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Memo

To: DIRECTOR OF CASE MANAGEMENT
From: Kathy Eichstaedt
CC: ALL CASEMANAGERS
Date: 4/21/2005
Re: Wellness Monitoring

Below is an example of a form of what is necessary **from the physician** for the State to add Wellness Monitoring to a Prior Authorization. Please use this outline in the future.

(NAME) needs Wellness Monitoring for the following reasons:

(List reasons here – examples include the following but should be specific to the person receiving the services)

To monitor nutritional status and weight

To monitor cardiovascular status

To monitor respiratory status

To monitor genitourinary status

To monitor need for eye, teeth, foot care and other

DATE: _____

Physician's signature: _____

Physician's address: _____
