

SUDS Requirements

Case Management			SUDS Client Record		SUDS Assessments				
Checkbox Name in SUDS	Service	Formula for SUDS Checkbox	First Name, Last Name	Date of Birth or Age	ADL	IADL	In Home Eligibility		Nutrition Screening
							Can Perform Chores Without Help	Cognitive Impairment Requiring Supervision Question	
Case Management Eligibility	Case Management	<input type="checkbox"/> First Name <input type="checkbox"/> Last Name <input type="checkbox"/> Date of Birth or Age > = 60	X	X					
Case Management Requirements	Case Management	<input type="checkbox"/> Enter Case Manager note types after case closure and reason for closure			X	X			X
Other Case Management Data Requirements	Case Management	<input type="checkbox"/> Create Action/Care Plan <input type="checkbox"/> Case Management Notes <input type="checkbox"/> Reason for case closure							