

## iBudget Service Specific Record Review – Personal Supports

#	Standard	Protocol	Not Met Reasons	Weights	CMS Assurance
1	The provider has copies of claim(s) submitted for payment for the period of review.	Rule Development 2011 H A-3 RECORD REVIEW			
2 R	The provider has service logs for each date of service in the period of review.	<p>Rule Development 2011 H A-3 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>• Review Services Log(s) for the entire period of review.</li> <li>• Determine that Service Log (s) include all required components.                             <ul style="list-style-type: none"> <li>▪ Recipient's name</li> <li>▪ Recipient's Medicaid number</li> <li>▪ Date service was rendered</li> <li>▪ Time/Duration</li> <li>▪ Summary of service provided</li> </ul> </li> <li>• Review Service Log (s) against claims data to ensure accuracy in billing.</li> <li>• If necessary, request Remittance Vouchers to compare.</li> </ul> <p><b>This standard is subject to potential recoupment</b></p>	<ol style="list-style-type: none"> <li>1) Provider does not have service logs for some/all dates of services for which claims were submitted.</li> <li>2) Service logs do not contain the recipient's name.</li> <li>3) Service logs do not contain the recipient's Medicaid ID number.</li> <li>4) Service logs do not contain time/duration.</li> <li>5) Service logs do not contain the date service was rendered.</li> <li>6) Service logs do not contain summary of the service provided.</li> <li>7) Significant discrepancies noted between documentation and billing.</li> </ol>	3	5
3 R	For services billed at the daily rate, the record includes	Rule Development 2011 H 2-12, H A-3 RECORD REVIEW	<ol style="list-style-type: none"> <li>1) A quarterly/monthly summary for one or more months is not in the record.</li> <li>2) Quarterly/monthly summaries are</li> </ol>	1	5, 2d

## iBudget Service Specific Record Review – Personal Supports

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	<p>quarterly summaries for the period of review.</p> <p style="text-align: center;">New Standard</p>	<p>Quarterly Summary is defined as: A written summary by a provider of the activities in that quarter indicating the individual’s progress toward achieving support plan goals for the services billed in that quarter. <b>The quarterly time period begins from the date of the service authorization.</b> A provider may choose to do a monthly summary each month rather than a quarterly summary.</p> <p>Monthly Summary is defined as: A summary note of the month’s activities indicating the recipient’s progress toward achieving support plan goals for the services billed in that month.</p> <ul style="list-style-type: none"> <li>• Check to make sure all quarterly/monthly summaries are present for the period of review.</li> <li>• Locate support plan goals/outcomes identified for Personal Support Services on the Support Plan.</li> <li>• Review quarterly/monthly summaries to determine if goals from support plan are being addressed.</li> </ul> <p><b>This standard is subject to potential recoupment</b></p>	<p>present but are not reflective of progress toward personal goals.</p> <p>3) Quarterly/monthly summaries are cut and paste – same for each month regardless of individual progress on goals.</p> <p>4) Quarterly/monthly summaries are present but not dated.</p> <p>5) Quarterly/monthly summaries are present but do not correspond with the service authorization effective date.</p>		

## iBudget Service Specific Record Review – Personal Supports

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4	<p>For services billed at the daily rate the provider maintains staffing documentation.</p> <p>New Standard</p>	<p>Rule Development 2011 H A-3 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>Interactively with the provider review provider staffing documentation such as direct care staffing schedules, payroll records indicating identified direct care support staff and hours worked and any other supplemental documents as needed to determine if minimum staffing ratios were maintained.</li> </ul>			5
5	<p>The provider renders services only to individuals living in their own home or family home</p>	<p>Rule Development 2011 H 4-68 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>Review Support Plan or other documentation to determine if the individual receiving service resides in their own home or family home.</li> </ul> <p>Note: Recipients living in licensed group homes are not eligible to receive Personal Support Assistance services with the following exceptions:</p> <ul style="list-style-type: none"> <li>✓ During an overnight visit with family or friends away from the foster or group home to facilitate the visit; or</li> <li>✓ When a group home resident</li> </ul>	<ol style="list-style-type: none"> <li>Documentation indicates services are being rendered to an individual living in a licensed facility.</li> <li>Documentation does not indicate where the individual resides.</li> </ol>	1	5

