

Service Specific Record Review – Support Coordination

#	Performance Measure/Standard	Protocol	Not Met Reasons
1	<p>Level of care is reevaluated at least every 365 days and contains all required components for billing.</p>	<p>CMS Assurance - Level of Care iBudget Handbook FL DD Individual Budgeting (0867.R02) Waiver Appendix B</p> <p>Level of Care must be reevaluated at least every 365 days using the current Medicaid Waiver Eligibility Worksheet (MWES).</p> <p>Medicaid Waiver Eligibility Worksheet should be completed in iConnect, word merged, and uploaded to a note in iConnect with signatures to be considered complete. The MWES should be changed from “Pending/Draft/Open” to “Complete” status after filling out the document and prior to printing.</p> <p>Review the record to locate the Medicaid Waiver Eligibility Worksheet(s) covering the entire period of review to determine timely completion and the presence of the following required components for billing:</p> <ul style="list-style-type: none"> • Name of the person receiving services. • Section I. Level of Care Eligibility - Option A, B or C is checked and the appropriate handicapping conditions or deficits in major life activities. <ul style="list-style-type: none"> ○ If Option A is checked, no handicapping conditions or major life activities are required to be checked. ○ If Option B is checked, at least one “handicapping condition” or at least three “major life activities” must be checked. ○ If Option C is checked, at least three “major life activities” must be checked. • The dated signature/mark of the person or when applicable, the legal representative. 	<ol style="list-style-type: none"> 1) Complete Medicaid Waiver Eligibility Worksheet was not in the record for the entire period of review. (B) 2) Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review. (B) 3) Section I. Level of Care Eligibility was not completed. (B) 4) Medicaid Waiver Eligibility Worksheet was not signed and dated by person receiving services. (B) 5) Medicaid Waiver Eligibility Worksheet was not signed and dated by the legal representative. (B) 6) Medicaid Waiver Eligibility Worksheet was not signed and dated by Support Coordinator. (B)

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		<ul style="list-style-type: none"> ○ If the person signs their name with a mark, the mark should be identified in writing on the form as the person’s mark/signature and should be witnessed by a caregiver or the WSC. <p>ONLY the person should sign on the line provided for his or her signature.</p> <ul style="list-style-type: none"> ○ Legal representative or witness should only sign the second line and indicate legal representative or witness. • When the signature of a legal representative or witness is required, the printed name and relationship to the person must be indicated. <ul style="list-style-type: none"> ○ If the person refuses to sign the Eligibility Worksheet and there is not a legal representative, the refusal should be noted on the form and signed by a witness. <p>The Waiver Eligibility Worksheet must be completed in its entirety and <u>signed at intervals of no greater than 365 days.</u></p> <ul style="list-style-type: none"> ○ For example if the Eligibility Worksheet is completed and signed on September 3rd of one year it must be completed and signed no later than September 3rd the following year. <p>While the MWES should be reviewed for accuracy and completed if not present immediately upon receiving a central record and prior to billing, a 30 day grace period will be applied when there has been a change in QO.</p> <p style="text-align: center;">This standard is subject to a potential billing discrepancy</p>	
2	<p>Level of care is reevaluated at least every 365 days and contains all required components for compliance.</p>	<p>CMS Assurance - Level of Care iBudget Handbook FL DD Individual Budgeting (0867.R02) Waiver Appendix B</p> <p>Level of Care must be reevaluated at least every 365 days using the current Medicaid Waiver Eligibility Worksheet.</p> <p>Medicaid Waiver Eligibility Worksheet should be completed in iConnect, word merged, and uploaded to a note in iConnect with signatures to be</p>	<ol style="list-style-type: none"> 1) Complete Medicaid Waiver Eligibility Worksheet was not in the record for the entire period of review. 2) Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review. 3) Effective Date of the Support Plan was not on the Medicaid Waiver Eligibility Worksheet.

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		<p>considered complete. The MWES should be changed from “Pending/Draft/Open” to “Complete” status after filling out the document and prior to printing.</p> <p>Review the record to locate the Medicaid Waiver Eligibility Worksheet(s) covering the entire period of review. Determine the following required components are present:</p> <ul style="list-style-type: none"> • Support Plan effective date • Section II. Medicaid Eligibility <ul style="list-style-type: none"> ○ If option A is checked, the correct Medicaid number is documented. ○ If option B is checked, the “Eligible” box should be checked and date of determination for restoration of Medicaid should be entered. <ul style="list-style-type: none"> – Option B is only to be used when the person receiving services was added to the waiver in the past year or the person’s Medicaid eligibility was terminated and restored during the past year. • Section III. Eligibility Determination – Option A is checked • The Medicaid Waiver Eligibility Worksheet must be completed in its entirety and <u>signed at intervals of no greater than 365 days.</u> 	<p>4) Section II. Medicaid Eligibility was not completed.</p> <p>5) Option A was not selected in Section III. Eligibility Determination.</p>
3	<p>Level of care is completed accurately using the correct instrument/form.</p>	<p>CMS Assurance - Level of Care iBudget Handbook FL DD Individual Budgeting (0867.R02) Waiver Appendix B, APD Eligibility Rules: 65G-4.014 – 017</p> <p>Medicaid Waiver Eligibility Worksheet (MWES) should be completed in iConnect, word merged, and uploaded to a note in iConnect with signatures to be considered complete. The MWES should be changed from “Pending/Draft/Open” to “Complete” status after filling out the document and prior to printing.</p>	<p>1) Complete Medicaid Waiver Eligibility Worksheet was not in the record.</p> <p>2) Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review.</p> <p>3) Option A, B, or C checked under section I was not consistent with the Psychological and/or Medical Record(s) in the record.</p> <p>4) Handicapping Condition(s) checked were not consistent with the Psychological and/or Medical Record(s) in the record.</p>

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	<p>Review the Central Record for Psychological and/or Medical Record(s) used to establish eligibility in section I of the MWES covering the entire period of review for Level of Care Eligibility.</p> <ul style="list-style-type: none"> ○ If Option A is checked: Review record for acceptable documentation supporting primary disability is Intellectual Disability with an IQ of 59 or less. ○ If Option B is checked: Review record for acceptable documentation supporting primary disability is Intellectual Disability with IQ of 60-69 and has at least one handicapping condition OR primary disability of Intellectual Disability with IQ of 60-69 and severe functional limitations in at least 3 major life activities. ○ If Option C is checked: Review record for acceptable documentation supporting eligibility under the category of Autism, Cerebral Palsy, Down Syndrome, Prader-Willi Syndrome, Spina Bifida or Phelan-McDermid Syndrome and has severe functional limitations in at least three major life activities. <p>If the Central Record does not contain required eligibility documentation, the WSC must document within iConnect which supporting documents are missing according to the Level of Care identified on the MWES and document request was made to the APD Office to obtain proof of eligibility or applicable Eligibility Determination Level of Care Notice.</p> <p>Eligibility Determination Level of Care Notice should follow either the December 10th 2013 Eligibility Determination – Level of Care memorandum or the current WSC Advisory.</p> <ul style="list-style-type: none"> ○ The statement must: be on official APD letterhead, with the APD Regional staff member’s signature with applicable names, dates completed, and ABC/APD iConnect Division record attachments. ○ If the WSC submitted a needed request for the Eligibility Determination Level of Care Notice to APD at least 30 days in 	<ul style="list-style-type: none"> 5) Major Life Activities checked were not consistent with the Psychological and/or Medical Record(s) in the record. 6) Psychological and/or Medical Record(s) in the record were not consistent with 65G-4 Eligibility Rules. 7) WSC had not submitted a request to APD for an Eligibility Determination Level of Care Notice and the Psychological and/or Medical Record(s) were not in the record. 8) WSC submitted a request to APD for an Eligibility Determination Level of Care Notice but not at least 30 days in advance of the scheduled review. 9) WSC submitted a request to APD for an Eligibility Determination Level of Care Notice at least 30 days in advance of the scheduled review but has not received the Notice from the Regional APD office. (**Not Met but not calculated into score)
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		<p>advance of the scheduled review but has not received the Notice, use Not Met reason #9.</p> <ul style="list-style-type: none"> ○ If the WSC submitted the request but not at least 30 days in advance of the scheduled review and has not received Notice, use Not Met reason #8. <p>Waiver enrollment after 12/4/2018, eligibility documentation should be in the Notes tab of iConnect under the Note Type, Application Collateral Docs. Waiver enrollment prior to 12/4/2018, eligibility documentation can be housed internally or externally to iConnect though adding the documentation to iConnect is highly recommended.</p>	
4	<p>Person receiving services is given a choice of waiver services or institutional care at least annually.</p>	<p>CMS Assurance - Level of Care iBudget Handbook FL DD Individual Budgeting (0867.R02) Waiver Appendix D</p> <p>Note: Section IV is the only section of the Eligibility Worksheet to be reviewed for this standard. If Section IV is complete, score as Met.</p> <p>Medicaid Waiver Eligibility Worksheet should be completed in iConnect, word merged, and uploaded to notes in iConnect with signatures to be considered complete. The MWES should be changed from “Pending/Draft/Open” to “Complete” status after filling out the document and prior to printing.</p> <p>Review the Medicaid Waiver Eligibility Worksheet(s) covering the entire period of review.</p> <ul style="list-style-type: none"> • Determine Section IV: Choice is complete and includes: <ul style="list-style-type: none"> ○ A mark indicating option A selected as the choice of the person receiving services; ○ The dated signature/mark of the person receiving services or when applicable the dated signature of the legal representative. Electronic signature is acceptable for legal representatives. <ul style="list-style-type: none"> • Follow signature protocol in standard #1. 	<ol style="list-style-type: none"> 1) Complete Medicaid Waiver Eligibility Worksheet was not in the record for the entire period of review. 2) Complete Medicaid Waiver Eligibility Worksheet was in the record for some but not all of the period of review. 3) Option A was not selected in Section IV. 4) Dated signature of person receiving services was not present. 5) Dated signature of the legal representative was not present. 6) Dated signature of the witness was not present.

