# CARE PLAN PROTOCOL REVIEW FORM

**Care Plan Review for Care Plans that exceed Targeted Care Plan Guidelines**

West Central Florida
Area Agency on Aging, Inc.
aaa
Assistance. Advocacy. Answers on Aging.

| | | | | | |
|---|---|---|---|---|---|
| Case Management Agency: | | | Case Manager: | | |
| Client: | | SSN: | | Risk Score: | |
| Medicaid #: | | Assessment Date: | | Priority Score: | |
| Current Monthly Care Plan Cost: | | | Current Annual Care Plan Cost: | | |
| Proposed Monthly Care Plan Cost: | | | Proposed Annual Care Plan Cost: | | |
| # of clients on waitlist ahead of client: | | ☐ Special Exception Request: | | | |

**Authorization request for:**

- ☐ Care Plan review **MW – Semi – Annual or Annual Assessment** exceeds Statewide Targeted Guidelines
- ☐ Care Plan Increase **MW** – exceeds Statewide Targeted Guidelines
- ☐ Care Plan review **CCE, ADI, HCE, LSP – Initial Assessment** exceeds PSA 6 Targeted Guidelines
- ☐ Care Plan Increase **CCE, ADI, HCE, LSP** – exceeds PSA 6 Targeted Guidelines

Current Services (include frequency and cost):

| | |
|---|---|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Additional Services Requested (Attach the proposed annual care plan cost

| |
|---|
| |

How Long are Services needed (i.e. short-term day/month, annual, ongoing):

| |
|---|
| |

# CARE PLAN PROTOCOL REVIEW FORM

**Care Plan Review for Care Plans that exceed Targeted Care Plan Guidelines**

West Central Florida
Area Agency on Aging, Inc.
aaa
Assistance. Advocacy. Answers on Aging.

Explain Other Options Explored to meet client need (i.e. informal services, family, private pay, Medicare/Medicaid)

| |
|---|
| |

Justification for Additional Services:

| |
|---|
| |

Check All That Apply:

| | | | |
|---|---|---|---|
| ☐ Dementia | ☐ Hx of Falls | ☐ Caregiver in Crisis | ☐ Med Waiver APPL |
| ☐ Incontinent | ☐ Lives Alone | ☐ Nutrition Score 5.5+ | Client Age: |

For SGR clients: Is the client Medicaid Waiver Eligible? ☐ Yes ☐ No

If no, why not? ☐ over assets ☐ over income ☐ does not meet Level of Care

If yes, what is the status of the application? _____

_____ _____

Case Manager Signature Lead Agency Supervisory Review Authorization

---

**For WCFAAA Authorization Use Only:**

Date Received by AAA: _____ Date Reviewed _____

☐ Approved

☐ Denied

_____

WCFAAA Representative

| |
|---|
| Comments: |

West Central Florida
Area Agency on Aging, Inc.

aaa

*Assistance. Advocacy. Answers on Aging.*

# Medicaid Waiver Funding Approval Request

❒ Aged Disabled Adult Waiver
❒ Assisted Living for the Elderly Waiver

Date of Request:_____

Client Name: _____ SS#_____

❒ Client has Medicaid # _____
❒ Client must apply for Medicaid waiver program

Annualized Care Plan Cost: $_____

Monthly Care Plan Cost: $_____

Anticipated MW Enrollment Date: _____

Risk Score: _____

_____

Case Manager Printed Date Lead Agency

_____

Authorizing Supervisor Signature Date Lead Agency

*** Medicaid Waiver Specialist's signature ensures that there is an approved slot to open the client and remain within the established spending authority.**

_____

*Authorized WCFAAA MWS Signature Date

☐ Pending