**PA IEB Level of Care Determination Alert Form**

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| * **Please complete this form and send it to**

**PA Independent Enrollment Broker****E-mail:** ieb-paencryptionbox@maximus.com**Subject Line:** LCD Alert List |

Today’s Date: July 19, 2016

Agency: Enter Area Agency on Aging

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| SAMS ID | Date of Birth | Date of Supervisor Sign Off | PC/MA51 Included |
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