

Services Facilitation Authorization Changes

Visit Type	DMAS Requirement	Current Authorization Requirement	Authorization Requirement, Effective February 1, 2022 (changes indicated in red)
H2000 Initial Comprehensive Visit	1 per lifetime	1 per lifetime	1 per lifetime
Service authorization (SA) required from service facilitator (SF)	None	Authorization is required; 1 unit will be authorized upon service entry. The authorization request must be submitted within 10 business days from the initial comprehensive visit.	No authorization required unless excess units are needed.
Number of visits authorized		1 per lifetime	1 per lifetime
Duration of authorization		365 days from authorization start date	30 days from the start of care date
Required documentation for SA		LTSS screening packet (UAI), DMAS 96, DMAS 97 AB, DMAS 98, DMAS 99, and DMAS 100 for Supervision. For members covered under EPSDT benefits without a wavier (DMAS 7, 7A, DMAS 98, DMAS 99). Note: when a member changes SF, providers must use T1028 SF reassessment visit in lieu of H2000.	LTSS screening packet (UAI), DMAS 96, DMAS 97 AB, DMAS 98, DMAS 99, and DMAS 100 for Supervision. For members covered under EPSDT benefits without a wavier (DMAS 7, 7A, DMAS 98, DMAS 99). Note: when a member changes SF, providers must use T1028 SF reassessment visit in lieu of H2000.
S5109- SF Consumer Training Visit	1 per lifetime per EOR	1 per lifetime per EOR	1 per lifetime per EOR
SA required from SF	None	Authorization is required; 1 unit will be authorized for EOR training. The authorization request must be submitted within 10 days from the initial comprehensive visit.	No authorization required unless excess units are needed.

Number of visits authorized		1 per lifetime of EOR	1 per lifetime of EOR
Duration of authorization		365 days from authorization start date	30 days from start of care date
Required documentation for SA		LTSS screening packet (UAI), DMAS 96, DMAS 97 AB, DMAS 98, DMAS 99, and DMAS 100 for Supervision. For members covered under EPSDT benefits without a wavier (DMAS 7, 7A, DMAS 98, and DMAS 99).	LTSS screening packet (UAI), DMAS 96, DMAS 97 AB, DMAS 98, DMAS 99, and DMAS 100 for Supervision. For members covered under EPSDT benefits without a wavier (DMAS 7, 7A, DMAS 98, and DMAS 99).
99509- Routine Visit	Every 90 days	At least every 90 days at a minimum *Additional visits (units) may be authorized if there is a change in the member's health/functional status with supported documentation.	Every 90 days
SA required from SF	None	Authorization required. New members: LTSS screening packet (UAI), DMAS 96, DMAS 97 AB, DMAS 98, DMAS 99, and DMAS 100 for Supervision. For members covered under EPSDT benefits: no wavier (DMAS 7, 7A, DMAS 98, DMAS 99). Existing members: DMAS 97 AB, DMAS 98, DMAS 99, DMAS 100 for Supervision. For members covered under EPSDT benefits; no wavier (DMAS 7, 7A, DMAS 98 DMAS 99).	No authorization required unless excess units are needed
Number of visits authorized		4 units per year unless additional units are authorized	4 units per rolling 365 days
Duration of authorization		365 days from authorization start date	365 days from authorization start date
Required documentation for SA		Optima SA Form or DMAS 98R, DMAS 99, and DMAS 97 AB when requesting additional visit outside the outlined limits or when the plan of care is changing; include supporting documentation.	Optima SA Form or DMAS 98R, DMAS 99, and DMAS 97 AB when requesting additional visit outside the outlined limits or when the plan of care is changing; include supporting documentation.

T1028- Service Facilitation Reassessment	Every 6 months	Every 6 months	Every 6 months
SA required from SF	None	Authorization is required.	No authorization required unless excess units are needed.
Number of visits authorized		3 units per year	2 units per rolling 365 days
Duration of authorization		Rolling calendar year-365 days from authorization start date	365 days from authorization start date
Required documentation for SA		Optima SA Form or DMAS 98R, DMAS 99, and DMAS 97 AB when requesting additional visit outside the outlined limits or when the plan of care is changing; include supporting documentation.	Optima SA Form or DMAS 98R, DMAS 99, and DMAS 97 AB when requesting additional visit outside the outlined limits or when the plan of care is changing; include supporting documentation.
S5116- SF Management Training Hours	As needed	6 units per year. If more than 6 units, the provider will need to submit request for additional units and supporting documentation.	4 unit limit per rolling 365 days
SA required from SF	None	Authorization is required for start of care, renewals, non-participating providers, or when there is a change to the plan of care.	No authorization required unless excess units are needed.
Number of visits authorized		6 units	4 units per rolling 365 days
Duration of authorization		365 days from authorization start date	365 days from authorization start date
Required documentation for SA		Optima SA Form or DMAS 98R to include the following documents when forms on file are out of date: DMAS 97 AB, DMAS 98, and DMAS 99, For members covered under EPSDT benefits; no wavier (DMAS 7, 7A, DMAS 98, and DMAS 99).	Optima SA Form or DMAS 98R to include the following documents when forms on file are out of date: DMAS 97 AB, DMAS 98, and DMAS 99, For members covered under EPSDT benefits; no wavier (DMAS 7, 7A, DMAS 98, and DMAS 99).