



DENIAL-TERMINATION-REDUCTION (DTR) REQUEST FORM

*** DTR Letter Must be Mailed to Patient within 14 Days of "Date Request Received" ***

CARE COORDINATOR COMPLETES THIS SECTION

Care Coordinator completes their section of DTR form and emails to MSHOServiceCoord.

DTR Action Code: <i>(Choose one: Denial, Termination, or Reduction)</i>	<input type="checkbox"/> Denial <i>Service(s) not currently being received – This will always be "Prospective"</i>	<input type="checkbox"/> Termination <i>Service(s) currently being received are ended – This will always be "Concurrent"</i>	<input type="checkbox"/> Reduction <i>Frequency/rate of current service(s) are being reduced – This will always be "Concurrent"</i>
	Prospective	Concurrent	Concurrent

Program/Letter Type:
Chose one:

<input type="checkbox"/> (MSHO) MSHO Integrated Denial	<input type="checkbox"/> MSHO DTR for Extended PCA Only
<input type="checkbox"/> (MSC+) Medicaid DTR for MSC+	<input type="checkbox"/> MSC+ DTR for Extended PCA Only

CC Name:	Phone:	Fax:
Member Name:	DOB:	ID #:
		ICD-10: <i>Diagnostic Code</i>

Alternative Address:
(other than that provided by DHS)

Date Request Received: *Assure CC documentation in CarePartner.*
Date of Assessment - or - Date All Decision-Making Information is Obtained - or - Date Patient Calls Requesting Service
Please see Work Aid if further clarification is needed.

Date of Decision: ** CC should document notification to member in CarePartner.*
Date CC E-mails DTR Form to SC & Supervisors (within 8 days of Date Request Received)

SERVICE REQUESTED:	REQUESTED UNITS: per
SERVICE CODE: <i>(HCPC Code)</i>	APPROVED UNITS: per
TYPE OF UNITS: <i>(See S&I for Options)</i> <i>(ex., 15 min. unit = 1 unit or 1 can = 1 unit)</i>	DENIED UNITS: per <i>(ex., CLS or LifeLine is monthly and ADC is weekly)</i>

REASON for DTR: *(Please check only ONE box)*

<input type="checkbox"/> EW Budget Exceeded <i>(use when keeping EW open)</i>	<input type="checkbox"/> EW SNBC – Service Request Denied <i>(Check this option when patient is open to EW, but new service is denied)</i>
<input type="checkbox"/> EW Service Reduction	<input type="checkbox"/> EW NF LOC Not Met <i>(requires 30 day notice)</i>
<input type="checkbox"/> EW Service Termination	<input type="checkbox"/> EW Nursing Home NF LOC Not Met <i>(requires 30 day notice)</i>
<input type="checkbox"/> EW Service Reduce Member Choice	<input type="checkbox"/> PMAP Initial (PCA/EW request)
<input type="checkbox"/> EW SNBC – Service Term Member Choice	<input type="checkbox"/> PMAP Reassess (PCA/EW request)
<input type="checkbox"/> EW Not Covered	<input type="checkbox"/> PMAP Mbr Refused Reassess (PCA/EW request)
<input type="checkbox"/> EW Institutional	<input type="checkbox"/> T-PMAP- A reassessment is required annually (CFSS)
<input type="checkbox"/> EW Eligibility <i>(Check this option when patient does not qualify for EW or when closing EW)</i>	<input type="checkbox"/> T-PMAP- A face-to-face assessment for initial PCA (CFSS)

<input type="checkbox"/> Check if No Known Provider	Provider Billing Name:
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Care Coordinator section continued on next page

CARE COORDINATOR

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CARE COORDINATOR COMPLETES THIS SECTION

CARE COORDINATOR

CARE COORDINATOR

Effective Date of DTR:

If "Prospective"
 • Same as "Date of Decision"
If "Concurrent"
 21 Calendar Days after Date of Decision

Service Request End Date:

New service auth end date (end of new waiver span)

Total amount of units for span

Total Requested Units:

Total Certified Units:

(Approved Units)

SERVICE COORDINATOR COMPLETES THIS SECTION

Service Coordinator completes this section, emails DTR form to the Supervisors.

Provider Name:

Provider Tax ID Number:

Provider Fax Number:

Provider Phone Number:

Notification to Provider:

Date:

Time:

(by telephone – Please verify their fax number)

Inform provider that DTR will be faxed to them with specific dates pertaining to the Denial, Termination or Reduction of the service indicated above.

Service Code Category *(Please check one)*

- 1517 – EW – Case Mgmt/Care Coord
- 2149 – EW – Non-Medical Transportation
- 2104 – EW – Adult Day Service Bath
- 2112 – EW – Chore Services
- 2114 – EW – Companion Services
- 2115 – EW – CDCS
- 2118 – EW – Customized Living Services
- 2122 – EW – Corporate Foster Care Services
- 2123 – EW – Home Delivered Meals
- 2124 – EW – Extended Services HHA, PDN, PCA
- 2126 – EW – Homemaker
- 2132 – EW – Environment Accessibility Adaptations
- 2139 – EW – Respite Care
- 2142 – EW – Specialized Supplies and Equipment

- 2145 – EW – Telehomecare
- 2146 – EW – Caregiver Training and Education
- 2148 – EW – Transitional Supports
- 2150 – EW – Eligibility
(use when "EW Eligibility" is checked under "REASON for DTR")
- 2151 – EW – Adult Day Care Services
- 2152 – EW – 24-Hour Customized Living
- 2153 – EW – PERS
- 2154 – EW – ICLS
- 2199 – EW – Other
- 3300 – EW – MHM
- 3700 – CFSS – Goods and Services
- 3703 – CFSS – Personal Emergency Response
- 3800 – In Lieu of Service

SERVICE COORDINATOR

SUPERVISOR COMPLETES THIS SECTION

SUPERVISOR

SUPERVISOR

- Review for accuracy (dates, units, HCPC, reason, etc)
- Send to CMTA for Entry
- Save to OnBase

Signature:

Date:

CMTA COMPLETES THIS SECTION

CMTA

CMTA

- Enter denial and generate letter
- Review for accuracy
- CMTA proceeds with mailing letter to Member and faxing to Provider

Signature:

Date:

DOCUMENT HANDLING

- Care Coordinator completes their section of DTR form and emails to the Service Coordinators (MSHOServiceCoord).
- Service Coordinator completes their section of DTR form (including calling the Provider) and emails it to the Supervisors. Service Coordinators will fill in the end date on the S&I as applicable.
- Supervisor verifies the information and forwards it to the CMTA Inbox.
- CMTA creates DTR in CareRadius, completes a verification check, and faxes the letter to the Provider.