

Life Skills Development 1 (Companion)

- iBudget Handbook -

Life Skills Development Level 1 – Companion services consist of non-medical care, supervision, and socialization activities provided to person's age 21 years or older.

This service must be provided in direct relation to the achievement of the person's goals as specified in their Support Plan.

The service provides access to community-based activities that cannot be provided by natural or other unpaid supports, and should be defined as activities most likely to result in increased ability to access community resources without paid support.

Activities can be volunteer activities performed by the person as a pre-work activity or activities that connect a person to the community.

iBudget Handbook Effective Date: 6/10/18 (2-14)

Service Specific Record Review – Life Skills Development 1 (Companion)

#	Performance Measure/Standard	Protocol	Not Met Reasons
1	The provider has complete Service Logs covering services provided and billed during the period under review.	<p>CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Pages 1-10, A-2 COMPLIANCE</p> <p>Review Services Log(s) for the entire period of review</p> <ul style="list-style-type: none"> • Determine available Service Log(s) include all required components: <ul style="list-style-type: none"> ○ Name of person receiving service ○ Name of person providing the service ○ Name of the service ○ Date of service ○ Time in/out ○ Summary or list of services provided ○ Any follow up needed for the person's health and safety when applicable <p>Review Service Logs against claims data to ensure accuracy in billing.</p> <ul style="list-style-type: none"> ○ Compare each date of service in claims to documented date of service on each Service Log in the period of review. ○ Compare units paid in claims to documented units on each Service Log. ○ Billing can be done on a periodic basis combining documented units into one billable unit. In these instances, the single billed unit must equal total documented units since the last billing date. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<ol style="list-style-type: none"> 1) Service Log was not present for the date of service for which the claim was submitted. (B) 2) Service Log did not contain the name of the person receiving the service. (B) 3) Service Log did not contain the date service was rendered. (B) 4) Service Log did not contain time in/out. (B) 5) Service Log did not contain a summary or list of services provided. (B) 6) Discrepancies were noted between units billed and services documented. (B)
2	The provider maintains Service Authorization(s) covering services	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018</p>	<ol style="list-style-type: none"> 1) Service Authorizations were not present in the record.

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	<p>provided and billed during the period under review.</p>	<p>Pages 1-3, 1-10, 3-4, 3-5, APD Rate Table COMPLIANCE</p> <p>Service Authorizations are provided quarterly or more frequently as changes dictate.</p> <p>Review the Service Authorizations for Life Skills Development 1 to ensure:</p> <ul style="list-style-type: none"> ○ The Service Authorizations are available to cover all services provided and billed during the period under review; ○ The Service Authorizations are in approved status; ○ The Service Authorizations indicate the correct rate (e.g. agency, solo, geographic, non-geographic, Monroe county rate, correct ratio). <ul style="list-style-type: none"> ❖ Refer to the current APD Provider Rate Table as needed. <p>WSCs and service providers must verify the Service Authorizations are correct based on the amount, duration, frequency, intensity and scope authorized for the service in the iBudget system. If corrections are needed the service provider should immediately contact the WSC for resolution.</p> <ul style="list-style-type: none"> ○ Consider provider's documented due diligence in securing corrected Service Authorizations when incorrect Service Authorizations are received or updates are in process. 	<ul style="list-style-type: none"> 2) One or more Service Authorizations were not present in the record. 3) One or more Service Authorizations were not in approved status. 4) One or more Service Authorizations did not indicate the correct rate.
3	<p>The provider is in compliance with billing procedures and the Medicaid Waiver Services Agreement.</p>	<p>CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Pages 1-2, 1-10, 2-14, 2-15, 3-4, 3-5, APD Rate Table COMPLIANCE</p>	<ul style="list-style-type: none"> 1) Provider documentation demonstrated provider is a solo but billed the agency rate. (B) 2) Provider documentation demonstrated the provider is not considered an

