

# Government Programs: LTSS Agency Directed Services Request Form EPSDT (under 21 without waiver)

**Optima Health Community Care | Optima Family Care**

*Please submit via fax to 757-837-4702 or 1-844-828-0600*

Member Name / Last, First	Member ID / Policy #	Date of Birth / Age	Today's Date

Full Name of Requesting Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Optima Provider #: \_\_\_\_\_ NPI #: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Requested Codes: ☐ T1019

Date of Service: From \_\_\_\_\_ to: \_\_\_\_\_

Number of Personal Care Hours requested per week: \_\_\_\_\_

Documentation must include the name of the person delivering care and relationship to the individual.

Forms Needed:

- ☐ **DMAS 7 EPSDT Personal Care Services Functional Status Assessment**
- ☐ **DMAS 7A EPSDT Person Centered Plan of Care**
- ☐ **DMAS 99 Community Based Care Recipient Assessment Report**