Service Specific Record Review – Support Coordination

#	Performance Measure/Standard	Protocol	Not Met Reasons

1	Level of care is reevaluated at least every 365 days and contains all required components for billing.	CMS Assurance - Level of Care
		iBudget Handbook – June 2018
		Page 2-6, 2-78, 2-89, 2-91, A-9, FL DD Individual Budgeting (0867.R02) Waiver Appendix B
		COMPLIANCE
		
		Level of Care must be reevaluated at least every 365 days using the current Medicaid Waiver Eligibility Worksheet.
		
		Review the record to locate the Medicaid Waiver Eligibility Worksheet(s) covering the entire period of review to determine timely completion and the presence of the following required components for billing:
		• Name of the person receiving services.
		• Section I. Level of Care Eligibility - Option A, B or C is checked and the appropriate handicapping conditions or deficits in major life activities.
		   o If Option A is checked, no handicapping conditions or major life activities are required to be checked.
		   o If Option B is checked, at least one "handicapping condition" or at least three "major life activities" must be checked.
		   o If Option C is checked, at least three "major life activities" must be checked.
		• The dated signature/mark of the person or when applicable, the legal representative.
		   o If the person signs their name with a mark, the mark should be identified in writing on the form as the person's mark/signature and should be witnessed by a caregiver or the WSC.
			1) Complete Medicaid Waiver Eligibility Worksheet was not in the record for the entire period of review. (B)
			2) Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review. (B)
			3) Name of person receiving services was not on the Medicaid Waiver Eligibility Worksheet. (B)
			4) Section I. Level of Care Eligibility was not completed. (B)
			5) Medicaid Waiver Eligibility Worksheet was not signed and dated by person receiving services. (B)
			6) Medicaid Waiver Eligibility Worksheet was not signed and dated by the legal representative. (B)
			7) Medicaid Waiver Eligibility Worksheet was not signed and dated by Support Coordinator. (B)

		○ ONLY the person should sign on the line provided for his or her signature. ○ Legal representative or witness should only sign the second line and indicate legal rep or witness. - When the signature of a legal rep or witness is required, the printed name and relationship to the person must be indicated. ○ If the person refuses to sign the Eligibility Worksheet and there is not a legal representative, the refusal should be noted on the form and signed by a witness. The Waiver Eligibility Worksheet must be completed in its entirety and **signed at intervals of no greater than 365 days.** ○ For example if the Eligibility Worksheet is completed and signed on September 3rd of one year it must be completed and signed no later than September 3rd the following year. Note: Support Plan extensions **do not** apply to Medicaid Waiver Eligibility Worksheets. **This standard is subject to a potential billing discrepancy**	
2	Level of care is reevaluated at least every 365 days and contains all required components for compliance.	CMS Assurance - Level of Care iBudget Handbook – June 2018 Page 2-6, 2-78, 2-89, 2-91, A-9, FL DD Individual Budgeting (0867.R02) Waiver Appendix B COMPLIANCE Level of Care must be reevaluated at least every 365 days using the current Medicaid Waiver Eligibility Worksheet.	1) Complete Medicaid Waiver Eligibility Worksheet was not in the record for the entire period of review. 2) Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review. 3) Effective Date of the Support Plan was not on the Medicaid Waiver Eligibility Worksheet.

		Review the record to locate the Medicaid Waiver Eligibility Worksheet(s) covering the entire period of review. Determine the following required components are present:
		• Support Plan effective date
		• Section II. Medicaid Eligibility
		   o If option A is checked, the correct Medicaid number is documented.
		   o If option B is checked, the "Eligible" box should be checked and date of determination for restoration of Medicaid should be entered.
		     – Option B is only to be used when the person receiving services was added to the waiver in the past year or the person's Medicaid eligibility was terminated and restored during the past year.
		• Section III. Eligibility Determination – Option A is checked
		• The Medicaid Waiver Eligibility Worksheet must be completed in its entirety and **signed at intervals of no greater than 365 days.**
		
		Note: Support Plan extensions **do not** apply to Medicaid Waiver Eligibility Worksheets.
			4) Section II. Medicaid Eligibility was not completed.
			5) Option A was not selected in Section III. Eligibility Determination.

3	Level of care is completed accurately using the correct instrument/form.	CMS Assurance - Level of Care iBudget Handbook – June 2018 Page 2-6, 2-78, 2-89, 2-91, A-9, FL DD Individual Budgeting (0867.R02) Waiver Appendix B, APD Eligibility Rules: 65G-4.014 – 017 COMPLIANCE Refer to section I on the Medicaid Waiver Eligibility Worksheet(s) covering the entire period of review (Level of Care Eligibility).	1) Complete Medicaid Waiver Eligibility Worksheet was not in the record. 2) Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review. 3) Complete Medicaid Waiver Eligibility Worksheet was in the record but was not the current form.

- Review the Central Record for Psychological and/or Medical Record(s) used to establish eligibility.
  - If Option A is checked: Review record for acceptable documentation supporting the person's primary disability is Intellectual Disability with an IQ of 59 or less.
  - If Option B is checked: Review record for acceptable documentation supporting person's primary disability is Intellectual Disability with IQ of 60-69 and has at least one handicapping condition OR primary disability of Intellectual Disability with IQ of 60-69 and severe functional limitations in at least 3 major life activities.
  - If Option C is checked: Review record for acceptable documentation supporting the person is eligible under the category of Autism, Cerebral Palsy, Down Syndrome, Prader-Willi Syndrome, Spina Bifida or Phelan-McDermid Syndrome and has severe functional limitations in at least three major life activities.

