

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD)

DIRECTOR'S RELEASE (DR)

EFFECTIVE DATE: December 18, 2009

Signature Date:	December 11, 2009
FROM:	Signature on File <hr/> Mikki Rogers, DDS Director
TO:	All DD Waiver providers, DDS 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 will supersede the Policy Governing Primary Record Documentation Requirements – effective date February 6, 1996.

III. REQUIREMENT AMENDMENT(S) OR CLARIFICATIONS

- A. All case management, community living and community inclusion 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, community living and community inclusion 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, quarterly and/or semi-annual reports, evidence of training provided/received and progress notes.
- D. Case Management Agencies must maintain transition documents for all individuals placed in the community from the Ft. Stanton Hospital and Training School or from the Los Lunas Hospital and Training School pursuant to the Jackson Lawsuit (Jackson vs. Ft. Stanton, et al.). As of the date of the issuance of this director's release, if an agency has records of individuals who were placed in the community from the Ft. Stanton Hospital

and Training School or from the Los Lunas Hospital and Training School who they no longer serve, they may send the records to the Developmental Disabilities Supports Division (DDSD) for archiving. These documents include:

1. Individual Transition Plan (ITP) produced by the Transition Interdisciplinary Team (TIDT) and all subsequent amendments as a result of the Dispute Resolution Process (DRP);
 2. Minutes of the 14-Day Community Interdisciplinary Team (CIDT) meeting and any subsequent CIDT meetings that take place prior to the 60-Day CIDT meeting;
 3. Individual Service Plan (ISP) resulting from the 60-day CIDT.
- E. Agencies are not responsible for maintaining daily or other contact notes documenting the nature and frequency of service delivery by other service providers.
- F. Case Management agencies are responsible for distributing the ISP to the members of the Interdisciplinary Team (IDT).
- G. The agency that authors each annual assessment and quarterly report is responsible for distributing those documents to members of the IDT.
- H. 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.

Individual Consumer File Matrix

Case Management Agency Individual File	Community Living & Inclusion Individual File Home and Adult Habilitation ON SITE	Community Living & Inclusion Agency Individual File AT AGENCY
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 -	Agency Grievance procedures	Grievance/Complaint Procedure –

Case Management Agency Individual File	Community Living & Inclusion Individual File Home and Adult Habilitation ON SITE	Community Living & Inclusion Agency Individual File AT AGENCY
Signed	available at site (not in individuals' file) Residential & Adult Habilitation	Signed
Parent/Guardian Abuse, Neglect & Exploitation (ANE) Training - Signed statement from consumer/guardian indicating date, time, & place they received orientation package on reporting ANE.		Parent/Guardian ANE training Signed statement from consumer / guardian indicating date, time, & place they received orientation package on reporting 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 Plan – as needed (must have if physical restraint is being used)	Behavior Crisis Plan – as needed (must have if physical restraint is being used) Must be reviewed Quarterly	Behavior Crisis Plan – as needed (must have if physical restraint is being used) Must be reviewed Quarterly
Behavior Support Consultant (BSC) Quarterly Progress Report		BSC Quarterly Progress Report
Human Rights Committee Meeting Minutes (only when there is no Residential/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-		

Case Management Agency Individual File	Community Living & Inclusion Individual File Home and Adult Habilitation ON SITE	Community Living & Inclusion Agency Individual File AT AGENCY
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 Closing Reports		
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)		
Health Assessment (annual & if discharged from hospital or other significant change of condition)		Health Assessment (annual & if discharged from hospital or other significant change of condition) – If responsible to complete
		Medication Administration Assessment (Annually) – if responsible for medication delivery
		Written consent by relevant health decision maker & physician for assistance with medication delivery by staff
	Health Care Providers Written Orders – as applicable	Health Care Providers Written Orders – as applicable
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)

Case Management Agency Individual File	Community Living & Inclusion Individual File Home and Adult Habilitation ON SITE	Community Living & Inclusion Agency Individual File AT AGENCY
<ul style="list-style-type: none"> • Medications (Monitors from site visits) 	<ul style="list-style-type: none"> • Medication Administration Records Current month - (For Adult Habilitation & Supported Employment: only if receive medication at site) 	<ul style="list-style-type: none"> • Medication Administration Records - (For Adult Habilitation & Supported Employment: only if receive medication at site)
<ul style="list-style-type: none"> • Annual Physical 	<ul style="list-style-type: none"> • Record of Doctor appointments 	<ul style="list-style-type: none"> • Annual Physical
<ul style="list-style-type: none"> • Annual Dental (Monitors from site visits) 	<ul style="list-style-type: none"> • Record of Dental appointment 	<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
Current Health Care Plans	Current Health Care Plans	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. (Quarterly Review indicated in Nurse Quarterly 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

