

## Service Specific Record Review – Supported Living Coaching

| # | Performance Measure/Standard  | Protocol  | Not Met Reasons   |
|---|---|---|---|
| 1 | The provider has complete Daily Progress Notes for each date of service provided and billed during the period under review. | <p>CMS Assurance – Financial Accountability<br/>iBudget Handbook – June 2018<br/>Pages 1-5, 2-73, A-6<br/>COMPLIANCE</p> <p>Review <b>Daily Progress Notes</b> for the entire period of review.</p> <p>Determine Daily Progress Notes include all required components.</p> <ul style="list-style-type: none"> <li>○ Name of person receiving service</li> <li>○ Date of service</li> <li>○ Time in/out</li> <li>○ Summary of activities and supports provided during the contact</li> <li>○ How the provider or intervention addressed the person’s Support Plan goal(s).</li> </ul> <p>Review Daily Progress Notes against claims data to ensure accuracy in billing.</p> <ul style="list-style-type: none"> <li>○ Compare each date of service in claims to documented date of service on each Daily Progress Note in the period of review.</li> <li>○ Compare units paid in claims to documented units on each Daily Progress Note.</li> <li>○ 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.</li> </ul> <p><b>This standard is subject to identification of a potential billing discrepancy</b></p> | <ol style="list-style-type: none"> <li>1) Daily Progress Note was not present for the date of service for which the claim was submitted. (B)</li> <li>2) Daily Progress Note did not include the person’s name. (B)</li> <li>3) Daily Progress Note did not include a time in/out. (B)</li> <li>4) Daily Progress Note did not include the date service was provided. (B)</li> <li>5) Daily Progress Note did not include a summary activities, supports, and contacts with the person. (B)</li> <li>6) Daily Progress Note did not include how the provider or intervention addressed the person’s Support Plan goal(s). (B)</li> <li>7) Discrepancies were noted between units billed and services documented. (B)</li> </ol> |

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| 2 | <p>The Implementation Plan covering services provided and billed during the period under review is in the record.</p> | <p>CMS Assurance – Financial Accountability<br/>iBudget Handbook – June 2018<br/>Pages 1-7, A-6<br/>COMPLIANCE</p> <p>Review record to determine if there is an Implementation Plan present covering the entire period of review (this may require review of 2 Implementation Plans).</p> <ul style="list-style-type: none"> <li>• Implementation Plan must be developed, at a minimum, within 30 days of the initiation of the new service, or within 30 days of receipt of the support plan for continuation of services and annually thereafter.</li> <li>• Ask the provider to describe method of documenting receipt of Support Plans from WSCs.               <ul style="list-style-type: none"> <li>○ Determine date provider received the Support Plan from the WSC.</li> <li>○ Determine date Implementation Plan was developed.                   <ul style="list-style-type: none"> <li>➤ <b>Provider is responsible for documenting the date the Support Plan was received from the WSC and/or efforts to obtain.</b></li> </ul> </li> </ul> </li> </ul> <p>Exception: When the support plan is received more than 30 days prior to the Support Plan effective date the following may apply -Implementation plan must be developed no later than 30 days prior to the SP effective date or within 30 days of receipt of the Support Plan which ever date is later.<br/>Example: SP effective 10/1</p> <ul style="list-style-type: none"> <li>• SP received 7/15 – develop IP no later than 9/1 (30 days prior to SP effective date)</li> <li>• SP received 8/15 – develop IP no later than 9/14 (within 30 days of receipt)</li> </ul> | <ol style="list-style-type: none"> <li>1) Implementation Plan was not in the record for some or all of period of review. (B)</li> <li>2) Implementation Plan was not developed within 30 days of receipt of the Support Plan from the WSC. (B)</li> <li>3) Implementation Plan was not developed within 30 days following the initiation of the new service. (B)</li> <li>4) Provider documentation does not demonstrate date the support plan was received from the WSC. (B)</li> </ol> |

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|   |   | <ul style="list-style-type: none"> <li>• SP received 9/15 – develop IP no later than 10/15 (within 30 days of receipt).</li> </ul> <p style="text-align: center;"><b>This standard is subject to identification of a potential billing discrepancy</b></p>   |  |
| 3 | <p>The current Implementation Plan covering services provided and billed during the period under review contains all required components.</p> | <p>CMS Assurance – Financial Accountability<br/>iBudget Handbook – June 2018<br/>Pages 1-7, A-6<br/>COMPLIANCE</p> <p>NOTE: For the purposes of this standard, only the “current Implementation Plan” will be reviewed. This is defined as the Implementation Plan associated with the Support Plan in effect at the time of the record review.</p> <p>Review the current Support Plan to determine the goals/outcomes to be addressed by Supported Living Coaching.</p> <p>Review the current Implementation Plan to determine minimum content is included:</p> <ul style="list-style-type: none"> <li>○ Name of person receiving services;</li> <li>○ Goal(s)/outcomes from the current Support Plan the service will address;</li> <li>○ Methods employed to assist the person in meeting the Support Plan goal(s)/outcomes                             <ul style="list-style-type: none"> <li>▪ The methods employed should vary based on the nature of the goal(s)/outcome(s), person’s preferences and according to the person’s learning style i.e. hand over hand, verbal prompt, simulations, role play, step by step instructions, demonstration, repetition, practice,</li> </ul> </li> </ul> | <ol style="list-style-type: none"> <li>1) Current Implementation Plan was not in the record.</li> <li>2) Current Implementation Plan did not include the name of the person served.</li> <li>3) Current Implementation Plan did not include one or more goal(s)/outcomes from the Support Plan the service will address.</li> <li>4) Current Implementation Plan did not include methods employed to assist the person in meeting Support Plan goal(s)/outcomes.</li> <li>5) Methods identified on the current Implementation Plan did not relate to the Support Plan goals/outcomes.</li> <li>6) Current Implementation Plan did not identify system to be used for data collection and assessment of the person’s progress toward achieving the Support Plan goal(s)/outcomes.</li> <li>7) Current Implementation Plan did not include the frequency of services.</li> <li>8) Current Implementation Plan did not include how home, health and community safety needs will be addressed.</li> <li>9) Current Implementation Plan did not include a personal emergency disaster plan.</li> <li>10) Current Implementation Plan did not include the method for accessing the provider 24-hours per-day, 7-days per-week for</li> </ol> |

