

**Delmarva Service Specific Tools – Companion**  
**(Please use track changes to make any comments/edits)**

#	Standard	Protocol	Not met reasons
1	<p>The provider maintains copies of claims submitted for payment.</p> <p>H 2-77</p>	NA right now	
2 *	<p>The provider has service logs for each date of service in compliance with requirements of the Medicaid Waiver Coverage and Limitations Handbook.</p> <p>H 2-13; H 2-27</p>	<p><i>Note: A unit is defined as a 15 minute time period or portion thereof</i></p> <ul style="list-style-type: none"> <li>• H2-13; H2-27; H 2-28</li> <li>• RECORD REVIEW</li> <li>• Review Services Log(s) for the entire period of review.</li> <li>• Determine that Service Log (s) include all required components.</li> <li>• Review Service Log (s) against claims data to ensure accuracy in billing.</li> <li>• If necessary, request Remittance Vouchers to compare.</li> <li>• Review logs for content to ensure they relate to an outcome on individual's Support Plan.</li> </ul> <p><b>Pre 7.8.2010</b>  <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><b>Post 7.8.2010</b>  <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> <p><b>This Cite is subject to potential recoupment if reimbursement documentation is not available.</b></p>	<ol style="list-style-type: none"> <li>1) Provider does not have service logs for dates of services for which claims were submitted.</li> <li>2) Service logs do not contain the recipient's name.</li> <li>3) Pre 7/8/2010: Service logs do not contain the recipient's social security number.</li> <li>4) Service logs do not contain the recipient's Medicaid ID number.</li> <li>5) Pre 7/8/2010: Service logs do not contain the corresponding procedure code.</li> <li>6) Service logs do not contain time in and out.</li> <li>7) Service logs do not contain the date service was rendered.</li> <li>8) Pre 7/8/2010: Service logs do not contain amount billed for each service.</li> <li>9) Pre 7/8/2010: Service logs do not contain provider's name.</li> <li>10) Pre 7/8/2010: Service logs do not contain provider Medicaid ID.</li> <li>11) Service logs do not contain summary of the service provided.</li> <li>12) Significant discrepancies noted between documentation and billing.</li> <li>13) Service logs do not relate to an outcome on the individual's Support Plan</li> </ol>

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3	<p>The Provider maintains service authorization(s) for the service being rendered and billed for entire period of review.</p> <p>H 1-6; H 2-5</p>	<ul style="list-style-type: none"> <li>• H 1-7;H 2-5</li> <li>• RECORD REVIEW</li> <li>• Review provider records for a service authorization.</li> <li>• Determine service authorization(s) are available for the entire period of review.</li> <li>• Determine service authorization(s) are in approved status.</li> </ul>	<ol style="list-style-type: none"> <li>1) Provider does not have approved Service Authorizations for the services being rendered.</li> <li>2) The service authorization is not in approved status.</li> <li>3) Provider had some, but not all service authorizations for the period of review.</li> <li>4) Unable to determine because service authorization(s) available did cover entire period of review.</li> <li>5)</li> </ol>
4 *	<p>The provider renders the service in accordance with the service authorization.</p> <p>H 1-6; H 2-7; H 2-25 2-26, 2-27 CA 3.6.E.; CA 3.7.H.; CA 2.0.K</p>	<ul style="list-style-type: none"> <li>• H 1-7;H 2-7;H 3-3: H 3-4; CA 3.6.E; CA 3.7.H; CA 2.0 K</li> <li>• RECORD REVIEW</li> <li>• Review provider records for a service authorization(s).</li> <li>• Determine service authorization(s) are available for entire period of review.</li> <li>• Determine service authorization(s) are in approved status.</li> <li>• Verify service authorization(s) have the correct rate.</li> <li>• Determine if services are being provided in accordance with service authorization(s).</li> <li>• Review provider records for a service authorization(s).</li> <li>• Review the service authorization and service logs to assure the approved ratio of 1:1, 1:2, or 1:3 is being utilized for all dates within the period of review.</li> </ul> <p>Note: Providers of Companion services are limited to the amount, duration, and scope of the services described on the Support Plan. Companions are to work themselves out of a job as the individual develops community connections.</p> <p><b>This Cite is subject to potential recoupment if reimbursement documentation is not available.</b></p>	<ol style="list-style-type: none"> <li>1) The service authorization has the incorrect rate.</li> <li>2) Unable to determine because service authorization(s) available did cover entire period of review.</li> <li>3) Service was billed in excess of the annualized service authorization limitations.</li> <li>4) The service authorization is for 1:1 ratio, but documentation indicates services are rendered in groups.</li> <li>5) The provider rendered the service in a group larger than 3 (three) recipients.</li> <li>6)</li> </ol>

