

Delmarva Service Specific Record Review – Behavior Analysis

#	Standard	Protocol	Not met reasons
1 R	The provider has complete service logs for each date of service during the review period.	<p>May 2010 H 2-13; H 2-22 RECORD REVIEW</p> <ul style="list-style-type: none"> • Review Services Log(s) for the entire period of review. • Determine that Service Log (s) include all required components. • Review Service Log (s) against claims data to ensure accuracy in billing. • If necessary, request Remittance Vouchers to compare. • Review logs for content to ensure they relate to an outcome/identified need on person's Support Plan. • Ensure service logs are written in a narrative manner to address the progress of the person towards his/her goals. <p>Pre 7.8.2010 <i>A service log contains the individual's name, social security number, Medicaid ID number, the description of the service, activities, supplies or equipment provided and corresponding procedure code, times and dates service was rendered.</i></p> <p>Post 7.8.2010 <i>The service log shall include the recipient's name and Medicaid ID number. The log shall include the date, time, duration of the service, and summary of services provided.</i></p>	<ol style="list-style-type: none"> 1) Provider does not have service logs for some/all dates of services for which claims were submitted. 2) Service logs do not contain the recipient's name. 3) Service logs do not contain the recipient's Medicaid ID number. 4) Service logs do not contain time/duration. 5) Service logs do not contain the date service was rendered. 6) Service logs do not contain summary of the service provided. 7) Significant discrepancies noted between documentation and billing. 8) Service logs do not relate to an outcome on the individual's Support Plan 9) Pre 7/8/2010: Service logs do not contain the recipient's social security number. 10) Pre 7/8/2010: Service logs do not contain the corresponding procedure code. 11) Pre 7/8/2010: Service logs do not contain amount billed for each service. 12) Pre 7/8/2010: Service logs do not contain provider's name. 13) Pre 7/8/2010: Service logs do not contain provider Medicaid ID.

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		This standard is subject to potential recoupment	
2 R	The provider has a copy of the Behavior Assessment report.	<p>May 2010 H 2-22; H 2-23; 65G-4.010 F.A.C. RECORD REVIEW</p> <ul style="list-style-type: none"> • Review the record for the most recent behavior assessment. • Note – the behavior assessment is usually a 1 time thing and may have been done several years before. • Review notes and Service Authorization for evidence a behavior assessment was requested/approved. • The behavior assessment is a document separate from the behavior plan. <p>Score N/A if current provider assumed oversight of the behavior program and no new behavior assessment was requested or approved.</p> <p>Score N/A if original behavior assessment was completed prior to the 12 month period of review.</p> <p>This Standard is subject to potential recoupment.</p>	1) The behavior assessment was not in the record for review.

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3 R	The Behavior Assessment report was completed within the required timeframes.	<p>May 2010 H 2-22 RECORD REVIEW</p> <ul style="list-style-type: none"> • Review the record for the most recent behavior assessment. • Determine date the behavior assessment was completed. • Compare date completed to the date service began. • Determine if the behavior assessment was completed within 30 days of initially providing service. <p style="text-align: center;">Score N/A when standard #2 is scored N/A.</p> <p style="text-align: center;">This Standard is subject to potential recoupment.</p>	<ol style="list-style-type: none"> 1) The behavior assessment was not completed within 30 days of initially providing service. 2) The provider did not date the behavior assessment to verify it was completed within 30 days.
4 R	A quarterly summary is in the record for each quarter in the period of review.	<p>May 2010 H 2-12; H 2-22 RECORD REVIEW</p> <p>Determine Support Plan effective date to determine quarterly summary timeframes for the person being reviewed.</p> <ul style="list-style-type: none"> • Interactively with the provider, determine if the provider is aware of the person's recent progress towards or achievement of support/behavior plan goals. • Interactively, with the provider, review quarterly reports to determine if they contain the following minimum components for services billed in each quarter: 	<ol style="list-style-type: none"> 1) One or more quarterly summaries are not in the record. 2) One or more quarterly summaries are not reflective of progress toward support/behavior plan goals. 3) One or more quarterly summaries do not include a summary of who, what, when and where of the monitoring events. 4) Quarterly reports are completed, but not within correct timeframes. 5) The provider completed monthly summaries in lieu of quarterly summaries. 6) Quarterly summaries are present but date of completion was not indicated.

