**Service Recipient Record Checklist for Basic Services**

Person name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is checklist is used to review and verify that the service recipient record is maintained according to the licensing requirements in Minnesota Statutes, section 245D.095.

* The program must maintain a record of current services provided to each person on the premises where the services are provided or coordinated. When the services are provided in a licensed facility, the records must be maintained at the facility; otherwise, the records must be maintained at the license holder's program office.
* The program must protect service recipient records against loss, tampering, or unauthorized disclosure.
* The program must ensure that the following people have access to the information in accordance with applicable state and federal laws, regulations, or rules:

1. the person, the person's legal representative, and anyone properly authorized by the person
2. the person's case manager
3. staff providing services to the person unless the information is not relevant to carrying out the support plan or support plan addendum
4. the county child or adult foster care licensor, when services are also licensed as child or adult foster care, and
5. the DHS licensor or investigator as required under the Human Services Licensing Act, Minnesota Statutes, Chapter 245A.

| **Required Documentation Completed in Service Recipient Record** | **Staff Initials** |
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| 1. Admission form signed by the person or legal representative that includes:    1. the person’s legal name, date of birth, address, and telephone number; and    2. the name, address and telephone number of the person’s legal representative, primary contact, case manager, family members, or other people identified by the person. |  |
| 1. Service information, including:    1. service initiation information    2. verification of the person's eligibility for services    3. documentation verifying that services have been provided as identified in the support plan or support plan addendum    4. date of admission or readmission |  |
| 1. Health information, including medical history, special dietary needs, and allergies. |  |
| 1. When the program is assigned responsibility for meeting the person's health service needs, documentation of: |  |
| * 1. current orders for medications, treatments, or medical equipment; |  |
| * 1. signed authorization from the person or the person’s legal representative to administer or assist in administering the medication or treatments; |  |
| * 1. signed statement authorizing the program to act in a medical emergency when the person’s legal representative cannot be reached or delayed in arriving; |  |
| * 1. medication administration procedures for the individual person; |  |
| * 1. medication administration record that documents implementation of medication administration procedures, and medication administration record reviews, including any agreements for administration of injectable medications by the program; and |  |
| * 1. medical appointment schedule. |  |
| 1. A copy of the person’s current support plan or the portion assigned to the program. |  |
| 1. A copy of the individual abuse prevention plan. |  |
| 1. Positive Support Strategies incorporated in the person’s plan and evaluated every 6 months. |  |
| 1. A record of other service providers, including contact person, telephone number, services being provided, and names of staff responsible for coordination of services. |  |
| 1. Documentation of orientation to service recipient rights and maltreatment reporting policies and procedures. |  |
| 1. Copies of authorizations to handle a person’s funds. |  |
| 1. Documentation of complaints received and grievance resolutions. |  |
| 1. When requested by the person, legal representative, case manager or team: copies of written reports regarding the person including progress review reports, progress or daily log notes recorded by the program, and reports received from other agencies involved in providing services or care of the person. |  |
| 1. Discharge summary. |  |
| 1. Service suspension/termination and related documentation, if applicable. |  |