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<p>5</p>	<p>The Support Plan is developed with signatures timely.</p>	<p>CMS Assurance - Service Plan iBudget Handbook; Person Centered Support Plan Manual Approved Waiver FL0867.R02 Appendix D</p> <p>Review the Central Record in APD iConnect for the Support Plan(s) effective during the entire review period.</p> <p>Support Plans with effective dates on or after 9/1/2020 are completed on the Person Centered Support Plan format and completed in iConnect and uploaded to include dated signatures. Support Plans effective 4/1/2022 and after should be completed on the “Person-Centered Support Plan eff 11/4/2021” format found in the Forms tab of iConnect. Support Plans effective prior to 4/1/2022 can be completed on the “Person-Centered Support Plan eff 8/1/2019 format or the 4/1/2022 format.</p> <p>Determine if:</p> <ul style="list-style-type: none"> • The Support Plan was completed prior to the annual Support Plan effective date and present/effective for each month billed by the WSC for the entire period of review. • The Support Plan is present and the signature page contained all required dated signatures including: <ul style="list-style-type: none"> ▪ Dated signature of the person. (If the person signs their name with a mark, the mark should be identified in writing on the format as the person’s mark/signature). ▪ Dated signature of the parent/legal representative if the person is a minor; ▪ Dated signature of the legal representative when applicable (Verify via legal court documents); ▪ Dated signature of the WSC. <p>If a person is new to the waiver -</p> <ul style="list-style-type: none"> • All documentation should be completed within 45 days of the person’s selection of the WSC. 	<ol style="list-style-type: none"> 1) Support Plan was not in the record for entire period of review. (B) 2) Support Plan was in the record, but was not completed prior to the annual effective date. (B) 3) Support Plan was not signed and dated by the person. (B) 4) Support Plan was not signed and dated by Support Coordinator. (B) 5) Support Plan was not signed and dated by the legal representative and efforts to obtain signature were not documented. (B) 6) Support Plan was not developed/updated within 45 days following selection of the WSC when first added to the waiver. (B) 7) Support Plan was not developed/updated within 30 days following selection of the WSC when first added to the waiver through crisis determination. (B)
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		<p>If a person is added to the waiver through crisis determination -</p> <ul style="list-style-type: none"> All documentation should be completed within 30 days of the person’s selection of the WSC. <p>If a Support Plan has an extension granted, look for approval of the extension. Note: an extension changes the prior year, but not future year Support Plan effective dates.</p> <p>Note: Any documentation uploaded to iConnect should not include special characters. See applicable advisory for details.</p> <p>While the Support Plan should be reviewed for accuracy and completed if not present immediately upon receiving a central record and prior to billing, a 30 day grace period will be applied when there has been a change in QO.</p> <p style="text-align: center;">This standard is subject to a potential billing discrepancy</p>	
<p>5a NEW</p>	<p>The Support Plan has all required components complete.</p>	<p>iBudget Handbook; Person Centered Support Plan Manual Approved Waiver FL0867.R02 Appendix D</p> <p>All components of the document must be completed in order to be considered a complete Support Plan. The Support Plan template is divided into four major types of information and the sections below are included for this standard. Note: Some goals may carry over year to year.</p> <p>Identifying information and demographics</p> <ul style="list-style-type: none"> Legal Status Primary Diagnosis Secondary Diagnosis, if applicable Living Setting Legal Representative, if applicable Family, Friends, Support System 	<ol style="list-style-type: none"> Support Plan section <u>identifying information and demographics</u> had components not present on the Plan. Support Plan section <u>identifying information and demographics</u> had components not updated/corrected on the Plan. Support Plan section <u>Person-Centered Information</u> had components not present on the Plan. Support Plan section <u>Person-Centered Information</u> had components not updated on the Plan. Support Plan section <u>Person-Centered Information</u> was generic and not specific to the Plan of the person.

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		<ul style="list-style-type: none"> • Other People Who Support Me or Work for Me • Other Funding Sources for Supports <p>Person-Centered Information</p> <ul style="list-style-type: none"> • My current day to day life • My interests, talents, abilities, strengths, preferences, and skills • Things I would like to change • Things I would like to stay the same • Important aspects from my personal history, dated • How I communicate and make choices and decisions <p>Past Accomplishments and Future Goals</p> <ul style="list-style-type: none"> • Goals I worked on last year • What I want in the next few years • Personal Goals <p>Health</p> <ul style="list-style-type: none"> • Important health history • Medications • Allergies • Critical health follow up areas and preventative health plan • Health Care Contact Info and Details • Equipment and Supplies 	<ol style="list-style-type: none"> 6. Support Plan section <u>Person-Centered Information</u> did not change from one Support Plan to the next. 7. Support Plan section including <u>Future Goals</u> had components not present on the Plan. 8. Support Plan section including <u>Future Goals</u> was generic and not specific to the Plan of the person. 9. Support Plan section including <u>Future Goals</u> did not change from one Support Plan to the next. 10. Support Plan section <u>Health</u> had components not present on the Plan. 11. Support Plan section <u>Health</u> was generic and not specific to the Plan of the person. 12. Support Plan section <u>Health</u> did not change from one Support Plan to the next.
6	<p>Support Coordinator completed accurate Significant Additional Need (SAN) requests.</p>	<p>CMS Assurance - Service Plan iBudget Handbook Rule 59G-13.070, F.A.C., 65G-4.0213 through 65G-4.0218, F.A.C. WSC Job Aid for Cost Plan and SAN documentation</p> <p>The SAN submission process is for individuals who have a final iBudget amount established and require additional funds to meet their needs. Review the Person-Centered Support Plan, QSI Report, Progress Notes, Behavior Assessments/Plans, Functional Community</p>	<ol style="list-style-type: none"> 1) WSC sent in incomplete SANS. 2) WSC did not include justification for request in initial submission. 3) WSC unresponsive to RAI from APD. 4) Need or Risk identified indicate a need for a SANS request, but the WSC did not submit one.

