

Rule No. 560-X-47-.11 Records

(1) The rehabilitative services provider shall make available to the Alabama Medicaid Agency at no charge all information regarding claims submitted and paid for services provided eligible recipients and shall permit access to all records and facilities for the purpose of claims audit, program monitoring, and utilization review by duly authorized representatives of federal and state agencies. Complete and accurate rehabilitative and fiscal records which fully disclose the extent of the service shall be maintained by the provider. Said records shall be retained for a period of three years plus the current year and/or until completion of any audit.

(2) Documentation of Medicaid clients' signatures may be entered on a sign-in log, service receipt or any other record that can be used to indicate the ~~client~~recipient's signature and the date of service. Treatment ~~p~~Plan ~~R~~Revision, ACT, PACT, ~~prehospitalization screening~~ Behavioral Health Placement Assessment, crisis intervention, ~~family support~~ psychoeducational services, ~~m~~Mental ~~h~~Health-~~consultation~~ Care Coordination, and any non-face to face services that can be provided by telephone do not require ~~client~~recipient signatures.

(3) Documentation failing to meet the minimum standards noted in the Medicaid Provider Manual, Rehabilitative Services, Chapter 105, will result in recoupment of payments.

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Statutory Authority: 42 CFR Section 431.17, Social Security Act, Title XIX, State Plan for Medical Assistance, Attachment 3.1-A.

History: Rule effective August 11, 1990; August 22, 1990; August 14, 1991; March 1, 1994; and June 14, 1994. **Amended:** Filed October 20, 2000; effective January 11, 2001. **Amended:** Filed March 21, 2005; effective June 16, 2005. **Amended:** Filed November 19, 2018.