

Managed Care Pre-Enrollment Assessment Authorization

<input type="checkbox"/> Supplemental Security Income (SSI) Money Follows the Person (MFP)		
<input type="checkbox"/> Medical Assistance Only (MAO) MFP, if not a member		
<input type="checkbox"/> Medicaid Pending MFP		
<input type="checkbox"/> Interest List (IL): STAR+PLUS HCBS Program IL No. _____	MDCP IL No. _____	
<input type="checkbox"/> Medically Dependent Children Program (MDCP)		
<input type="checkbox"/> Private Duty Nursing (PDN)		

A. Referral/Assessment Authorization – Completed by Program Support Unit Staff

1. Applicant's/Member's Name	2. Date of Birth	3. Social Security No.	4. Medicaid No.	5. Medicare No.
6. Resource Utilization Group	7. Current Living Address (include City and ZIP Code)			
8. Phone No. with Area Code	9. Name of Contact Other Than Applicant/Member			
10. Contact's Phone No. with Area Code	11. Contact's Mailing Address (include City and ZIP Code)			
12. Current Location of Applicant/Member				
<input type="checkbox"/> Adult Foster Care (AFC) <input type="checkbox"/> Assisted Living/Residential Care (AL/RC) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Nursing Facility				
13. Living Arrangement, if enrolled in STAR+PLUS HCBS program			14. Home Address (include City and ZIP Code)	
<input type="checkbox"/> AFC <input type="checkbox"/> AL/RC <input type="checkbox"/> Home				
15. Date Form H3676 Posted	16. Managed Care Organization (MCO) Selected		17. MCO Vendor No.	
18. MCO Contact's Name			19. MCO Contact's Phone No. with Area Code	
20. MFP Demonstration 90-Day Qualifying Dates		21a. Relocation Referral Made:		22a. Phone No. with Area Code
Begin Date	End Date	<input type="radio"/> Yes <input type="radio"/> No		
		21b. Relocation Specialist:		22b. Fax No. with Area Code
23. Comments				
24. Program Support Unit Staff Name			25. Date Completed	26. Phone No. with Area Code

B. Waiver Assessment Report – Completed by MCO

27. Date of Assessment	28a. Form H1700-1, Individual Service Plan (ISP)	29. Fax No. with Area Code
	<input type="radio"/> Yes <input type="radio"/> No	
	28b. Form 2604, STAR Kids ISP – Service Tracking Tool	
	<input type="radio"/> Yes <input type="radio"/> No	
30. Comments		
31. Medical Necessity Approved	32. Community First Choice (CFC) Only Eligible	33. MFP Demonstration Participant
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
34. MCO Staff Name	35. Date Completed and Posted	36. Phone No. with Area Code