



CARE-LOP	<b>Living Options Process</b>	(Action Code 1121)	Rev. 2/09
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Last Name/	<input type="text"/>	Client ID	<input type="text"/>
Suffix	<input type="text"/>		
First Name	<input type="text"/>	Local Case Number	<input type="text"/>
Middle Name	<input type="text"/>	Component	<input type="text"/>

<b>Action</b>	Add: <input type="checkbox"/>	Change: <input type="checkbox"/>	Delete: <input type="checkbox"/>
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**State Mental Retardation Facilities:**

Date of the most recent IDT living options discussion --  
MM DD YYYY

Annual Planning Meeting?  Yes  No

Did the Designated MRA participate in IDT living options discussion?  Yes  No

Did the Contract MRA participate in IDT living options discussion?  
If no, was that a result of individual or LAR request?  Yes  No

Date CLOIP Worksheet completed (MMDDYYYY) --  
MM DD YYYY

Date CLOIP Worksheet received (MMDDYYYY) --  
MM DD YYYY

**Community ICF/MR Facilities:**

Date of the most recent living options process --  
MM DD YYYY

What option was chosen by the individual/LAR during the current review of living options process?  
  
Option 0-7

Did the most current living options process result in a new referral to the MRA, a continued referral to the MRA, or no referral?  
 New Referral  Continued Referral  No Referral

Completed by: _____	Date: _____
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## Living Options Process (CARE-LOP)

Field Name	Type	Contents
LAST NAME	R	Person's last name.
SUFFIX	O	Person's last name suffix. (e.g., Jr, Sr, II)
FIRST NAME	R	Person's first name.
MIDDLE NAME	O	Person's middle name.
CLIENT ID	O	Person's statewide identification number.
LOCAL CASE NUMBER	R	Person's local case number.
COMPONENT	R	Component code.
ACTION ADD	O/R	You must check this box if data is to be added to CARE.
ACTION CHANGE	O/R	You must check this box if data is a change to data already in CARE.
ACTION DELETE	O/R	You must check this box if data is to be deleted from CARE.
<b><i>State Mental Retardation Facilities:</i></b>		
DATE OF THE MOST RECENT IDT LIVING OPTIONS DISCUSSION	R	Date of the person's most recent IDT living options discussion. Date cannot be in the future.
ANNUAL PLANNING MEETING?	R	<b>Y</b> (Yes) or <b>N</b> (No) to indicate whether the living options discussion occurred at the annual planning meeting.
DID THE DESIGNATED MRA PARTICIPATE IN IDT LIVING OPTIONS DISCUSSION?	R	<b>Y</b> (Yes) or <b>N</b> (No) to indicate whether the Designated MRA participated in the living options discussion.
DID THE CONTRACT MRA PARTICIPATE IN IDT LIVING OPTIONS DISCUSSION?	R	<b>Y</b> (Yes) or <b>N</b> (No) to indicate whether the Contract MRA participated in the living options discussion.
IF NO, WAS THAT A RESULT OF INDIVIDUAL OR LAR REQUEST?	O/R	<b>Y</b> (Yes) or <b>N</b> (No) to indicate whether lack of MRA participation was a result of the person's or the LAR's request. Required if previous question is answered No.
DATE CLOIP WORKSHEET COMPLETED	O	Signature date of the Contract MRA Service Coordinator. Date cannot be in the future.
DATE CLOIP WORKSHEET RECEIVED	O	Date stamp reflecting the date the CLOIP Worksheet was received by the facility. Date cannot be in the future.
<b><i>Community ICF/MR Facilities:</i></b>		
DATE OF THE MOST RECENT LIVING OPTIONS PROCESS	R	Date of the person's most recent living options process.
WHAT OPTION WAS CHOSEN BY THE INDIVIDUAL/LAR DURING THE CURRENT REVIEW OF LIVING OPTIONS PROCESS?	R	Select the option from the drop-down menu. If the option is not listed, select <b>Other</b> and document in the Review of Living Options. 0=No Change Requested, 1=Waiver Program – HCS, 2=Waiver Program Other, 3=Other ICF/MR – Large/Medium/Small, 4=State School, 5=Nursing Facility, 6=Home, 7=Other
DID THE MOST CURRENT LIVING OPTIONS PROCESS RESULT IN A NEW REFERRAL TO THE MRA, A CONTINUED REFERRAL TO THE MRA, OR NO REFERRAL?	R	Indicate whether the most current living options process resulted in a new referral to the MRA, a continued referral to the MRA, or no referral meaning the individual chose to remain in current setting.
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.