

## **1620-L CASE FILE DOCUMENTATION**

REVISION DATE: 11/8/2023, 3/9/2022

EFFECTIVE DATE: September 8, 2021

REFERENCES: 45 CFR Part 164, 42 CFR Part 2, A.R.S. § 12-2297, AMPM 1620-L, AMPM Exhibit 1620-3,, Division Medical Policy 680-C, 1620-B, and 1620-D

### **PURPOSE**

This policy establishes the Division's requirements to maintain complete and accurate documentation in the Member's case file that details coordination of care activities. These requirements also ensure the Division's actions provide Members with effective and efficient coordination of care.

### **DEFINITIONS**

1. "Health Insurance Portability and Accountability Act (HIPAA)" means 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.
2. "Member" means the same as "client" as defined in A.R.S. § 36-551.
3. "Planning Document" means a written plan developed through

an assessment of functional needs that reflects the services and supports, paid and unpaid, that are important for and important to the Member in meeting the identified needs and preferences for the delivery of such services and supports.

4. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a client or an applicant for whom no guardian has been appointed as defined in A.R.S. §36.
5. "Support Coordinator" means the same as "Case Manager" under A.R.S. § 36-551.
6. "Specialized Services" means these are recommended services resulting from the PASRR Level II evaluation that are beyond those normally provided and included in the nursing facility (NF) NF daily rate. These services have three key characteristics:
  - a. They are individualized needs related to a person's Intellectual Disability and/or a related condition, as identified in the Level II evaluation.

- b. They are provided to the individual during their residency in the NF.
- c. They exceed the services a NF typically provides under its daily rate. Recall that PASRR applies to any individual applying for admission to a Medicaid-certified nursing facility, regardless of insurance type.

## **POLICY**

### **A. MEMBER ELECTRONIC AND PAPER RECORDS**

- 1. The Division shall maintain a system of record keeping that maintains Member case file documentation in a secure and organized manner.
- 2. The Division shall utilize electronic systems to track and maintain Member case files.
  - a. The Division shall maintain the system which includes:
    - i. The management of information regarding Member demographics, services plans, authorization, vendor calls, and claims.

- ii. Documenting the beginning and ending dates of services listed on the Planning Document, and
  - iii. The renewal of services and the number of units authorized for services.
  - iv. Documentation of all actions related to the Member's coordination of care with the Division, the Division's contractors, community partners, or others involved in the Member's care unless otherwise restricted.
- b. The Division shall maintain the system which stores the Member case file electronically.
- 3. The Division shall provide AHCCCS printed documents when requested by AHCCCS.
- 4. The Division shall 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.
- 5. The Division shall keep Member case files secured with controlled access by authorized individuals.

- a. The Division shall store paper documents in locked file cabinets or behind locked doors after normal business hours and in compliance with department record keeping confidentiality policies.
- b. The Division shall ensure the integrity of electronic documentation by having safeguards like firewalls and encryption protocols for digital documents.

## **B. DIVISION STAFF RESPONSIBILITIES**

1. Division staff shall be responsible for maintaining complete and comprehensive case file documentation for each Member.
2. Division staff shall provide documentation that is complete, accurate, timely, and reflective of the Member's programmatic, social, medical, behavioral, developmental, educational, or vocational status.
3. Division staff shall create all documentation in a professional, factual, and objective manner.
4. Division staff shall update the Focus Progress Notes to document Member information changes and completed activities.

5. Division staff shall indicate in the Focus Progress notes the name of the author and document all interactions with and about the Member, the services and supports the Member is receiving, and the status of the Member's case unless otherwise restricted.
6. Division staff shall maintain the Member case file information to the extent, and in such detail, as specified in A.R.S. § 12-2297.

**C. SUPPORT COORDINATION RESPONSIBILITIES**

1. The Support Coordinator shall, based on the Member's circumstances, document in the Focus Progress Notes, the following care coordination activities:
  - a. Documentation of all actions related to providing the Member with coordination of care and benefits, unless otherwise restricted.
  - b. Team discussion regarding the need for a new or revised Behavioral Plan (BP) needed for Home and Community Based Services (HCBS) provided by an independent provider or Qualified Vendor in response to the use of Emergency Measures two or more times within a 30-day period, or with an identifiable pattern.

- c. The results of screening for side effects of behavioral modifying medication and tardive dyskinesia.
  - d. Referrals for Behavioral Health services, a Care Manager, a Behavioral Health Advocate. Referrals for community services.
  - e. The Support Coordinator's response to notifications of Member Emergency Room visits and Crisis Contacts.
  - f. Documentation of the outcome of initial and quarterly consultations with the Behavioral Health Professional.
  - g. Support Coordinator action regarding referrals to Health Care Services (HCS), Member hospitalization and discharge planning, and the use of Emergency Alert Systems.
  - h. Any other activities or correspondents that may be related to Member care coordination.
2. The Support Coordinator shall include and maintain the following in the Member case files.
- a. Member demographic information, including residence address and telephone number, and the emergency contact

person and his/her telephone number.

