



Summit Community Care CES Waiver Authorization Form

Please fax all long-term care (LTC), long-term services and supports (LTSS), community and employment services (CES) waiver requests to 844-815-4715.

To prevent a delay in processing, complete this form in its entirety with all applicable information.

Date submitted:		Rendering provider name:	
Member name:		Provider TIN:	
Member ID:		Provider NPI (if applicable):	
Member DOB:		Provider address:	
Care coordinator name:		Name of person submitting request:	
PCSP start date:		Provider phone number:	
PCSP end date:		Provider fax number:	
		Diagnosis code (ICD-10-CM):	

Note: All supportive living (SL) requests require a SL plan of care (including goals and objectives) and SL schedule (including hours/day/week).

Type of service	Code & modifier	Service unit	Requested date span	Total units requested	Additional details for requested service (Ex: SL schedule [including hours/day/week]; modification details)
Supportive living** One-on-one staffing — Level 1 Combined annual limit with all other SL services (UF, UF TG, U1 UQ, U2 UR)	H2016 UF	15 minutes Up to 16 hours per day (64 units)			
Supportive living** — One-on-one staffing — Level 2 Combined annual limit with all other SL services (UF, UF TG, U1 UQ, U2 UR)	H2016 UF TG	15 minutes 17-24 hours per day (68-96 units)			
Supportive living** — Shared staffing up to 4 members Level 1 Combined annual limit with all other SL services (UF, UF TG, U1 UQ, U2 UR)	H2016 U1 UQ	15 minutes 24 hours per day (up to 96 units)			
Supportive living** — Shared staffing — 5 to 8 members Level 2 Combined annual limit with all other SL services (UF, UF TG, U1 UQ, U2 UR)	H2016 U2 UR	15 minutes 24 hours per day (up to 96 units)			
Complex Care Home — 8 bed home for I/DD members	H2016 UA	Per diem			
Supportive living** — Level 5 Shared home monitoring 1:9 or more ratio	H2016 U5 US UB	Per diem			

Type of service	Code & modifier	Service unit	Requested date span	Total units requested	Additional details for requested service (Ex: SL schedule [including hours/day/week]; modification details)
Supportive living** — Companion and activity Therapy * Invoice required	H2016 UC	1 visit = 1 unit (Pass-thru cost)			
Supportive living** — Community (gym memberships, camps, activities, alternate supportive supervision) * Invoice required	H2016 UK	1 unit = 1 request = one camp, one month, or one membership (Pass-thru cost)			
Supportive living** — non-medical transportation — One-on-one Combined annual limit with H2016 UD US	H2016 UD	Per mile			
Supportive living** non-medical transportation — multi-member transport Combined annual limit with H2016 UD	H2016 UD US	Per mile			
Supported employment — Job coaching	H2023	15 minutes			
Supported employment — Shared staffing Up to 4 members Job coaching	H2023 TT UQ	15 minutes			
Supported employment — Shared staffing 5-8 members Job coaching	H2023 TT UR	15 minutes			

Type of service	Code & modifier	Service unit	Requested date span	Total units requested	Additional details for requested service (Ex: SL schedule [including hours/day/week]; modification details)
Environmental modification * Invoice required Combined annual limit with other services (K0108 UB, S5165 U1, S5160, S5161, S5162)	K0108 UB	1 unit = 1 request (Pass-thru cost)			
Respite services —One-on-one	S5151	15 minutes			
Respite services — Shared staffing —Up to 4 members	S5151 UN	15 minutes			
Adaptive equipment, personal emergency response system (PERS), installation and testing * Invoice required Combined annual limit with other services (K0108 UB, S5165 U1, S5160, S5161, S5162)	S5160	1 unit = 1 install (Pass-thru cost)	3-month max		
Adaptive equipment, personal emergency response system (PERS), service fee, per month, excludes installation and testing * Invoice required Combined annual limit with other services (K0108 UB, S5165 U1, S5160, S5161, S5162)	S5161	1 unit = 1 month (Pass-thru cost)			
Adaptive equipment, personal emergency response system (PERS), purchase only * Invoice required	S5162	1 unit = 1 purchase (Pass-thru cost)	3-month max		

Type of service	Code & modifier	Service unit	Requested date span	Total units requested	Additional details for requested service (Ex: SL schedule [including hours/day/week]; modification details)
Combined annual limit with other services (K0108 UB, S5165 U1, S5160, S5161, S5162)					
CES adaptive equipment, per service (vehicle mod) * Invoice required Combined annual limit with other services (K0108 UB, S5165 U1, S5160, S5161, S5162)	S5165 U1	1 unit = 1 request (Pass-thru cost)			
Supplemental support services (unforeseen events — guardianship, snow days, bedbugs) * Invoice required	T2020 UA	1 unit = 1 supplemental support (Pass-thru cost)	3-month max		
Community transition services *Invoice required	T2020 UA U1	1 unit = 1 request (Pass-thru cost)	3-month max		
Consultation services — Treatment planning and/or participation in PCSP *Invoice required Combined annual limit with other services (T2025 UK, T2025 U1, T2025 U3, T2025 U4)	T2025 UK	Per hour			
Consultation services — Behavior support plans/training *Invoice required Combined annual limit with other services (T2025 UK, T2025 U1, T2025 U3, T2025 U4)	T2025 U1	Per hour			

Type of service	Code & modifier	Service unit	Requested date span	Total units requested	Additional details for requested service (Ex: SL schedule [including hours/day/week]; modification details)
Consultation services — providing updated psychological and adaptive behavior assessments by licensed psychological examiner * Invoice required Combined annual limit with other services (T2025 UK, T2025 U1, T2025 U3, T2025 U4)	T2025 U3	Per hour			
Consultation services — training of direct service staff and/or family by professionals to support member in goals of PCSP *Invoice required Combined annual limit with other services (T2025 UK, T2025 U1, T2025 U3, T2025 U4)	T2025 U4	Per hour			
Specialized medical equipment * Invoice required	T2028	1 unit = 1 shipment Monthly — 12 units Quarterly — 4 units Annually — 1 unit (Pass-thru cost)			