CARE PLAN PROTOCOL REVIEW FORM

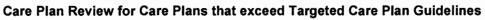
Care Plan Review for Care Plans that exceed Targeted Care Plan Guidelines

West Central Florida Area Agency on Aging, Inc.
aaa

Assistance, Advocacy, Answers on Aging.

Case Management Agency:			_		Case Manager:			
Client:			SSN:	_		Risk Sco	re:	
Medicaid #:		Assessment D	ate:			Priority S	core:	
Current Monthly Ca	re Plan Cost:			Current	Annual Care Plar	n Cost:		
Proposed Monthly	Care Plan Cost:			Propose	d Annual Care P	lan Cost:		
# of clients on waitl	st ahead of client	:	□ Spe	cial Excep	tion Request:			
Care Plan r	eview CCE, ADI, Anticipated Ser eview MW – Sem crease MW – ex	vice Start Date ii – Annual or A ceeds Statewide	Annual A	ssessme	nt exceeds State		eted Gui	delines
Current Services (in	clude frequency a	and cost):						
1.			5.]
2.			6.					
3.			7.					_
4.			8.					4
Additional Services					ost			
How Long are Servi	es needed (i.e. sh	ort-term day/month,	annual, on	going):				7

CARE PLAN PROTOCOL REVIEW FORM





Justification for Additional	Services:			
Check All That Apply:				
□_Dementia □	☐ Hx of Falls	□ Caregiver in Crisis		
☐ Incontinent ☐	Lives Alone	□ Nutrition Score 5.5	5+ Client Age:	
For SGR clients: Is the clie If no, wh If yes, w		assets □ over income	e 🗆 does not meet Level of C	care
Case Manager S	ignature		Agency Supervisory Review rance of Available funding for	
or WCFAAA Authorizat	ion Use Only:			
Date Received by AAA:		Date Review	wed	
☐ Approved ☐ Denied				
L Deffied	WCFAAA			
	Representative			