

Personal Supports

- iBudget Handbook -

This service is provided in support of a goal included the support plan or an identified need to support or maintain basic health and safety and is not purely diversional in nature.

Personal Supports services provide assistance and training to the person in activities of daily living, such as eating, bathing, dressing, personal hygiene, and preparation of meals. When specified in the support plan, this service can also include heavy household chores to make the home safer.

This service can provide access to community-based activities that cannot be provided by natural or unpaid community supports and are likely to result in an increased ability to access community resources without paid support.

Personal Supports are designed to encourage community integration. Personal Supports in supported living are also designated to teach the person about home-related responsibilities.

This service can also include respite services to a person age 21 years or older living in their family home. Respite services provide relief to the caregiver.

iBudget Handbook Effective Date: 6/10/18 (2-40)

Service Specific Record Review – Personal Supports

#	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-4, 2-40 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 <p>Review Service Log (s) 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>Note: Instances of billing the day rate when documentation demonstrates 32 quarter hours or less should be captured under this standard as a discrepancy.</p> <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 person receiving 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 the service provided (B) 6) Discrepancies were noted between units billed and services documented. (B)

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2	The provider maintains accurate Service Authorization(s) covering services provided and billed during the period under review.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Pages 1-3, 1-10, 3-4, 3-5, Current APD Rate Table COMPLIANCE</p> <p>Service Authorizations are provided quarterly or more frequently as changes dictate.</p> <p>Review the Service Authorizations for Personal Supports 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, day and/or quarter hour rate). <ul style="list-style-type: none"> ❖ Refer to the current APD Provider rate table as needed. <p>WSCs <u>and</u> 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. 	<ol style="list-style-type: none"> 1) Service Authorizations were not present in the record. 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	Provider maintains required documentation when billing by the quarter hour above the daily rate.	<p>CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Pages 2-42, 2-43 COMPLIANCE</p>	<ol style="list-style-type: none"> 1) Provider documentation demonstrated provider billed by the quarter hour in addition to the daily rate without proper approval. (B) 2) Provider documentation did not include

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		<p>Under specific circumstances 6 hours (24 quarter-hours) of Personal Supports above the daily rate may be approved to provide additional supports.</p> <p>Review claims to determine if additional quarter hours of Personal Supports above the day rate are being billed.</p> <ul style="list-style-type: none"> ○ Maximum allowable amount is an additional 24 quarter hours. <p>If the provider is not billing by the quarter hour above the daily rate score this standard N/A</p> <p>Ask the provider under what circumstance the approval has been granted and request supporting documentation.</p> <p>Allowable circumstance and required documentation:</p> <ul style="list-style-type: none"> • Intense Behavioral Challenges <ul style="list-style-type: none"> ○ Must have a Behavior Analysis Service Plan (BASP) implemented by Personal Support provider. ○ Must require visual supervision during all waking hours and intervention as determined by a Certified Behavioral Analyst. ○ BASP must be reviewed by the LRC on a regular schedule. • Person requires temporary additional supervision and assistance to recover from a medical condition, procedure, or surgery. <ul style="list-style-type: none"> ○ Additional supports may only be approved on a time limited basis during person's recovery. ○ Must be documented by medical information signed by the person's physician. • Person requires total physical assistance to include lifting and transferring, in at least three of the basic personal care areas 	<p>required documentation to justify need for additional supports. (B)</p> <p>3) Provider documentation demonstrated provider billed in excess of 24 quarter hours on date of service. (B)</p>

