

Plan Document Upload Naming Convention, Requirements, Retention and Frequency

All users of the Electronic Medicaid Waiver System (EMWS) for the CCW shall use the Division’s standardized naming convention for saving documents to a participant’s file on the Electronic Medicaid Waiver System.

Documents will be named in the following manner:

1. PARTICIPANT: **LastName.FirstName**
2. DOC TITLE ABBREVIATED: **(see list below)**
3. DATE: **YYYY.MM.DD** *(This is the date the document is signed and dated by the participant not the date it is uploaded.)*

EXAMPLE (normal): Jones.George.CCS.2019.08.29 (separate with a period)

Exception: PROVIDER DUTIES SHEETS EXAMPLE - Insert the name of **service provider**
Jones.George.PDS.HomeStyleDirect.2019.08.29

DOCUMENT ABBREVIATION FOR NAMING CONVENTION	DOCUMENT NAME	FREQUENCY	REVISED
DOCUMENTS THAT ARE UPLOADED TO THE PLAN / MOD DOCUMENTS			
PCS <small>(CCW-1)</small>	Participant Choice of Service	Initial Plan and each renewal	2/2018
PRR <small>(CCW-3)</small>	Participant Rights and Responsibilities	Initial Plan and each renewal	2/2018
SDCCCD <small>(PDO-1)</small>	Participant Capability Document	Initial Plan and each renewal	7/2016
SDCCA <small>(PDO-2)</small>	Participant Agreement	Initial Plan and each renewal	2/2018
SDCCP <small>(PDO-3)</small>	Participant Profile	Initial Plan, each renewal and any time there is a change	2/2018
PDS <small>(CCW-6)</small>	Provider Duties Sheet	Initial Plan, each renewal and with each addition, removal and change of service	10/2018
MTHEV <small>(CCW-7)</small>	Monthly Evaluation	Monthly	7/2017
CPVDR	Participant Choice of Provider	Initial Plan, each renewal and any time there is a change	Check EMWS every plan
CL	Clinical notes	As necessary (these can be typed directly into the Plan of Care Notes if desired)	
PCAN	Personal Care Assistant Notes	Each time a PCA completes a note	
CC	Case Conference	After each Case Conference (Minimum one (1) per plan)	
ALFCP <small>(request from ALF)</small>	Assisted Living Care Plan	Initial plan and renewal	
NS	Nurse Supervision	Each time the nurse completes the supervision	

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DOCUMENT ABBREVIATION FOR NAMING CONVENTION	DOCUMENT NAME	FREQUENCY	REVISED
FMS CHANGE (CCW-6a)	FMS Change Notification	Case Manager or Case Management Agency, Modification Decrease or Termination	11/2018
FMS RATE	Temporary Employee Wage Change Form	Modification	06/2020
FMS APPROVAL	Document from FMS provider for Direct Service Worker (Good to Go Date)	Initial Plan	
SN APPROVAL	Skilled Nursing Approval Form (Comagine)	Initial Plan, provider change and each renewal	5/2019
DOCUMENTS THAT ARE UPLOADED TO THE DOCUMENT LIBRARY			
MAD	Medical Advanced Directive Documentation	If Participant has	
AUTHREP	Authorized Representative	If Participant has	
POA	Power of Attorney	If Participant has	
GUARD	Guardianship Papers	If Participant has	
ROI	Release of Information	If Participant has	
30D	30 Day Termination letter	When the provider sends the participant a 30 day notice of termination of services and need to locate new case manager/care coordinator	
SDPBP	Participant Back-up Plan	Initial plan and make note yearly	
WAIVER LINK NOTES			
	All other notes related to the case not plan specific	As necessary	
WAIVER MOD NOTES			
	Documentation on <1800	All plans over 1800	
	Notes on Modification	All Modifications	
	All other notes related to the plan	As necessary	

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DOCUMENTS THAT ARE UPLOADED BY STATE OFFICE ONLY		
PGMAPP	Program Application	As necessary
APPNOTES	Case notes with application if additional information was needed during process.	As necessary
SDCARP. APPROVAL or Denial	SDC Authorized Representative Packet Approval or Denial	As necessary – Email PDO-6, PDO-5, & POA for approval
CHCCCM	Change of CM/CC Agency	When the participant changes a case manager or care coordinator agency