

Five Day Follow-up

Living Choice

Medically Fragile

Participant Name: _____ SoonerCare ID #: _____

Date	Time In & out	Units	NOTES
_____	_____	_____	<p>Five Day Follow-up monitoring completed by <input type="checkbox"/> Phone <input type="checkbox"/> HV.</p> <p>Service plan and goals reviewed with the member. List all goals reviewed and whether or not there are any services that have not yet been initiated. If a service has not been initiated, list CM actions:</p> <p>Medical Oversight Goals:</p> <p>PCA Services Goals:</p> <p>Incontinent Supplies Goals:</p> <p>Home Delivered Meals Goals:</p> <p>Safety/Disaster Plan Goals:</p> <p>Coordinator Services Goals:</p> <p>Other:</p> <p>Member is pleased with Living Choice and Waiver PCA services: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Document necessary amendments or additional follow-up needed: _____</p> <p>Are all approved services in place and adequate to meet participant's needs/goals? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain</p> <p>Coordinator Signature: _____</p>

Total Units Used for Page: __