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		<p>of eating, bathing, toileting, grooming, and personal hygiene, due to physical, cognitive or behavioral limitations. Also, the person must require physical assistance during sleep hours to meet their health and safety needs.</p> <ul style="list-style-type: none"> ○ Level of care described above must be thoroughly supported in documentation for example in medical records and other licensed professional records/assessments. <p>This standard is subject to identification of a potential billing discrepancy</p>	
4	<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, 2-40 through 2-43, 3-4, 3-5, Current APD Rate Table COMPLIANCE</p> <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 or 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. 	<ol style="list-style-type: none"> 1) Provider documentation demonstrates the provider is a solo but billed the agency rate. (B) 2) Provider documentation demonstrated the provider is not considered an agency for rate purposes but billed the agency rate. (B) 3) Provider documentation demonstrated the provider billed the geographic rate for services rendered in a non-geographic area. (B) 4) Provider documentation demonstrated provider billed the Monroe county rate for services not rendered in Monroe County. (B) 5) Provider documentation demonstrated services were rendered in groups larger than the authorized ratio. (B) 6) Provider documentation demonstrated services were rendered in a group larger than 3 (three). (B) 7) Provider documentation demonstrated

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		<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. <ul style="list-style-type: none"> ○ 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 determination. • 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 approved ratio. (QH per day/week, etc.) • Personal Support services may not be provided during the time a person is attending a day program. • Services rendered while in the family home (not engaged in a community activity) must be provided on a 1:1 basis. • The provider or the provider's immediate family must not be the person's landlord or have any interest in the ownership of the housing <p>If service is being routinely rendered at a frequency less than or more than the Service Authorization, score as Met and add a Discovery statement.</p> <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<p>services were rendered while person was attending a Life Skills Development 3 day training program. (B)</p> <p>8) Provider documentation demonstrated services were rendered in the person's home at a ratio greater than 1:1. (B)</p> <p>9) Provider or the provider's immediate family is the person's landlord or has interest in ownership of the housing. (B)</p> <p>10) Service is not being rendered in accordance with the Handbook. (B)</p>
5	Provider bills for services only after service is rendered.	CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Page 3-2	1) Provider documentation demonstrated provider billed for services prior to rendering on one or more dates during

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		<p>COMPLIANCE</p> <p>Provider is not to bill for services prior to rendering.</p> <ul style="list-style-type: none"> • Review Claims data for date billed. • Review dates on Service Logs. • Compare date of service on Service Logs to “claim billed date” in claims. • Determine if services were rendered prior to billing for each date of service during the period of review. • Refer back to protocol in standard #1 regarding providers that bill on a periodic or regular basis rather than daily. Apply the same logic when applicable. 	<p>the period under review.</p>
6	<p>The provider renders services only to persons living in their own home or family home.</p>	<p>CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Pages 2-41, 2-42 COMPLIANCE</p> <p>Review current Support Plan and provider documentation to determine if the person receiving service resides in their own home (including supported living situation) or family home.</p> <ul style="list-style-type: none"> • Review documentation to determine if at any time during the period of review services were rendered to a person residing in an institutional or a licensed residential setting (e.g. foster homes, group homes, ALFs, Adult Family Care Homes, nursing homes, hospitals or other institutional settings). <p>Note: Individuals living in licensed group homes are not eligible to receive Personal Support services with the following exceptions:</p> <ul style="list-style-type: none"> ○ During an overnight visit with family or friends away from the foster or group home to facilitate the visit; ○ Temporarily when a group home resident is recovering from surgery or a major illness. It should be time-limited 	<p>1) Provider documentation demonstrated services were rendered to a person residing in a licensed residential facility without APD Regional Office approval. (B)</p> <p>2) Provider documentation demonstrated services were rendered to a person living in an institutional setting. (B)</p>

