**PRIMARY FILE**

**TABLE OF CONTENTS**

Face Sheet

Copies of Identification Information (Birth Certificate, MA Card, Social Security, etc.).

**Section 1: Service initiation/admission information (Intake and 45 day)**

**(If intake occurred before January 1, 2014, intake and 45 day forms will reflect 245B Statutes)**

Service Initiation Letter to Case Manager

Service Initiation Information

Client Referral Form

Official court documents regarding guardianship status

Initial Individual Abuse Prevention Plan\*

Initial Coordinated Service and Support Plan (Provided by County Case Manager)

Coordinated Service and Support Plan Addendum\*

Self-Management Assessment\*

Copy of Rights of Persons Served\*

Policy Orientation Receipt\*

*Initial Authorizations and Releases*

* Authorization for Medication and Treatment Administration and Assistance\*
* Agreement and Authorization for Injectable Medications\*
* Data Privacy (Standard Release of Information) \*
* Acknowledgement of Receipt of Notice of Privacy Practices\*
* Authorization to Obtain or Release Records\*
* Permission\*

**Section 2: Annual Service Planning and Delivery**

Coordinated Service and Support Plan

Coordinated Service and Support Plan Addendum

Self-Management Assessment

Individual Abuse Prevention Plan

Progress Reports and Recommendations+

Copy of Rights of Persons Served\*

Policy Orientation Receipt\*

*Annual Authorizations and Releases*

* Authorization for Medication and Treatment Administration and Assistance\*
* Agreement and Authorization for Injectable Medications\*
* Data Privacy (Standard Release of Information)\*
* Acknowledgement of Receipt of Notice of Privacy Practices\*
* Authorization to Obtain or Release Records\*
* Permission\*

**Section 3: Incident Reports, Grievances, and Behavior Reporting**

Incident Reports/VA and MOM

Medication Incident Reports

Complaint and Grievance Documentation and Resolution (if applicable)

Positive Support Transition Plan information (if applicable)

Emergency Use of Manual Restraint (EUMR) Report and Behavioral Intervention Reporting Tool (DHS)

**Section 4: Health and Medication Administration Record Information**

**(If applicable, for Residential and Personal Support)**

Current orders for medications, treatments, or medical equipment

Standing Order Medication List

Specific medication administration procedures and protocols

Medication Administration Record Reviews (can be in a separate storage location)

Referral forms

Medical Referrals (including annual physical exam)

Mental Health Referrals

Dental Referrals

Ophthalmology Referrals

Lab work/results

Reports

Seizure Reports

Psychotropic Medication Monitoring Data Reports

**Section 5: Miscellaneous**

Social, Psychological, and Medical Histories and Assessments

Other Service Provider’s Information

Financial Reports (if applicable and can be in a separate storage location)

Discharge Summary (if applicable)

\* Signatures are required on these documents

+ May occur more frequently if requested by support team