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		<p>Determine if services are being provided in accordance with the Handbook.</p> <p>Provider bills the appropriate rate:</p> <ul style="list-style-type: none"> • Solo vs. Agency • Geographic, non-geographic, Monroe County • 1:1, 1:2, 1:3 Ratio • An agency or group provider for rate purposes is a provider that has two or more employees to carry out the enrolled service(s). A provider that hires only subcontractors to perform waiver services is not considered an agency provider for rate purposes. <ul style="list-style-type: none"> ○ Determine if provider has at least two employees to carry out the enrolled service(s). If necessary, ask to see the W9 or W4 forms. <p>Review Claims data to determine rate billed:</p> <ul style="list-style-type: none"> ❖ Refer to the current APD Provider rate table as needed. ○ Review the Service Authorizations and Service Logs to determine the approved ratio of 1:1, 1:2, or 1:3 is being utilized for all dates within the period of review. ○ If Service Authorizations and/or Service Logs are not present for some or all of the period under review, refer to other available provider documentation for information that may assist with determinations. ○ Review documentation to verify service was not rendered at a ratio of greater than 1:3. ○ Review Service Logs for information that supports frequency of service provision using approved ratio (QH per day/week, etc.) <p>If service is being routinely rendered at a frequency less than or</p>	<p>agency for rate purposes but billed the agency rate. (B)</p> <p>3) Provider documentation demonstrated provider billed the geographic rate for services rendered in a non-geographic area. (B)</p> <p>4) Provider documentation demonstrated provider billed the Monroe County rate for services not rendered in Monroe County. (B)</p> <p>5) Provider documentation demonstrated services were rendered in groups larger than the authorized ratio. (B)</p> <p>6) Provider documentation demonstrated services were rendered in a group larger than three. (B)</p> <p>7) Service is not being rendered in accordance with the Handbook. (B)</p>

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		greater than the Service Authorization, score as Met and add a Discovery statement. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	
4	The provider bills for services after service are rendered.	CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Page 3-2 COMPLIANCE Provider is not to bill for services prior to rendering. <ul style="list-style-type: none"> • Review Claims data for date(s) billed. • Review service dates documented on Service Logs. • Compare service dates on Service Logs to the “claim billed date” in claims data. • Determine if services were rendered prior to billing for each date of service in the period of review. 	1) Provider documentation demonstrated provider billed for services prior to rendering on one or more dates during the period under review.
5	The provider renders service only to individuals age 21 or older.	CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Page 2-14 COMPLIANCE Life Skills Development 1 services are limited to adults only (age 21 or older). <ul style="list-style-type: none"> • Review available provider documentation to determine the person receiving services was 21 years of age or older for the entire period of review. • Refer to the Support Plan if necessary to assist in determination. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	1) Provider documentation demonstrated the person was under the age of 21 on the date of service for which the claim was submitted. (B) 2) Provider documentation did not demonstrate the person was at least 21 years of age. (B)

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6	Services are rendered in the person's own home, or family home or while the person is engaged in a community activity.	<p>CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Page 2-14 COMPLIANCE</p> <p>Services may be provided in the person's own home or family home, or while a person who lives in his own home, family home or licensed facility is engaged in a community activity.</p> <p>Determine primary residence of the person.</p> <ul style="list-style-type: none"> ○ Review available provider documentation to determine where the person lived during the entire period of review. ○ Refer to the Support Plan if necessary to assist in determining primary residence. ○ Review Service Log (s) to determine where services are rendered. <p>Life Skills Development 1 (Companion) can be provided in the following settings:</p> <ul style="list-style-type: none"> ○ Person's own home; ○ Person's family home; ○ This service may be provided to a person who resides in a licensed facility while the person is engaged in a community activity as long as the companion service is not duplicative of what is required by the residential provider licensing requirements; ○ The community. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<ol style="list-style-type: none"> 1) Provider documentation demonstrated service was rendered in the provider's home. (B) 2) Provider documentation demonstrated service was rendered in a licensed residential facility. (B) 3) Provider documentation demonstrated service was rendered in the home of a relative or a friend of the provider. (B)
7	The provider documents ongoing efforts to address the person's choices and preferences.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Pages 1-7, 2-4, 2-7, 2-8, B-7</p>	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to learn about the person's choices and preferences.

