

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, 01/20/22, 07/26/24

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I. PURPOSE

This Policy applies to ALTCS E/PD and DES/DDD (DDD) Contractors; and Fee-For-Service (FFS) Program Tribal ALTCS; excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). Where this Policy references Contractor requirements, the provisions apply to ALTCS E/PD, DES/DDD (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, the following terms are defined as:

**MANAGED RISK
AGREEMENT**

A document developed by the Case Manager and the member/Health Care Decision Maker (HCDM), when indicated for a member, 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.

Additional definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY**A. CONTRACTOR REQUIREMENTS FOR CASE FILE DOCUMENTATION**

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.

1. The Contractor shall 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.

2. Case files shall be kept in accordance with 45 CFR Part 164 and 42 CFR Part 2. Secure methods can include protocols such as paper documents that are stored in locked file cabinets and/or behind locked doors at night. If electronic records are utilized, the Contractor shall ensure the integrity of the documentation is maintained. Electronic systems shall have safeguards in place such as firewalls and encryption protocols. Both paper and electronic documents shall only be accessible to those who are authorized to have access.
3. Case managers are responsible for maintaining complete and comprehensive case file documentation for each member. Each entry made by the case manager shall be signed and dated.
4. The Contractor is expected to maintain a uniform tracking system for documenting the beginning and end dates of those services listed in AMPM Policy 1620-D, as applicable, in each member's case file. This documentation shall be inclusive of renewal of services and the number of units authorized for each service.
5. Tribal ALTCS Programs are responsible for ensuring the authorization of services on the CA165/Service Plan screen in the Client Assessment Tracking System (CATS) of the AHCCCS Pre-Paid Medical Management Information Systems (PMMIS).
6. Each case file page shall indicate the member's name and AHCCCS identification number. Case files shall include, at a minimum:
 - a. Member demographic information, including:
 - i. Residence address,
 - ii. Telephone number, and
 - iii. Emergency contact person, Health Care Decision Maker (HCDM), Designated Representative (DR), and their contact information.
 - b. Identification of the member's Primary Care Provider (PCP) and the PCPs contact information,
 - c. Uniform Assessment Tool (UAT) completed at least annually, and
 - d. The 90/180- day Person-Centered Service Plan (PCSP) as specified in AMPM Exhibit 1620-10.
7. For members receiving Home and Community Based Services (HCBS) already in place at the time of enrollment, the initial on-site PCSP meeting 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 shall be retroactively authorized by the Contractor.

B. MEMBER CASE FILE REQUIREMENTS

The following shall also be maintained in the member's case file:

1. Copies of the member's Cost Effectiveness Studies (CES), placement history and service authorizations. The member/HCDM, shall indicate whether they agree or disagree with each service authorization. The member/HCDM, shall be given a copy of the signed PCSP, as specified in AMPM Policy 1620-E and Exhibit 1620-10 and a copy of the PCSP shall be kept in the member's case file.

2. 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.
3. A copy of the contingency plan and other required documentation for Self-Directed Attendant Care (SDAC) members as specified in AMPM Policy 1320-A.
4. A copy of AMPM Exhibit 1620-12, Spouse Attendant Care Acknowledgement of Understanding 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 thereafter to indicate the member's continued choice for this option.
5. Copies of Agency with Choice (AWC) or SDAC related forms requiring the case manager's 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.
6. A copy of the Managed Risk Agreement, if indicated for the member.
7. Copies of current CATS screens (CA160, CA161, CA162) or comparable forms for the Contractor, as well as CA165 for Tribal ALTCS Programs.
8. Notices of Adverse Benefit Determinations (NOA) sent to the member/HCDM, and DR regarding denial or changes in services (e.g., discontinuance, termination, reduction, or suspension), as specified in ACOM Policy 414.
9. Member-specific correspondences
10. 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 coordination activities pertaining to discharge planning. Each entry made by the case manager shall be signed and dated.
11. Physician's orders for medical services and equipment.
12. 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 (NF) placements and that copies are in the facility chart. A copy of the PASRR Level II evaluation, if applicable, shall also be retained in the member's case file.

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

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

14. 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.
15. Documentation of the initial and quarterly discussion/collaboration with a qualified Behavioral Health Professional (BHP), as specified in AMPM Policy 1620-G, as applicable.
16. Other documentation as required by the Contractor.
17. The member's case file information 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 ARS 12-2297.