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|   |                              | <p>etc.</p> <ul style="list-style-type: none"> <li>○ System to be used for data collection and assessment of the person’s progress in achieving the Support Plan goal(s)/outcomes                             <ul style="list-style-type: none"> <li>▪ Data collection systems and assessment of progress toward Support Plan goals/outcomes should vary based on the nature of the goal(s)/outcome(s) and be consistent with methods. Examples may include but not be limited to data collection sheets, skill acquisition forms, progress notes.</li> </ul> </li> <li>○ The frequency of the supported living service;                             <ul style="list-style-type: none"> <li>▪ Anticipated and estimated agreed upon frequency will vary by person and could indicate but not be limited to as specific as which days of the week, two days/week, every two weeks. And otherwise as needed.</li> </ul> </li> <li>○ How home, health and community safety needs will be addressed and the supports needed to meet these needs;</li> <li>○ Personal emergency disaster plan</li> <li>○ The method for accessing the provider 24-hours per-day, 7-days per-week for emergency assistance; and</li> <li>○ A description of how natural and generic supports will be used to assist in supporting the person.</li> <li>○ Signature of the recipient/legal representative.</li> </ul> <p>Review current Implementation Plan to determine if changes or updates were completed prior to implementation.</p> | <p>emergency assistance.</p> <p>11) Current Implementation Plan did not include a description of how natural and generic supports will be used to assist in supporting the person.</p> <p>12) Current Implementation Plan was not updated prior to initiating identified changes.</p> <p>13) Current Implementation Plan was not signed by the recipient/legal representative.</p> |

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| 4 | <p>Provider documentation demonstrates the Implementation Plan is followed as written.</p>   | <p>CMS Assurance - Service Plan<br/>iBudget Handbook – June 2018<br/>Pages A-6, A-7<br/>COMPLIANCE</p> <p>Review record for Implementation Plans covering the period of review.</p> <ul style="list-style-type: none"> <li>• Determine if provider documentation demonstrates identified methods employed to assist the person in meeting the Support Plan goal(s)/outcomes are being followed.                             <ul style="list-style-type: none"> <li>○ Refer back to Implementation Plan(s) for specific methods.</li> </ul> </li> <li>• Determine if provider documentation demonstrates system to be used for data collection/assessment of progress is being followed.                             <ul style="list-style-type: none"> <li>○ Refer back to Implementation Plan for specific data collection/assessment systems.</li> </ul> </li> <li>• Review documentation to determine if updates were made to the Implementation Plan during the Support Plan year                             <ul style="list-style-type: none"> <li>○ If so, determine if ongoing service documentation demonstrates identified changes.</li> </ul> </li> </ul> | <ol style="list-style-type: none"> <li>1) Implementation Plan was not in the record.</li> <li>2) Provider documentation demonstrated one or more goal(s)/outcomes from the Support Plan were not being addressed.</li> <li>3) Provider documentation did not demonstrate methods identified to assist the person to meet Support Plan goals/outcomes were being followed.</li> <li>4) Provider documentation did not demonstrate system to be used for data collection/assessment of progress was being followed.</li> <li>5) Provider documentation did not demonstrate change when modifications were made to the Implementation Plan.</li> </ol> |
| 5 | <p>A copy of the Implementation Plan is provided to the person and when applicable, the legal representative, within the required 30-day time frame.</p> | <p>CMS Assurance - Service Plan<br/>iBudget Handbook – June 2018<br/>Page A-6<br/>Compliance</p> <p>NOTE: For the purposes of this standard, only the “current Implementation Plan” will be reviewed. This is defined as the Implementation Plan associated with the Support Plan in effect at the time of the record review.</p>  | <ol style="list-style-type: none"> <li>1) Provider documentation did not demonstrate a copy of the Implementation Plan was provided to the person.</li> <li>2) Provider documentation did not demonstrate a copy of the Implementation Plan was provided to the legal representative.</li> <li>3) Provider documentation demonstrated a copy of the Implementation Plan was provided to the person but not within the 30-day</li> </ol>   |

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|   |   | <p>Ask the provider to describe method of documenting how and when a copy of the Implementation Plan is provided to the person and when applicable, the legal representative.</p> <ul style="list-style-type: none"> <li>• Review record for documentation supporting stated method.</li> <li>• Determine the date a copy of the Implementation Plan was provided to the person and when applicable, the legal representative.</li> <li>• The Implementation Plan must be developed within 30 days of receipt of the Support Plan or initiation of a new service. (See “Exception” in protocol standard #2)</li> <li>• A copy of the Implementation Plan, signed by the person, must be furnished to the person and when applicable the person’s legal representative at the end of this 30-day period.</li> </ul> | <p>timeframe.</p> <p>4) Provider documentation demonstrated a copy of the Implementation Plan was provided to the legal representative but not within the 30-day timeframe.</p>  |
| 6 | <p>A Quarterly Summary covering services provided and billed during the period under review is in the record.</p> | <p>CMS Assurance – Financial Accountability<br/>iBudget Handbook – June 2018<br/>Pages 1-8, 1-9, A-2, A-6<br/>COMPLIANCE</p> <p>The quarterly time period begins on the effective date of the Support Plan</p> <p>Refer to Support Plan to determine the goals/outcomes addressed by Supported Living Coaching.</p> <p>Determine Support Plan effective date to determine Quarterly Summary timeframes.</p> <ul style="list-style-type: none"> <li>• Determine if provider completes Monthly rather than Quarterly Summaries. <ul style="list-style-type: none"> <li>○ Monthly Summaries in lieu of Quarterly Summaries</li> </ul> </li> </ul>   | <p>1) Quarterly/Monthly Summaries were not in the record.</p> <p>2) One or more Quarterly/Monthly Summaries were not in the record.</p> <p>3) Quarterly/Monthly Summaries were present but were not reflective of progress toward one or more Support Plan goals/outcomes.</p> <p>4) Quarterly/Monthly Summaries were present but did not include a description of activities that took place during each quarter/month.</p> <p>5) Quarterly Summaries were completed but were not aligned with the Support Plan effective date.</p> |