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		<p>Assessments, Safety Plan, OT, PT, ST assessments, and any other applicable supporting documentation in the central record to identify increased needs of the person.</p> <p>Ask the WSC if the person has had any changes in their needs that have required funding greater than what is in the current Cost Plan. If yes, review the record for SAN Request documentation. There may be more than one request during the review period. The WSC is permitted to show documents electronically.</p> <p>Review the SAN Request for the following:</p> <ul style="list-style-type: none"> ○ WSC Job Aid SAN Documentation Checklist ○ Look for a combination of the following items, as applicable, to identify the most recent information reflective of the current needs of the person that documents the issues of concern: <ul style="list-style-type: none"> ● Support Plans, QSI, Cost Plans, expenditure history, current living situation, information about interviews with the person, their providers and caregivers, prescriptions, previous therapy and intervention documentation, assessments and provider documentation. <p>Ask the WSC if APD requested additional information after initial submission of the SAN request. If yes, review the record for the following:</p> <ul style="list-style-type: none"> ○ If closed due to being incomplete based on requirements in http://flrules.elaws.us/fac/65g-4.0218/?a=(7)#(7) ○ RAI through Notes in iConnect ○ A RAI (request for additional information) is not always due to an incomplete submission. Review details requested on the RAI to determine if RAI is due to incomplete submission ○ Evidence the WSC responded to the request for additional information 	<ol style="list-style-type: none"> 5) Need or Risk identified indicated a need for a SANs requests, but the WSC did not request an updated QSI. 6) Delay in accurate request caused the need or risk to be paid through IFS funding. 7) WSC made request prior to seeing if money can be moved within the existing budget. 8) Initial request was submitted without a Cost Plan proposal. 9) WSC did respond to APD's RAI, however response was delayed due to service provider(s) not sending documentation in a timely manner (**Not Met but not calculated into score).
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		<ul style="list-style-type: none"> If the WSC has not responded to the RAI and it is due to service provider delays in submitting documents, look for WSC's documented due diligence. <p>Score this Standard N/A if there were no SAN requests for the person during the review period.</p>	
7	Support Coordinator solicits and addresses the person's preferences with regard to employment.	<p>CMS Assurance - Service Plan iBudget Handbook</p> <p>Review the record to determine employment preferences:</p> <ul style="list-style-type: none"> Ask the WSC about the person's employment preferences Review the QSI for information about employment preferences Review the Person-Centered Support Plan employment section for person's expressed desire to work or to change jobs If employment is desired, review the record for documentation of a referral to Vocational Rehabilitation (VR). If VR services were not available, look for evidence the WSC ensured next steps were taken to access employment services Review Progress Notes for actions taken to facilitate preferences listed in the QSI and/or Person-Centered Support Plan. 	<ol style="list-style-type: none"> Current Support Plan was not in the record. Current Support Plan did not reflect the person's goals/outcomes related to employment. Current Support Plan reflected preferences for employment, but WSC documentation did not reflect actions taken over the period of review. QSI documents preferences of the person to be employed, but WSC documentation did not address employment preferences over the period of review.
8	The current Annual Report is in the record.	<p>CMS Assurance - Service Plan iBudget Handbook; Person Centered Support Plan Manual 393.0651, F.S</p> <p>The Person Centered Support Plan identifies the annual report will be captured in the "What I Accomplished Last Year" sections.</p> <p>Review the record to locate the Annual Report. The Annual Report must include at a minimum:</p>	<ol style="list-style-type: none"> The record did not include a current Annual Report. The Annual Report did not include a report of the supports and services received throughout the year. The Annual Report did not include a description of progress toward meeting one or more individually determined goals.

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		<ul style="list-style-type: none"> ○ Report of the supports and services received throughout the year; ○ Description of progress toward meeting individually determined goals; and ○ Any pertinent information about significant events that have happened in the life of the person during the previous year. <ul style="list-style-type: none"> ▪ *Examples of “any pertinent information about significant events that occurred in the person’s life during the previous year” will vary by person and could include but not be limited to major milestones achieved, significant events in the person’s personal or social life that may have influenced daily activities, significant health events, a change in residence, etc. ▪ Follow-up on all incident reports should be included in the Annual Report in the Support Plan. ● Review previous Support Plan to determine the Annual Report addresses all identified goals/outcomes and services. ● Review progress notes and other service provider Annual Reports for additional information. 	<ol style="list-style-type: none"> 4) The Annual Report did not include any pertinent information about significant events that happened in the life of the person during the previous year. 5) The Annual Report did not include pertinent follow-up on all incident reports.
9	<p>The Support Plan is updated when warranted by changes in the needs of the person.</p>	<p>CMS Assurance - Service Plan iBudget Handbook; Person Centered Support Plan Manual</p> <p>Review the record to determine the process the Support Coordinator uses to update the Support Plan when the needs of the person change.</p> <ul style="list-style-type: none"> ● Review the record to determine if there have been any changes in the person’s needs warranting an update to the Support Plan. ● Review Support Plan(s), QSI, SANS requests, Progress Notes, emails, Behavioral reports, Incident reports, Medical reports, quarterly reviews when applicable, the annual report and any other applicable supporting documentation in the Central Record to determine whether: <ul style="list-style-type: none"> ○ Activities, supports, and contacts contain information about changes in the needs of the person. 	<ol style="list-style-type: none"> 1) Support Plan was not in the record for entire period of review. 2) WSC documentation did not demonstrate the Support Plan was updated when the needs of the person changed. 3) QSI was conducted in the period of review and the Support Plan was not updated. 4) SANS were requested in the period of review and the Support Plan was not updated. 5) Incident Report(s) in the period of review indicate changes in the needs of the person and the Support Plan was not updated.

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		<ul style="list-style-type: none"> ○ When the person does not have a functional means of communication, look for documentation the Support Coordinator has obtained information and recommendations from the circle of supports. ○ If any changes in the needs of the person are noted, review the applicable Support Plan to see if it has been updated/revised accordingly. ● If no changes in needs were warranted for the entire period of review, score as N/A. ● A life change that resulted in a SANs request is documented in a Support Plan update. 	
10	Support Coordinator documentation demonstrates a copy of the Support Plan is provided to the person or legal representative within 10 days of the Support Plan effective date.	<p>CMS Assurance - Service Plan iBudget Handbook; Person Centered Support Plan Manual</p> <p>Review the record to determine the method used to document the date and method by which the Support Plan was distributed to the person or when applicable, the legal representative.</p> <ul style="list-style-type: none"> ● Review the signature page of the Support Plan or other supporting documentation in the Central Record to determine if the Support Plan was: <ul style="list-style-type: none"> ○ Provided to the person within 10 working days of the Support Plan effective date. ○ Provided to the legal representative, when applicable, within 10 working days of the Support Plan effective date. 	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate a copy of the Support Plan was distributed to the person or when applicable the legal representative within 10 days of the effective date. 2) WSC documentation demonstrated a copy of the Support Plan was distributed to the person or when applicable, the legal representative but not within 10 days of the effective date.
11	Support Coordinator documentation demonstrates a copy of the Support Plan is provided to all service providers within 30 calendar	<p>CMS Assurance - Service Plan iBudget Handbook</p> <p>Review the record to determine the method used to document the date and method by which the Support Plan was distributed to each provider rendering services to the person.</p> <ul style="list-style-type: none"> ○ Review the Support Plan, Cost Plan and/or Service Authorizations to determine current service providers. 	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate a copy of the Support Plan was distributed to the service providers within 30 days of effective date. 2) WSC documentation demonstrated a copy of the Support Plan was distributed to service providers but not within 30 days of the effective date.

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	<p>days of the Support Plan effective date.</p>	<ul style="list-style-type: none"> • Review WSC documentation to determine if a copy of the Support Plan was distributed to each provider rendering services to the person within 30 days of the Support Plan effective date. <ul style="list-style-type: none"> ▪ This includes ALL providers approved on the Cost Plan. 	<p>3) WSC documentation demonstrated a copy of the Support Plan was distributed to some but not all service providers within 30 days of the effective date.</p>
<p>12</p>	<p>The Support Plan includes supports and services consistent with assessed needs.</p>	<p>CMS Assurance - Service Plan iBudget Handbook; Person Centered Support Plan Manual Approved Waiver FL0867.R02.00</p> <p>NOTE: For the purposes of this standard, only the “current Support Plan” will be reviewed. This is defined as the Support Plan in effect at the time of the record review. WSC should reference the Person Centered Support Plan Manual and ensure all sections are completed for the person in the Significant Needs and Risks section including the other risk/needs related to me, needs/risks related to my caregiver, back up plans for my critical needs/risks, and if warranted safety plan .</p> <p>The Needs/Risks Related to My Caregiver section is applicable to family home only.</p> <p>Review the current Support Plan to identify the current supports and services.</p> <ul style="list-style-type: none"> • Review the QSI report, Progress Notes, Behavior Assessments/Plans, Functional Community Assessments, Safety Plan, OT, PT, ST assessments, and any other applicable supporting documentation in the central record to determine the assessed needs of the person. • Conduct a comparative review of documentation to determine if the supports and services identified in the Support Plan are consistent with the assessed needs identified in supporting documentation. • This section is looking at supports and services important “for” the person. 	<ol style="list-style-type: none"> 1) Current Support Plan was not in the record. 2) Current Support Plan included documentation related to some, but not all assessed needs. 3) Current Support Plan did not include documentation related to the assessed needs. 4) Current Support Plan did not include supports/services identified for assessed needs. 5) Current Support Plan did not include back up plan for assessed needs. 6) Current Support Plan did not include strategies for assessed needs. 7) Current Support Plan did not include applicable supports/services identified for other needs related to me. 8) Current Support Plan did not include applicable strategies identified for other needs related to me. 9) Current Support Plan did not include applicable supports/services identified for needs related to my caregiver. 10) Current Support Plan did not include applicable strategies identified for other needs related to my caregiver.