## iBudget Service Specific Record Review – Personal Supports

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		<p>recovering from surgery or a major illness does not require the care of a nurse, and the group home operator is unable to provide the personal attention required to insure the individual's personal care needs are being met. It should be time-limited and discontinued once the individual has recovered.</p> <p>✓ When an individual living in a licensed home is employed and needs personal support services at the employment site</p>			
6	<p>Provider renders service only to individual's age 21 or older.</p>	<p>Rule Development 2011 H 4-65 RECORD REVIEW</p> <p><b>Per Service Rule on Website- Not in Handbook</b> (PS) 21 years of age or older OR between ages 18-20 for individuals living in their own home or supported living arrangement</p> <p>Max allowed: (SP) 32 QH units/day (CP) (if &gt; 32 units/day must use day rate)</p> <ul style="list-style-type: none"> <li>Review Support Plan or other documentation to determine the individual receiving service is 21 or older.</li> </ul>	<ol style="list-style-type: none"> <li>The provider renders services to an individual under the age of 21.</li> <li>Documentation does not indicate the age of the individual.</li> </ol>	1	5
7	<p>Services are rendered in the individual's own home, family home</p>	<p>Rule Development 2011 4-68 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>Recipients may not receive this service</li> </ul>	<ol style="list-style-type: none"> <li>Provider documentation indicates services are provided in the home of provider or staff working with person served.</li> </ol>		5

## iBudget Service Specific Record Review – Personal Supports

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	or while the individual is engaged in a community activity.	while in the provider's home at any time. <ul style="list-style-type: none"> <li>Review Service Log (s) to determine where service occurs.</li> <li>Watch for indications the provider is rendering the service in the providers home</li> </ul>	2) Provider documentation indicates services are provided in a licensed residential facility. 3) Unable to determine due to absence of supporting documentation.		
8	Services rendered in the individual's own home or family home are provided on a one to one basis.  New Standard	Rule Development 2011 H 4-64 RECORD REVIEW <ul style="list-style-type: none"> <li>Review Service Log (s) to determine where service occurs.</li> <li>Assess documentation for indications the provider is rendering the service at greater than 1:1 ratio.</li> </ul>	1) Documentation indicates service is provided at greater than a 1:1 ratio. 2) Unable to determine due to absence of supporting documentation.		5, 2d
9	Services rendered in the community are provided on a 1:1, 1:2 or 1:3 basis.  New Standard	Rule Development 2011 4-64 RECORD REVIEW <ul style="list-style-type: none"> <li>Review Service Log (s) to determine where service occurs.</li> <li>Assess documentation for indications the provider is rendering the service in groups larger than 3.</li> </ul>	1) Documentation indicates service is provided in groups larger than 3. 2) Unable to determine due to absence of supporting documentation.		5, 2d
10	Personal Supports rendered in excess of 32 quarter hour units per day are billed at the daily rate.	Rule Development 2011 H 4-66 RECORD REVIEW <ul style="list-style-type: none"> <li>Review Service Log (s) and Claims Data to determine if services rendered in excess of 32 qh/day are billed at the Personal</li> </ul>	1) Personal Supports rendered in excess of eight hours a day, or 32 quarter hour units, were not billed at the daily rate.	1	5

## iBudget Service Specific Record Review – Personal Supports

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		<p>Supports daily rate.</p> <ul style="list-style-type: none"> <li>If necessary, request Remittance Vouchers to compare</li> </ul>			
11	<p>Additional Personal Supports above the daily rate are approved by the APD Area Office with concurrence from the APD Central Office.</p>	<p>Rule Development 2011 H 4-68 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>Up to 6 hours/24 quarter hours above the daily rate may be approved to provide additional supports that shall be billed by the quarter hour.</li> <li>Review documentation for specific APD approval. Documentation of approval must indicate specific APD Area Office approval with concurrence from the APD Central Office.</li> <li>APD Central Office has a form for this level of approval. If this form is not present ask the provider for documentation supporting APD written approval.</li> </ul> <p>Score N/A if not applicable.</p>	<p>1) Written approval for additional Personal Supports above the daily rate from APD Area Office with concurrence from the APD Central Office, is not present.</p>	1	5, 2d
12	<p>Provider or provider's immediate family is not the recipient's landlord or has any ownership of the housing unit.</p>	<p>Rule Development 2011 H 4-68 RECORD REVIEW</p> <p>A provider is defined as a solo provider or a corporation including all board members and any paid employees and staff of the provider agency, its subsidiaries or subcontractors. If</p>	<p>1) The ownership of the home cannot be determined due to lack of a copy of the lease or deed/mortgage, etc. in the record</p> <p>2) The provider owns the home.</p> <p>3) A member of the provider's immediate family owns the home.</p>	3	4

