RECORD KEEPING

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

NOTE: In this section, the term "provider" refers to either the Home and Community-Based Services (HCBS) provider or the support coordination agency.

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, including the beneficiary's support coordination agency, 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 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 years).

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

Confidentiality and Protection of Records

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

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 beneficiaries or their families.

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 Confidentiality Law 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. In the professional judgment of the administration of the agency, if it is felt that 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 similar identifying information is disguised or deleted.

Any electronic communication containing beneficiary specific identifying information sent by the provider to another provider, 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.

Beneficiary records must be located at the enrolled site.

NOTE: Under no circumstances should providers allow staff to take beneficiary's case records from the provider's 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.

Beneficiary Records

Providers must have a separate written record for each beneficiary served by the provider. For the purposes of continuity of care/support and for adequate monitoring of progress toward outcomes and services received, support coordination agencies and service providers must have on-going adequate chronological documentation of activities/services offered and provided to the beneficiaries they serve.

Records at the Beneficiary's Home

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

1. A current copy of the beneficiary's plan of care (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 "Community Choices Waiver (CCW) Personal Assistance Services (PAS) Log" along with instructions for using and completing this form can be found in Appendix B.

LDH or its designee may request additional records from the provider. Records should be made available to the requestor in accordance with LDH policy.

See below for specific information regarding documentation of the following services:

Support Coordination/Transition Intensive Support Coordination Service Providers	
Monthly Contacts	Complete each calendar month at the time of the monthly monitoring contact according to the Office of Aging and Adult Services (OAAS) documentation and data-entry requirements.
Interim Contacts	Complete at the time of interim activities, according to OAAS documentation and data entry requirements.
Quarterly Contacts	Complete each calendar quarter at the time of the quarterly monitoring contact according to OAAS documentation and data entry requirements.
Annual Contacts	Complete in the last month of the POC year at the time of the annual monitoring contact, according to OAAS documentation and data entry requirements. NOTE: The annual monitoring may be performed at the same time as the monthly monitoring or at another time during the last month of the POC year.
Case Closure/Transfer	Complete within 14 calendar days of discharge.
Transition Services Providers	
Receipts/Cancelled Checks	Document deposits, set-up fees, or items purchased and reimbursement made to purchaser(s) if outside of support coordination agency.
Transition Services Form (TSF)	Complete to obtain applicable approval for prior authorization.

Environmental Accessibility Adaptation Providers	
Assessment	Completed by assessor with recommendation (either environmental accessibility adaptation job or alternative).
Itemized Bid(s)	Completed by provider when environmental accessibility adaptation job is recommended.

Personal Assistance Service (PAS) Providers	
Service Log	Complete task checklist after each activity has been performed and/or supports have been provided. Page 2 of the service log (progress notes) is to be completed as applicable to reflect observed changes and other important information about the beneficiary. (Refer to Appendix B for form/instructions).
Case Closure/Transfer	Complete within 14 calendar days of discharge.

Adult Day Health Care (ADHC) Providers	
Attendance Log	Complete daily with date and time of arrival and date and time of departure. **NOTE: An EVV system generated report satisfies this requirement.**
Progress Notes	Complete at least weekly **and** when there is a change in the beneficiary's condition or routine.
Progress Summary	Complete at least every 90 calendar days.
Case Closure/Transfer	Complete within 14 calendar days of discharge.

Skilled Maintenance Therapy Providers	
Assessment	Complete at time of activity.
Progress Notes	Complete within 10 calendar days of service activity.
Progress Summary	Complete at least every 90 calendar days or as specified in the POC.
Case Closure/Transfer	Complete within 14 calendar days of discharge.

Nursing Providers	
Assessment	Complete at time of activity.
Progress Notes	Complete within 10 calendar days of service activity.
Progress Summary	Complete at least every 90 calendar days or as specified in the POC.
Case Closure/Transfer	Complete within 14 calendar days of discharge.

Home Delivered Meals, Medically Trailored Meals, and Nutritional Counseling Providers	
Copy of Invoice	Document delivery of Home Delivered Meals or Medically Tailored M~~m~~eals to the home, including number of meals shipped, date of mailing, and price per unit.
	Document delivery of Nutritional Counseling session/service, copy of evaluation and nutritional meal plan, date of service/session and price per unit.

Caregiver Temporary Support Providers	
Service Log	Refer to Appendix B for form/instructions.

Monitored In-Home Caregiving Service Providers	
Daily Electronic Notes	Sent via secure web-based exchange documenting delivery of services and overall condition; sent daily

Assistive Devices and Medical Supply Providers	
Copy of Invoice	Document device and/or medical supplies provided including price per unit.
Training on use of Device/Equipment	Document training provided to the beneficiary and/or representative on the service, use, maintenance, and safety of the device/equipment.

Telecare Monitoring, Maintenance and Contact	Maintain clinical documentation of all service activities, data, and all beneficiary contacts.
Permanent Supportive Housing Providers	
***Progress Notes**	Complete at the time of activity.
Case Closure/Transfer	Complete within 14 calendar days of discharge.
Housing Needs Assessment	Initially and annually thereafter; revise and update as needed

*See Appendix B for information on accessing the ~~Community Choices Waiver~~CCW Permanent Supportive Housing Progress Note form. Providers are not mandated to use this particular form; however, all elements contained in this form are required to support billing for these services. The use of any Progress Note form other than the one provided in Appendix B must be approved by OAAS or its designee prior to use.

Assistive Technology Providers	
Copy of Invoice	Document device, screen protector and case provided, including the price per item.
Set-Up Visit	Maintain the documentation provided to the participant at the set-up visit.

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. The name of the person making the entry;
2. The signature of the person making the entry;
3. The functional title of the person making the entry;

4. The full date of documentation; and

5. Reviewed by the supervisor, if required.

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 worker.

Service Logs

Service logs document the personal assistance services (PAS) or caregiver temporary support services provided and billed. These service logs are the "paper trail" for services delivered by the worker.

Caregiver temporary support providers are to write "OAAS-CCW Caregiver Temporary Support" on the top of the service log and document all PAS and non-PAS tasks and comments in the "progress note" space. (See Appendix B for a copy of this form.)

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 (PAS and ADHC), 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 on the service log. PAS providers are required to use the standardized weekly service log for documentation of CCW PAS. (*See Appendix B 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, as follows:

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 the following:

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 ISP change as applicable; and

2. Other information important to ensure continuity of care.

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

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

When progress notes are written/entered, they must meet the following:

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 should support justification for prior authorization or payment of services. Services billed must clearly be related to the current approved POC and Individualized Service Plan (ISP), if applicable.

NOTE: Services 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.

Transfers and Closures

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

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