



**DTR Notification Form Reminders and Scenarios**  
(2/23/2011)

- A medical director must make all medically necessary DTR utilization review determinations. Social workers and nurses cannot make a DTR determination for any service that is not a waiver service. All non-waiver services that require prior authorization must be reviewed by a medical director, if denied. See Chapter 5 of the *Provider Manual*\* for information regarding utilization review referrals.
- Always use the most current version of the *DTR Notification Form, Type of Service Codes, and Reason Codes with Usage Examples*.\*
- Reason code should align with the DTR service. If the service is a waiver service, select a reason code for “waivers”. If the service is a medical service, use a medical determination reason code. Medical determination reason codes should not be used for waiver services.
- Select the reason code that “best fits”.
- Complete a separate DTR Notification Form for each service that is being denied, terminated or reduced.
- Prior to faxing the DTR Notification Form, review it to ensure that all information is accurate and all sections are completed. (Missing or inaccurate information can delay member notification and potentially cause the DTR to be out of compliance if issuance is beyond 14 calendar days.)
- Care coordinators/case managers should contact their UCare Annual Audit representative prior to submitting the DTR notification form, if they have questions about how to complete the form.
- For delegates who perform UR, please fax form no later than the 10<sup>th</sup> calendar day from date of request.
- For Waiver DTRs, please fax to UCare within one business day of determination (and no later than 10 calendar days from date of request).
- If a DTR is going to be issued for extended PCA, UCare must review the DTR for this waiver service (unless member’s utilization review is managed by one of UCare’s UR delegates). Complete the *Care Coordinator UR Communication Form* \* and fax to the number on the form.
- If a member initiates the termination or reduction of a waiver service, then a DTR is not necessary but the care coordinator (CC)/case manager (CM) must document that the member initiated the termination and document that the CC/CM notified the service provider. Please refer to the DTR section within each product’s CC/CM requirements grid for more information regarding DTRs.

\* All references are posted on UCare’s website. To access, go to [www.ucare.org](http://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 Forms and then scroll to “Non-Product Specific Forms” to access *Type of Service Code, Reason Codes with Usage Examples, DTR Notification Form, and DTR Notification Form Instructions*. The *Provider Manual* is also listed on the left hand side of the page.

## Waiver DTR Notification Form Scenarios

1. Care coordinator (CC) is unable to reach member to schedule reassessment: issue a DTR so member is aware that waiver services will stop until member can be reassessed.
2. Member refuses reassessment: no DTR is needed; waiver service span in MMIS will automatically end. CC should document member's refusal of reassessment and CC's explanation to member that an assessment refusal will result in the termination of waiver services. CC should also contact service providers to inform them of service termination and document the notification.
3. DSNP member's waiver status lapses due to not completing renewal paperwork, but there's the 90 day grace period in which services continue (for dual special needs plan members): no DTR needed as long as member completes paperwork.
4. DSNP member's waiver status lapses due to not completing renewal paperwork and member does not complete paperwork in 90 day grace period: services would continue during this timeframe and the provider would be reimbursed; however, since member did not complete the paperwork, issue a DTR a minimum of 10 days before the grace period ends in order to have the member be aware that services will end (after the 90 day grace period). If member receives extended PCA services, a DTR must be issued a minimum of 30 days before the grace period ends.
5. Member's waiver is discontinued due to member no longer qualifying for waiver services: issue a DTR so that the member receives written notification that services are ending.
6. Member does not qualify for waiver and requests service: issue a DTR so that member receives appeal rights and use code 1114.
7. Member leaves state for a period of time (e.g., more than a week or two): verbally notify provider to stop services, effective (date), and document notification. If, in the CC's judgment, the member and provider should receive written notification regarding the stoppage of services, issue a DTR. UCare recommends, "when in doubt, issue a DTR". Depending upon how long the member will be gone, the CC should end the existing service authorization and then create a new authorization upon the member's return. (Length of absence before ending an auth is up to the CC or delegate's discretion.)
8. Member terms with UCare: no DTR needed.
9. CC doesn't know if a DTR is needed: when in doubt, issue a DTR so that member receives appeal rights information.