

Special Formula Review

Agency: _____

Name/ID: _____

Category: _____

- √ Information is provided & correct
- N/A Information is not applicable
- M Information is missing/blank
- X Information is incorrect

MRF form: HCP Documentation <i>(Italicized needs to be in StarLINC)</i>	Notes
Participant's name	
DOB	
<i>Medical diagnosis</i>	
<i>ICD code</i>	
<i>Formula requested</i>	
<i>Formula amount requested</i>	
<i>Length of issuance</i>	
Supplemental foods CPA allowed	
<i>Supplemental foods HCP omitted</i>	
<i>Prescribing HCP—MD/DO/NP/PA name</i>	
HCP—MD/DO/NP/PA Signature	
HCP Contact information	
<i>Date of request</i>	
<i>Release of information signed</i>	
Verbal order documentation	
StarLINC Documentation	
Risk Criteria updated	
SAS completed:	_____ DR name and _____ credentials, _____ formula, _____ dx/ICD code, _____ amount formula, _____ LOI and _____ if provided by Medicaid/MCO
Nutrition assessment summary including FP adjustments and recommendations	
Food package assignment c/w diagnosis and CPA assessment	
Food package assignment c/w HCP directions if applicable	
HCP consultation if applicable	
Medicaid/MCO providing formula	
Receives formula through another program checked off	
Number of months vouchers issued.	
FUN_HP appointment w/ CPA	
Assessment note	
FP adjustment	
FUN_HP appointment w/ CPA	
Assessment note	
FP adjustment	
FUN_HP appointment w/ CPA	
Assessment note	
FP adjustment	