Texas Department of Aging
and Disability Services

Form 3676-MC
June 2011

Managed Care Pre-Enrollment Assessment Authorization

☐ **SSI MFP** ☐ **MAO MFP** ☐ **Medicaid Pending** ☐ **Interest List** ☐ **MDCP/CCP** ☐ **TP __ / BP __**

A. Referral/Assessment Authorization — Completed by the managed care Support Unit staff.

1. Applicant's Name	2. Date of Birth	3. Social Security No.

4. Medicaid No.	5. EDG No. (if in TIERS)	6. Medicare No.	7. RUG	8. TPRs (if any)

9. Current Living Address (include City and ZIP Code)	10. Area Code and Telephone No.

11. Current Location of Applicant ☐ **Home** ☐ **Hospital** ☐ **NF** ☐ **AFC** ☐ **AL/RC**	12. Name and Telephone No. of Contact Other Than Applicant
13. Living Arrangement if Enrolled in Waiver ☐ **Home** ☐ **AFC** ☐ **AL/RC**	14. Home Address if Enrolled in Managed Care Waiver Program (include City and ZIP Code)

15. Date Form 3676-MC Posted	16. Health Plan Selected	17. MCO Vendor No.

18. Health Plan Contact's Name	19. Contact's Area Code and Telephone No.

20. MFPD 90-Day Qualifying Dates		21a. Relocation Referral Made:	22a. Area Code and Telephone No.
Begin Date	End Date	☐ **Yes** ☐ **No**	
		21b. Relocation Specialist:	22b. Fax Area Code and Telephone No.

23. Signature – Support Unit Staff	24. Date	25. Area Code and Telephone No.

B. Waiver Assessment Report — Completed by the Managed Care Organization (MCO).

26. Date of Assessment	27. Form 3671-1 Entered ☐ **Yes** ☐ **No**	28. Fax Area Code and Telephone No.
29. Comments		
30. Risk Criteria Met ☐ **Yes** ☐ **No**	31. Medical Necessity Approved ☐ **Yes** ☐ **No**	32. MFP Demo Participant? ☐ **Yes** ☐ **No**

33. Signature	34. Date	35. Contact's Name (Print)	36. Area Code and Telephone No.

C. Eligibility Factors — Completed by Support Unit staff.

37. ISP Approved	38. Risk Criteria Met	39. Approved MN/LOC	40. Date Sent to MEPD	41. Support Unit Staff Name
☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**		

D. Financial Eligibility — Completed by MEPD staff.

42. Date Received by MEPD	43. MEPD Staff BJN	44. Financial Eligibility Completed: ☐ **Yes** ☐ **No**
45. Area Code and Telephone No.		If Yes: MED for 14/13 _____ If No: Date _____ Denial Code _____

46. Completed by Signature	47. Date