1620-L - CASE FILE DOCUMENTATION STANDARD

EFFECTIVE DATES: 02/14/96, 10/01/04, 02/01/05, 10/01/06, 10/01/07, 01/01/11, 05/01/12, 03/01/13, 01/01/16, 10/01/17, Upon Publishing[1]

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I. PURPOSE

This Policy applies to ALTCS ~~/~~E/PD, DES/DDD; Fee-For-Service (FFS), Tribal ALTCS as delineated within this Policy. Where this Policy references Contractor requirements the provisions apply to ALTCS E/PD, DES/DDD and Tribal ALTCS unless otherwise specified. This Policy establishes requirements for member case file documentation and maintenance.

II. DEFINITIONS

For purposes of this Policy:

~~**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**~~	~~Also known as the Kennedy-Kassebaum Act, signed August 21, 1996 as amended and as reflected in the implementing regulations at 45 CFR Parts 160, 162, and 164.~~
MANAGED RISK AGREEMENT	A document developed by the Case Manager and the member/Health Care Decision Maker (HCDM), which outlines potential risks to the member's health, safety, and well-being as a result of decisions made by the member or their HCDM regarding Long Term Care Services and Supports. The Managed Risk Agreement shall specify the alternatives offered to the member and shall document the member's choices with regard to any decisions involving placement, services, and supports. The Managed Risk Agreement shall be signed by the member and or the HCDM at each Person-~~-~~Centered Service Plan (PCSP) meeting and kept in the member's case file.[3]

[1] Date Policy is effective.
[2] Date Policy approved at AHCCCS Policy Committee (APC) meeting.
[3] Added new Term and definition for clarification.

~~Primary Health Care Provider (PCP)~~ ~~An individual who meets the requirements of A.R.S. § 36-2901, and who is responsible for the management of the member's health care. A PCP may be a physician defined as an person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of persons, such as a clinic.~~[4]

Additional definitions are located on the AHCCCS website at: AHCCCS Contract and Policy Dictionary.

~~II.~~III. Policy

A. The Contractor shall establish a system of record keeping that maintains case file documentation in a secure and organized manner. The system may be paper or electronic. AHCCCS may request that documentation kept in an electronic system be printed out for purposes of a case file review.

The Contractor~~s must~~ shall[5] adhere to the federal regulations for the Security and Privacy of Protected Health Information as specified in 45 CFR Part 164 Health Insurance Portability and Accountability Act (HIPAA) and for the Confidentiality of Substance Use Disorder (SUD) Patient Records as specified in 42 CFR Part 2.

B. Case files ~~must~~ shall be kept in accordance with 45 CFR Part 164 and 42 CFR Part 2. Secure methods can include protocols such as paper documents ~~must~~shall be stored in locked file cabinets and ~~must~~shall be locked or behind locked doors at night. If electronic records are utilized, the Contractor shall ensure the integrity of the documentation. ~~Digital~~ Electronic[6] systems ~~must~~shall have safeguards like firewalls and encryption protocols. Both paper and ~~digital~~ electronic documents ~~must~~ shall only be accessible to those who are authorized to have access.

C. Case ~~M~~managers are responsible for maintaining complete and comprehensive case file documentation for each member. Each entry made by the case manager ~~must~~ shall be signed and dated.

D. The Contractor~~s are~~ is expected to maintain a uniform tracking system for documenting the begin and end dates of those services listed in the Placement/Service Planning Standard section of ~~this~~ AMPM Chapter 1600, as applicable, in each member's chart. This documentation is inclusive of renewal of services and the number of units authorized for services.

[4] Updated definition to align with Contract.
[5] Edited language to align with standard language, replaced the word "Must" with "Shall" throughout policy.
[6] Edited language to align with standard language, replaced digital with electronic throughout the policy.

E. Tribal ALTCS Programs ~~Contractors must~~ shall show authorization of services on the CA165/Service Plan screen in Client Assessment Tracking System (CATS) of the AHCCCS Pre-Paid Medical Management Information Systems (PMMIS)[7].

F. Each case file page shall indicate the member's name and AHCCCS identification number. Case files ~~must~~shall include, at a minimum:

1. Member demographic information, including:
   a. Residence address and telephone number, and
   b. Emergency contact person, Health Care Decision Maker (HCDM), Designated Representative (DR),[8] and their contact information.

2. Identification of the member's Primary Care Provider (PCP).

3. Uniform Assessment Tool (UAT) completed at least annually.

4. The 90/180- day ~~day on-site assessments that addresses at least the following:~~Person Centered Service Plan (PCSP). ~~A~~as specified in AMPM Exhibit 1620-10.
   ~~a. Member's current medical/functional/behavioral health status, including strengths and needs, in accordance with the requirements outlined in 1620-B,~~
   ~~b. The appropriateness of member's current placement/services in meeting his/her needs, including the discharge potential of the residentially placed member,~~
   ~~c. The cost effectiveness of ALTCS services being provided,~~
   ~~d. Identification of family/informal support system or community resources and their availability and willingness to assist the member as uncompensated caregivers, including barriers to assistance,~~
   ~~e. Identification of service issues and/or unmet needs, an action plan to address needs and documentation of timely follow-up and resolution,~~
   ~~f. A detailed description of the member's objectives and services for each behavioral health agency providing services to the member,~~
   ~~g. Documentation of member goals as outlined in AMPM Policy 1620-B,~~
   ~~h. Member's ability to participate in the review and/or who has been designated for the case manager to discuss service needs and goals with if the member is unable to participate, and~~
   ~~i. Environmental and/or other special needs.~~[9]

