# **Service Admission Checklist for Intensive Services**

REQUIREMENTS FOR USE OF THIS SAMPLE DOCUMENT: 245D license holders are responsible for modifying this sample for use in their program. At a minimum, you must fill in the blanks on this form. You may modify the format and content to meet standards used by your program. This sample meets compliance with current licensing requirements as of August 1, 2020. Providers remain responsible for reading, understanding and ensuring that this document conforms to current licensing requirements. DELETE THIS HIGHLIGHTED SECTION TO BEGIN MODIFYING THIS FORM.

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

Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Service Initiation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Admission & Service Initiation Requirements**

| **Prior to or upon service initiation** | **Date Obtained/ Completed** | **Initials of Responsible Staff** |
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| FOR FOSTER CARE AND SUPPORTED LIVING SERVICES (Landlords/providers must have a written agreement with people who live in homes and receive foster care and supported living services when provided in a licensed setting) [[245D.11](https://www.revisor.mn.gov/statutes/?id=245D.11), subd. 4]* Signed and completed residency agreement to document that people have been informed of and agree to the process the landlord/provider follows before ending services/housing; [HCBS Residency Agreement Template](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7176B-ENG)
* Provided a copy to the person and the legal representative; and
* Maintained a copy in the person’s record.
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| FOR RESIDENTIAL SERVICES AND SUPPORTS (includes out-of-home crisis respite, supported living services, or foster care services provided in a foster care home or a community residential setting; SLS in a supervised living facility; or residential services in an ICF/DD) [[245D.11](https://www.revisor.mn.gov/statutes/?id=245D.11), subd. 4]: * Provided notification to current residents, or their legal representatives, if any, when a registered predatory offender is admitted into the program; or
	+ Provided notification to a person or the person’s legal representative, if any, potentially being admitted to the program, if the program is already serving a registered predatory offender.
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| FOR ADULTS: Developed an individual abuse prevention plan (IAPP) [[245D.071](https://www.revisor.mn.gov/statutes/?id=245D), subd. 2 and [245A.65](https://www.revisor.mn.gov/statutes/?id=245A.65), subd. 2] |  |  |

| **Within 24-hours of service initiation - Due date:** | **Date Obtained/ Completed** | **Initials of Responsible Staff** |
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| FOR ADULTS: Provided orientation to the internal and external vulnerable adult maltreatment reporting procedures [[245A.65](https://www.revisor.mn.gov/statutes/?id=245A.65), subd. 1]* If applicable, the person’s legal representative was notified of the orientation.
* For a person who would benefit more from a later orientation, the orientation took place within 72 hours.
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| FOR ADULTS RECEIVING SERVICES IN A FACILITY [[626.557, subd. 14](https://www.revisor.mn.gov/statutes/?id=626.557)]: Provided orientation to the program abuse prevention plan.* If applicable, the person’s legal representative was notified of the orientation.
* For a person who would benefit more from a later orientation, the orientation took place within 72 hours.
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| **Within five (5) working days of service initiation - Due date:** | **Date Obtained/ Completed** | **Initials of Responsible Staff** |
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| Obtained signed and dated admission form from person or the person’s legal representative, if any [[245D.095](https://www.revisor.mn.gov/statutes/?id=245D.095), subd. 3]. |  |  |
| Obtained signed and dated consent to release and exchange information from person or the person’s legal representative, if any [[245D.04](https://www.revisor.mn.gov/statutes/?id=245D.04), subd. 3]. |  |  |
| Obtained information required for service recipient record (see service recipient record checklist) [[245D.095](https://www.revisor.mn.gov/statutes/?id=245D.095), subd. 3]. |  |  |
| Provided the person or the person’s legal representative, if any, with a written notice that identifies the service recipient rights and an explanation of those rights (see service recipient rights packet) [[245D.04](https://www.revisor.mn.gov/statutes/?id=245D.04), subd. 1]. |  |  |
| Informed the person, or the person’s legal representative, if any, and case manager of the policies and procedures affecting a person's rights under section 245D.04, and provided copies of those policies and procedures, including:* Grievance [[245D.10](https://www.revisor.mn.gov/statutes/cite/245D.10#stat.245D.10.2), subd. 2];
* Service suspension [[245D.10](https://www.revisor.mn.gov/statutes/cite/245D.10#stat.245D.10.3), subd. 3];
* Service termination [[245D.10](https://www.revisor.mn.gov/statutes/cite/245D.10#stat.245D.10.3a), subd. 3a];
* Emergency use of manual restraints [[245D.061](https://www.revisor.mn.gov/statutes/?id=245D.061), subd. 9]; and
* Data privacy [[245D.11](https://www.revisor.mn.gov/statutes/?id=245D.11), subd. 3].
 |  |  |
| Obtained written authorization from the person, or the person’s legal representative, if any, to assist with safekeeping of property and funds [[245D.06](https://www.revisor.mn.gov/statutes/?id=245D.06), subd. 4]. |  |  |
| Surveyed and documented the preferences of the person or the person’s legal representative, if any, and case manager for frequency of receiving a statement that itemizes receipts and disbursements of funds or other property (see survey form) [[245D.06](https://www.revisor.mn.gov/statutes/?id=245D.06), subd. 4]. |  |  |

