



DSD Waiver Only Recommendation for Action
Denial, Termination, or Reduction (DTR) for HCBS Waiver Services

NOTIFICATION MUST BE SENT WITHIN ONE (1) DAY OF DISCUSSION WITH MEMBER

Must submit an updated 5841 with this form

Choose the recommended action
Denial of Service
Termination of Service
Reduction of Service

Member Information

Name: ID Number:
Date of Birth: Address:
Guardian Name: Guardian Address:

Provider Information

Care Coordinator / Case Manager Name: Care Coordinator / Case Manager Facility Name & Address:
CC / CM Phone #: CC / CM Fax #:
Primary Care Provider Name: Primary Care Provider Facility Name & Address:
Primary Care Provider Phone: Primary Care Provider Fax:

Servicing Provider Information

Servicing Provider 1 Name: ORWA Service Code(s): Servicing Provider 1 Fax Number:
Servicing Provider 1 Address: Provider 1 NPI:
Servicing Provider 2 Name: ORWA Service Code(s): Servicing Provider 2 Fax Number:
Servicing Provider 2 Address: Provider 2 NPI:
Servicing Provider 3 Name: ORWA Service Code(s): Servicing Provider 3 Fax Number:
Servicing Provider 3 Address: Provider 3 NPI:
Servicing Provider 4 Name: ORWA Service Code(s): Servicing Provider 4 Fax Number:
Servicing Provider 4 Address: Provider 4 NPI:

DTR ONLY - Reason Code for the Recommended Action

Recommendation Date of Action:

Date of discussion with the member or legal representative:

ORWA Reason Code with description:

Describe the recommended action and reason why it is being recommended.

ORWA Service Codes

Code	Description	Code	Description
0701	Home Care – PCA Service	0703	Home Care – Home Health Aide
0704	Home Care – Skilled Nursing Visit	0706	Home Care – Therapies
0707	Home Care – Home Care Nursing		

ORWA Reason Codes

Code	Description
0601	You were not in this health plan on the date of service. Supporting Statute/Rule M.S. 256B.031 subd.5 - Enrollment process for prepaid medical plans. Minnesota Rules, Part 9500.1452, Eligibility to enroll in a health plan. 9505.0010 to 9505.0150 – Eligibility criteria for participation in a prepaid medical program
0714	This is not a covered service under your waiver. Supporting Statute M.S. 256B.0915, subp. 5 and M.S. 256B.0915, subp. 5
0716	You have already received the same or similar service or item. M.R. 9505.0220 M for concurrent duplication Supporting Citation /Rule M.R. 9505.0220, subd. U, or V for provider consults and M.R. 9505.0210 and Provider Manual Ch 23 for DME
1114	You are not eligible for Long Term Care or Waiver Services for the time requested. Supporting Statute M.S. 9505.0210
1602	Services are being terminated at the member’s request. Supporting Statute M.S. 256B.69, subd. 6b
164	Based on your assessment, your PCA services will be reduced. Supporting Statutes M.S. § 256B.0625, Subd. 19a M.S. 256B.0659, Subd. 3a
1605	Based on your assessment, your PCA services will be terminated. Supporting Statutes M.S. § 256B.0625, Subd. 19a M.S. § 256B.0655, Subd. 1b and Subd. 2
1606	Based on your assessment, PCA services are not necessary. Supporting Statutes M.S. § 256B.0625, Subd. 19 M.S. § 256B.0655, Subd. 1b
1607	Your assessment did not support the need for the amount of PCA services requested. Supporting Statutes M.S. § 256B.0655, Subd. 1a
1608	Based on your Care Plan, your Waiver Services will be reduced. Supporting Statute/Rule M.S. 256B.0652 M.R. 9505.0290
1609	Based on your Care Plan, your Waiver Services will be terminated. Supporting Statute M.S. 256B.0652
1611	This is not part of your care plan. Supporting Statute/Rule M.S. 256B.0651, subd. 12; M.R. 9505.0290 or 9505.0295
1615	Services are being reduced at the member’s request. Supporting Statute M.S. 256B.69, subd. 6b