

Please Note:

The following Director's Release on Consumer Records Policy is applicable only for individuals' records that have begun services under the new Medicaid waiver and the 2012 DD Waiver Service Standards.

The previous Consumer Records Requirements (issued 12/11/2009) apply to individuals receiving services under the 2007 DD Waiver Standards until they transition to the new Medicaid waiver and 2012 DD Waiver Service Standards.

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD)

DIRECTOR'S RELEASE (DR)

EFFECTIVE DATE: November 1, 2012

Signature Date:	October 29, 2012
FROM:	Signature on File <hr/> Cathy Stevenson, DDSD Director
TO:	All DD Waiver providers, DDSD staff and DHI surveyors
SUBJECT:	Consumer Records Requirements

I. SUMMARY:

The purpose of this policy is to establish provider requirements for documentation in the Individual Case File for individuals receiving services through the Developmental Disabilities Home and Community Base Waiver (Developmental Disabilities Waiver or DD Waiver), while at the same time minimizing the transmission of documents from one entity to another. Each document shall be maintained in the location(s) where it is needed in order to perform the function of the particular entity including case manager, service delivery and provider agency administration.

II. SPECIFIC SECTION OF THE REQUIREMENT AFFECTED BY THIS RELEASE:

This Director's Release supersedes the Policy Governing Primary Record Documentation Requirements – effective date February 6, 1996 and the Director's Release titled Consumer Records Requirements effective December 18, 2009.

III. REQUIREMENT AMENDMENT(S) OR CLARIFICATIONS

- A. All case management, living supports, customized in-home supports, community integrated employment and customized community supports providers must maintain records for individuals served through the DD Waiver in accordance with the Individual Case File Matrix incorporated in this director's release.
- B. All case management, living supports, customized in-home supports and customized community supports agencies must have a Continuous Quality Improvement Plan as described in the DD Waiver Standards to ensure that the record of the individual contains required documentation as outlined in the Individual Case File Matrix.
- C. All other types of providers must maintain records of all documents they produce on behalf of each individual, including annual assessments, semi-annual reports, evidence of training provided/received and progress notes.
- D. Agencies are not responsible for maintaining daily or other contact notes documenting the nature and frequency of service delivery by other service providers.

- E. Case Management agencies are responsible for distributing the ISP to the members of the Interdisciplinary Team (IDT).
- F. The agency that authors each annual assessment and semi-annual report is responsible for distributing those documents to members of the IDT. Where applicable Therap S-Comm may be used to accomplish such distribution.
- G. Department personnel assigned to monitor providers will seek documentation necessary for their investigations directly from the appropriate source listed in the Individual Case File Matrix.
- H. Readily accessible electronic records are acceptable, including those stored through the Therap web-based system.

Individual Consumer File Matrix

Case Management Agency Individual File	Service Delivery Site for Living Supports and Customized Community Supports Group	Agency Office Individual File For all service types listed in III.A above
Current Emergency & Personal Identification Information	Current Emergency & Personal Identification Information	Current Emergency & Personal Identification Information
Completed ISP Budget forms		Copy of ISP Budget forms
Budget Prior Authorization		Budget Prior Authorization
Written Notice of Annual ISP Meeting		
Current Complete Annual ISP (All applicable assessments, teaching & support strategies & therapy plans according to the ISP must be present for file to be considered complete.)	Current Complete Annual ISP (All applicable assessments, teaching & support strategies & therapy plans according to the ISP must be present for file to be considered complete.)	Current Complete Annual ISP (All applicable assessments, teaching & support strategies & therapy plans according to the ISP must be present for file to be considered complete.)
ISP Assessment checklist	Teaching & Support Strategies	Teaching & Support Strategies
		Individual Specific Training Rosters (available, not necessary in individual's file)
ISP Signature Page		ISP Signature Page
Orientation to Client Rights, Grievances & Dispute Resolution - Signed		
Grievance/Complaint Procedure - Signed	Agency Grievance procedures available at site (not in individuals' file) Residential & Adult Habilitation	Grievance/Complaint Procedure – Signed
Parent/Guardian Abuse, Neglect & Exploitation (ANE) Training - Signed statement from consumer/guardian indicating date, time, & place they received orientation package on reporting		Parent/Guardian ANE training Signed statement from consumer / guardian indicating date, time, & place they received orientation package on reporting ANE.

