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**CHAPTER 35: PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY**

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**RECORD KEEPING**

A Program of All-Inclusive Care for the Elderly (PACE) organization must abide by all applicable federal and state laws regarding confidentiality and disclosure for mental health records, medical records, and other recipient health information that qualifies as protected health information. The PACE organization must have established written policies and procedures for safeguarding all data, books, and records against loss, destruction, unauthorized use, or inappropriate alteration.

The PACE organization must allow each recipient timely access, upon request, to review and copy their medical records and to request amendments to those records. In addition, the recipient must be given timely notice if the PACE organization intends to charge for copies of records.

A PACE organization must allow Centers for Medicare and Medicaid Services (CMS) and the state administering agency (SAA) access to all administrative, personnel, and recipient records as specified in 42 Code of Federal Regulations (CFR) 460.200(b). This access includes, but is not limited to, data and records, including recipient health outcomes, data, financial books and records, medical and personnel records.

In accordance with 42 CFR 460.200(f) records must be retained for the longest of the following periods:

- The period of time specified by the state law;
- In an accessible location for at least six years from the last entry date;
- For medical records of disenrolled recipients, six years after the date of disenrollment; and
- If a litigation, a claim, a financial management review, or an audit arising from the operation of the PACE program is started before the expiration of the retention period, the PACE organization must retain the records until the completion of the litigation or resolution of the claim or audit findings.

**Administrative/Personnel Records**

The PACE organization must maintain at a minimum the following information in an administrative file:

- Documents identifying the governing body;

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- Quality assessment and performance improvement program;
- Development of policies consistent with the mission;
- Management and provision of all services, including the management of contractors;
- Establishment of personnel policies that address adequate notice of termination by employees or contractors with direct patient care responsibilities. These policy and procedures need to be in compliance with local, state and federal guidelines;
- Fiscal operations; and
- Development of policies on recipient health and safety, including a comprehensive, systemic operational plan to ensure the health and safety of recipients.

Personnel records for each employee or contracted staff must contain at a minimum these components:

- Orientation to the PACE program;
- Verification of current licensure, registration, and/or certification in the state practicing;
- Physician credentialing;
- Education for all disciplines;
- All staff providing direct recipient care must have evidence of one year experience with a frail or elderly population no matter what the licensing requirement;
- Competency evaluation program;
- Competency program completed prior to performing recipient care and on an ongoing basis by qualified personnel;
- PCA personnel file must contain the results of any written or oral testing;
- Criminal background checks; and

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- Be medically cleared for communicable diseases and have all immunizations up-to-date before engaging in direct recipient contact.

**Recipient Records**

The PACE organization must maintain a single, comprehensive medical record for each recipient, in accordance with accepted professional standards. The medical record must meet the following requirements:

- Be complete;
- Accurately documented;
- Readily accessible;
- Systemically organized;
- Available to all staff; and
- Maintained and housed at the PACE center where the recipient receives services.

At a minimum, the medical record must include the following information and documentation as specified in 42 CFR 460.210:

- Appropriate identifying information;
- Documentation of all services furnished, including a summary of emergency care and other in-patient or nursing facility services;
- Services furnished by employees at the PACE Center;
- Services furnished by contractors and their reports;
- Interdisciplinary assessments, reassessments, Plans of Care, treatments, and progress notes that include a response to treatment;
- Laboratory, radiological, and all test reports;
- Medication records;

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- Reports of contact with non-professional, non-paid services provided by family, friends, and community/social network;
- Enrollment Agreement (signed and dated documents);
- Physician orders;
- A signed release permitting disclosure of personal information; and
- Advance directives, discharge summaries, and disenrollment justification, if applicable.

The actual incident report is not a required element of the recipient medical record. A narrative description of the care rendered during and subsequent to the incident must be documented in the progress notes of the interdisciplinary team (IDT) members rendering care.