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		<ul style="list-style-type: none"> • Examples of needs could include but are in no way limited to, adaptive equipment to prevent falls/injuries or to promote independence, medical needs such as diabetes, emotional needs related to mental health diagnosis, needs stemming from past history of Abuse, Neglect or Exploitation. • Use copy shared response feature for QSI assessment <ul style="list-style-type: none"> ○ Merely copying QSI findings or writing “see QSI” is not acceptable. Documentation should be specific to the person on the Support Plan document. • Only items where the QSI indicates no need (0) can be left blank. However the WSC should add details when there is no functional limitation but assistance is required. • If an ICA (Individual Comprehensive Assessment) is completed instead of a QSI, the results are to be transferred to the Support Plan. 	
13	<p>The Support Plan reflects support and services necessary to address assessed risks.</p>	<p>CMS Assurance - Service Plan iBudget Handbook; Person Centered Support Plan Manual Approved Waiver FL0867.R01.01</p> <p>NOTE: For the purposes of this standard, only the “current Support Plan” will be reviewed. This is defined as the Support Plan in effect at the time of the record review. WSC should reference the Person Centered Support Plan Manual and ensure all sections are completed for the person in the Significant Needs and Risks section including the other risk/needs related to me, needs/risks related to my caregiver, back up plans for my critical needs/risks, and if warranted safety plan.</p> <p>The Needs/Risks Related to My Caregiver section is applicable to family home only.</p> <p>Review the current Support Plan to identify the current supports and services.</p>	<ol style="list-style-type: none"> 1) Current Support Plan was not in the record. 2) Current Support Plan included documentation related to some, but not all assessed risks. 3) Current Support Plan did not include documentation related to the assessed risks. 4) Current Support Plan did not include supports/services identified for assessed risks. 5) Current Support Plan did not include back up plan for assessed risks. 6) Current Support Plan did not include strategies for assessed risks. 7) Current Support Plan did not include a Safety Plan that is warranted. 8) Current Support Plan did not include applicable supports/services identified for other risks related to me.

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		<ul style="list-style-type: none"> • Review the QSI report, Progress Notes, Functional Community Assessments, Safety Plan, OT, PT, ST assessments, Behavior Assessments/Plans, and any other applicable supporting documentation in the Central Record to determine the assessed risks of the person. • Conduct a comparative review of documentation to determine if the supports and services identified in the Support Plan are consistent with the assessed risks identified in supporting documentation. • The Person-Centered Support Plan states that assessed risks and measures to address risks must be documented in the Other Services Needed for Health and Safety section. • Examples of risks could include but are in no way limited to aging caregiver, lack of natural supports, inability to support basic necessities such as food, and housing, elopement, self-injury and/or other significant behaviors, depression, person’s vulnerability stemming from past history of Abuse or Exploitation. <ul style="list-style-type: none"> • Use copy shared response feature for QSI assessment <ul style="list-style-type: none"> ○ Merely copying QSI findings or writing “see QSI” is not acceptable. Documentation should be specific to the person on the Support Plan document. • Only items where the QSI indicates no need (0) can be left blank. However the WSC should add details when there is no functional limitation but assistance is required. • If an ICA (Individual Comprehensive Assessment) is completed instead of a QSI, the results are to be transferred to the Support Plan. 	<p>9) Current Support Plan did not include applicable strategies identified for other risks related to me.</p> <p>10) Current Support Plan did not include applicable supports/services identified for risks related to my caregiver.</p> <p>11) Current Support Plan did not include applicable strategies identified for other risks related to my caregiver.</p>
14	<p>The record includes a current complete Safety Plan when warranted.</p>	<p>CMS Assurance - Service Plan iBudget Handbook</p> <p>If the person does not have a documented history as defined in the iBudget Handbook under Safety Plan definition, score N/A.</p>	<p>1) Current Support Plan was not in the record.</p> <p>2) Current Support Plan did not include a Safety Plan.</p> <p>3) The Support Coordinator did not update the Safety Plan at least annually.</p>

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		<p>NOTE: A Safety Plan is a distinct and separate document from the Support Plan but you access the plan via a checkbox in the Support Plan within iConnect or for paper Support Plans it is typically attached to the Support Plan. A Safety Plan covers a Support Plan year and needs to be completed annually whenever a new Support Plan is developed and updated whenever changes warrant it to be.</p> <p>Review the record to determine the method for gathering information necessary to develop and update the Safety Plan at least annually.</p> <ul style="list-style-type: none"> • Look for documentation demonstrating collaboration with the person’s behavioral supports and others in the circle of supports. • Review the current Support Plan to determine the Safety Plan is included and has been updated as needed but at least annually with the Support Plan effective date. • The “safety plan” should address, at minimum: <ul style="list-style-type: none"> a) Brief summary of historical behavior b) Any related criminal charges c) Court order, probationary or registration requirements, when appropriate d) Behaviors of concern e) Triggers, high-risk situations, environmental stressors and personal stressors f) Known predatory “grooming” behaviors g) Any limitations on access to media or community outings concerns h) Avoidance behaviors requiring training or prompting i) Level and type of supervision required throughout the day j) Any need for alarms or monitoring devices. 	<ol style="list-style-type: none"> 4) The Support Coordinator did not update the Safety Plan when change warranted an update. 5) The current Safety Plan did not include a brief summary of the person’s historical behavior. 6) The current Safety Plan did not include a description of any related criminal charges. 7) The current Safety Plan did not include information on any current court orders, probationary or registration requirements, when appropriate. 8) The current Safety Plan did not identify current behaviors of concern. 9) The current Safety Plan did not identify triggers, high-risk situations, environmental stressors, and personal stressors. 10) The current Safety Plan did not identify any known predatory “grooming” behaviors. 11) The current Safety Plan did not identify limitations on access to media or community outing concerns. 12) The current Safety Plan did not identify avoidance behaviors requiring training or prompting. 13) The current Safety Plan did not identify level and type of supervision needed throughout the day. 14) The current Safety Plan did not identify any need for alarms or monitoring devices.
15	The Safety Plan was distributed and reviewed with pertinent providers.	CMS Assurance - Service Plan iBudget Handbook	<ol style="list-style-type: none"> 1) The current Safety Plan was not in the record. 2) The current Safety Plan was not distributed to any providers.

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		<p>The WSC should ensure the Safety Plan is distributed with pertinent providers.</p> <p>Review the record to locate the Safety Plan. The Safety Plan is a component of the Person-Centered Support Plan. Determine the method used to document the date and method by which the Safety Plan was distributed to pertinent providers rendering services to the person.</p> <ul style="list-style-type: none"> ○ Review the Support Plan, Cost Plan and/or Service Authorizations to determine current service providers ○ Review WSC documentation to determine the Safety Plan was developed or updated in conjunction with the individual’s circle of supports; this may have occurred at the time of the Support Plan Meeting since it is a component of the Support Plan ○ Review WSC documentation to determine if a copy of the Safety Plan was distributed to all pertinent providers rendering services to the person <p>If the person does not have a documented history as defined under Safety Plan in the iBudget Handbook, score N/A.</p>	<ol style="list-style-type: none"> 3) The current Safety Plan was distributed to some, but not all pertinent providers. 4) There was no documentation to support the Support Coordinator reviewed the Safety Plan with pertinent providers.
16	<p>Support Coordinator documentation demonstrates use of a person centered approach to define the personal goals/outcomes important to the person.</p>	<p>CMS Assurance - Service Plan iBudget Handbook; Person Centered Support Plan Manual</p> <p>NOTE: For the purposes of this standard, only the “current Support Plan” will be reviewed. This is defined as the Support Plan in effect at the time of the record review.</p> <p>Waiver Support Coordinators must use a person-centered approach to identify a person’s goals and plan and implement supports and services to achieve them.</p> <ul style="list-style-type: none"> ● Review the current Support Plan to identify the person’s goals/outcomes. 	<ol style="list-style-type: none"> 1) Current Support Plan was not in the record. 2) Current Support Plan did not reflect the person’s goals/outcomes. 3) Current Support Plan Goals were all need based, focused only on what is “important for” instead of “important to” the person. 4) WSC documentation did not demonstrate use of a Person Centered approach to determine the personal goals of the person. 5) WSC documentation did not demonstrate use of circle of supports in identifying the personal goals of the person.

