300.0 Provider Record Requirements and Documentation

300.1 Policy Approval Clearance Record

| Review by Representative from the Office of the Attorney General: n/a | Date: n/a | Date Policy Effective: 8/1/12 |
|---|---------------|-------------------------------|
| Rural Regional Center Director Approval Signature: Barbara Legier | Date: 7/25/12 | Policy Lead: Tammy Ponder |

300.2 Statement of Purpose

- **Policy Statement:** To maintain a functional and consistent record–keeping system that ensures a means of communication and complete data collection for compliance, planning and evaluation.
- **Purpose:** To establish procedures for all contract provider agencies of Jobs & Day Training (JDT) and Supported Living Arrangement (SLA) services to maintain effective records that are essential for medical documentation, individualized planning and implementation, establishing and maintaining a personal history of the individual, as well as protecting the legal rights of the individuals, the Provider agency and Rural Regional Center.

300.3 Authority

NRS 433

NAC 433

MHDS Policy 6.001 – HIPAA: Policies/Procedures/Administrative Documents MHDS Policy 6.016 – PHI Protected Health Information: Safeguards by Business Associates

300.4 Unique Definitions and Acronyms

300.4.1

300.4.1 Contract Provider Agency: Contract Provider Agency includes all individuals and agencies with a written signed contract to provide Jobs and Day Training and/or Supported Living Services to individuals served by Rural Regional Center.

300.5 Procedures

- **300.5.1** Each contracted Rural Regional Center (RRC) Jobs & Day Training (JDT) and Supported Living Arrangement (SLA) provider agency will maintain a paper record for each individual served.
 - **A.** The administrative record will be maintained at the office of the contract provider agency that is serving the individual. 24-hour Intensive SLAs also require a home record to be maintained at the residence of the individual per Attachment B: Record Requirements for SLA Providers (DS-QA-12).
 - **B.** The record will be stored in a secure location, such as a locked cabinet, file drawer or room. Contract provider staff are responsible for ensuring that all administrative and home records are secure at all times.
 - **C.** Contract provider agencies are responsible for maintaining all administrative and home records for six (6) years past the end of contracted services provided to the individual.

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300.5.2 Content of Records

- **A.** Providers must create an administrative record and a home record (if applicable) prior to providing services to an individual. RRC staff will copy needed information from the RRC record after the service contract has been executed.
- **B.** All administrative and home records are required to contain information per the following attachments:
 - 1. Attachment A: Record Requirements for JDT Providers (DS-QA-11)
 - 2. Attachment B: Record Requirements for SLA Providers (DS-QA-12)

300.5.3 Documentation of Records

- **A.** All entries in an individual's record referring to actions with another individual served must protect the confidentiality of the other individual served.
- **B.** All entries will be legible and will be signed by the author to ensure authenticity. Signatures must include first name or initial, last name, and job title.
- **C.** Errors in documentation will be noted by a line through the error and the initials of the individual making the correction. At no time will a record be blacked out or covered by "White Out" so that the previous documentation is not visible.

300.5.3 Use and Release of Information in Records

- **A.** Providers will not release information from the record without written informed consent from the individual/guardian.
- **B.** Providers will not release information generated by a third party without consent from that party for the release to any entity other than RRC.
- **C.** Providers will not release records generated by RRC.
- **D.** Providers will make available to RRC all records in relation to the individual upon request from RRC by the end of the working day of the request.
- **E.** Upon closure of a provider agency, the provider agency will return all original and other requested documents to RRC prior to the last date of service. All other documents will be shredded at the provider's expense.

300.5.4 Timelines

| Requirement | Deadline | Starting Date | Responsible Party | Actions to be Taken |
|--|--|--------------------------------------|---|--|
| Record retention (300.5.1.C) | 6 yrs | Date of last services provided | Provider Agency | Securely stored records |
| Creating administrative and home records (300.5.2.A) | Prior to providing services to individual | Date of contract execution | Provider Agency & Rural Regional Center | Provider will create an administrative record and a home record, if applicable |
| Provide records to Rural Regional Center (300.5.2.D) | End of working day | Day of request | Provider Agency | Provider will provide records to Rural Regional Center upon request |

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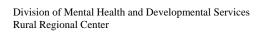
| Requirement | Deadline | Starting Date | Responsible Party | Actions to be Taken |
|---|--------------------------------------|-------------------------------------|----------------------|--|
| Return of original documents & shredding of other documents (300.5.3.E) | Last date of services provided | Knowledge of provider closure | Provider Agency | Provider will return all original and requested documents to Rural Regional Center. Provider will shred all other documents |

300.5.5 Supervisory Responsibilities: Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and its procedures. Supervisors will revisit this policy periodically, but no less than annually to identify recommendations for improvement.

300.6 Attachments

- 300.6.1 RS300A Developmental Services Record Requirements for JDT Providers (DS-QA-11)
- 300.6.2 RS300B Developmental Services Record Requirements for SLA Providers (DS-QA-12)

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RRC300A Record Requirements for JDT Providers (DS-QA-11)

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RECORD REQUIREMENTS FOR JDT PROVIDERS

RECORD COMPONENTS:

IDENTIFICATION

- Current Face/identification sheet
- Copy of current insurance card(s) (private, or Medicaid, or Medicare)
- Copy of current ID(s) (State ID card, Health card)
- Copy of guardianship papers for an incapacitated adult
- Picture

INDIVIDUAL SUPPORT PLAN

• Current Annual Individual Support Plan (including signature sheet, personal profile, health status, rights assessment, etc.)

