1620-L CASE FILE DOCUMENTATION

REVISION DATE: XX/XX/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, ~~45 CFR Part 164, 42 CFR Part 2~~, 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 ~~for m~~Member's case file that details coordination of care activities.~~documentation and maintenance to ensure the record reflects the mMember's current situation~~ These requirements also ensure ~~and~~ the Division's~~Support Coordinator's~~ actions provide Members with ~~to ensure~~ effective and efficient coordination of care.~~This policy establishes requirements for M~~member case file documentation and ~~maintenance~~maintanence~~.

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.

~~"Managed Risk Agreement" means a document developed by the Support Coordinator or District Nurse shall develop with the member/Responsible Person, which outlines potential risks to the mMember's safety and well-being because of choices or decisions made by the member or rResponsible pPerson.~~

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.

~~"Planning Document" means a plan which is developed by the Planning Team, such as an Individualized Family Service Plan (IFSP), or Person-Centered Service Plan (PCSP). The Responsible Person (as defined in A.R.S. §36-551) has final decision-making authority unless there is legal documentation that confers decision-making authority to a legal representative.~~

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.

~~2.~~5. "Support Coordinator" means the same as "Case Manager" under A.R.S. § 36-551.

~~3.~~6. "Specialized Services" means~~.~~ ~~T~~these are recommended services resulting from the PASRR Level II evaluation that areevaluation ~~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 ~~Member Case Files~~

1. The Division shall ~~AHCCCS requires that the Division of Developmental Disabilities (Division) establish~~maintain a system of record keeping that maintains ~~m~~Member case file documentation in a secure and organized manner.

2. The Division shall utilize~~utilizes two~~ electronic systems to track and maintain ~~m~~Member case files.~~, Focus and OnBase.~~

   a. The Division shall maintain the ~~Focus~~ system which includes:

      i. The management of information regarding ~~m~~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 ~~OnBase~~ s~~S~~ystem which~~System which which~~ stores the Member case file electronically.

~~1.~~3. The Division shall provide AHCCCS ~~may request that documentation be~~ printed documents when requested by AHCCCS. ~~out for purposes of a case file review~~.

~~2.~~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 ~~shall be kept~~ secured with controlled access by authorized individuals.

a. The Division shall store ~~P~~paper documents ~~shall be stored~~ in locked file cabinets or ~~and the file cabinets shall~~must be ~~locked or~~ behind locked doors after normal business hours

and in compliance with department record keeping confidentialityconfifentiality policies.at night.

3.b. The Division shall ensure the integrity of electronic documentation by. Digital documents shall havinge safeguards like firewalls and encryption protocols for digital documents.

4. The Division shall is expected to maintain a uniform tracking system for documenting the begining and ending dates of services listed on the pPlanning dDocument, as applicable, in each mMember's case filerecord. This documentation shall beis inclusive of renewal of services and the number of units authorized for services.

5. For members receiving Home and Community Based Services (HCBS already in place at the time of ALTCS enrollment, tThe Support Coordinator shall include in the initial on-site planning meeting for Members receiving Home and Community Based Services (HCBS already in place at the time of ALTCS enrollment) shall include 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.

B. DIVISION STAFF~~SUPPORT COORDINATOR~~ RESPONSIBILITIES

1. Division staff~~The Support Coordinators~~ shall be ~~are~~ responsible for maintaining complete and comprehensive case file documentation for each ~~m~~Member.

~~1.~~2. Division staff~~The Support Coordinator~~ shall provide ~~D~~documentation that is ~~shall be~~ complete, accurate, timely, and reflective of the ~~m~~Member's programmatic, social, medical, behavioral, developmental, educational, or vocational status.

~~2.~~3. Division staff~~The Support Coordinators~~ shall create all documentation ~~be are responsible for ensuring documentation is done~~ in a professional, factual, and objective manner ~~(i.e. email, correspondence, and progress notes)~~. ~~If questions arise regarding how and where to document an item, the Support Coordinator shall consult with their supervisor.~~

~~3.~~4. ~~To have a complete and comprehensive member case file, t~~The Division staff~~Support Coordinator~~ shall update ~~Focus, and OnBase,~~ the Focus Progress Notes to document ~~these changes and completed activities as m~~Member information changes and completed ~~support coordination~~ activities. ~~are completed on a~~

~~regular basis including the following. Kkey components, in the mMember case file, that the Support Coordinator shall update and maintain include and are not limited to~~:

~~OnBase, upload the Pplanning dDocument and any supplemental pages within three (3) business days after each pPlanning mMeeting in accordance with Division procedures. If the member has a Care Manager, the initial Care Plan and subsequent Care Plans are to be uploaded into OnBase within three (3) business days of receipt~~.

