

**Table of Contents - Chapter 70.000  
Records**

<b>Chapter/Section</b>		<b>Page</b>
<b>70.100</b>	<b>Types of Records Maintained for CRS Members .....</b>	<b>70-2</b>
70.101	Medical and Payment Records.....	70-2
70.102	Other Records and Statistical Information .....	70-5
<b>70.200</b>	<b>Records Management .....</b>	<b>70-6</b>
70.201	Release of Confidential Health Information.....	70-6
70.202	Authority for Refusal to Disclose .....	70-9
70.203	Confidentiality of Information Received from or through the Federal Government.....	70-9
70.204	Member Access to Medical Records and Payment Records .....	70-9
70.205	File Storage.....	70-10
70.206	Security.....	70-10
70.207	Record Retention.....	70-10

## **70.000 RECORDS**

This chapter includes information on records that shall be maintained in support of the Arizona Children's Rehabilitative Services (CRS) Program. The sections include the types of records to be maintained and records management functions.

### **70.100 Types of Records Maintained for CRS Members**

CRS Regional Contractors are to maintain medical payment and other related records as defined by this policy for each CRS member as required by this policy, licensing agencies, accreditation organizations, and/or state and federal laws.

#### **70.101 Medical and Payment Records**

1. Medical records, payment, and other records required to be maintained by this policy for CRS members are the property of the providers of record. All CRS members should have a medical record that is maintained by the CRS Regional Contractor or designated subcontractor.
2. CRS Regional Contractors must implement appropriate policies and procedures to ensure that the contractor and its providers have information required for:
  - A. Effective and continuous patient care through accurate medical record documentation of each member's health status, changes in health status, health care needs, and health care services provided,
  - B. Quality review, and
  - C. Ongoing compliance monitoring of those policies and procedures conducted by the CRS Regional Contractor or its providers through a designated program.
3. CRS Regional Contractors must implement policies and procedures that address medical records and the methodologies to be used to:
  - A. Ensure a legible medical record for each enrolled member who has been seen for medical appointments or procedures and/or receive medical/behavioral health records from other providers who have seen the enrolled member.  
Confirm that the record is kept up-to-date, well organized, and comprehensive with sufficient detail to promote effective patient care and quality review. A member may have numerous medical records kept by various health care providers that have rendered services to the member. However, the CRS Regional Contractor must maintain a

comprehensive record that incorporates at least the following components:

- 1) Member identification information on each page of the medical record (i.e., member's name and CRS or Arizona Health Care Cost Containment System (AHCCCS) identification number),
- 2) Documentation of identifying demographics including the member's name, address, telephone number, CRS identification number, gender, age, date of birth, marital status, next of kin, and if applicable, guardian or authorized representative,
- 3) Initial history for the member that includes family medical history, social history, and preventive laboratory screenings (the initial history for members under age 21 should include prenatal care and birth history of the member's mother while pregnant with the member),
- 4) Past medical history for all members that includes disabilities, diagnosed anomalies, previous illnesses or injuries, smoking, alcohol/substance abuse, allergies and adverse reactions to medications, hospitalizations, surgeries, emergent/urgent care received, and communicable diseases, including human immunodeficiency virus (HIV),
- 5) Documentation initialed by a CRS provider to signify review of the following:
  - a) Diagnostic information including:
    - i. Laboratory tests and screenings,
    - ii. Radiology and other imaging reports,
    - iii. Physical examination notes, and
    - iv. Other pertinent data (e.g., cognitive or other evaluations).
  - b) Reports from referrals, consultants, and specialists,
  - c) Emergency/urgent care reports,
  - d) Hospital discharge summaries, and
  - e) Behavioral health referrals and services provided, if applicable.
- 6) Immunization records (required for children but recommended for adult members, if available),
- 7) Dental history if available and current dental needs and/or services,
- 8) Audiology and speech evaluations or related treatment,
- 9) Current problem list,
- 10) Current medications,

