

Jeffrey Bodin
528 Beau Chene Dr
Mandeville, LA 70471

Dr. Weiss
4000 Bienville St, Suite G
New Orleans, LA 70119
P: 504-434-2564
F: 504-373-6593

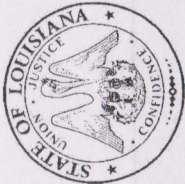
To Dr. Weiss,

Please fill out the attached "REQUEST TO PHYSICIAN FOR MEDICAL DATA" forms.

They are for my current application for Long Term-Personal Care Services (LT-PCS). This must be completed by **11/15/18**. And, faxed to the following: **866-246-8511**

I appreciate your assistance with these forms. This program should greatly help me in my daily life. Especially to alleviate some of the current burden on my parents.

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528 Beau Chene Dr
Mandeville, LA 70471



**REQUEST TO PHYSICIAN FOR
MEDICAL DATA**

DATE: 10/16/2018

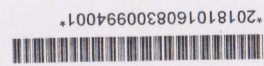
TO: Physician:	Return To: Louisiana Options in Long Term Care 2900 Westfork Drive, Suite 540 Baton Rouge LA 70827 FAX: 866-246-8511
RE: JEFFREY BODIN	

Explanation:

JEFFREY BODIN has applied for Long Term-Personal Care Services (LT-PCS). LT-PCS is a Medicaid-funded program that provides some level of in-home assistance with Activities of Daily Living, such as locomotion, eating, bathing, dressing, toileting. Assistance may also be provided for Instrumental Activities of Daily Living such as light housekeeping, medication management, laundry and shopping. The **LT-PCS program does not provide 24-hour support** in the home.

WE NEED INFORMATION FROM YOU TO COMPLETE OUR DETERMINATION PROCESS REGARDING THIS INDIVIDUAL'S ELIGIBILITY FOR LT-PCS. IMPORTANT INSTRUCTIONS:

- The questions on page 2 of this document **MUST BE COMPLETED IN ITS ENTIRETY** (This includes checking the box that most appropriately fits the individual's current situation and providing a statement to support your response).
- We cannot authorize payment for completion of this form.
- Failure to complete the form in its entirety and return it by 11/15/2018, including providing a statement supporting your response(s,) will result in our inability to process this individual's request for services.



I. PATIENT INFORMATION:

Individual's Name: JEFFREY BODIN

DOB: 05/22/1997

Date of this individual's last visit with you:

II. ELIGIBILITY QUESTIONS (Please check the **yes/no** box that in your professional opinion more closely fits this individual's current situation and include a supporting statement. **Both questions must be answered in entirety.**)

1. This individual is likely to require admission to a nursing facility within the next 120 days. Yes No

Please explain by providing a statement supporting your response:

2. This individual faces a substantial possibility of deterioration in mental or physical condition or functioning if either home and community-based services or nursing facility services are not provided in less than 120 days. Yes No

Please explain by providing a statement supporting your response including an explanation of how the provision of personal care services in the home will prevent or delay this deterioration:

III. PHYSICIAN SIGNATURE (By signing below, I am attesting to the accuracy of the information contained within this document, to the best of my medical knowledge.)

Printed Name of Louisiana-Licensed Physician:

Date:

Physician Signature:

NPI Number:

Medical Specialty:

Address:

Phone #:

Fax:



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FOR OAAAS/OAAS DESIGNEE USE ONLY

Meets Medical/Mental risk of deterioration

Does not meet Medical/Mental risk of deterioration due to:

Signatures, Titles of OAAAS/OAAS Designee Reviewers:

Reviewer Signature:	Date:
Reviewer Title:	
Reviewer Signature:	Date:
Reviewer Title:	

