Medically Dependent Children Program

In-Home Record Review

Individual's Name	Individual's Medicaid No.
Home and Communtiy Support Services Agency (HCSSA) Name	
HCSSA Vendor No.	IPC Dates From: To:

Documentation Detail	Review	
HCSSA Option	**Present**	**Not Present**
Minimum in-home record documentation in accordance with TAC §51.503:		
■ Service delivery records from the last seven days of service	☐	☐
■ Individual's practitioner's name and telephone number	☐	☐
■ Signed Form 2417, Rights and Responsibilities of Families/Primary Caregivers/Independent Individual	☐	☐
■ Written evacuation plan	☐	☐
■ Emergency contact numbers	☐	☐
■ Alternate service delivery plan for provider coverage	☐	☐
■ Contact numbers for reporting complaints, abuse or neglect	☐	☐
■ If applicable, signed and dated nursing notes that must include the following information: o medication administration or treatment o nursing interventions completed according to practitioner's orders	☐	☐
Practitioner orders:		
■ Practitioner's orders for any skilled care or tasks, medications, or delegated tasks, signed within the preceding 12 months, if applicable	☐	☐
CDS Option		
Minimum in-home record documentation in accordance with TAC §51.219:		
■ Form 1745, Service Delivery Log with Written Narrative/Written Summary; or ■ Visits Summary by Client Report	☐	☐

If Form 1745, Service Delivery Log with Written Narrative/Written Summary, or the Visit Summary by Client Report is not present, the case manager will send Form 2421, In-Home Record Review Follow-Up, to the individual, or the individual's parent or guardian.

Comments

Signature – MDCP Nurse

Review Date