- 11) Documentation as to whether an adult member has completed advance directives and copy of the directive,
  - 12) Documentation related to requests for release of medical, payment, other pertinent information and subsequent release,
  - 13) Specific release of information process for record requests and disclosures related to communicable disease, including HIV, and substance abuse information,
  - 14) Documentation that reflects that diagnostic, treatment, and disposition information related to a specific member was transmitted to the primary care provider (PCP) and other providers, including behavioral health providers, as appropriate to promote continuity of care and quality management of the member's health care,
  - 15) Documentation of a plan for transition from pediatric to adult care beginning at age 14,
  - 16) Application/Referral Packet,
  - 17) Condition-specific pertinent flow sheets and appropriate pediatric growth charts,
  - 18) Referral information to and from outside agencies, physicians, AHCCCS health plans, and AHCCCS primary care physicians, if applicable, including records of CRS services provided by contracted or subcontracted providers, or non-contracted providers,
  - 19) Multi-specialty, interdisciplinary team reports,
  - 20) Audiometric reports,
  - 21) Therapy reports (e.g., speech pathology),
  - 22) Copies of pharmacy prescriptions and/or medication profile, and
  - 23) Home health summaries.
- B. Take into consideration professional and community standards and accepted and recognized practice guidelines.
- C. Implement a process to assess and improve the content, legibility, organization, and completeness of member's health records.
- D. Require documentation in the member's record showing supervision by a licensed professional, who is authorized by the licensing authority to provide the supervision, whenever health care assistants (e.g., physicians' assistants) are allowed to provide services.
- E. Require that each contracted hospital maintain a medical record on a CRS member served that includes:
- 1) Physician or provider orders for the service,
  - 2) Applicable diagnostic or evaluation documentation,

- 3) A plan of treatment,
  - 4) A periodic summary of the member's progress towards treatment goals,
  - 5) The date and description of service modalities provided, and
  - 6) Signature/initials of the provider for the care rendered.
4. Medical records may be documented on paper or in an electronic format.
- A. For paper documentation, the record must be:
    - 1) Dated,
    - 2) Signed with an original signature and credential,
    - 3) Legible and either written in blue or black ink or typewritten, and
    - 4) Corrected with a line drawn through the incorrect information, a notation that the incorrect information was an error, the date when the correction was made, and the initials of the person altering the record. Correction fluid or tape is **not allowed**.
  - B. A progress note is documented on the date that an event occurs. Any additional information added to the progress note is identified as a late entry (See A.A.C. R9-20-211(C), Client Records).
  - C. For electronic documentation, including e-mail correspondence, there must be a method to:
    - 1) Indicate the identity of the person making an entry into the record and the date for each entry,
    - 2) Ensure that the information is not altered inadvertently, and
    - 3) Track when, and by whom, revisions to information are made.
  - D. Electronic medical and payment records, including amended or corrected records, must be maintained by a backup system that conforms to the requirements of this policy and state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA) Security Regulations at 45 C.F.R. Part 164.
5. CRS Regional Contractors must have written policies and procedures addressing appropriate, confidential, and secure exchange of member information among providers, including behavioral health providers, and must conduct reviews to verify the following:
- A. A provider making a referral transmits necessary information to the provider receiving the referral,
  - B. A provider furnishing a referral service reports appropriate information to the referring provider,

- C. Providers request information from other treating providers as necessary to provide appropriate and timely care,
  - D. Information about services provided to a member by a non-network provider (e.g., emergency services, etc.) is transmitted to the member's PCP,
  - E. Member records are transferred to the new provider in a timely manner that ensures continuity of care when a member chooses a new PCP, and
  - F. Member information is shared when a member transfers/partial transfers with another CRS Regional Contractor in a manner that maintains confidentiality while promoting continuity of care.
6. Information from or copies of records may be released only to authorized individuals, and the CRS Regional Contractor must implement a process to ensure that unauthorized individuals cannot gain access to or alter member records.
  7. Original and/or copies of medical records must be released only in accordance with Federal laws, State of Arizona laws, CRS policies, and contracts. CRS Regional Contractors must comply with HIPAA requirements and 42 C.F.R. § 431.300 et seq.
  8. Upon appropriate release, the CRS Regional Contractor will forward documentation of inpatient and outpatient services to the referring source and/or the primary care physician. The original or a copy of this documentation shall be maintained in the member's medical record at the CRS Regional Contractor's location.
  9. All CRS member records shall be pulled for upcoming clinic visits prior to the scheduled clinic.
  10. Progress notes shall be filed into the medical record no later than 30 working days from the date of the clinic visit.
  11. All medical records, both active and inactive, shall be made available to Children's Rehabilitative Services Administration (CRSA) for research as permitted by state and federal laws, inspection, and audit purposes.
  12. Medical records shall be maintained in an organized, detailed, and comprehensive manner, conforming to the [Joint Commission on Accreditation of Healthcare Organizations](#) (JCAHO) standards or standards of other applicable nationally recognized accrediting organizations, and Arizona health care professional standards and practices.

## 70.102 Other Records and Statistical Information

CRSA collects data and information about CRS members to assist in the management and administration of the program. In addition, the CRS Program is subject to a variety of data collection and reporting requirements

from regulatory and funding agencies at the state and federal levels.

