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| **File Naming Structures for All Document Types**  “Date” = Date of creation of the document. Month, day, year. Example 8-17-14. For letters being mailed, use the date of mailing. | |
| **INITIAL CERTIFICATION FORM** “Agency Name, Initial Cert, Date ” (Acme Agency, Initial Cert, 12-13-2010) | **LETTERS** “Agency Name, Type of Letter, date” (Acme Agency, Notice to Correct, 01-2-2012). |
| **RECERTIFICATION FORM** “Agency Name, Recert, Date” (Acme Agency, Recert 1-21-12)  **INITIAL CARE COORDINATOR CERT FORM** (File under agency folder) “CC Last Name, CC First Initial, Initial Cert, Date (Smith, J, Initial Cert, 12-13-14)  **AMENDED CERTIFICATION FORM “**Agency Name, Amended, Date ” (Acme Agency, Amended Cert, 12-13-2010) or (Acme Agency, Amended Cert2, 12-13-2010)  **AUDITS** “Agency Name, Audit, date” (Acme Agency, Audit, 01-2012)  **CARE COORDINATOR CHANGE OF AFFILIATION** (File under both agency’s folders) “CC Last Name, First Initial, Change of Affiliation, Date” (Smith, J, Change of Affiliation, 6-13-14) | **CHECKLISTS** “Agency Name, Waiver or PCA App or recert Checklist, Date ” (Acme Agency, PCA App Checklist, 12-13-2010)  **CARE COORDINATOR RECERT FORM** (File under agency folder) “CC Last Name, CC First Initial, Recert, Date” (Smith, J, Recert, 12-13-14)  **END CERTIFICATION FORM** “Agency Name/CC Last Name, First Initial, End Cert, Date (Acme Agency, End Cert, 6-30-14; Smith, J, End Cert, 6-30-14)  **CPR & FA PCA WAIVERS** “CPR/FA, Last Name First initial, Date” (CPR/FA, McGuire L, 8/17/14)  **PEND LETTER “**Agency Name, Pend Letter, date” (Acme Agency, Pend 2, 1-2-12). |

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| **Acceptable Service Abbreviations:** |  |
| * **Care Coordination Services** | (CMG) |
| * **Residential Habilitation Services** | (ResHab) |
| * **Day Habilitation Services** | (DayHab) |
| * **Supported Employment Habilitation Services** | (SE) |
| * **Adult Day Services** | (ADS) |
| * **Residential Supported Living Services** | (RSL) |
| * **Respite Services** | (Resp) |
| * **Intensive Active Treatment Services** | (IAT) |
| * **Environmental Modification Services** | (Emod) |
| * **Chore Services** | (Chore) |
| * **Transportation Services** | (Trans) |
| * **Meal Services** | (Meal) |
| * **Nursing Oversight & Care Management** | (NOCM) |
| * **Personal Care Assistance** | (PCA) |