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|   |  | <p>are acceptable.</p> <ul style="list-style-type: none"> <li>• Review each Quarterly (Monthly) Summary within the review period to determine minimum content is included:                             <ul style="list-style-type: none"> <li>○ Description of the person’s progress, or lack thereof, toward achieving each of the goals/outcomes identified on the Support Plan specific to Supported Living.</li> <li>○ *Description of the activities that took place during each quarter (month) of the Support Plan year that services were rendered.</li> </ul> </li> </ul> <p>*Description of activities that took place during each quarter (month) of the Support Plan year for Supported Living Coaching will vary by person, frequency of service and purpose of the service but could include: assistance with procuring new housing, navigating eviction, assistance/resolution in the area of finances, updating IP following achievement of a significant milestone, provide updates on any unresolved issues reported on the previous quarterly, medical appointments, family activities, etc.</p> <p>If the provider was not providing services at the time the last Quarterly (Monthly) Summary was due, score N/A.</p> |  |
| 7 | The Annual Report covering services provided and billed during the period under review is in the record. | <p>CMS Assurance – Financial Accountability<br/>iBudget Handbook – June 2018<br/>Pages 1-3, A-6<br/>COMPLIANCE</p> <p>Review record to determine if there is an Annual Report present covering the entire period of review (this may require review of 2 Annual Reports).</p>  | <ol style="list-style-type: none"> <li>1) Annual Report was not in the record. (B)</li> <li>2) Annual Report was completed, but not at least 60 days prior to the Support Plan effective date. (B)</li> <li>3) The Annual Report was present but did not indicate a date of completion. (B)</li> </ol> |

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|   |  | <p>Review record to determine Support Plan effective date.</p> <ul style="list-style-type: none"> <li>• Determine if the Annual Report is a component of the Third Quarterly Summary, Ninth Monthly Summary (for those completing Monthly Summaries) or a separate document (which is acceptable).                             <ul style="list-style-type: none"> <li>○ The Third Quarterly Summary or Ninth Monthly Summary may serve as the Annual Report when a summary of the previous three quarters (or nine months) is included.</li> </ul> </li> <li>• Determine date Annual Report was completed and provided to the Support Coordinator.                             <ul style="list-style-type: none"> <li>○ The Annual Report must be completed and provided to the Support Coordinator at least 60 days prior to the Support Plan effective date.</li> </ul> </li> </ul> <p>If the provider has rendered services to the person less than 12 months, the Annual Report would cover all months since services were initiated.</p> <p>If the provider was not providing services to the person at the time of the last Annual Report was due, score as N/A.</p> <p style="text-align: center;"><b>This standard is subject to identification of a potential billing discrepancy</b></p> |  |
| 8 | The Annual Report covering services provided and billed during the period under review contains all required components. | <p>CMS Assurance – Financial Accountability<br/>iBudget Handbook – June 2018<br/>Pages 1-3, A-6<br/>COMPLIANCE</p> <p>Refer to Support Plan to determine the goals/outcomes addressed by Supported Living Coaching</p>   | <ol style="list-style-type: none"> <li>1) Current Annual Report was not in the record.</li> <li>2) Current Annual Report did not include a summary of the previous three quarters (or nine months) of the Support Plan year.</li> <li>3) Current Annual Report did not contain a summary of the person’s progress toward achieving one or more individually</li> </ol> |



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|   |                              | <p>Review record to determine Support Plan effective date.</p> <ul style="list-style-type: none"> <li>• Determine if the Annual Report is a component of the Third Quarterly Summary, Ninth Monthly Summary (for those completing Monthly Summaries) or a separate document (which is acceptable).                             <ul style="list-style-type: none"> <li>○ The Third Quarterly Summary or Ninth Monthly Summary may serve as the Annual Report when a summary of the previous three quarters (or nine months) is included.</li> </ul> </li> <li>• Review Annual Report for a summary of the first three quarters (or nine months) of the Support Plan year which must include:                             <ul style="list-style-type: none"> <li>○ Description of the person’s progress, or lack thereof, toward achieving personally determined goals/outcomes identified on the Support Plan specific to the service rendered.</li> <li>○ Any pertinent information about significant events that occurred in the person’s life during the previous year.</li> </ul> </li> </ul> <p>*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 milestone achieved, significant event in the person’s personal life that impacted daily activities, significant health events, purchase of a home, change in/loss of a roommate, marriage/divorce, first time aunt/uncle, etc.</p> <p>If the provider has rendered services to the person less than 12 months, the Annual Report, would cover all months</p> | <p>determined goals/outcomes.</p> <p>4) Current Annual Report did not contain any pertinent information about significant events that occurred in the person’s life during the previous year.</p> |

