



Prior Authorization Request CES Waiver

Provider Information			
Provider Name:		Contracted: Y <input type="checkbox"/> N <input type="checkbox"/>	
Date Submitted:		Initial <input type="checkbox"/> or Concurrent <input type="checkbox"/>	
Provider NPI:		Provider Tax ID (TIN):	
Medicaid ID:			
Contact Name:		Email Address:	
Phone:		Fax:	
Provider Address:			
Member Information			
Member Name:		Member DOB:	
CareSource PASSE ID#:		Member Medicaid ID:	
Care Coordinator Name:			
ICD-10 Diagnosis Code(s):		Diagnosis Description:	
CES WAIVER			
Routine <input type="checkbox"/> Urgent <input type="checkbox"/>			
CODE	Description	Date Range	# of Units

INSTRUCTIONS:

- 1.) Please refer to Prior Authorization Guidance Page 2, before completing Page 1.
- 2.) Supportive Living has its own unique Prior Authorization form to which other waiver services can be added, if requesting jointly.
- 3.) All services should be reflected on the Person-Centered Service Plan (PCSP) and developed in collaboration between member, family/guardian, service providers and Care Coordination. Care Coordination assignment can be found in the Provider Portal or by emailing carecoordination@caresourcepasse.com.
 The following are the **current methods for submitting an authorization**. Completed form is required.
 - a. Email: Servicedeterminations@caresourcepasse.com
 - b. Fax: 844-542-2605
- 4.) The CareSource Provider Portal is not available for submission of these services; however, you will be able use the portal for viewing the status.

Disclaimer: An authorization is not a guarantee of payment; Member must be eligible at time of services are rendered.

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PRIOR AUTHORIZATION SERVICE GUIDANCE PAGE:

CODE	Description	Authorization Time Period	Limits / Recommended Documentation
S5160 S5161 S5162 S5165 U1	Adaptive Equipment Adaptive Equipment, PERS service fee per month Adaptive Equipment PERS, purchase only. Adaptive Equipment, per service 1 unit per equipment item	Up to 6 months or end of calendar year	Please visit CareSource policies: PCSP, Statement of Necessity on how support services will prevent disruption to members ability to live in the community; plan for how the member/family will be trained, warranty information on parts and/or services, pictures of current and proposed modifications; 3 quotes if modification > than \$1000.; Invoice required.
T2020 UA + U1	Community Transition Services 1 unit per itemized reimbursement	Up to 1 year or end of calendar year	PCSP, HDC clinical, Itemized documentation as to how the funds requested will be used help with set-up expenses for clients transitioning from institutional setting, invoice submitted in advance of the supplies with prices (not food); provider should not buy items in advance. Invoice required.
T2025 UK T2025 U1 T2025 U3 T2025 U4	<u>Consultative Services</u> Care Planning Behavior Support Testing/Assessment Goal Training 1 unit = 1 hour	Up to 6 months	PCSP, type of consultation, staff certification providing the consultation service, how the consultation provided will assist the member and team in carrying out goals in the PCSP. Limits: Annually cannot exceed \$1320
T2034 UA U1	Crisis Intervention 1 unit = 1 hour	Up to 6 months	PCSP, Detailed narrative on need for crisis intervention to include frequency, duration, description of behaviors. Individual provider plan indicating how crisis intervention will be utilized. If behavioral health symptoms, evidence of collaboration with psychiatric support.
K0108 UB	Environmental Modifications 1 unit per itemized reimbursement	Up to 1 year or end of calendar year	Please visit CareSource policies: PCSP, Statement of Necessity on how support services will prevent disruption to members ability to

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			live in the community; plan for how the member/family will be trained, warranty information on parts and/or services, pictures of current and proposed modifications; 3 quotes if modification > than \$1000.; Invoice required.
S5151 UF S5151 U6 S5151 UN S5151 U6 UN	Care Giver Respite 1:1 (<12 hrs./not overnight) Care Giver Respite 1:1 (>12 hrs./ overnight) Care Giver Respite Shared (<12 hrs./not overnight) Care Giver Respite Shared (>12 hrs./ overnight)	Up to 6 months	PCSP, Detailed narrative on need for crisis respite including anticipated length of need.
T2028	Specialized Medical Supplies	Up to 6 months	PCSP, Statement of Necessity on how supplies will support independence, Plan for how the member/family will be trained. Invoice required.
T2020 UA	Supplemental Support Services Processed as 1 unit – must submit invoice with total costs.	Up to 6 months	PCSP, how this support will help members ability to live in the community; referral from medical professional (i.e. gym membership, camps, mi) plan for how the member/family will be trained; 3 quotes if supports > \$1000. Invoice required.
H2023 U1 + UA H2023 UK H2023 UA + UB H2023 UQ H2023 U3 + UA H2023 U2 + UA	Supported Employment Discovery & Career Planning Extended Services Job Coaching 1:1 Job Coaching Shared Staffing Job Path Job Development 1 unit = 15 minutes	Up to 6 months	PCSP, Individual Career profile, Arkansas Rehabilitation Services letter of closure, Employment Plan with job goals focused on acquiring and maintaining competitive employment, progress notes.
H2016 all codes	For Supportive Living requests visit: LINK or contact servicedeterminations@CareSourcePASSE.com	Up to 6 months	Must use Supportive Living prior authorization form. Additional services from this list can be added to the Supportive Living authorization form.

AR-PAS-P-2417201

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