

## Appendix A

## Electronic Designated Record Set

<b>File Name</b>
<b>LEGAL</b>
Adoption Papers
Birth Certificate
Burial Policies
Choice of Provider Statement (Date of Implementation- mo.day.yr)
Court Orders
Diagnosis Form (mo. Yr - that form was completed)
Divorce Decree/Child Custody Documents
DMH Acknowledgement of Privacy Practices
DMH Individual Rights Receipt
DMH Initial Contact
DMH Initial Eligibility Determination
Evaluation of Needs ICF-MR (Date of Implementation- mo.day.yr)
Guardianship Papers
Informed Consent for Use of Medications (mo. yr.)
Marriage Certificate
Medicaid Card
Medicare Card
Miscellaneous Legal Documents
Money Follows the Person Agreement
Other Regional Office Documents
Other Insurance Cards
Social Security Card
Subpoenas
Waiver Choice Statement (mo. yr.)
<b>MEDICAL</b>
Dental Records
DMH Health Inventory (mo. yr.)
Flu Shot Vaccination (mo. yr.)
H1N1 Vaccination-Declination (mo. yr.)
Hepatitis A Immunization
Hepatitis B
HIPS Nursing Review (mo. yr.)
Immunization Records
Lab Results (mo. yr.)
Medical Orders (Dr Name mo. yr.)
Medical Providers Report (Dr Name mo. yr.)
Physical Examination-TB test results(mo. yr.)
Tetanus Immunization

<b>File Name</b>
<b>INDIVIDUAL PLAN</b>
Behavior Support Plan (date of implementation - mo.day.yr.)
Individual Education Plan (mo. yr.)
Individual Plan (date of implementation - mo.day.yr.)
IP Addendum (Date of Implementation-mo.day.yr)
<b>EVALUATIONS</b>
MOCABI (mo.yr)
Psychological-Psychiatric Evaluations & Notes (mo.yr.)
School Evaluation report (mo.yr)
Social History (mo.yr)
Support Intensity Scale (SIS)
Vineland (mo.yr)
<b>DOCUMENTATION</b>
Correspondence
Social Security Benefit & Diagnosis Letter (mo.yr.)
<b>REFERRAL INFORMATION</b>
Administrative Transfer - Transition & Portability of Funds Information (mo.yr.)
Miscellaneous Referral documents
Money Follows the Person Referral
PON-Prioritization of Need (mo.yr.)
Referral for Residential Placement
Referral for TCM Services (mo.yr. - that is was received by CHS)
<b>FINANCIAL</b>
Budget Summary (Date of Implementation-mo,day.yr)
Change in Service Authorization Request (mo. Yr)
Individual Plan of Care (IPC) (Date of Implementation-mo.day.yr)
ISL Budget with IPC (Date of Implementation-mo.day.yr.)
ISL Budget Change Form with ISL Budget (Date of Implementation-mo.day.yr)
Miscellaneous Financial documents
Personal Belongings List (mo.yr.)
Service Authorizations (mo.yr.)
UR /Determination (mo.yr.)
Intensive Res Hab Svcs (Date of Implementation-mo.day.yr)
Budget Summary (Date of Implementation-mo,day.yr)