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**CHAPTER 7: COMMUNITY CHOICES WAIVER**

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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 7.7-Record Keeping, the term “provider” is used to refer to either the 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 recipient 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 recipient 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 recipient. 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 recipient’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 or agency must retain administrative, personnel and recipient 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 transferred to the new provider.**

**Confidentiality and Protection of Records**

Records, including administrative and recipient, 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 recipients or their families, directly or indirectly, to any unauthorized person. The provider must safeguard the confidentiality of any information that might identify the recipients or their families.

The information may be released only under the following conditions:

- Court order;
- Recipient's written informed consent for release of information;
- Written consent of the individual to whom the recipient's rights have been devolved when the recipient has been declared legally incompetent; or
- 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 recipient 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 recipient, that information may be withheld from the recipient, 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 recipient 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.

Recipient records must be located at the enrolled site.

**NOTE: Under no circumstances should providers allow staff to take recipient's case records from the facility.**

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**Review by State and Federal Agencies**

Providers must make all administrative, personnel, and recipient 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 recipient information.

**Recipient Records**

Providers must have a separate written record for each recipient 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 recipients they serve.

**Records at the Recipient's Home**

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

- A current copy of the recipient's plan of care (POC) and POC Revision (if applicable); and
- Copies of the recipient'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:

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<b>Support Coordination/Transition Intensive Support Coordination Service Providers</b>	
<b>Monthly Contacts</b>	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.
<b>Interim Contacts</b>	Complete at the time of interim activities, according to OAAS documentation and data entry requirements.
<b>Quarterly Contacts</b>	Complete each calendar quarter at the time of the quarterly monitoring contact according to OAAS documentation and data entry requirements.
<b>Case Closure/Transfer</b>	Complete within 14 days of discharge.
<b>Transition Services Providers</b>	
<b>Receipts/Cancelled Checks</b>	Document deposits, set-up fees, or items purchased and reimbursement made to purchaser(s) if outside of support coordination agency.
<b>Transition Services Form (TSF)</b>	Complete to obtain applicable approval for prior authorization.

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

<b>Personal Assistance Service (PAS) Providers</b>	
<b>Service Log</b>	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, significant deviations from the POC and other important information about the recipient. (Refer to Appendix B for form/instructions).

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<b>Case Closure/Transfer</b>	Complete within 14 days of discharge.
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**Adult Day Health Care Providers**

<b>Attendance Log</b>	Complete daily with date and time of arrival and date and time of departure. <b>NOTE: An EVV system generated report satisfies this requirement.</b>
<b>Progress Notes</b>	Complete at least weekly <b>and</b> when there is a change in the recipient's condition or routine.
<b>Progress Summary</b>	Complete at least every 90 days.
<b>Case Closure/Transfer</b>	Complete within 14 days of discharge.

**Skilled Maintenance Therapy Providers**

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

**Nursing Providers**

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

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<b>Copy of Invoice</b>	Document delivery of meals to home, including number of meals shipped, date of mailing and price per unit.
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**Caregiver Temporary Support Providers**

<b>Service Log</b>	Refer to Appendix B for form/instructions.
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**Monitored In-Home Caregiving Service Providers**

<b>Daily Electronic Notes</b>	Sent via secure web-based exchange documenting delivery of services and overall condition; sent daily
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**Assistive Devices and Medical Supply Providers**

<b>Copy of Invoice</b>	Document device and/or medical supplies provided including price per unit.
<b>Training on use of Device/Equipment</b>	Document training provided to the recipient and/or representative on the service, use, maintenance, and safety of the device/equipment.
<b>Telecare Monitoring, Maintenance and Contact</b>	Maintain clinical documentation of all service activities, data and all recipient contacts.

**Permanent Supportive Housing Providers**

<b>*Progress Notes</b>	Complete at the time of activity.
<b>Case Closure/Transfer</b>	Complete within 14 days of discharge.
<b>Housing Needs Assessment</b>	Initially and annually thereafter; revise and update as needed

\*See Appendix B for information on accessing the Community Choices Waiver Permanent

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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.

**Organization of Records, Record Entries and Corrections**

The organization of individual recipient 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 recipient records must be legible, written in ink and include the following:

- The name of the person making the entry;
- The signature of the person making the entry;
- The functional title of the person making the entry;
- The full date of documentation; and
- Reviewed by the supervisor, if required.

**Any error made in a recipient'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 recipient'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.)

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Service logs contain the following information:

- Name of recipient;
- Name of provider and employee providing the service;
- Date of service contact; and
- 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 recipient. Reimbursement is only payable for services documented on the service log. 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:

- Completed **daily as tasks are performed** (Service logs may not be completed prior to the performance of a task.); and
- Signed and dated by the worker and by the recipient 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:

- Observed changes in the recipient'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;
- Any SIGNIFICANT DEVIATIONS from the POC; and



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- Other information important to ensure continuity of care.

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

- Provided more assistance than what is indicated in the POC due to the recipient's request or his/her increased need;
- Assistance not provided with a particular task/subtask as indicated in the POC due to recipient's request or his/her lack of need;
- Significant deviation from the POC's flexible scheduled arrival/departure time and/or days on which services are provided.

**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.**

When progress notes are written, they must:

- Be legible;
- Include the date of the entry;
- Include the name of the person/worker making the entry; and
- 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.

## **Transfers and Closures**

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

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