

AFFILIATE MANUAL (11-07)

1. INTAKE APPLICATION/PROFILE
2. HIPAA, PARTICIPANT RIGHTS, AND GRIEVANCE POLICY (SIGNED/DATED)
3. MEDICAL SOCIAL INFORMATION (H&P (E.G. MCE, Med. Auth), MED/SOC, CFH Social Info, PSYCH. EVAL.)
4. FUNCTIONAL ASSESSMENT (DEV. EVAL. AND SIB-R)
5. ISP (ALSO ADDENDUMS, 6-MONTH, AND ANNUAL SERVICE REVIEWS)
6. PROGRAMS (MASTER COPIES)
7. BEHAVIOR PLAN(S) (IF APPLICABLE)
8. DATA (FROM PREVIOUS MONTHS)
9. PROGRESS NOTES (FROM MEETINGS)
10. MED LOGS
11. INCIDENT/ACCIDENT REPORTS (CFH PROGRESS NOTES)
12. PROVIDER INFORMATION
 - A. JOB DESCRIPTION
 - B. COMMUNICABLE DISEASE STATEMENT
 - C. COPY OF MED CERT
 - d. COPY FIRST AID/CPR CERT
 - E. CRIMINAL HISTORY CHECK
 - F. TRAINING HOURS
 - G. FINANCIAL TRACKING
13. QA (FILE REVIEWS AND 1/4-LY SATISFACTION SURVEYS)
14. CORRESPONDENCE (FAXES, EMAILS, LETTERS, ETC.)