In the event a person's Central Record does not contain required documentation supporting waiver eligibility / Level of Care (Psychological and/or Medical Record(s) used to establish eligibility) the WSC must document which supporting documents are missing according to the Level of Care identified on the eligibility worksheet and that a request was made to the Regional APD Office to provide proof of eligibility. The WSC must follow steps outlined in the APD State Office memo dated Dec. 10th 2013 with the Subject line Eligibility Determination – Level of Care.
  - Per this memo: The WSC and APD staff must use due diligence in searching all files associated with the client. After an exhaustive review of all client files, an

4) Unable to determine - Psychological and/or Medical Record(s) used to establish eligibility were not available in the Central Record.
5) Option checked under section I was not consistent with the Psychological and/or Medical Record(s) in the record.
6) Handicapping Condition(s) checked were not consistent with the Psychological and/or Medical Record(s) in the record.
7) Major Life Activities checked were not consistent with the Psychological and/or Medical Record(s) in the record.
8) WSC submitted a request for an Eligibility Determination/Level of Care Memo but not at least 30 days in advance of the initial scheduled review and has not received the Memo from the Regional APD office.
9) WSC submitted a request for an Eligibility Determination/Level of Care Memo at least 30 days in advance of the initial scheduled review but has not received the Memo from the Regional APD office. (***Not Met but not calculated into score)
10) Eligibility Determination/Level of Care Memo issued by APD was not on official APD letterhead. (***Not Met but not calculated into score)
11) Eligibility Determination/Level of Care Memo issued by APD was not signed and dated by Regional APD staff person. (***Not Met but not calculated into score)
12) Eligibility Determination/Level of Care Memo issued by APD did not include an ABC screen

| | | ABC screen shot of the diagnosis combined with a statement from APD Regional staff may be accepted as a substitute for original documentation.
The statement must:
  o Be on official APD letterhead
  o Include the APD Regional staff member's signature
  o Indicate the person has been receiving services through APD for many years and documentation of the diagnosis was present in the file when eligibility was originally determined.
  o In some instances, the WSC may have submitted a formal request for the Memo to the Regional APD Office at least 30 days in advance of the initial scheduled review but has not received it.
      o If the WSC can show documentation demonstrating the timely submission score, the standard not met using "no fault" reason #8 and it will not factor into the score.
      o If the WSC submitted the request to the Regional APD Office but not at least 30 days in advance of the initial scheduled review and has not received the Memo from the Regional APD office the standard is scored Not Met using reason #7. | shot with diagnosis. (***Not Met but not calculated into score)
13) Eligibility Determination/Level of Care Memo issued by APD did not indicate person has received services from APD for many years and documentation of diagnosis was present in the file when eligibility was originally determined. (***Not Met but not calculated into score)
14) Statement from APD concerning absence of Psychological and/or Medical Records was not on official APD letterhead. (***Not Met but not calculated into score) |
| 4 | Person receiving services is given a choice of waiver services or institutional care at least annually. | CMS Assurance - Level of Care
iBudget Handbook – June 2018
Page 2-6, 2-78, 2-89, 2-91, A-9, FL DD Individual Budgeting (0867.R02) Waiver Appendix D
COMPLIANCE

Note: Section IV is the only section of the Eligibility Worksheet to be reviewed for this standard. If Section IV is complete, score as Met. | 1) Complete Medicaid Waiver Eligibility Worksheet was not in the record for the entire period of review.
2) Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review.
3) Option A was not selected in Section IV.
4) Dated signature of person receiving services was not present. |

		Review the Medicaid Waiver Eligibility Worksheet(s) covering the entire period of review.
		• Determine Section IV: Choice is complete and includes:
		  ○ A mark indicating option A selected as the choice of the person receiving services;
		  ○ The dated signature/mark of the person receiving services or when applicable the dated signature of the legal representative. Electronic signature is acceptable for legal representatives.
		     • Follow signature protocol in standard #1.
			5) Dated signature of the legal representative was not present.
			6) Dated signature of the witness was not present.

5	The Support Plan is updated within 12 months of the person's last Support Plan.	CMS Assurance - Service Plan
		iBudget Handbook – June 2018
		Page 1-11, 2-4, 2-89--2-92, A-9, Approved Waiver FL0867.R02 Appendix D
		COMPLIANCE
		
		Review the Central Record for the Support Plan(s) effective during the entire review period.
		
		Determine if:
		• The Support Plan was completed prior to the annual Support Plan effective date and present/effective for each month billed by the WSC for the entire period of review.
		• The Support Plan is present and the signature page contained all required dated signatures:
		  ○ The signature page which must include:
		    ▪ Dated signature of the person. (If the person signs their name with a mark, the mark should be identified in writing on the format as the person's mark/signature).
			1) Complete Support Plan was not in the record for entire period of review. (B)
			2) Complete Support Plan was in the record, but was not completed prior to the annual effective date. (B)
			3) Support Plan was not signed and dated by the person. (B)
			4) Support Plan was not signed and dated by Support Coordinator. (B)
			5) Support Plan was not signed and dated by the legal representative and efforts to obtain signature were not documented. (B)
			6) Support Plan was not developed/updated within 45 days following selection of the WSC when first added to the waiver. (B)
			7) Support Plan was not developed/updated within 30 days following selection of the WSC when first added to the waiver through crisis determination. (B)

		▪ Dated signature of the parent/legal representative if the person is a minor; ▪ Dated signature of the legal representative when applicable (Verify via legal court documents); ▪ Dated signature of the WSC. If a person is new to the waiver - • All documentation should be completed within 45 days of the person's selection of the WSC. If a person is added to the waiver through crisis determination - • All documentation should be completed within 30 days of the person's selection of the WSC. **This standard is subject to a potential billing discrepancy**	

6	The current Annual Report is in the record.	CMS Assurance - Service Plan
		iBudget Handbook – June 2018
		Page 1-3, 2-90, 393.0651, F.S
		COMPLIANCE
		
		The Person Centered Support Plan identifies the annual report will be captured in the "What I Accomplished Last Year" sections.
		