Case Management Agency Individual File	Community Living & Inclusion Individual File Home and Adult Habilitation ON SITE	Community Living & Inclusion Agency Individual File AT AGENCY
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)	Special Health Care Plans (i.e. Meal Time Plans, Oral Hygiene Plans, Positioning Plans, Aspiration Risk Management Plans, Medical Orders and/or Special Precautions)
	Record of visits to healthcare and psychiatric practitioners including any treatment provided. (Residential only)	Record of visits to healthcare and psychiatric practitioners including any treatment provided. (Residential only)
Quarterly Nursing Report - Review of progress with update on Healthcare Plan & Medical Emergency Response Plans (if applicable)		Quarterly Nursing Report - 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 of recommendations	Nutritional Evaluation – as applicable with documentation of implementation of recommendations
		Substitute Care/Respite Usage Logs(May be in separate agency file) Family Living only
Annual Community Living Assessment		Annual Community Living Assessment
Community Living Quarterly Progress Reports (Current & Prior ISP year)		Community Living Quarterly Progress Reports. (Current & Prior ISP year)
	Community Living: Data Tracking for Action Plans for current month	Community Living: Data Tracking for Action Plans for current & prior ISP year
	Community Living Progress Notes/Daily Contact Logs (must have date, time & signature) current month	Community Living Progress Notes/Daily Contact Logs (must have date, time & signature)
Annual Community Access		Community Access Assessment
Community Inclusion Quarterly		Community Inclusion Quarterly

Case Management Agency Individual File	Community Living & Inclusion Individual File Home and Adult Habilitation ON SITE	Community Living & Inclusion Agency Individual File AT AGENCY
Reports for current & prior ISP year for all types received by individual		Reports for current & prior ISP year for all types received by individual
	For Adult Habilitation only: Progress Notes/Daily Contact Logs with date, time and signature for current month	Community Inclusion/Supported Employment Progress Notes /Daily Contact Logs (must have date, time and signature)
	For Adult Habilitation only: Data Tracking for Action Plans for current month	Community Inclusion/Supported Employment: Data Tracking for Action Plans for current & prior ISP year
Supported Employment: Vocational Assessment Profile as applicable. (Usually within ISP Narrative & Action Plan)		Supported Employment: Vocational Assessment Profile as applicable (Usually within ISP Narrative & Action Plan)
		Supported Employment: Documentation of decisions concerning DVR that services provided under the Waiver are not otherwise available - As appropriate
		Supported Employment: Required Certificates & Documentation (earnings & benefits, reviewed semi-annually)
Supported Employment Quarterly Progress Reports for current & prior ISP year		Supported Employment Quarterly 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
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		

Case Management Agency Individual File	Community Living & Inclusion Individual File Home and Adult Habilitation ON SITE	Community Living & Inclusion Agency Individual File AT AGENCY
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 Community Living & Quarterly for all others.). Dates, Times, Location of Visits must be recorded.		
Programmatic Correspondence		Programmatic Correspondence
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:

Community Interdisciplinary Team (CIDT): Means the interdisciplinary team that supported Jackson class members when they first moved from Ft. Stanton or Los Lunas Hospital and Training School into a community placement.

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.

Dispute Resolution Process: Means a process established for the resolution of disputes concerning the content of or the substantial failure to implement individual service plans for class members in *Jackson et al. v. Fort Stanton, et al.*, Civ. NO. 87-839 JP.

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, community living, community inclusion) 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.

Individual Transition Plan (ITP): Means the document that describes the transition activities which were to occur as each Jackson class member moved from Ft. Stanton or Los Lunas Hospital and Training School into community placement between 1993 and 1997.

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).

Transition Documents: Means for the purposes of this policy, the documents pertaining to Jackson class members as planning occurred for their move from Ft. Stanton or Los Lunas Hospital and Training School into the community, including medical history, social/developmental history, transition plans, and initial meeting minutes from the CIDT.

Transition Interdisciplinary Team (TIDT): Means the interdisciplinary team that planned for the move of Jackson class members from Ft. Stanton or Los Lunas Hospital and Training School into community placements.

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.