



Managed Care Organization/County/Tribe Agency Communication Form

Recommendation for Authorization of Medical Assistance Home Care Services

Form with fields for MEMBER NAME, PMI, DOB, DIAGNOSIS, MCO CARE COORDINATOR, CARE SYSTEM, PHONE NUMBER, FAX NUMBER, WAIVER CASE MANAGER, AGENCY/COUNTY/TRIBE, REASON FOR COMMUNICATION, and RECOMMENDED SERVICES.

Recommended MA home health care services (Attach documentation demonstrating need for services)

Skilled Nursing Visits (T1030 or T1030GT)

Table with columns: START DATE, END DATE, FREQUENCY, UNITS OF SERVICE, COST/UNIT, HOME CARE PROVIDER, PHONE NUMBER.

Home Health Aide Visits (T1021)

Table with columns: START DATE, END DATE, FREQUENCY, UNITS OF SERVICE, COST/UNIT, HOME CARE PROVIDER, PHONE NUMBER.

Physical Therapy Occupational Therapy Speech Therapy Respiratory Therapy

Table with columns: SERVICE AND HCPC CODE, START DATE, END DATE, FREQUENCY, UNITS OF SERVICE, COST/UNIT, HOME CARE PROVIDER, PHONE NUMBER.

Table with columns: SERVICE AND HCPC CODE, START DATE, END DATE, FREQUENCY, UNITS OF SERVICE, COST/UNIT, HOME CARE PROVIDER, PHONE NUMBER.

The additional following home care services may be requested for MSHO, MSC+ and Families and Children members only. (Attach documentation demonstrating need for services)

PMI

Personal Care Assistant Private Duty Nursing (PDN)

SERVICE AND HCPC CODE	START DATE	END DATE	FREQUENCY	UNITS OF SERVICE
COST/UNIT		HOME CARE PROVIDER		PHONE NUMBER

SERVICE AND HCPC CODE	START DATE	END DATE	FREQUENCY	UNITS OF SERVICE
COST/UNIT		HOME CARE PROVIDER		PHONE NUMBER

If this member is currently on a waiver, provide waiver authorization dates.

START DATE	END DATE
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Authorization

Approved Denied* Over waiver budget*

*If denied or over budget, both agencies must communicate together with member to determine appropriate services.

COUNTY/TRIBE CASE MANAGER SIGNATURE	PHONE NUMBER	DATE
MCO CARE COORDINATOR SIGNATURE	PHONE NUMBER	DATE

Health plan, county/tribe agency: Please return this fax with your response within 5 working days of receipt.

Health plan contact numbers

When faxing, you must indicate on the cover sheet which program the member is in. Please put "Attn: {MSHO, MSC+, SNBC or Families and Children}"

	Fax #	Phone #
Blue Plus	(866) 800-1665	(800) 711-9868
HealthPartners	(952) 883-6139	(952) 883-6983
Itasca Care	(218) 327-5545	(218) 327-5516 or (800) 843-9536
Medica	(800) 906-2002	(800) 234-8755
MHP	(612) 904-4265	(888) 562-8000
PrimeWest	(320) 762-8750	(320) 763-4135
South Country Health Alliance	(888) 889-7822	(800) 995-4543
UCare	(612) 884-2057	(612) 676-6622 or (866) 242-2497

Instructions for Completing Managed Care Organization/County/Tribe Agency Communication Form Recommendation for Authorization of MA Home Care Services

Purpose: This tool is used to facilitate communication about Medical Assistance home care services between:

- Disability waiver case manager (CADI, CAC, TBI, DD)
- MCO care coordinator (MSHO, MSC+, SNBC, Families and Children)
- MCOs

The form is used by MCOs, care coordinators or county agency staff to:

- Request initial authorization of home care services, or
- Request a change in authorization of home care services, or
- Inform of home care services changes authorized by MCO, or
- Inform of addition of home care services authorized by MCO, or
- Inform of a reduction of home care services.

MCO/County/Tribe Agency initiating communication

- MCO, care coordinator or waiver case manager may initiate home care recommendations and complete the form.
- Completed form is sent to the MCO and either the waiver case manager or MCO care coordinator.

Authorization

- Within **5 working days**, the MCO, care coordinator or case manager must decide if services are appropriate. Upon agreement with the information communicated on the form, the form is signed and faxed to the initiating agency. The MCO indicates the home care service is authorized and the waiver case manager indicates the home care services fit within the member's waiver budget.
- For people enrolled in SNBC and on CAC, CADI, TBI, DD waivers, SNBC health plan authorizes home health agency services only.¹
- For people enrolled in MSHO, MSC+, and Families and Children and on CAC, CADI, TBI, DD waivers, the health plan authorize all home care services.²
- The waiver case manager is responsible for entering the X 5609 billing code on MMIS service agreement to account for all the MCO-paid home care services, except for home care therapies.
- MCO puts provider home care service authorization into their claims system.

Not authorized/Not within waiver budget

- The waiver case manager, MCO care coordinator and member must communicate to determine alternative services if the home care services recommended are not approved or are not within the waiver budget.
- Decide on a new plan and complete another communications form for agreed upon care plan.
- If appropriate, the MCO will send a Notice of Denial, Termination or Reduction of Services (DTR) to the member, advising them of their right to appeal the decision.

Good communication will ensure:

- Members receive a coordinated plan of care and appropriate services.
- County/Tribal waiver allocations are not over-authorized or over-spent.
- Home care providers are paid in a timely manner.

1 Home Health Agency Services: Home Health Aide, Skilled Nurse Visit and Home Care Therapies.

2 Home Care Services: Home Health Aide, Skilled Nurse Visit, Home Care Therapies, Personal Care Assistant (PCA) and private duty nursing (PDN) services.