



**ENROLLMENT MEETING CHECKLIST- MN CRS**

Name: \_\_\_\_\_  
Meeting Date: \_\_\_\_\_

**A. PRIOR TO FIRST DAY OF STARTING SERVICES MEETING:**

Obtain the following referral information, as applicable, from the case manager and/or previous provider:

- \_\_\_\_\_ Current **Person Centered Plan** and/or **Person Centered Description**
- \_\_\_\_\_ Current **Positive Support Transition Plan**
- \_\_\_\_\_ Current **Safety Plan (Individual Abuse Prevention Plan)**
- \_\_\_\_\_ Current **Coordinated Services and Support Plan** (must have within 15 days after starting services meeting)
- \_\_\_\_\_ Obtain **Services Assessment (Individual Services and Supports Assessment)**
- \_\_\_\_\_ Current **Support Plan** with specific objectives/outcomes included
- \_\_\_\_\_ Current medical or health care related information and/or assessments (psychological and/or psychiatric evaluations, behavior assessment, physical therapy, dental, occupational therapy, audiology, etc.)
- \_\_\_\_\_ **Health Needs Record**, including most recent **Physical Examination**

Initiate the following, which require physician signature, as applicable:

- \_\_\_\_\_ **Standing Order Medication List**
- \_\_\_\_\_ Complete a **Seizure Plan**

Complete the following:

- \_\_\_\_\_ A preliminary **Support Plan**
- \_\_\_\_\_ A preliminary **Services Questionnaire and Safety Plan**
- \_\_\_\_\_ A preliminary **Home Safety Plan (Program Abuse Prevention Plan/PAPP)**; create and/or update **Financial Summary**; for persons for whom we manage (have access to) accounts
- \_\_\_\_\_ A preliminary **Starting or Changing Services**
- \_\_\_\_\_ A preliminary **Information Sheet**
- \_\_\_\_\_ Personal Cares Protocol (**Exposure Determination Form**); keep at site
- \_\_\_\_\_ Initiate process for GRH, SSI, SS, etc.; refer to **Room and Board Worksheet**

**B. ON DATE OF STARTING SERVICES MEETING:**

- \_\_\_\_\_ Give the person receiving services, the guardian/legal rep, and case manager a copy of the **Mains'l Guidebook to Supports**; review the contents of the guidebook
- \_\_\_\_\_ Obtain signatures on the **Orientation for Person Receiving Support and/or Legal Guardian**; 2 Copies: one for person/guardian to keep and the second for the person/guardian to sign and be filed in the data file.
- \_\_\_\_\_ Review the **Service Recipient Rights**; 2 copies: one for person/guardian to keep and the second for the person/guardian to sign and be filed in the data file.
- \_\_\_\_\_ Review **Notice of Privacy Practices for Individuals**; have **Acknowledgement of Receipt of Notice of Privacy Practice** signed; file this in the legal/consent section of the plan file
- \_\_\_\_\_ Review or develop the **Positive Support Transition Plan**, if applicable
- \_\_\_\_\_ Complete an interim **Services Questionnaire and Safety Plan** with the support team and get signatures for approval; a complete **Services Questionnaire and Safety Plan** is required prior to starting services
- \_\_\_\_\_ Complete **Medical Admit Form**; route to nursing department

Get signatures on all required consents and authorizations:

- \_\_\_\_\_ **Informed Consent for Administration of Psychotropic Medications** (if applicable)
- \_\_\_\_\_ **Medication Administration and Emergency Medical Authorization**
- \_\_\_\_\_ **Consent to Manage/Audit Finances**
- \_\_\_\_\_ **Financial Funds and Property When Starting Services**
- \_\_\_\_\_ **Consent to Exchange Information**
- \_\_\_\_\_ Complete **Information Sheet**; submit a copy to Admin receptionist within five (5) days of meeting
- \_\_\_\_\_ Determine whether there are any rights restrictions and, if so, complete **Rights Restriction Summary**
- \_\_\_\_\_ **Room and Board Worksheet and Agreement** complete and have signed



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Meeting Date: \_\_\_\_\_

\_\_\_\_ Get **Support Team Meeting Summary** signature page signed

\_\_\_\_ **Set up 45-Day meeting with team**

Date and location of meeting \_\_\_\_\_

**Directly after meeting**

\_\_\_\_ Complete the **Starting or Changing Services**; distribute with attached documents as form directs

\_\_\_\_ Notify Foster Licensor within five (5) days of person moving in

\_\_\_\_ Place the **Mandated Reporter List in the person's file**; all employees must sign the form before working directly with the person receiving services

\_\_\_\_ Submit copy of the **Information Sheet** to Admin receptionist within five (5) days of meeting