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		<ul style="list-style-type: none"> ○ A summary of the quarter’s activities indicating the individual’s progress toward achieving support/behavior plan goals. ○ A description of the who, what, when and where of the monitoring events <p style="background-color: yellow;">If service has been rendered less than 30 days score N/A. Quarterly summaries are driven by the support plan effective date, not the amount of time a provider has rendered services.</p> <p>This Standard is subject to potential recoupment.</p>	
<p style="text-align: center;">5 R</p>	<p>Monthly updates to graphic displays of acquisition and reduction behaviors are in the record for each month of the period of review.</p>	<p>May 2010 H 2-22; 65G-4.009 F.A.C. RECORD REVIEW</p> <ul style="list-style-type: none"> ● Review record for graphic data displays for each month in the review period. ● Determine if graphic displays of acquisition and reduction behaviors are updated at least monthly. <p style="background-color: yellow;">Note: An annual cumulative graphic data display for an entire support plan year does not satisfy this requirement. Each month must be distinctly separate and completed immediately following the end of the corresponding month.</p> <p>This Standard is subject to potential recoupment.</p>	<p>1) One or more monthly updates to graphic displays of acquisition and reduction behaviors are not in the record.</p>

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6 R	The current and complete behavior plan is in the record.	<p>May 2010 H 2-8; H 2-22; 65G-4 RECORD REVIEW</p> <ul style="list-style-type: none"> • Review the record to locate the current Behavior Plan. • Look for the date on plan indicating date written or updated within past 12 months. • Check for the following elements: <ul style="list-style-type: none"> ○ Behaviors to be changed ○ Intervention procedure (strategies...) ○ Data collection description ○ Description of training for caregivers which may include parents/family ○ Procedures or routine to be followed by the Behavior Assistant, when applicable. ○ Procedures to ensure generalization and maintenance of behaviors ○ Description of the monitoring schedule • Determine if the behavior plan has been signed/approved by the appropriate level Analyst. • If authored by a BCaBA or Level 3 provider the document should be counter-signed by a higher level supervisor. <p style="text-align: center;">This Standard is subject to potential recoupment.</p>	<ol style="list-style-type: none"> 1) The record did not contain a current Behavior plan. 2) The Behavior plan did not include a description of the specific behaviors to be changed. 3) The Behavior plan did not include intervention procedures to be used. 4) The Behavior plan did not include a description of the data to be collected. 5) The behavior plan did not include a description of the training for caregivers. 6) The behavior plan did not include a description of the monitoring procedure to be followed. 7) The behavior plan did not include procedures or routine to be followed by the Behavior Assistant 8) The behavior plan did not include procedures to ensure generalization and maintenance of behaviors 9) The behavior plan has not been signed/approved by the appropriate level provider.
7 R	The behavior plan was developed within the required timeframe.	<p>May 2010 H 2-22 RECORD REVIEW/PROVIDER INTERVIEW</p>	<ol style="list-style-type: none"> 1) The Behavior plan was not completed within 90 days of initially providing services.

