

CES Waiver Emergency Request Form



Please use this form to provide notice of emergency support revisions for CES Waiver members related to COVID-19. The requirement of a Prior Auth for additional services has been waived in light of the COVID-19 outbreak. However we request that you submit this form to ensure we are aware of the services being delivered to our members.

For emergency revisions, please:

1. Complete and submit one copy of this form for each member that needs additional hours.
2. Return these forms to via our web portal or by fax within two business days of initiating services. To fax forms, send to: 833-249-2342.

Billing Instructions:

Providers should continue to bill H2016 for the daily budgeted rate if there are no changes. If additional supportive living is needed, providers may bill \$21.00/hour, using code T2020 for emergency adjustments for one-on-one or shared staffing.

Provider Name: _____ Provider Email: _____

Provider Phone: _____

Member Name: _____ Member ARTC ID: U

Date: _____

What are you requesting? Please explain:

Are there additional health and/or safety concerns? If so, please describe below.

Are there any natural supports in place? If so, please list:

Do you have staff in place to fill this request?

Yes ☐ No ☐

Please return this form to us via our web portal or fax to: 833-249-2342.

For all questions regarding this request, please contact the member's Care Coordinator
or call 1-866-282-6280 (TTY: 711).