| **Within 15 calendar days of service initiation- Due date:** | **Date Obtained/ Completed** | **Initials of Responsible Staff** |
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| Completed a preliminary coordinated service and support plan (CSSP) addendum based on the CSSP from the case manager [[245D.071](https://www.revisor.mn.gov/statutes/?id=245D), subd. 3(a)].If the case manager, LTC coordinator, or responsible party from the lead agency, has not provided a CSSP, the provider may rely on the existing service plan until a CSSP is provided. However, the provider must ensure that the CSSP addendum is developed as required in 245D based on the existing plan and current information provided by the person’s support team. |  |  |
| Positive Support Strategies incorporated in the person’s plan and maintain documentation that strategies were evaluated with the person every 6 months. |  |  |

| **Before providing 45 days of service or within 60 calendar days of service initiation, whichever is shorter- Due date:** | **Date Obtained/ Completed** | **Initials of Responsible Staff** |
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| The license holder must meet with the person, the person’s legal representative, the case manager, other members of the support team or expanded support team, and other people as identified by the person or the person’s legal representative before providing 45 days of service or within 60 calendar days of service initiation, whichever is shorter, to determine the following: |  |  |
| 1. The scope of the services to be provided [by the licensed provider] to support the person's daily needs and activities;
2. The person's desired outcomes and the supports necessary to accomplish the person's desired outcomes;
3. The person's preferences for how services and supports are provided, including how the provider will support the person to have control of the person’s schedule;
4. Whether the current service setting is the most integrated setting available and appropriate for the person;
5. The opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences;
6. The opportunities for community access, participation, and inclusion in preferred community activities;
7. The opportunities to develop and strengthen personal relationships with other persons of the person's choice in the community;
8. The opportunities to seek competitive employment and work at competitively paying jobs in the community;
9. How services must be coordinated across other providers licensed under this chapter serving the person and members of the support team or expanded support team to ensure continuity of care and coordination of services for the person;
10. A discussion of how technology might be used to meet the person's desired outcomes must be included in the 45-day planning meeting. The coordinated service and support plan or support plan addendum must include a summary of this discussion. The summary must include a statement regarding any decision that is made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made
 |  |  |
| With input from the person, the person’s legal representative, the case manager, and other members of the support team or expanded support team, assessed the following areas within the scope of services to be provided by the licensed provider:1. The person's ability to self-manage health and medical needs to maintain or improve physical, mental, and emotional well-being, including, when applicable, allergies, seizures, choking, special dietary needs, chronic medical conditions, self-administration of medication or treatment orders, preventative screening, and medical and dental appointments;
2. The person's ability to self-manage personal safety to avoid injury or accident in the service setting, including, when applicable, risk of falling, mobility, regulating water temperature, community survival skills, water safety skills, and sensory disabilities; and
3. The person's ability to self-manage symptoms or behavior that may otherwise result in
	1. an incident as defined in section 245D.02, subdivision 11, clauses (4) to (7),
	2. suspension or termination of services by the license holder, or other symptoms or behaviors that may jeopardize the health and safety of the person or others.

The assessments produced information about the person that was descriptive of the person's overall strengths, functional skills and abilities, and behaviors or symptoms. |  |  |
| FOR ADULTS: Reviewed and revised an individual abuse prevention plan (IAPP) [[245D.071](https://www.revisor.mn.gov/statutes/?id=245D), subd. 2 and [245A.65](https://www.revisor.mn.gov/statutes/?id=245A.65), subd. 2] |  |  |

| **Within 10 working days of the 45 day meeting - Due date:** | **Date Obtained/ Completed** | **Initials of Responsible Staff** |
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| Developed a service plan that documented the service outcomes and supports based on the assessments. The outcomes and supports must be included in the CSSP addendum [[245D.071](https://www.revisor.mn.gov/statutes/?id=245D), subd. 4(a)]. The documentation must include: |  |  |
| 1. The methods to be implemented to support the person and to accomplish the services outcomes related to acquiring, or improving skills and physical, mental, and emotional health and wellbeing. The documentation must include:
	1. the methods or actions that will be used to support the person and to accomplish the service outcomes, including information about:
	2. any changes or modifications to the physical and social environments necessary when the service supports are provided;
	3. any equipment and materials required; and
	4. techniques that are consistent with the person's communication mode and learning style;
2. The measurable and observable criteria for identifying when the desired outcome has been achieved and how data will be collected;
3. The projected starting date for implementing the supports and methods and the date by which progress towards accomplishing the outcomes will be reviewed and evaluated; and
4. The names of the staff or positions responsible for implementing the supports and methods.
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| **Within 20 working days of the 45 day meeting - Due date:** | **Date Obtained/ Completed** | **Initials of Responsible Staff** |
| --- | --- | --- |
| Program must obtain dated signatures from the person or the person’s legal representative and case manager to document completion and approval of the assessment and CSSP addendum [[245D.071](https://www.revisor.mn.gov/statutes/?id=245D), subd. 4(b)].If, within 10 working days of submission of the assessment and CSSP addendum, the person or the person’s legal representative or case manager has not signed and returned to the license holder the assessment and CSSP addendum or has not proposed written modification to the license holder’s submission, the submission is deemed approved and the assessment and the CSSP addendum become effective and remain in effect until the legal representative or case manager submits a written request to revise the assessment or CSSP addendum. |  |  |