

# Government Programs: LTSS Consumer Directed Services Request Form CCC Plus Waiver (all ages)

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

*Please submit via fax to 757-579-8626 or 1-844-305-6274*

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

Full Name of Service Facilitator: \_\_\_\_\_

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

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

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

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

Requested Codes: ☐ S5126 ☐ S5150

Service Facilitation: ☐ S5116 x \_\_\_\_\_ ☐ 99509 x \_\_\_\_\_ ☐ T1028 x \_\_\_\_\_

☐ H2000 (1 per member lifetime) ☐ S5109 (1 per lifetime of EOR)

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

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

Number of Respite Hours per fiscal year: \_\_\_\_\_

- Only unused respite hours will be approved

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

Forms Needed:

- ☐ DMAS 97 A/B ☐ DMAS 99
- ☐ LTSS Screening Packet for initial service ☐ DMAS 100 (Supervision)
- ☐ Employment verification for primary caregiver (Supervision)