		Review the record to locate the Annual Report. The Annual Report must include at a minimum:
		    o Report of the supports and services received throughout the year;
		    o Description of progress toward meeting individually determined goals; and
			1) The record did not include an Annual Report.
			2) The Annual Report did not include a report of the supports and services received throughout the year.
			3) The Annual Report did not include a description of progress toward meeting one or more individually determined goals.
			4) The Annual Report did not include any pertinent information about significant events that happened in the life of the person during the previous year.

		○ Any pertinent information about significant events that have happened in the life of the person during the previous year. ▪ *Examples of "any pertinent information about significant events that occurred in the person's life during the previous year" will vary by person and could include but not be limited to major milestones achieved, significant events in the person's personal or social life that may have influenced daily activities, significant health events, a change in residence, etc. - Review previous Support Plan to determine the Annual Report addresses all identified goals/outcomes and services. - Review progress notes and other service provider Annual Reports for additional information.	
7	The Support Plan is updated/revised when warranted by changes in the needs of the person.	CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-80, 2-84, 2-91, 2-93 COMPLIANCE Review the record to determine the process the Support Coordinator uses to update/revise the Support Plan when the needs of the person change. - Review the record to determine if there have been any changes in the person's needs warranting an update to the Support Plan. - Review Support Plan(s), QSI, Progress Notes, emails, Behavioral reports, Incident reports, Medical reports, quarterly reviews when applicable, the annual report and any other applicable supporting documentation in the Central Record to determine whether:	1) Support Plan was not in the record for entire period of review. 2) WSC documentation did not demonstrate the Support Plan was updated or revised when the needs of the person changed.

		○ Activities, supports, and contacts contain information about changes in the needs of the person. ○ When the person does not have a functional means of communication, look for documentation the Support Coordinator has obtained information and recommendations from the circle of supports. ○ If any changes in the needs of the person are noted, review the applicable Support Plan to see if it has been updated/revised accordingly. - If no changes in needs were warranted for the entire period of review, score as N/A.	
8	WSC documents a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-91,2-93 COMPLIANCE Review the record to determine the method used to document the date and method by which the Support Plan was distributed to the person or when applicable, the legal representative. - Review the signature page of the Support Plan or other supporting documentation in the Central Record to determine if the Support Plan was: ○ Provided to the person within 10 working days of the Support Plan effective date. ○ Provided to the legal representative,when applicable, within 10 working days of the Support Plan effective date.	1) WSC documentation did not demonstrate a copy of the Support Plan was distributed to the person or when applicable the legal representative within 10 days of the effective date. 2) WSC documentation demonstrated a copy of the Support Plan was distributed to the person or when applicable, the legal representative but not within 10 days of the effective date.

9	WSC documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar days of the Support Plan effective date.	CMS Assurance - Service Plan
		iBudget Handbook – June 2018
		Page 2-89
		COMPLIANCE
		
		Review the record to determine the method used to document the date and method by which the Support Plan was distributed to each provider rendering services to the person.
		o Review the Support Plan, Cost Plan and/or Service Authorizations to determine current service providers.
		  • Review WSC documentation to determine if a copy of the Support Plan was distributed to each provider rendering services to the person within 30 days of the Support Plan effective date.
		    ▪ This includes ALL providers approved on the Cost Plan.
			1) WSC documentation did not demonstrate a copy of the Support Plan was distributed to the service providers within 30 days of effective date.
			2) WSC documentation demonstrated a copy of the Support Plan was distributed to service providers but not within 30 days of the effective date.
			3) WSC documentation demonstrated a copy of the Support Plan was distributed to some but not all service providers within 30 days of the effective date.

10	Support Plan includes supports and services consistent with assessed needs.	CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-75, 2-76, 2-78, Approved Waiver FL0867.R02.00 COMPLIANCE NOTE: For the purposes of this standard, only the "current Support Plan" will be reviewed. This is defined as the Support Plan in effect at the time of the record review. Review the current Support Plan to identify the current supports and services. • Review the QSI report, Progress Notes, Behavior Assessments/Plans, Functional Community Assessments, Safety Plan, OT, PT, ST assessments, and any other applicable supporting	1) Current Support Plan was not in the record. 2) Current Support Plan included documentation related to some, but not all assessed needs. 3) Current Support Plan did not include documentation related to the assessed needs.

		documentation in the central record to determine the assessed needs of the person. • Conduct a comparative review of documentation to determine if the supports and services identified in the Support Plan are consistent with the assessed needs identified in supporting documentation.	
11	Support Plan reflects support and services necessary to address assessed risks.	CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-75, 2-76, 2-78, Approved Waiver FL0867.R01.01 COMPLIANCE NOTE: For the purposes of this standard, only the "current Support Plan" will be reviewed. This is defined as the Support Plan in effect at the time of the record review. Review the current Support Plan to identify the current supports and services. • Review the QSI report, Progress Notes, Functional Community Assessments, Safety Plan, OT, PT, ST assessments, Behavior Assessments/Plans, and any other applicable supporting documentation in the Central Record to determine the assessed risks of the person. • Conduct a comparative review of documentation to determine if the supports and services identified in the Support Plan are consistent with the assessed risks identified in supporting documentation. • The Person-Centered Support Plan states that assessed risks and measures to address risks must be documented in the Other Services Needed for Health and Safety section.	1) Current Support Plan was not in the record. 2) Current Support Plan included documentation related to some, but not all assessed risks. 3) Current Support Plan did not include documentation related to the assessed risks.
12	Support Plan includes a current Safety Plan.	CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 1-10, 2-79, 2-90	1) Current Support Plan was not in the record. 2) Current Support Plan did not include a Safety Plan.

| | | COMPLIANCE

NOTE: For the purposes of this standard, only the "current Support Plan" will be reviewed. This is defined as the Support Plan in effect at the time of the record review.

