

# LONG TERM CARE ADMINISTRATION

Living Choice       Medically Fragile

## CASE MANAGEMENT NOTES

<b>Participant Name</b>				<b>SoonerCare ID</b>	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		

DATE	START	STOP	TIME	UNITS	NOTES

**TC/CM Name**

**TC/CM Signature**

**Units (this page)**  
**Total Units**