Skilled nursing visits (SNV) and home health aide (HHA) services for individuals enrolled in UCare Connect and UCare Connect + Medicare (Special Needs BasicCare [SNBC]) plans, must be authorized by UCare. These home care services are part of the basic Medical Assistance benefits available to members enrolled in these plans.

**Carved out Medical Assistance benefits**

- Carved out services are Medical Assistance benefits that the state has excluded from the services covered in managed care. Carved out services are fee-for-service benefits.
- Some state plan home care services are carved out of the SNBC program; however, skilled nursing visits (SNV) and home health aide (HHA) services are not carved out. The carved out state plan home care services are personal care assistance (PCA) and home care nursing (HCN) (formerly known as Private Duty Nursing). In addition to the state plan home care services, all home and community-based waiver services (HCBS) are carved out of SNBC.
- In SNBC, state plan hom e care services HHA (T1021) and SNV (T1030) are not considered waiver services and are available to all UCare Connect/UCare Connect + Medicare members, regardless of their waiver eligibility.

**Authorizations for non-waiver members**

- Home health agencies must obtain an authorization for all home care visits (SNV and HHA), starting with the first visit.
- The home health agency is responsible for obtaining an authorization from UCare for HHA and SNV for UCare Connect/UCare Connect + Medicare members.
- All requests that result in a reduction or termination of previously authorized home care services require physician review. If UCare’s physician reviewer agrees that services should be reduced or terminated, the health plan notice of action (DTR) and member appeal rights are issued to the member, attending health care professional/ordering provider and home care agency.

**Managing home care services for members on a waiver**

- When a UCare Connect/UCare Connect + Medicare member is receiving state plan home care services authorized by UCare and also is enrolled in a waiver program (e.g., CADI, CAC, BI, DD), the value (cost per unit) of SNV and HHA services must be factored into the member’s annual waiver budget by the waiver case manager. Even though the value is factored into the annual budget, UCare pays for and authorizes all services.
- We recommend that the home care agency contact the waiver case manager or tribal case manager prior to beginning home care services to coordinate care. If this is not possible or the home care agencies are experiencing a delay in response, UCare will accept a request from the home care agency directly; however, the services cannot be authorized until confirmation is received from the waiver case manager.
• The waiver or tribal case manager will notify UCare when SNV and HHA services are recommended, including the frequency and duration of the services. UCare utilization review staff contact the home care agency listed on the DHS 5841 form to request additional documentation if needed to complete the review.

• UCare utilization review staff honors the recommendations from the waiver case manager including frequency and duration. SNV and HHA are not authorized until UCare receives communication from the waiver case manager.

• All recommendations that result in a reduction or termination of previously authorized home care services require a physician’s review. If UCare’s physician reviewer agrees that services should be reduced or terminated, the health plan DTR and member appeal rights are issued to the member, primary care provider and home care agency.

• UCare cannot reduce or terminate services based solely upon waiver funding. Reductions and terminations must be based upon medical need.

• UCare utilization review staff confirms authorization, reduction or termination of services with the waiver case manager via the DHS 5841 form.

• The home care agency, member and primary care provider (when applicable) receive written notification from UCare for all determinations. Written notification is faxed to the home care agency and primary care provider within one (1) business day of the determination. The member will receive written notification via mail.

• The waiver/tribal case manager does not issue the authorization or DTR as it is UCare’s responsibility.

Contact information for home care authorizations

UCare Clinical Authorizations

Fax:  612-884-2499, or
Call:  612-676-6705 or 1-877-447-4384 toll free

To verify waiver and Medicare eligibility – check MN-ITS.

For all members eligible for disability waivers, contact the county waiver case manager, regardless of primary care clinic assignment.

For additional assistance call UCare’s Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll free.