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|   |   | <p>since services were initiated.</p> <p>If the provider was not providing services to the person at the time the last Annual Report was due, score as N/A.</p>  |  |
| 9 | The provider maintains Service Authorization(s) covering services provided and billed during the period under review. | <p>CMS Assurance - Service Plan<br/>iBudget Handbook – June 2018<br/>Pages 1-3, 1-10, 3-4, 3-5<br/>COMPLIANCE</p> <p>Service Authorizations are provided quarterly or more frequently as changes dictate.</p> <ul style="list-style-type: none"> <li>• Review the Service Authorizations for Supported Living Coaching to ensure: <ul style="list-style-type: none"> <li>○ The Service Authorizations are available to cover all services provided and billed during the period under review;</li> <li>○ The Service Authorizations are in approved status;</li> <li>○ The Service Authorizations indicate the correct rate (e.g. geographic, non-geographic, Monroe county rate). <ul style="list-style-type: none"> <li>❖ Refer to the current APD Provider Rate Table as needed.</li> </ul> </li> </ul> </li> </ul> <p>WSCs <b>and</b> service providers must verify the Service Authorizations are correct based on the amount, duration, frequency, intensity and scope authorized for the services 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"> <li>○ Consider provider’s documented due diligence in securing corrected Service Authorizations when</li> </ul> | <ol style="list-style-type: none"> <li>1) Service Authorizations were not present in the record.</li> <li>2) One or more Service Authorizations were not present in the record.</li> <li>3) One or more Service Authorizations were not in approved status.</li> <li>4) One or more Service Authorizations did not indicate the correct rate.</li> </ol> |

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|    |   | <p style="text-align: center;">incorrect Service Authorizations are received or updates are in process.</p>   |   |
| 10 | <p>Services billed do not exceed 24qh of service per day and 8760qh per year.</p>               | <p>CMS Assurance – Financial Accountability<br/>iBudget Handbook – June 2018<br/>Current APD Provider Rate Table<br/>COMPLIANCE</p> <p>Review claims data for dates of service billed in excess of 24 quarter hours.</p> <ul style="list-style-type: none"> <li>• Maximum billable units per day cannot exceed 24 quarter hours (6 hours).</li> </ul> <p>Refer back to protocol on #1 if necessary if the provider combines several service dates into one billing cycle.</p> <p style="text-align: center;"><b>This standard is subject to identification of a potential billing discrepancy</b></p>   | <p>1) Provider documentation demonstrated provider billed in excess of 24qh on the date of service for which the claim was submitted. (B)</p>   |
| 11 | <p>The service is rendered to a person 18 years of age or older living in his/her own home.</p> | <p>CMS Assurance – Financial Accountability<br/>iBudget Handbook – June 2018<br/>Page 2-70<br/>COMPLIANCE</p> <ul style="list-style-type: none"> <li>• Review the record to identify the date of birth of the person. <ul style="list-style-type: none"> <li>○ Determine the person has been 18 years of age or older for the entire period of review.</li> </ul> </li> <li>• Review the record for documentation of where the person resides. <ul style="list-style-type: none"> <li>○ Determine the person resides in his/her own home and not a licensed facility, foster home or family home with the following exceptions: <ul style="list-style-type: none"> <li>– The service limitations of a family home do not</li> </ul> </li> </ul> </li> </ul> | <p>1) Provider documentation demonstrated the person was under the age of 18 on the date of service for which the claim was submitted. (B)</p> <p>2) Provider documentation demonstrated service was provided to a person residing in a licensed residential facility or foster care home for more than initial 90 days of transition. (B)</p> <p>3) Provider documentation demonstrated service was provided to a person residing in a family home for more than initial 90 days of transition. (B)</p> <p>4) Provider documentation did not demonstrate</p> |

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|    |  | <p>apply when the parents or spouse in the home are also receiving services from the Agency for Persons with Disabilities.</p> <ul style="list-style-type: none"> <li>– OR, if the person is residing in the family home, a licensed residential facility or foster care home the services are rendered within the initial 90 days of transition into Supported Living.</li> </ul> <p><b>This standard is subject to identification of a potential billing discrepancy</b></p>  | <p>the person was at least 18 years of age. (B)</p>   |
| 12 | <p>The Functional Community Assessment including annual updates covering services provided and billed during the period under review is in the record.</p> | <p>CMS Assurance – Health and Welfare<br/>iBudget Handbook – June 2018<br/>Pages 2-70, A-7, F-1<br/>COMPLIANCE</p> <p>The supported living provider is responsible for completing the Functional Community Assessment prior to the person’s move into a supported living arrangement or within 45 days of service implementation for a person already in a supported living arrangement. The Functional Community Assessment must be updated at least annually.</p> <p>Review the record to locate the Functional Community Assessment.</p> <ul style="list-style-type: none"> <li>• Determine the date the person moved into a supported living arrangement and evaluate accordingly. <ul style="list-style-type: none"> <li>○ If the person moved into a supported living arrangement within the period of review, determine if the Functional Community Assessment was completed prior to the move.</li> <li>○ If the person was already in a supported living arrangement but service was initiated during the</li> </ul> </li> </ul> | <ol style="list-style-type: none"> <li>1) Functional Community Assessment was not in the record.</li> <li>2) Functional Community Assessment was in the record but was not completed prior to the person moving into the supported living arrangement.</li> <li>3) Functional Community Assessment was not completed within 45 days of service implementation for a person already in a supported living arrangement.</li> <li>4) Functional Community Assessment had not been updated at least annually.</li> <li>5) Functional Community Assessment did not have a date to determine when completed/updated.</li> </ol> |

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|    |   | <p>period of review determine if the Functional Community Assessment was completed within 45 days of service implementation.</p> <ul style="list-style-type: none"> <li>○ If the person has been in a supported living arrangement with the same provider during the entire period of review look for evidence of annual updates to the Functional Community Assessment.</li> </ul> <p>Note: The date of the initial Functional Community Assessment and subsequent annual updates will not always correspond with the Support Plan effective date. However, updates to the Functional Community Assessment are required to be completed at least annually.</p>  |   |
| 13 | <p>The initial Housing Survey and ongoing quarterly reviews covering services provided and billed during the period under review are in the record.</p> | <p>CMS Assurance – Health and Welfare<br/>iBudget Handbook – June 2018<br/>Pages 2-70, G-2<br/>COMPLIANCE</p> <p>Review documentation in the record to identify the date the person moved into the current residence.</p> <ul style="list-style-type: none"> <li>○ If a move from one residence to another occurred within the period of review determine if an initial Housing Survey corresponding to that move is in the record and;</li> <li>○ Determine if the Housing Survey was completed prior to the person moving in.</li> <li>● The Housing Survey is to be completed prior to the person moving into the residence and at least quarterly thereafter. <ul style="list-style-type: none"> <li>○ Determine if the housing survey has been reviewed at least quarterly as part of the quarterly home visit with the Support Coordinator and updated as</li> </ul> </li> </ul> | <ol style="list-style-type: none"> <li>1) Initial Housing Survey was not in the record.</li> <li>2) Initial Housing Survey was in the record but was not completed prior to the person's move.</li> <li>3) Provider documentation demonstrated the Housing Survey was not reviewed during one or more quarterly meetings with the Support Coordinator.</li> </ol> |