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		<ul style="list-style-type: none"> • Review the record to locate the current behavior plan. • Determine if the behavior plan was developed within 90 days of initially providing service. <p>If the Behavior plan was first implemented more than 12 months ago, score this standard N/A.</p> <p>If the Behavior Plan is not in the record score this standard N/A.</p> <p>This Standard is subject to potential recoupment.</p>	
8	New behavior plans meeting the requirements in 65G-4.010 are submitted for an initial review and approval by the LRC	<p>May 2010 H 2-22; 65G-4.010 F.A.C. RECORD REVIEW</p> <p>Review provider documents to determine if:</p> <ul style="list-style-type: none"> • Behavior plans meet these criteria: use of restricted procedures, behaviors dangerous to self or others, creating a life threatening risk, major property damage or potential for arrest and confinement. (Only exception would be a reduction plan that does not meet these criteria). • On the behavior plan, look for evidence the LRC chairperson has signed the plan OR • Evidence the LRC approved the plan. This may be on the plan, on a separate LRC document or may be in notes from the LRC meeting. 	<ol style="list-style-type: none"> 1) The behavior plan meets criteria for submission to the LRC, but it was not submitted by the provider. 2) The behavior plan was implemented by the provider after the LRC denied approval. 3) The changes recommended by the LRC were added to the behavior plan and approved by the LRC, but were not implemented by the provider. 4) The provider implemented the new behavior plan, but did not submit the plan to the LRC for review within 5 days of implementation.

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		<ul style="list-style-type: none"> Note – the LRC does not have to approve the plan –only review it and make recommendations. If a plan is not approved by the LRC it may not be implemented or continue to be implemented, until recommendations have been addressed. Look for recommendations from the LRC -or they might say “no recommendations”. <p>If the Behavior Plan is not in the record score, this standard N/A.</p>	
9 R	<p>The provider maintains documentation of subsequent LRC reviews, recommendations and a review schedule for the Behavior Plan.</p> <p style="background-color: yellow;">For plans that have been updated vs. brand new ones</p>	<p>May 2010 H 2-22; 65G-4.010 F.A.C. RECORD REVIEW</p> <p>Review provider documents to determine if:</p> <ul style="list-style-type: none"> Behavior plans meet these criteria: use of restricted procedures, behaviors dangerous to self or others, create a life threatening risk, major property damage or potential for arrest and confinement. (Only exception would be a reduction plan that does not meet these criteria). On the behavior plan, look for evidence the LRC chairperson has signed the plan OR Evidence the LRC reviewed the plan. <ul style="list-style-type: none"> This may be on the plan or may be in notes from the LRC meeting. Note – the LRC does not have to 	<ol style="list-style-type: none"> 1) The record does not include LRC review dates. 2) The record does not include changes recommended by the LRC. 3) The record does not include a review schedule for the plan. 4) The provider has not followed the LRC monitoring plan for review dates. 5) Changes were made to the plan but the provider did not submit the plan to the LRC for review within 5 days of the implementation of those changes. 6) Changes were made to the plan but the revisions were not dated on the plan.

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		<p style="text-align: center;">approve the plan – only review it and make recommendations.</p> <ul style="list-style-type: none"> • Look for recommendations from the LRC - or they might say “no recommendations”. • Look for evidence of a review schedule – when is the next time the LRC wants to review it? It may be a formal schedule or it may be in the LRC notes –“review in 6 months -...” • If LRC did make recommendations, did the provider implement them? • If changes were made to the plan they will be dated. Check for documentation the plan was submitted to LRC for review within one week of the changes being made (65G-4.009 (10)(b)). • Some Areas are using a form for feedback to providers, with conclusions from review, and signature of the LRC chairperson. In other cases, the plan itself, a face sheet or signature page will have a place for the signature of the LRC chairperson. <p>If the Behavior Plan is not in the record score this standard N/A.</p> <p>This Standard is subject to potential recoupment</p>	

