**Service Admission Checklist for Basic 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, 2022. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of service initiation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADMISSION/SERVICE INITIATION REQUIREMENTS FOR BASIC SERVICES**

| **Within 24-hours of Service Initiation - Due date:** | **DATE OBTAINED/ COMPLETED** | **INITIALS OF RESPONSIBLE STAFF** |
| --- | --- | --- |
| 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.
 |  |  |
| 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.
 |  |  |

| **Within Five (5) Working Days of Service Initiation - Due date:**  | **DATE OBTAINED/ COMPLETED** | **INITIALS OF RESPONSIBLE STAFF** |
| --- | --- | --- |
| 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)]. |  |  |
| 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](https://www.revisor.mn.gov/statutes/?id=245D.04), and provide copies of those policies and procedures, including:* Grievances;
* Service suspension;
* Service termination [[245D.10](https://www.revisor.mn.gov/statutes/?id=245D.10), subd. 4]; and
* Emergency use of manual restraints [[245D.061](https://www.revisor.mn.gov/statutes/?id=245D.061), subd. 9]
 |  |  |
| Obtained written authorization from the person, or the person’s legal representative, if any, to assist with safe keeping 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]. |  |  |
| FOR ADULTS: Developed an individual abuse prevention plan (IAPP) [[245A.65](https://www.revisor.mn.gov/statutes/?id=245A.65), subd. 2] |  |  |

| **Within 15 calendar days of service initiation - Due date:**  | **DATE OBTAINED/ COMPLETED** | **INITIALS OF RESPONSIBLE STAFF** |
| --- | --- | --- |
| Complete a preliminary support plan addendum based on the support plan from the case manager [[245D.07](https://www.revisor.mn.gov/statutes/?id=245D.07), subd. 2].If the case manager, LTC coordinator, or responsible party from the lead agency, has not provided a support plan, the provider may rely on the existing service plan until a support plan is provided. However, the provider must ensure that the support plan 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 were incorporated in the person’s plan and the positive support strategies were evaluated with the person **every 6 months**. Documentation of the positive support strategies and the evaluation was maintained in the individual’s record. |  |  |

| **Within 60 calendar days of service initiation - Due date:**  | **DATE OBTAINED/ COMPLETED** | **INITIALS OF RESPONSIBLE STAFF** |
| --- | --- | --- |
| Reviewed (and revised, if needed), the preliminary support plan addendum, documenting:* What services will be provided
* How the services will be provided
* When the services will be provided
* By whom the services will be provided
* The person responsible for overseeing the delivery and coordination if services [[245D.07](https://www.revisor.mn.gov/statutes/?id=245D.07), subd. 2]; and
* The changes to the preliminary support plan addendum if revisions were needed.
 |  |  |
| FOR ADULTS: Reviewed and revised an individual abuse prevention plan (IAPP) [[245A.65](https://www.revisor.mn.gov/statutes/?id=245A.65), subd. 2] |  |  |

| **Progress Review Reports**  | **DATE OBTAINED/ COMPLETED** | **INITIALS OF RESPONSIBLE STAFF** |
| --- | --- | --- |
| Written progress or status reports were requested by the person or the person’s legal representative, if any, or case manager (Y / N) |  |  |
| Frequency of requested reports (circle the applicable option): Monthly; quarterly; semi-annually; annually; as requested; not required; other (describe): |  |  |