G. For members receiving Home and Community Based Services (HCBS) already in place at the time of enrollment, the initial on-site PCSP meeting ~~must~~shall include an assessment of the medical necessity and cost effectiveness of those services and a care/service plan that indicates which Prior Period Coverage (PPC) services will be retroactively authorized by the Contractor.~~,~~

[7] Adding for clarity of where the Client Assessment Tracking System is found and link to PMMIS.
[8] Spelling out acronym(s) throughout the Policy for first time used in the Policy.
[9] Duplicative language removed to align with language already found in AMPM Policy 1620-10.

H. Copies of the member's Cost Effectiveness Studies (CES), placement history and service~~/plans~~ authorizations. The ~~service plan must be signed by the~~ member/~~Health Care Decision Maker~~HCDM, DR shall indicate whether they agree or disagree with each service authorization. The member/~~Health Care Decision Maker~~ HCDM, DR shall be given a copy of the signed PCSP~~,~~. ~~(as delineate~~ as specified in AMPM Policy 1620-E~~)~~ and a copy kept in the member case file.~~,~~[10]

I. A copy of the HCBS Needs Tool (HNT) completed for all members receiving Attendant Care, Personal Care, Homemaker, Habilitation and/or Respite services that indicates how the service hours were assessed and which portions of care, if any, are provided by the member's informal support system.~~,~~

J. A copy of the contingency plan and other required documentation ~~that indicates the member/representative has been advised regarding how to report unplanned gaps in authorized "critical" services~~for Self-Directed Attendant Care (SDAC) members as specified in AMPM Policy 1320-A.[11]

K. A copy of AMPM Exhibit 1620-12, Spouse Attendant Care Acknowledgement of Understanding ~~must~~shall be signed by any member choosing to have his or her spouse as the paid caregiver, both before that service arrangement is initiated and annually to indicate the member's continued choice for this option.~~,~~

~~K.~~**L.** Copies of Agency with Choice (AWC) or Self Directed Attendant Care (SDAC) related forms requiring case manager signature for all members choosing a member-directed option, including the AWC Individual Representative form. Member-directed forms can be found in AMPM Chapter 1300,

~~L.~~**M.** A copy of the managed risk agreement ~~if indicated for the member, that identifies potential risks associated with service and/or placement decisions the member has made and/or other risks identified whereby a managed risk agreement was completed~~.[12]

~~M.~~**N.** Copies of current Client Assessment Tracking System (CATS) screens (CA160, CA161, CA162, and CA165) for Tribal ALTCS ~~Programs~~. CATS screens or comparable forms for Contractors.

~~N.~~**O.** Notices of Adverse Benefit Determination (NOA) sent to the member/HCDM, and DR regarding denial or changes in services (e.g., discontinuance, termination, reduction, or suspension), as~~defined~~ specified in ACOM Policy 414[13].

[10] Added and deleted language to align with AMPM Policy1620-E.
[11] Edited language for clarification and alignment with AMPM Policy 1320-A.
[12] Removed language here and defined above in definition section.
[13] Added ACOM Policy 414 for clarification.

~~O.~~P. Member-specific correspondences

1. Case notes including documentation of the type of contact made with the member and/or all other individuals who may be involved with the member's care (e.g.~~,~~ providers). For example, provider-specific correspondence including ~~joint service planning meetings, as well as~~ coordination activities pertaining to discharge planning. Each entry made by the case manager shall be signed and dated.[14]

~~P.~~Q. Physician's orders for medical services and equipment.

~~Q.~~R. Documentation that a Pre-Admission Screening and Resident Review (PASRR) Level I screening and PASRR Level II evaluation, if applicable, have been completed for members in ~~n~~Nursing ~~f~~Facility (NF) placements and that copies are in the facility chart. A copy of the PASRR Level II evaluation, if applicable, ~~must~~shall also be retained in the ~~case manager's~~ Contractor's management file~~,~~.

Documentation of recommended specialized services, as applicable, shall be coordinated and documented in the member's case management file to ensure the provision of specialized services to the member.[15]

~~R.~~S. Provider evaluations/assessments and/or progress reports (e.g., home health, therapy, behavioral health).

~~S.~~T. Notifications of services not provided as scheduled (e.g. hospitalization, vacation, or respite outside of the home) and documentation of any follow-up conducted to ensure that member's needs are met.~~,~~

~~T.~~U. Documentation of the initial and quarterly discussion/collaboration with a qualified ~~b~~Behavioral ~~h~~Health ~~p~~Professional (BHP), as specified in AMPM Policy 1620-G, as applicable~~,~~.[16]

~~U.~~V. Other documentation as required by the Contractor~~, and~~.

~~V.~~W. The ALTCS member file information ~~must~~shall be maintained by the Contractor pursuant to record retention requirements. All records shall be maintained to the extent, and in such detail, as specified in A.R.S. § 12-2297.[17]

[14] Deleted and added language for clarification and requirements as a case manager.
[15] Added language for clarification of documentation required.
[16] Added Policy AMPM 1620-G for applicability and clarification.
[17] Added Arizona Revised Statue and language for clarification.