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10	The behavior plan is being implemented as written and approved.	<p>May 2010 H 2-21; FAC 65G-4.009 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Compare Behavior plan details to provider documentation of services. • Determine if documentation (service logs, quarterlies, data displays, plan updates, monitoring tools) demonstrates: <ul style="list-style-type: none"> ○ The right behaviors are being addressed ○ Identified intervention procedures are being utilized ○ Data are being collected as indicated ○ Identified monitoring schedule is being followed. • Interview staff or caregivers to determine if staff is aware of appropriate procedures <p>If the Behavior Plan is not in the record, score this standard N/A.</p>	<ol style="list-style-type: none"> 1) The data being collected do not capture the data required in the behavior plan. 2) The behavior plan is not being monitored per the monitoring schedule. 3) The behaviors targeted in the behavior plan are not being addressed. 4) The interventions in the behavior plan for the targeted behaviors are not being used.
11 R	The current third Quarterly/Annual Report is in the record.	<p>May 2010 H 2-8; H 2-22 RECORD REVIEW</p> <ul style="list-style-type: none"> • Review record to determine support plan effective date • Determine if the Annual Report is a component of the third quarterly report or a separate document. • The annual report may be included as part of a Behavior plan update. 	<ol style="list-style-type: none"> 1) A current third Quarterly/Annual Report was not in the record. 2) The third Quarterly/Annual Report did not contain a summary of progress toward achieving the goal(s) from the support plan. 3) The third Quarterly/Annual Report did not contain a summary of the first three quarters of the support plan year. 4) The third Quarterly/Annual Report did not correspond to the support plan year.

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		<ul style="list-style-type: none"> • Review Annual Report for content to ensure it includes at a minimum: <ul style="list-style-type: none"> ○ A summary of the first three quarters of the support plan year; ○ Description of the person’s progress, or lack thereof, toward achieving each of the goals identified on the Support Plan ○ Any changes made or planned as a result of the analysis of the data ○ A description of monitoring completed as described in the client's behavior analysis services plan. ○ Graphic displays that include a description of events affecting the data display ○ Recommendations for the next year. • Determine if progress statements are consistent with supporting data in service logs/progress notes. <p>If the provider was not providing services to the person at the time the last Annual Report would have been due, score as N/A.</p> <p>This Standard is subject to potential recoupment.</p>	<p>5) The third Quarterly/Annual Report did not contain recommendations for the next year.</p> <p>6) Progress statements are not consistent with supporting data in the graphic displays.</p>

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12 R	The third Quarterly/Annual Report was completed within the required timeframes.	<p>May 2010 H 2-8; H 2-22 RECORD REVIEW</p> <ul style="list-style-type: none"> • Review record to determine support plan effective date. • Determine if the Annual Report is a component of the third quarterly report or a separate document. • If not included as part of the third quarterly summary, look for a separate document. • Determine if the third Quarterly/Annual Report was completed at least 30 days prior to the end of the support plan year. <p>If the current provider was not providing services to the person at the time the last Annual Report would have been due, score as N/A.</p> <p>If the current third Quarterly/Annual Report was not in the record, score this standard N/A</p> <p>This standard is subject to potential recoupment.</p>	<ol style="list-style-type: none"> 1) Unable to determine due to lack of completion date. 2) The third Quarterly/Annual Report was not completed at least 30 days prior to the Support Plan effective date. 3) The third Quarterly/Annual Report was completed after the support plan effective date.
13	The provider maintains service authorization(s) for the service being rendered and billed, for the entire period of review.	<p>May 2010 H 1-6; H 2-5 RECORD REVIEW</p> <ul style="list-style-type: none"> • Review provider records for a service authorization. • Determine service authorization(s) is available for the entire period of review. 	<ol style="list-style-type: none"> 1) The record did not include service authorizations for the services being rendered. 2) The record included service authorizations, but not for the entire period of review. 3) The service authorization is not in approved status. 4) The service authorization has an incorrect rate.

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		<ul style="list-style-type: none"> Determine service authorization(s) is in approved status. Verify service authorization(s) has the correct rate. 	
14 R	Services are not billed in excess of 16 units of service per date.	<p>May 2010 H 2-22 RECORD REVIEW</p> <ul style="list-style-type: none"> Review Services Log(s) for the entire period of review against claims data to determine units of service billed each date of service. If necessary, request Remittance Vouchers to compare. <p>This Standard is subject to potential recoupment.</p>	<ol style="list-style-type: none"> Services were rendered and billed in excess of 16 units per date of service. Service logs were missing for some or all dates of service. Unable to determine due to absence of supporting documentation.
15 R	The provider renders the service in accordance with the service authorization and the Handbook.	<p>May 2010 H 3-3; H 3-4; CA 3.6.E.; CA 3.7.H.; CA 2.0.K RECORD REVIEW</p> <ul style="list-style-type: none"> Review provider records for a service authorization(s). Determine service authorization(s) is available for entire period of review. Determine service authorization(s) is in approved status. Verify service authorization(s) has the correct rate. Determine if services are being provided in accordance with service authorization(s). 	<ol style="list-style-type: none"> Unable to determine because service authorization(s) available did not cover entire period of review. The rate billed is greater than the rate specified on Service Authorization. The rate billed is less than the rate specified on Service Authorization. Services rendered did not conform to the description of services found in the handbook