~~Focus screens, (e.g. completion of tasks, Behavioral Health codes, demographics, and authorizations) and updates to the member's address book.~~

~~that indicate the name of the author and document all interactions with and about the Member, the services the Member is receiving, and the status of the Member's case unless otherwise restricted.~~

5. Division staff ~~Focus Progress Notes~~ 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.

~~a. the name of the author and document the following:~~

~~i. All Ccontacts made with the member/rResponsible pPerson and other planning team members. which may include. This includes, but is not limited to, phone calls, in person contacts, letters, and Pplanning Mmeetings, and additional team meetings.~~

~~ii. All attempts (by phone, email, letter, etc.) to contact the member/rResponsible pPerson. shall be documented in the mMember's record. Loss of Contact (LOC) letters and other correspondence to and from the member/rResponsible pPerson shall be uploaded into OnBase.~~

~~iii. Documentation of case closure.~~

~~All actions taken during the Electronic Member Change Report (eMCR) process, including when an eMCR is submitted, follow up action, and all actions taken as requested by ALTCS.~~

~~All actions taken to coordinate care on behalf of the Member unless otherwise prohibited.~~

C. **SUPPORT COORDINATION RESPONSIBILITIES**

1. The Support Coordinator shall, ~~B~~based on the ~~m~~Member's circumstances, document in the Focus Progress Notes, ~~when applicable,~~ the following care~~followingshall document care~~ coordination activities ~~as outlined below including, but not limited to~~:

a. Documentation of all actions related to providing the Member with coordination of care and benefits, unless otherwise restricted.

~~a.~~b. Team discussion regarding the need for a new or revised Behavioral ~~Treatment~~ Plan (BP) needed for Home and Community Based Services (HCBS) provided by an independent provider or Qualified Vendor ~~from a Qualified Vendor~~ in response to the use of Emergency Measures two ~~(2)~~ or more times within a 30~~thirty (30)~~-day period, or with an identifiable pattern.

~~b.~~c. The results of screening for side effects of behavioral modifying medication and tardive dyskinesia.

~~c.~~d. Referrals for Behavioral Health services, a Care Manager, a Behavioral Health Advocate. Referrals for community services.

~~d.~~e. The Support Coordinator's response to notifications of Member Emergency Room visits and Crisis Contacts.

~~e.~~f. Documentation of the outcome of initial and quarterly consultations with the Behavioral Health Professional.

~~f.~~g. Support Coordinator action regarding referrals to Health Care Services (HCS), ~~m~~Member hospitalization and discharge planning, and the use of Emergency Alert Systems.

~~g.~~h. Any other activities or correspondents that may be related to Member care coordination.

~~Documentation of all actions related to providing the Member with coordination of care and benefits unless otherwise restricted~~.

~~MEMBER CASE FILES SHALL INCLUDE~~**~~Member Case Files Shall Include~~**

2. The Support Coordinator shall include and maintain the following in the Member case files.~~At a minimum, member files shall include:~~

~~1.~~a. Member demographic information, including residence address and telephone number, and the emergency contact person and his/her telephone number. ~~It is best practice to include a copy of the Focus demographic screen and address book when changes are made in order to preserve the historical information.~~

~~2.~~b. Identification of the ~~m~~Member's primary care provider (PCP),

~~3.~~c. For ~~m~~Members residing in a nursing facility, the AHCCCS Uniform Assessment Tool (UAT)/(acuity tool)~~,~~ is completed~~completed~~ at least annually by ~~a~~the District Nurse, see AMPM Exhibit 1620-3.

~~4.~~d. The Member Level of Care Tool ~~is to be completed~~ for all ~~m~~Members residing in a community-based setting ~~(own home, developmental home, group home, etc.)~~ at least annually by the Support Coordinator and when~~/if~~ the circumstances of the ~~m~~Member changes.

~~5.~~e. Information from the ~~90/180 day~~ ~~p~~Planning ~~m~~Meetings that addresses ~~at least~~ the following:

i. Member's ability to be present and participate in the Planning Meeting and any needed accommodations ~~in order~~ for the M~~m~~ember to participate in the Planning Meeting.

ii. Documentation describing the Member's involvement in their Planning Meeting including~~inlcuding~~ the support coordinator's interactions with the Member.

~~a.~~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,

~~b.~~iv. The appropriateness of the ~~m~~Member's current residential setting~~placement~~ and~~/~~ services in meeting his or ~~/~~her needs, including the potential of the ~~m~~Member to move to a less restrictive setting.

~~c.~~v. The cost effectiveness of ALTCS services being provided,

~~d.~~vi. Identification of family, ~~and /~~an informal support system, and ~~or~~ community resources and their

availability and willingness to assist the ~~m~~Member as uncompensated caregivers, including barriers to assistance,

~~e.~~vii. Identification of service issues and~~/or~~ unmet needs, an action plan to address needs, and documentation of timely follow-up and resolution,

~~f.~~viii. A detailed description of the ~~m~~Member's objectives and services for each behavioral health agency providing services to the ~~m~~Member,

~~g.~~ix. Documentation of the ~~m~~Member's progress toward identified goals and any strategies toward overcoming barriers as outlined in Division Medical Policy 1620-B,

~~Member's ability to be present and participate in the Planning Meetingreview and any needed accommodations in order for the Mmember to participate in the Planning Meetingreview.~~

~~If applicable, the mMember's rResponsible pPerson and their role in discussing service needs and goals.~~

~~h.~~x. Environmental details, which may include any safety

concerns in the Member's home, ~~and/~~or other special needs.

xi. Behavioral Treatment Plan developed by the ~~m~~Member's team in accordance with Article 9. See Behavioral Supports Manual Chapter 700~~, Behavioral – Modifying Medications, Monitoring Behavioral – Monitoring Medications and Treatment Plans~~.

