

## APPENDIX D LIFE EXPERIENCE APPRAISAL

REVIEW DATE	
COUNTY OF REGISTRATION	

NAME	
MCI	
RESIDENTIAL PROVIDER	
SIS LEVEL	
SIS GROUP	
SIS DATE	

<b>PROVIDER JUSTIFICATION</b> <i>(Copy/Paste from NEAT)</i>

<b>SUMMARY</b> <i>(Brief description of individual)</i>

LEAP FINDINGS	
<input type="checkbox"/> YES <input type="checkbox"/> NO	DOES PROVIDER JUSTIFICATION SUPPORT THE NEA?
<input type="checkbox"/> YES <input type="checkbox"/> NO	DOES PROVIDER JUSTIFICATION ALIGN WITH HCSIS DOCUMENTATION?
<input type="checkbox"/> YES <input type="checkbox"/> NO	DOES HCSIS DOCUMENTATION ALIGN WITH THE SIS?
<input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE NEA "JUSTIFIED" BASED ON THE LEAP REVIEW? <small><i>*Requires all 3 criteria above to be met.</i></small>

<b>CONSIDERATIONS FOR TEAM</b> <i>(Specific, actionable, concise.)</i>

ODP REGIONAL PROGRAM MANAGER + COUNTY OF REGISTRATION RECOMMENDATION FOR CONTINUANCE/DISCONTINUANCE OF NEA	
<input type="checkbox"/> YES <input type="checkbox"/> NO	SHOULD THE NEA CONTINUE?
DATE:	
COMPLETED BY:	

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COMMENTS:	
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