

Name: _____ ID: _____

Consumer Service Records File Contents (Blue Folder)

Consumer Service Records (CSRs) blue folders must be setup as follows:

Section 1

In	Date	Initial	
<input type="checkbox"/>	_____	_____	1. Consumer Profile
			- or -
<input type="checkbox"/>	_____	_____	2. Consumer Profile Updates — (Most recent on top)

Name: _____ ID: _____

Section 2

In File	Date	Initial	
<input type="checkbox"/>	_____	_____	3 CSR/SPR Audit Sheets - Most recent on top
<input type="checkbox"/>	_____	_____	4. Acknowledgement of Consumer Rights — signed and dated by consumer or legal guardian.
<input type="checkbox"/>	_____	_____	5. HIPAA Privacy Notice (Short) — signed and dated by consumer or legal guardian

Name: _____ ID: _____

Section 3

In		
File	Date	Initial

<input type="checkbox"/>	_____	_____
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6. Consent and/or referral forms — properly completed, signed and dated by consumer and other appropriate people as needed.

Name: _____ ID: _____

Section 4

In		
File	Date	Initial

<input type="checkbox"/>	_____	_____
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7. All correspondence —such as letters, faxes, and other documentation relevant to the services

Name: _____ ID: _____

Section 5

In			
File	Date	Initial	
<input type="checkbox"/>	_____	_____	8. IL Plan and Goals

Name: _____ ID: _____

Section 6

**In
File Date Initial**

9. SPRs/Case notes — up to date SPRs with current date on top

10. Final supporting case notes when consumer no longer needs services (most recent date on top)

Name: _____ ID: _____

Consumer Service Records File Contents (Red Folder)

Consumer Service Records (CSRs) red folder must be setup as follows:

Section 1

- | In | | | |
|--------------------------|-------------|----------------|--|
| File | Date | Initial | |
| <input type="checkbox"/> | _____ | _____ | 1. Consumer Profile |
| | | | - or - |
| <input type="checkbox"/> | _____ | _____ | 2. Consumer Profile Updates — (Most recent on top) |

Name: _____ ID: _____

Section 2

In File	Date	Initial	
<input type="checkbox"/>	_____	_____	3 CSR/SPR Audit Sheets - Most recent on top
<input type="checkbox"/>	_____	_____	4. Acknowledgement of Consumer Rights — signed and dated by consumer or legal guardian.
<input type="checkbox"/>	_____	_____	5. HIPAA Privacy Notice (Short) — signed and dated by consumer or legal guardian

Name: _____ ID: _____

Section 3

In File	Date	Initial
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- | | | | |
|--------------------------|-------|-------|---|
| <input type="checkbox"/> | _____ | _____ | 6. Consent and/or referral forms — properly completed, signed and dated by consumer and other appropriate people as needed. |
| <input type="checkbox"/> | _____ | _____ | 7. All correspondence —such as letters, faxes, and other documentation relevant to the services |
| <input type="checkbox"/> | _____ | _____ | 8. Proof of Psychiatric Diagnosis/Disability if required by contract the consumer is being served under |

Name: _____ ID: _____

Section 4

In		
File	Date	Initial

<input type="checkbox"/>	_____	_____
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9. SPRs/Case notes — up to date SPRs with current date on top

Name: _____ ID: _____

Section 5

In File	Date	Initial	
<input type="checkbox"/>	_____	_____	10. IL Plan and Goals

Name: _____ ID: _____

Section 6

**In
File Date Initial**

_____ 11. Quality of Life Assessment

_____ 12. Independent Living Skills Assessment

_____ 13. WRAP Plan

_____ 14. Person Centered Plan

_____ 15. Benefits Advisement Form

Name: _____ ID: _____

Consumer Service Records File Contents (ABD/MAAP Folder)

Consumer Service Records (CSRs) ABD/MAAP folders must be setup as follow

Section 1

Profile

In

File Date Initial

1. Consumer Profile

- or -

2. Consumer Profile Updates — (Most recent on top)

Name: _____ ID: _____

Section 2

Consumer Rights - HIPAA

In File	Date	Initial	
<input type="checkbox"/>	_____	_____	3 CSR/SPR Audit Sheets - Most recent on top
<input type="checkbox"/>	_____	_____	4. Acknowledgement of Consumer Rights — signed and dated by consumer or legal guardian.
<input type="checkbox"/>	_____	_____	5. HIPAA Privacy Notice (Short) — signed and dated by consumer or legal guardian

Name: _____ ID: _____

Section 3

Consent & Referrals

In File	Date	Initial
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<input type="checkbox"/>	_____	_____
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6. Consent and/or referral forms — properly completed, signed and dated by consumer and other appropriate people as needed.

Name: _____ ID: _____

Section 4

Application

**In
File Date Initial**

7. Medicaid application and Supplement A form -
this includes revisions

Name: _____ ID: _____

Section 5

Documentation

**In
File Date Initial**

- 8. All documentation - anything from the consumer or DSS that pertains to their Medicaid application



Name: _____ ID: _____

Section 6

Service Summaries/Case Notes

**In
File Date Initial**

9. SPRs/Case notes — up to date SPRs with current date on top

10. Final supporting case notes when consumer no longer needs services (most recent date on top)

Name: _____ ID: _____

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