

# 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>   |  |
|---|--|
| <p><b>Pre-assessment</b></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><b>Post-assessment</b></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<br/>The Living Choice<br/>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>_____ 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>_____ 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>                           |                 |      |
|---|-----------------|------|
| <b>Documentation marked above was sent:</b> |                 |      |
|   |                 |      |
| TC/CM Agency                                | TC/CM Signature | Date |