- b. Identification of the Member's primary care provider (PCP),
- c. For Members residing in a nursing facility, the AHCCCS Uniform Assessment Tool (UAT)/(acuity tool) is completed at least annually by a Nurse, see AMPM Exhibit 1620-3.
- d. The Member Level of Care Tool for all Members residing in a community-based setting at least annually by the Support Coordinator and when the circumstances of the Member changes.
- e. Information from the Planning Meetings that addresses the following:
  - i. Member's ability to be present and participate in the Planning Meeting and any needed accommodations for the Member to participate in the Planning Meeting.
  - ii. Documentation describing the Member's involvement in their planning meeting including the support coordinator's interactions with the Member.



- iii. Member's current medical, functional, and behavioral health status, including strengths and needs, in accordance with the requirements outlined in Division Medical Policy 1620-B,
- iv. The appropriateness of the Member's current residential setting and services in meeting his or her needs, including the potential of the Member to move to a less restrictive setting.
- v. The cost effectiveness of ALTCS services being provided,
- vi. Identification of family, an informal support system, and community resources and their availability and willingness to assist the Member as uncompensated caregivers, including barriers to assistance,
- vii. Identification of service issues and unmet needs, an action plan to address needs, and documentation of timely follow-up and resolution,
- viii. A detailed description of the Member's objectives and

- services for each behavioral health agency providing services to the Member,
- ix. Documentation of the Member's progress toward identified goals and any strategies toward overcoming barriers as outlined in Division Medical Policy 1620-B,
  - x. Environmental details, which may include any safety concerns in the Member's home, or other special needs.
  - xi. Behavioral Plan developed by the Member's team in accordance with Article 9. See Behavioral Supports Manual Chapter 700.
  - xii. Documentation of all actions and information that is relevant to providing the Member with coordination of care unless otherwise restricted.
- f. Copies of the Member's signed Cost Effectiveness Studies (CES) Worksheets, placement history, Planning Documents, and service authorizations.

- g. Copies of the signed Planning Documents that are signed by the Responsible Person at each planning meeting.
- h. A copy of the HCBS Member Needs Assessment (Form DDD-2039A) completed for all Members receiving Attendant Care, Homemaker, or Habilitation 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.
- i. A copy of the Contingency/Backup Plan (Form DDD-2113A) and other documentation that indicates the Responsible Person has been advised regarding how to report unplanned gaps in services provided by an Independent Provider (IP) as outlined in Division Medical Policy 1620-D.
- j. A copy of the Spouse Attendant Care Acknowledgement of Understanding (Form DDD-1469A) for 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. A copy of the Managed Risk Agreement (Form DDD-1530A), when indicated for the Member, that identifies potential risks associated with service or placement decisions the Responsible Person has made or other risks identified whereby a Managed Risk Agreement was completed.
- l. Notices of Adverse Benefit Determination along with any adjudication or decisions sent to the Responsible Person regarding denial or changes of services,
- m. Member-specific correspondence
- n. Evaluation and other records demonstrating eligibility and redeterminations of eligibility.
- o. Physician's orders for medical services and equipment,
- p. 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. A copy of the PASRR Level II evaluation, if applicable, must also be

retained in the Member's case file. For further details regarding PASRR, see Division Medical Policy 680-C.

- q. Documentation of recommended specialized services, as applicable, shall be coordinated and documented in the Member case file to ensure the provision of specialized services to the Member. For further details regarding this, see Division Medical Policy 680-C.
- r. Provider evaluations and assessments or progress reports ,
- s. Notifications of services not provided as scheduled and documentation of any follow-up conducted to ensure that Member's needs are met,
- t. Documentation of the initial and quarterly discussion with a qualified behavioral health professional, when applicable,
- u. All forms and documentation as required by the Division to provide the Member with coordination of care unless otherwise restricted.

- 3. The Support Coordinator shall include in the initial on-site

Planning for Members receiving Home and Community Based Services (HCBS already in place at the time of ALTCS enrollment) an assessment of the medical necessity and cost effectiveness of those services and a service plan that indicates which Prior Period Coverage (PPC) services will be retroactively authorized by the Division. For further information, see Division Operation Policy 302.

**D. ENSURING MEMBER SPECIFIC PROGRESS NOTES**

1. Division staff shall not cut and paste, or otherwise copy, Member correspondence into the Member's file.
2. Division staff shall not use templates, or other standardized templates, that are not specific to the Member.
3. Division staff shall not rely on system generated progress notes as the primary source of information when documenting in the Focus progress notes.