If the person does not have a documented history as defined on page 1-9 of the iBudget Handbook, score N/A.

Review the record to determine the method for gathering information necessary to develop and update the Safety Plan at least annually.
• Look for documentation demonstrating collaboration with the person's behavioral supports and others in the circle of supports.
• Review the current Support Plan to determine the Safety Plan is included and has been updated as needed but at least annually with the Support Plan effective date.
• The "safety plan" should address, at minimum:
  a) Brief summary of historical behavior
  b) Any related criminal charges
  c) Court order, probationary or registration requirements, when appropriate
  d) Behaviors of concern
  e) Triggers, high-risk situations, environmental stressors and personal stressors
  f) Known predatory "grooming" behaviors
  g) Any limitations on access to media or community outings concerns
  h) Avoidance behaviors requiring training or prompting
  i) Level and type of supervision required throughout the day | 3) The Support Coordinator did not update the Safety Plan at least annually.
4) The Support Coordinator did not update the Safety Plan when change warranted an update.
5) The current Safety Plan did not include a brief summary of the person's historical behavior.
6) The current Safety Plan did not include a description of any related criminal charges.
7) The current Safety Plan did not include information on any current court orders, probationary or registration requirements, when appropriate.
8) The current Safety Plan did not identify current behaviors of concern.
9) The current Safety Plan did not identify triggers, high-risk situations, environmental stressors, and personal stressors.
10) The current Safety Plan did not identify any known predatory "grooming" behaviors.
11) The current Safety Plan did not identify limitations on access to media or community outing concerns.
12) The current Safety Plan did not identify avoidance behaviors requiring training or prompting.
13) The current Safety Plan did not identify level and type of supervision needed throughout the day.
14) The current Safety Plan did not identify any need for alarms or monitoring devices. |

		j) Any need for alarms or monitoring devices.	

13	Support Plan reflects the personal goals/outcomes of the person.	CMS Assurance - Service Plan
		iBudget Handbook – June 2018
		Page 1-7, 2-75, 2-86, 2-89, 2-90
		PERSON CENTERED PRACTICE
		
		NOTE: For the purposes of this standard, only the "current Support Plan" will be reviewed. This is defined as the Support Plan in effect at the time of the record review.
		
		Review the current Support Plan to identify the person's goals/outcomes.
		• Review the Support Plan, Progress Notes, emails, quarterly reviews when applicable, the Annual Report and any other applicable supporting documentation in the Central Record to determine whether:
		   o Activities, supports and contacts contain information about working with the person to identify and define his/her goals.
		   o When the person does not have a functional means of communication, look for documentation the Support Coordinator has obtained information and recommendations from the circle of supports.
		• Compare the information identified in the record with the information reflected in the Support Plan to determine if the Support Plan reflects the personal goals of the person.
			1) Current Support Plan was not in the record.
			2) Current Support Plan did not reflect the person's goals/outcomes.
			3) WSC documentation did not demonstrate use of a Person Centered approach to determine the personal goals of the person.
			4) WSC documentation did not demonstrate use of circle of supports in identifying the personal goals of the person.
			5) WSC documentation demonstrated support-planning process was driven primarily by circle of supports instead of the person.

14	The current Support Plan includes natural, generic, community and paid supports for the person.	CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-13, 2-75, 2-76, 2-86 COMPLIANCE	1) Current Support Plan was not in the record. 2) Current Support Plan did not identify natural and generic community supports.

		NOTE: For the purposes of this standard, only the "current Support Plan" will be reviewed. This is defined as the Support Plan in effect at the time of the record review. Funding sources shall be accessed to include but not be limited to the following in this order: 1. Natural and community supports; 2. Third Party Payer, such as private insurance; 3. Medicare; 4. Other Medicaid programs; and 5. Home and Community Based Services Waiver, which is the payer of last resort. • Review the record to determine natural, generic, community, and paid resources included in the circle of supports for the person. • Review the current Support Plan to determine if natural, generic, community and paid resources apart from the Waiver are identified.	
15	WSC documentation demonstrates current, accurate, and approved Service Authorizations are issued to service provider(s).	CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 1-3, 1-10, 2-84, 2-86, 2-89, 2-90, 2-91,2-94, 2-95, 3-4, 3-5 COMPLIANCE Review the record to determine the method used to of document how/when Service Authorizations are distributed to each service provider authorized on the person's Cost Plan. • Service Authorizations are issued by the WSC at least quarterly, or as changes are needed.	1) WSC documentation did not demonstrate Service Authorizations were issued to service provider(s). 2) WSC documentation demonstrated some but not all Service Authorizations were issued to service providers. 3) WSC documentation demonstrated rates were not correct on one or more Service Authorizations issued to service providers. 4) WSC documentation demonstrated one or more Service Authorizations issued to service providers was not in approved status.

		Review Support Plan(s) and Cost Plan(s) to identify services and providers approved to render services for the period under review.
		
		Determine if:
		• Service Authorization(s) are available for each service for the entire period of review.
		• Service Authorization(s) for each provider are in approved status.
		• The correct rates are indicated on the Service Authorizations for each provider.
		    o Refer to the APD Provider Rate Table as needed.
		If provider changes were made during the review period determine if:
		    o A Service Authorizations was re-issued to the outgoing service provider terminating services.
		    o A new Service Authorization was sent to the new provider.
		
		Note: Hardcopies of the Service Authorizations do not need to be in the record; WSC needs to be able to demonstrate for each approved service on the Cost Plan that there is an accurate approved Service Authorization in the iBudget system and it was provided to each service provider each quarter.
			5) WSC documentation did not demonstrate Service Authorizations were re-issued to a service provider upon termination of services.
			6) WSC documentation demonstrated Service Authorizations were sent to service providers but not prior to the start of each quarter.

