

SC CHEAT SHEET: AAW PARTICIPANT FILE DOCUMENTS

The following documents are to be maintained by the supports coordination agency in each participant's file. If/when a participant transitions to another SC agency, all documents must be transferred to the new agency w/in 7 days of the date of transfer, per 55 Pa. Code [§51.31](#).

Service Provider Choice Forms and HIPAA Release forms must be sent to BAS at ra-odpautismwaiver@pa.gov.

Participant Name: _____ Date of Review: _____

SC Agency: _____ SC Name: _____

Check or N/A	INDIVIDUAL SUPPORT PLAN (ISP) MEETING DOCUMENTS
	ISP Team Meeting Invitation <i>(initial and annual; copy of sent email, fax confirmation, or letter that was sent)</i>
	ISP Signature Page <i>(initial and annual)</i>
	Service Provider Choice Form <i>(initial only; SC will provide a copy of this document to BAS)</i>
	HIPAA Release Form <i>(initial AND when changes are made; SC will provide a copy of this document to BAS)</i>
	Participant Consent/Provider Acknowledgement Documentation for Critical Revisions
	PARTICIPANT ASSESSMENTS
	MA 51 Medical Evaluation Form <i>(initial and annual; BAS will provide a copy of this document to the SC)</i>
	SIB-R Response Booklet <i>(initial and annual)</i>
	MISCELLANEOUS DOCUMENTS
	Provider Monthly Progress Notes <i>(from all providers EXCEPT providers of Behavioral Specialist Services, Systematic Skill Building, Assistive Technology, Home Modifications, Vehicle Modifications)</i>
	OTHER DOCUMENTS AS APPLICABLE
	Assistive Technology: Independent Evaluation if Device Costs More Than \$500
	Home Modifications: Independent Evaluation if Modification Costs More Than \$1,000
	Vehicle Modifications: Three bids from providers AND independent Evaluation if Modification Costs More Than \$500
	Therapy Assessment: Family Support, Counseling & Speech Therapy only
	Vocational Services: Vocational Profile
	Vocational Services: OVR Eligibility Determination or Documentation of Case Closure
	Request for Exception to Established Service Limits Form
	Residential Habilitation Request Form
	OPTIONAL FILE DOCUMENTS
	Parental Stress Scale <i>(initial and annual) *</i>
	Quality of Life Questionnaire <i>(initial and annual) *</i>
	Functional Eligibility Assessment <i>(initial)</i>
	Participant Notice of Denial, Decrease or Termination of Services <i>(if applicable)</i>
	Appeal Outcome Notification <i>(if applicable)</i>

*These docs are optional **only** when the participant or participant's representative declines to complete the assessment, in which case a Service Note must be entered to note the reason.

OPTIONAL NOTES