POLICY: MAINTENANCE OF RECORDS OF SERVICES PROVIDED

POLICY STATEMENT: It is the policy of the Bureau of Developmental Disabilities Services (BDDS) that a Provider shall maintain. In the Provider's office, documentation of all services provided to an individual.

DETAILED POLICY STATEMENT

1. A Provider shall maintain in the Provider's office documentation of all services provided to an Individual.
2. Documentation related to an Individual and required by this policy shall be maintained by the Provider for at minimum seven (7) consecutive years from the most recent date of service.
    a. If the documentation is scanned, the Provider is not obligated to keep the original, hard copy of the documentation unless otherwise stated in another policy or rule.
3. A Provider shall analyze and update the documentation required by:
    a. the standards under this policy applicable to the services the Provider is providing to an Individual;
    b. the professional standards applicable to the Provider's profession; and
    c. the Individual's Individualized Support Plan (ISP).
4. At least monthly, a Provider shall analyze and update the documentation as currently required by Disability and Rehabilitative Services (DDRS), including:
    a. information on an Individual's participation in and progress toward all applicable ISP outcomes and associated strategies and activities;
    b. information on health and risk issues, and outcomes associated with these issues;
    c. information on reportable incidents, and outcomes of these incidents; and
    d. any significant changes in an Individual's status when:
        i. the standards under this policy do not provide a standard for analyzing and updating documentation;
        ii. the professional standards applicable to the Provider's profession do not provide a standard; or
        iii. a standard is not set out in the Individual's ISP.
5. Prior to the 15th day of each month, the Provider shall forward the analysis and update pertaining to the prior month and prescribed above in section 4. to:
    a. the Individual's Case Manager when the Individual is receiving Medicaid waiver funded services; or
    b. the person identified by the Individualized Support Team (IST) when the Individual is not waiver funded.
6. All analyses and updates described above in section 5. will be forwarded to each member of the IST within 5 (five) business days of receipt from the sending Provider by the:
    a. Case Manager for Individuals receiving Medicaid waiver funded services; or
    b. the person identified by the IST when the Individual is not waiver funded.

7. Records of services provided as described in this section shall be maintained by the Provider in a manner that allows for review at the time a verbal or written request is made by Family and Social Services Agency (FSSA), DDRS, Office of Medicaid Planning and Policy (OMPP) or their agents or contractors.

DEFINITIONS

"BDDS" means Bureau of Developmental Disabilities Services as created under IC 12-11-1.1-1.

"Case Manager" means a person employed to provide Case Management services by the DDRS approved Case Management vendor.

"DDRS" means the division of disability and rehabilitative services as established by IC 12-9-1-1.

"FSSA" means Indiana Family and Social Services Administration, established per IC 12-8-1-1, which works with Indiana's families, children, senior citizens, people with disabilities and people with mental illness, providing services to promote self-sufficiency, independence, health and safety.

"Individualized Support Plan" or "ISP" means a plan that establishes supports and strategies, based upon the Person centered planning process, intended to accomplish the Individual's long term and short term outcomes by accommodating the financial and human resources offered to the Individual through paid Provider services, volunteer services, or both, as designed and agreed upon by the Individualized Support Team.

"Individualized Support Team" means a team of persons, including:
(1) an Individual;
(2) the Individual's Legal representative, if applicable;
(3) the Individual's Providers;
(4) the Individual's Case Manager, if indicated;
(5) a BDDS representative; and
(6) other persons identified by the Individual or the Individual's Legal representative, if applicable, who assist the Individual in the development and implementation of the Individual's ISP.

"OMPP" means the Office of Medicaid Policy and Planning as established by IC 12-8-6-1.

"Provider" means a person or Entity approved by DDRS to provide an Individual with agreed upon services.

REFERENCES
IC 12-9-2-3
IC 12-11-1.1

Approved by: Shane Spotts, DDRS Deputy Director-