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		<ul style="list-style-type: none"> ○ Goals should not be service based, or focused only on a person’s needs ○ Goals should reflect person centered language and what is Important To the person ○ Goals should lead to achievement of Outcomes that are enriching, fulfilling and important to the person. ● Review the Support Plan, Progress Notes, emails, quarterly reviews when applicable, the Annual Report and any other applicable supporting documentation in the Central Record to determine whether: <ul style="list-style-type: none"> ○ Activities, supports and contacts contain information about working with the person to identify and define his/her goals. ○ When the person does not have a functional means of communication, look for documentation the Support Coordinator has obtained information and recommendations from the circle of supports. ● Compare the information identified in the record with the information reflected in the Support Plan to determine if the Support Plan reflects the personal goals of the person. ● Compare Current Support Plan to previous plan(s), to see if plan is identical showing little to no effort on the part of the WSC to develop a new Support Plan. 	<p>6) WSC documentation demonstrated support-planning process was driven primarily by circle of supports instead of the person.</p> <p>7) Current Support Plan was essentially identical to the previous Support Plan.</p>
17	<p>Support Coordinator documentation demonstrates efforts to solicit natural, community supports for the person prior to waiver service requests.</p>	<p>CMS Assurance - Service Plan iBudget Handbook; Person Centered Support Plan Manual</p> <p>NOTE: For the purposes of this standard, only the “current Support Plan” will be reviewed. This is defined as the Support Plan in effect at the time of the record review.</p> <p>Funding sources shall be accessed to include but not be limited to the following in this order:</p> <ul style="list-style-type: none"> ○ Natural and community supports; ○ Third Party Payer, such as private insurance; 	<p>1) Current Support Plan was not in the record.</p> <p>2) Current Support Plan did not identify natural supports.</p> <p>3) Current Support Plan did not identify community supports.</p> <p>4) Documentation did not reflect ongoing efforts to reduce reliance on Waiver supports.</p>

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		<ul style="list-style-type: none"> ○ Medicare; ○ Other Medicaid programs; and ○ Home and Community Based Services Waiver, which is the payer of last resort. <ul style="list-style-type: none"> ● Review the record to determine what natural, community, and paid resources for the person are being used. ● Review the current Support Plan to determine if natural, community and paid resources apart from the Waiver are identified. ● Review Progress Notes to see if efforts are made to find natural/community supports prior to making a SANS request. ● Even if supports have not changed in the period of review, WSC should document periodic attempts to reduce reliance on waiver supports and services. 	
18	<p>Support Coordinator documentation demonstrates Service Authorizations are issued to service provider(s).</p>	<p>CMS Assurance - Service Plan iBudget Handbook</p> <p>Review the record to determine the method used to of document how/when Service Authorizations are distributed to each service provider authorized on the person’s Cost Plan.</p> <ul style="list-style-type: none"> ● Service Authorizations are issued by the WSC at least annually, or as changes are needed. <p>Review Support Plan(s) and Cost Plan(s) to identify services and providers approved to render services for the period under review.</p> <p>Determine if:</p> <ul style="list-style-type: none"> ● Service Authorization(s) are available for each service for the entire period of review. ● Service Authorization(s) for each provider are in approved status. ● The correct rates are indicated on the Service Authorizations for each provider. <ul style="list-style-type: none"> ○ Refer to the APD Provider Rate Table as needed. 	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate Service Authorizations were issued to service provider(s). 2) WSC documentation demonstrated some but not all Service Authorizations were issued to service providers. 3) WSC documentation demonstrated rates were not correct on one or more Service Authorizations issued to service providers. 4) WSC documentation demonstrated one or more Service Authorizations issued to service providers was not in approved status. 5) WSC documentation did not demonstrate Service Authorizations were re-issued to a service provider upon termination of services.

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		<p>If provider changes were made during the review period determine if:</p> <ul style="list-style-type: none"> ○ A Service Authorizations was re-issued to the outgoing service provider terminating services. ○ A new Service Authorization was sent to the new provider. <p>Note: Hardcopies of the Service Authorizations do not need to be in the record; WSC needs to be able to demonstrate for each approved service on the Cost Plan that there is an accurate approved Service Authorization in the iBudget system and it was provided to each service provider.</p>	
19	<p>Support Coordinator monitors service delivery to ensure services are delivered in accordance with the Support Plan and Cost Plan.</p>	<p>CMS Assurance - Service Plan iBudget Handbook</p> <p>This standard applies to all services identified on the approved Cost Plan. If the only service identified on the Cost Plan is Support Coordination, score n/a.</p> <p>On an ongoing basis, WSCs are required to monitor all services provided to the person and review service provider documentation to ensure services are consistent with service requirements, service limitations, service authorizations and reflect progress towards person's goals/outcomes.</p> <ul style="list-style-type: none"> • Review to determine if the record contains Service Logs, Quarterly/Monthly Summaries, 3rd Quarterly/Annual Reports, Implementation Plans, Behavior Plans, etc. based on the services the person receives. • Review the record to determine how documentation received from providers is used to evaluate service delivery on an continuous and ongoing basis • Based on services the person receives, review WSC Progress Notes within iConnect provider documentation tab for 	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate review of any service provider documentation. 2) WSC documentation demonstrated review of some but not all service provider documentation. 3) WSC documentation did not reflect follow-up when Support Plan goals were not being addressed by the provider. 4) WSC documentation did not reflect follow-up with the provider when services are rendered not in accordance with the service authorization including over or under utilization.

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		<p>documentation reflecting ongoing review of services and service documentation.</p> <ul style="list-style-type: none"> ○ Documentation in Progress Notes should reflect conversations with the person to evaluate if service is being provided in accordance with the person’s Support Plan goals/outcomes. ○ Documentation in Progress Notes should reflect WSC efforts to review claims and ensure services are being provided in accordance of the type, scope, duration, and frequency specified on the Cost Plan and Service Authorizations. ○ Documentation in Progress Notes should reflect WSC follow-up with provider when claims indicate provider is over and/or under billing for services ○ Documentation in Progress Notes should reflect WSC follow up with provider and as needed APD when service documentation is not received. ○ Documentation in Progress Notes should reflect WSC follow up when service limitations and requirements are not being adhered to by the provider. <p>Note: Due to the volume of monthly documentation for some people, WSCs may be utilizing alternative maintenance and storage methods vs. having <u>all</u> documentation immediately available in the current active volume of the central record.</p>	
20	Support Coordinator bills for services after required contacts are rendered.	<p>CMS Assurance – Financial Accountability iBudget Handbook</p> <p>Provider is not to bill for services prior to rendering.</p> <p>For each month in the period of review:</p> <ul style="list-style-type: none"> ● Determine the minimum number and type of contacts required for each month 	1) Support Coordinator billed prior to meeting minimum contact requirements for one or more months during the period of review.

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		<ul style="list-style-type: none"> • Review Progress Notes to determine the date minimum billing requirements were met for each month. • Compare month billing requirements were met to “claim billed date” in claims. • Determine if services were rendered prior to billing for each date of service during the period of review. <p>If one or more months were billed prior to completing minimum required contacts, score NM and add a discovery identifying the month(s).</p>	
21	<p>Support Coordinator Progress Notes demonstrate pre-Support Plan planning activities were conducted.</p>	<p>CMS Assurance - Service Plan iBudget Handbook Approved Waiver FL0867.R02.00 Appendix D</p> <p>Prior to the expiration of the plan, the support coordinator discusses with the person the purpose of the planning process and provides a summary of the past year's plan and services. The person is asked to identify changes to the goals or services received and a discussion of changes of providers if needed. The meeting is planned based on the person's preferences for the dates and times of the meeting. In addition, the support coordinator discusses who the person would like to invite to the meeting, including providers, family members, and friends. The support coordinator notifies invitees of the person's choice of the time, place, and date of the meeting.</p> <p>Review the record to determine the method used for conducting and documenting pre-support plan activities.</p> <ul style="list-style-type: none"> ○ Review Progress Notes to determine if pre-support plan activities were completed prior to the Support Plan development date. ○ Review Progress Notes to determine the following content is included: <ul style="list-style-type: none"> ○ Discussed with the person about the purpose of the planning process. 	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate pre-support planning activities took place. 2) WSC documentation demonstrated pre-support plan activities took place but did not document discussions about the purpose of the planning meeting. 3) WSC documentation demonstrated pre-support plan activities took place but did not document review of status of current goals/outcomes and discussions of potential changes/updates to goals/outcomes for the next year. 4) WSC documentation demonstrated pre-support plan activities took place but did not document review of current services and providers. 5) WSC documentation demonstrated pre-support plan activities took place but did not document discussions of potential dates, times, and locations for the meeting. 6) WSC documentation demonstrated pre-support plan activities took place but did not

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		<ul style="list-style-type: none"> ○ Reviewed status of current goals/outcomes and discussed potential changes or updates to goals/outcomes for the next year. ○ Reviewed status of current services and providers and discussed any needed changes to either. ○ Discussed possible dates, times, and locations for the meeting based on the person’s preferences as well as who the person would like to invite to the meeting including providers, family members and friends. ● Pre-Support Plan activities may be documented in more than one Progress Note. Activities may happen on different days leading up to the Support Plan meeting. 	<p>document discussions of whom the person would like to invite to the meeting.</p>
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Support Coordination Progress Notes - Allowable Activities for Billing

Progress Notes must:

- Be specific to each person
- Clearly demonstrate and accurately reflect the Support Coordination services being rendered as specified in the iBudget Handbook.
- Verify WSC services are being received and rendered as specified in the Support Plan.

