



INFORMATIONAL MEMO

Title: Record Requirements for Provider Agency Audits	Topic: Long Term Care
Audience: Home and Community-Based Services (HCBS), Long-Term Services and Supports (LTSS), Program Approved Service Agencies (PASA)	Sub-Topic: Provider Guidance
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Purpose and Audience:

The purpose of this Informational Memo is to provide guidance for Home and Community-Based Services (HCBS) and Long-term Services and Supports (LTSS) Provider Agencies on the documentation requirements as part of a Member's record, and how those records could be requested by an auditor.

Information:

The Department of Health Care Policy and Financing (HCPF) is issuing guidance to Provider Agencies on the requirement and expectation that they maintain Member records, per regulations, and submit those records to HCPF or its contractor at the time of an audit or post-payment review.

HCPF requirements for Provider Agencies can be found in the Code of Colorado Regulations 2505-10 Sections 8.130.2, 8.7405, and 8.7410. These regulations state that a Provider Agency is required to have a record for each Member. The record shall include:

- Current Person-Centered Support Plan (8.7410 A) signed by the Provider Agency Representative, Member, Guardian, and/or Authorized Representative;
- Progress notes;
- Accurate attendance logs; and
- Related billing records to verify that services billed for are supported with documentation.

Further, all documentation must be maintained for seven (7) years, or longer (8.130.2 D).

The required current, signed, Person-Centered Support Plan and progress notes can be requested of any Provider Agency at any time during the course of an audit. The required documentation will need to be provided when requested. If required documentation is unable to be provided at the time of request, it could result in non-payment or recoupment.

Attachment(s):

None

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