

CHART SET UP KEY



SECTION 1

Case File Summary
Nursing Facility Level of Care Determination
NFLOCD Supporting Documentation (if applicable)
Freedom of Choice
Cost Share Form (if applicable)
Waiver Enrollment & Disenrollment Forms Front page of MA Application – if SC filed CHAMPS
Eligibility Report
Initial Assessment Confirmation Letter
Screen/Referral Information Sheet – including 211 screen and Compass report

SECTION 2

Back Up Plan
Adverse Benefit Determination Forms
Well-Sky Forms (if applicable)
Consent and Authorization
Medical Consent and Release
Email Communication Consent Form
Text Communication Consent Form
Informed Risk Agreement – if applicable
Non-Compliance Letter – if applicable
Handbook Receipt Acknowledgement
Post Assessment Letter – Referral Source
Post Assessment Letter - Participant

POCKET 1

Medicaid Paperwork/Financial Verifications
Participant Labels

SECTION 3

Plan of Care Agreement
Care Plan Cost Review/Signed budget (Optional – “Dirty” Statuses-stamped)

SECTION 4

Work Orders

Residential Services Form – if applicable

AFC/HFA Participant Lease Agreement – if applicable

Home Modification Request Form- if applicable

Provider Bid Forms – if applicable

POCKET 2

“Clean” Current Status Form – COMPASS

Miscellaneous

SECTION 5

PCSP Signature Page Current Service Plan/PCSP

(Optional - “Dirty” Statuses – stamped)

SECTION 6

Physician Orders/Scripts

Hospital Discharge paperwork

Important Medical Documents

BRIEF Health Literacy Tool

DPOA/Guardianship Paperwork

SD Enrollment Form (one-page w/ start date of budget) SD Employment Agreement (s)

Back up Worker Agreement - if applicable

SD Worker Training Sign Off

Interdisciplinary Consultation Forms – if applicable

Chart Review