

EPSDT Support Coordination CPOC Attachments

Beneficiary Name:		Date:
Support Coordinator Name:		SCA and Region:
CPOC Type: <input type="checkbox"/> Initial CPOC <input type="checkbox"/> "Special Needs" Initial or Annual CPOC <input type="checkbox"/> Annual CPOC selected for Monitoring		Submit documents to: BHSF/Statistical Resources, Inc. Attention: Kim Willems E-mail: ksalling@statres.com Fax: 225-767-0502
✓	FORM	
	Initial CPOC Only: Records from the LGE <input checked="" type="checkbox"/> Statement of Approval and/or OCDD Participant Recap Sheet <input checked="" type="checkbox"/> All assessments/evaluations and supporting documents from the LGE	
	CPOC Signature Page <input checked="" type="checkbox"/> Planning Participants complete (everyone at the CPOC meeting signed in the box) <input checked="" type="checkbox"/> All required signatures (Participant/Guardian, SC and SC Supervisor)	
	Typical Weekly Schedule	
	EPSDT Rights & Responsibilities (<i>Appendix O</i>)	
	Current Formal Document (less than a year old at the time of the CPOC meeting) <input checked="" type="checkbox"/> IEP – required if beneficiary is receiving Special Education <input checked="" type="checkbox"/> EHH POC – required if beneficiary is receiving Extended Home Health services <input checked="" type="checkbox"/> PDHC POC – required if beneficiary is receiving Pediatric Day Healthcare services <input checked="" type="checkbox"/> If none of the above applies, another formal document that documents qualifying diagnosis is required. <input checked="" type="checkbox"/> If "Special Needs" - current formal documents to support that the beneficiary continues to qualify for Special Needs EPSDT Support Coordination.	
	Legal Documents – required if beneficiary is interdicted, if beneficiary has given power of attorney to another person, or if the legal guardian is not the parent. <input checked="" type="checkbox"/> Legal guardianship records (if applicable) <input checked="" type="checkbox"/> Authorized Representative Form (<i>Appendix M</i>) or supportive decision-making agreement – if the beneficiary is a competent major and he or she does not sign the CPOC documents or isn't the contact for monthly phone calls. <input checked="" type="checkbox"/> Non-Legal Custodian Affidavit (<i>Appendix N</i>) – minors only, when guardian isn't parent and no legal guardianship in place. <input checked="" type="checkbox"/> DCFS Letter - if in DCFS custody and foster parent is EPSDT contact.	

The packet has been reviewed for completeness and all required information is being submitted for review by LDH-BHSF.

SCA Representative Signature: _____ Date: _____