# LONG TERM CARE ADMINISTRATION

[ ] Living Choice  [ ] Medically Fragile

## COMMUNITY SERVICE PLAN AUTHORIZATION REQUEST CHECKLIST

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>SoonerCare ID</th>
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### A. INITIAL ASSESSMENT

**Pre-assessment**
- Participant Consents and Rights
- Release of Information
- UCAT I & III
- Quality of Life Survey (QOL)

**Post-assessment**
- Release of Information
- Community Service Plan
- Community Service Plan Goals
- Community Service Back Up Plan

**STOP**
This Section only pertains to The Living Choice Demonstration Program

### B. INITIAL COMMUNITY SERVICE PLAN

- Participant Consents & Rights
- Release of Information
- Community Service Plan
- Community Service Plan Goals
- Community Service Back Up Plan
- UCAT (Parts I & III)
- IDT Meeting
- 485 & Scripts for Durable Medical Equipment
- Other, only if necessary for this plan (i.e. Nutritional Supplement, Environmental Mods)

### C. REASSESSMENT

- Participant Consents & Rights
- Release of Information
- Community Service Plan
- Community Service Plan Goals
- Community Service Back Up Plan
- UCAT (Parts I & III)
- IDT Meeting
- 485 & Scripts for Durable Medical Equipment
- Other, only if necessary for this plan (i.e. Nutritional Supplement, Environmental Mods)

### D. ADDENDUM

- Community Service Plan Addendum
- Revised Goal(s)
- Other, only if necessary for this plan (485 & Scripts for DME)

## SIGNATURES

Documentation marked above was sent:

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<thead>
<tr>
<th>TC/CM Agency</th>
<th>TC/CM Signature</th>
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<tr>
<td>TC/CM Print Name</td>
<td>TC/CM Contact Information Date</td>
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OKHCA Revised 1-22-2019