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		<p>and discontinued once the person has recovered.</p> <ul style="list-style-type: none"> ○ When a person living in a licensed home is employed and needs Personal Support services at the employment site. <p>This standard is subject to identification of a potential billing discrepancy</p>	
7	<p>Provider renders service only to person's age 21 or older (18-20 if living in own home).</p>	<p>CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Pages 2-41, 2-42 COMPLIANCE</p> <p>Review provider documentation to determine the person's date of birth.</p> <ul style="list-style-type: none"> ○ Determine the person's age during the entire period of review. ○ Determine where the person resided during the entire period of review. ● Personal Supports for individuals living in the family home are limited to adults 21 years or older. ● Personal Supports can be provided to individuals' age 18-20 that are living in their own home. <p>This standard is subject to identification of a potential billing discrepancy</p>	<ol style="list-style-type: none"> 1) Provider documentation demonstrated services were rendered to a person under the age of 21 not living in their own home. (B) 2) Provider documentation did not demonstrate the person was at least 21 years of age or 18-20 living in his/her own home. (B) 3) Provider documentation demonstrated the person was under the age of 21 living in the family home on the date of service for which the claim was submitted.
8	<p>Services are rendered only in the person's own home, family home or while the person is engaged in a community activity.</p>	<p>CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Page 2-41 COMPLIANCE</p> <p>Personal Supports are provided in the person's own home, family home, or when engaged in a community activity.</p>	<ol style="list-style-type: none"> 1) Provider documentation demonstrated services were provided in the personal residence of the provider. (B) 2) Provider documentation demonstrated services were provided in the home of a relative or friend of the provider. (B) 3) Provider documentation demonstrated services were provided in a hospital, an

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		<p>Review Service Log (s) to determine where service occurs.</p> <ul style="list-style-type: none"> Individuals may not receive this service while in the provider's personal residence at any time. <p>Exception: This service may be provided in a <u>licensed facility</u> when provided to a person 21 or older living in the family home and service is being utilized as Respite.</p> <p>This standard is subject to identification of a potential billing discrepancy</p>	ICF/IID or other institutional environment. (B)
9	When the person is receiving Personal Supports and Supported Living Coaching, there is documented evidence of ongoing coordination between the services.	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Pages 2-41, 2-73 COMPLIANCE</p> <p>Determine if the person also receives Supported Living Coaching services.</p> <ul style="list-style-type: none"> Supported Living Coaching services may be provided by the same or different provider. Using the person's Medicaid number search claims in FSQAP. If the person does not receive Supported Living Coaching services score this standard N/A <p>When a person receives Supported Living Coaching and Personal Supports, the providers must work together to avoid duplication of activities.</p> <ul style="list-style-type: none"> Ask the provider to describe method of communicating and documenting information shared with the Supported Living Coach in an effort to avoid duplication of services. Review the record for documentation the Personal Supports provider has been interacting/communicating with the 	1) Provider documentation did not demonstrate ongoing coordination of activities between the Supported Living Coach and the Personal Supports provider.

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		<p>Supported Living Coach relative to the Implementation Plan and the Support Plan in order to coordinate activities on an ongoing basis.</p> <ul style="list-style-type: none"> • Evidence may be found in Service Logs or other forms of provider documentation. • Look for evidence responsibilities and tasks are being divided between the Personal Supports provider and the Supported Living Coach per the Implementation Plan and Support Plan or both. 	
10	<p>Provider documentation demonstrates the goals or identified needs on the Support Plan are being addressed.</p>	<p>CMS Assurance – Service Plan iBudget Handbook – June 2018 Pages 2-40, 2-41 PERSON CENTERED PRACTICE</p> <p>This service is to be provided in support of:</p> <ul style="list-style-type: none"> ○ A goal included in the support plan or; ○ An identified need to support/maintain basic health/safety ○ And is not purely diversional in nature. <p>When the person receives both Personal Supports and Supported Living Coaching the Personal Supports Provider must follow plans and strategies developed by the Supported Living Coach as detailed in the support plan, Implementation Plan, or both.</p> <p>Review the support plan(s) covering the period under review to determine Support Plan goals or identified needs to be addressed by Personal Supports.</p> <ul style="list-style-type: none"> • If available refer to the Support Plan (entire document-not just goals page) for specific duties and responsibilities required of the Personal Supports provider. • If the person also receives Supported Living Coaching refer to the Implementation Plan if available. 	<ol style="list-style-type: none"> 1) The 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 awareness of the goals or identified needs on the Support Plan. 3) Provider documentation demonstrated knowledge of the person’s Support Plan goals/needs but not ongoing efforts to address one or more identified goals/needs.