Case Management Agency Individual File	Service Delivery Site for Living Supports and Customized Community Supports Group	Agency Office Individual File For all service types listed in III.A above
ANE.		
Signed CM Code of Ethics		
Documentation of Guardianship Status/Power of Attorney		Documentation of Guardianship Status/Power of Attorney
Consent to Release Information - as applicable; Dated/signed	Consent to Release Information - as applicable; Dated/signed	Consent to Release Information - as applicable; Dated/signed
Positive Behavior Support Annual Assessment– as applicable		Positive Behavior Support Annual Assessment – as applicable
Positive Behavior Support Plan– as applicable	Positive Behavioral Support Plan – as applicable	Positive Behavior Support Plan – as applicable
Behavior Crisis Intervention Plan – as needed (must have if physical restraint is being used)	Behavior Crisis Intervention Plan – as needed (must have if physical restraint is being used)	Behavior Crisis Intervention Plan – as needed (must have if physical restraint is being used)
Behavior Support Consultant (BSC) Semi-annual Progress Report		BSC Semi-annual Progress Report
Human Rights Committee Meeting Minutes (only when there is no Living Supports/Day Program)		Human Rights Committee Meeting Minutes – as applicable
Annual Speech Therapy Assessment– as applicable		Annual Speech Therapy Assessment– as applicable
Annual Speech Therapy Treatment Plan – as applicable	Annual Speech Therapy Treatment Plan – as applicable	Annual Speech Therapy Treatment Plan – as applicable
Speech Therapy Semi-Annual Progress Report		
Occupational Therapy Annual Assessment – as applicable		Occupational Therapy Annual Assessment – as applicable
Annual Occupational Therapy Treatment Plan – as applicable	Annual Occupational Therapy Treatment Plan – as applicable	Annual Occupational Therapy Treatment Plan – as applicable
Occupational Therapy Semi-Annual Progress Report		
Physical Therapy Annual Assessment – as applicable		Physical Therapy Annual Assessment– as applicable
Annual Physical Therapy Treatment Plan - as applicable	Annual Physical Therapy Treatment Plan – as applicable	Annual Physical Therapy Treatment Plan – as applicable
Physical Therapy Semi-Annual Progress Report		
Therapy Discharge Reports		

Case Management Agency Individual File	Service Delivery Site for Living Supports and Customized Community Supports Group	Agency Office Individual File For all service types listed in III.A above
Decision Justification Forms - as relevant		
Medical Assistance Worker Notice of Eligibility		Medical Assistance Worker Notice of Eligibility
Annual Level of Care Abstract		
Annual Level Of Care Prior Authorization		
Client Individual Assessment (CIA) (Annual)		
adaptive behavior assessment (current within 3 years)		
Comprehensive Health Assessment Tool (e-CHAT) (annual & if discharged from hospital or other significant change of condition)		e-CHAT (annual & if discharged from hospital or other significant change of condition) – If responsible to complete
		Medication Administration Assessment (Annually) – if responsible to complete
		Written consent by relevant health decision maker & physician for assistance with medication delivery by staff
	Health Care Providers Written Orders – as applicable to service deliver site	Health Care Providers Written Orders – as applicable when agency responsible to implement
Medical History:	Medical History:	Medical History:
<ul style="list-style-type: none"> • Medical Diagnoses 	<ul style="list-style-type: none"> • Medical Diagnoses 	<ul style="list-style-type: none"> • Medical Diagnoses
<ul style="list-style-type: none"> • Known Allergies 	<ul style="list-style-type: none"> • Known Allergies 	<ul style="list-style-type: none"> • Known Allergies
<ul style="list-style-type: none"> • Psychiatric Diagnosis (as applicable) 	<ul style="list-style-type: none"> • Psychiatric Diagnosis (as applicable) 	<ul style="list-style-type: none"> • Psychiatric Diagnosis (as applicable)
<ul style="list-style-type: none"> • Medications (Monitors from site visits) 	<ul style="list-style-type: none"> • Medication Administration Records Current month - (For Customized Community Supports & Community Integrated Employment: only if receive medication at site) 	<ul style="list-style-type: none"> • Medication Administration Records - (For Customized Community Supports & Community Integrated Employment: only if receive medication at site)
<ul style="list-style-type: none"> • Annual Physical 		<ul style="list-style-type: none"> • Annual Physical