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|    |  | <p style="text-align: center;">needed.</p> <p>Note: Initial Housing Survey is only required if the person moved into the current residence within the period of review.</p>   |  |
| 14 | <p>The current Financial Profile covering services provided and billed during the period under review is in the record.</p>          | <p>CMS Assurance – Health and Welfare<br/>iBudget Handbook – June 2018<br/>Pages 2-71, A-8<br/>COMPLIANCE</p> <p><b>The supported living provider must complete a Financial Profile for each person served.</b></p> <ul style="list-style-type: none"> <li>• Review the record to locate the current Financial Profile</li> <li>• Determine if the Financial Profile has been updated at least annually.</li> <li>• If the financial profile indicates a need for a one-time or recurring subsidy, the profile must be submitted to and approved by the APD Regional Office: <ul style="list-style-type: none"> <li>○ Before the person signs a lease;</li> <li>○ Any time the person’s finances change;</li> <li>○ Annually thereafter.</li> </ul> </li> </ul> | <ol style="list-style-type: none"> <li>1) A current Financial Profile was not in the record.</li> <li>2) A current Financial Profile was in the record but not approved by the APD Regional Office when a one time or recurring subsidy was needed.</li> <li>3) APD Regional Office approval was not obtained when the finances of a person receiving a subsidy changed.</li> <li>4) Provider documentation did not demonstrate the Financial Profile had been updated at least annually.</li> </ol>                     |
| 15 | <p>Documentation of quarterly home visits covering services provided and billed during the period under review is in the record.</p> | <p>CMS Assurance – Financial Accountability<br/>iBudget Handbook – June 2018<br/>Page 2-70<br/>COMPLIANCE</p> <p>Review provider documentation of each quarterly meeting required during the period of review. Documentation of each meeting shall include at a minimum:</p> <ul style="list-style-type: none"> <li>○ A review of the supported living services rendered to ensure services are assisting the person with identified Support Plan goals/outcomes;</li> </ul>  | <ol style="list-style-type: none"> <li>1) Provider documentation for one or more quarterly home visits was not in the record.</li> <li>2) Provider documentation for one or more quarterly home visits was not completed within the required quarterly timeframe.</li> <li>3) Provider documentation did not include review of the supported living services and identified Support Plan goals/outcomes.</li> <li>4) Provider documentation did not include complete review of the person’s financial status.</li> </ol> |

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| #  | Performance Measure/Standard  | Protocol   | Not Met Reasons   |
|----|---|--|---|
|    |   | <ul style="list-style-type: none"> <li>○ Review of the person’s financial status including a review of the financial profile, financial records and the status of the subsidy if provided;</li> <li>○ Review of the person’s health and safety status including identified need for follow-up;</li> <li>○ Look for evidence the Housing Survey has been updated quarterly and made available to the Waiver Support Coordinator at or prior to each quarterly meeting. (addressed in previous standard)</li> <li>● Quarterly Home Visits are <b>not</b> required to correspond with the Support Plan effective date. Quarterly Home Visits are a separate activity from the requirement of a Quarterly Summary.</li> </ul>  | <p>5) Provider documentation did not include review of the person’s health and safety status including identified need for follow-up.</p> <p>6) Provider documentation did not include dates to determine when completed.</p> |
| 16 | <p>When the person is receiving Personal Supports and Supported Living Coaching, there is documented evidence of coordination between the services on an ongoing basis.</p> | <p>CMS Assurance - Service Plan<br/>iBudget Handbook – June 2018<br/>Pages 2-41, 2-73<br/>COMPLIANCE</p> <p>Determine if the person receives Personal Supports and Supported Living Coaching.</p> <ul style="list-style-type: none"> <li>○ Personal Supports may be provided by the same or different provider.</li> <li>● Using the person’s Medicaid number search claims in FSQAP.</li> <li>● If the person does not receive Personal Supports score this standard N/A</li> </ul> <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"> <li>● Ask the provider to describe method of communicating and documenting information shared between the</li> </ul> | <p>1) Provider documentation did not demonstrate ongoing coordination of activities between the Supported Living Coach and the Personal Supports provider.</p>  |

