

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.