

CFSS UM Communication Form

email completed form to MedicalPolicy@HealthPartners.com for authorization entry

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| <p>Authorization type</p> <p>Choose the appropriate TYPE of authorization that is required.</p> <p>Do not send this form for a second time in a plan span <i>unless</i> there is a change requested.</p> | <p>Annual PCA (current PCA services) Extension of CFSS: attach DHS-6893L (bridges gap until SDP is approved) Annual CFSS: attach DHS-6893P & W (has an approved SDP w/ signed addendum) New CFSS: attach DHS-6893W (has an approved SDP w/signed addendum) 45-Day Temp Stare of Care: Attach DHS-6893A 45-Day Temporary Increase for PCA or CFSS: attach DHS-6893M Change from Agency Model to Budget Model Reduction of CFSS or PCA No longer qualifies for CFSS or PCA</p> |
| <p>Member Information</p> | <p>Name:</p> <p>Member ID:</p> <p>DOB:</p> |
| <p>Agency Information</p> <p>*if two agencies are involved, include the complete information for BOTH agencies.</p> | <p>Vendor Name:</p> <p>TIN/NPI:</p> <p>Address: Phone:</p> <p style="text-align: right;">Fax:</p> |
| <p>Units Authorized</p> <p>*if two agencies are splitting the units, include the exact amount of units for each agency.</p> <p>*The Enhanced Rate code is used if the Agency Model Calculator has a big green checkmark indicating that the member qualifies for 10 or more hours per day.</p> <p>*Enhanced Rate eligibility does not include any Extended CFSS/ PCA units.</p> | <p><u>PCA</u>-- reassessment auths only, always 12 months of service</p> <ul style="list-style-type: none"> • T1019 Units per year for PCA: • T1019 UC per year for <i>Extended</i> PCA: • T1019 UA Units per year for RN Supervision: <hr/> <p><u>CFSS</u>-- reflects dates on DHS-6893L or the DHS-6893P/W</p> <ul style="list-style-type: none"> • T1019 U9 Units per Plan Span for CFSS • T1019 U9 UC Units per Plan Span for <i>Extended</i> CFSS: <p>OR</p> <ul style="list-style-type: none"> • T1019 U9, TG (<i>Enhanced Rate</i>) per Plan Span for CFSS: • T1019 U9, TG, UC Units per Plan Span for Extended CFSS: <p>AND</p> <ul style="list-style-type: none"> • S5116 U9, T9 for Agency Worker Training and Development: 1 |
| <p>Date Range</p> <p>reflects dates on DHS-6893L or the DHS-6893P/W</p> | <p>Start date:</p> <p>End date:</p> |
| <p>End Existing Authorization</p> <p>needed for transitions from Agency to Budget Model or from PCA to CFSS</p> | <p>HP Ref #:</p> <p>Found in CareRadius Auth Screen</p> <p>**CC must enter Vendor Contact Info in "Agency" section above.</p> |