Service Specific Record Review – Life Skills Development 3 (ADT)

CMS ASSURANCE #1 - Level of Care Persons enrolled in the waiver have needs consistent with an institutional level of care				
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**	**Weights**
CMS ASSURANCE #2 - Service Plan Participants have a service plan that is appropriate to their need and that they receive the services/supports specified in the plan				
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**	**Weights**
1	Services are delivered in accordance with the Service/Support Plan.	CMS Service Plan Sub-Assurance iBudget Handbook RECORD REVIEW • Ask the provider the goals of the individual and how they are addressed. • Review the provider's copy of the Service/Support Plan to determine what goal(s) Life Skills Development 3 (ADT) is to address • Review supporting documentation Implementation Plan, monthly/quarterly summaries, Annual Report for evidence the provider is rendering services related to the individual's goal(s). If PCR ask the Person receiving services what their goal(s) are and if/how ADT provider is addressing.	1) Documentation did not indicate the provider was aware of the individual's goals. 2) Documentation indicated the provider was aware but had not addressed the individual's goals. 3) The provider was aware of goals, but had not documented efforts. 4) Unable to determine due to absence of supporting documentation.	
2	The provider maintains service authorization(s) for the service being rendered and	CMS Service Plan Sub-Assurance iBudget Handbook RECORD REVIEW	1) Service authorizations were not in the file for the entire period of review.	

	billed for the entire period of review.	• Review the service authorization for Life Skills Development 3 services and ensure: o A service authorization is available for the entire time period (12 months preceding the month of review); o The service authorization is in approved status; o The service authorization is for the correct rate. o Refer to the APD Provider rate table as needed. (add date of current approved rate table) Service authorizations are provided quarterly or more frequently as changes dictate.	2) Service authorizations were in the file, but not for the entire period of review. 3) One or more service authorizations were not in approved status. 4) One or more service authorizations did not indicate the correct rate for the level of service approved.	
3	The provider renders the service in accordance with the service authorization and the Handbook.	CMS Service Plan Sub-Assurance iBudget Handbook RECORD REVIEW • Review provider records for a service authorization. • Determine service authorization(s) are available for the entire period of review. • Determine service authorization(s) are in approved status. • Determine if service is approved to occur at 1:1, 1:3, 1:5 or 1:6-10 ratio. • Review service logs to determine that ratio is correct. • Review Support Plan to determine age of individual. • Utilize claims data to review other meaningful day activity service utilization. **This standard is subject to potential recoupment.**	1) Staffing ratios were not being provided in accordance with the service authorization and handbook requirements. 2) Transportation to and from ADT location was billed under ADT service. 3) The provider rendered services to an individual under the age of 22. 4) Unable to determine because one or more service authorizations were not present. 5) Provider did not have documentation to determine staffing ratios. 6) Unable to determine due to absence of supporting documentation.	
4	Sub Assurance- Participants are afforded choice: between/among waiver	CMS Service Plan Sub-Assurance iBudget Handbook RECORD REVIEW	1) Documentation indicated the provider had completed orientation with the person, but not annually.	

	services and providers Possible Standard from current tool: At least annually, the provider conducts an orientation informing individuals of supported employment and other competitive employment opportunities in the community. (4-12)	• Determine that method identified within the Implementation Plan to inform individuals of options has occurred annually.	2) The record did not contain documentation indicating provider had completed the required annual orientation with the person. 3) Unable to determine due to absence of supporting documentation.	
5	The Implementation Plan is submitted to the individual and guardian, if applicable, within time frames.	CMS Service Plan Sub-Assurance iBudget Handbook RECORD REVIEW • Review the date provided to individual and guardian to determine if sent within 30 days. • Ask the provider about the method used to document mailing.	1) The provider did not have documentation that the Implementation Plan was given to the individual and guardian, if applicable within the 30 day period.	