SUPPORT PLANS, DATA AND PROGRESS

- All current habilitation support plans for both home and work
- Habilitation data sheets
- Daily progress notes
- Provider monthly /Quarterly progress reports

ASSESSMENTS:

- Copy of the most recent Psychological Assessment
- Current Social Assessment
- Vocational/Work Skills Assessments
- Wage time studies
- Copy of any therapy assessments (Occupational, Physical, Speech Therapy, etc.)
- Dietary Assessments/Consults

MEDICAL:

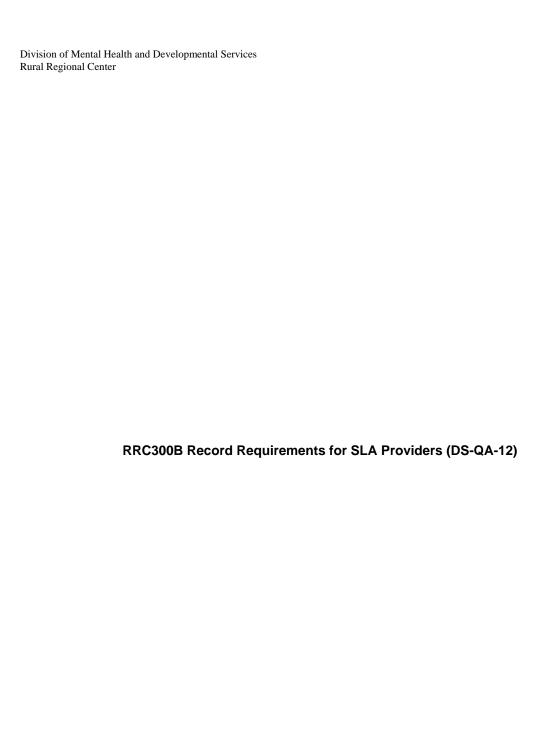
- Copy of the most recent Nursing Assessment as applicable
- Copy of the most recent Physical Examination as applicable
- Copy of any Doctor's orders related to any work restrictions or precautions
- Copy of current medications and side effects

<u>LEGAL CONSENTS, MISCELLANEOUS AND REGIONAL CENTER SPECIFIC</u> DOCUMENTS:

- HRC/BIC information (Forms specific to Region) (if applicable to restrictive plans implemented at JDT)
- JDT Provider Consents and Authorizations
- Copy of Advance Directives; DNR (Do Not Resuscitate)
- Consents to Release Information
- Current JDT Cert

CORRESPONDENCE:

• Other correspondence of importance



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RECORD REQUIREMENTS FOR SLA PROVIDERS

RECORD COMPONENTS:

Legend: (A) Administrative Office Record (H) Home Record (B) Both Records

IDENTIFICATION

- Current Face/identification sheet (B)
- Copy of the birth certificate (A)
- Copy of the Social Security Card (A)
- Copy of current insurance card(s) (private, or Medicaid, or Medicare) (A)
- Copy of current ID(s) (State ID card, Health card) (A)
- Current insurance card(s) and current ID (H)
- Copy of guardianship papers for an incapacitated adult (A)
- Picture (B)

INDIVIDUAL SUPPORT PLAN

• Current Annual Support Plan (including signature sheet, personal profile, health status, natural supports circle of support, rights assessment, etc.) (B)

SUPPORT PLANS, DATA AND PROGRESS

- All current support plans SLA and JDT plans (B)
- Data documentation sheets (H)
- Daily progress notes (H)
- Case Management logs and Direct Support logs (A)
- Provider monthly progress reports (B)
- Monthly service logs (A)

ASSESSMENTS:

- Copy of the most recent Psychological Assessment (B)
- Current Social Assessment (B)
- Current Individual Education Plan (IEP) if applicable (B)
- Copy of any therapy assessments (Occupational, Physical, Speech Therapy, etc.) (B)
- Dietary Assessments/Consults (B)
- Functional Behavioral Assessment (B)
- Adaptive Skills Assessment (B)

MEDICAL:

- Copy of the most recent Nursing Assessment (B)
- Copy of the most recent Physical Examination (B)
- Copy of the Medication Administration Assessment Tool (B)
- Copy of any Doctor's orders or notes for the last twelve months (Including psychiatric, neurological, or specialist, if applicable) (H)
- Copy of medical plans and recommended assessments, if applicable (H)
- Copy of current medications and side effects (If medication discontinued that should be noted.) (H)
- Current months Medication Administration Record (MAR) (H)
- Prior months Medication Administration Record (MAR) (A)
- Copy of recent vision and hearing assessment (H)
- Copy of hospital discharge summary, consultations for the last twenty four months (H)
- Copies of all medical/dental/psychiatric appointment consult sheets (H)

FINANCIAL:

- Copies of current Supported Living Arrangement Contract including one time cost contracts (A)
- Copies of complete monthly reconciliation (personal fund ledgers) (B)

<u>LEGAL CONSENTS, MISCELLANEOUS AND REGIONAL CENTER SPECIFIC</u> <u>DOCUMENTS:</u>

- HRC/BIC information (Forms specific to Region) (if applicable) (B)
- Copies of the monthly Community Safety and Reporting/Quality Assurance Activities (B)
- Consent for Representative Payee (if applicable) (A)
- Authorization to handle funds (A)
- Provider Consents (A)
- Authorization for Medication Administration by a Certified Direct Support Staff
 (B)
- Medical Clearance by the Provider of Healthcare (B)
- Living Will; Advance Directives; DNR (Do Not Resuscitate) (B) Consent to Release of information (A)

CORRESPONDENCE:

• Other correspondence of importance (B)