## Service Specific Record Review – Supported Living Coaching

| #  | Performance Measure/Standard   | Protocol   | Not Met Reasons   |
|----|--|--|---|
|    |  | <p>Personal Supports Provider in an effort to avoid duplication of services.</p> <ul style="list-style-type: none"> <li>• Review the record for documentation the Support Living Coach has been interacting/communicating with the Personal Supports provider relative to the IP and the SP in order to coordinate activities on an ongoing basis.</li> <li>• Evidence may be found in Daily Progress Notes, quarterly meeting notes, Quarterly (Monthly) Summaries or other available provider documentation.</li> <li>• 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.</li> </ul>  |   |
| 17 | <p>Provider is in compliance with billing procedures and the Medicaid Waiver Services Agreement.</p> | <p>CMS Assurance – Financial Accountability<br/>iBudget Handbook – June 2018<br/>Pages 1-2, 1-10, 2-70 through 2-74, 3-4, 3-5, Current APD Rate Table<br/>COMPLIANCE</p> <p>Determine service is rendered in accordance with the Handbook</p> <p>Provider bills the appropriate rate:</p> <ul style="list-style-type: none"> <li>• Geographic, non-geographic, Monroe County</li> <li>• Solo vs. Agency</li> <li>• 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"> <li>○ Determine if provider has at least two employees to carry out the enrolled service(s). If</li> </ul> </li> </ul> | <ol style="list-style-type: none"> <li>1) Provider documentation demonstrated provider is a solo but billed the agency rate. (B)</li> <li>2) Provider documentation demonstrated the provider is not considered an agency for rate purposes but billed the agency rate. (B)</li> <li>3) Provider documentation demonstrated provider billed the geographic rate for services rendered in a non-geographic area. (B)</li> <li>4) Provider documentation demonstrated provider billed the Monroe County rate for services not rendered in Monroe County. (B)</li> <li>5) Provider documentation demonstrated service was rendered at a greater than 1:1 ratio on a routine basis. (B)</li> <li>6) Provider documentation demonstrated the Supported Living Coach lives with the person receiving services. (B)</li> </ol> |



## Service Specific Record Review – Supported Living Coaching

| #  | Performance Measure/Standard                            | Protocol  | Not Met Reasons   |
|----|---|---|---|
|    |   | <p>necessary, ask to see the W9 or W4 forms.<br/>                     Review Claims data to determine rate billed<br/>                     ❖ Refer to the current APD Provider rate table as needed.</p> <ul style="list-style-type: none"> <li>• Review the Service Authorization and Daily Progress Notes to determine if the services are provided at 1:1 or if occasionally rendered to more than one person at the same time, the provider prorates the rate for the time billed.</li> <li>• Supported Living Coaching services may not be provided by a Supported living Coach who is living in the person's home.</li> <li>• If service authorizations are not present for some or all of the period under review other available provider documentation such as Daily Progress Notes, Implementation Plans, for information that may assist with determination.</li> <li>• The Supported Living Coaching provider or the provider's immediate family cannot be the person's landlord or have any interest in the ownership of the housing unit.</li> </ul> <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;"><b>This standard is subject to identification of a potential billing discrepancy</b></p> | <p>7) The Supported Living Coaching provider or the provider's immediate family is the person's landlord or has interest in ownership of the housing unit. (B)</p> <p>8) Service is not being rendered in accordance with the Handbook. (B)</p> |
| 18 | Provider bills for services after service are rendered. | CMS Assurance – Financial Accountability<br>iBudget Handbook – June 2018<br>Page 3-2  | 1) Provider documentation demonstrates the provider billed for services prior to rendering on one or more dates during the period under   |

## Service Specific Record Review – Supported Living Coaching

| #  | Performance Measure/Standard  | Protocol   | Not Met Reasons  |
|----|---|--|--|
|    |   | <p>COMPLIANCE</p> <p>Provider is not to bill for services prior to rendering.</p> <ul style="list-style-type: none"> <li>• Review Claims data for date billed.</li> <li>• Review dates on each Daily Progress Notes.</li> <li>• Compare date of service on Daily Progress Notes 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>• 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.</li> </ul>  | <p>review.</p>   |
| 19 | <p>The provider documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed.</p> | <p>CMS Assurance – Health and Welfare<br/>iBudget Handbook – June 2018<br/>Pages 1-2, 1-7, 1-10, 1-11, 2-7, 2-8<br/>PERSON CENTERED PRACTICE</p> <p>Ask the provider for method used to gain and document knowledge of person’s behavioral/emotional health information relevant to the service provided.</p> <ul style="list-style-type: none"> <li>• Ask the provider 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> <li>• Supporting documentation may be found in intake forms, stand-alone forms, Daily Progress Notes, Quarterly/Monthly Summaries, Implementation Plans, Annual Reports or other available provider documentation.</li> <li>• Based on review of the current Support Plan and other provider documentation, if there are no</li> </ul> | <ol style="list-style-type: none"> <li>1) Provider documentation did not demonstrate efforts to gather information about the person’s behavioral/emotional health needs</li> <li>2) Provider 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 – Supported Living Coaching

| #  | Performance Measure/Standard   | Protocol   | Not Met Reasons   |
|----|--|--|---|
|    |  | <p>behavioral/emotional health concerns indicated, score N/A.</p> <p>*Key/critical behavioral/emotional health information will vary per person, service, and frequency of service. Information could include, but not be limited to diagnosis, certain environmental factors, medication, Behavior Plans, Baker Acts, Police involvement, Safety Plan, and emotional well-being (stress, anxiety, depression, grief, other emotional issues or diagnosis) and other pieces critical to behavioral/emotional health relevant to the service being provided.</p>  |   |
| 20 | <p>The provider documents ongoing efforts to ensure the person's health and health care needs are addressed.</p> | <p>CMS Assurance – Health and Welfare<br/>iBudget Handbook – June 2018<br/>Pages 1-2, 1-7, 1-10, 1-11, 2-10, 2-70<br/>PERSON CENTERED PRACTICE</p> <p>Health and health care could include, but not be limited to, medical conditions, medications (prescription and over-the-counter), preventive healthcare, wellness exams, therapeutic intervention, medical device/apparatus.</p> <p>Ask the provider to describe the 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 provider how this information is maintained and updated on an ongoing basis.</li> <li>• Review record for documentation supporting stated method.</li> <li>• Review record for documentation supporting provider efforts to solicit and gather information regarding the person's health and health care needs; steps taken to</li> </ul> | <ol style="list-style-type: none"> <li>1) Provider documentation did not demonstrate efforts to gather information about the person's health and health care needs.</li> <li>2) Provider 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 – Supported Living Coaching

