RECORD KEEPING

Refer to the *Medicaid Services Manual*, Chapter 1 General Information and Administration, Section 1.1 - Provider Requirements for additional information of record keeping at: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/GIA/GIA.pdf.

Components of Record Keeping

All provider records must be maintained in an accessible, standardized order and format at the enrolled office site in the Louisiana Department of Health's (LDH) administrative region where the beneficiary resides. The provider must have sufficient space, facilities and supplies to ensure effective record keeping. The provider must keep sufficient records to document compliance with LDH requirements for the beneficiary served and the provision of services.

A separate record that supports justification for prior authorization and fully documents services for which payments have been made must be maintained on each beneficiary. The provider must maintain sufficient documentation to enable LDH, or its designee, to verify that prior to payment, each charge is due and proper. The provider must make available all records that LDH, or its designee, finds necessary to determine compliance with any federal or state law, rule or regulation promulgated by LDH.

Retention of Records

The provider must retain administrative, personnel and beneficiary records for a minimum of six (6) years from the date of the last payment period. If records are under review as part of a departmental or government audit, the records must be retained until all audit questions are answered and the audit is completed (even if that time period exceeds six (6) years).

NOTE: Upon provider closure, all provider records must be maintained according to applicable laws, regulations, and the above record retention requirements. Copies of the required documents must also be transferred to the new provider.

Confidentiality and Protection of Records

Records, including administrative and beneficiary records, must remain the property of the provider and be secured against loss, tampering, destruction or unauthorized use.

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Employees of the provider must not disclose or knowingly permit the disclosure of any information concerning the provider, the beneficiaries or their families, directly or indirectly, to any

unauthorized person. The provider must safeguard the confidentiality of any information that might identify the beneficiary or their family.

The information may be released only under the following conditions:

1. Court order;
2. Beneficiary's written informed consent for release of information;
3. Written consent of the individual to whom the beneficiary's rights have been devolved when the beneficiary has been declared legally incompetent; or
4. Compliance with the Federal Law, Confidentiality of Alcohol and Drug Abuse Patients Records (42 CFR, Part 2).

A provider must, upon request, make available information in the case records to the beneficiary or legally responsible representative. If, in the professional judgment of the administration of the provider, it is felt that the information contained in the record would be damaging to the beneficiary, that information may be withheld from the beneficiary except under court order.

The provider may charge a reasonable fee for providing the above records. This fee cannot exceed the community's competitive copying rate.

A provider may use material from case records for teaching or research purposes, development of the governing body's understanding and knowledge of the provider's services, or similar educational purposes, as long as names are deleted and other identifying information is disguised or deleted.

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Any electronic communication containing beneficiary-specific identifying information sent by the provider to another agency, or to LDH, must comply with regulations of the Health Insurance Portability and Accountability Act (HIPAA) and be sent securely via an encrypted messaging system.

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Beneficiary records must be located at the enrolled site.

NOTE: Under no circumstances shall providers allow staff to remove beneficiary records from the provider site.

Review by State and Federal Agencies

Providers must make all administrative, personnel, and beneficiary records available to LDH, or its designee, and appropriate state and federal personnel within the specified timeframe given by LDH or its designee. Providers must always safeguard the confidentiality of beneficiary information. The provider is responsible for incurring the cost of copying records.

Beneficiary Records

Providers must have a separate written record for each beneficiary. To ensure continuity of care, the record must have on-going, adequate, chronological documentation of activities/services that have been offered and provided. Services provided must be clearly related to the services documented in the beneficiary's plan of care (POC).

Records at the Beneficiary's Home

Providers must maintain the following documents at the beneficiary's home:

1. **Current** copy of the beneficiary's POC and POC revision (if applicable); and

2. Copies of the beneficiary's service logs for the current prior authorized week. (A prior authorized week begins on Sunday at 12:00 a.m. and ends on the following Saturday at 11:59 p.m.).

   Example: If LDH staff or designee goes into the home on a Wednesday, service logs for that day, along with the applicable documentation (if services were performed) from that Sunday, Monday, and Tuesday (the current prior authorized week) are required.

   NOTE: A copy of the "Long-Term Personal Care Services (LT-PCS) Log", along with instructions for using and completing this form, can be found in Appendix D.

LDH or its designee may request copies of these records and, at its discretion, may also request additional records from the provider. Records shall be made available to the requestor in accordance with LDH policy.