16	The Support Coordinator documents efforts to ensure services are delivered in accordance with the service plan, including type, scope, amount, duration, and frequency specified in the Cost Plan.	CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 1-3, 2-84, 3-4 COMPLIANCE This standard applies to **all** services identified on the approved Cost Plan.	1) WSC documentation did not demonstrate review of the person's service provider documentation. 2) WSC documentation demonstrated review of some but not all services.

On a regular and ongoing basis, WSCs are required to review documentation of all services provided to the person to ensure services are consistent with service authorizations and reflect progress towards person's goals/outcomes.

Review claims information to ensure claims are consistent with the service authorization plan.

Review the record to determine methods for using provider documentation and provider billing to assist with routine monitoring of service delivery to ensure services are provided according to the amount, frequency and duration approved on the service authorization and in accordance to the person's Support Plan goals/outcomes.

- Review the record to determine how documentation received from providers is used to evaluate service delivery on an ongoing basis and what action is taken when documentation is not received.
- Review the current Cost Plan & Service Authorizations to determine type scope, amount, duration, and frequency of approved services.
- Review the record to determine if the record contains Service Logs, Quarterly/Monthly Summaries, 3rd Quarterly/Annual Reports, Implementation Plans, Behavior Plans, etc. based on the services the person receives.
- Based on services the person receives review Progress Notes for documentation reflecting regular, ongoing review of service provider documentation.
  - Documentation in Progress Notes should reflect provider efforts to evaluate if service is being provided in accordance with the Support Plan goals/outcomes and remaining within the scope,

		duration, and frequency specified on the Service Authorizations – claims review. Note: Due to the volume of monthly documentation for some individuals, WSCs may be utilizing alternative maintenance and storage methods vs. having <u>all</u> documentation immediately available in the current active volume of the central record. This may be a discussion point when applicable.	
17	The Support Coordinator is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Page 2-80,2-86, A-9, 3-4, 3-5, Current APD Rate Table COMPLIANCE Provider bills the correct rate: • Limited WSC • Full WSC • Enhanced WSC Review Cost Plan and approved Service Authorizations to determine approved rate Review claims to determine WSC bills using an approved rate. ❖ Refer to current APD Rate Table as needed **This standard is subject to a potential billing discrepancy**	1) WSC documentation demonstrated WSC billed full Support Coordination without a current approved Service Authorization. (B) 2) WSC documentation demonstrated WSC billed for enhanced support coordination without a current approved Service Authorization. (B)
18	The Support Coordinator bills for services after services are rendered.	CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Page 3-2 COMPLIANCE Provider is not to bill for services prior to rendering.	1) Support Coordinator billed for services prior to rendering services on one or more dates during the period under review.

		For each month in the period of review: • Determine the minimum number and type of contacts required for each month • Review Progress Notes to determine the date minimum billing requirements were met for each month. • Compare month billing requirements were met to "claim billed date" in claims. • Determine if services were rendered prior to billing for each date of service during the period of review. If one or more months were billed prior to completing minimum required contacts, score NM and add a discovery identifying the month(s).	
19	The Support Coordination Progress Notes demonstrate pre-Support Plan planning activities were conducted.	CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-89, Approved Waiver FL0867.R02.00 Appendix D PERSON CENTERED PRACTICE Prior to the expiration of the plan, the support coordinator discusses with the person the purpose of the planning process and provides a summary of the past year's plan and services. The person is asked to identify changes to the goals or services received and a discussion of changes of providers if needed. The meeting is planned based on the person's preferences for the dates and times of the meeting. In addition, the support coordinator discusses who the person would like to invite to the meeting, including providers, family members, and friends. The support coordinator notifies invitees of the person's choice of the time, place, and date of the meeting. Review the record to determine the method used for conducting and documenting pre-support plan activities.	1) WSC documentation did not demonstrate pre-support planning activities took place. 2) WSC documentation demonstrated pre-support plan activities took place but did not document discussions about the purpose of the planning meeting. 3) WSC documentation demonstrated pre-support plan activities took place but did not document review of status of current goals/outcomes and discussions of potential changes/updates to goals/outcomes for the next year. 4) WSC documentation demonstrated pre-support plan activities took place but did not document review of current services and providers. 5) WSC documentation demonstrated pre-support plan activities took place but did not document discussions of potential dates, times, and locations for the meeting.

		o Review Progress Notes to determine if pre-support plan activities were completed prior to the Support Plan development date. o Review Progress Notes to determine the following content is included: o Discussed with the person about the purpose of the planning process. o Reviewed status of current goals/outcomes and discussed potential changes or updates to goals/outcomes for the next year. o Reviewed status of current services and providers and discussed any needed changes to either. o Discussed possible dates, times, and locations for the meeting based on the person's preferences as well as who the person would like to invite to the meeting including providers, family members and friends. • Pre-Support Plan activities may be documented in more than one Progress Note. Activities may happen on different days leading up to the Support Plan meeting.	6) WSC documentation demonstrated pre-support plan activities took place but did not document discussions of whom the person would like to invite to the meeting.
20	The Support Coordination Progress Notes demonstrate required monthly contact/activities were completed and are in the record.	CMS Assurance – Financial Accountability iBudget Handbook – June 2018 Page 2-77, 2-78, 2-79, 2-80, 2-86, 2-87, 2-88, 2-89, 2-99 COMPLIANCE Progress Notes must: • Be specific to each person • Clearly demonstrate and accurately reflect the Support Coordination services being rendered as specified in the iBudget Handbook. • Verify WSC services are being received and rendered as specified in the Support Plan.	1) Progress Notes for person residing in a licensed residential facility did not include face-to-face contact every month for one or more months. (B) 2) Progress Notes for person residing in a licensed residential facility did not include a home visit contact every three months for one or more months. (B) 3) Progress Notes for person residing in an Assisted Living Facility did not include face-to-face contact every month for one or more months. (B)

Contact/Activity Requirements

- **For individuals in a Supported Living Situation:**
  - *Must receive full support coordination*
  - Monthly face-to-face visits
  - Home visit at least once every 3 months
  - Quarterly home visit will include a supported living quarterly review
  - At least one other billable activity with or on behalf of the person each month.
    - ➢ Note: Persons may live in a Supported Living Situation without the services of a Supported Living Coach.