| #  | Performance Measure/Standard   | Protocol  | Not Met Reasons   |
|----|--|---|---|
|    |  | <p>address the person’s needs.</p> <ul style="list-style-type: none"> <li>○ For example scheduled medical appointments, provided education, and procured medical services/devices.</li> <li>● Review the record for documentation related to routine and preventative medical and dental care.</li> <li>● Review Daily Progress Notes, quarterly meeting notes, Functional Community Assessment, quarterly Housing Survey, Quarterly Summaries and/or Annual Report and other available provider documentation for evidence the provider 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 physical health relevant to the service being provided.</p> |   |
| 21 | <p>The provider documents ongoing efforts to ensure the person’s safety needs are addressed.</p> | <p>CMS Assurance – Health and Welfare<br/>iBudget Handbook – June 2018<br/>Pages 1-5, 1-10, 1-11, 2-10, 2-70, 2-73<br/>PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method used to gather and document knowledge related to the safety needs of the person.</p> <ul style="list-style-type: none"> <li>● Ask the provider how this information is maintained and updated on an ongoing basis.</li> <li>● Review record for documentation supporting provider efforts to assess the person’s safety skills and safety</li> </ul>   | <ol style="list-style-type: none"> <li>1) Provider documentation did not demonstrate efforts to assess the person’s safety needs.</li> <li>2) Provider 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 have not been addressed.</li> </ol> |

## Service Specific Record Review – Supported Living Coaching

| #  | Performance Measure/Standard   | Protocol   | Not Met Reasons  |
|----|--|--|--|
|    |  | <p>needs including steps taken to address the person’s needs. For example, evaluation/training in areas such as community awareness/safety, home safety, education related to extreme weather events, etc.</p> <ul style="list-style-type: none"> <li>• Supporting documentation may be found in the Functional Community Assessment, Implementation Plan, Housing Survey’s, Daily Progress Notes, emergency disaster plan, Quarterly Summaries, or any other documented systems used by the provider demonstrating efforts to identify, assess and address the person’s safety skills and safety needs on a routine basis.</li> <li>• If available refer to the current Support Plan and if applicable Behavior Plan as additional resources.</li> </ul> <p>* Key/critical safety information will vary per person, and could include, but not be limited to needed safety skills, adaptive equipment, and environmental modification needs, situational or environmental factors related to safety in the home and community, disaster preparedness planning and preparation, or items critical to safety skills and needs relevant to the service being provided.</p> |  |
| 22 | <p>Provider documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents on an ongoing basis.</p> | <p>CMS Assurance - Health and Welfare<br/>iBudget Handbook – June 2018<br/>Pages 1-10, 1-11, 2-10, B-7<br/>PERSON CENTERED PRACTICE</p> <p>Ask the Provider to describe method 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 the record for documentation demonstrating individualized efforts to support the person to recognize</li> </ul>   | <ol style="list-style-type: none"> <li>1) Provider documentation did not demonstrate individualized efforts to provide education to the person in the area of abuse, neglect and exploitation.</li> <li>2) Provider 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) Provider documentation did not demonstrate individualized efforts to assist the person to</li> </ol> |

## Service Specific Record Review – Supported Living Coaching

| #  | Performance Measure/Standard  | Protocol   | Not Met Reasons  |
|----|---|--|--|
|    |   | <p>and know how to report abuse, neglect and/or exploitation (Call Abuse Hotline, tell WSC, Police, Family, etc.) on an ongoing basis.</p> <ul style="list-style-type: none"> <li>Supporting documentation may include Daily Progress Notes, Quarterly/Monthly Summaries, Annual Reports, Functional Community Assessment or other available documented systems used by the provider demonstrating efforts to assist the person to define abuse, neglect, and exploitation.</li> </ul>   | <p>define abuse, neglect, and/or exploitation.</p> <p>4) Provider documentation demonstrated individualized efforts to assist the person to define abuse, neglect, and/or exploitation but not on an ongoing basis.</p> <p>5) Provider documentation did not demonstrate how the person would report any incidents of abuse, neglect, and exploitation.</p>  |
| 23 | <p>The provider documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis.</p> | <p>CMS Assurance – Health and Welfare<br/>iBudget Handbook – June 2018<br/>Pages 1-10, 1-11, 2-10, B-7<br/>PERSON CENTERED PRACTICE</p> <p>Ask the provider 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 record for documentation supporting stated method.</li> <li>Review record for documentation related to past or present instances of alleged or confirmed abuse, neglect and/or exploitation and provider's efforts to identify and address the person's needs on an ongoing basis.</li> <li>Review available provider documentation such as Daily Progress Notes, Functional Community Assessment, Quarterly Home Visit Notes, Incident Reports, Quarterly/Monthly Summaries, Annual Report, etc.</li> <li>If based on review of available provider documentation, current Support Plan and when applicable individual/provider/staff interview, there is no indication of a history of abuse, neglect and/or exploitation, score</li> </ul> | <p>1) Provider documentation did not demonstrate ongoing efforts to gather information about the person's history regarding abuse, neglect, and/or exploitation.</p> <p>2) Provider documentation demonstrated knowledge of the person's history regarding abuse, neglect, and/or exploitation but not ongoing efforts to address identified needs.</p> <p>3) Key and critical issues related to abuse, neglect, and exploitation have not been addressed.</p> |