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 ~~m~~Member's signed Cost Effectiveness Studies (CES) Worksheets, placement history, ~~and~~ Planning Documents, ~~service plans~~ and ~~/~~service authorizations.

~~6.~~g. Copies of the signed ~~The~~ Planning Documents~~Service Plan~~ that are signed by the Responsible Person~~must be signed by the member/responsible person~~ at each ~~p~~Planning ~~m~~Meeting. ~~(every 90 or 180 days) and a copy uploaded into OnBase. The member/responsible person shall be given a copy of the signed planning document.~~

~~7.~~h. A copy of the HCBS Member Needs Assessment (Form DDD-2039A) completed for all ~~m~~Members receiving Attendant Care, ~~Personal Care,~~ Homemaker, or Habilitation ~~and/or Respite~~ services that indicates how the service hours were assessed and which portions of care, if any, are provided by the ~~m~~Member's informal support system.

~~8.~~i. A copy of the Contingency/Backup Plan (Form DDD-2113A) and other documentation that indicates the ~~member/r~~Responsible ~~p~~Person has been advised regarding how to report unplanned gaps services provided by an Independent Provider (IP). For details see Division Medical Policy 1620-D. ~~subject to Electronic Visit Verification (EVV).~~

~~9.~~j. A copy of the Spouse Attendant Care Acknowledgement of Understanding (Form DDD-1469A) for ~~shall be signed by~~ any ~~m~~Member choosing to have his or her spouse as the paid ~~-~~caregiver, both before that service arrangement is initiated and annually to indicate the ~~m~~Member's continued choice for this option,

~~10.~~k. A copy of the Managed Risk Agreement (Form DDD-

1530A), ~~if~~when indicated for the ~~m~~Member, that identifies potential risks associated with service ~~and/~~or placement decisions the Responsible Person~~member~~ has made ~~and/~~or other risks identified whereby a ~~m~~Managed ~~r~~Risk ~~a~~Agreement was completed.

~~11.~~l. Notices of Adverse Benefit Determination ~~(NOA)~~ along with any adjudication or decisions sent to the ~~member/r~~Responsible ~~p~~Person regarding denial or changes of services ~~(discontinuance, termination, reduction, or suspension)~~,

m. Member-specific correspondence~~,~~

n. Evaluation and other records demonstrating eligibility and redeterminations of eligibility.

~~Case notes including documentation of the type of contact made with the Member, and~~

~~All other individuals who may be involved with the Member's care~~

~~Each entry made by the Support Coordinator shall be signed and dated~~

~~Case notes including documentation of the type of contact made with the~~

~~Responsible Personmember and/or all other persons who may be involved with the mMember's care. For example, provider-specific correspondence including joint service planning meetings (i.e. Child Family Team / Adult Recover Team meetings), as well as coordination activities pertaining to discharge planning,~~

~~12.~~o. Physician's orders for medical services and equipment,

~~13.~~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 ~~m~~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.

~~14.~~q. Documentation of recommended specialized services, as applicable, shall be coordinated and documented in the ~~m~~Member case file to ensure the provision of specialized services to the ~~m~~Member. For further details regarding this, see Division Medical Policy 680-C.

~~15.~~r. Provider evaluations and~~/~~ assessments ~~and/~~or progress

reports ~~(e.g., home health, therapy, behavioral health)~~,

~~16.~~s. Notifications of services not provided as scheduled ~~(e.g., member hospitalized, on vacation, or receiving respite outside of the home)~~ and documentation of any follow-up conducted to ensure that ~~m~~Member's needs are met,

~~17.~~t. ~~If applicable, d~~Documentation of the initial and quarterly discussion~~/collaboration~~ with a qualified behavioral health professional, when applicable,

~~18.~~ All~~Other~~ forms and documentation as required by the Division to provide the Member with coordination of care unless otherwise restricted.~~, and~~

~~The Division shall maintain T~~the ~~m~~Member case file information ~~shall be maintained to the extent, and in such detail, as specified in A.R.S. § 12-2297.~~

~~7.~~2. The Support Coordinator shall include in the initial on-site ~~p~~Planning ~~mMeetingPeeting~~ for Members receiving Home and Community Based Services (HCBS already in place at the time of ALTCS enrollment) ~~shall include~~ 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.

~~C.~~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.

~~1.~~3. Division staff shall not rely on system generated progress notes as the primary source of information when documenting in the Focus progress notes.

~~Signature of Chief Medical Officer:~~