

Living Choice

Medically Fragile

SELF-DIRECTED SERVICES-LETTER OF INTENT

Oklahoma Health Care Authority

Long Term Care Administration

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

The member listed above has selected the Self-Directed Services option and will submit an application for consideration.

In addition, **please remind the member that in order to prevent a delay or loss of payment to the PCA or Direct Service Worker, the following information has to be completed.**

- All **employer** paperwork must be correctly completed before it is sent to Morning Star FMS.
- All **employee** paperwork must be correctly completed before it is sent to Morning Star FMS.
- The background check for the employee must be completed by Morning Star FMS and is approved and clear.
- Self-Directed services have been authorized on the Service Plan.

If the Care Management Unit of the Oklahoma Health Care Authority requests additional information regarding a member's service plan, there may be a delay in authorization. The delay in authorization could affect the payroll for the employee.

If you have any questions, please feel free to contact the Living Choice or Waiver Program Coordinator at **888-287-2443**.