- **For individuals living in an Assisted Living Facility (ALF):**
  - *Must receive full support coordination*
  - Monthly face-to-face visits.
  - Home Visit every other month.
  - At least one other billable contact/activity with or on behalf of the person each month.

- **For individuals residing in a licensed residential facility:**
  - *Must receive full support coordination*
  - Monthly face-to-face visits
  - Home visit at least once every 3 months
  - At least one other billable contact/activity with or on behalf of the person each month.

- **For individuals living in the family home:**
  - Full WSC
    - ▪ Face-to-Face every 3 months

4) Progress Notes for person residing in an Assisted Living Facility did not include a home visit contact every other month for one or more months. (B)
5) Progress Notes for person residing in a Supported Living setting did not include face-to-face contact every month for one or more months. (B)
6) Progress Notes for person residing in a Supported Living setting did not include a home visit contact every three months for one or more months. (B)
7) Progress Notes for person residing in a Supported Living setting did not document coordination and completion of the Supported Living Quarterly meeting for one or more quarters. (B)
8) Progress Notes for person in independent living did not include a home visit contact every six months for one or more months. (B)
9) Progress Notes for person in independent living did not include a face-to-face visit contact every three months for one or more months. (B)
10) Progress Notes for person residing in a family home did not include face-to-face contact at least once every three months. (B)
11) Progress Notes for person residing in a family home did not include a home visit contact at least once every six months for one or more times. (B)
12) Progress Notes for person receiving Full Support Coordination did not document at

- Home Visit at least every 6 months
- At least two billable contact/activities with or on behalf of the person each month.
- Face-to-Face and Home Visit contacts can count as one of the two minimum required contacts in any given month.
  - o Limited WSC
    - At least one Home Visit per year
    - 2 face-to-face visits annually
    - At least one contact with or on behalf of the person each month.

- **For individuals residing in their own home** (considered to be in Independent Living):
  - o Face-to-face visit every three months in a variety of settings
  - o With a Home Visit at least every six months

- **For Enhanced WSC:** Two face-to-face visits monthly, at least one at the person's residence and at least two additional billable activities during the same month.

- **For Enhanced WSC -** for transition purposes: Weekly face-to-face contact visits for the first month after transition to community-based services with one other billable contact. After that month, two visits monthly along with at least two other billable contacts monthly. This service delivery format will continue as long as enhanced support coordination is needed, but at a minimum of three months following transition.

Allowable Activities for Billing

least one other contact/activity per month for one or more months. (B)

13) Progress Notes for person receiving Limited Support Coordination did not document at least one contact/activity per month for one or more months. (B)

14) Progress Notes for person receiving Limited Support Coordination did not include at least two face-to-face contacts per year, with a minimum of one contact being in the person's home. (B)

15) Progress Notes for person receiving Enhanced Support Coordination did not include at least weekly face-to-face contacts for first 30 days following discharge. (B)

16) Progress Notes for person receiving Enhanced Support Coordination did not include at least one visit in the person's residence per month. (B)

17) Progress Notes for person receiving Enhanced Support Coordination did not indicate all required contacts/activities. (B)

18) Progress Notes did not include allowable billable contact activities for one or more months. (B)

19) Progress Notes were not in the record for one or more months of review. (B)

Purpose of a face-to-face visit: discuss progress, changes, or both, to goals/outcomes, status of any unresolved issues, and satisfaction with current supports received.

Each visit should be viewed as an opportunity to give or receive meaningful information that can be used to effectively assist the person in achieving goals/outcomes. Face to face contacts must relate to or accomplish one or more of the following:

1. Assist the person to reach individually determined goals on the Support Plan, including gathering information to identify outcomes;
2. Monitor the health and well-being of the person;
3. Obtain, develop and maintain resources needed or requested by the person to include natural supports, generic community supports and other types of resources;
4. Increase the person's involvement in the community;
5. Promote advocacy or informed choice for the person and/or;
6. Follow up on unresolved concerns or conflicts.

Secondary contacts with or on behalf of the person:
- Must be individualized and related to services and benefits specific to the person.
- Not merely incidental, but planned.
- Can be with the person, people important in the person's life, family members, legal representatives, service providers, or community members.
- By telephone, letter writing, or e-mail transmission.
- Must be documented in Progress Notes

		➤ Administrative activities such as typing letters, filing, mailing, or leaving messages **do not** qualify as contacts/activities. ➤ Activities including telephone calls to schedule meetings, setting up face-to-face visits, or scheduling meetings with the person's employer, family, or providers **do not** qualify as contacts. **This standard is subject to a potential billing discrepancy**	
21	For individuals in supported living arrangements Progress Notes demonstrate required activities are covered during each quarterly home visit.	iBudget Handbook – June 2018 Page 2-41, 2-86, 2-87, 2-97, 2-98 COMPLIANCE In order to be considered in a "supported living arrangement", the person must receive either Supported Living Coaching services, Personal Supports services, or both in their own home. Determine if the person receives Personal Supports, Supported Living Coaching or both. If the person does not receive Supported Living Coaching or Personal Supports in their own home, score N/A. Review the record to determine the method used to schedule and conduct required quarterly home visits with the person and their SLC/Personal Support staff and to ensure all associated required activities are completed. • Review Progress Notes and associated quarterly home visit documentation to determine if the following activities are documented: The WSC must:	1) Documentation for the quarterly meetings was not in the record. 2) Documentation was in the record for some but not all quarterly meetings. 3) The quarterly meeting documentation did not demonstrate review of the person's progress toward achieving support plan goals. 4) The quarterly meeting documentation did not demonstrate discussions related to satisfaction with services and if services are being provided per the person's wishes. 5) The quarterly meeting documentation did not demonstrate review of the APD health and safety checklist. 6) The quarterly meeting documentation did not demonstrate review of the APD housing survey. 7) The quarterly meeting documentation demonstrated review of the APD housing survey, but did not include follow up with unresolved issues or if changes are needed. 8) The quarterly meeting documentation did not demonstrate review of finances.