Case Management Agency Individual File	Service Delivery Site for Living Supports and Customized Community Supports Group	Agency Office Individual File For all service types listed in III.A above
<ul style="list-style-type: none"> Annual Dental (Monitors from site visits) 		<ul style="list-style-type: none"> Annual Dental
		<ul style="list-style-type: none"> Vision (every other year)
		<ul style="list-style-type: none"> Audiology/Hearing (as indicated)
Evaluations as called for in the ISP		Evaluations as called for in the ISP
Psychological Assessment – as identified by IDT		Psychological Assessment – as identified by IDT
		Medical screening/tests/lab results, as provided by Health Care Provider (Living Supports only)
Current Health Care Plans	Current Health Care Plans - as applicable to service delivery site	Current Health Care Plans
Medical Emergency Response Plans for Chronic Conditions with potential to exacerbate into a life threatening condition	Medical Emergency Response Plans for Chronic Conditions with potential to exacerbate into a life threatening condition	Medical Emergency Response Plans for Chronic Conditions with potential to exacerbate into a life threatening condition. (Semi-annual Review indicated in Nurse Semi-annual Report or initial & date on Medical Emergency Response Plans)
		Training Verification for Healthcare Plans, Behavior Crisis Plans, Medical Emergency Response Plans, Special Health Care Plans & all other Individual Specific Training topics per ISP
Special Health Care Plans (i.e. Meal Time Plans, Oral Hygiene Plans, Positioning Plans, Aspiration Risk Management Plans)	Special Health Care Plans (i.e. Meal Time Plans, Oral Hygiene Plans, Positioning Plans, Aspiration Risk Management Plans, Medical Orders and/or Special Precautions) as applicable to service delivery site.	Special Health Care Plans (i.e. Meal Time Plans, Oral Hygiene Plans, Positioning Plans, Aspiration Risk Management Plans, Medical Orders and/or Special Precautions) for which agency has responsibility for implementation
	Record of visits to healthcare and psychiatric practitioners including any treatment provided. (Living Supports only)	Record of visits to healthcare and psychiatric practitioners including any treatment provided. (Living Supports only)
Semi-annual Nursing Report -		Semi-annual Nursing Report -

Case Management Agency Individual File	Service Delivery Site for Living Supports and Customized Community Supports Group	Agency Office Individual File For all service types listed in III.A above
Review of progress with update on Healthcare Plan & Medical Emergency Response Plans (if applicable)		Review of progress with update on Healthcare Plan & Medical Emergency Response Plans (if applicable)
	Progress Notes written by Direct Support Personnel or Nurses regarding Health Status, physical condition & actions taken. (Current month)	Progress Notes written by Direct Support Personnel or Nurses regarding Health Status, physical condition & actions taken.
Nutritional Evaluation (Annual only if applicable or as needs change)	Nutritional Evaluation– as applicable, with documentation of implementation	Nutritional Evaluation – as applicable with documentation of implementation
		Substitute Care Usage Logs (may be in separate agency file) Family Living only
Annual Living Supports Assessment		Annual Living Supports Assessment
Living Supports Semi-annual Progress Reports (Current & Prior ISP year)		Living Support Semi-annual Progress Reports. (Current & Prior ISP year)
	Living Supports Data Tracking for Action Plans for current month	Living Supports: Data Tracking for Action Plans for current & prior ISP year
	Living Supports Progress Notes/Daily Contact Logs (must have date, time & signature; current month)	Living Supports Progress Notes/Daily Contact Logs (must have date, time & signature)
Annual Customized Community Supports (CCS) Assessment		Annual Customized Community Supports (CCS) Assessment
CCS Semi-annual Reports for current & prior ISP year for all types received by individual		CCS Semi-annual Reports for current & prior ISP year for all types received by individual
	For CCS-Group only: Progress Notes/Daily Contact Logs with date, time and signature for current month	CCS/Community Integrated Employment Progress Notes /Daily Contact Logs (must have date, time and signature)
	For CCS-Group only: Data Tracking for Action Plans for current month	CCS/Community Integrated Employment: Data Tracking for Action Plans for current & prior ISP year
Community Integrated Employment:		Community Integrated Employment:

