

Community Care Case Management Checklist

Client Name		Client No.	Worker Name		Employee No.	Worker BJN				
Type Action		Action Month	Reader Name			Employee No.	Date Read			
4040 Ref	Std	Standards			Code	Svc 1	Svc 2	Svc 3	Svc 4	Svc 5
1-A-1	1	ELIGIBILITY			A					
		CCAD	A. 2060 score	B. Unmet need	C. PHC screening	B				
		CCAD/CBA	D. Age	E. Financial	F. Rider 37	G. Other	C			
		CBA	H. ISP signed	I. Cost ceiling	J. Med necessity	K. Risk Criteria	D			
		Comments			E					
					F					
					G					
					H					
					I					
					J					
					K					
1-B-1	2	TIMELINESS – REQUEST FOR SERVICES			A					
		A. Initial contact	B. Timeliness of 3676		B					
Comments										
1-B-2	3	TIMELINESS – INITIAL ELIGIBILITY DETERMINATION			A					
Comments										
1-B-3	4	TIMELINESS – REDETERMINATION OF ELIGIBILITY			A					
		A. Financial	B. Functional	C. Completed before end of ISP period	B					
		Comments			C					
2-A-1	5	DATABASE TIMELINESS			A					
		A. CSIL	B. Form 2314	C. Other	B					
		Comments			C					
2-A-2	6	DATABASE INTEGRITY			A					
		A. CSIL	B. Form 2314	C. SASW	D. Other	B				
		Comments			C					
					D					
2-B-1	7	CLIENT CIVIL RIGHTS			A					
		A. Form 2065	B. Form 2307	C. Form 1584	D. Other	B				
		Comments			C					
					D					
2-C-1	8	MONITORING			A					
		A. Type of contact	B. Issues addressed		B					
		C. Timeliness of contact	D. Other		C					
		Comments			D					
2-C-2	9	TIMELY RESPONSE TO CHANGES			A					
		A. Service break	B. Service plan revision	C. Other	B					
		Comments			C					
2-D-1	10	SERVICE PLAN/AUTHORIZATION			A					
		(I) A. Consistency with hours/overall plan	B. PAS/AFC/AL-RC (CBA)	C. Nursing	B					
		(II) D. Adaptive Aids	E. Medical Supplies	F. Home Mods	C					
		(III) G. ERS (CBA)	H. Respite/Therapy	I. HDM (CBA)	J. Co-payment	D				
		K. Other			E					
		Comments			F					
					G					
					H					
					I					
					J					
					K					
General Comments										
<input type="checkbox"/> Correction Required (describe)					Date Correction Due		Date Corrected		Worker's Initials	