		• Review the person's progress toward achieving support plan goals/outcomes • Discuss satisfaction with services to determine if they are being provided in a satisfactory manner and consistent with the person's wishes. • Review the APD health and safety checklist • Review the APD housing survey o Determine if there is a need for APD referral/follow-up within 3 days for unresolved issues or if changes are needed. • For persons receiving assistance with financial management from the supported living provider, WSC must document review of bank statements, checkbook, and other public benefits, such as Social Security benefits, health care coverage to determine waiver eligibility at the time of the quarterly meeting. • For persons receiving an APD subsidy, WSC must document review of the financial profile to verify it accurately reflects all sources of income and monthly expenses of the person.	9) The quarterly meeting documentation did not demonstrate review of the financial profile.
22	For persons living in Supported Living Arrangements the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	iBudget Handbook – June 2018 Page 2-41, 2-97 COMPLIANCE Determine if the person receives Personal Supports, Supported Living Coaching or both. If the person does not receive Supported Living Coaching or Personal Supports in their own home, score N/A. Review the record to determine the method used to ensure the person's Support Plan clearly describes the goals, roles, and responsibilities of each provider rendering services.	1) The current Support Plan did not clearly delineate goals, roles, and responsibilities of the Supported Living Coach. 2) The current Support Plan did not clearly delineate goals, roles, and responsibilities of the Personal Supports provider.

		o Based on the services received, review the person's current Support Plan to determine if the plan details the roles and responsibilities of the Personal Supports Provider and/or the Supported Living Coach	
23	The Support Coordinator documents efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-75, 2-77, 2-86 PERSON CENTERED PRACTICE Review the record to determine the method used to educate the person about choice of waiver services & supports and document efforts. • Ask the Support Coordinator for examples of how the person has been educated about service and support options and assisted to make informed decisions when choosing among waiver service and supports. • Review record for documentation reflecting the Support Coordinator's efforts.	1) WSC documentation did not demonstrate efforts to support the person to make informed choices of waiver services and supports. 2) WSC documentation demonstrated choice of waiver services and supports were made with little to no input from the person.
24	The Support Coordinator documents efforts to support the person to make informed decisions when choosing among waiver service providers on an ongoing basis.	CMS Assurance - Service Plan iBudget Handbook – June 2018 Page 2-75, 2-77, 2-86 PERSON CENTERED PRACTICE Review the record to determine the method used to educate the person about choices of waiver service providers and document efforts. • Ask the Support Coordinator for examples of how the person has been educated about waiver service provider options and assisted to make informed decisions when choosing among waiver service providers.	1) WSC documentation did not demonstrate efforts to support the person to make informed choices among waiver service providers. 2) WSC documentation demonstrated choice of waiver service providers were made with little to no input from the person.

		• Review record for documentation reflecting the Support Coordinator's efforts.	
25	The Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.	CMS Assurance - Service Plan iBudget Handbook – June 2018 Page B-7, 393 F.S. PERSON CENTERED PRACTICE The Person-Centered Support Plan includes the "Personal Rights" section; however, just completing in the Support Plan would not address on-going needs throughout the course of the period of review and should include documentation of on-going efforts in this area. Ask the Support Coordinator to describe method of assisting the person and when applicable, legal representatives to know about their rights and responsibilities as related to this service. • Review WSC documentation supporting stated methods for WSC efforts to assist the person/legal representative to know about rights on an ongoing basis. • Review Progress Notes and other documentation demonstrating efforts to support the personal, and when applicable the legal representative to know about rights. *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.	1) WSC documentation did not demonstrate efforts to assist the person/legal representative to know about rights. 2) WSC documentation demonstrated efforts to assist the person/legal representative to know about rights but not on an ongoing basis.

| 26 | The Support Coordinator documents ongoing efforts to ensure the person's health and health care needs are addressed. | CMS Assurance - Health and Welfare
iBudget Handbook – June 2018
Page 1-2, 2-7, 2-75, 2-76, 2-86, 2-90
PERSON CENTERED PRACTICE

Health and health care needs include medical conditions, medications (prescription and over-the-counter), preventive healthcare, wellness exams, therapeutic interventions, medical devices/apparatus.

The Person-Centered Support Plan includes the "Other Services Needed for Health and Safety" section; however, just completing in the Support Plan would not address on-going needs throughout the course of the period of review and should include documentation of on-going efforts in this area.

Ask the Support Coordinator to describe the method used to gather and document knowledge of person's health and health care needs.