## **70.200 Records Management**

Records management refers to safeguarding, storage, maintenance, and disclosure of medical information regarding CRS members.

### **70.201 Release of Confidential Health Information**

1. CRS Regional Contractors and subcontractors must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-91, Title II and related regulations at 45 C.F.R. Parts 160 , 162, and 164; 45 C.F.R. Part 2; A.R.S. § 36-261(A)(5)(k); A.R.S. § 36-661 et seq.; A.R.S. §§ 36-501, 504, and 509; A.R.S. § 12-2291 et seq.; and other state and federal laws pertaining to disclosure of health information.
2. The Arizona Health Care Cost Containment System Administration (AHCCCSA) is not required to obtain written approval from a CRS recipient before requesting the recipient's medical record. AHCCCSA shall be afforded access to all recipient's medical records whether electronic or paper within 20 working days of receipt of request. CRSA may obtain a copy of a recipient's medical records without written approval from the recipient if the reason for such request is directly related to the administration of the AHCCCS program.

### **70.202 Authority for Refusal to Disclose**

Any request or demand for medical or payment information, disclosure of which is prohibited by Arizona law and by this subsection, shall be declined upon the authority of Arizona law, the provisions of this subsection, A.R.S. § 36-107 and A.R.S. § 36-136(G). If any employee is compelled, by subpoena or otherwise, to produce such medical information he/she shall respectfully decline to present or divulge the same, basing his/her refusal upon the provisions of law and this subsection prescribed there under and shall through established administrative channels seek the advice of the appropriate county attorney or the attorney general.

### **70.203 Confidentiality of Information Received from or through the Federal Government**

Notwithstanding anything in Arizona Administrative Code, state or federal laws, or this subsection to the contrary, any medical information contained in the records of this department, the source of which is the Secretary of the U.S. Department of Health and Human Services, or any person acting under him/her, or from any provider of services acting as such pursuant to U.S.

Public Law 89-97 any amendments thereto, shall be disclosed only as provided by federal law and the regulations promulgated there under.

#### **70.204 Member Access to Medical Records and Payment Records**

CRS shall ensure that parents and legal guardians of members less than 18 years of age and CRS members have access to all their own medical and payment records during regular business hours, unless circumstances require disclosure at other times for emergency medical care.

#### **70.205 File Storage**

CRS Regional Contractors are to provide adequate staffing to ensure that the medical record functions are accomplished efficiently and in a timely manner. This includes pulling records for clinics, physicians, and other authorized individuals, re-filing records accurately, and filing loose material (e.g., X-rays, lab reports, consultation reports, etc.) no later than one month following the clinic visit, and copying medical records with proper authorization as permitted by A.R.S. § 12-2291 et seq. and the HIPAA Privacy Regulations, 45 C.F.R. Parts 160 and 164. There shall be a minimum of one registered health information technologist (RHIT) or individual with the equivalent knowledge and experience in health information management and control in the clinic. The health information management unit will maintain a unit medical record on each individual receiving inpatient, outpatient, or ambulatory surgery services. It should be readily available to the physician and to other individuals as authorized by A.R.S. § 12-2291 et seq, the HIPAA Privacy Regulations, and other state and federal laws.

#### **70.206 Security**

Medical records for CRS enrolled individuals shall be housed in the medical records section of the outpatient clinic and shall be separate from the records of the contracting facility. CRS Regional Contractors are obligated to provide security in accordance with HIPAA and JCAHO standards, including physical and record security. The CRS Regional Contractor shall maintain payment records according to HIPAA security, state laws, federal laws, CRS policies, and contracts.

#### **70.207 Record Retention**

1. Active CRS medical records and source data, as defined by A.R.S. § 12-2291(7), shall be maintained by the providers contracted to render CRS hospital or clinical services in accordance with A.R.S. § 12-2297, accreditation standards, licensure requirements, and other state or federal law.

2. Inactive records are those for individuals who meet one of the following conditions:
  - A. Have not been seen for over two years and do not have a future appointment,
  - B. Have expired,
  - C. Have moved out of state,
  - D. Are no longer medically eligible,
  - E. Have reached 21 years of age, or
  - F. Have disenrolled voluntarily.
3. If the member is an adult, Arizona laws require that medical records be kept for at least six years after the last date of treatment. If the member is a child, medical records must be kept for at least three years after the child's eighteenth birthday or for at least six years after the last date the child received services, whichever date is later. (A.R.S. § 12-2297).