Documentation and Records Retention Requirements

****PLEASE REVIEW THE LEA MEDI-CAL BILLING OPTION PROVIDER MANUAL FOR COMPLETE LEA PROGRAM AND POLICY INFORMATION****

Q1. How long should my LEA retain documents related to the CRCS?

A. In accordance with W&I Code Section 14170, retain both your LEA's financial and medical records for at least three years from the date of submission of your CRCS. Retain the original hard copy - if the original is electronic, it must be retained so a hard copy can be provided on request. Supporting documentation must be maintained until the auditing process for your LEA Medi-Cal Billing Option CRCS has been completed.

Q2. Do we need to distinguish the documentation we maintain for educational purposes versus the documentation for Medi-Cal?

A. Yes. All services rendered and billed to Medi-Cal must meet HIPAA, federal, State and program documentation requirements. Documentation for educational purposes may not fulfill these requirements.

Q3. What are the documentation requirements for practitioners that provide LEA services?

A. All LEA Medi-Cal Billing Option Program services must be documented with the student's name, date and place of service, student's Medi-Cal ID, description of service, and name, title and signature of rendering practitioner. Notes made documenting the service should be consistent with the practitioner's professional standards. Documentation must fully disclose the type and extent of services: What was done and why? (may reference IEP goals or protocols); How much? (times, miles, feeding, medication); What was response? (Context may be important); and was any additional action taken or planned? Documentation must be maintained on a service-specific basis and created at or near the time of service. For more information, refer to the LEA Provider Manual *loc ed a prov* (page 10).

Q4. For documentation purposes, is it acceptable for my LEA to present scanned documentation, or must all documentation be presented for State or federal review in its original hard-copy form?

A. No, original hard-copy supporting documentation must be maintained until the auditing process for your LEA Medi-Cal Billing Option CRCS has been completed. If the original is electronic, it must be retained so a hard copy can be provided on request. In accordance with W&I Code Section 14170, retain both your LEA's financial and medical records for at least three years from the date of submission of your CRCS forms.

Q5. What is required for documenting treatment services? Are these documents required to be originals?

A. Practitioners should write case/progress notes each time the student is treated and save those notes in the student's file. Each service should be documented with the student's name, date of service, practitioner type, and signature. Notes made documenting the service should be consistent with the practitioner's professional standards. Original hard-copy supporting documentation must be maintained until the auditing process for your LEA Medi-Cal Billing Option CRCS has been completed. In accordance with W&I Code Section 14170, please retain both your LEA's financial and medical records for at least three years from the date of submission of your CRCS forms. Refer to the *loc ed a prov* section (page 7) in the LEA Provider Manual.

Q6. Are we required to maintain documentation of services provided after the student leaves the LEA?

A. If a student leaves your LEA, you must maintain documentation of services billed through the LEA Program in accordance with the three-year minimum retention timeline. Refer to the *loc ed a prov* section (page 7) in the LEA Provider Manual.

Q7. Does each service encounter need to be documented with progress notes/documentation of services?

A. Yes, CMS' Medicaid and School Health: A Technical Assistance Guide (August 1997) indicates that documentation should be maintained on a service-specific basis. In addition, documentation must be created at or near the time of service.

Q8. Can licensing and credentialing documentation for practitioners be kept in the LEAs central files?

A. Documentation of licensing and credentialing of practitioners must be accessible for review by State and/or federal agencies. They may be maintained in your central files as long as they are accessible for audit or review.

Q9. Is it reasonable that the supervision and progress notes are maintained separately from the billing logs?

A. Yes. Billing logs, supervision and/or progress notes can be held in separate areas. For example, some documentation could be maintained in the student's files or practitioner's files.

Q10. What kind of signature is needed if a practitioner is entering services electronically? Is an electronic signature (practitioner authenticates email address and has private password to log into software) sufficient?

A. The use of an electronic signature is acceptable if the signing unit has policies and procedures regarding the use of electronic signatures, and it meets the following criteria:

- Identifies the individual signing the document by name and title;
- It is unique to the person using it and under his or her sole control;
- It is capable of verification, and
- It assures the documentation cannot be altered after the signature has been affixed.

Policy and Procedure Letter (PPL) 16-010, published July 10, 2016, provides additional information.