## iBudget Service Specific Record Review – Personal Supports

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		<p>renting, the name of the individual receiving personal supports services must appear on the lease either singularly, with a roommate, or a guarantor.</p> <ul style="list-style-type: none"> <li>• Ask the provider if he/she or a member of the provider's immediate family owns or has an interest in ownership of the home.</li> <li>• Review the record to locate a copy of the person's lease or deed/mortgage documents.</li> <li>• Identify the owner of the residence to ensure it is not the provider or a member of the provider's immediate family.</li> </ul>	<p>4) An employee of the provider owns the home.</p>		
13	<p>When the Personal Supports worker lives in the individual's home, the support worker pays an equal share of the room and board for the home.</p>	<p>Rule Development 2011 H 4-68 RECORD REVIEW</p> <p>When the Personal Supports person lives in the individual's home, and the home is considered the support worker's primary residence, the support worker pays an equal share of the room and board for the home.</p> <ul style="list-style-type: none"> <li>• Look for documents that indicate expenses are being shared.</li> <li>• Look for proof the person is not paying more than the Personal Supports.</li> </ul>	<p>1) The live-in Personal Supports worker is paying less than an equal share of expenses for room and board.</p> <p>2) Unable to determine due to absence of supporting documentation.</p>	3	4

## iBudget Service Specific Record Review – Personal Supports

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14	<p>If the individual is receiving Personal Supports and Supported Living Coaching, there is evidence of coordination between the services.</p>	<p>Rule Development 2011 H 4-66  <b>RECORD REVIEW AND PROVIDER INTERVIEW</b></p> <ul style="list-style-type: none"> <li>• Look for evidence the provider has been interacting/communicating with the Supported Living Coach (e.g.: service logs or monthly summaries)</li> <li>• Look for evidence that responsibilities and tasks are being divided between the provider and the Supported Living Coach (e.g.: service logs or monthly summaries)</li> </ul> <p>Review provider records for monthly summary notes of activities indicating the provider and supported living coach coordinate and plan service delivery needs. There should be no duplication of services.</p> <p>Note: If the individual is not receiving supported living coaching, score this element as N/A.</p>	<ol style="list-style-type: none"> <li>1) Documentation does not indicate coordination between the Personal Supports provider and Supported Living Coach.</li> <li>2) Documentation indicates duplication of services between Personal Supports and Supported Living Coaching.</li> </ol>	1	5, 2d
15	<p>The Provider maintains <u>correct</u> service authorization(s) for the service being rendered and billed</p>	<p>Rule Development 2011 H 2-12, 3-8, 3-26  <b>RECORD REVIEW</b></p> <p>It is the provider's responsibility to determine whether a service authorization has been issued, revised, or cancelled for an individual</p>	<ol style="list-style-type: none"> <li>1) The record does not include service authorizations for the services being rendered.</li> <li>2) The record includes service authorizations, but not for the entire period of review.</li> </ol>	1	5, 2d



## iBudget Service Specific Record Review – Personal Supports

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	during the period of review.	<p>served by the provider before providing services.</p> <p>Waiver support coordinators and service providers must verify the service authorization is correct according to the authorized amount of services in the iBudget system. If corrections are needed the service provider should immediately notify the waiver support coordinator for resolution</p> <ul style="list-style-type: none"> <li>• Determine if provider is a solo or employ's additional staff</li> <li>• Review provider records for a service authorization(s).</li> <li>• Determine that service authorization(s) is available for the entire period of review.</li> <li>• Determine that service authorization(s) is in approved status.</li> <li>• Determine that service authorization(s) has the correct rate based on Agency vs. Solo status and ratio.</li> </ul>	<p>3) All Service Authorization(s) are not in approved status.</p> <p>4) The service authorization(s) has the incorrect rate.</p>		
16	The provider bills at the correct rate.	<p>Rule Development 2011 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>• Determine if provider is a solo or employ's additional staff</li> </ul>	<p>1) Provider is a solo provider but is billing at the agency rate.</p> <p>2) Provider is billing an incorrect rate.</p>		5