**C. DURING THE FIRST 45-DAY OF SERVICES:**

\_\_\_\_ Complete initial **Person Centered Description**

\_\_\_\_ Complete initial **Personal Profile**

\_\_\_\_ Complete initial **Services Questionnaire and Safety Plan**; review changes and finalize at the 45-day meeting

\_\_\_\_ Complete initial **Support Plan**; prepare for discussion for meeting



Name: \_\_\_\_\_  
Meeting Date: \_\_\_\_\_

**ENROLLMENT MEETING CHECKLIST- MN HOURLY**

**A. PRIOR TO STARTING SERVICES MEETING:**

**Obtain the following referral information, as applicable, from the case manager and/or previous provider:**

- \_\_\_\_\_ Current **Person Centered Plan (PCP)** and/or **Person Centered Description (PCD)**
- \_\_\_\_\_ Current **Positive Support Transition Plan**
- \_\_\_\_\_ Current **Safety Plan (Individual Abuse Prevention Plan)**
- \_\_\_\_\_ Current **Support Assessment (Individual Supports and Services Assessment)**
- \_\_\_\_\_ Current **Coordinated Supports and Services Plan**
- \_\_\_\_\_ Current medical or health care related information and/or assessments (psychological and/or psychiatric evaluation, seizure plan, behavior assessment, physical therapy, dental, occupational therapy, audiology, etc.)
- \_\_\_\_\_ Current **Support Plan** with specific goals/outcomes included
- \_\_\_\_\_ **Health Needs Record** (if assigned in Coordinated Services and Supports Plan to monitor health conditions and/or appointments)

**Assemble and/or complete the following:**

- \_\_\_\_\_ A preliminary **Support Plan** (must have within 15 days after starting services)
- \_\_\_\_\_ A preliminary **Services Questionnaire and Safety Plan**
- \_\_\_\_\_ A preliminary **Mandated Reporter List**
- \_\_\_\_\_ A preliminary **Starting or Changing Service Form**
- \_\_\_\_\_ A preliminary **Information Sheet**
- \_\_\_\_\_ **Personal Cares Protocol (Exposure Determination Form)**; keep in data file

**B. ON DATE OF THE MEETING:**

- \_\_\_\_\_ Give the person/legal rep and case manager a copy of the **Mains'l Guidebook to Supports**; familiarize them with the contents of the handbook
- \_\_\_\_\_ Obtain signatures on the **Orientation for Person Receiving Support or Legal Guardian**; 2 copies-one for person/guardian to keep and the second for the person/guardian to sign and file in data file
- \_\_\_\_\_ Review the **Service Recipient Rights**; 2 copies-one for person/guardian to keep and the second for the person/guardian to sign and be filed in the data file
- \_\_\_\_\_ Review **Notice of Privacy Practices**; have **Acknowledgement of Receipt of Notice of Privacy Practice** signed; file this in the legal/consent section of the plan file
- \_\_\_\_\_ Review **Attendance Policy** and get signatures for approval; 2 copies (one for Mains'l, one for person)
- \_\_\_\_\_ Review **MA Spend Down Expectations** and obtain signatures; 2 copies (one for file, one for person)
- \_\_\_\_\_ Review or develop the **Positive Support Transition Plan**, if applicable
- \_\_\_\_\_ Complete an interim **Services Questionnaire and Safety Plan** with the person and support team and get signatures for approval

**Get signatures on all required consents and authorizations:**

- \_\_\_\_\_ **Medication Administration and Emergency Medical Authorization**
- \_\_\_\_\_ **Consent to Manage/Audit Finances**
- \_\_\_\_\_ **Consent to Exchange Information**
- \_\_\_\_\_ Get **Support Team Meeting Summary** signed
- \_\_\_\_\_ Set up 45-Day Meeting with team
- \_\_\_\_\_ Complete **Individual Information** with signature and submit a copy to Admin. receptionist
- \_\_\_\_\_ Determine whether there are any rights restrictions and, if so, complete **Rights Restriction Summary**
- \_\_\_\_\_ Complete the **Starting or Changing Service Form**; email to [ICSF@mainsl.com](mailto:ICSF@mainsl.com) and cc: Senior Manager

**C. DURING THE FIRST 45 DAYS OF SERVICES:**

- \_\_\_\_\_ Revise and complete the **Services Questionnaire and Safety Plan**; send to team w/ signatures from meeting
- \_\_\_\_\_ Revise and complete the **Personal Profile**
- \_\_\_\_\_ Revise and/or complete **Person Centered Description**
- \_\_\_\_\_ Revise and/or complete the **Support Plan**