

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

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		<i>time, duration of the service, and summary of services provided.</i> This Cite is subject to recoupment if reimbursement documentation is not available.	
3	<p>The Provider maintains service authorization(s) for the service being rendered and billed for entire period of review.</p> <p>H 1-7</p>	<ul style="list-style-type: none"> • H 1-7;H 2-5 • 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. 	<ol style="list-style-type: none"> 1) Provider does not have approved Service Authorizations for the services being rendered. 2) The service authorization is not in approved status. 3) Provider had some, but not all service authorizations for the period of review. 4) Unable to determine because service authorization(s) available did cover entire period of review. 5)
4	<p>The provider renders the service in accordance with the service authorization.</p> <p>H 1-7; H 2-7; H 3-3; H 3-4; CA 3.6.E.; CA 3.7.H.; CA 2.0</p>	<ul style="list-style-type: none"> • H 1-7; H 2-7; H 3-3; H 3-4; CA 3.6.E.; CA 3.7.H.; CA 2.0 • RECORD REVIEW • Review provider records for a service authorization(s). • Determine service authorization(s) are available for entire period of review. • Determine service authorization(s) are in approved status. • Verify service authorization(s) have the correct rate based on provider status of agency or independent. • Determine if services are being provided in accordance with service authorization(s). • Determine where the service is occurring. • Review the service authorization and service logs to assure the approved ratio of 1:1, 1:2, or 1:3 is being utilized for all dates within the period of review. • Individuals who receive respite services in a 	<ol style="list-style-type: none"> 1) Staffing ratios are not provided in accordance with the service authorization. 2) Documentation indicates services are being rendered to an individual living in a licensed facility. 3) Service is billed in excess of annualized service authorization limitations. 4) Unable to determine because one or more service authorizations were not present. 5) The provider billed for travel time to and from a recipient location. 6)

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#	Standard	Suggested Protocol	Not Met Reasons
		<p>licensed residential facility must be billed at the ratio of 1-1 in the stepped rate of the service.</p> <ul style="list-style-type: none"> Determine if provider is only billing for hours of service where there is direct contact with the individual receiving services. <p>This Cite is subject to potential recoupment if reimbursement documentation is not available.</p> <p><i>Note: If the provider bills by the quarterly hourly rate of service, service should be a maximum of 39qh. If respite services are provided for 10 or more hours a day, the provider must bill by the daily rate. The provider cannot bill for more than 30 days (720 hours) of service per year, per recipient.</i></p>	
5 *	The Solo Provider bills at solo rate.	<ul style="list-style-type: none"> H 1-7 RECORD REVIEW Review provider records for a service authorization(s). Determine if provider is a solo or employ's additional staff <p>If Provider is an agency score N/A</p>	1) The service authorization is for an agency rate, and the provider is an independent.
	H 1-7	This Cite is subject to potential recoupment.	

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6 *	Provider bills the Daily rate when service is rendered in excess of 39 quarter hours a day.	<ul style="list-style-type: none"> • RECORD REVIEW • Review Service Log (s) and Claims Data to determine that if service is rendered for 40 qh that the daily rate is billed. 	1) Services rendered in excess of 39 qh in a day are not billed at the daily rate.
	H 2-73	This Cite is subject to potential recoupment.	
7 *	Service does not exceed the 30 days/720 hour maximum per year.	<ul style="list-style-type: none"> • RECORD REVIEW • Review Service Log (s) and Claims Data to determine service does not exceed 30days/720 qh maximum per year. • 	1) Services are rendered in excess of 30 days/720 hours per year.
	H 2-71	This Cite is subject to potential recoupment.	

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8	The provider renders services only in the individual's own home, family home, licensed foster home, group home, ALF, or Home for Special Services.	<ul style="list-style-type: none"> • H 2-72 • RECORD REVIEW • Ask the provider where the service occurs. • Review Service Log(s) to determine where the service occurs. • Review Support Plan to confirm where individual resides. • Determine that services are not rendered in the home of the provider. • Determine that service is not occurring in the provider's home. • If PCR, ask the individual where the service occurs. <p>Note: Recipients living in licensed group homes are not eligible to receive respite care services.</p>	<ol style="list-style-type: none"> 1) Documentation indicates services are being rendered in the provider's home. 2) Documentation does not indicate where service occurs. 3) Unable to determine due to absence of required documentation.
H 2-72			