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		<ul style="list-style-type: none"> • Review Service Log (s) to determine if supports and services provided directly relate to the goals or identified needs on the Support Plan(s). <p>Consider “overall” documentation for the period of review. If there are only isolated occurrences of documentation not relating to a goal or identified need score as “met”.</p>	
11	<p>The provider documents progress towards or achievement of Support Plan goals or identified needs.</p>	<p>CMS Assurance – Service Plan iBudget Handbook – June 2018 Pages 2-8, 2-40 PERSON CENTERED PRACTICE</p> <p>Review Support Plan(s) to determine the person’s goals/outcomes or identified needs to support/maintain basic health/safety to be addressed by Personal Supports.</p> <ul style="list-style-type: none"> • Ask the provider to describe method of assessing and documenting progress towards achievement of Support Plan goals or supporting identified needs to maintain health/safety on an ongoing basis. • Review record for provider documentation supporting stated methods of assessing progress towards achievement of Support Plan goals or supporting identified needs to maintain health/safety 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/identified needs is documented. • Documentation of progress may also include lack of progress or decline in current status. <p>Consider “overall” documentation for the period of review. If there are only isolated occurrences of documentation not relating to a goal/outcome or identified needs score as “met”</p>	<ol style="list-style-type: none"> 1) The 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 progress (or lack thereof) towards achievement of one or more identified Support Plan goals/outcomes. 3) Provider documentation did not demonstrate progress (or lack thereof) towards supporting one or more identified needs to maintain basic health/safety.

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12	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, B-7 PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method of soliciting and documenting the person's choices and preferences related to implementing this service on an ongoing basis.</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 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. • Take into consider frequency/duration and purpose of service and purpose identified on the Support Plan. 	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to learn about the person's choices and preferences. 2) Provider documentation did not demonstrate ongoing efforts to address the person's identified choices and preferences.
13	The provider documents ongoing efforts to assist the person to increase community participation and involvement based on his/her interests.	<p>CMS Service Plan Sub-Assurance iBudget Handbook – June 2018 Pages 2-8, 2-40 PERSON CENTERED PRACTICE</p> <p>Select N/A if the Support Plan does not contain a goal/outcome related to community participation and involvement.</p> <p>Ask the provider for method of learning about and documenting the person's interests regarding community participation and involvement.</p>	<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.

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		<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 interests are identified and match provider activities. ○ Take into consider frequency/duration and purpose of service and purpose identified on the Support Plan. 	
14	<p>The provider documents ongoing efforts to assist the person/legal representative to know about rights.</p>	<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 supporting stated methods for provider efforts to assist the person/legal representative to know about rights on an ongoing basis. • 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.</p>	<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>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, free from harm, self-determination, etc.</p>	
15	<p>The provider documents ongoing efforts to ensure the person's physical 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 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, or other available provider documentation. • Take into consider frequency/duration and purpose of service identified on the Support Plan. <p>*Key/critical information related to physical health needs will vary by person, and could include, but not be limited to 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>	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to gather information about the person's physical health needs. 2) Provider documentation demonstrated knowledge of the person's physical health needs but not ongoing efforts to address identified needs. 3) Key and critical physical health information was absent from the record.
16	<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>	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to gather information about the person's behavioral/emotional health needs.

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		<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, or other available provider documentation. • Take into consideration frequency/duration and purpose of service identified on the Support Plan. • If based on review of the current Support Plan and provider documentation, there are no behavioral/emotional health concerns indicated, score 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>	<p>2) Provider documentation demonstrated knowledge of the person’s behavioral/emotional health needs but not ongoing efforts to address identified needs.</p> <p>3) Key and critical behavioral/emotional health information was absent from the record.</p>
17	<p>The provider submits documents to the Waiver Support Coordinator as required.</p>	<p>CMS Assurance - Service Plan iBudget Handbook – June 2018 Page A-4 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 	<p>1) Provider did not have documented 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</p>

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		<p>Support Coordinator.</p> <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 calendar 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> <p>Documents to be provided:</p> <ul style="list-style-type: none"> ▪ Copy of service log (sent monthly)* 	<p>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>