

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

REVISION 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, 07/25/17

I. PURPOSE

This Policy applies to ALTCS/EPD, 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.

II. DEFINITIONS

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) The Health Insurance Portability and Accountability Act; 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.

PRIMARY 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 a 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.

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.

Contractors must adhere to the federal regulations for the Security and Privacy of Protected Health Information found at 45 CFR Part 164 (HIPAA) and for the Confidentiality of Substance Use Disorder Patient Records found at 42 CFR Part 2.

B. Case files must be kept secured with controlled access by authorized individuals. Paper documents must be stored in locked file cabinets and must be locked or behind locked doors at night. If electronic records are utilized, the Contractor shall ensure the integrity of the documentation. Digital documents must have safeguards like firewalls and

encryption protocols. Both paper and digital documents must only be accessible to those who are authorized to have access.

- C. Case Managers are responsible for maintaining complete and comprehensive case file documentation for each member. Each entry made by the case manager must be signed and dated.
- D. Contractors are 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 Chapter, as applicable, in each member's chart. This documentation is inclusive of renewal of services and the number of units authorized for services.
- E. Tribal Contractors must show authorization of services on the CA165/Service Plan screen in Client Assessment Tracking System (CATS).
- F. Each case file page shall indicate the member's name and AHCCCS identification number. Case files must include, at a minimum:
 - 1. Member demographic information, including residence address and telephone number, and the emergency contact person and his/her telephone number,
 - 2. Identification of the member's Primary Care Provider (PCP),
 - 3. Uniform Assessment Tool (UAT), completed at least annually,
 - 4. Information from 90/180 day on-site assessments that addresses at least the following:
 - 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.
- G. For members receiving Home and Community Based Services (HCBS) already in place at the time of enrollment, the initial on-site assessment must 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,

- 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 or member representative at each service review visit (every 90 or 180 days) (as delineate in AMPM Policy 1620-E) and a copy kept in the file,
- 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 documentation that indicates the member/representative has been advised regarding how to report unplanned gaps in authorized “critical” services,
- K. A copy of AMPM Exhibit 1620-12, Spouse Attendant Care Acknowledgement of Understanding must 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,
- 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,
- 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,
- N. Copies of current Client Assessment Tracking System (CATS) screens (CA160, CA161, CA162, and CA165) for Tribal Contractors. CATS screens or comparable forms for Contractors,
- O. Notices of Adverse Benefit Determination (NOA) sent to the member regarding denial or changes of services (discontinuance, termination, reduction or suspension),
- P. Member-specific correspondence,
- Q. Case notes including documentation of the type of contact made with the member and/or all other persons 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,
- R. Physician’s orders for medical services and equipment,
- S. 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 nursing facility placements and that copies are in the facility chart. A copy

of the PASRR Level II evaluation, if applicable, must also be retained in the case manager's file,

- T. Provider evaluations/assessments and/or progress reports (e.g., home health, therapy, behavioral health),
- U. 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,
- V. Documentation of the initial and quarterly discussion/collaboration with a qualified behavioral health professional, as applicable,
- W. Other documentation as required by the Contractor, and
- X. The ALTCS member file information must be maintained by the Contractor for a minimum of 10 years.