CMS ASSURANCE #3 - Qualified Providers Waiver providers are qualified to deliver services/supports				
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**	**Weights**

CMS ASSURANCE #4 - Health and Welfare Participants' health and welfare are safeguarded and monitored				
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**	**Weights**

22	The provider has a method in place to gather information about the individual's physical, behavioral and emotional health on an ongoing basis.	CMS Assurance – Health and Welfare iBudget Handbook • Ask the provider about methods used to gather and document historical and ongoing physical, behavioral, and emotional health status. • Documentation may include intake forms, stand-alone forms, or other available documentation. • Review the face sheet, assessments, Implementation Plan and other documentation in the record to determine if the information is up to date. Compare against other documentation such as the support plan, service logs, Social Security / insurance letters, face sheet, physician appointment reports. If the provider does not have a copy of the support plan, look for documentation of efforts made to obtain it from the support coordinator.	1) The provider documentation did not demonstrate provider's efforts to gather physical, behavioral and emotional health on an ongoing basis. 2) The provider was aware of information about the person's physical, behavioral and emotional health but had not documented knowledge and efforts.	
CMS ASSURANCE #5 - Financial Accountability Claims for waiver services are paid according to state payment methodologies				
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**	**Weights**
23	Provider is in compliance with billing procedures and the Medicaid provider agreement.	CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW Provider is not to bill for services prior to billing. • Review Claims data • Review dates on Attendance Logs	1) Provider billed for services prior to rendering services on one or more occasions.	

Service Specific Record Review – Life Skills Development 3 (ADT)

		• Determine whether or not services were rendered prior to billing for each month in the review period.		
24	The provider maintains daily attendance logs.	May 2010 H2-10; H2-59 RECORD REVIEW • Review attendance logs for the entire period of review and ensure they contain the required information. • Determine that attendance logs are consistent with claims data to ensure accuracy in billing. • If necessary, request Remittance Vouchers to compare. **This standard is subject to potential recoupment.**	1) The provider did not have copies/maintain daily attendance logs. 2) The provider's attendance logs did not match dates billed. 3) The provider's attendance logs did not include the individual's name. 4) The provider's attendance log did not include the days of the month the individual participated in the service.	

25	The Implementation Plan and all required components are in the record for the entire period of review.	CMS Assurance – Financial Accountability
		iBudget Handbook
		• Review file for Implementation Plan for the entire period of review (this may require review of 2 Implementation Plans).
		• Ask the provider how strategies and methods that will assist individuals in meeting goals are determined.
		• Review the Implementation Plan(s) to determine they contain, at a minimum:
		  • Name, address, and contact information of the individual served;
		  • Goal(s) from the Support Plan the service will address.
		  • Strategies employed to assist the individual in meeting the Support Plan goal(s).
		  • Method to be used for data collection and assessment of the individual's progress in achieving the Support Plan goal(s).
			1) The Implementation Plan was not in the record for the entire period of review.
			2) The Implementation Plan was in the record but not for the entire period of review.
			3) The Implementation Plan did not include the name of the recipient served.
			4) The Implementation Plan did not include address of the recipient served.
			5) The Implementation Plan did not include contact information of the recipient served.
			6) The Implementation Plan did not include goal(s) from the Support Plan the service will address.
			7) The Implementation Plan did not	

		• Review Implementation Plan to determine if changes or updates were completed prior to implementation. • Review the Support Plan to determine that Life Skills Development 3 goals are indicated and match the Implementation Plan. If the provider has not rendered services for 30 days or more, score N/A. **This standard is subject to potential recoupment.**	include the strategies employed to assist the recipient in meeting the Support Plan goal(s). 8) The Implementation Plan did not identify the method to be used for data collection and assessment of the recipient's progress in achieving the Support Plan goal(s). 9) The Implementation Plan was not updated prior to implementing identified changes. 10) The Support Plan did not indicate goals related to Life Skills Development 3.	
26	The Implementation Plan was completed within the required timeframes.	CMS Assurance – Financial Accountability iBudget Handbook • Review record to determine support plan(s) effective date and compare with Implementation Plan development date. • Implementation Plan must be developed/completed within 30 days following the annual Support Plan effective date for continuation services **Or** • Within 30 days following the initiation (service authorization effective date) of a new service. **And** • At any time updates and changes are made before they are implemented and annually thereafter. If the Implementation Plan was not in the record at all, score N/A.	1) The Implementation Plan was not completed within 30 days following the initiation of the new service. 2) The Implementation Plan was not completed within 30 days following the Support Plan effective date. 3) The Implementation Plan was not completed within 30 days when updates and changes were made. 4) The Implementation Plan had not been updated annually.	