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9	The provider has a system in place to gather information about the person’s physical, behavioral and emotional health on an ongoing basis.	<ul style="list-style-type: none"> • CA 2.0 • RECORD REVIEW and PROVIDER INTERVIEW • Ask the provider for system of documenting historical physical, behavioral, and emotional health. • Ask the provider for system of collecting and documenting current information about the individual’s physical, behavioral and emotional health. • Review file for documentation supporting stated system. • Documentation may include intake forms, stand-alone forms, or other available documentation. 	<ol style="list-style-type: none"> 1) The provider does not have systems in place to gather physical health information. 2) The provider does not have systems in place to gather behavioral health information. 3) The provider does not have systems in place to gather emotional health information. 4) The provider documentation does not demonstrate written documentation of provider’s efforts to gather physical health information. 5) The provider documentation does not demonstrate written documentation of provider’s efforts to gather behavioral health information. 6) The provider documentation does not demonstrate written documentation of provider’s efforts to gather emotional health information. 7) Unable to determine due to absence of required documentation.
	CA 2.0		
10	Documented services are directly related to an outcome on the individual’s support plan for the entire period of review.	<ul style="list-style-type: none"> • H 2-26; H 2-28; CA 1.0 B.6; CA 2 • RECORD REVIEW AND PROVIDER INTERVIEW • Review Support Plan(s) for Respite goal and/or reference under “other supports/services needed” on the goal page. • Review Service Log (s) for direct relation to an outcome on the individual’s Support Plan (s). • Ask the provider about the stated outcomes and goals. • If PCR, ask individuals about the activities in which they are involved. Ask if they feel service received relates to their stated Support Plan outcome. <p>Scoring Consideration: If provider does not have copy of SP but can show documentation of efforts to obtain it and can show how they determined from</p>	<ol style="list-style-type: none"> 1) The provider does not have a copy of the Support Plan (s). 2) Documented services do not relate to an outcome on the individual’s Support Plan 3) The provider has a copy of the Support Plan (s), but it does not identify this service 4) Unable to determine due to absence of required documentation.
	H 2-71; CA 1.0.B.6; CA 2.0		

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#	Standard	Suggested Protocol	Not Met Reasons
		person and/or supports what goals they wanted assistance with score as met.	
11	The provider addresses the individual's choices and preferences.	<ul style="list-style-type: none"> CA 1.0.B.6; CA 2.0 RECORD REVIEW AND PROVIDER INTERVIEW Ask the provider for system of soliciting and documenting individual's choices and preferences. Review file for documentation supporting stated system of addressing individual's choices and preferences. Ask the provider for description of individual's choices and preferences. Review Service Log (s) to determine if choices and preferences are solicited and addressed within documentation. Review Support Plan to determine if includes choices and preferences. If PCR, ask individual what choices and preferences they have. 	<ol style="list-style-type: none"> Documentation does not indicate the provider is aware of the individual's communicated choices and preferences. Documentation indicates that the provider is aware, but has not addressed the individual's communicated choices and preferences. The provider is aware but has not addressed the individual's communicated choices and preferences. The provider is aware but has not documented the individual's communicated choices and preferences. Unable to determine due to absence of required documentation.
		<p>If service rendered under 45 days by provider, score N/A.</p>	
12	The provider addresses the person's/legal representative's expectations regarding the service.	<ul style="list-style-type: none"> CA 1.0.B.6.b; CA 2.0 RECORD REVIEW AND PROVIDER INTERVIEW Ask the provider for system of gaining knowledge of person's/legal representative's expectations. Review file for documentation of gaining knowledge of person's/legal representative's expectations. Ask the provider for individual specific definitions of expectations. 	<ol style="list-style-type: none"> Documentation does not indicate the provider is aware of the person's/legal representative's expectations regarding the service being received. Documentation indicates the provider is aware, but has not addressed the person's/legal representative's expectations regarding the service being received. Unable to determine due to absence of required documentation. The provider can describe person's/legal representative's expectations regarding the service being received, but has not
	CA 3.1	<ul style="list-style-type: none"> Review Service Log (s) to determine if expectations are being addressed. If PCR, ask individual what expectations regarding the services being received are. 	

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#	Standard	Suggested Protocol	Not Met Reasons
			documented the information.
13	<p>Services are provided at mutually agreed upon times and settings.</p> <hr/> <p>CA 1.0.B.6.e.</p>	<ul style="list-style-type: none"> • CA 1.0.B.6.e • RECORD REVIEW and PROVIDER INTERVIEW • Ask the provider for system of showing that services are rendered at times and settings mutually agreed upon by the provider and the person. • Review file for documentation of mutually agreed upon times and settings. • This may be in intake forms, stand alone forms or other available documentation. • Review Support Plan to determine if document states times and settings of service. • Review Service Authorization to determine if times are indicated on document. • Review Service Log (s) to assure mutually agreed times and settings being utilized for service delivery. • If PCR, ask individual if services are at times and settings that they prefer. 	<ol style="list-style-type: none"> 1) Documentation did not indicate that services are provided at times mutually agreed upon with the individual. 2) Documentation did not indicate that services are provided in settings mutually agreed upon with the individual. 3) The provider determines hours and days on which individuals may receive services. 4) Support Plan indicates a desire for service times that does not match service times within service logs. 5) Unable to determine due to absence of required documentation. 6) Documentation does not indicate preferences are being explored.
14	<p>The Provider submits documents to the Waiver Support Coordinator as required.</p>	<ul style="list-style-type: none"> • H 2-77 • RECORD REVIEW and PROVIDER INTERVIEW • Ask the provider for system of submitting documents to the Waiver Support Coordinator (WSC). • Review Service logs or other available documentation for proof of submission to the WSC. 	<ol style="list-style-type: none"> 1) The provider did not submit Service Log (s) to the Waiver Support Coordinator, monthly. 2) The provider did submit Service Log(s) to the Waiver Support Coordinator, but not monthly. 3) The provider did not have proof of Service Log (s) submission to Waiver Support Coordinator. 4) Unable to determine due to absence of

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	H 2-77	<ul style="list-style-type: none"> • Examples could include fax transmittal reports with cover sheet indicating exact descriptions of what was faxed, submission tracking logs, date stamps, or indication of date of submission and method sent on the documentation. • If PCR, ask the WSC for proof of receipt of documentation from the provider. 	required documentation.

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