



SSA SELF-CHECK

Forms Needed

WAIVER Funding	ANNUAL OR REVIEW ANNUALLY	Local Funding	ANNUAL OR REVIEW ANNUALLY
<ul style="list-style-type: none"> <input type="checkbox"/> ISP(captured by the imagine IS) <ul style="list-style-type: none"> • Outcome • Agreement (or signature page) • Discovery Results • Evidence of Distribution 15 Days Prior (N/A - provider in Portal) 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> ISP(captured by the imagine IS) <ul style="list-style-type: none"> • Outcome • Agreement (or signature page) • Discovery results • Evidence of Distribution 15 Days Prior (N/A - provider in Portal) 	
<ul style="list-style-type: none"> <input type="checkbox"/> Imagine Annual Information Notification Form: <ul style="list-style-type: none"> • Acknowledgement of Individual Rights • Medicaid Due Process* • Admin Resolution of Complaints • Privacy Information • ODDP review if needed • Free Choice of Provider (form if new Provider) • After hours/Emergency contacts • Waiting List notification • Other (non-DD funded) Resources • Healthy Person Info 		<ul style="list-style-type: none"> <input type="checkbox"/> Imagine Annual Information Notification Form: <ul style="list-style-type: none"> • Acknowledgement of Individual Rights • Admin Resolution of Complaints • Privacy Information • After hours/Emergency contacts • Waiting List notification • Other (non-DD funded) Resources • Healthy Person Info 	
<ul style="list-style-type: none"> <input type="checkbox"/> LOC – Clinician’s Verification Form if needed 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Release of Information 	
<ul style="list-style-type: none"> <input type="checkbox"/> Freedom of Choice 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Restrictive Measure informed Consent (if needed) 	
<ul style="list-style-type: none"> <input type="checkbox"/> Essential Health (captured by the imagine IS) Self-Admin of Med Assessment (if needed) 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Essential Health (captured by the imagine IS) Self-Admin of Med Assessment (if needed) 	
<ul style="list-style-type: none"> <input type="checkbox"/> Behavior/Medical Add-on (Only if needed) 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> AAI (if needed) 	
<ul style="list-style-type: none"> <input type="checkbox"/> Restrictive Measure informed Consent (if needed) 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Path to Employment 	
<ul style="list-style-type: none"> <input type="checkbox"/> Release of Information 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Funding Request 	
<ul style="list-style-type: none"> <input type="checkbox"/> AAI (if needed) 			

WAIVER:			
<input type="checkbox"/> DODD Employment First Form (SELF – if choosing ADS)		<p><i>* 4059 – EXPLANATION OF STATE HEARING PROCEDURES</i></p> <p><i>4074 – NOTICE OF APPROVAL OF YOUR APPLICATION FOR ASSISTANCE (approval, any change)</i></p> <p><i>4065 – PRIOR NOTICE OF RIGHT TO A STATE HEARING; (reduction, termination, disenrollment)</i></p> <p><i>7334 – NOTICE DENIAL OF YOUR APPLICATION FOR ASSISTANCE (denial, and placed on a waiting list)</i></p> <p><i>Refer to OACB Due Process Summary: Hickman & Stanfa 9/2014, for more details and scenarios</i></p>	
<input type="checkbox"/> Funding Request - Below the Range or Prior Authorization (if needed)			
<input type="checkbox"/> Path to Employment			