		If the provider has not rendered services for 30 days or more, score N/A. **This standard is subject to potential recoupment.**		
27	A monthly/quarterly summary is in the record for each quarter in the period of review.	CMS Assurance – Financial Accountability iBudget Handbook • Determine Support Plan effective date to determine monthly/quarterly summary timeframes for each individual to be reviewed. • Ask provider if they complete monthly summaries or quarterly summaries. • Determine if the provider is aware of the person's recent progress towards or achievement of personal goals the person has recently achieved. • Ask the provider to describe goals achieved for the individual from the Implementation Plan. • The quarterly summary must contain: A summary of the individual's progress toward achieving Support Plan goals for services billed in that quarter. If PCR, ask the individual what Support Plan goals have been achieved. If service has not been rendered long enough for a quarterly summary to be required, score N/A. **This standard is subject to potential recoupment.**	1) A quarterly summary for each quarter was not in the record. 2) Quarterly summaries were present but were not reflective of progress toward Support Plan goals. 3) Some, but not all of the quarterly summaries were present. 4) Quarterly summaries were completed, but not at the appropriate timeframes.	
28	The current third Quarterly/Annual Report is in the record.	CMS Assurance – Financial Accountability iBudget Handbook • Review record to determine Support Plan effective date	1) A current third Quarterly/Annual Report was not in the record. 2) The third Quarterly/Annual Report did not contain a summary of the	

Service Specific Record Review – Life Skills Development 3 (ADT)

		• Determine if the Annual Report is a component of the third quarterly report or a separate document (which is acceptable). • Review Annual Report for content to ensure it includes at a minimum: o A summary of the first three quarters of the Support Plan year; o Description of the person's progress, or lack thereof, toward achieving each of the goals identified on the Support Plan • Determine if progress statements are consistent with supporting data in service logs/progress notes. 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. **This Standard is subject to potential recoupment.**	recipient's 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.	
29	In a facility based ADT, individuals spend a minimum of four hours in specific training and program activities designed to meet their needs and personal goals.	CMS Assurance – Financial Accountability iBudget Handbook • Ask the provider 4 hours of training are assured. • Ask the provider for schedules or other documentation to determine the amount of time spent in training and program activities related to needs/goals. • Review record to determine if 4 hours of training are occurring daily. • Documentation may include but not be limited to activity schedule with time(s) of service, training programs, time sheets or service logs.	1) Documentation in the record did not indicate times of training programs or activities. 2) Documentation in the record did not support that 4 of 6 hours per day are spent in training and program activities. 3) Unable to determine due to absence of supporting documentation.	
30	Service provision does not exceed 64 QH/Day of all Life	CMS Assurance – Financial Accountability iBudget Handbook		

	Skills Development services combined	An individual shall receive no more than sixty-four quarter hours of this service each day, or a maximum of the equivalent of 16 hours per day of all Life Skills Development services combined. Review Progress Notes and Claims Data to determine that service is not billed in excess of…….. 4-12 The only services that may be provided at the same time and at the same facility with Life Skills Development Level 3 (ADT) are Behavior Analysis, Physical Therapy, Occupational Therapy, or Speech Therapy or Skilled Nursing at the request of or convenience of the individual. Behavior assistant services may be provided as a discrete service in the Life Skills Development Level 3 (ADT) facility if it does not duplicate services provided by the Life Skills Development Level 3 (ADT) facility and only as described in a behavior plan.		

CMS ASSURANCE #6 - Administrative Authority **The State Medicaid agency is involved in the oversight of the waiver and is ultimately responsible for all facets of the program**				
#	**Performance Measure/Standard**	**Protocol**	**Not Met Reasons**	**Weights**