

LONG TERM CARE ADMINISTRATION ALTERNATIVE FUNDS REQUEST FORM

Participant Name				SoonerCare ID	
	<i>Last</i>	<i>First</i>	<i>MI</i>		

TC/CM: <i>Please complete and attach supporting case notes.</i>	
Agency:	TC/CM:
Date of Service From:	Date of Service To:
Total # of Units Requested:	Code: <input type="checkbox"/> Standard <input type="checkbox"/> Very Rural Rate:
List Documents Obtained for Member (i.e. Birth Certificate, Photo ID, SSN) :	
Cost to Obtain Documentation(s):	
Total amount requested (total units requested + cost for docs obtained):	

TC/CM Supervisor:	
1. Has TC/CM submitted member's discharge/withdrawal form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has TC/CM attached progress note documentation supporting units requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name:	Supervisor Signature: Date:

To be completed by Long Term Care ADMINISTRATION Staff

Date Received:

Date Reviewed:

LCP Coordinator:

Documentation Review

- ☐ Progress notes reviewed
- ☐ Alternative Funds Request Form reviewed
- ☐ Additional information needed

Comments:

Total # of Units approved:
Total amount approved:
Invoice #