**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](mailto:ieb-paencryptionbox@maximus.com?subject=LCD%20Alert%20List)  **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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