
CHAPTER 42: MULTI-SYSTEMIC THERAPY

SECTION 42.6: RECORD KEEPING

RECORD KEEPING

Provider records must be maintained in an organized and standardized format at the enrolled office site. Original records shall not be kept in off-site service delivery locations. The provider must have adequate space, facilities, and supplies to ensure effective record keeping.

Retention of Records

MST providers must retain administrative, personnel and recipient records for five years from the date of the last payment. However, if the provider is being audited, records must be retained until the audit is complete, even if the five years is exceeded.

In the event records are destroyed or partially destroyed in a disaster such as a fire, flood or hurricane and rendered unreadable and unusable, such records must be properly disposed of in a manner, which protects recipients' confidentiality. A letter of attestation must be submitted to the fiscal intermediary.

NOTE: Upon agency closure, all provider records must be maintained according to applicable laws, regulations and the above record retention requirements. The Bureau must be notified of the location of the records.

Destruction of Records

After the required record retention period has expired, records may be destroyed. Confidential records must be incinerated or shredded to protect sensitive information. Non-paper files, such as computer files, require special means of destruction. Disks or drives can be erased and reused, but care must be taken to ensure all data is removed prior to reuse. Commercially available software programs can be used to ensure all confidential data is removed.

Confidentiality and Protection of Records

Administrative and recipient records are the property of the provider. Records must be secured against loss, tampering, destruction or unauthorized use in accordance with Health Insurance Portability and Accountability Act (HIPPA) regulations.

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The provider must safeguard the confidentiality of any information, which may identify the recipients or their families. The information may be released only under the following conditions:

- By a court order,
- By the recipient's written, informed consent for release of information,
- If the recipient has been declared legally incompetent, his/her legal representative must provide written consent, or
- If the recipient is a minor, the parent or legal guardian must provide written consent.

Recipient records information must be made available upon request to the recipient, legal guardian, or other service providers including another MST provider in case of a recipient transfer. If in the professional judgment of the provider, information contained in the record would be harmful to the recipient; this information may be withheld from him/her except when a court order is presented.

A provider may use material from recipient records for educational purposes if names are deleted and other identifying information is removed. For research purposes, providers must comply with Bureau's research policy (refer to Appendix B).

NOTE: Under no circumstances should providers allow staff to remove recipient records from the provider's site.

Review by State and Federal Agencies

Providers must make all administrative, personnel and recipient records available to the Bureau and appropriate state and federal personnel upon request. Failure to allow access to records in a timely manner may result in a sanction.

Administrative Records

The provider's administrative files must have critical program information including but not limited to documentation of Medicaid enrollment, insurance policies, minutes of formal meetings, bylaws of the governing body, if applicable, training and supervision documentation, and required policies and procedures as detailed in Section 42.5 Staffing and Training. An employee must have reasonable access to his/her personnel file and must be allowed to include any written statement he/she wishes in the file.

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Personnel Records

Personnel records shall be maintained for all staff, subcontractors, volunteers and interns. The record must contain all information as detailed in Section 42.5 Staffing and Training. All verifications must be documented in the employee's or agent's personnel record prior to the individual providing billable Medicaid services. An employee must have reasonable access to his/her personnel file and must be allowed to include any written statement he/she wishes in the file. A provider must not release a personnel file without the employee's written permission except according to state law. Below is a description of items which must be included in personnel records.

Employment Verification

Employment verification must include the employee's resume or employment application with documentation of previous employment.

Employment verification must also include written documentation from a previous employer or a signed statement verifying that verbal contact was made with the previous employer. The statement must document the applicant's experience, and include the name, address and current telephone numbers of the former employer or supervisor. The month and year of past employment must be documented.

If the past employer is no longer in business, and employment cannot be verified, that job experience may not be included toward required experience.

Experience must be in a paid, 40 hours per week position. If experience is in a part-time position, the provider must be able to verify the amount of time worked equals the required period for full time employment. College work/study or internship related to completion of a degree cannot be counted as work experience. Experience obtained while working in a position for which the individual is not qualified cannot be counted as experience.

Education Verification

Educational documents including current professional license, degrees and certified transcripts shall be maintained in the records. All college degrees must be from a nationally accredited institution of higher education as defined in Section 102(b) of the Higher Education Act of 1965, as amended.

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References

Three references must be obtained prior to employment for any employee who will be directly providing services. At least two of the references must be professional and/or work related. Professional/work related references must be explicit with regard to previous work experience and performance. The reference documentation must include the date, address and telephone number of the individual who is providing the reference.

Driver's License

A current and valid Louisiana driver's license and current automobile insurance is required and must be included in the employee's personnel record.

Employee Training

Employee training and orientation documentation as required by the Bureau.

Confidential Personnel Information

The following are to be maintained in a separate confidential file available for review when requested by the Bureau or other legitimate governmental entities:

- Drug testing results,
- Criminal background check, and
- TB test results.

Recipient Records

Records must be maintained in chronological order. Documentation shall be sufficient to verify that services conform to the Bureau policy as stated below and that the reimbursement amount is correct.

The organization of individual records and location of documents must be uniform. Records must be appropriately purged so that material can be easily located. Records must contain all current pertinent information relating to services provided. Records older than six months must be kept on-site and be available for review upon the request of the Bureau.

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All entries and forms completed by staff in recipient records must be:

- In ink, in a color other than black,
- Legible,
- Fully dated,
- Legibly signed, and
- Include the functional title of the individual making the entry.

Any error in a recipient's record must be corrected using the legal method, which is to draw a line through the incorrect information, write "error" by it and initial the correction. Correction fluid must never be used in a recipient's records. If information is typed, signatures must be in ink, in a color other than black.

Components of Recipient Records

The recipient's record must consist of the current and active information as well as any other stored files or folders. The active information is detailed below. However, the recipient may refuse to provide information related to race, ethnic origin, sex, or marital status, in which case the refusal of the recipient must be documented.

Active information recorded in a standardized format must include the following:

- Name
- Home address
- Home telephone number
- Date of birth
- Sex
- Race or ethnic origin
- Verification of recipient's Medicaid eligibility and if applicable, other health insurance coverage
- Living arrangements
- Closest living relative/guardian
- Education
- Name, address, and telephone number of school and employer if applicable
- Date of initial contact
- Court and/or legal status, including relevant legal documents
- Names, addresses, and telephone numbers of others involved with the recipient's treatment plan
- Date this information was gathered
- Required signatures on all forms, and
- Signed release of information form.

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- Documentation verifying the recipient meets medical necessity criteria including copies of required professional evaluations, past treatment records, the MST screening form, the MST initial and reassessment reports, and other reports and information concerning the recipient's medical, social, familial, cultural, developmental, legal, educational, vocations, psychiatric and economic status;
- A completed and signed treatment plan including the crisis and discharge plan;
- A discharge summary including the reason for case closure and any agreements with the recipient at closure must always be completed and maintained;
- Service Logs;
- Copies of all pertinent correspondence; and
- A description of any current treatment or medication necessary for the treatment of any serious or life threatening medical condition or known allergies. This may include documentation from the treating physician.

Service Logs

Service logs document the allowable service and must reflect the services delivered. To obtain a copy of the service log, refer to Appendix A. Service logs will be reviewed during monitoring, and when deemed necessary by the Bureau. Record entries must correspond with the services provided including billable services entered into the statewide data system as well as non-billable services. See section 42.1 for further details on service log documentation.