



County

## SERVICE PLAN AUTHORIZATION REQUEST PACKET CHECKLIST

<b>Member Name</b>			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
<b>Address</b>			
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
<b>Medicaid #</b>			

### A. INITIAL SERVICE PLAN

Case Management	ADvantage Use Only Mark to confirm receipt:	
Insert the # of Pages sent per item in each appropriate blank.	FAX	Originals (Mail)
_____ <b>Service Plan</b> – ADv6e	<input type="checkbox"/>	<input type="checkbox"/>
_____ <b>Service Plan Goals</b> – ADv6a1	<input type="checkbox"/>	<input type="checkbox"/>
_____ <b>R.N. Evaluation</b>	<input type="checkbox"/>	<input type="checkbox"/>
_____ <b>Prescription</b> for Environmental Mods. or DME and supplies	<input type="checkbox"/>	<input type="checkbox"/>
_____ <b>Service Team Release</b> – ADv5		<input type="checkbox"/>
_____ Other, only if necessary for this plan _____		<input type="checkbox"/>

### B. ADDENDUM

_____ <b>Service Plan Addendum</b> - ADv6e1	<input type="checkbox"/>	<input type="checkbox"/>
_____ <b>Revised Goal(s)</b> – ADv6a1	<input type="checkbox"/>	<input type="checkbox"/>
_____ Other, only if necessary for this plan _____		<input type="checkbox"/>

### C. REASSESSMENT

_____ <b>Service Plan</b> – ADv6e		<input type="checkbox"/>
_____ <b>Service Plan Goals</b> - ADv6a1		<input type="checkbox"/>
_____ <b>R.N. Evaluation</b>		<input type="checkbox"/>
_____ <b>UCAT (Part I &amp; III)</b>		<input type="checkbox"/>
_____ <b>Prescription</b> for Environmental Mods. or DME and supplies		<input type="checkbox"/>
_____ <b>Service Team Release</b> -ADv5		<input type="checkbox"/>
_____ Other, only if necessary for this plan _____		<input type="checkbox"/>

### D. PRIORITY

SIGNATURES		
<b>Documentation marked above was sent:</b>		
<b>Case Management Agency (Please Print)</b>	<b>Case Manager Signature</b>	<b>Date</b>
<b>Documentation marked as sent was received:</b>		
<b>ADvantage Program Staff</b>		<b>Date</b>