

Past

- Prenatal Health
- Nature and cause of disability
- Age of diagnosis and made by whom (or state unknown)
- Early intervention history
- Past medical history, surgeries, hospitalizations
- Placement history outside of current home
- 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 both parents and natural/financial support
- Housing status (own/rent)
- Does the home environment meet their needs?
- Access to transportation and community
- Source of household income

Medical Diagnoses

- Diagnoses
- Diagnosis on current formal document
- If any diagnosis is "parent states", note actions to obtain documentation
- Doctor's name, specialty, frequency of visits, date of last/next visit**
- Scheduling assistance offered
- Medications and purpose
- Special procedures (trach, g-tube, etc.)
- Vision / Hearing
- Communication (be specific)
- Ambulation (fine/gross motor skills, mobility supports, etc.)
- Toileting needs
- Dietary needs
- Assistance with ADLs; PCS offered/received
- School and outpatient therapy options offered**

Psych/Behavioral

- Behaviors at home and school
- Description of behaviors
- Known triggers
- Frequency (be specific, avoid vague terms)
- Strategies used to manage behaviors
- Behavior services offered/received
- Autism/related diagnosis: Was ABA offered? Referral/testing needed? If declined, revisit annually.

Evaluation/Documentation

- Current IEP if receiving Special Ed**
- Current EHH Plan of Care if EHH
- Current PDHC Plan of Care if PDHC
- If none of the above, current formal document (less than 1 year old at time of CPOC meeting)
- Current SOA or Redetermination documentation included

Service Needs

- All requested/received service needs are listed (Medicaid, school, community, family, OCDD)**
- Services requiring PA tracking are either PA tracked or have a valid reason for not tracking and how you'll assure it's received**
- Correct boxes and checked and correct picklist options are chosen (aligns with what CPOC says)**
- Transition (if age 20.5 this CPOC year)
- Redetermination (if SOA expires this CPOC)

Additional Info

- Chosen providers for each service
- Clarify unclear service needs
- Reason for not tracking Medicaid service needs and how you will ensure they're received
- Explain needs marked "Other – Explain Next Page" (on hold)
- Explain needs marked "Carried Over - Resolved" or "Family Does Not Want"
- If family is checked, explain why.

- No discrepancies exist.**