days | Termination | 1114 | Mark 'Termination EW Eligibility' check box on DTR form. | UCare will issue a 10 business days' notice of continuation of service from date letter issued. | You are not eligible for Long Term Care or waiver services for the time requested. Please call your UCare Case Manager if you have any questions. This decision is based on Minnesota law: 9505.0210 |
| Member moves out of state | Termination | 1114 | Mark 'Termination EW Eligibility' check box on DTR form. | UCare will issue a 10 business days' notice of continuation of service from date letter issued. | You are not eligible for Long Term Care or waiver services for the time requested. Please call your UCare Case Manager if you have any questions. This decision is based on Minnesota law: 9505.0210 |

| Situation | Type of DTR Decision | Reason Code | Comments | UCare | Member DTR Letter Verbiage |
|--|--|---------------------------------|---|---|---|
| Member no longer meets criteria for NF-LOC upon reassessment | Termination | 1622 | Issue a DTR for EW eligibility and each service. Mark 'Termination EW Eligibility' check box on DTR form. | UCare will issue a 10 business days' notice of continuation of service from date letter issued. | Based on your recent face-to-face assessment it has been determined that you do not meet the Nursing Facility Level of Care requirements. This means you do not qualify for payment of Long-Term Care services under the Elderly Waiver. This decision is based upon Minnesota Law: Minnesota Statute § 144.0724, subds. 2(h), 4 and 11. Minnesota Statute § 256B.0911, Minnesota Statute § 256B.0915, subd. 5 (Elderly Waiver) |
| Care coordinator is uncertain if a DTR is needed | Select type of determination: Denial, Termination or Reduction | Select reason for determination | When in doubt, complete the DTR notification form. We'll determine whether a DTR is required. Most situations will require a DTR in order for the member to receive appeal rights information; and member and provider to receive written notification regarding the determination. | UCare will issue a 10 business days' notice of continuation of service from date letter issued. | |
| Member requests a service that is not covered under EW | Denial | 0714 | This should also be used if member is requesting equipment or supplies not covered under EW specialized equipment and supplies. | Effective date: 1 day from date letter issued. | This is not a covered service under your waiver. Please call your UCare Case Manager if you have any questions. This decision is based on Minnesota law: M.S. § 256S |

| Situation | Type of DTR Decision | Reason Code | Comments | UCare | Member DTR Letter Verbiage |
|---|----------------------|-------------|---|---|---|
| Member requests services that exceed EW budget cap | Denial | 0715 | This should also be used if member is requesting specialized equipment & supplies, environmental accessibility adaptations or other services that would exceed the member's case mix cap. | Effective date: 1 day from date letter issued. | The service requested exceeds your waiver benefit level. Please call your UCare Case Manager if you have any questions. This decision is based on Minnesota law: M.S. § 256S.18 (Or 256B.0915 supb3, if living in a facility.) |
| Member's EW service is reduced as a result of the member's assessed needs and/or member's eligibility based on criteria outlined in the CBSM | Reduction | 1608 | Member must have existing authorization for a service that is being reduced. Service is not being reduced at the member's request. | UCare will issue a 10 business days' notice of continuation of service from date letter issued. | Based on your care plan, your Waiver services will be reduced. Please call your UCare Case Manager if you have any questions regarding the reduction of your waiver services. This decision is based on Minnesota law: M.S. 256B.0652. |
| Member's EW service is terminated as a result of the member's assessed needs and/or member's eligibility based on criteria outlined in the CBSM | Termination | 1609 | Member must have existing authorization for a service that is being terminated. Service is not being terminated at the member's request. | UCare will issue a 10 business days' notice of continuation of service from date letter issued. | Based on your care plan, your Waiver services will be terminated. Please call your UCare Case Manager if you have any questions regarding the termination of your Wavier services. This decision is based on Minnesota law: M.S. 256B.0652. |
| Member requests a service that has already been provided under their EW benefit or is duplicative of a service on their care plan | Denial | 1610 | | UCare will issue a 10 business days' notice of continuation of service from date letter issued. | A service or item that meets this need has already been provided. Please call your UCare Case Manager if you have any questions. This decision is based on Minnesota law: 9505.0210 |

| Situation | Type of DTR Decision | Reason Code | Comments | UCare | Member DTR Letter Verbiage |
|--|----------------------|-------------|---|---|---|
| Member's request for an EW service is denied as a result of the member's assessed needs and/or member's eligibility based on criteria outlined in the CBSM | Denial | 1611 | | Effective date: 1 day from date letter issued. | This is not part of your care plan. Please call your UCare Case Manager if you have any questions. This decision is based on Minnesota law: M.S. 256B.0651, subpd. 12; 9505.0290 or 9505.0295 |
| Member requests an EW service that requires an order from a physician and there is not a physician's order on file | Denial | 1612 | | Effective date: 1 day from date letter issued. | This service requires an order from your physician. Your physician has not ordered this service. This decision is based on Minnesota law: 9505.0290 or 0905.0295 |
| Member is unable to locate for EW reassessment | Termination | 1613 | Issue a DTR for EW eligibility and each service. Mark 'Termination EW Eligibility' check box on DTR form. | UCare will issue a 10 business days' notice of continuation of service from date letter issued. | We were unable to locate you for the required face-to-face assessment. Your request for services is denied. Call Member Services at 612-676- 3200 to ask what is needed to request another assessment. This decision is based on Minnesota law: M.S. 256B.0659, subd. 3a (PCA) M.S. 256B.0911 Subd. 3a (LTCC) |