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RECORD KEEPING

The hospice must have sufficient space, facilities, and supplies to ensure effective record keeping.

A hospice must maintain and retain the business and professional records sufficient to document fully and accurately the nature, scope, and details of the health care provided. The hospice must provide reports and keep records as the Department of Health and Hospitals (DHH) determines necessary to administer the program. Failure to comply may result in one or more of the following: recoupment, sanction, loss of enrollment, or referral to Surveillance and Utilization Review Systems.

Contract Services

If services are provided on a contractual basis, the hospice must have a legally binding written agreement for the provision of arranged services that includes requirements as detailed in LAC 48: I Chapter 82-Licensing Standards for Hospices, Section 8237.

Review by State and Federal Agencies

When requested, a provider must furnish to authorized state and federal personnel, access to all administrative, personnel, and recipient records at all reasonable times. Provider's records are subject to audit by DHH, State Attorney General's Office, Office of Inspector General, CMS or other appropriate state or federal agencies.

Administrative Files

The hospice must disclose all financial, beneficial ownership, equity, surety, or other interests in any and all firms, corporations, partnerships, associations, business enterprises, joint ventures, agencies, institutions, or other legal entities providing any form of health care services to recipients of medical assistance.

The provider's administrative files must include at a minimum:

- Documentation identifying the governing body;
- A list of members and officers of the governing body, their addresses and terms of membership;
- An organizational chart which delineates lines of authority and responsibility for all hospice personnel;

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- Documentation of the provider's administrative policies and procedures as detailed in LAC 48:I.Chapter 82 -Licensing Standards for Hospices, Section 8235; and
- Documentation of quality assurance as detailed in LAC 48:I.Chapter 82-Licensing Standards for Hospices, Section 8239.

Personnel Records

The provider must have written employment and personnel policies which detail:

- Job descriptions for all positions, including volunteers and students, that include the duties, qualifications, and competencies;
- A description of hiring practices that includes a policy against discrimination based on race, color, religion, sex, age, national origin, disability, political beliefs, disabled veteran, veteran status or any other non merit factor; and
- A description of procedures for employee evaluation, promotion, disciplinary action, termination, and hearing of employee grievances.
- A written record on each employee that includes:
 - An application for employment and/or resume;
 - References;
 - Verification of professional credentials;
 - Performance evaluations;
 - Employee's starting and termination date; and
 - Time sheets for all times on duty.

Recipient Clinical Records

In accordance with LAC 48:I.Chapter 82 -Licensing Standards for Hospices, Section 8233, the hospice must establish and maintain a clinical record for every recipient receiving care and services. The record must be complete, promptly and accurately documented, readily accessible and systematically organized to facilitate retrieval. The clinical records must substantiate the services billed to Medicaid by the hospice. Services not specifically documented in the

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recipient's clinical record as having been rendered will be deemed not to have been rendered and no reimbursement will be provided. Entries are to be made for all services provided. Entries are to be signed and dated by the person providing the services. The record includes all services whether furnished directly or under arrangements made by the hospice. Each recipient's record must contain the following:

- The initial and subsequent assessments;
- The plan of care (updated and original);
- Identification data;
- Authorization forms;
- Pertinent medical history, recipient's primary hospice diagnosis, other diagnoses, and prognosis;
- Physician's orders, including, if respite, continuous care, or general inpatient care, orders for these services including number of days and justification;
- Complete documentation of all services and events (including evaluations, treatments, progress notes for all services rendered, etc.);
- Certification statements and physician narratives of the terminal illness for each benefit period;
- Election statements; and
- Discharge/revocation/transfer forms and notes, if applicable.

Confidentiality and Protection of Records

The hospice must safeguard the clinical record against loss, destruction and unauthorized use in accordance with Medicaid policies, federal and state laws including HIPAA. All medical assistance information regarding recipients must be held confidential and used for authorized Medicaid purposes only. A provider shall disclose information in his possession only when the information is to be used in conjunction with a claim for health benefits or when the data is necessary for the functioning of the Medicaid Program.