See below for specific information regarding documentation for LT-PCS:

Long Term-Personal Care Services (LT-PCS)	
Service Log	Complete the task checklist **after** each activity has been performed and/or supports have been provided. Page 2 of the service log (progress notes) shall be completed, as applicable, to reflect observed changes, and other important information about the beneficiary. (Refer to Appendix A for form and instructions).
Case Closure/Transfer	Complete within 14 calendar days of discharge.

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Organization of Records, Record Entries and Corrections

The organization of individual beneficiary records and location of documents within the record must be consistent among all records. Records must be appropriately thinned so that current material can be easily located in the record.

All entries and forms completed by staff in beneficiary records must be legible, written in ink (if not completed electronically) and include the following:

1. Name of the person making the entry;
2. Signature of the person making the entry;
3. Functional title of the person making the entry;
4. Full date of documentation; and
5. Reviewed by the supervisor, if required.

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Any error made in a beneficiary's record must be corrected using the legal method which is to draw a line through the incorrect information, write "error" by it, and initial the correction**. Correction fluid must NEVER be used in a beneficiary's records**. The provider's office staff may not change any of the documentation entered by the LT-PCS worker.

Service Logs

Service logs document the services provided and billed. These service logs are the "paper trail" for services delivered by the worker.

Service logs contain the following information:

1. Name of beneficiary;
2. Name of provider and employee providing the service;
3. Date of service contact; and
4. Content of service contact.

NOTE: The start and stop time of service contacts, as well as the location where check in/check out occurs, are captured through the use of an electronic visit verification (EVV) system.

A separate service log must be kept for each beneficiary. Reimbursement is only payable for services documented in the service log and captured through EVV. Providers are required to use the LT-PCS log issued by the Office of Aging and Adult Services (OAAS) (*See Appendix D for information on accessing this form and the associated instructions*).

All portions of the service log must be completed each week. Photocopies of previously completed service logs will not be accepted.

Service logs must be:

1. Completed **daily as tasks are performed.** (Service logs may not be completed prior to the performance of a task); and
2. Signed and dated by the worker and by the beneficiary or responsible representative **after the work has been completed at the end of the week**.

Progress notes are located on the second page of the service log and are the means of documenting:

1. Observed changes in the beneficiary's mental and/or medical condition(s), behavior or home situation that may indicate a need for a reassessment and POC, and/or Individualized Service Plan (ISP) change (as applicable); and
2. Other information important to ensure continuity of care.

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NOTE: If a beneficiary, for any reason, does not use all or part of their LT-PCS hours on a particular day, but the unused LT-PCS hours were used in other days throughout that week, how the hours were used and the justification or need for the hours on that day **must** be clearly documented. When hours are not used, they **cannot** be used later in the week just to "make up" the hours; therefore, workers **cannot** do the same task/activity twice in one day just to "make up" the unused hours. There **must** be an **actual** need for the unused hours on the day that they are used.

Examples of when to document in a narrative progress note include but are not limited to:

1. More assistance provided than what is indicated in the POC due to the beneficiary's request or their increased need; and
2. Assistance not provided with a particular task/subtask as indicated in the POC due to beneficiary's request or their lack of need.

When progress notes are written/entered, they must:

1. Be legible;
2. Include the date of the entry;
3. Include the name of the person/worker making the entry; and
4. Be completed and updated in the record in the time specified.

Each provider's documentation shall support justification for prior authorization or payment of services. Services billed must clearly be related to the current approved POC and ISP, if applicable. **NOTE: Service logs (including the progress notes section) can be completed, signed, initialed and/or dated electronically, as long as the provider complies with the requirements stated above.**

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Significant deviation from the POC's flexible scheduled arrival/departure time and/or days on which services are provided.

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Moved up [1]: **NOTE:** If a beneficiary, for any reason, does not use all or part of their LT-PCS hours on a particular day, but the unused LT-PCS hours were used in other days throughout that week, how the hours were used and the justification or need for the hours on that day **must** be clearly documented. When hours are not used, they **cannot** be used later in the week just to "make up" the hours; therefore, workers **cannot** do the same task/activity twice in one day just to "make up" the unused hours. There **must** be an **actual** need for the unused hours on the day that they are used.¶

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NOTE: Arriving or departing within 15 minutes of the flexible schedule's time due to everyday factors (e.g. traffic, etc.) is **NOT** considered a significant deviation from the POC **as long as** services are still provided at the same amount, frequency and duration as indicated in the POC.¶

Transfers and Closures

A progress note **must** be entered in the beneficiary's record when a case is transferred or closed.

A discharge summary detailing the beneficiary's progress must also be entered in the beneficiary's record prior to a transfer or closure. This summary must be completed within 14 calendar days following a beneficiary's discharge.