

# LONG TERM CARE ADMINISTRATION

Living Choice     Medically Fragile

## COMMUNITY SERVICE PLAN AUTHORIZATION REQUEST CHECKLIST

<b>Participant Name</b>			<b>SoonerCare ID</b>
	<i>Last</i>	<i>First</i>	<i>Middle</i>

<input type="checkbox"/> <b>A. INITIAL ASSESSMENT</b>	
<b>Pre-assessment</b> <input type="checkbox"/> Participant Consents and Rights <input type="checkbox"/> Release of Information <input type="checkbox"/> UCAT I & III <input type="checkbox"/> Quality of Life Survey (QOL)	<h3 style="margin: 0;">STOP</h3> <p style="margin: 0;">This Section only pertains to The Living Choice Demonstration Program</p>
<b>Post-assessment</b> <input type="checkbox"/> Release of Information <input type="checkbox"/> Community Service Plan <input type="checkbox"/> Community Service Plan Goals <input type="checkbox"/> Community Service Back Up Plan	

<input type="checkbox"/> <b>B. INITIAL COMMUNITY SERVICE PLAN</b>
<input type="checkbox"/> Participant Consents & Rights <input type="checkbox"/> Release of Information <input type="checkbox"/> Community Service Plan <input type="checkbox"/> Community Service Plan Goals <input type="checkbox"/> Community Service Back Up Plan <input type="checkbox"/> UCAT (Parts I & III) <input type="checkbox"/> IDT Meeting <input type="checkbox"/> 485 & Scripts for Durable Medical Equipment <input type="checkbox"/> Other, only if necessary for this plan (i.e. Nutritional Supplement, Environmental Mods)

<input type="checkbox"/> <b>C. REASSESSMENT</b>	
<input type="checkbox"/> Participant Consents & Rights <input type="checkbox"/> Release of Information <input type="checkbox"/> Community Service Plan <input type="checkbox"/> Community Service Plan Goals <input type="checkbox"/> Community Service Back Up Plan <input type="checkbox"/> UCAT (Parts I & III) <input type="checkbox"/> IDT Meeting <input type="checkbox"/> 485 & Scripts for Durable Medical Equipment <input type="checkbox"/> Other, only if necessary for this plan (i.e. Nutritional Supplement, Environmental Mods)	

<input type="checkbox"/> <b>D. ADDENDUM</b>	
<input type="checkbox"/> Community Service Plan Addendum <input type="checkbox"/> Revised Goal(s) <input type="checkbox"/> Other, only if necessary for this plan (485 & Scripts for DME)	

<b>SIGNATURES</b>		
Documentation marked above was sent:		
TC/CM Agency	TC/CM Signature	
TC/CM Print Name	TC/CM Contact Information	Date