
CHAPTER 9: ADULT DAY HEALTH CARE WAIVER

SECTION 9.6: RECORD KEEPING

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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: For this section, the term “provider” is used to refer 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 (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 records must be maintained according to applicable laws, regulations and the above record retention requirements and copies of the required documents 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

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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. If, in the professional judgment of the administration of the agency, 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, if 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, including the ADHC center.

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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 services offered and provided to beneficiaries they serve.

Records at the Beneficiary's Home

If the beneficiary of the ADHC Waiver is also receiving long-term personal care services (LT-PCS), the LT-PCS provider must keep certain documents at the beneficiary's home. (See Chapter 30: Personal Care Services, Section 30.8 – LT-PCS Record Keeping – “Records at the Beneficiary's Home”).

See tables 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	<p>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.</p> <p>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.</p>

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SUPPORT COORDINATION/TRANSITION INTENSIVE SUPPORT COORDINATION SERVICE PROVIDERS	
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.

ADULT DAY HEALTH CARE 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.

ADULT DAY HEALTH CARE HEALTH STATUS MONITORING (ADHC HSM) PROVIDERS	
Telephone Contact	Document details of the telephone contact in the beneficiary's progress notes which kept in the beneficiary's record by the ADHC provider. NOTE: The actual times of this contact is recorded in the LaSRS® EVV system under "ADHC Health" service.

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HOME DELIVERED MEALS PROVIDERS

Copy of Invoice	Document delivery of meals to the home, including the number of meals shipped, date of mailing and the price per unit.
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ACTIVITY AND SENSOR MONITORING (ASM) PROVIDERS

Copy of Invoice	Document device 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 ASM device/equipment.
Monitoring, Maintenance and Contact	Maintain clinical documentation of all service activities, data and all beneficiary contacts.

PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) PROVIDERS

Copy of Invoice	Document device 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 PERS device/equipment.
Monthly Maintenance	Maintain documentation of all service activities, data, and all beneficiary contacts, as applicable.

ASSISTIVE TECHNOLOGY PROVIDERS

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

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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 staff entries and forms in beneficiary records must be clear, written in ink if not completed electronically, and must contain the following information:

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.

Any error made by the staff 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.**

Service Logs for LT-PCS

The OAAS LT-PCS Service log documents LT-PCS that is provided and billed. (See Appendix B for link to this form and the associated instructions.)

For detailed information regarding LT-PCS Service Logs, see Chapter 30: Personal Care Services, Section 30.8 – LT-PCS Record Keeping – “Service Logs”.

Progress Notes and Summaries for ADHC Services

Progress notes document the daily delivery of ADHC services, activities, and observations, and it records the progress made toward meeting service goals in the beneficiary's Individualized Service Plan (ISP) and plan of care (POC).

Progress summaries for ADHC services are completed every 90 calendar days and provide an overview which addresses significant activities, progress toward the beneficiary's desired personal outcomes, and any changes in the beneficiary's status and service needs.

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Progress notes must:

1. Document delivery of services identified on the POC and the ISP, as applicable;
2. Record activities and actions taken (by whom, where, etc.);
3. Provide adequate descriptions of activities and cannot be so general that a complete picture of the services and progress cannot be easily determined from the content of the note;

NOTE: General statements, such as “called the beneficiary”; “supported beneficiary”; or “assisted beneficiary”, do NOT provide enough detail and are NOT sufficient. Check lists alone are NOT adequate documentation.

4. Record the progress (or lack of progress) being made and indicate whether the approaches in the POC and ISP are working;
5. Record any changes in the beneficiary’s medical condition, behavior or home situation that may indicate a need for a re-assessment and POC and ISP change, if applicable;

NOTE: If there is a change in the beneficiary’s condition or their normal routine, this must be recorded on the day of the actual occurrence.

6. Document the completion of incident reports, when appropriate;
7. Document any observed changes in the beneficiary’s mental and/or medical condition(s), behavior or home situation that may indicate a need for a re-assessment and POC and/or ISP change as applicable;
8. Document other information important to ensure continuity of care: and
9. Be signed by the person providing the services.

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

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

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Progress summaries must:

1. Take into account all of the progress notes and document significant trends, progress/lack of progress towards the personal outcomes and changes that may have impacted the POC and/or ISP and the needs of the beneficiary;
2. Include recommendations for any modifications to the POC and/or ISP as necessary; and
3. Be completed and updated by the supervisor (if applicable).

BOTH progress notes and progress summaries when written or entered must:

1. Be in narrative format;
2. Be legible (including signature);
3. Include the functional title of the person making the entry and date; and
4. Be entered in the beneficiary's record when a case is transferred or closed.

NOTE: Progress notes and summaries can be completed, signed, initialed, and/or dated electronically; however, the provider must comply with the requirements stated above.

Transfers and Closures

The following providers must complete/enter a progress note in the beneficiary's record when a case is transferred or closed for the following ADHC Waiver services:

Name of Service:	Provider Type:
ADHC	ADHC provider
Support Coordination	Support coordination agency
Transition Intensive Support Coordination	Support coordination agency

NOTE: LT-PCS is not an ADHC Waiver service; however, LT-PCS providers must complete/enter a progress note in the beneficiary's record when a case is transferred or closed.

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A discharge summary **MUST**:

1. Be entered in the beneficiary's record and detail the beneficiary's progress prior to the transfer or closure;
2. Be sent to the person or agency responsible for the future planning and care of the beneficiary; and
3. Be completed within 14 calendar days following a beneficiary's discharge.