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		<p>PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method of soliciting and documenting the person’s choices and preferences as related to implementing this service.</p> <ul style="list-style-type: none"> • Review record for documentation supporting stated method of soliciting and addressing the person’s choices and preferences on an ongoing basis. • Review Service Log(s) and other available provider documentation to assist in determining if the person’s choices and preferences are being identified and match provider activities on an ongoing basis. • If available refer to the Support Plan as a reference document to determine if person’s choices and preferences are identified and match provider activities. 	<p>2) Provider documentation did not demonstrate ongoing efforts to address the person’s identified choices and preferences.</p>
8	<p>Provider documentation demonstrates the goals identified on the support plan are addressed.</p>	<p>CMS Assurance – Service Plan iBudget Handbook – June 2018 Pages 2-8, 2-14 PERSON CENTERED PRACTICE</p> <p>This service must be provided in direct relation to the achievement of the person’s goals as specified in the person’s Support Plan.</p> <p>Review Support Plan(s) covering the period of review to determine goals/outcomes to be addressed by Life Skills Development 1.</p> <ul style="list-style-type: none"> • Review Service Log(s) and other available provider documentation to determine if the supports and services being provided directly relate to the goals/outcomes specified in the Support Plan(s). • If provider documentation is not “directly” related to the 	<p>1) Provider did not have a copy of the Support Plan(s) or documented due diligence to obtain a copy.</p> <p>2) Provider documentation did not demonstrate provider awareness of the current Support Plan goals.</p> <p>3) Provider documentation demonstrated knowledge of the person’s Support Plan goals but not ongoing efforts to address one or more identified goals.</p>

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		<p>Support Plan goal but similar review record for:</p> <ul style="list-style-type: none"> ○ Documented evidence of provider efforts to work with the person in defining what the goal means to the them and then the service accordingly or; ○ When documentation is consistently related to different goal look for evidence of conversations with the person associated with changing the goal and provider due diligence to coordinate changes with the WSC. <p>Consider “overall” documentation for the period of review. If there are only isolated occurrences of documentation not relating to a goal/outcome score as “met”.</p>	
9	<p>The provider documents progress towards or achievement of Support Plan goals/outcomes on an ongoing basis.</p>	<p>CMS Assurance – Service Plan iBudget Handbook – June 2018 Pages 2-8, 2-14 PERSON CENTERED PRACTICE</p> <p>Review Support Plan(s) to determine goals/outcomes to be addressed by Life Skills Development 1.</p> <ul style="list-style-type: none"> • Ask the provider to describe method of assessing and documenting progress towards or achievement of Support Plan goals/outcomes on an ongoing basis. • Review record for provider documentation supporting stated methods of recording progress towards or achievement of Support Plan goals/outcomes on an ongoing basis. • Review Service Log(s) and other available provider documentation to determine if information and details related to progress towards or achievement of Support Plan goals/outcomes is documented. • Documentation of progress may also include lack of progress or decline in current status. 	<ol style="list-style-type: none"> 1) Provider did not have a copy of the Support Plan(s) or documented due diligence to obtain a copy. 2) Provider documentation did not demonstrate the provider was aware of the person’s Support Plan goals/outcomes. 3) Provider documentation did not demonstrate progress (or lack thereof) towards achievement of one or more identified Support Plan goals/outcomes.

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		Consider “overall” documentation for the period of review. If there are only isolated occurrences of documentation not relating to a goal/outcome score as “met”.	
10	The provider documents ongoing efforts to assist the person to increase community participation and involvement based on his/her interests.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Pages 2-8, 2-14 PERSON CENTERED PRACTICE</p> <p>Ask the provider for method of learning about and documenting the person’s interests regarding community participation and involvement.</p> <ul style="list-style-type: none"> • Review record for documentation supporting method of learning about and documenting the person’s interests regarding community participation and involvement on an ongoing basis. • Review Service Log (s) and other available provider documentation to assist in determining: <ul style="list-style-type: none"> ○ If interests in community participation and involvement are solicited on an ongoing basis. ○ If identified interests are being addressed. ○ If available refer to the Support Plan as a reference document to determine if person’s community interests are identified and match provider activities. 	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to learn about the person’s interest related to community participation and involvement. 2) Provider documentation did not demonstrate ongoing efforts to increase the person’s community participation and involvement.
11	The provider documents ongoing efforts to assist the person/legal representative to know about rights.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Pages 2-8, B-7, 393 F.S. PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method of assisting the person and when applicable the legal representative to know about their rights and responsibilities as related to this service.</p> <ul style="list-style-type: none"> • Review provider documentation demonstrating efforts to 	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to assist the person/legal representative to know about rights. 2) Provider documentation demonstrated efforts to assist the person/legal representative to know about rights but not on an ongoing basis.

