
Completing entire form will ensure timely processing. Please allow up to 14 calendar days for UCare to receive, review and process.

Form Sections:

CARE COORDINATOR (CC), MEMBR, AND ATTENDING HEALTH PROFESSIONAL SECTION:

Enter information as indicated in each field. UCare will notify the CC of receipt of the DTR request via email or fax for all types of DTRs. When faxing in a DTR, please be sure to include your email address on the fax cover sheet so we can let you know via e-mail that we've received your request. UCare will notify the CC via a faxed copy of the DTR member notice with the effective date of the DTR.

ELDERLY WAIVER SERVICES SECTION:

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

DTR Information: Enter up to six separate DTRs per form for one particular member.

Denial/Termination/Reduction: Select the type of determination: Denial, Termination, or Reduction.

Denial: Check this box when:

- The request was for a new service that the member would like to receive and the request is denied. For example: The request for increased homemaking hours is denied.
- The member is no longer eligible for waiver services. Due to ineligibility, member's waiver will be closed in MMIS and services member was receiving will be DENIED going forward.

Termination: Check this box when:

- A service that the member is currently receiving will end and the ending of services is not due to ineligibility- i.e. 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).
- Be *sure to include the member's EW date span as this will identify the end date for the ongoing approved reduced services.*
- Example of Reduction: Homemaking reduced from 5hrs weekly to 2hrs weekly. EW Date Span runs: 12/01/2017-11/30/2018. New authorization for Homemaking of 2hrs weekly will reflect a 14-day advanced notice of action period before the change becomes effective, and have an end date of 11/30/2018.

Reason Code: See the Waiver Reason Code list (on website) to select the reason for the DTR.

DTR Comments: Provide any comments or notes to assist with processing of the DTR. Examples: Member went to NH for more than 30 days; Member is no longer eligible for EW, Member previously receiving ADC 3 days weekly and will reduce to 2 days weekly.

Service Description: Choose from the list of drop down options listing the EW service descriptions. Use T2029 for supplies and equipment.

Frequency: Provide a short description of the service and frequency. Examples: Homemaking 2hrs weekly; Adult Day Care 2 days weekly.

Rate Per Unit: Leave blank if it is a standard DHS rate from the fee schedule. If the rate is negotiated, the negotiated rate is required.

Provider Name: Provide the name of provider/vendor who will bill for service.

UCare ID/NPI: Provide the provider's 6 digit UCare Legacy number or their NPI number. To void any confusion or misdirected fax approval letter, please be sure to obtain UCare ID/NPI numbers directly from the provider.

Provider Phone: Provide the provider's phone number.

Provider *Fax:** Provide the provider's fax number. To void any confusion or misdirected fax approval letters, please be

sure to obtain the correct provider fax number. Faxing the notifications to the wrong provider can be a HIPAA implication.

Notes/Comments:

Use additional forms as necessary to report other EW services requiring a denial, termination, or reduction.

Reminders:

1. Fax the *Elderly Waiver DTR Notification form to UCare* within 48 hours of determination or request from member. UCare is required to provide an advance notice of action for previously authorized services that are terminated or reduced. Advance notice of action means the DTR effective date can be no sooner than 14 calendar days from the date the notice of action is mailed to the UCare member. The provider of services and CC will receive a copy of the member DTR letter via fax.
2. The reason code should align with the DTR. Select an applicable reason code for waiver services.
3. If a DTR is for extended PCA, the CC must complete the [PCA/ Home Health Communication Form](#) and fax to the number on the form – do NOT submit the Waiver DTR Notification Form for extended PCA services.
4. Authorization approval information is provided to care coordinators daily via the Daily Authorization and Admit report.
5. Contact the Clinical Liaisons at 612-294-5045, or by email at clinicaliason@ucare.org with questions about how to complete the EW DTR Notification Form, or see the "[Waiver DTR Situations: What Do I Do If?](#)" [handout posted on UCare's website.](#)
6. It's important to indicate on the form if the CC will be terminating the member's elderly waiver eligibility. Select the check box titled "Terminating EW Eligibility".
7. When reducing services, submit a new Waiver Service Approval Form for the newly reduced service and dates.
8. A waiver services DTR does not require a Medical Director review to make the determination. (Note: A Medical Director must make all medically necessary DTR utilization review determinations. Social workers and nurses cannot make a DTR determination for any services that is not a waiver service. See Chapter 5 of the Provider Manual for information regarding utilization review referrals.)

* All referenced forms are posted on UCare's website. To access these, go to www.ucare.org and click on Providers (located at the bottom of the page). On the left hand side of the page select **Forms**. Click on **Care Managers/MSHO or MSC+**, and then scroll to "Denial Forms" to access *Type of Service Code, Waiver Reason Codes, Elderly Waiver DTR Notification Form, Elderly Waiver DTR Notification Form Instructions, and Elderly Waiver DTR Situations: What Do I Do If?* The *Provider Manual* is also listed on the left hand side of the page.

Example: **S5130** homemaker; **S5100** Adult Day Services.
Refer to the DHS EW Service Rate Limits Fee Schedule for additional codes.