

ATP Questionnaire

(for internal processing only)

This document certifies only the technical and medical criteria for the waiver and does not guarantee waiver enrollment.

To:	DHMH Division of Eligibility Waiver Services Schaefer Tower 6 S. Paul Street, Suite 306 Baltimore, MD 21202	From:	201 W. Preston Street, Baltimore, MD 21201
Program:	CO		
Authorization to Participate			
Is the individual currently enrolled?		Yes	
ATP Type:		Authorization	
Client Information			
Individual's Full Name:		Eric Test	
SSN#		555441111	
Date of Birth:		6/1/1982	
Current Address:		Test Street 1, Baltimore, MD 20103	
Current Address Type:		Assisted Living Facility	
Jurisdiction:		Baltimore	
MA#		12345678901 (Community)	
MA# Start Date:		N/A	
MA Eligibility Type:		Community	
MA# Coverage Group:		S02	
Cost of Room and Board (\$):		0	
Pre-ATP Questionnaire			
MFP Eligible:		Yes	
Individual is at least 18 years of age:		Yes	
Applicant Type:		Assisted Living Facility	
This person is:		Diverted	
Has the 257 been received?			
POS has been approved?		No	
Individual meets nursing facility level of care?		Yes	
Individual meets institutional level of care:		Yes	
Individual has Community MA?		Yes (Eligibility Type:Community,Coverage Group:S02)	
Freedom of Choice signed?		Yes	
Individual agreed to participate through the Freedom of Choice Form?		Yes	
Note: The Waiver/ICS Application Date is pulled from the client's latest submitted Application Information form. To populate this information, the Application Information form must first be completed.			
Waiver/ICS Application Date:		1/14/2014	
Authorization			

This certifies that the individual named above is authorized to participate in the waiver/program. All non-financial targeting criteria, including level of care, are met. If found eligible for Medical Assistance, this person may begin to receive services based upon instructions in the Waiver/Program Eligibility Manual for Determining the Earliest Date of Eligibility.

Service Effective Date:	3/1/2014
Level of Care (LOC) Effective Date:	1/14/2014
Signature Date on Freedom of Choice Statement:	1/14/2014
POS Completion Date:	1/16/2014
Latest date that all three above items are completed:	2/5/2014

DHMH Sign Off

Signature:	DHMH, dhmadministrator1
Date:	2/5/2014
Title:	Random Title
Telephone Number:	

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