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

Each visit should be viewed as an opportunity to give or receive meaningful information that can be used to effectively assist the person in achieving goals/outcomes.

Face to face contacts must relate to or accomplish one or more of the following:

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

Secondary contacts with or on behalf of the person:

- Must be individualized and related to services and benefits specific to the person.
- Not merely incidental, but planned.
- Can be with the person, people important in the person’s life, family members, legal representatives, service providers, or community members.

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- By telephone, letter writing, or e-mail transmission.
- Must be documented in Progress Notes

Other considerations:

- Administrative activities such as typing letters, filing, mailing, or leaving messages **do not** qualify as contacts/activities.
- Activities including telephone calls to schedule meetings, setting up face-to-face visits, or scheduling meetings with the person’s employer, family, or providers **do not** qualify as contacts.
- Sending an email or text is only considered billable upon response; otherwise it is like leaving a message.
- Sending of resources is billable if individualized to the person. A mass email to share resources with all or much of caseload would not be billable.

22	<p>Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in a facility.</p>	<p>CMS Assurance – Financial Accountability iBudget Handbook</p> <p>If person has not lived in a facility setting in the period of review, score N/A.</p> <p>Contact/Activity Requirements</p> <ul style="list-style-type: none"> • For people residing in a licensed residential facility including Assisted Living Facilities (ALF): <ul style="list-style-type: none"> ▪ <u>Must receive full support coordination</u> ▪ Monthly face-to-face visits ▪ Home visit at least once every 3 months (1 per quarter) ▪ At least one other billable contact/activity with or on behalf of the person each month. • For Enhanced Support Coordination: Two face-to-face visits monthly, at least one at the person’s residence and at least two additional billable activities during the same month. • For Enhanced Support Coordination - for transition purposes: Weekly face-to-face contact visits for the first month after transition to community-based services with one other billable contact. After that month, two visits monthly along with at least two other billable 	<ol style="list-style-type: none"> 1) Progress Notes for person residing in a licensed residential facility did not include face-to-face contact every month for one or more months. (B) 2) Progress Notes for person residing in a licensed residential facility did not include a home visit contact every three months for one or more months. (B) 3) Progress Notes for person receiving Full Support Coordination did not document at least one other contact/activity per month for one or more months. (B) 4) Progress Notes for person receiving Enhanced Support Coordination did not include at least weekly face-to-face contacts for first 30 days following discharge. (B) 5) Progress Notes for person receiving Enhanced Support Coordination did not include at least one visit in the person’s residence per month. (B) 6) Progress Notes for person receiving Enhanced Support Coordination did not indicate all required contacts/activities. (B)
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		<p>contacts monthly. This service delivery format will continue as long as enhanced support coordination is needed, but at a minimum of three months following transition.</p> <p style="text-align: center;">This standard is subject to a potential billing discrepancy</p>	<p>7) Progress Notes did not include allowable billable contact activities for one or more months. (B)</p> <p>8) Progress Notes were not in the record for one or more months of review. (B)</p>
23	<p>Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in supported living situation or independent living.</p>	<p>CMS Assurance – Financial Accountability iBudget Handbook</p> <p>If person has not lived in a Supported Living Situation or Independent Living in the period of review, score N/A.</p> <p>A person is considered to be in a “supported living arrangement/situation” if the person receives either Supported Living Coaching services, Personal Supports services or both services in their own home.</p> <p>Contact/Activity Requirements</p> <ul style="list-style-type: none"> • For individuals in a Supported Living Situation: <ul style="list-style-type: none"> ▪ <u>Must receive full support coordination</u> ▪ Monthly face-to-face visits ▪ Home visit at least once every 3 months ▪ Quarterly home visit will include a supported living quarterly review ▪ At least one other billable activity with or on behalf of the person each month. <ul style="list-style-type: none"> ➢ Note: Persons may live in a Supported Living Situation without the services of a Supported Living Coach. • For people residing in their own home (considered to be in Independent Living if there are no Supported Living or Personal Support services rendered in the home): 	<p>1) Progress Notes for person residing in a Supported Living situation did not include face-to-face contact every month for one or more months. (B)</p> <p>2) Progress Notes for person residing in a Supported Living situations did not include a home visit contact every three months for one or more months. (B)</p> <p>3) Progress Notes for person residing in a Supported Living situation did not document coordination and completion of the Supported Living Quarterly meeting for one or more quarters. (B)</p> <p>4) Progress Notes for person in independent living did not include a home visit contact every six months for one or more months. (B)</p> <p>5) Progress Notes for person in independent living did not include a face-to-face visit contact every three months for one or more months. (B)</p> <p>6) Progress Notes for person receiving Full Support Coordination did not document at least one other contact/activity per month for one or more months. (B)</p> <p>7) Progress Notes for person receiving Limited Support Coordination did not document at least one contact/activity per month for one or more months. (B)</p>

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		<ul style="list-style-type: none"> ▪ Face-to-face visit every three months in a variety of settings ▪ With a Home Visit at least every six months <p style="text-align: center;">This standard is subject to a potential billing discrepancy</p>	<p>8) Progress Notes for person receiving Limited Support Coordination did not include at least two face-to-face contacts per year, with a minimum of one contact being in the person's home. (B)</p> <p>9) Progress Notes did not include allowable billable contact activities for one or more months. (B)</p> <p>10) Progress Notes were not in the record for one or more months of review. (B)</p>
24	<p>Support Coordinator Progress Notes demonstrate required monthly contacts are documented in the record for people residing in the family home.</p>	<p>CMS Assurance – Financial Accountability iBudget Handbook</p> <p>If person has not lived in a Family Home in the period of review, score N/A.</p> <p>Contact/Activity Requirements</p> <ul style="list-style-type: none"> • For people living in the family home: <ul style="list-style-type: none"> ▪ Full WSC <ul style="list-style-type: none"> ▪ Face-to-Face every 3 months ▪ Home Visit at least every 6 months ▪ At least two billable contact/activities with or on behalf of the person each month. ▪ Face-to-Face and Home Visit contacts can count as one of the two minimum required contacts in any given month. ▪ Limited WSC <ul style="list-style-type: none"> ▪ At least one Home Visit per year ▪ 2 face-to-face visits annually ▪ At least one contact with or on behalf of the person each <p style="text-align: center;">This standard is subject to a potential billing discrepancy</p>	<p>1) Progress Notes for person residing in a family home did not include face-to-face contact at least once every three months. (B)</p> <p>2) Progress Notes for person residing in a family home did not include a home visit contact at least once every six months for one or more times. (B)</p> <p>3) Progress Notes for person receiving Full Support Coordination did not document at least one other contact/activity per month for one or more months. (B)</p> <p>4) Progress Notes for person receiving Limited Support Coordination did not document at least one contact/activity per month for one or more months. (B)</p> <p>5) Progress Notes for person receiving Limited Support Coordination did not include at least two face-to-face contacts per year, with a minimum of one contact being in the person's home. (B)</p> <p>6) Progress Notes did not include allowable billable contact activities for one or more months. (B)</p>

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			7) Progress Notes were not in the record for one or more months of review. (B)
25	<p>Support Coordinator Progress Notes include meaningful information to effectively assist the person in achieving goals/outcomes.</p>	<p>CMS Assurance – Service Plan iBudget Handbook</p> <p>The purpose of a face-to-face visit: discuss progress, changes, or both, to goals/outcomes, status of any unresolved issues, and satisfaction with current supports received. Each contact should be viewed as an opportunity to give or receive meaningful information that can be used to effectively assist the person in achieving goals/outcomes.</p> <p>Review the record to ensure Progress Notes cover the following content. Face to face contacts must relate to or accomplish one or more of the following:</p> <ul style="list-style-type: none"> ✓ Assist the person to reach individually determined goals on the Support Plan, including gathering information to identify outcomes; ✓ Monitor the health and well-being of the person; ✓ Obtain, develop and maintain resources needed or requested by the person to include natural supports, generic community supports and other types of resources; ✓ Increase the person’s involvement in the community; ✓ Promote advocacy or informed choice for the person and/or; ✓ Follow up on unresolved concerns or conflicts. <p>Secondary contacts with or on behalf of the person:</p> <ul style="list-style-type: none"> ✓ Must be documented in Progress Notes ✓ Must be individualized and related to services and benefits specific to the person. ✓ Not merely incidental, but planned. 	<p>1) Progress Notes were generic and not individualized.</p> <p>2) Progress Notes did not address person’s progress towards goals.</p> <p>3) Progress Notes did not reflect efforts to increase the person’s involvement in the community.</p> <p>4) Progress Notes did not reflect efforts to advocate on behalf of the person when needed.</p> <p>5) Progress Notes did not reflect development of natural/generic resources based on need or request.</p> <p>6) Progress Notes did not show follow-up on concerns or conflicts when needed.</p>