• Ask the WSC how this information is maintained and updated on an ongoing basis.
• Review WSC documentation supporting stated methods for WSC efforts to gather and learn information regarding the person's health and health care needs and steps taken to address the person's needs.
 o For example: scheduled medical appointments, provided education, and procured medical services/devices.
• Review the record for documentation related to routine and preventative medical and dental care.
• Review Progress Notes and other related health care documentation for evidence the WSC identifies and | 1) WSC documentation did not demonstrate efforts to gather information about the person's health and health care needs.
2) WSC documentation demonstrated knowledge of the person's health and health care needs but not ongoing efforts to address identified needs.
3) Key and critical health and/or healthcare needs have not been addressed. |

		addresses the person's health and healthcare needs on a routine basis. *Key/critical health and health care information will vary per person, and could include, but not be limited to diagnosis, certain environmental factors, medication related information, food allergies, specialized equipment needs, and other factors critical to maintaining the health of the person.	
27	The Support Coordinator documents ongoing efforts to ensure the person's behavioral/emotional health needs are addressed.	CMS Assurance – Health and Welfare iBudget Handbook – June 2018 Page 1-2, 2-7, 2-75, 2-76, 2-86, 2-90 PERSON CENTERED PRACTICE The Person-Centered Support Plan includes the "Other Services Needed for Health and Safety" section; however, just completing in the Support Plan would not address on-going needs throughout the course of the period of review and should include documentation of on-going efforts in this area. • Ask the WSC to describe method used to gather and document knowledge of person's behavioral/emotional health information relevant to the service provided. • Ask the WSC how information related to behavioral/emotional health is maintained and updated on an ongoing basis. • Review record for documentation supporting stated method. • Supporting documentation may be found in Support Plans, intake forms, stand-alone forms, or other available WSC documentation.	1) WSC documentation did not demonstrate efforts to gather information about the person's behavioral/emotional health needs. 2) WSC 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.

		*Key/critical behavioral/emotional health information will vary by person and could include, but not be limited to diagnosis, certain environmental factors, medication and related information, Baker Acts, police involvement, Behavior Plans, Safety Plans, emotional well-being (stress, anxiety, depression, grief, other emotional issues or diagnosis) and any other information critical to the behavioral/emotional health of the person and relevant to the service being provided.	
28	The Support Coordinator documents ongoing efforts to ensure the person's safety needs are addressed.	CMS Assurance - Health and Welfare iBudget Handbook – June 2018 Page 1-5, 1-10, 1-11, 2-7, 2-75, 2-76, 2-77, 2-87, 2-90, 2-96 PERSON CENTERED PRACTICE The Person-Centered Support Plan includes the "Other Services Needed for Health and Safety" section; however, just completing in the Support Plan would not address on-going needs throughout the course of the period of review and should include documentation of on-going efforts in this area. Ask the Support Coordinator to describe method used to gather and document knowledge related to safety needs of the person. • Ask the WSC how this information is maintained and updated on an ongoing basis. • Review record for documentation supporting WSC efforts to assess the person's safety skills and safety needs including steps taken to address the person's needs on an ongoing basis.	1) WSC documentation did not demonstrate efforts to assess the person's safety needs. 2) WSC documentation demonstrated knowledge of the person's safety needs but not ongoing efforts to address identified needs. 3) Key and Critical safety needs have not been addressed.

		• Review Progress Notes or other documentation supporting personalized efforts towards evaluation/training in areas such as community awareness/safety, home safety, education related to extreme weather events, etc. • Review Progress Notes and other available and applicable provider documentation such as Functional Community Assessments, Implementation Plans, Housing Survey's, Emergency Disaster Plan, Safety Plan, Behavior Plan, etc. for identified safety needs to determine if the person's safety needs are being addressed.	
29	The Support Coordinator documents information about the person's history regarding abuse, neglect, and/or exploitation on an ongoing basis to address identified needs.	CMS Assurance - Health and Welfare iBudget Handbook – June 2018 Page 1-10, 1-11, 1-12, 2-10, 2-12, B-7 PERSON CENTERED PRACTICE The Person-Centered Support Plan includes the "Other Services Needed for Health and Safety" section; however, just completing in the Support Plan would not address on-going needs throughout the course of the period of review and should include documentation of on-going efforts in this area. Ask the Support Coordinator to describe method used to gather and document information about the person's history related to abuse, neglect, and/or exploitation. • Review WSC documentation supporting stated methods for WSC efforts related to past or present instances of alleged or confirmed abuse, neglect and/or exploitation and WSC's efforts to identify and address the person's needs on an ongoing basis.	1) WSC documentation did not demonstrate efforts to gather information about the person's history regarding abuse, neglect, and/or exploitation. 2) WSC documentation demonstrated knowledge of the person's history regarding abuse, neglect, and/or exploitation but not ongoing efforts to address identified needs. 3) Key and Critical issues related to abuse, neglect, and exploitation needs have not been addressed.

		• Review Progress Notes, Support Plans, other available WSC documentation, and available service provider documentation. • Based on review of Progress Notes, current Support Plan and other available provider documentation, there is no indication of a history of abuse, neglect and/or exploitation, score N/A.	
30	The Support Coordinator documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.	CMS Assurance - Health and Welfare iBudget Handbook – June 2018 Page 1-10, 1-11, 1-12, 2-10, 2-12, B-7 PERSON CENTERED PRACTICE Ask the Support Coordinator to describe the process used to gather and document efforts to assist the person to define abuse, neglect, and exploitation. • Review WSC documentation supporting stated methods for WSC efforts demonstrating **individualized efforts** to support the person to recognize and know how to report abuse, neglect and exploitation (Call Abuse Hotline, tell WSC, Police, Family, etc.) on an ongoing basis. • Supporting documentation may include the Support Plan, Progress Notes, evidence of customized training techniques used to support people with different learning styles and levels of understanding, documented training sessions indicating specific scenarios reviewed and feedback received or any other documented methods used by the WSC demonstrating efforts to assist the person to define and report abuse, neglect and exploitation.	1) WSC documentation did not demonstrate individualized efforts to provide education to the person in the area of abuse, neglect, and exploitation. 2) WSC documentation demonstrated individualized efforts to provide education to the person in the area of abuse, neglect, and exploitation but not on an ongoing basis. 3) WSC documentation did not demonstrate individualized efforts to assist the person to define abuse, neglect, and/or exploitation. 4) WSC documentation demonstrated individualized efforts to assist the person to define abuse, neglect, and/or exploitation but not on an ongoing basis. 5) WSC documentation did not demonstrate how the person would report any incidents of abuse, neglect, and exploitation.