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.