## iBudget Service Specific Record Review – Personal Supports

#	Standard	Protocol	Not Met Reasons	Weights	CMS Assurance
		<ul style="list-style-type: none"> <li>• Review claims date to determine rate billed for services provided.</li> <li>• Compare rate billed to appropriate rate on relevant rate table.</li> <li>• If necessary, request Remittance Vouchers to compare.</li> </ul>			
17	<p>The provider renders the service in accordance with the service authorization and the handbook.</p>	<p>Rule Development 2011 H 3-7 RECORD REVIEW</p> <p>The provider shall provide and bill only for those services that have been authorized and approved by APD on the individual's cost plan. These supports and services shall be provided within the amount, frequency, scope, intensity and duration specified on the individual's support plan, approved cost plan, and service authorizations. The provider agrees not to bill for services until rendered as authorized</p> <ul style="list-style-type: none"> <li>• Review provider records for service authorization(s).</li> <li>• Determine service authorization(s) are available for entire period of review.</li> <li>• Determine if services are being provided in accordance with service authorization(s).</li> <li>• Determine if provider bills only for hours of service where there is direct contact with the individual receiving services.</li> </ul>	<ol style="list-style-type: none"> <li>1) Service provision exceeded frequency identified on the approved service authorization.</li> <li>2) Unable to determine because one or more service authorizations are not present.</li> <li>3) The provider billed for travel time to and from a recipient location.</li> <li>4) The provider billed for non-direct contact time.</li> <li>5) Service is provided concurrently with Life Skills Development 1.</li> <li>6) Service is provided concurrently with Life Skills Development 3.</li> <li>7) Service is not being provided in accordance with the service authorization and/or the handbook.</li> </ol>	3	5, 2d

## iBudget Service Specific Record Review – Personal Supports

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		<p><b>Note:</b> This service cannot be provided concurrently (at the same time) with Life Skills Development 1 and 3.</p>			
18	The provider has a method in place to gather information about the person’s physical, behavioral and emotional health on an ongoing basis.	<p>Rule Development 2011 H 3-5 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>• Ask the provider for method of collecting and documenting current information about the individual’s physical, behavioral and emotional health.</li> <li>• Review file for documentation supporting stated method.</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 did not have methods in place to gather physical health information.</li> <li>2) The provider did not have methods in place to gather behavioral health information.</li> <li>3) The provider did not have methods in place to gather emotional health information.</li> <li>4) The provider documentation did not demonstrate provider efforts to gather physical health information.</li> <li>5) The provider documentation did not demonstrate provider efforts to gather behavioral health information.</li> <li>6) The provider documentation did not demonstrate provider efforts to gather emotional health information.</li> <li>7) Unable to determine due to absence of supporting documentation.</li> </ol>	5	4, 2d
19	Documented services are directly related to a goal/outcome on the	<p>Rule Development 2011 H 4-64 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>• Review Support Plan(s) for goal/outcome</li> </ul>	<ol style="list-style-type: none"> <li>1) The provider did not have a copy of the Support Plan (s).</li> <li>2) Documented services do not relate to a goal/outcome on the individual’s</li> </ol>	4	2d

## iBudget Service Specific Record Review – Personal Supports

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	individual's support plan for the period of review.	<p>related to Personal Supports.</p> <ul style="list-style-type: none"> <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> </ul> <p>Note: Consider "overall" documentation for the period of review, if there are a couple of isolated occurrence's of documentation not relating to a goal/outcome still score as "met".</p> <p><b>Scoring Consideration:</b> If provider does not have copy of Support Plan but can show documentation of efforts to obtain it and can show how it is determined from the individual and/or supports what they wanted assistance with, score as "met".</p>	<p>Support Plan.</p> <ul style="list-style-type: none"> <li>3) The provider has a copy of the Support Plan (s), but it does not identify a goal/outcome for this service.</li> <li>4) Unable to determine due to absence of supporting documentation.</li> </ul>		
20	The provider addresses the individual's choices and preferences.	<p>Rule Development 2011 H 3-1, 3-5 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>• Ask the provider for method of soliciting and documenting individual's choices and preferences.</li> <li>• Review file for documentation supporting stated method of addressing individual's choices and preferences.</li> <li>• Ask the provider for description of</li> </ul>	<ul style="list-style-type: none"> <li>1) Documentation does not indicate the provider is aware of the individual's choices and preferences.</li> <li>2) Documentation indicates the provider is aware, but has not addressed the individual's choices and preferences.</li> <li>3) The provider is aware of but has not addressed the individual's choices and preferences.</li> <li>4) The provider is aware but has not</li> </ul>	1	2e

