

**441—88.89(249A) Records and reports.**

**88.89(1) Substance abuse records system.** The MSACP shall comply with the provisions of rule 441—79.3(249A) regarding maintenance and retention of clinical and fiscal records and, in addition, the MSACP shall maintain a substance abuse record system which:

- a. Identifies each substance abuse record by the departmentally assigned state identification number.
- b. Identifies the location of every substance abuse record.
- c. Places substance abuse records in a given order and location.
- d. Provides a specific substance abuse record on demand.
- e. Maintains the confidentiality of substance abuse records information and facilitates the releases of information in accordance with established policy pursuant to subrule 88.89(3).
- f. Maintains inactive substance abuse records in a specific place.
- g. Permits effective professional review for medical audit processes.
- h. Facilitates an adequate system for follow-up treatment including monitoring and follow-up of referrals and inpatient stays.
- i. Meets contract reporting requirements and federal reporting requirements applicable to PHPs.

**88.89(2) Content of individual substance abuse record.** The MSACP shall have in effect arrangements which provide for an adequate substance abuse record-keeping system which includes a complete substance abuse record for each enrolled recipient in accordance with provisions set forth in the contract.

**88.89(3) Confidentiality of records.** The MSACP shall maintain the confidentiality of substance abuse record information and release the information only in the following manner:

- a. All substance abuse records of enrolled recipients shall be confidential and shall not be released without compliance with policies set forth in the Code of Federal Regulations at Title 42, Part 2, as amended to November 2, 1987, and other applicable state and federal law and regulations.
- b. Written consent is not required for the transmission of substance abuse record information to the department or its agents for the purposes of licensure, accreditation, certification, utilization review, PRO review, medical audit, and other applicable contract oversight activities. In any of these cases the MSACP or its subcontractors may require, before the release of information, that the department or its agents sign a statement that the information is essential to the performance of the department's or its agents' work, and that the outside party recognizes the confidentiality of the information and will not disclose any information which personally identifies the recipient.
- c. Written consent pursuant to applicable federal and state statutes and regulations is required for the transmission of substance abuse record information of a former enrolled recipient to any medical or substance abuse service provider not connected with the MSACP.
- d. Substance abuse records maintained by subcontracting providers shall meet the requirements of this rule.

**88.89(4) Reports to the department.** The MSACP shall submit reports to the department as follows:

- a. Annual audited financial statements no later than nine months after the close of the MSACP's fiscal year.
- b. Periodic financial, utilization and statistical reports as required by the department under the contract.
- c. Other reporting requirements as specified in the contract.

**88.89(5) Audits.** The department or its designee and the U.S. Department of Health and Human Services (HHS) may evaluate through inspections or other means, the quality, appropriateness, and timeliness of services performed by the MSACP. The department or its designee or the U.S. Department of HHS may audit and inspect any records of the MSACP, or the subcontractors of the MSACP, which pertain to services performed and the determination of amounts paid under the contract. These records shall be made available at times, places, and in a manner as authorized representatives of the department, its designee, or HHS may request.