Case Management Agency Individual File	Service Delivery Site for Living Supports and Customized Community Supports Group	Agency Office Individual File For all service types listed in III.A above
Vocational Assessment Profile as applicable. (Usually within ISP Narrative & Action Plan)		Vocational Assessment Profile as applicable (Usually within ISP Narrative & Action Plan)
		Community Integrated Employment: Documentation of decisions concerning DVR that services provided under the Waiver are not otherwise available - As appropriate
		Community Integrated Employment: Required Certificates & Documentation (earnings & benefits, reviewed semi-annually)
Community Integrated Employment Semi-annual Progress Reports for current & prior ISP year		Community Integrated Employment Semi-annual Reports for current & prior ISP year
IDT Meeting Minutes (not needed for Annual ISP meeting)		IDT Meeting Minutes(not needed for Annual ISP meeting)
Incident Reports filed by the case manager, if any		Incident Reports, if any
Signed Primary Freedom of Choice Form		
Signed Secondary Freedom of Choice forms		Signed Secondary Freedom Of Choice forms selecting this agency
Case Manager Contact Notes		
Face-to-Face Site Visit Forms (Jackson 2 visits per month. 1 of these visits must occur where the individual spend the majority of their day and the other at home. Children may receive a minimum of 4 visits per year. All others 1 x month, at least every other month the visit shall occur in the home for Living Supports & quarterly for all others.). Dates, Times, Location of Visits must be recorded.		
Programmatic Correspondence		Programmatic Correspondence

Case Management Agency Individual File	Service Delivery Site for Living Supports and Customized Community Supports Group	Agency Office Individual File For all service types listed in III.A above
Medicaid Card - copy	Medicaid Card	Medicaid Card
	SALUD Membership Card	SALUD Membership Card
	Medicare Card	Medicare Card
SS Card (copy)		SS Card
DNR notification & established Advanced Directives (copy) – as applicable	DNR notification & established Advanced Directives (original) – as applicable	DNR notification and established Advance Directives (original for all locations) - as applicable
Transition Plan, as applicable for change of provider in past year.		Transition Plan, as applicable for change of provider in past year.
Initial Allocation Letter (Mandatory from 1/2008 forward. Place in Do Not Purge File)		

IV. Definitions:

Annual Assessments: A report of progress the individual achieved toward ISP outcomes over the past year, the individual's current functional skills, preferences and interests as it relates to the services provided by the agency and recommendations for ISP development for the coming ISP year. Due from each provider at least 14 calendar days prior to the annual ISP meeting date.

Continuous Quality Improvement Plan: Means a strategy that addresses how an agency will collect, analyze, act on data and evaluate results related to the following:

- (1) Individual access to needed services and supports;
- (2) Effectiveness and timeliness of implementation of Individualized Service Plans;
- (3) Trends in achievement of individual outcomes in the Individual Service Plans;
- (4) Trends in medication and medical incidents leading to adverse health events;
- (5) Trends in the adequacy of planning and coordination of healthcare supports at both supervisory and direct support levels;
- (6) Quality and completeness documentation;** and
- (7) Trends in individual and guardian satisfaction.

Individual Case File: Means a hard copy or electronic file of documents pertaining to eligibility, service delivery, service history and other pertinent information about the individual. The record shall document activities and services provided to individuals with developmental disabilities receiving community-based services. The specific documents required to be maintained by each type of agency (case management, living supports, community integrated employment, customized community supports) is listed in the Individual Case File Matrix.

Individual Case File Matrix: Means the table/chart which outlines which entity is responsible for maintaining each type of individual client document.

Individual Service Plan (ISP): Means a comprehensive plan also known as a Plan of Care that identifies all of the individual's needs and how they will be addressed.

Interdisciplinary Team (IDT): Means the person receiving services, their families and/or guardians and a group of professionals, paraprofessionals or other support persons who are responsible for the development of the ISP and who recommend agencies and/or individuals responsible for providing the services and supports identified in the ISP (7 NMAC 26.5).

Living Supports: Supported Living, Family Living and Intensive Medical Living services. Does not include Customized In-Home Supports.

Semi-annual Reports: report by each service provider of progress toward ISP outcomes for which the agency has responsibility, with a description of other significant life changes impacting the individual which is due by the 190th day following the ISP effective date.

V. REFERENCES

Interdisciplinary team -Developmental Disabilities Act § 28-16A-3. (G) & -7 NMAC 26.5.7

Individual Service Plan -Developmental Disabilities § Act 28-16A-3. (F)

Authorization for providing community-based services for persons with developmental disabilities Developmental Disabilities Act § 28-16A-13.