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		<p>support the person and when applicable the legal representative to know about rights on an ongoing basis.</p> <ul style="list-style-type: none"> Review available Service Logs and other provider documentation demonstrating efforts to support the person, and when applicable the legal representative to know about rights. <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 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.</p>	
12	The provider documents ongoing efforts to ensure the person's physical health needs are addressed.	<p>CMS Assurance – Health and Welfare iBudget Handbook – June 2018 Pages 1-2, 1-7, 1-10, 1-11, 2-7, 2-8 PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method used to gain and document knowledge of the person's physical health information relevant to the service provided.</p> <ul style="list-style-type: none"> Ask the provider how information related to physical health is maintained and updated on an ongoing basis Review record for documentation supporting stated method. Documentation may be found in Service Logs, intake forms, stand-alone forms, and other available provider documentation. <p>*Key/critical information related to physical health needs will vary by person, and could include, but not be limited to</p>	<ol style="list-style-type: none"> Provider documentation did not demonstrate efforts to gather information about the person's physical health needs. Provider documentation demonstrated knowledge of the person's physical health needs but not ongoing efforts to address identified needs. Key and critical physical health information was absent from the record.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>diagnosis, certain environmental factors, medication and related information, allergies, use of adaptive equipment, medical conditions and other key information critical to maintaining the person’s physical health, and relevant to the service provided.</p>	
13	<p>The provider documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed.</p>	<p>CMS Assurance – Health and Welfare iBudget Handbook – June 2018 Pages 1-2, 1-7, 1-10, 1-11, 2-7, 2-8 PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method used to gain and document knowledge of the person’s behavioral/emotional health information relevant to the service provided.</p> <ul style="list-style-type: none"> • Ask the provider how information related to behavioral/emotional health is maintained and updated on an ongoing basis. • Review record for documentation supporting stated method. • Documentation may be found in Service Logs, intake forms, stand-alone forms, and other available provider documentation. • If based on review of the current Support Plan and provider documentation, if there is no behavioral/emotional health concerns indicated, scored N/A. <p>*Key/critical information related to behavioral/emotional health needs will vary by person and could include, but not be limited to diagnosis, certain environmental factors, medication and related information, Behavior Plans, Safety Plan, police involvement, emotional well-being (stress, anxiety, depression, grief, other emotional issues, or diagnosis) and other information critical to maintaining the person’s behavioral/emotional health and relevant to the service being provided.</p>	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to gather information about the person’s behavioral/emotional health needs. 2) Provider documentation demonstrated knowledge of the person’s behavioral/emotional health needs but not ongoing efforts to address identified needs. 3) Key and critical behavioral/emotional health information was absent from the record.
14	<p>The provider submits documents</p>	<p>CMS Assurance - Service Plan</p>	<ol style="list-style-type: none"> 1) Provider did not have documented

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	<p>to the Waiver Support Coordinator as required.</p>	<p>iBudget Handbook – June 2018 Page A-2 COMPLIANCE</p> <p>Ask the provider to describe method used to submit required documents to the Support Coordinator.</p> <ul style="list-style-type: none"> • Review provider documentation for proof of submission to the Support Coordinator. <ul style="list-style-type: none"> ○ Examples could include fax transmittal reports with cover sheet indicating descriptions of what was faxed, submission tracking logs, date stamps, or indication of date of submission and method sent on the documentation. <p>Items below must be provided to the WSC prior to billing or within 10 days of billing at the latest.</p> <ul style="list-style-type: none"> ○ If billing more than once a month, information with an asterisk (*) and indicated as "(sent monthly)*" may be submitted to the WSC at the time of the last billing in the month. <p>The following documentation is required to be provided to the WSC within the timeframes indicated:</p> <ul style="list-style-type: none"> • Documents to be provided: <ul style="list-style-type: none"> ○ Copy of Service Logs (sent monthly)* within 10 days of billing 	<p>evidence of submitting copies of Service Log(s).</p> <p>2) Provider had documented evidence of submitting some but not all copies of Service Log(s).</p> <p>3) Provider had documented evidence of submitting copies of Service Log(s) but not within 10 days of billing each month.</p> <p>4) Provider had documented evidence of submitting copies of some but not all Service Log(s) within 10 days of billing each month.</p>