
CHAPTER 30: PERSONAL CARE SERVICES

SECTION 30.20: EPSDT – PCS RECORD KEEPING**PAGE(S) 2**

EPSDT – PCS RECORD KEEPING

Providers must maintain case records for all EPSDT-PCS beneficiaries and personnel records on all supervisory and direct care staff. Records must be complete, accurately documented, readily accessible, and organized. All records must be retained for a period of six (6) years. Billing records must be maintained for a period of six years from the date of payment.

Any error made in a beneficiary's or employee'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 or employee's record.

There shall be a clear audit trail between the:

1. Prescribing practitioner;
2. Personal care services provider agency;
3. Person providing the PCS to the beneficiary; and
4. Services provided and reimbursed by Medicaid.

Beneficiary Records

Providers must provide reasonable protection for beneficiary records against loss, damage, destruction, and unauthorized use. A provider must have a separate written record for each beneficiary that includes:

1. Copies of all plans of care (POC), social assessments, EPSDT - PCS Form 90, EPSDT-PCS daily schedule forms, and practitioners order/prescription for EPSDT-PCS;
2. Dates and results of all evaluation/diagnosis provided in the interest of establishing or modifying the POC including the tests performed and results, copies of evaluation and diagnostic assessment reports signed by the individual performing the test and/or interpreting the results;
3. Documentation of approval of services by the Bureau of Health Services Financing (BHFS) or its designee; and

CHAPTER 30: PERSONAL CARE SERVICES

SECTION 30.20: EPSDT – PCS RECORD KEEPING**PAGE(S) 2**

4. Documentation of the provision of services by the PCS worker including signed daily notes by the worker, and supervisor if appropriate, that include the following:
 - a. Date of service;
 - b. Services provided (checklist is adequate);
 - c. Total number of hours worked;
 - d. Time period worked;
 - e. Condition of beneficiary;
 - f. Service provision difficulties;
 - g. Justification for not providing scheduled services; and
 - h. Any other pertinent information.

Availability of Records

Providers must make beneficiary and personnel records available to the Louisiana Department of Health (LDH), its designee and/or other state and federal agencies upon request. The provider shall be responsible for incurring the cost of copying records for LDH or its designee.