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		<ul style="list-style-type: none"> If necessary, request Remittance Vouchers to compare. <p>If Not Met reason #4 is selected include detail within potential recoupment.</p> <p>This Standard is subject to potential recoupment.</p>	
16 R	The provider bills at the correct rate.	<p>May 2010 H 1-7 RECORD REVIEW</p> <ul style="list-style-type: none"> Determine if provider is a solo or employ's additional/contracts staff Review provider records for a service authorization(s). Review claims to determine correct rate is billed for each date of service <p style="text-align: center;">If Provider is an agency score N/A</p> <p>This Standard is subject to potential recoupment.</p>	<ol style="list-style-type: none"> Provider is a solo provider but is billing at the agency rate. Provider is not billing at the level 1 rate. Provider is not billing at the level 2 rate. Provider is not billing at the level 3 rate. The provider bills at an incorrect rate.
17	Training for parents, caregivers and staff on the Behavior Plan is documented	<p>May 2010 H 2-21; FAC 65G-4.009 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> Determine who is currently working with the person: staff, family, other caregivers Ask the provider to explain the method of documenting this training. Check for documentation to determine if 	<ol style="list-style-type: none"> Documentation does not reflect training for parents and caregivers on the behavior plan. Documentation does not reflect training for staff on the behavior plan.

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		<p>individuals identified have been trained on the Behavior plan</p> <p>Note: This standard pertains only to people integral to plan – the people who see the person. If the person lives at home with parents, it will include parents. If in a group home or ADT it will be group home/ADT. If the person goes home on visits it would be the parents and the group home.</p>	
18	<p>Documented services are directly related to an outcome on the individual's support plan for the entire period of review.</p>	<p>May 2010 CA 1.0 B.6; CA 2.0 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Review the current support plan. Compare the support plan goals with the Behavior Plan goals to determine if individual goals are addressed. • Review service log entries, quarterly reports and the annual report to verify if individual goals are addressed. • Ask the provider to describe the relationship between behavior services and stated outcomes on the support plan. • If PCR, ask individuals about the activities in which they are involved. Ask if they feel service received relates to their stated Support Plan outcome. <p>Note: "Overall" documentation for the period of review, an isolated occurrence of</p>	<ol style="list-style-type: none"> 1) Documented services are not related to an outcome on the individual's Support Plan. 2) The goals on the Behavior Plan do not match the goals on the Support Plan 3) Support Plan does not include a goal for Behavior Analysis. 4) Unable to determine due to absence of supporting documentation.

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		documentation not relating to a goal would not make this a “not met”.	
19	The provider addresses the individual’s choices and preferences.	<p>May 2010 CA 1.0.B.6; CA 2.0. RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask the provider about the method used to solicit and document individual’s choices and preferences, e.g., functional Assessment, reinforcer survey, initial interview, behavior plan, etc. • Review file for documentation supporting stated system of addressing individual’s choices and preferences. • Ask the provider for description of individual’s choices and preferences. • Review Service Log (s) to determine if choices and preferences are solicited and addressed within documentation. • Review Support Plan to determine if it includes choices and preferences. • If PCR, ask individual for preferred choices and preferences , and verify those captured via the provider’s method are accurate. 	<ol style="list-style-type: none"> 1) The provider addresses the individual's communicated choices and preferences, but has not documented knowledge and efforts. 2) Documentation does not indicate the provider is aware of the individual's communicated choices and preferences. 3) Documentation indicates the provider is aware of but has not addressed the individual's communicated choices and preferences 4) Provider is aware, but the person’s behavior limits opportunities to access the choices and preferences to the extent preferred, or it puts the person or others at risk.