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5 *	The Solo Provider bills at solo rate.	<ul style="list-style-type: none"> <li>• H 1-7</li> <li>• RECORD REVIEW</li> <li>• Review provider records for a service authorization(s).</li> <li>• Determine if provider is a solo or employ's additional staff</li> </ul> <p>If Provider is an agency score N/A</p>	1) The service authorization is for an agency rate, and the provider is an independent.
	H 1-7	<b>This Cite is subject to potential recoupment.</b>	
6 *	Provider renders service only to individual's age 21 or older.	<ul style="list-style-type: none"> <li>• H 2-26</li> <li>• RECORD REVIEW</li> <li>• Determine that the individual receiving the service is 21 or older.</li> </ul>	1) The provider rendered services to an individual under the age of 21.
	H 2-26	<b>This Cite is subject to potential recoupment</b>	
7 *	Service does not exceed the 24qh/6hr maximum per day.	<ul style="list-style-type: none"> <li>• H 2-26</li> <li>• RECORD REVIEW</li> <li>• Review Service Log (s) and Claims Data to determine that service is not over the 24qh/6hr maximum per day.</li> </ul>	1) The provider rendered in excess of 24 units (i.e. quarter hours)/6 hours of services per day.
	H 2-26	<b>This Cite is subject to potential recoupment</b>	

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10	Services are rendered in the individual's own home, or family home or while the individual is engaged in a community activity.  H 2-27; H2-27	<ul style="list-style-type: none"> <li>• H 2-27</li> <li>• RECORD REVIEW</li> <li>• Recipients may not receive this service in the provider's home at any time</li> <li>• Ask provider where individual resides.</li> <li>• Review Support Plan to confirm where individual resides.</li> <li>• Review Service Log (s) to determine where service occurs.</li> <li>• Ask the provider where the service occurs.</li> <li>• If PCR, ask the individual where service occurs.</li> </ul>	<ol style="list-style-type: none"> <li>1) The provider documentation indicated service is rendered in the provider's home.</li> <li>2) The provider documentation did not indicate location of service.</li> <li>3) Unable to determine due to absence of required documentation.</li> </ol>
11	If the individual resides in a licensed home, the service takes place only in the community.  H 2-27	<ul style="list-style-type: none"> <li>• H 2-27</li> <li>• RECORD REVIEW</li> <li>• Ask provider where individual resides.</li> <li>• Review Support Plan to confirm where individual resides.</li> <li>• If individual resides in a licensed home, review Service Log (s) to determine where service occurs.</li> <li>• Ask the provider where the service occurs.</li> <li>• If PCR, ask the individual where service occurs.</li> </ul> <p>If individual does not reside in a licensed home, score N/A.</p>	<ol style="list-style-type: none"> <li>1) The provider documentation indicates service is rendered in a licensed residential facility.</li> <li>2) Unable to determine due to absence of required documentation.</li> <li>3) The provider documentation did not indicate service location.</li> </ol>
12	Documented services are directly related to an outcome on the individual's support plan for the entire period of review.  H 2-26; 2-28; CA 1.0.B.6; CA 2.0	<ul style="list-style-type: none"> <li>• H 2-26; H 2-28; CA 1.0 B.6; CA 2</li> <li>• RECORD REVIEW AND PROVIDER INTERVIEW</li> <li>• Review Support Plan (s) for Companion goals.</li> <li>• Review Service Log (s) for direct relation to an outcome on the individual's Support Plan (s).</li> <li>• Ask the provider about the stated outcomes and goals.</li> <li>• 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.</li> <li>• Consider "overall" documentation for the period of review, if there are a couple of isolated occurrence's of</li> </ul>	<ol style="list-style-type: none"> <li>1) The provider does not have a copy of the Support Plan (s).</li> <li>2) Documented services do not relate to a goal on the individual's Support Plan</li> <li>3) The provider has a copy of the Support Plan (s), but it does not identify a goal for this service</li> <li>4) The Provider is aware but has not addressed the individual's communicated personal goals.</li> <li>5) Unable to determine due to absence of required documentation.</li> </ol>

