E&D Waiver Participant File Checklist					
Client Name:					Medicaid ID:
Service Type:	PCS		IHR		
Service Frequency:					
Address:					Phone Number:
Representative's Name:					Phone Number:

Documentation Requirements
*Records should be kept in chronological order with the most recent documents at the front of the file. Documents must be maintained for a minimum of five (5) years.
Plan of Services and Supports (PSS), most recent and all previous
Referral Form(s) from Case Managers
Supervisory Visit Forms
Time Sheets/Activity Sheets signed by Participant to verify services received
Incident Reports
Other records of contact as noted below: