

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
1	Level of care is reevaluated at least every 365 days and contains all required components for billing.	<p>CMS Assurance - Level of Care iBudget Handbook – June 2018 Page 2-6, 2-78, 2-89, 2-91, A-9, FL DD Individual Budgeting (0867.R02.00) Waiver Appendix B COMPLIANCE</p> <p>Level of Care must be reevaluated at least every 365 days using the current Medicaid Waiver Eligibility Worksheet.</p> <p>Review the record to locate the Medicaid Waiver Eligibility Worksheet(s) covering the entire period of review to determine timely completion and the presence of the following required components for billing:</p> <ul style="list-style-type: none"> <li>• Name of the person receiving services</li> <li>• Section I. Level of Care Eligibility - Option A, B or C is checked and the appropriate handicapping conditions or deficits in major life activities. <ul style="list-style-type: none"> <li>○ If Option A is checked, no handicapping conditions or major life activities are required to be checked.</li> <li>○ If Option B is checked, at least one “handicapping condition” or at least three “major life activities” must be checked.</li> <li>○ If Option C is checked, at least three “major life activities” must be checked.</li> </ul> </li> <li>• The dated signature/mark of the person or when applicable, the legal representative. <ul style="list-style-type: none"> <li>○ If the person signs their name with a mark, the mark should be identified in writing on the form as the person’s mark/signature and should be witnessed by a caregiver or the Consultant.</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1) Complete Medicaid Waiver Eligibility Worksheet was not in the record for the entire period of review. (B)</li> <li>2) Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review. (B)</li> <li>3) Name of person receiving services was not on the Medicaid Waiver Eligibility Worksheet. (B)</li> <li>4) Section I. Level of Care Eligibility was not completed. (B)</li> <li>5) Medicaid Waiver Eligibility Worksheet was not signed and dated by person receiving services. (B)</li> <li>6) Medicaid Waiver Eligibility Worksheet was not signed and dated by the legal representative. (B)</li> <li>7) Medicaid Waiver Eligibility Worksheet was not signed and dated by Support Coordinator. (B)</li> </ol>

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		<ul style="list-style-type: none"> <li>○ ONLY the person should sign on the line provided for his or her signature.</li> <li>○ Legal representative or witness should only sign the second line and indicate legal rep or witness.</li> <li>• When the signature of a legal rep or witness is required, the printed name and relationship to the person must be indicated.                             <ul style="list-style-type: none"> <li>○ If the person refuses to sign the Eligibility Worksheet and there is not a legal representative, the refusal should be noted on the form and signed by a witness.</li> </ul> </li> <li>• The Waiver Eligibility Worksheet must be completed in its entirety and <b><u>signed at intervals of no greater than 365 days.</u></b> <ul style="list-style-type: none"> <li>○ For example if the Eligibility Worksheet is completed and signed on September 3<sup>rd</sup> of one year it must be completed and signed no later than September 3<sup>rd</sup> the following year.</li> </ul> </li> </ul> <p>Note: Support Plan extensions <b>do not</b> apply to Medicaid Waiver Eligibility Worksheets.</p> <p style="text-align: center;"><b>This standard is subject to a potential billing discrepancy</b></p>	
2	Level of care is reevaluated at least every 365 days and contains all required components for compliance.	<p>CMS Assurance - Level of Care iBudget Handbook – June 2018 Page 2-6, 2-78, 2-89, 2-91, A-9, FL DD Individual Budgeting (0867.R02.00) Waiver Appendix B COMPLIANCE</p> <p>Level of Care is to be reevaluated at least every 365 days using the current Medicaid Waiver Eligibility Worksheet.</p>	<ol style="list-style-type: none"> <li>1) Complete Medicaid Waiver Eligibility Worksheet was not in the record for the entire period of review.</li> <li>2) Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review.</li> <li>3) Effective Date of the Support Plan was not on the Medicaid Waiver Eligibility Worksheet.</li> <li>4) Section II. Medicaid Eligibility was not completed.</li> </ol>

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		<p>Review the record to locate the Medicaid Waiver Eligibility Worksheet(s) covering the entire period of review. Determine the following required components are present:</p> <ul style="list-style-type: none"> <li>• Support Plan effective date</li> <li>• Section II. Medicaid Eligibility                             <ul style="list-style-type: none"> <li>○ If option A is checked, the correct Medicaid number is documented.</li> <li>○ If option B is checked, the “Eligible” box should be checked and date of determination for restoration of Medicaid should be entered.                                     <ul style="list-style-type: none"> <li>– Option B is only to be used when the person receiving services was added to the waiver in the past year or the person’s Medicaid eligibility was terminated and restored during the past year.</li> </ul> </li> </ul> </li> <li>• Section III. Eligibility Determination – Option A. is checked</li> <li>• The Waiver Eligibility Worksheet must be completed in its entirety and <b><u>signed at intervals of no greater than 365 days.</u></b></li> </ul> <p>Note: Support Plan extensions <b>do not</b> apply to Medicaid Waiver Eligibility Worksheets.</p>	<p>5) Option A. was not selected in Section III. Eligibility determination.</p>
3	Level of care is completed accurately using the correct instrument/form.	<p>CMS Assurance - Level of Care iBudget Handbook – June 2018 Page 2-6, 2-78, 2-89, 2-91, A-9, FL DD Individual Budgeting (0867.R02.00) Waiver Appendix B, APD Eligibility Rules: 65G-4.014 – 017 COMPLIANCE</p> <p>Refer to section I on the Medicaid Waiver Eligibility Worksheet(s) covering the entire period of review (Level of Care Eligibility).</p>	<p>1) Complete Medicaid Waiver Eligibility Worksheet was not in the record. 2) Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review. 3) Complete Medicaid Waiver Eligibility Worksheet was in the record but was not the current form. 4) Unable to determine - Psychological and/or Medical Record(s) used to</p>

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		<ul style="list-style-type: none"> <li>• Review the Central Record for Psychological and/or Medical Record(s) used to establish eligibility.                             <ul style="list-style-type: none"> <li>○ If Option A is checked: Review record for acceptable documentation supporting the person’s primary disability is Intellectual Disability with an IQ of 59 or less.</li> <li>○ If Option B is checked: Review record for acceptable documentation supporting person’s primary disability is Intellectual Disability with IQ of 60-69 and has at least one handicapping condition OR primary disability of Intellectual Disability with IQ of 60-69 and severe functional limitations in at least 3 major life activities.</li> <li>○ If Option C is checked: Review record for acceptable documentation supporting the person is eligible under the category of Autism, Cerebral Palsy, Down Syndrome, Prader-Willi Syndrome, Spina Bifida or Phelan- McDermid and has severe functional limitations in at least three major life activities.</li> </ul> </li> </ul> <p>In the event a person’s Central Record does not contain required documentation supporting waiver eligibility / Level of Care (Psychological and/or Medical Record(s) used to establish eligibility) the Consultant must document which supporting documents are missing according to the Level of Care identified on the eligibility worksheet and that a request was made to the Regional APD Office to provide proof of eligibility. The Consultant must follow steps outlined in the APD State Office memo dated Dec. 10<sup>th</sup> 2013 with the Subject line Eligibility Determination – Level of Care.</p> <ul style="list-style-type: none"> <li>○ Per this memo: The Consultant and APD staff must use due diligence in searching all files associated with the client. After an exhaustive review of all client files, an ABC screen</li> </ul>	<p>establish eligibility were not available in the Central Record.</p> <p>5) Option checked under section I was not consistent with the Psychological and/or Medical Record(s) in the record.</p> <p>6) Handicapping Condition(s) checked were not consistent with the Psychological and/or Medical Record(s) in the record.</p> <p>7) Major Life Activities checked were not consistent with the Psychological and/or Medical Record(s) in the record.</p> <p>8) WSC submitted a request for an Eligibility Determination/Level of Care Memo but not at least 30 days in advance of the initial scheduled review and has not received the Memo from the Regional APD office.</p> <p>9) WSC submitted a request for an Eligibility Determination/Level of Care Memo at least 30 days in advance of the initial scheduled review but has not received the Memo from the Regional APD office. (**Not Met but not calculated into score)</p> <p>10) Eligibility Determination/Level of Care Memo issued by APD was not on official APD letterhead. (**Not Met but not calculated into score)</p> <p>11) Eligibility Determination/Level of Care Memo issued by APD was not signed and dated by Regional APD staff person. (**Not Met but not calculated into score)</p>

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		<p>shot of the diagnosis combined with a statement from APD Regional staff may be accepted as a substitute for original documentation.</p> <p>The statement must:</p> <ul style="list-style-type: none"> <li>○ Be on official APD letterhead</li> <li>○ Include the APD Regional staff member’s signature</li> <li>○ Indicate the person has been receiving services through APD for many years and documentation of the diagnosis was present in the file when eligibility was originally determined.</li> <li>○ In some instances, the Consultant may have submitted a formal request for the Memo to the Regional APD Office at least 30 days in advance of the initial scheduled review but has not received it. <ul style="list-style-type: none"> <li>– If the Consultant can show documentation demonstrating the timely submission score, the standard not met using “no fault” reason #8 and it will not factor into the score.</li> <li>– If the Consultant submitted the request to the Regional APD Office but not at least 30 days in advance of the initial scheduled review and has not received the Memo from the Regional APD office the standard is scored Not Met using reason #7.</li> </ul> </li> </ul>	<p>12) Eligibility Determination/Level of Care Memo issued by APD did not include an ABC screen shot with diagnosis. (***)Not Met but not calculated into score)</p> <p>13) Eligibility Determination/Level of Care Memo issued by APD did not indicate person has received services from APD for many years and documentation of diagnosis was present in the file when eligibility was originally determined. (***)Not Met but not calculated into score)</p> <p>14) Statement from APD concerning absence of Psychological and/or Medical Records was not on official APD letterhead. (***)Not Met but not calculated into score)</p>
4	Person receiving services is given a choice of waiver services or institutional care at least annually.	<p>CMS Assurance - Level of Care iBudget Handbook – June 2018 Page 2-6, 2-78, 2-89, 2-91, A-9, FL DD Individual Budgeting (0867.R02.00) Waiver Appendix D COMPLIANCE</p>	<p>1) Complete Medicaid Waiver Eligibility Worksheet was not in the record for the entire period of review.</p> <p>2) Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review.</p> <p>3) Option A. was not selected in Section IV.</p>

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		<p>Note: Section IV is the only section of the Eligibility Worksheet to be reviewed for this standard. If Section IV is complete, score as Met.</p> <p>Review the Medicaid Waiver Eligibility Worksheet(s) covering the entire period of review.</p> <ul style="list-style-type: none"> <li>• Determine Section IV: Choice is complete and includes:               <ul style="list-style-type: none"> <li>○ A mark indicating option A selected as the choice of the person receiving services;</li> <li>○ The dated signature/mark of the person receiving services or when applicable the dated signature of the legal representative.</li> <li>○ Follow signature protocol in standard #1.</li> </ul> </li> </ul>	<p>4) Dated signature of person receiving services was not present.</p> <p>5) Dated signature of the legal representative was not present.</p> <p>6) Dated signature of the witness was not present.</p>
5	The Support Plan is updated within 12 months of the person's last Support Plan.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 1-11, 2-4, 2-89--2-92, A-9, Approved Waiver FL0867.R02.00 Appendix D COMPLIANCE</p> <p>Review the Central Record for the Support Plan(s) effective during the entire review period.</p> <p>Determine if:</p> <ul style="list-style-type: none"> <li>• The Support Plan was completed prior to the annual Support Plan effective date and present/effective for each month billed by the Consultant for the entire period of review.</li> <li>• The Support Plan is present and the signature page contained all required dated signatures:               <ul style="list-style-type: none"> <li>○ The signature page which must include:</li> </ul> </li> </ul>	<p>1) Complete Support Plan was not in the record for entire period of review. (B)</p> <p>2) Complete Support Plan was in the record, but was not completed prior to the annual effective date. (B)</p> <p>3) Support Plan was not signed and dated by the person. (B)</p> <p>4) Support Plan was not signed and dated by Consultant. (B)</p> <p>5) Support Plan was not signed and dated by the legal representative and efforts to obtain signature were not documented. (B)</p> <p>6) Support Plan was not developed/updated within 45 days following selection of the Consultant when first added to the waiver. (B)</p>

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		<ul style="list-style-type: none"> <li>▪ Dated signature of the person. (If the person signs their name with a mark, the mark should be identified in writing on the form as the person’s mark/signature).</li> <li>▪ Dated signature of the parent/legal representative if the person is a minor;</li> <li>▪ Dated signature of the legal representative when applicable (Verify via legal court documents);</li> <li>▪ Dated signature of the Consultant.</li> </ul> <p>If a person is new to the waiver -</p> <ul style="list-style-type: none"> <li>• All documentation should be completed within 45 days of the person’s selection of the Consultant.</li> </ul> <p>If a person is added to the waiver through crisis determination</p> <ul style="list-style-type: none"> <li>• All documentation should be completed within 30 days of the person’s selection of the Consultant.</li> </ul> <p style="text-align: center;"><b>This standard is subject to a potential billing discrepancy</b></p>	<p>7) Support Plan was not developed/updated within 30 days following selection of the Consultant when first added to the waiver through crisis determination. (B)</p>
6	The current Annual Report is in the record.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 1-3, 2-90, 393.0651, F.S COMPLIANCE</p> <p>The Person Centered Support Plan identifies the annual report will be captured in the “What I Accomplished Last Year” sections.</p> <p>Review the record to locate the Annual Report. The Annual Report must include at a minimum:</p> <ul style="list-style-type: none"> <li>○ Report of the supports and services received throughout the year;</li> </ul>	<p>1) The record did not include an Annual Report.</p> <p>2) The Annual Report did not include a report of the supports and service received throughout the year.</p> <p>3) The Annual Report did not include a description of progress toward meeting one or more individually determined goals.</p> <p>4) The Annual Report did not include any pertinent information about significant</p>

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		<ul style="list-style-type: none"> <li>○ Description of progress toward meeting individually determined goals; and</li> <li>○ Any pertinent information about significant events that have happened in the life of the person during the previous year.                             <ul style="list-style-type: none"> <li>▪ *Examples of “any pertinent information about significant events that occurred in the person’s life during the previous year” will vary by person and could include but not be limited to major milestones achieved, significant events in the person’s personal or social life that may have influenced daily activities, significant health events, a change in residence, etc.</li> </ul> </li> <li>○ Review previous Support Plan to determine the Annual Report addresses all identified goals/outcomes and services.</li> <li>○ Review progress notes and other service provider Annual Reports for additional information.</li> </ul>	<p>events that have happened in the life of the person during the previous year.</p>
7	<p>The Support Plan is updated/revise when warranted by changes in the needs.</p>	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-80, 2-84, 2-91, 2-93 COMPLIANCE</p> <p>Review the record to determine the process the Consultant uses to update/revise the Support Plan when the needs of the person change.</p> <ul style="list-style-type: none"> <li>• Review the record to determine if there have been any changes in the person’s needs warranting an update to the Support Plan. Changes in the person’s needs warranting an update to the Support Plan would also need to be addressed in Standard #30 for Purchasing Plan Updates or Quick Updates.</li> </ul>	<ol style="list-style-type: none"> <li>1) Support Plan was not in the record for entire period of review.</li> <li>2) Consultant documentation did not demonstrate the Support Plan was updated or revised when needs of the person changed.</li> </ol>



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		<ul style="list-style-type: none"> <li>• Review Support Plan(s), QSI, Progress Notes, emails, Behavioral reports, Incident reports, Medical reports, quarterly reviews when applicable, the annual report and any other applicable supporting documentation in the Central Record to determine whether:                             <ul style="list-style-type: none"> <li>○ Activities, supports and contacts contain information about changes in the needs of the person.</li> <li>○ When the person does not have a functional means of communication, look for documentation the Support Coordinator has obtained information and recommendations from the circle of supports.</li> <li>○ If any changes in the needs of the person are noted, review the applicable Support Plan to see if it has been updated/revised accordingly.</li> </ul> </li> <li>• If no changes in needs were warranted for the entire period of review, score as N/A.</li> </ul>	
8	Consultant documents a copy of the Support Plan is provided to the person or the legal representative, within 10 days of the Support Plan effective date.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-91,2-93 COMPLIANCE</p> <p>Review the record to determine the method used to document the date and method by which the Support Plan was distributed to the person or when applicable, the legal representative.</p> <ul style="list-style-type: none"> <li>○ Review the signature page of the Support Plan or other supporting documentation in the Central Record to determine if the Support Plan was:                             <ul style="list-style-type: none"> <li>○ Provided to the person within 10 working days of the Support Plan effective date.</li> <li>○ Provided to the legal representative, when applicable, within 10 working days of the Support Plan effective date.</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1) Consultant documentation did not demonstrate a copy of the Support Plan was distributed to the person or when applicable the legal representative within 10 days of the effective date.</li> <li>2) Consultant documentation demonstrated a copy of the Support Plan was distributed to the person or when applicable, the legal representative but not within 10 days of the effective date.</li> </ol>

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9	Consultant documentation demonstrates a copy of the Support Plan is provided to the CDC+ Representative within 30 calendar days of the Support Plan effective date.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-89 COMPLIANCE</p> <p>Review the record to determine the method used to document the date and method by which the Support Plan was distributed to the CDC+ Representative.</p> <ul style="list-style-type: none"> <li>Review Consultant documentation to determine if a copy of the Support Plan was distributed to the CDC+ Representative within 30 calendar days of the Support Plan effective date.</li> </ul>	<p>1) Consultant documentation did not demonstrate a copy of the Support Plan was distributed to the CDC+ Representative within 30 days of effective date.</p> <p>2) Consultant documentation demonstrated a copy of the Support Plan was distributed to the CDC+ Representative but not within 30 days of the effective date.</p>
10	Support Plan includes supports and services consistent with assessed needs.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-75, 2-76, 2-78, Approved Waiver FL0867.R02.00 COMPLIANCE</p> <p>NOTE: For the purposes of this standard, only the “current Support Plan” will be reviewed. This is defined as the Support Plan in effect at the time of the record review.</p> <p>Review the current Support Plan to identify the current supports and services.</p> <ul style="list-style-type: none"> <li>Review the Support Plan, QSI report, Progress Notes, Behavioral Assessments/Plans &amp; Functional Community Assessments, Safety Plan, OT, PT, ST assessments and any other applicable supporting documentation in the central record to determine the assessed needs of the person.</li> <li>Conduct a comparative review of documentation to determine if the supports and services identified in the Support Plan are</li> </ul>	<p>1) Current Support Plan was not in the record.</p> <p>2) Current Support Plan included documentation related to some, but not all assessed needs.</p> <p>3) Current Support Plan did not include documentation related to the assessed needs.</p>

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		consistent with the assessed needs identified in supporting documentation.	
11	Support Plan reflects supports and services necessary to address assessed risks.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-75, 2-76, 2-78, Approved Waiver FL0867.R02.00 COMPLIANCE</p> <p>NOTE: For the purposes of this standard, only the “current Support Plan” will be reviewed. This is defined as the Support Plan in effect at the time of the record review.</p> <p>Review the current Support Plan to identify the current supports and services.</p> <ul style="list-style-type: none"> <li>• Review the Support Plan, QSI report, Progress Notes, Functional Community Assessments, Safety Plan, OT, PT, ST assessments, Behavior Assessments/Plans, and any other applicable supporting documentation in the Central Record to determine the assessed risks of the person.</li> <li>• Conduct a comparative review of documentation to determine if the supports and services identified in the Support Plan are consistent with the assessed risks identified in supporting documentation.</li> <li>• The Person-Centered Support Plan states that assessed risks and measures to address risks must be documented in the Other Services Needed for Health and Safety section.</li> </ul>	<ol style="list-style-type: none"> <li>1) Current Support Plan was not in the record.</li> <li>2) Current Support Plan included documentation related to some, but not all assessed risks.</li> <li>3) Current Support Plan did not include documentation related to the assessed risks.</li> </ol>
12	Support Plan includes a current Safety Plan.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 1-10, 2-79, 2-90 COMPLIANCE</p>	<ol style="list-style-type: none"> <li>1) Current Support Plan was not in the record.</li> <li>2) Current Support Plan did not include a Safety Plan.</li> </ol>

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		<p>NOTE: For the purposes of this standard, only the “current Support Plan” will be reviewed. This is defined as the Support Plan in effect at the time of the record review.</p> <p>If the person does not have a documented history as defined on page 1-9 of the iBudget Handbook, score N/A.</p> <p>Review the record to determine the method for gathering information necessary to develop and update the Safety Plan at least annually.</p> <ul style="list-style-type: none"> <li>• Look for documentation demonstrating collaboration with the person’s behavioral supports and others in the circle of supports.</li> <li>• Review the current Support Plan to determine the Safety Plan is included and has been updated as needed but at least annually with the Support Plan effective date.</li> <li>• The “safety plan” should address, at minimum:               <ol style="list-style-type: none"> <li>a) Brief summary of historical behavior</li> <li>b) Any related criminal charges</li> <li>c) Court order, probationary or registration requirements, when appropriate</li> <li>d) Behaviors of concern</li> <li>e) Triggers, high-risk situations, environmental stressors and personal stressors</li> <li>f) Known predatory “grooming” behaviors</li> <li>g) Any Media access concerns or community outings</li> <li>h) Avoidance behaviors requiring training or prompting</li> <li>i) level and type of supervision required throughout the day</li> <li>j) Any need for alarms and monitoring devices.</li> </ol> </li> </ul>	<ol style="list-style-type: none"> <li>3) The Consultant did not update the Safety Plan at least annually.</li> <li>4) The Consultant did not update the Safety Plan when change warranted an update.</li> <li>5) The current Safety Plan did not include a brief summary of the person’s historical behavior.</li> <li>6) The current Safety Plan did not include a description of any related criminal charges.</li> <li>7) The current Safety Plan did not include information on any current court orders, probationary or registration requirements, when appropriate.</li> <li>8) The current Safety Plan did not identify current behaviors of concern.</li> <li>9) The current Safety Plan did not identify triggers, high-risk situations, environmental stressors, and personal stressors.</li> <li>10) The current Safety Plan did not identify any known predatory “grooming” behaviors.</li> <li>11) The current Safety Plan did not identify limitations on access to media or community outing concerns.</li> <li>12) The current Safety Plan did not identify avoidance behaviors requiring training or prompting.</li> </ol>

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			<p>13) The current Safety Plan did not identify level and type of supervision needed throughout the day.</p> <p>14) The current Safety Plan did not identify any need for alarms and monitoring devices.</p>
13	Support Plan reflects the personal goals of the person.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 1-7, 2-75, 2-86, 2-89, 2-90 PERSON CENTERED PRACTICE</p> <p>NOTE: For the purposes of this standard, only the “current Support Plan” will be reviewed. This is defined as the Support Plan in effect at the time of the record review.</p> <p>Review the current Support Plan to identify the person’s goals/outcomes.</p> <ul style="list-style-type: none"> <li>• Review the Support Plan, Progress Notes, emails, quarterly reviews when applicable, the Annual Report and any other applicable supporting documentation in the Central Record to determine whether: <ul style="list-style-type: none"> <li>○ Activities, supports and contacts contain information about working with the person to identify and define his/her goals.</li> <li>○ When the person does not have a functional means of communication, look for documentation the Support Coordinator has obtained information and recommendations from the circle of supports.</li> <li>○ Compare the information identified in the record with the information reflected in the Support Plan to determine if the Support Plan reflects the personal goals of the person.</li> </ul> </li> </ul>	<p>1) Current Support Plan was not in the record.</p> <p>2) Current Support Plan did not reflect the person’s goals/outcomes.</p> <p>3) Consultant documentation did not demonstrate use of a Person Centered approach to determine the personal goals of the person.</p> <p>4) Consultant documentation did not demonstrate use of circle of supports in identifying the personal goals of the person.</p> <p>5) Consultant documentation demonstrated support-planning process was driven primarily by circle of supports instead of the person.</p>

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14	The current Support Plan includes natural, generic, community and paid supports for the person.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-13, 2-75, 2-76, 2-86 COMPLIANCE</p> <p>NOTE: For the purposes of this standard, only the “current Support Plan” will be reviewed. This is defined as the Support Plan in effect at the time of the record review.</p> <p>Funding sources shall be accessed to include but not be limited to the following in this order:</p> <ol style="list-style-type: none"> <li>1. Natural and community supports;</li> <li>2. Third Party Payer, such as private insurance;</li> <li>3. Medicare;</li> <li>4. Other Medicaid programs; and</li> <li>5. Home and Community Based Services Waiver, which is the payer of last resort.</li> </ol> <ul style="list-style-type: none"> <li>• Review the record to determine natural, generic, community, and paid resources included in the circle of support for the person.</li> <li>• Review the current Support Plan to determine if natural, generic, community and paid resources apart from the Waiver are identified.</li> </ul>	<ol style="list-style-type: none"> <li>1) Current Support Plan was not in the record.</li> <li>2) Current Support Plan did not identify natural and generic community supports.</li> </ol>
15	Services are delivered in accordance with the Cost Plan.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 1-3, 2-84, 3-4 COMPLIANCE</p>	<ol style="list-style-type: none"> <li>1) Current Cost Plan was not in the record.</li> <li>2) Purchasing Plan was not in the record.</li> <li>3) Services on the Purchasing Plan were not comparable to services identified on the Cost Plan.</li> </ol>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>For CDC+ Participants, the Purchasing Plan outlines what services will be delivered.</p> <ul style="list-style-type: none"> <li>• Review the current Cost Plan to determine what services are needed to address goals.</li> <li>• Review services on the Purchasing Plan</li> <li>• Determine if the services on the Purchasing Plan are comparable with the services outlined in the Cost Plan.</li> <li>• Note: Cost Plan cannot have a line for Consultant and one other line with all other services listed in reserve/unencumbered. Cost Plan should be reflective of all the service needs.</li> </ul> <p>If Applicable:</p> <ul style="list-style-type: none"> <li>• Ask the Consultant about any services from the Cost Plan not being utilized under CDC+.</li> <li>• If Consultant indicates service is not being utilized due to lack of available providers or choice of person/family, review for documentation in the record showing Consultant’s efforts to address.</li> <li>• If documentation supports Consultant’s reasons for service(s) not being rendered as approved, score as Met and add a discovery.</li> </ul>	<p>4) Services on the Cost Plan were not reflective of all service needs.</p>
16	The Consultant is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	<p>CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Page 2-80, 2-86, A-9, 3-4, 3-5, Current APD Rate Table COMPLIANCE</p> <p>Provider bills the correct rate:</p> <ul style="list-style-type: none"> <li>• Limited CDC</li> <li>• Full CDC</li> <li>• Enhanced CDC</li> </ul>	<p>1) Consultant documentation demonstrated Consultant billed full CDC+ Consultant without a current approved Service Authorization. (B)</p> <p>2) Consultant documentation demonstrated Consultant billed limited CDC+ Consultant without a current approved Service Authorization. (B)</p>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>Review Cost Plan and approved Service Authorizations to determine approved rate</p> <p>Review claims to determine Consultant bills using an approved rate.</p> <ul style="list-style-type: none"> <li>❖ Refer to current APD Rate Table as needed</li> </ul> <p><b>This standard is subject to a potential billing discrepancy</b></p>	<p>3) Consultant documentation demonstrated Consultant billed enhanced CDC+ Consultant without a current approved Service Authorization. (B)</p>
17	The Consultant bills for services after services are rendered.	<p>CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Page 3-2 COMPLIANCE</p> <p>Provider is not to bill for services prior to rendering.</p> <p>For each month in the period of review:</p> <ul style="list-style-type: none"> <li>• Determine the minimum number and type of contacts required for each month.</li> <li>• Review Progress Notes to determine the date minimum billing requirements were met for each month.</li> <li>• Compare date contact requirements for billing were met to “claim billed date” in claims.</li> <li>• Determine if services were rendered prior to billing for each date of service during the period of review.</li> <li>• If one or more months were billed prior to completing minimum required contacts, score NM and add a discovery identifying the month(s).</li> </ul>	<p>1) Consultant billed for services prior to rendering services on one or more dates during the period under review.</p>
18	The Consultant Progress Notes demonstrate pre-	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-89, Approved Waiver FL0867.R02.001 Appendix D</p>	<p>1) Consultant documentation did not demonstrate pre-support planning activities took place.</p>



## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
	Support Plan planning activities were conducted.	<p>PERSON CENTERED PRACTICE</p> <p>Prior to the expiration of the plan, the support coordinator discusses with the person the purpose of the planning process and provides a summary of the past year's plan and services. The person is asked to identify changes to the goals or services received and a discussion of changes of providers if needed. The meeting is planned based on the person's preferences for the dates and times of the meeting. In addition, the support coordinator discusses who the person would like to invite to the meeting, including providers, family members, and friends. The support coordinator notifies invitees of the person's choice of the time, place, and date of the meeting.</p> <p>Review the record to determine the method used for conducting and documenting pre-support plan activities.</p> <ul style="list-style-type: none"> <li>○ Review Progress Notes to determine if pre-support plan activities were completed prior to the Support Plan effective date.</li> <li>○ Review Progress Notes to determine the following content is included: <ul style="list-style-type: none"> <li>○ Discussed with the person about the purpose of the planning process.</li> <li>○ Reviewed status of current goals/outcomes and discussed potential changes or updates to goals/outcomes for the next year.</li> <li>○ Reviewed status of current services and providers and discussed any needed changes to either.</li> <li>○ Discussed possible dates, times, and locations for the meeting based on the person's preferences as well as who</li> </ul> </li> </ul>	<p>2) Consultant documentation demonstrated pre-support plan activities took place but did not document discussions about the purpose of the planning meeting.</p> <p>3) Consultant documentation demonstrated pre-support plan activities took place but did not document review of status of current goals/outcomes and discussions of potential changes/updates to goals/outcomes for the next year.</p> <p>4) Consultant documentation demonstrated pre-support plan activities took place but did not document review of current services and providers.</p> <p>5) Consultant documentation demonstrated pre-support plan activities took place but did not document discussions of potential dates, times, and locations for the meeting.</p> <p>6) Consultant documentation demonstrated pre-support plan activities took place but did not document discussions of whom the person would like to invite to the meeting.</p>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>the person would like to invite to the meeting including providers, family members and friends.</p> <p>Pre-Support Plan activities may be documented in more than one Progress Note. Activities may happen on different days leading up to the Support Plan meeting.</p>	
19	Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015 COMPLIANCE</p> <ul style="list-style-type: none"> <li>• The Consultant is required to complete and document a minimum of one monthly contact every month on a Progress Note.</li> <li>• A face to face visit is required once every six months and at least annually a face to face visit needs to occur in the Participant's home.</li> <li>• Participant Monthly Review Forms are not a replacement for a Progress Note, but can be completed in addition to the Progress Note.</li> <li>• Progress Notes must contain the following required components: <ul style="list-style-type: none"> <li>▪ Monthly Deposit was correct, Participant is spending within monthly budget, and consistent with all sections of the Purchasing plan.</li> <li>▪ Participant maintained an up-to-date account reconciliation.</li> <li>▪ Participant submitted claims in a timely manner (within 6 weeks), and all claims have cleared (none are pending)</li> <li>▪ Services and supports purchased are consistent with the Purchasing plan and providers utilized are consistent with the Purchasing Plan</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1) Progress Notes were not present for one or more months. (B)</li> <li>2) Progress Notes did not demonstrate a bi-annual face to face visit. (B)</li> <li>3) Progress Notes did not demonstrate an annual Home visit. (B)</li> <li>4) Progress Note did not include all required components. (B)</li> </ol>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> <li>▪ If an emergency backup provider was used consistently a revised Purchasing Plan was developed or if use of emergency backup providers resulted in 4 or more regular DHE's, participant purchased and provided proof of Workers Compensation Insurance</li> <li>▪ Items in savings are being tracked and will be able to be purchased within the timeframe noted in the Purchasing Plan.</li> <li>▪ If applicable, APD was contacted for adjustments</li> <li>▪ If applicable, additional information, counseling, training, and assistance to address deficiencies</li> <li>▪ If applicable, a CAP was developed and implemented within five business days.</li> </ul> <p>Face-to-face contacts shall accomplish the following:</p> <ul style="list-style-type: none"> <li>• Assist the Participant to reach the goals stated on the Support Plan and Purchasing Plan;</li> <li>• Monitor the health and well-being of the Participant, look for indicators of fraud, abuse, neglect, or exploitation and report these indicators to the proper authorities within 24 hours;</li> <li>• Monitor the Participant's involvement in the community;</li> <li>• Assist the Participant to make informed choices and to advocate for his or her self; and</li> <li>• Follow-up on the Participant's or Representative's concerns</li> </ul> <p>If a Representative review has been conducted and reconciliation was not present, score Met but add a discovery regarding the disconnect between the</p>	

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>Representative record and the CDC+ Progress Notes/Monthly Participant Review Form.</p> <p>If not met reason # 4 is used, add a discovery regarding what components were not present.</p> <p><b>This standard is subject to a potential billing discrepancy</b></p>	
20	The Consultant documents ongoing efforts to assist the person/legal representative to know about rights.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page B-7, 393 F.S. PERSON CENTERED PRACTICE</p> <p>The Person-Centered Support Plan includes the “Personal Rights” section; however, just completing in the Support Plan would not address on-going needs throughout the course of the period of review and should include documentation of on-going efforts in this area.</p> <p>Ask the Consultant to describe method of assisting the person and when applicable, legal representatives to know about their rights and responsibilities as related to this service.</p> <ul style="list-style-type: none"> <li>• Review Consultant documentation supporting stated methods for Consultant efforts to assist the person/legal representative to know about rights on an ongoing basis.</li> <li>• Review Progress Notes and other documentation demonstrating efforts to support the person, and when applicable the legal representative to know about rights.</li> </ul> <p>*Examples of efforts to assist the person/legal representative to know about rights will vary by person and frequency of service. Information could include, but not be limited to identification of</p>	<p>1) Consultant documentation did not demonstrate efforts to assist the person/legal representative to know about rights.</p> <p>2) Consultant documentation demonstrated efforts to assist the person/legal representative to know about rights but not on an ongoing basis.</p>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		rights most important to the person, access to personal possessions, fair wages, voting, freedom from discrimination, specific rights restrictions identified on a behavior plan, education on Informed Consent, confidentiality, voting, privacy, religion, freedom from harm, self-determination, etc.	
21	The Consultant documents ongoing efforts to ensure the person’s health and health care needs are addressed.	<p>CMS Assurance - Health and Welfare iBudget Handbook – June 2018 Page 1-2, 2-7, 2-75, 2-76, 2-86, 2-90 PERSON CENTERED PRACTICE</p> <p>Health and health care needs include medical conditions, medications (prescription and over-the-counter), preventive healthcare, wellness exams, therapeutic interventions, medical devices/apparatus.</p> <p>The Person-Centered Support Plan includes the “Other Services Needed for Health and Safety” section; however, just completing in the Support Plan would not address on-going needs throughout the course of the period of review and should include documentation of on-going efforts in this area.</p> <p>Ask the Consultant to describe method used to gather and document knowledge of person’s health and health care needs.</p> <ul style="list-style-type: none"> <li>• Ask the Consultant how this information is maintained and updated on an ongoing basis.</li> <li>• Review Consultant documentation supporting stated methods for Consultant efforts to gather and learn information regarding the person’s health and health care needs; steps taken to address the person’s needs. <ul style="list-style-type: none"> <li>○ For example scheduled medical appointments, provided education, and procured medical services/devices.</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1) Consultant documentation did not demonstrate efforts to gather information about the person's health and health care needs.</li> <li>2) Consultant documentation demonstrated knowledge of the person’s health and health care needs but not ongoing efforts to address identified needs.</li> <li>3) Key and critical health and/or healthcare needs have not been addressed.</li> </ol>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> <li>Review the record for documentation related to routine and preventative medical and dental care.</li> <li>Review Progress Notes and other related health care documentation for evidence the Consultant identifies and addresses the person’s health and healthcare needs on a routine basis.</li> </ul> <p>*Key/critical health and health care information will vary per person, and could include, but not be limited to diagnosis, certain environmental factors, medication related information, food allergies, specialized equipment needs, and other factors critical to maintaining the health of the person.</p>	
22	The Consultant documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed.	<p>CMS Assurance – Health and Welfare iBudget Handbook – June 2018 Page 1-2, 2-7, 2-75, 2-76, 2-86, 2-90 PERSON CENTERED PRACTICE</p> <p>The Person-Centered Support Plan includes the “Other Services Needed for Health and Safety” section; however, just completing in the Support Plan would not address on-going needs throughout the course of the period of review and should include documentation of on-going efforts in this area.</p> <ul style="list-style-type: none"> <li>Ask the Consultant to describe method used to gather and document knowledge of person’s behavioral/emotional health information relevant to the service provided. Ask the Consultant how information related to behavioral/emotional health is maintained and updated on an ongoing basis.</li> <li>Review record for documentation supporting stated method.</li> </ul>	<ol style="list-style-type: none"> <li>1) Consultant documentation did not demonstrate efforts to gather information about the person’s behavioral/emotional health needs.</li> <li>2) Consultant documentation demonstrated knowledge of the person’s behavioral/emotional health needs but not ongoing efforts to address identified needs.</li> <li>3) Key and critical behavioral/emotional health information was absent from the record.</li> </ol>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> <li>Supporting documentation may be found in Support Plans, intake forms, stand-alone forms, or other available Consultant documentation.</li> </ul> <p>*Key/critical behavioral/emotional health information will vary by person and could include, but not be limited to diagnosis, certain environmental factors, medication and related information, Baker Acts, police involvement, Behavior Plans, Safety Plans, emotional well-being (stress, anxiety, depression, grief, other emotional issues or diagnosis) and any other information critical to the behavioral/emotional health of the person and relevant to the service being provided.</p>	
23	The Consultant documents ongoing efforts to ensure the person’s safety needs are addressed.	<p>CMS Assurance - Health and Welfare iBudget Handbook – June 2018 Page 1-5, 1-10, 1-11, 2-7, 2-75, 2-76, 2-77, 2-87, 2-90, 2-96 PERSON CENTERED PRACTICE</p> <p>The Person-Centered Support Plan includes the “Other Services Needed for Health and Safety” section; however, just completing in the Support Plan would not address on-going needs throughout the course of the period of review and should include documentation of on-going efforts in this area.</p> <p>Ask the Consultant to describe method used to collect and document information related to safety needs of the person.</p> <ul style="list-style-type: none"> <li>Ask the Consultant how this information is maintained and updated on an ongoing basis.</li> <li>Review record for documentation supporting Consultant efforts to learn about the person’s safety skills and safety needs including steps taken to address the person’s needs on an ongoing basis.</li> </ul>	<ol style="list-style-type: none"> <li>1) Consultant documentation did not demonstrate efforts to assess the person’s safety needs.</li> <li>2) Consultant documentation demonstrated knowledge of the person’s safety needs but not ongoing efforts to address identified needs.</li> <li>3) Key and critical safety needs and/or safety skills have not been addressed.</li> </ol>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> <li>Review Progress Notes or other documentation supporting personalized efforts towards evaluation/training in areas such as community awareness/safety, home safety, education related to extreme weather events, etc.</li> <li>Review Progress Notes and other available and applicable provider documentation such as Functional Community Assessments, Implementation Plans, Housing Survey's, Emergency Disaster Plan, Safety Plan, Behavior Plan, etc. for identified safety needs to determine if the person's safety needs are being addressed.</li> </ul>	
24	The Consultant documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis to address identified needs.	<p>CMS Assurance - Health and Welfare iBudget Handbook – June 2018 Page 1-10, 1-11, 1-12, 2-10, 2-12, B-7 PERSON CENTERED PRACTICE</p> <p>The Person-Centered Support Plan includes the “Other Services Needed for Health and Safety” section; however, just completing in the Support Plan would not address on-going needs throughout the course of the period of review and should include documentation of on-going efforts in this area.</p> <p>Ask the Consultant to describe method used to collect and document information about the person's history related to abuse, neglect, and/or exploitation.</p> <ul style="list-style-type: none"> <li>Review Consultant documentation supporting stated methods for Consultant efforts related to past or present instances of alleged or confirmed abuse, neglect and/or exploitation and Consultant's efforts to identify and address the person's needs on an ongoing basis.</li> </ul>	<ol style="list-style-type: none"> <li>1) Consultant documentation did not demonstrate efforts to gather information about the person's history regarding abuse, neglect, and/or exploitation.</li> <li>2) Consultant documentation demonstrated knowledge of the person's history regarding abuse, neglect, and/or exploitation but not ongoing efforts to address identified needs.</li> <li>3) Key and Critical abuse, neglect, and exploitation needs have not been addressed.</li> </ol>



## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> <li>Review Progress Notes, Support Plans, other available Consultant documentation, and available service provider documentation.</li> <li>Based on review of Progress Notes, current Support Plan and other available provider documentation, there is no indication of a history of abuse, neglect and/or exploitation, score N/A.</li> </ul>	
25	The Consultant documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	<p>CMS Assurance - Health and Welfare iBudget Handbook – June 2018 Page 1-10, 1-11, 1-12, 2-10, 2-12, B-7 PERSON CENTERED PRACTICE</p> <p>Ask the Consultant to describe the process used to gather and document efforts to assist the person to define abuse, neglect, and exploitation.</p> <ul style="list-style-type: none"> <li>Review Consultant documentation supporting stated methods for Consultant efforts demonstrating <b>individualized efforts</b> to support the person to recognize and know how to report abuse, neglect and/or exploitation (Call Abuse Hotline, tell Consultant, Police, Family, etc.) on an ongoing basis.</li> <li>Supporting documentation may include the Support Plan, Progress Notes, evidence of customized training techniques used to support people with different learning styles and levels of understanding, documented training sessions indicating specific scenarios reviewed and feedback received or any other documented methods used by the Consultant demonstrating efforts to assist the person to define and report abuse, neglect and exploitation.</li> </ul>	<ol style="list-style-type: none"> <li>1) Consultant documentation did not demonstrate individualized efforts to provide education to the person in the area of abuse, neglect, and exploitation.</li> <li>2) Consultant documentation demonstrated individualized efforts to provide education to the person in the area of abuse, neglect, and exploitation but not on an ongoing basis.</li> <li>3) Consultant documentation did not demonstrate individualized efforts to assist the person to define abuse, neglect, and/or exploitation.</li> <li>4) Consultant documentation demonstrated individualized efforts to assist the person to define abuse, neglect, and/or exploitation but not on an ongoing basis.</li> <li>5) Consultant documentation did not demonstrate how the person would report any incidents of abuse, neglect, and exploitation.</li> </ol>
26	Completed/signed Participant-Consultant Agreement is in the record.	CONSUMER-DIRECTED CARE PLUS - October 2015 COMPLIANCE	<ol style="list-style-type: none"> <li>1) The Current Participant-Consultant Agreement was not present in the record.</li> </ol>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> <li>• Determine Participant-Consultant Agreement is in the record.</li> <li>• Determine Agreement is signed and dated by Consultant and Participant/Guardian.</li> <li>• The Participant/Consultant agreement should be signed for any Consultant change and APD should be notified of the selection of the Consultant before officially acting as the CDC+ Consultant.</li> </ul>	<ol style="list-style-type: none"> <li>2) The Participant-Consultant Agreement was not signed and dated by Participant/CDC+ representative.</li> <li>3) The Participant-Consultant Agreement was not signed and dated by Consultant.</li> </ol>
27	Completed/signed CDC+ Consent Form is in the record.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015 COMPLIANCE</p> <ul style="list-style-type: none"> <li>• Determine CDC+ Consent form is in the record.</li> <li>• Determine Consent form is complete &amp; signed by Participant/Guardian, Representative and Consultant.</li> <li>• This is a form that, if needed, the CDC+ Representative is authorized to sign.</li> </ul>	<ol style="list-style-type: none"> <li>1) The CDC+ Consent Form was not present in the record.</li> <li>2) The CDC+ Consent Form was not signed and dated by participant/CDC+ Representative.</li> <li>3) The CDC+ Consent Form was not signed and dated by the Consultant.</li> <li>4) The CDC+ Consent Form was in the record and signed but it was not complete.</li> </ol>
28	Completed/signed Participant-Representative Agreement is in the record.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015 COMPLIANCE</p> <ul style="list-style-type: none"> <li>• Determine Participant-Representative Agreement is in the record.</li> <li>• Determine Agreement is complete &amp; signed.</li> <li>• If a new Representative has taken over, a new form should be in the file with the current Representative.</li> <li>• Older versions of this form are simply called “Representative Agreement”.</li> <li>• Agreement is required even if participant is their own representative.</li> </ul>	<ol style="list-style-type: none"> <li>1) The Participant-Representative Agreement was not present in the record.</li> <li>2) The Participant-Representative Agreement was not signed and dated by the Participant/legal representative.</li> <li>3) The Participant-Representative Agreement was not signed and dated by CDC+ Representative.</li> <li>4) The Participant-Representative Agreement was in the record but not for the current CDC+ Representative.</li> </ol>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
			5) The Participant-Representative Agreement was in the record but was not signed and dated by the Consultant.
29	All applicable completed/signed Purchasing Plans are in the record.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015 COMPLIANCE</p> <ul style="list-style-type: none"> <li>• Determine Purchasing Plan(s) for the period of review are in the record.</li> <li>• Determine Purchasing Plan is complete.</li> <li>• Determine Plan is signed by Participant and/or Representative, Consultant and local Regional/Area office CDC+ Liaison on the first page and the back signature page.</li> </ul>	<ol style="list-style-type: none"> <li>1) Purchasing Plan was not present in the record.</li> <li>2) Purchasing Plan in the record was not the current Purchasing Plan.</li> <li>3) Purchasing Plan was not signed and dated by Participant and/or CDC+ Representative.</li> <li>4) Purchasing Plan was not signed and dated by Consultant.</li> <li>5) Purchasing Plan was not signed and dated by Regional/Area CDC+ Liaison.</li> </ol>
30	The Purchasing Plan reflects the goals/needs outlined in Participant's Support Plan.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015. COMPLIANCE</p> <ul style="list-style-type: none"> <li>• Ask the Consultant if there have been any changes in the person's needs warranting an update to the Support Plan. Changes in the person's needs warranting an update to the Purchasing Plan would also need to be addressed in Standard #7 for Support Plan Updates.</li> <li>• Review goals identified on the current Support Plan.</li> <li>• Review needs section of current Purchasing Plan.</li> <li>• Verify Purchasing Plan is consistent with goals/needs outlined in the Support Plan.</li> <li>• Note: APD will provide date of current Purchasing Plan.</li> </ul>	<ol style="list-style-type: none"> <li>1) Current Support Plan was not in the record.</li> <li>2) Purchasing Plan was not in the record.</li> <li>3) Services listed in the Purchasing Plan were not consistent with the Participant's goals/needs.</li> <li>4) Goals/needs on the current Support Plan were not consistent with needs and services in the Purchasing Plan.</li> </ol>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
31	All applicable completed/signed Quick Updates are in the Record.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015 COMPLIANCE</p> <ul style="list-style-type: none"> <li>• Determine if any Quick Updates have been completed.</li> <li>• Determine Quick Update(s) is signed by Participant and/or Representative, Consultant and local Regional/Area office CDC+ Liaison.</li> <li>• Note: APD will provide number and dates of applicable Quick Updates.</li> </ul> <p>Note: if no Quick Updates required/done, score N/A.</p>	<ol style="list-style-type: none"> <li>1) One or more Quick Updates were not present in the record.</li> <li>2) Quick Update form (s) was not signed by Participant and/or Representative.</li> <li>3) Quick Update form (s) was not signed by Consultant.</li> <li>4) Quick Update form (s) was not signed by Regional/Area CDC+ Liaison.</li> </ol>
32	Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015 COMPLIANCE</p> <ul style="list-style-type: none"> <li>• Determine if there has been any change to Participant e-mail address and/or alternate phone numbers that are not available in ABC/iConnect database.</li> <li>• Determine if there has been any change in Representative.</li> <li>• Determine if there has been any change in Consultant.</li> <li>• Determine if there has been any disenrollment or reinstatement of budget.</li> <li>• For any one or more changes noted above determine that a Participant Update Information form has been completed by Consultant.</li> <li>• Determine form has been submitted to the Regional/Area office and signed by Regional/Area Liaison.</li> </ul>	<ol style="list-style-type: none"> <li>1) Participant's Information Update form was not signed by Consultant.</li> <li>2) Participant's Information Update Form was not signed by Regional/Area Liaison.</li> <li>3) A Participant's Information Update form was not completed and submitted for a change in e-mail address and/or alternate phone numbers.</li> <li>4) A Participant's Information Update form was not completed and submitted for a change in Representative or Representative's information.</li> <li>5) A Participant's Information Update form was not completed and submitted for a change in Consultant or Consultant's information.</li> <li>6) A Participant's Information Update form was not completed and submitted for a change in enrollment status.</li> </ol>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
33	When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015 COMPLIANCE</p> <ul style="list-style-type: none"> <li>• Review Purchasing Plan(s) and determine Consultant signature is on or before the 10<sup>th</sup> of the month prior to the Purchasing Plan effective date.</li> <li>• Review documentation to ensure plan was submitted to Regional/Area office.</li> </ul> <p>Note: Emergency situations could warrant a Purchasing Plan being submitted after the 10th of the month.</p>	<ol style="list-style-type: none"> <li>1) Purchasing Plan was not in the record.</li> <li>2) The date of Consultant’s signature on approved Purchasing Plan in record was after the 10th of the month prior to the month it was to be effective.</li> <li>3) Purchasing Plan had not been submitted to the Regional/Area office.</li> </ol>
34	Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015 PERSON CENTERED PRACTICE</p> <ul style="list-style-type: none"> <li>• Look for indications in Progress Notes and other documentation the Consultant has provided technical assistance when needed to address the Participant’s needs.</li> <li>• Consultants can provide supports with choosing a different support/service, suggestions on how to select, train and supervise workers.</li> <li>• Consultant can answer questions, discuss ideas, provided information about community resources and peer support activities in the community.</li> <li>• Consultant is also responsible to provide technical support in the writing of the Purchasing Plan.</li> <li>• Review documentation to see if Participant is in a negative balance and if technical assistance has been provided to assist.</li> </ul>	<ol style="list-style-type: none"> <li>1) Documentation did not indicate Consultant’s effort to provide technical assistance when requested and/or needed.</li> <li>2) Participant and/or Representative indicated Consultant had not provided needed technical assistance.</li> <li>3) Participant has had a negative balance during the review period and there was no documentation to show Consultant provided technical assistance.</li> </ol>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
35	Consultant has taken action to correct any overspending by the Participant.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015 COMPLIANCE</p> <ul style="list-style-type: none"> <li>• Review documentation to show unexpended balance at the end of the statement is <u>positive</u> and <u>sufficient</u> for the Participant to pay for the remaining services provided during the statement month.</li> <li>• If overspending has occurred, ensure the Consultant is addressing it in Progress Notes.</li> </ul>	1) Progress Note(s) did not clearly identify actions taken by Consultant to correct overspending by the Participant.
36	If applicable, Consultant initiates Corrective Action.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015. COMPLIANCE</p> <p>Determine Consultant has initiated a Corrective Action Plan, if necessary.</p> <p>A Corrective Action Plan may be required if:</p> <ul style="list-style-type: none"> <li>○ A Representative is not available, but is necessary for participation;</li> <li>○ The Participant or Representative has been unable to manage the CDC+ budget or services;</li> <li>○ The Participant's health or safety is at risk;</li> <li>○ The Participant or Representative can no longer be served safely in the community;</li> <li>○ The Participant or Representative has failed to properly screen providers; and</li> <li>○ The Participant or Representative has failed to comply with the requirements of the CDC+ program.</li> </ul> <ul style="list-style-type: none"> <li>• Note: APD will provide number and dates of applicable Corrective Action Plans.</li> </ul>	<p>1) A problem had occurred and the Consultant had not initiated a Corrective Action Plan.</p> <p>2) Corrective Action Plan was not initiated by Consultant when appropriate.</p>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
37	Completed/signed Corrective Action Plan is in the record.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015 COMPLIANCE</p> <p>Ask the Consultant if they have initiated a Corrective Action Plan.</p> <p>Determine:</p> <ul style="list-style-type: none"> <li>• Copy of Corrective Action Plan is in the record and complete; and</li> <li>• Corrective Action Plan is signed by Participant/Representative, CDC+ Consultant, Regional/Area APD office Liaison and State APD office.</li> </ul> <p>Note: The current Corrective Action Plan form revision date is 11/15/2010.</p> <p>If no Corrective Action plan has been initiated, score this standard as N/A</p>	<ol style="list-style-type: none"> <li>1) Corrective Action Plan was not in the record.</li> <li>2) Corrective Action Plan was not signed and dated by the Participant/ Representative.</li> <li>3) Corrective Action Plan was not signed and dated by Consultant.</li> <li>4) Corrective Action Plan was not signed and dated by Regional APD office.</li> <li>5) Corrective Action Plan was not signed and dated by APD State office.</li> </ol>
38	If applicable, an approved Corrective Action Plan is being followed.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015 COMPLIANCE</p> <ul style="list-style-type: none"> <li>• Review the Corrective Action Plan in the Record.</li> <li>• Based on steps outlined in the plan determine if Corrective Action Plan is being followed.</li> <li>• Determine if the Consultant has notified the APD Regional/Area Office within three business days if the Consultant is aware the Corrective Action Plan is not being followed.</li> </ul> <p>If no Corrective Acton Plan has been initiated score this standard as N/A</p>	<ol style="list-style-type: none"> <li>1) Corrective Action Plan was not in the record.</li> <li>2) Corrective Action Plan is not being followed.</li> <li>3) Consultant has knowledge the Corrective Action Plan is not being followed and has not notified the Regional/Area Office.</li> </ol>

## Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons
39	The Emergency Backup Plan is in the record and reviewed annually.	<p>CONSUMER-DIRECTED CARE PLUS - October 2015 Page 3-3 COMPLIANCE</p> <ul style="list-style-type: none"> <li>• Determine Emergency Backup is identified on the Purchasing Plan.</li> <li>• Determine Emergency Backup Plan is in the record and complete.</li> <li>• Discuss with the Consultant the backup providers to ensure they are currently viable.</li> <li>• Determine Emergency Backup Plan is updated for critical services as needed.</li> <li>• Each CDC+ Participant is required to develop an emergency back-up plan before starting to manage a budget on CDC+, and the plan must be reviewed and updated, if necessary, during the annual support planning process.</li> </ul> <p>Note: The Emergency Backup Plan is a document separate and apart from the Purchasing Plan. The Emergency Backup Plan must be reviewed and updated, if necessary, during the annual support planning process. Review can be through signature or initialing by the WSC and date the review took place. WSC should also indicate the plan was reviewed within their Progress Notes and remains reflective of what the Participant would do/require in the event of an emergency.</p>	<ol style="list-style-type: none"> <li>1) The Emergency Backup Plan was not in the record.</li> <li>2) The Emergency Backup Plan was in the record but was not complete.</li> <li>3) The Emergency Backup Plan was not reviewed annually and updated, if necessary.</li> </ol>