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20	The Provider assists the individual to increase community participation and involvement based on his/her interests.	<p>May 2010 H 2-5, 2-9; CA 2.0 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Determine if the current Support Plan identifies increased community participation as a desire. • Determine if community participation is a component of the behavior plan. • <i>If there is no link between behavior and community integration score N/A</i> • Ask the provider about the method used to document the person's interests regarding community participation and involvement, e.g., functional Assessment, reinforcer survey, initial interview, behavior plan, etc. • Ask the provider how this information is incorporated into behavioral services. • Review record for evidence supporting this system. • Ask the provider for description of recent community activities and connections. • Review Service Log (s) or other documentation to determine if community participation and involvement are being addressed. • The provider may recommend the use of preferred activities as contingent reinforcers, or may recommend avoiding non-preferred activities that serve as occasions (setting events) for the occurrence of target behaviors. • Review Support Plan to determine if person's interests are identified and match provider 	<ol style="list-style-type: none"> 1) The provider is aware of and addresses the person's interests regarding community participation and involvement but has not documented knowledge and efforts. 2) Documentation does not indicate the provider is aware of the individual's interests regarding community participation and involvement. 3) Documentation indicates the provider is aware of but has not addressed the individual's interests regarding community participation and involvement. 4) Provider is aware, but the person's behavior limits opportunities to access the community to the extent preferred, or it puts the person or others at risk.

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		<p>activities.</p> <ul style="list-style-type: none"> • If PCR, ask individual for desired community participation and involvement, i.e. Do you feel like your behavior plan is helping you to access (work toward) the things that you are interested in or that make you happy? 	
21	The provider addresses the person's/legal representative's expectations regarding the service.	<p>May 2010 CA 1.0.B.6.b; CA 2.0 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask the provider about the method used to gain knowledge of the individual's/legal representative's expectations, or view of the problem behaviors exhibited by the individual. • Review file for documentation of gaining knowledge of individual's/legal representative's expectations. • Ask the provider for individual specific descriptions of expectations or view of the problems. • Review Behavior Plan, Quarterly Summaries, Service Log (s) to determine if education, progress updating or feedback is being given and the expectations are being addressed. • Review to determine if the individual completed a satisfaction survey and if the provider has addressed any issues. • Review the grievance log to determine if the individual filed a grievance. If yes, identify how 	<ol style="list-style-type: none"> 1) Provider documentation does not indicate the provider is aware of the person's/legal representative's expectations for services. 2) Provider documentation indicates the provider is aware of but has not addressed the person's/legal representative's expectations for services. 3) Provider documentation does not indicate the provider is educating, providing progress updating or feedback to the person on the intent of the services. 4) Provider interview indicates the provider is aware of the person's expectations, however, documentation does not reflect this knowledge. 5) Unable to determine due to absence of required documentation.

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		<p>the provider addressed the issue.</p> <p>If PCR, ask individual what expectations are regarding the services being received.</p>	
22	The provider has evidence of teaching the individual/legal representative about the grievance policy.	<p>May 2010 H A-16 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Interactively, with the provider, review a sample of individuals' records to determine that a copy of the signed grievance procedure is available. • Ask the provider how they communicate the grievance procedure to individuals, their families or guardians. • Ask if the procedure is available and can be communicated in other languages. 	<p>1) The provider does not have evidence of teaching the individual/legal representative about the grievance policy.</p>
23	Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter.	<p>May 2010 H A-16 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Interactively, with the provider, review a sample of individuals' records to determine that a copy of the signed grievance procedure is available. • Grievance procedures for a new participant to the program are to be reviewed and signed within 30 days of admission and annually thereafter. • Grievance procedures are to be reviewed and signed annually thereafter 	<p>1) Individuals did not sign the provider's grievance policy within 30 days of beginning services.</p> <p>2) Individuals do not sign the provider's grievance policy annually.</p> <p>3) Individuals did sign the provider's grievance policy but not within 30 days of beginning services.</p>