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		<p>documentation not relating to a goal still score is “met”.  <b>Scoring Consideration:</b> If provider does not have copy of SP but can show documentation of efforts to obtain it and can show how they determined from the individual and/or supports what goals they wanted to work on score as “met”.</p>	
13	The provider addresses the individual’s choices and preferences.	<ul style="list-style-type: none"> <li>• CA 1.0.B.6; CA 2.0</li> <li>• RECORD REVIEW AND PROVIDER INTERVIEW</li> <li>• Ask the provider for system of soliciting and documenting individual’s choices and preferences.</li> <li>• Review file for documentation supporting stated system of addressing individual’s choices and preferences.</li> <li>• Ask the provider for description of individual’s choices and preferences.</li> <li>• Review Service Log (s) to determine if choices and preferences are solicited and addressed within documentation.</li> <li>• Review Support Plan to determine if includes choices and preferences.</li> <li>• If PCR, ask individual what choices and preferences they have.</li> </ul> <p>If service rendered under 45 days by provider, score N/A.</p>	<ol style="list-style-type: none"> <li>1) Documentation does not indicate the provider is aware of the individual’s communicated choices and preferences.</li> <li>2) Documentation indicates that the provider is aware, but has not addressed the individual’s communicated choices and preferences.</li> <li>3) The provider is aware but has not addressed the individual’s communicated choices and preferences.</li> <li>4) The provider is aware but has not documented the individual’s communicated choices and preferences.</li> <li>5) Unable to determine due to absence of required documentation.</li> </ol>
14	The provider addresses the individual’s interests regarding community participation and involvement.	<ul style="list-style-type: none"> <li>• CA 2.0; H 2-5; H 2-9</li> <li>• RECORD REVIEW AND PROVIDER INTERVIEW</li> <li>• Ask the provider for system of documenting the person’s interests regarding community participation and involvement.</li> <li>• Review file for documentation supporting system of addressing person’s interests regarding community participation and involvement.</li> <li>• Ask the provider for description of recent community activities and connections.</li> <li>• Review Service Log (s) to determine if community participation and involvement is being addressed.</li> <li>• Review Support Plan to determine if person’s interests are identified and match provider activities.</li> <li>• If PCR, ask individual what desired community</li> </ul>	<ol style="list-style-type: none"> <li>1) Documentation does not indicate the provider is aware of the individual’s interests regarding community participation and involvement.</li> <li>2) Documentation indicates that the provider is aware, but has not addressed the individual’s interests regarding community participation and involvement.</li> <li>3) The provider is aware but has not addressed the individual’s interests regarding community participation and involvement.</li> <li>4) The provider is aware but has not documented the individual’s interests regarding community participation and involvement.</li> </ol>
	CA 2.0; H 2-5, 2-9		

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		<p>participation and involvement they desire. Do they feel these are beneficial and related to their interests and goals? Are they interested in the activities?</p> <p>If service rendered under 45 days by provider, score N/A</p>	<p>5) Unable to determine due to absence of required documentation.</p>
15	<p>The provider has a system in place to gather information about the individual's physical, behavioral and emotional health on an ongoing basis.</p>	<ul style="list-style-type: none"> <li>• CA 2.0</li> <li>• RECORD REVIEW and PROVIDER INTERVIEW</li> <li>• Ask the provider for system of documenting historical physical, behavioral, and emotional health.</li> <li>• Ask the provider for system of collecting and documenting current information about the individual's physical, behavioral and emotional health.</li> <li>• Review file for documentation supporting stated system.</li> <li>• Documentation may include intake forms, stand-alone forms, or other available documentation.</li> </ul>	<ol style="list-style-type: none"> <li>1) The provider does not have systems in place to gather physical health information.</li> <li>2) The provider does not have systems in place to gather behavioral health information.</li> <li>3) The provider does not have systems in place to gather emotional health information.</li> <li>4) The provider documentation does not demonstrate written documentation of provider's efforts to gather physical health information.</li> <li>5) The provider documentation does not demonstrate written documentation of provider's efforts to gather behavioral health information.</li> <li>6) The provider documentation does not demonstrate written documentation of provider's efforts to gather emotional health information.</li> <li>7) Unable to determine due to absence of required documentation.</li> </ol>
	CA 2.0		
16	<p>The provider is aware of the individual's progress towards or achievement of Support Plan goals.</p>	<ul style="list-style-type: none"> <li>• H 2-26; CA 2.0</li> <li>• RECORD REVIEW AND PROVIDER INTERVIEW</li> <li>• Ask the provider for system of documenting progress towards or achievement of SP goals.</li> <li>• Review file for documentation supporting progress towards or achievement of SP goals.</li> <li>• Ask the provider for description of recent progress toward or achievement of SP goals.</li> <li>• Review Service Log (s) to determine if progress is documented.</li> <li>• If PCR, ask individual what recent progress towards SP goals has been achieved.</li> </ul>	<ol style="list-style-type: none"> <li>1) Documentation does not indicate the provider is aware of the individual's recent progress toward or achievement of personal goals.</li> <li>2) Documentation does not indicate the provider is aware of the individual's personal goals.</li> <li>3) Documentation indicates the provider is aware, but has not addressed the individual's recent progress towards or achievement of personal goals.</li> <li>4) Unable to determine due to absence of</li> </ol>
	H 2-26; CA 2.0		

