Case Manager Packet Submission Checklist

DMA – 6

Member’s signature & date

Diagnosis

MD’s signature & Dated (within 30 days of start/renewal of plan of care)

Case Manager’s signature & date

RPAF or Original PAF (includes Circle of Support form signed by members of the support family / team)

Narrative Summary

Reference Sheet (signed by member and case manager)

Equipment / Supply List

Release of Information Form (Appendix F)

Care Path (10 pages for Initial & Renewal)

Financial Summary

Address Status Form

Memorandum of Understanding (MOU) (Appendix C)

Freedom of Choice (Appendix I)

Member Rights and Responsibilities (Appendix B)

CDC Option:

CDC Member Skills Inventory Checklist

CDC Memorandum of Understanding (MOU) (Appendix C-1)

Appendix P-2

\*\*It is the responsibility of the case manager to review the FI statements monthly with the member. Monthly, case managers should review the budget to assure that member is still within CDC budget and will remain so for the remaining care plan year.