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		If provider has been serving the person longer than a year only look for annual updates.	
24	The provider has evidence of teaching individuals/legal representatives about their rights.	<p>May 2010 H A-8 2.0 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask the provider how they inform individuals and their families or guardians of their rights and responsibilities and how frequently. • Ask the provider for examples of how they have assisted individuals to fully exercise their rights and make informed choices. • Interactively, with the provider, review documentation supporting discussion. • Ask the provider for examples of how they observe the rights and responsibilities of individuals. 	1) Provider documentation does not reflect evidence of teaching individuals/legal representatives about their rights.
25	Services are provided at mutually agreed upon times and settings.	<p>May 2010 CA 1.0.B.6.e RECORD REVIEW/PROVIDER INTERVIEW</p> <p>Ask the provider that services are being rendered at times and settings mutually agreed upon by the provider and the person.</p> <ul style="list-style-type: none"> • Review file for documentation of mutually agreed upon times and settings. <ul style="list-style-type: none"> ○ This may be in intake forms, stand alone forms or other available documentation. ○ Review the behavior plan for statements related to mutually agreed upon times and 	<p>1) Documentation indicates services are provided based on provider or staff's needs.</p> <p>2) Documentation does not indicate individual's preferences are being explored.</p> <p>3) Documentation does not indicate services are provided at times mutually agreed upon with the person.</p> <p>4) Documentation does not indicate services are provided in settings mutually agreed upon with the person.</p> <p>5) Documentation indicates the provider determines hours and days on which the</p>

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		<p>settings.</p> <ul style="list-style-type: none"> ○ Review Support Plan to determine if document states times and settings of service. ○ Review Service Authorization to determine if times are indicated on document. ○ Review Service Log (s) to determine if mutually agreed times and settings are being honored for service delivery. ○ Ask the provider to supply evidence of work with the individual to identify preferred service times and locations. ○ If the provider collects complaint data, ask to see the data and determine if any complaints have been reported relative to service times or delivery. <ul style="list-style-type: none"> ● If PCR, ask the individual if the time and location of the service is consistent with personal needs and expectations. ● If PCR, ask individual if services are at preferred times and settings. 	<p>person may receive services.</p> <ul style="list-style-type: none"> 6) Support Plan indicates a desire for service times that does not match service times within service logs. 7) Documentation does not indicate the person's preferences have been or are being explored. 8) Unable to determine due to absence of required documentation.
26	The Provider submits documents to the Waiver Support Coordinator as required.	<p>May 2010 H 2-22; CA 3.6 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> ● Ask the provider how required documents are submitted to the WSC. ● Review available documentation for proof of 	<ul style="list-style-type: none"> 1) The provider did not have evidence of monthly document submission of copies of service logs. 2) The provider did not have evidence of document submission of copies of assessment report within 30 days of initially providing services.

Delmarva Service Specific Record Review – Behavior Analysis

#	Standard	Protocol	Not met reasons
		<p>submission to the WSC. Examples could include fax transmittal reports with cover sheet indicating exact descriptions of what was faxed, submission tracking logs, date stamps, or indication of date of submission and method sent on the documentation.</p>	<ul style="list-style-type: none"> 3) The provider did have evidence of document submission of copies of assessment report, but not within 30 days of initially providing services. 4) The provider did not have evidence of document submission of copies of Quarterly summaries 5) Provider did not have evidence of monthly submission of graphic displays. 6) The provider did not have evidence of document submission of a copy of the Behavior Analysis service plan within 90 days of initially providing service. 7) The provider did have evidence of document submission of a copy of the Behavior Analysis service plan, but not within 90 days of initially providing service. 8) The provider did not have evidence of document submission of a copy of updates to the intervention plan as it is modified. 9) The provider did not have evidence of document submission of copies of the annual report.