

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>	
<p><u>Pre-assessment</u></p> <p>_____ Participant Consents and Rights</p> <p>_____ Release of Information</p> <p>_____ UCAT I &amp; III</p> <p>_____ Quality of Life Survey (QOL)</p> <hr/> <p><u>Post-assessment</u></p> <p>_____ Release of Information</p> <p>_____ Community Service Plan</p> <p>_____ Community Service Plan Goals</p> <p>_____ Community Service Back Up Plan</p>	<p style="font-size: 24pt; font-weight: bold; margin: 0;">STOP</p> <p style="margin: 0;">This Section only pertains to The Living Choice Demonstration Program</p>

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

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

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

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