



Housing Supports Program

Authorization Request Form

Fax Completed Form to: 1-855-573-2346

Please check type of request:

Pre-tenancy Services _____ Tenancy Sustaining Services _____ Move-in Supports _____
Residential Modification and Remediation Services _____

Date Submitted to MCO: _____

Member Name: _____ Member ID _____ DOB: _____

Member Address (Street/City) _____

Member Phone # _____ Translation Needed: Yes _____ No _____

Language _____

Diagnosis Code: **Z59.10 INADEQUATE HOUSING, UNSPECIFIED**

Provider Completed Duplication of Services Review for member/member household? Yes _____ No _____

Requesting Authorization from _____ to _____

Number of Days Requested _____

Please check one of the following codes:

Initial Request:

____ Pre-tenancy Services (Lower level of need)- H0044- U1

____ Pre-tenancy Services (Higher level of need)- H0044- U3

____ Tenancy Sustaining Services (Lower level of need) - H0044- U4

____ Tenancy Sustaining Services (Higher level of need) - H0044- U6

Ongoing Request:

____ Pre-tenancy Services (Lower level of need)- H0044- U1

____ Pre-tenancy Services (Higher level of need)- H0044- U3

____ Tenancy Sustaining Services (Lower level of need) - H0044- U4

____ Tenancy Sustaining Services (Higher level of need) - H0044- U6

____ Move-in Supports (Move-in Supports)- T2038- U1

____ Move-in Supports (Payment for administration)- T2038- U6

____ Residential Modification/Remediation Services (Housing Supports **modification** services)- S5165- U2

____ Residential Modification/Remediation Services (Housing Supports **remediation** services)- S5165- U3

____ Residential Modification/Remediation Services (Payment for evaluation)- T1028

Provider Name: _____ Provider ID: _____

Provider NPI: _____ Provider TAX ID: _____

Phone #: _____ Fax #: _____

Contact Person: _____