

OHCA SELF-DIRECTED SERVICES INTERNAL DOCUMENTS CHECKLIST

Living Choice My Life; My Choice Sooner Seniors Medically Fragile

Participant Name				SoonerCare ID	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		

Initial Program Documents

- _____ **Self-Assessment Survey**
- _____ **Letter of Intent**
- _____ **Member/Employer Roles and Responsibilities**
- _____ **Acknowledgement of Informed Choice**
- _____ **Designation of Authorized Representative**
- _____ **Budget Calculation Worksheet**
- _____ **Authorization to Transition to Self-Direction**
- _____ **Goods and Services Expense Form**
- _____ **Mileage Form**

Date Documents Received: _____

Case Management Agency: _____ Case Manager/TC: _____