**ICWP CM Documentation Required**

1. Individual Plan of Care to cover claim period
2. Documentation of Phone calls with Participants
3. Documentation of Face to Face Monthly Visits
4. Participant Assessment Form (PAF), Re-Assessments
5. Member’s Rights and Responsibilities
6. Memorandum of Understanding
7. Freedom of Choice
8. DMA-6
9. DMA-80
10. Case Management Annual Training Records
11. Quarterly Provider Meetings
12. CM/Member quarterly visits to go over the Care Path
13. Ventilator Dependent Participants Emergency Back-Up Plans- if applicable

**Note: Documentation must cover the entire review period that is cited in the records request letter. Please note that this may require multiple documents to be submitted.**