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#	Standard	Protocol	Not met reasons
		If service rendered under 45 days by provider, score N/A	required documentation.
17	The provider addresses the individual's/legal representative's expectations regarding the service.	<ul style="list-style-type: none"> <li>CA 1.0.B.6.b; CA 2.0</li> <li>RECORD REVIEW AND PROVIDER INTERVIEW</li> <li>Ask the provider for system of gaining knowledge of person's/legal representative's expectations.</li> <li>Review file for documentation of gaining knowledge of person's/legal representative's expectations.</li> <li>Ask the provider for individual specific definitions of expectations.</li> <li>Review Service Log (s) to determine if expectations are being addressed.</li> <li>If PCR, ask individual what expectations regarding the services being received are.</li> </ul>	<ol style="list-style-type: none"> <li>Documentation does not indicate the provider is aware of the person's/legal representative's expectations regarding the service being received.</li> <li>Documentation indicates the provider is aware, but has not addressed the person's/legal representative's expectations regarding the service being received.</li> <li>Unable to determine due to absence of required documentation.</li> <li>The provider can describe person's/legal representative's expectations regarding the service being received, but has not documented the information.</li> </ol>
	CA 1.0.B.6.b.; CA 2.0		
18	Services are provided at mutually agreed upon times and settings.	<ul style="list-style-type: none"> <li>CA 1.0.B.6.e</li> <li>RECORD REVIEW and PROVIDER INTERVIEW</li> <li>Ask the provider for system of showing that services are rendered at times and settings mutually agreed upon by the provider and the person.</li> <li>Review file for documentation of mutually agreed upon times and settings.</li> <li>This may be in intake forms, stand alone forms or other available documentation.</li> <li>Review Support Plan to determine if document states times and settings of service.</li> <li>Review Service Authorization to determine if times are indicated on document.</li> <li>Review Service Log (s) to assure mutually agreed times and settings being utilized for service delivery.</li> <li>If PCR, ask individual if services are at times and settings that they prefer.</li> </ul>	<ol style="list-style-type: none"> <li>Documentation did not indicate that services are provided at times mutually agreed upon with the individual.</li> <li>Documentation did not indicate that services are provided in settings mutually agreed upon with the individual.</li> <li>The provider determines hours and days on which individuals may receive services.</li> <li>Support Plan indicates a desire for service times that does not match service times within service logs.</li> <li>Unable to determine due to absence of required documentation.</li> <li>Documentation does not indicate preferences are being explored.</li> </ol>
	CA 1.0.B.6.e.		

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#	Standard	Protocol	Not met reasons
19	The Provider submits documents to the Waiver Support Coordinator as required.	<ul style="list-style-type: none"> <li>• H 2-77</li> <li>• RECORD REVIEW and PROVIDER INTERVIEW</li> <li>• Ask the provider for system of submitting documents to the Waiver Support Coordinator (WSC).</li> <li>• Review Service logs or other available documentation for proof of submission to the WSC.</li> <li>• 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.</li> <li>• If PCR, ask the WSC for proof of receipt of documentation from the provider.</li> </ul>	<ol style="list-style-type: none"> <li>1) The provider did not submit Service Log (s) to the Waiver Support Coordinator, monthly.</li> <li>2) The provider did submit Service Log(s) to the Waiver Support Coordinator, but not monthly.</li> <li>3) The provider did not have proof of Service Log (s) submission to Waiver Support Coordinator.</li> <li>4) Unable to determine due to absence of required documentation.</li> </ol>
	H 2-27; CA 3.6		

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