

Wood County Board of Developmental Disabilities

PROCEDURE

Procedure #: 02-ALL-ALL-0457 (SS)  
Effective Date: 01-21-95  
Person Responsible: Director of Service and Support Administration

Subject: Case Record  
Last Revision: 11-20-17

Approvals/Date:

Brent Olson 11/27/17  
Superintendent, WCBDD Date

Charles R. Kopta 11/27/17  
Department Director Date

1. Each eligible individual served by Service and Support Administration services shall have an individual case record established, within **five (5) working days** of receipt of **assignment to a SSA**.
  2. The Service Coordinator will maintain all case records for eligible individuals served in a locking file cabinet located within the Service Coordinator's office. Case records for individuals whose case status has been determined as **CLOSED** shall be maintained.
  3. The Service Coordinator shall notify in writing, the involved service provider(s) of the request for any Service and Support Administration service on behalf of the individual, within five (5) working days of executed Individual Service Plan.
  4. All notified Board Team Leaders shall forward copies of the individual's assessments, evaluations, and service plans, according to established procedures for each document, to the Service Coordinator for placement within the individual case record.
  5. A Consent to Release/Request Information will be completed, per Procedure 02-ALL-ALL-0843 (AD) Confidential Records using Form 03-ALL-ALL-0294 Authorization For Release of Information and signed prior to the release of, or request for identifying information.
  6. The case record shall be divided into six (6) sections: 1) General/Correspondence; 2) Medical; 3) Current Collateral; 4) Legal; 5) Waiver Information; 6) TCM. Detail of sections follow:
    - 1) **General/Correspondence**
      - \*Intake Information – Application for Services, Social History Questionnaire
      - \***COEDI/OEDI/FED form**
      - \*Medicaid Information, Social Security Forms, Benefits Information
      - \*ISP Correspondence
      - \***Completed referrals/applications (Respite, OOD, Medicaid, Food Stamps, etc.)**
- ALL CORRESPONDENCE WILL BE FILED IN CHRONOLOGICAL ORDER WITH THE MOST CURRENT DATE ON TOP.**
- 2) **Medical**
    - \*Med Log
    - \*Appointment Results
    - \*Physical Exams
    - \*Dental Exams
    - \*OT, PT, Speech Evaluations
    - \*Mechanical Support/Restraint Forms
    - \*Psychotropic Medication Information
  - 3) **Current Collateral**
    - \***Current ISP (one page profile/coversheet on top)**
    - \*PAWS forms
      - \***Bill of Rights**
      - \***IEP (school students only)**
    - \*Psychological Evaluations (students – 3 yr)
    - \*Consumer Satisfaction Survey
    - \*Residential Information
    - \*Psych Med Information (meeting notes)
    - \***Evaluation Team Report (school students only)**
    - \*Behavior Support Plans/Documentation
  - 4) **Legal**
    - \*HIPAA Accounting Log (file on top)
    - \*Birth Certificate
    - \*SS Card
    - \*Picture ID
    - \*UIR's
    - \***MUI's**
    - \*Court Documents/Police Reports
    - \*Guardianship Documentation
    - \*Release of Information Forms
    - \*Quality Assurance Reports

5) **Waiver Information**

\*Freedom of Choice

\*Waiver Enrollment/Redetermination Letter

\*2399

\*Clinician's Verification Form

\*Other Waiver Related Information

6) **TCM**

\* TCM Acronym Sheet

\* All information should be filed chronologically with the most recent on top

**ALL OLD COLLATERAL WILL BE FILED IN CHRONOLOGICAL ORDER WITH THE MOST RECENT DATE ON TOP**

References: 5123:2-1-11  
02-ALL-ALL-0843 (AD)

Forms: 03-ALL-ALL-0294  
03-ALL-ALL-0823

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