

Government Programs: LTSS Authorization Request Form

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 Ordering Physician: _____

Phone: _____ Fax: _____

Optima Provider #: _____ NPI #: _____ Tax ID#: _____

Full Name of Requesting Provider/Facility: _____

Phone: _____ Fax: _____

Optima Provider #: _____ NPI #: _____ Tax ID#: _____

Person Completing Form: _____

Phone: _____ / ext: _____ Fax: _____

Please select the appropriate box below:

- CCC Plus Waiver (all ages) EPSDT (under 21 no waiver)

Requested Service:

- S5165 Environmental Modification or 99199 Environmental Modification Maintenance
- T5999 Assistive Technology
- S5102 Adult Day Health Care (please include DMAS 300)
- S5160, S5161, S5185, H2021 Personal Emergency Response System (PERS)
- Please include DMAS 100A
- S5170 Discharge Meals