

Government Programs: LTSS Consumer Directed Services Request Form EPSDT (Under 21 NO WAIVER)

Optima Health Community Care | Optima Family Care

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

Questions regarding Personal Aide payment? Please call
Public Partnership Liability at 1-833-549-5672

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

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: _____

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

Forms Needed:

☐ DMAS 7 ☐ DMAS 7A ☐ DMAS 99