## iBudget Service Specific Record Review – Personal Supports

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		individual's choices and preferences. <ul style="list-style-type: none"> <li>Review Service Log (s) and/or other documentation to determine if choices and preferences are solicited and addressed.</li> <li>Review Support Plan to determine if it includes choices and preferences.</li> </ul>	documented the individual's choices and preferences. 5) Unable to determine due to absence of supporting documentation.		
21	The provider addresses the person's interests regarding community participation and involvement.	Rule Development 2011 H 3-1, 4-64 RECORD REVIEW <ul style="list-style-type: none"> <li>Ask the provider to describe the method used to learn about and document individual's interests regarding community participation and involvement.</li> <li>Review file for documentation supporting method 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> </ul>	1) Documentation does not indicate the provider is aware of the individual's interests regarding community participation and involvement. 2) Documentation indicates the provider is aware of but has not addressed interests regarding community participation and involvement. 3) There is no evidence relationships have been developed with anyone other than staff. 4) Provider interview indicates the provider is aware of the person's interests regarding community participation and involvement however documentation does not reflect this knowledge. 5) Unable to determine due to absence of supporting documentation.	1	5, 2d
22	The provider has evidence of teaching	Rule Development 2011 H 3-5 RECORD REVIEW	1) Provider documentation did not reflect evidence of teaching individual/legal	4	4

## iBudget Service Specific Record Review – Personal Supports

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	individual/legal representatives about rights.	<ul style="list-style-type: none"> <li>• Ask the provider how they inform individuals and their families or guardians of their rights and responsibilities and how frequently.</li> <li>• Ask the provider for examples of how they have assisted individuals to fully exercise their rights and make informed choices.</li> <li>• Interactively, with the provider, review documentation supporting discussion.</li> <li>• Ask the provider for examples of how they observe the rights and responsibilities of individuals.</li> </ul>	representatives about rights.		
23	The provider has evidence of teaching the individual/legal representative about the grievance policy.	<p>Rule Development 2011 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>• Interactively, with the provider, review a sample of individuals' records to determine that a copy of the signed grievance procedure is available.</li> <li>• Ask the provider how they communicate the grievance procedure to individuals, their families or guardians.</li> <li>• Ask if the procedure is available and can be communicated in other languages.</li> </ul>	1) The provider did not have evidence of teaching the individual/legal representative about the grievance policy.	1	4
24	Services are provided at mutually	<p>Rule Development 2011 H 3-1 RECORD REVIEW</p>	1) Documentation does not indicate services are provided at times	1	2d

## iBudget Service Specific Record Review – Personal Supports

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	agreed upon times and settings.	<ul style="list-style-type: none"> <li>• Ask the provider for method 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 ensure mutually agreed times and settings are being utilized for service delivery.</li> </ul>	<p>mutually agreed upon with the individual.</p> <p>2) Documentation does not indicate services are provided in settings mutually agreed upon with the individual.</p> <p>3) The provider determines hours and days on which individuals may receive services.</p> <p>4) Support Plan indicates a desire for service times that do not match service times within service logs.</p> <p>5) Documentation does not indicate preferences are being explored.</p> <p>6) Unable to determine due to absence of supporting documentation.</p>		
	<p><del>Service does not exceed 180 hours or 720 quarter hour per month without specific APD prior authorization.</del></p>	<p>Rule Development 2011 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>• <del>Determine from Service Log (s) and claims data that the provider does not exceed 180 hours or 720 quarter hour units of the service per month.</del></li> </ul> <p><b>This standard is subject to potential recoupment.</b></p>	<p><del>1) Services were rendered in excess of 180 hours/720 quarter hours per month, without written APD prior authorization.</del></p>	4	