## Service Specific Record Review – Supported Living Coaching

| #  | Performance Measure/Standard  | Protocol  | Not Met Reasons   |
|----|---|---|---|
|    |   | N/A.  |   |
| 24 | The provider documents ongoing efforts to address the person's choices and preferences.   | <p>CMS Assurance - Service Plan<br/>iBudget Handbook – June 2018<br/>Pages 1-7, 2-4, 2-7, 2-8, B7<br/>PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method of soliciting and documenting person's choices and preferences as related to implementing this service.</p> <ul style="list-style-type: none"> <li>• Review record for documentation supporting stated method of soliciting and addressing the person's choices and preferences on an ongoing basis.</li> <li>• Review available Daily Progress Notes, Functional Community Assessment, Quarterly/Monthly Summaries, Annual Report, Implementation Plans, and other provider documentation to assist in determining if the person's choices and preferences are being identified and match provider activities on an ongoing basis.</li> <li>• 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.</li> </ul> | <ol style="list-style-type: none"> <li>1) Provider documentation did not demonstrate efforts to learn about the person's choices and preferences.</li> <li>2) Provider documentation did not demonstrate ongoing efforts to address the person's choices and preferences.</li> </ol>  |
| 25 | 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<br/>iBudget Handbook – June 2018<br/>Page 2-62, 2-63<br/>PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method of soliciting and documenting the person's interests regarding community participation and involvement.</p> <ul style="list-style-type: none"> <li>• Review record for documentation supporting method of soliciting and addressing the person's interests</li> </ul>  | <ol style="list-style-type: none"> <li>1) Provider documentation did not demonstrate efforts to learn about the person's interest related to community participation and involvement.</li> <li>2) Provider documentation did not demonstrate ongoing efforts to increase the person's community participation and involvement.</li> </ol> |

## Service Specific Record Review – Supported Living Coaching

| #  | Performance Measure/Standard  | Protocol   | Not Met Reasons  |
|----|---|--|--|
|    |   | <p>regarding community participation and involvement on an ongoing basis.</p> <ul style="list-style-type: none"> <li>• Review Daily Progress Notes, Quarterly/Monthly Summaries, Implementation Plans, Annual Report and other available provider documentation to assist in determining:                             <ul style="list-style-type: none"> <li>○ If interests in community participation and involvement are solicited on an ongoing basis.</li> <li>○ If Identified interests are being addressed.</li> <li>○ If available refer to the Support Plan as a reference document to determine if person’s community interests are identified and match provider activities.</li> </ul> </li> </ul>  |  |
| 26 | <p>The provider documents ongoing efforts to assist the person/legal representative to know about rights.</p> | <p>CMS Assurance - Service Plan<br/>iBudget Handbook – June 2018<br/>Pages 2-8, B-7, 393 F.S.<br/>PERSON CENTERED PRACTICE</p> <p>Ask the provider 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 provider documentation supporting stated methods for provider efforts to assist the person/legal representative to know about rights on an ongoing basis. Review Daily Progress Notes, Functional Community Assessment, Quarterly/Monthly Summaries, Implementation Plans, Annual Report and other provider documentation demonstrating efforts to support the personal, 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</p> | <p>1) Provider documentation did not demonstrate efforts to assist the person/legal representative to know about rights.</p> <p>2) Provider documentation demonstrated efforts to assist the person/legal representative to know about rights but not on an ongoing basis.</p> |



## Service Specific Record Review – Supported Living Coaching

| #  | Performance Measure/Standard   | Protocol   | Not Met Reasons  |
|----|--|--|--|
|    |  | <p>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>   |  |
| 27 | <p>The provider submits documents to the Waiver Support Coordinator as required.</p> | <p>CMS Service Plan Sub-Assurance<br/>iBudget Handbook – June 2018<br/>Pages A-2, A-6, A-7<br/>COMPLIANCE</p> <p>Ask the provider to describe method used to submit documents to the Support Coordinator (WSC).</p> <ul style="list-style-type: none"> <li>• Review available provider documentation for proof of submission to the Support Coordinator. <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> </ul> <p>Items below must be provided to the WSC prior to billing or within 10 days of billing at the latest unless otherwise indicated.</p> <ul style="list-style-type: none"> <li>○ 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.</li> </ul> <p>The following documentation is required to be provided to the WSC within the timeframes indicated:</p> | <ol style="list-style-type: none"> <li>1) Provider did not have documented evidence of submitting copies of Daily Progress Notes.</li> <li>2) Provider had documented evidence of submitting some but not all Daily Progress Notes.</li> <li>3) Provider had documented evidence of submitting copies of Daily Progress Notes but not within 10 days of billing each month.</li> <li>4) Provider had documented evidence of submitting some but not all Daily Progress Notes within 10 days of billing each month.</li> <li>5) Provider did not have documented evidence of submitting a copy of the Implementation Plan.</li> <li>6) Provider had documented evidence of submitting a copy of the Implementation Plan but not within 30 days following initiation of new service.</li> <li>7) Provider had documented evidence of submitting a copy of the Implementation Plan but not within 30 days following receipt of the Support Plan from the WSC.</li> <li>8) Provider did not have documented evidence of submitting Quarterly/Monthly summaries.</li> <li>9) Provider had documented evidence of</li> </ol> |

## Service Specific Record Review – Supported Living Coaching

| # | Performance Measure/Standard | Protocol   | Not Met Reasons  |
|---|------------------------------|--|--|
|   |                              | <ul style="list-style-type: none"> <li>• Daily Progress Notes*                             <ul style="list-style-type: none"> <li>○ Copy of Daily Progress Notes (sent monthly)* within 10 days of billing</li> </ul> </li> <li>Implementation Plan                             <ul style="list-style-type: none"> <li>○ Within 30 days following receipt of the Support Plan from the WSC or initiation of new service. Provider is responsible for documenting receipt of support plan</li> </ul> </li> <li>Monthly/Quarterly Summaries                             <ul style="list-style-type: none"> <li>○ Within 10 days of billing or the last month of the quarter or the month if completing monthlies.</li> </ul> </li> <li>Annual Report                             <ul style="list-style-type: none"> <li>○ At least 60 days prior to the effective date of the Support Plan.</li> </ul> </li> </ul> | <p>submitting some but not all Quarterly/Monthly Summaries.</p> <p>10) Provider had documented evidence of submitting Quarterly/Monthly Summaries but not within 10 days of billing.</p> <p>11) Provider had documented evidence of submitting some but not all Quarterly/Monthly Summaries within 10 days of billing.</p> <p>12) Provider did not have documented evidence of submitting the Annual Report.</p> <p>13) Provider had documented evidence of submitting the Annual Report, but not at least 60 days prior to the Support Plan effective date.</p> |