
CHAPTER 3: FISCAL/EMPLOYER AGENT

SECTION 3.6: RECORD KEEPING**PAGE(S) 5**

RECORD KEEPING**Components of Record Keeping**

All fiscal/employer agent (F/EA) records must be maintained in an accessible, standardized order and format at the enrolled office site. The F/EA must have sufficient space, facilities, and supplies to ensure effective record keeping. Sufficient records must be retained to document compliance with Louisiana Department of Health (LDH) requirements for the beneficiary served and the provision of fiscal management services (FMS).

The following must be maintained:

1. Separate record for beneficiary that fully documents FMS for which payments have been made; and
2. Sufficient documentation to verify that prior to payment each charge was due and proper.

Confidentiality and Protection of Records

All records, including but not limited to administrative and beneficiary files, must be secured against loss, tampering, destruction, or unauthorized use. Providers must comply with all laws and regulations concerning confidentiality which safeguard information and patient/client confidentiality.

Employees of the F/EA must not disclose or knowingly permit the disclosure of any information concerning the agency, the beneficiaries, or their families, directly or indirectly, to any unauthorized person. The F/EA must safeguard the confidentiality of any information that might identify the beneficiaries or their families. The wrongful disclosure of such information may result in the imposition by LDH of available sanctions pursuant to Medicaid certification authority or the imposition of a monetary fine and/or imprisonment by the United States Government pursuant to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. The information may be released only under the following conditions:

1. Court order;
2. Beneficiary's written informed consent for release of information;
3. Written consent of the individual to whom the beneficiary's rights have been devolved when the beneficiary has been declared legally incompetent; or

CHAPTER 3: FISCAL/EMPLOYER AGENT

SECTION 3.6: RECORD KEEPING

PAGE(S) 5

4. Written consent of the parent or legal guardian when the beneficiary is a minor.

The F/EA must, upon request, make available information in the case records to the beneficiary or legally responsible representative. If, in the professional judgment of the administration of the F/EA, it is felt that information contained in the record would be damaging to the beneficiary, or reasonably likely to endanger the life or physical safety of the beneficiary, that information may be withheld. This determination must be documented in writing.

The F/EA may charge a reasonable fee for providing the above records. The cost of copying cannot exceed the community's competitive copying rate.

Material from case records may be used for teaching or research purposes, the development of the governing body's understanding and knowledge of the provider's services, or similar educational purposes, if names are deleted and other similar protected health information is redacted or deleted.

A system must be maintained that provides for the control and location of all beneficiary records. Beneficiary records must be located at the enrolled site.

Under no circumstances should providers allow staff to take beneficiary's case records from the facility.

State and Federal Agency Review

The F/EA must make all administrative, personnel and beneficiary records available to LDH and appropriate state and federal personnel at all reasonable times to determine compliance with any federal or state law, rule, or regulation promulgated by LDH.

Retention of Records

The F/EA must retain administrative, personnel and beneficiary records for whichever of the following time frames is longer:

1. Six (6) years from the date of the last payment period; or
2. Until records are audited and all audit questions are resolved.

NOTE: Upon agency closure, all F/EA records must be maintained according to applicable laws, regulations and the above record retention requirements along with copies of the required documents transferred to the new agency. The new F/EA must bear the cost of copying, which cannot exceed the community's competitive copying rate.

CHAPTER 3: FISCAL/EMPLOYER AGENT

SECTION 3.6: RECORD KEEPING**PAGE(S) 5**

Administrative and Personnel Files

Administrative and personnel files must be kept in accordance with all licensing requirements, LDH administrative rules and Medicaid enrollment agreements.

Employer Records

Employer/employee records must be:

1. Stored securely and protected in accordance with HIPAA requirements at the F/EA's place of business; and
2. Maintained employer and employee records for at least six years or longer when required by state or federal law.

Beneficiary Records

The F/EA must have a separate written record for each beneficiary served by the agency. It is the responsibility of the provider to have adequate documentation of the fiscal management services offered to waiver beneficiaries for the purposes of continuity of care, support for the individuals and the need for adequate monitoring of progress toward outcomes and services received. This documentation is an ongoing chronology of FMS received and undertaken on behalf of the beneficiary.

All beneficiary records and location of documents contained therein must be maintained consistently in the F/EA's office. Records must be appropriately maintained so that current material can be located in the record.

The Office of Citizens with Developmental Disabilities (OCDD) does not prescribe a specific format for documentation, but all components outlined below must be in each beneficiary's active record.

Organization of Records, Record Entries and Corrections

The organization of individual beneficiary records and the location of documents within the record must be consistent among all records. Records must be appropriately thinned so that current material can be easily located in the record.

CHAPTER 3: FISCAL/EMPLOYER AGENT

SECTION 3.6: RECORD KEEPING**PAGE(S) 5**

All entries and forms completed by staff in beneficiary records must be legible, written in ink and include the following:

1. Name of the person making the entry;
2. Signature of the person making the entry;
3. Functional title of the person making the entry;
4. Full date of documentation; and
5. Supervisor review, if required.

Any error made by the staff in a beneficiary'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 beneficiary's records.

Components of Beneficiary Records

The beneficiary record must consist of the active record and the agency's storage files or folders. The active record must contain, at a minimum, the following information:

1. Identifying information on the beneficiary that is recorded on a standardized form to include the following:
 - a. Name;
 - b. Home address;
 - c. Telephone number;
 - d. Date of birth;
 - e. Sex;
 - f. Name and phone number of preferred hospital;
 - g. Closest living relative;
 - h. Marital status;
 - i. Date approved for self-direction; and
 - j. Court and/or legal status, including relevant legal documents, if applicable.

CHAPTER 3: FISCAL/EMPLOYER AGENT

SECTION 3.6: RECORD KEEPING

PAGE(S) 5

2. Medicaid eligibility information;
3. Copy of assurances of freedom of choice of providers, beneficiary rights and responsibilities, confidentiality, and grievance procedures, etc. signed or initialed by the beneficiary;
4. Copy of all critical incident reports, if applicable;
5. Formal grievances filed by the beneficiary;
6. Reason for case closure and any agreements with the beneficiary at closure;
7. Copies of all pertinent correspondence;
8. At least six (6) months (or all information if services provided less than six (6) months) of current pertinent information relating to services provided;

NOTE: Records older than six (6) months may be kept in storage files or folders, but must be available for review; and

9. Any other pertinent documents.

Discharge Summary for Transfers and Closures

A discharge summary details the beneficiary's progress prior to a transfer or closure. A discharge summary must be completed within 14 calendar days following a beneficiary's discharge. The discharge summary in the service log may be used by the support coordinators and direct service providers to meet the documentation requirement.