



CARE PLAN PROTOCOL REVIEW FORM

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

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:			<input type="checkbox"/> Special Exception Request:				

Authorization request for:

- ☐ Care Plan review **CCE, ADI, HCE, LSP, MW – Initial Assessment**
 - o Anticipated Service Start Date _____
- ☐ Care Plan review **MW – Semi – Annual or Annual Assessment** exceeds Statewide Targeted Guidelines
- ☐ Care Plan Increase **MW** – exceeds Statewide 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

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

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West Central Florida
Area Agency on Aging, Inc.



Assistance. Advocacy. Answers on Aging.

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

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Justification for Additional Services:

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Check All That Apply:

<input type="checkbox"/> Dementia	<input type="checkbox"/> Hx of Falls	<input type="checkbox"/> Caregiver in Crisis	<input type="checkbox"/> Med Waiver APPL
<input type="checkbox"/> Incontinent	<input type="checkbox"/> Lives Alone	<input type="checkbox"/> 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 and Assurance of Available funding for services

For WCFAAA Authorization Use Only:

Date Received by AAA: _____ Date Reviewed _____

- ☐ Approved
☐ Denied

WCFAAA
Representative

Comments:

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