

# SDS HOME RECORD

Name of EOR: \_\_\_\_\_

Name of Acumen Agent: \_\_\_\_\_

☐ **Sign-In Log for anyone accessing this home record.** Form 06MP070E, Access to Home Record and Verification of Monitoring Requirement, certifying that all authorized persons accessing the service recipient information contained within the home record were informed and understand the penalties for misuse of confidential and protected information, per Section 1533.1 of Title 21 of the Oklahoma Statutes.

Emergency Contact Information (Fire, Police, Ambulance, Family/Guardian)

☐ **Legal Documentation/Guardianship Documents**

☐ **Consent Forms**

- Freedom of Choice
- Right to Fair Hearing

☐ **Annual Medical Report (physical)**

☐ **Standing Medical Orders, Physician Orders and Protocols**

☐ **Current Immunization Record**

☐ **Consumer Data Sheets**

☐ **Individual Plan**

☐ **Plan Of Care (authorizations)**

- Assessments and/or Professional Recommendations and Invoices used for developing POC and requesting services.
- Addendums with supporting documentation such as Professional Recommendations and Invoices.

☐ **HTS Training Documentation**

- If training is exempt by the EOR, please place a copy of completed DDS-37 here.
- If HTS is administering medication, MAT training cannot be exempt. MAT training can be completed through DDS College of Direct Supports. Please request enrollment through your DDS Case Manager and add completion certificate here.

☐ **Copy of HTS CPR/First Aid certificates**

☐ **Medication Administration Record (3 months)**

☐ **Miscellaneous Health-Related Consultations and Correspondence**

☐ **Most recent lab, x-ray, consultation reports, and pharmacological evaluation if applicable.**

☐ **Daily Progress Reports for Outcomes**

☐ **Incident Reports**

☐ **Quarterly Reports** (Must be sent to CM by the 10<sup>th</sup> of the month in January, April, July and October)

☐ **Fire & Weather Drills**

☐ **Acumen Paperwork/Forms**

- ☐ SDS Service Agreement
- ☐ SD-HTS Staff Provider Agreement
- ☐ SD-HTS Employee Rate Sheet
- ☐ DDS-5's Referral Form for Examination or Treatment (If Healthcare Coordinator is waiver funded staff)
- ☐ DDS-37 Referral Form for Psychiatric Treatment or Examination (If Healthcare Coordinator is waiver funded staff)
- ☐ Protective Intervention Plan
- ☐ Special Instructions or Health Care Plan
- ☐ DISCUS or AIMS if taking psychotropic medications which cause Tardive Dyskinesia
- ☐ Any documentation required by the IP, team, doctor, or other professional (i.e.: outcomes, weight record, bowel/bladder, food/fluid intake, etc.)
- ☐ Any Site Visit Reports from a DDS professional providers. (Psychologist, Speech Therapist, OT, PT, NT, Nursing services, etc.)

**RECORD IS MAINTAINED IN THE HOME UNLESS ANOTHER LOCATION IS REQUESTED BY THE TEAM AND APPROVED IN WRITING BY THE AREA MANAGER. THE HOME RECORD IS ALWAYS PRESENT IN THE HOME WHEN SERVICES ARE BEING PROVIDED.**