

Past

- Pre-natal Health
- Nature and cause of disability
- Age of diagnosis and made by whom or state unknown
- Any early intervention
- Past medical history, surgeries, hospitalizations
- Any placement history outside of current placement
- Why is EPSDT SC being requested? Is family aware SC is optional and declining will not affect eligibility to receive Medicaid services or placement on the Waiver registry?

Present

- Names and ages of all household members
- Primary caregiver and natural supports
- Address mom and dad and if they provide any natural or financial support
- Is the home owned or rented?
- Does the home environment meet their needs?
- Access to transportation and community
- Source of household income

Medical Diagnoses

- List all diagnoses and what documentation you have for each
- If any diagnosis is “parent states” address what you’re doing to obtain documentation or if no documentation exists
- List all doctor’s names and specialties, how often they see them, last visit/next visit
- List all meds and what they are prescribed for
- Address special procedures -trach, g-tube, etc.
- Vision
- Hearing
- Communication
- Ambulation (fine/gross motor skills, how they ambulate, etc.)
- Toileting needs
- Dietary needs
- Do they need assistance with their ADLs? If so was PCS offered? If PCS is received what ADLs do they need PCS to assist with?
- What therapies do they receive at school and were community therapies offered?

Psych/Behavioral

- Address behaviors at both home and school
- What behaviors do they have / what does it look like?
- Any known triggers?
- How often does it occur? (Don’t say rarely, frequently, etc. Be specific)
- What strategies are used to deal with behaviors?
- What behavior services are received or offered?
- Autism or related diagnosis - Was ABA offered? Does family want referral for testing to assess need for ABA? If declined, revisit ABA with family at least annually?

Evaluation/Documentation

- Current formal document that was less than a year old at time of CPOC meeting
- Current IEP if Special Ed
- Current EHH Plan of Care if EHH
- Current PDHC Plan of Care if PDHC
- Current SOA or Redetermination as a service need and documentation re: redetermination

Service Needs

- List all requested/received services through Medicaid, school, community, family or OCDD
- List services that require PA tracking like PCS, EHH, PDHC, OT, PT, ST, DME, ABA, etc.
- List services requested from OCDD like Family Flexible Fund, respite, redetermination, family support, etc.
- List services that pertain to mental health like psychiatrist, behavioral meds, counseling, etc.
- List transition as a service need if will be 20.5 this CPOC year or Redetermination if their SOA will expire this CPOC year or is expired
- Check PA Tracking or select Reason for Not Tracking

Additional Info

- List chosen providers for each service
- If unclear what a service need is elaborate
- Valid reason for not tracking any service needs and how you will ensure they’re received
- For needs that are “Other – Explain Next Page”, explain why the need is on hold
- For needs that are “Carried Over - Resolved” or “Family Does Not Want” explain why
- If family is checked explain why