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	<p>For services rendered between the hours of 10pm and 6am necessary supporting documentation is in the record.</p>	<p>Rule Development 2011 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>• Review Service Log(s) and if over 180 hours per month; review file for APD approval prior to occurrence.</li> <li>• Review Service Log (s) and for Personal Care Assistance services between 10:00 p.m. and 6:00 a.m., review file for documentation from a physician stating that Personal Care Assistance services are medically necessary during this time.</li> <li>• Review Support Plan for documentation outlining the duties a Personal Care Assistance provider will perform between these hours.</li> </ul> <p><b>This standard is subject to potential recoupment.</b></p>	<ol style="list-style-type: none"> <li>1) Documentation from a physician to justify services rendered between 10pm and 6am was not in the record.</li> <li>2) Documentation explaining the duties a Personal Care Assistance provider will perform during overnight hours was not in the Support Plan.</li> </ol>	4	
	<p>Individual signs the provider's grievance policy within 30 days of beginning services and annually thereafter.</p>	<p>Rule Development 2011 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>• Interactively, with the provider, review a sample of individuals' records to determine that a copy of the signed grievance procedure is available.</li> <li>• Grievance procedures for a new participant to the program are to be reviewed and</li> </ul>	<ol style="list-style-type: none"> <li>1) Individual did not sign the provider's grievance policy within 30 days of beginning services.</li> <li>2) Individual did not sign the provider's grievance policy annually.</li> <li>3) Individual did sign the provider's grievance policy but not within 30 days of beginning services.</li> </ol>	4	



## iBudget Service Specific Record Review – Personal Supports

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		<p>signed within 30 days of admission and annually thereafter.</p> <ul style="list-style-type: none"> <li>• Grievance procedures are to be reviewed and signed annually thereafter</li> </ul> <p>If provider has been serving the person longer than a year only look for annual updates.</p>			
	<p>The Provider submits documents to the Waiver Support Coordinator as required.</p>	<p>Rule Development 2011 RECORD REVIEW</p> <ul style="list-style-type: none"> <li>• Ask the provider for method 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> </ul> <p>If PCR, ask the WSC for proof of receipt of documentation from the provider.</p>	<ol style="list-style-type: none"> <li>1) The provider did not have evidence indicating submission of Service Log (s), monthly.</li> <li>2) The provider did have evidence indicating submission of Service Log(s) to the Waiver Support Coordinator, but not monthly.</li> <li>3) The provider did not have evidence indicating submission</li> <li>4) Unable to determine due to absence of supporting documentation.</li> </ol>	4	
	<p>The provider addresses the person's/legal</p>	<p>Rule Development 2011 RECORD REVIEW</p>	<ol style="list-style-type: none"> <li>1) Documentation did not indicate the provider was aware of the person's/legal representative's</li> </ol>	4	

## iBudget Service Specific Record Review – Personal Supports

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	representative's expectations regarding the service.	<ul style="list-style-type: none"> <li>• Ask the provider for method 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> </ul>	<p>expectations regarding the service being received.</p> <p>2) Documentation indicated the provider was aware of, but had not addressed the person's/legal representative's expectations regarding the service being received.</p> <p>3) The provider could describe person's/legal representative's expectations regarding the service being received, but had not documented the information.</p> <p>4) Unable to determine due to absence of supporting documentation.</p>		
	The provider is aware of the person's progress towards or achievement of support plan goals.	<p>May 2010 H 2-44; CA 2.0 RECORD REVIEW AND PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> <li>• Review Support Plan (s) for information related to the need for In Home Support Services.</li> <li>• Review Service Log (s) for direct relation to a goal/need 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</li> </ul>	<p>1) Documentation did not indicate the provider was aware of the individual's recent progress towards or achievement of personal goals.</p> <p>2) Documentation did not indicate the provider was aware of the individual's personal goals.</p> <p>3) Documentation indicates the provider was aware of but has not addressed the individual's recent progress towards or achievement of personal goals.</p> <p>4) Provider interview indicates the provider was aware of the person's</p>	4	

## iBudget Service Specific Record Review – Personal Supports

#	Standard	Protocol	Not Met Reasons	Weights	CMS Assurance
		<p><del>service received relates to their stated Support Plan outcome.</del></p> <ul style="list-style-type: none"> <li><del>Consider “overall” documentation for the period of review, if there are a couple of isolated occurrence’s of documentation not relating to a goal still score is “met”.</del></li> </ul> <p><b>Scoring Consideration:</b> <del>If provider does not have copy of Support Plan but can show documentation of efforts to obtain it and can show how it is determined from the individual and/or supports what goals the individual wanted to work on, score as “met”.</del></p>	<p><del>progress, however, documentation did not reflect this progress.</del></p> <p><del>5) Unable to determine due to absence of supporting documentation.</del></p>		

