

Form 90-L Checklist for Act 421-CMO

*** Failure to get the 90-L completed as listed below will result in a delay in processing ***

Parent must complete:

Section I (Page 1) Applicant information:

- Parent must complete A, B, C, D, E, & G.
- Parent/Responsible Party **must** sign and date on Line G.
- Bring or send the 90-L form and physician instructions to your child's Physician/Physician Assistant (PA)/Nurse Practitioner (NP).

Physician's Office must complete:

Section II (Page 1) Level of Care:

- The Physician/PA/NP needs to determine if child meets the level of care requirement for Act 421-CMO, which is ICF/IID. If child meets ICF/IID level of care, **box A must be checked**.

***** **ONLY ONE LEVEL OF CARE IS TO BE CHECKED** *****

Section III (Page 1 and page 2) Medical Information:

- Child's diagnosis must be listed under "A".
- Child's medication, if any, list under "B".
- Child's name is needed at the top of page 2.
- Fields C-H of the Medical Information section** must be filled in by the Physician/PA/NP. Enter all that apply.

Provider information Field I (Page 2, bottom box):

- Physician's printed name must** be listed.
- Physician address **must** be entered.
- If Physician Assistant or Nurse Practitioner** completes form, their **name must also be printed**.
- Physician, PA, **or** NP's **signature and date signed must** be on the form, and the signer must identify profession/credentials.