DD9 Checklist

| | General Information Correct record ID Correct anchor date Name corresponds with record ID No blank spaces |
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| | PN Units Requested Direct LPN units listed Indirect LPN units listed If member is seeking Exceptions: Under-budget direct/indirect LPN listed Over-budget direct/indirect LPN listed All units (LPN under-budget/over-budget) match units outlined on IPP/DSSLA/Exceptions (as applicable) |
| → I | RN Units Requested RN Units under-budget listed If member is seeking Exceptions: Under-budget RN listed Over-budget RN listed All units (RN under-budget/over-budget) match units outlined on IPP/DSSLA/Exceptions (as applicable) |
| → N | Medications No blank spaces (put N/A on top line if the member does not take medications) Indicate whether or not a MAR is attached Name, dose, route, instructions, and purpose is filled in for each medication Medications match IPP |
| → ■ | Hospitalizations/Surgeries No blank spaces (put N/A if no surgeries/hospitalizations within the past year) Hospitalizations/surgeries occurred within the past year (ER visits and outpatient procedures may be listed if relevant to a continuing issue). Reason, date(s), findings, and discharge instructions are filled out for each stay/surgery listed |

| → Medical Conditions |
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| No blank spaces (put N/A if no diagnoses require LPN services) Condition/diagnosis, approximate date, duration, changes in condition filled in for each condition listed. If applicable, the change in condition should outline how the member's condition has changed from the previous service year |
| → LPN Medically Necessary Direct-Care Tasks |
| No blank spaces (put N/A if member does not require treatment provided by LPN/RN) All treatments listed require an LPN/RN to provide No tasks an AMAP can provide are listed (e.g. Vital signs, pass medications, etc.) Task, reason, frequency, duration, and severity listed (must be member specific). |
| → LPN Indirect-Care Tasks |
| No blank spaces (put N/A) if member does not require indirect LPN. Indirect LPN tasks listed (must be member specific). |
| → RN Tasks |
| No blank spaces (put N/A) if member does not require RN. RN tasks listed (must be member specific). No tasks/duties an AMAP or LPN can provide are listed Some providers do not employ LPNs and/or RNs complete LPN tasks. Anything LPN billable – regardless of whether the RN performs the tasks – must be listed in the appropriate LPN section. |
| → Supporting Documentation |
| 15 minute schedule and 1 week of LPN notes are attached if requesting two or more hours of LPN per day (2,920 units) IPP is uploaded to CareConnection© for comparison Any other supporting documentation is indicated |
| → Additional Information |
| □ Filled out for each request □ Explanation included if member requires sedation, special positioning, and/or special treatment |
| → RN Acknowledgement |
| □ RN name printed on every request□ RN signature on every request□ Request is dated |