

DISCHARGE FILE INDEX

Section I: Identification and Legal documents

- A. Basic Demographic Information
- B. Emergency Contact Information (address, telephone, fax) for AR, extended family, CSB, TC, Provider & other supports
- C. ID Card (if required by provider and available)
- D. Voter registration card (if applicable)
- E. Guardianship papers (if applicable)
- F. Birth Certificate
- G. Social Security Card
- H. Medicaid Card
- I. Medicare Card (Parts A, B, D) (if applicable)
- J. Other insurance cards (if applicable)
- K. Burial policy information (if applicable)
- L. Consents for Release of Information (related to discharge)
- M. Advanced directives (if applicable)

Section II: Financial

- A. Financial profile
 - a) Ability to manage funds statement/capacity evaluation (if applicable)
 - b) Social Security Benefit information contact information (in DPDR and discharge memo)
 - c) Documentation regarding the release of funds (at discharge)
 - d) List of personal items that are being sent with the individual (at discharge)
- B. Benefits provider letter (at discharge)
- C. Social Security Administration letter (at discharge)
- D. Equipment Lending Agreement (at discharge)

Section III: Medical

- A. List of current Physicians including community specialists, include current contact information, service provided, last and next appointment if known
- B. Applicable Medical Consultations: dental, audiology, neurology, urology, orthopedic & other records (12 months more if the individual has had significant issues)
- C. Applicable X-ray /Radiology Reports (bone density, Upper GI, EKG, Chest, CT scans)
- D. Hospital Discharge summaries/reports (as available)
- E. Discharge physical (no more than 30 days prior to discharge)
- F. Physician's orders (past year) including all medications/ and treatments
- G. MAR (most current by discharge)
- H. Prescriptions-written for discharge (by discharge)
- I. Immunization record/PPD results or confirmatory X-ray
- J. Lab work (12 months or more as applicable)
- K. List of known allergies and identified adverse reactions
- L. Annual Physical and/or Physician's Summary
- M. Nutritional (screenings, assessments, and evaluations)
- N. Nutrition, Eating Pre-caution and Oral intake protocol and supportive medical documentation (MBS or other assessments)

- O. Nursing Assessments and Nursing Care plans (12 months)
- P. Medication Administration Assessment
- Q. Psychiatric Evaluation
- R. Dyskinesia Identification System (TD Score) (if applicable)
- S. Occupational Therapy Evaluations/Reports including sensory diets (if applicable)
- T. Physical Therapy Evaluations/Reports (if applicable)
- U. Weight Chart, Menstrual Cycle Chart, Bowel Movement Chart, Sleep Chart, Blood Pressure, Seizure Record (if PST determines necessary)
- V. Letter of medical necessity (if applicable by discharge)
- W. Durable Do Not Resuscitate (if applicable by discharge)

Section IV: Clinical

- A. Current ISP (IEP for school age individuals) and ISP change notes
 - a) Assessments and annual reports; including vocational, residential, recreational, day support reports (if applicable)
 - b) Communication Plans/chart
 - c) Comprehensive Psychological Evaluation (current)
 - d) Capacity Evaluation
 - e) Comprehensive social history and report (include initial and current)
 - f) Psychological Evaluation (current)
 - g) Positive Behavioral Supports Plan
 - h) Speech Pathology evaluation and reports (if one has been completed)
 - i) Physical Management Plans/Fall Precaution Plans
 - j) Copy of daily schedule
 - k) All Risk Assessments (any fall, bed, helmet, safety devices, trip, water etc., if applicable)
 - l) Support Intensity Scale (SIS) (by discharge)

Section V: Discharge

- A. Discharge plan/Discussion Record (initial, provider, final, annual, special circumstances if needed)
- B. Visit Information Forms (day, evening, overnight, day support/supported employment/vocational) (not given)
- C. Introductory Training Records
- D. Information about Assistive Technology devices used – where can replacements be obtained, will they come with individual

Section VI: Correspondences

- A. Notifications of Discharge (AR, Case management, Provider, etc.)
- B. Other letters/memorandums relating to discharge of an individual
- C. E-Mails (relating to discharge of individual)
- D. Referrals for services (FRC, REACH and etc.)
- E. Fax cover sheets with confirmation page attached

Section VII: Post Move Monitoring Reports

- A. TC 1,2,3,4 and any additional visits-include supplementary documentation obtained on visits
- B. CSB
- C. OHR
- D. CRC (as requested)

Section VII: Quality Management (not given)

- A. Notification Forms
- B. RST Referral
- C. Incident Reports
- D. Internal Review Reports