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		<ul style="list-style-type: none"> ✓ Can be with the person, people important in the person’s life, family members, legal representatives, service providers, or community members. ✓ By telephone/text, letter writing, or e-mail transmission. <p>All contacts on behalf of the person should be completed in secure manner to assure compliance with HIPAA.</p>	
26	<p>For persons in Supported Living Arrangements/ Situation, Progress Notes demonstrate required activities are covered during each quarterly home visit.</p>	<p>CMS Assurance - Service Plan iBudget Handbook</p> <p>A person is considered to be in a “supported living arrangement/situation” if the person receives either Supported Living Coaching services, Personal Supports services or both in their own home.</p> <p>If person is in a Supported Living Situation and they do not have a SL Coach the WSC is responsible for doing the Quarterly Health and Safety Checklist and Housing Survey.</p> <p>Determine if the person receives Personal Supports, Supported Living Coaching or both. If the person does not receive Supported Living Coaching or Personal Supports in their own home, score N/A.</p> <p>For persons receiving Supported Living Coaching services, it is the responsibility of the WSC to schedule and attend a quarterly meeting with the person in the person’s home.</p> <p>During this meeting, the following activities will occur:</p> <ul style="list-style-type: none"> ➤ WSC will review the person’s progress toward achieving support plan goals and determine if services are being provided in a satisfactory manner, consistent with the person’s wishes ➤ WSC will review the APD Health and Safety checklist and APD housing survey and determine if there is a need for follow-up 	<ol style="list-style-type: none"> 1) Documentation for the quarterly meetings was not in the record. 2) Documentation was in the record for some but not all quarterly meetings. 3) Quarterly meeting documentation did not demonstrate review of the person’s progress toward achieving support plan goals. 4) Quarterly meeting documentation did not demonstrate discussions related to satisfaction with services and if services are being provided per the person’s wishes. 5) Quarterly meeting documentation did not demonstrate review of the APD Health and Safety checklist. 6) Quarterly meeting documentation did not demonstrate review of the APD Housing Survey. 7) Quarterly meeting documentation demonstrated review of the APD Housing Survey, but did not include follow up with unresolved issues or if changes are needed. 8) Quarterly meeting documentation did not demonstrate review of finances. 9) Quarterly meeting documentation did not demonstrate review of the financial profile.

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- For those receiving assistance with financial management from the supported living provider, the WSC will review the bank statements, checkbook and other public benefits to determine continued waiver eligibility at the time of the quarterly meeting
- For persons receiving an APD subsidy, WSC must document review of the financial profile quarterly to verify it accurately reflects all sources of income and monthly expenses of the person.
- Review record to determine the method used to schedule and conduct required quarterly home visits with the person and their SLC/Personal Support staff and to ensure all associated required activities are documented.
 - Review Progress Notes and associated quarterly home visit documentation to determine if the WSC completed and documented the following activities:
 - Review the person’s progress toward achieving support plan goals/outcomes
 - Discuss satisfaction with services to determine if they are being provided in a satisfactory manner and consistent with the person’s wishes.
 - Review the bank statements, checkbook and other public benefits to determine continued waiver eligibility (only required if SL coach assists with financial management)
 - Review of the financial profile quarterly to verify it accurately reflects all sources of income and monthly expenses of the person.(only required if person receives subsidy from APD)
 - Review the APD Health and Safety checklist*
 - Review the APD Housing Survey*
 - Determine if there is a need for APD referral/follow-up within 3 days for unresolved issues or if changes are needed.

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27	For persons living in Supported Living Arrangements/ Situations, the Support Plan clearly delineates the goals, roles, and responsibilities of each service provider.	<p>CMS Assurance - Service Plan iBudget Handbook</p> <p>Determine if the person receives Personal Supports, Supported Living Coaching or both services.</p> <p>If the person does not receive Supported Living Coaching or Personal Supports in their own home, score N/A.</p> <p>Review the record to determine the method used to ensure the person's Support Plan clearly describes the goals, roles, and responsibilities of each provider rendering services.</p> <ul style="list-style-type: none"> ○ Based on the services received, review the person's current Support Plan to determine if the plan details the roles and responsibilities of the Personal Supports Provider and/or the Supported Living Coach. 	<ol style="list-style-type: none"> 1) The current Support Plan did not clearly delineate goals, roles, and responsibilities of the Supported Living Coach. 2) The current Support Plan did not clearly delineate goals, roles, and responsibilities of the Personal Supports provider.
28	Support Coordinator documentation demonstrates efforts to support the person to make informed decisions when choosing waiver services & supports on an ongoing basis.	<p>CMS Assurance - Service Plan iBudget Handbook</p> <p>Review the record to determine the method used to educate the person about choice of waiver services & supports and document efforts.</p> <ul style="list-style-type: none"> ● Ask the Support Coordinator for examples of how the person has been educated about service and support options and assisted to make informed decisions when choosing among waiver service and supports. ● Review record for documentation reflecting the Support Coordinator's efforts. 	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate efforts to support the person to make informed choices of waiver services and supports. 2) WSC documentation demonstrated choice of waiver services and supports were made with little to no input from the person. 3) WSC documentation did not demonstrate ongoing discussions with the person to check if person was satisfied or desired changes in services and supports.
29	Support Coordinator documentation demonstrates efforts to support the person to make	<p>CMS Assurance - Service Plan iBudget Handbook</p> <p>Review the record to determine the method used to educate the person about choices of waiver service providers and document efforts.</p>	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate efforts to support the person to make informed choices among waiver service providers.

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	<p>informed decisions when choosing among waiver service providers on an ongoing basis.</p>	<ul style="list-style-type: none"> • Ask the Support Coordinator for examples of how the person has been educated about waiver service provider options and assisted to make informed decisions when choosing among waiver service providers. • Review record for documentation reflecting the Support Coordinator’s efforts. 	<ol style="list-style-type: none"> 2) WSC documentation demonstrated choice of waiver service providers were made with little to no input from the person. 3) WSC documentation did not demonstrate ongoing discussions with the person to check if person was satisfied or desired changes in providers.
<p>30</p>	<p>Support Coordinator documents ongoing efforts to assist the person/legal representative to know about rights.</p>	<p>CMS Assurance - Service Plan iBudget Handbook; 393 F.S.</p> <p>The Person-Centered Support Plan includes the “Personal Rights” section; however, just completing in the Support Plan would not address on-going needs throughout the course of the period of review and should include documentation of ongoing efforts in this area.</p> <p>Ask the Support Coordinator to describe method of assisting the person and when applicable, legal representatives to know about their rights and responsibilities as related to this service.</p> <ul style="list-style-type: none"> • Review WSC documentation supporting stated methods for WSC efforts to assist the person/legal representative to know about rights on an ongoing basis. • Review Progress Notes and other documentation demonstrating efforts to support the personal, and when applicable the legal representative to know about rights. <p>*Examples of efforts to assist the person/legal representative to know about rights will vary by person and frequency of service. Information could include, but not be limited to, identification of rights most important to the person, access to personal possessions, fair wages, voting, freedom from discrimination, specific rights restrictions identified on a behavior plan, education on Informed Consent, confidentiality, voting, privacy, religion, freedom from harm, self-determination, etc.</p>	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate efforts to assist the person/legal representative to know about their rights. 2) WSC documentation demonstrated efforts to assist the person/legal representative to know about their rights but not on an ongoing basis. 3) WSC documentation did not demonstrate efforts to follow up on rights restrictions in place. 4) WSC documentation did not demonstrate rights education was individualized to the learning style of the person.

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31	<p>Support Coordinator documents ongoing efforts to ensure all of the person’s health care needs are addressed.</p>	<p>CMS Assurance - Health and Welfare iBudget Handbook</p> <p>Health and health care needs include medical conditions, medications (prescription and over-the-counter), preventive healthcare, wellness exams, therapeutic interventions, medical devices/apparatus.</p> <p>The Person-Centered Support Plan includes the “Other Services Needed for Health and Safety” section; however, just completing in the Support Plan would not address on-going needs throughout the course of the period of review and should include documentation of on-going efforts in this area.</p> <p>Ask the Support Coordinator to describe the method used to gather and document knowledge of person’s health and health care needs.</p> <ul style="list-style-type: none"> • Ask the WSC to describe method used to gather and document knowledge of person’s behavioral/emotional health information relevant to the service provided. • Ask the WSC how health information is maintained and updated on an ongoing basis. • Review WSC documentation supporting stated methods for WSC efforts to gather and learn information regarding the person’s health and health care needs and steps taken to address the person’s needs. <ul style="list-style-type: none"> ○ For example: scheduled medical appointments, provided education, and procured medical services/devices. • Review the record for documentation related to routine and preventative medical and dental care. • Review Progress Notes and other related health care documentation for evidence the WSC identifies and addresses the person’s health and healthcare needs on a routine basis. 	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate efforts to gather information about the person’s physical health and health care needs. 2) WSC documentation demonstrated knowledge of the person’s physical health and health care needs but not ongoing efforts to address identified needs. 3) Key and critical physical health and/or healthcare needs have not been addressed. 4) WSC documentation did not demonstrate efforts to gather information about the person’s behavioral/emotional health needs. 5) WSC documentation demonstrated knowledge of the person’s behavioral/emotional health needs but not ongoing efforts to address identified needs. 6) Key and critical behavioral/emotional health needs have not been addressed.
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		<p>*Key/critical health and health care information will vary per person, and could include, but not be limited to diagnosis, certain environmental factors, medication related information, food allergies, specialized equipment needs, and other factors critical to maintaining the health of the person.</p> <ul style="list-style-type: none"> • Ask the WSC how information related to behavioral/emotional health is maintained and updated on an ongoing basis. • Review record for documentation supporting stated method. • Supporting documentation may be found in Support Plans, intake forms, stand-alone forms, or other available WSC documentation. <p>*Key/critical behavioral/emotional health information will vary by person and could include, but not be limited to diagnosis, certain environmental factors, medication and related information, Baker Acts, police involvement, Behavior Plans, Safety Plans, emotional well-being (stress, anxiety, depression, grief, other emotional issues or diagnosis) and any other information critical to the behavioral/emotional health of the person and relevant to the service being provided. For some, these not met reasons would not be applicable.</p>	
32	<p>Support Coordinator documents ongoing efforts to assess and address the person's safety needs.</p>	<p>CMS Assurance - Health and Welfare iBudget Handbook</p> <p>The Person-Centered Support Plan includes the "Other Services Needed for Health and Safety" section; however, just completing in the Support Plan would not address on-going needs throughout the course of the period of review and should include documentation of on-going efforts in this area.</p> <p>Ask the Support Coordinator to describe method used to gather and document knowledge related to safety needs of the person.</p>	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate efforts to assess the person's safety needs. 2) WSC documentation demonstrated knowledge of the person's safety needs but not ongoing efforts to address identified needs. 3) Key and critical safety needs have not been addressed. 4) WSC documentation did not include a personal disaster plan for the person completed in the period of review.

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		<ul style="list-style-type: none"> • Ask the WSC how this information is maintained and updated on an ongoing basis. • Review record for documentation supporting WSC efforts to assess the person’s safety skills and safety needs including steps taken to address the person’s needs on an ongoing basis. • Review Progress Notes or other documentation supporting personalized efforts towards evaluation/training in areas such as community awareness/safety, home safety, education related to extreme weather events, etc. • Review Progress Notes and other available and applicable provider documentation such as Functional Community Assessments, Implementation Plans, Housing Survey’s, Personal Disaster Plan, Safety Plan, Behavior Plan, etc. for identified safety needs to determine if the person’s safety needs are being addressed. • Personal Disaster Plan template can be found on the APD website and should be updated annually. 	
33	<p>Support Coordinator documents person’s history regarding abuse, neglect and/or exploitation.</p>	<p>CMS Assurance - Health and Welfare iBudget Handbook</p> <p>Ask the Support Coordinator to describe method used to gather and document information about the person’s history related to abuse, neglect, and/or exploitation.</p> <ul style="list-style-type: none"> • Review WSC documentation demonstrating WSC efforts to gather and document past or present instances of alleged or confirmed abuse, neglect and/or exploitation and WSC’s efforts to identify and address the person’s needs on an ongoing basis. • Review Progress Notes, Support Plans, other available WSC documentation, and available service provider documentation. • This should carefully be revisited periodically in the event the person has a history, but has not felt comfortable enough to share. • Based on review of Progress Notes, available Support Plans and other available provider documentation, if there is no indication of a history of abuse, neglect and/or exploitation, score N/A. 	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate efforts to gather information about the person’s history regarding abuse, neglect, and/or exploitation. 2) Key and Critical issues related to abuse, neglect, and exploitation needs have not been addressed.

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34	Support Coordinator documents efforts to assist the person to define abuse, neglect, and exploitation.	<p>CMS Assurance - Health and Welfare iBudget Handbook</p> <p>Ask the Support Coordinator to describe the process used to gather and document efforts to assist the person to define abuse, neglect, and exploitation.</p> <ul style="list-style-type: none"> • Review WSC documentation demonstrating individualized efforts to support the person to recognize all types of abuse, neglect and exploitation on an ongoing basis. <ul style="list-style-type: none"> ○ Types of abuse include physical, verbal, sexual and emotional • Supporting documentation may include the Support Plan, Progress Notes, evidence of customized training techniques used to support people with different learning styles and levels of understanding, documented training sessions indicating specific scenarios reviewed and feedback received or any other documented methods used by the WSC demonstrating efforts to assist the person to define abuse, neglect and exploitation. Documentation must show this is addressed at least annually. 	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate individualized efforts to assist the person to define abuse, neglect, and exploitation. 2) WSC documentation demonstrated individualized efforts to define some but not all aspects of abuse, neglect and exploitation.
35	Support Coordinator documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation.	<p>CMS Assurance - Health and Welfare iBudget Handbook</p> <p>Ask the Support Coordinator to describe the process used to gather and document efforts to assist the person to know when and how to report any incidents.</p> <ul style="list-style-type: none"> • Review WSC documentation demonstrating individualized efforts to assist the person to know when and how to report abuse, neglect and exploitation (Call Abuse Hotline, tell WSC, Police, Family, etc.) on an ongoing basis. <p>Supporting documentation may include the Support Plan, Progress Notes, evidence of customized training techniques used to support</p>	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate when and how the person would report any incidents of abuse, neglect, and exploitation. 2) WSC documentation did not demonstrate individualized education for the person based on their learning style.

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		<p>people with different learning styles and levels of understanding, documented training sessions indicating specific scenarios reviewed and feedback received or any other documented methods used by the WSC demonstrating efforts to assist the person to define report abuse, neglect and exploitation.</p> <p>Documentation must show this is addressed at least annually.</p>	
36	Support Coordinator documents the invitation to take the satisfaction survey to the person receiving services.	<p>The Qualified Organization shall provide each person receiving services or, if applicable, the legal representative, with an Invitation to Take a Client Satisfaction Survey, APD Form 65G-14.003 A, effective July 1, 2021 during the annual Support Plan meeting in compliance with the iBudget Handbook.</p> <p>Note: The expectation is not that receipt of the invitation has to be signed by the person receiving services/legal representative, but the information should be documented in Progress Notes.</p> <p>Satisfaction Survey can only be generated once every 10 months.</p>	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate the invitation to the satisfaction survey was provided to the person receiving services. 2) WSC documentation did not demonstrate the invitation to the satisfaction survey was provided to the legal representative. 3) WSC documentation did demonstrate the invitation to the satisfaction was provided, but not annually.
37	Support Coordinator documents the review of the QO's disciplinary process to the person receiving services.	<p>The Qualified Organization must review the disciplinary process with each person receiving services or, if applicable, the legal representative on an annual basis or immediately upon request.</p> <p>Note: The expectation is not that receipt of the disciplinary process has to be signed by the person receiving services/legal representative, but the information should be documented in Progress Notes.</p>	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate review of the QO's disciplinary process was provided to the person receiving services. 2) WSC documentation did not demonstrate review of the QO's disciplinary process was provided to the legal representative. 3) WSC documentation did demonstrate review of the QO's disciplinary process was provided, but not annually.

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38	<p>Support Coordinator documents the review of the QO's code of ethics to the person receiving services.</p>	<p>The Qualified Organization must review the code of ethics with each person receiving services or, if applicable, the legal representative on an annual basis or immediately upon request.</p> <p>Note: The expectation is not that receipt of the QO's code of ethics has to be signed by the person receiving services/legal representative, but the information should be documented in Progress Notes.</p>	<ol style="list-style-type: none"> 1) WSC documentation did not demonstrate review of the QO's code of ethics was provided to the person receiving services. 2) WSC documentation did not demonstrate review of the QO's code of ethics was provided to the legal representative. 3) WSC documentation did demonstrate review of the QO's code of ethics was provided, but not annually.
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Controlled Document