

Service Specific Record Review – Supported Employment

#	Standard	Protocol	Not Met Reasons
1 R	<p>The provider has complete service logs for each date of service during the review period.</p>	<p>May 2010 H 2-96; H 2-13; H 2-27;H 2-28 RECORD REVIEW</p> <ul style="list-style-type: none"> • 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. • Ensure that they are written in a narrative manner to address the progress of the person towards his/her goals. <p>Pre 7.8.2010 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.</p> <p>Post 7.8.2010 The service log shall include the recipient's name and Medicaid ID number. The log shall include the date, time, duration of the service, and summary of services provided.</p>	<ol style="list-style-type: none"> 1) Provider does not have service logs for some/all dates of services for which claims were submitted. 2) Service logs do not contain the recipient's name. 3) Service logs do not contain the recipient's Medicaid ID number. 4) Service logs do not contain time/duration. 5) Service logs do not contain the date service was rendered. 6) Service logs do not contain summary of the service provided. 7) Significant discrepancies noted between documentation and billing. 8) Service logs do not relate to an outcome on the individual's Support Plan 9) Pre 7/8/2010: Service logs do not contain the recipient's social security number. 10) Pre 7/8/2010: Service logs do not contain the corresponding procedure code. 11) Pre 7/8/2010: Service logs do not contain amount billed for each service. 12) Pre 7/8/2010: Service logs do not contain provider's name. 13) Pre 7/8/2010: Service logs do not contain provider Medicaid ID.

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		<p>This standard is subject to potential recoupment</p>	
<p>2 R</p>	<p>A quarterly summary is in the record for each quarter in the period of review.</p>	<p>May 2010 H 2-8; H 2-96; H 2-12; CA 2.0 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Determine Support Plan effective date to determine quarterly summary timeframes for each individual to be reviewed. • Determine if the provider is aware of the person's recent progress towards or achievement of personal goals the person has recently achieved. • Ask the provider to describe goals achieved for the individual from the Individual Employment Plan. • The quarterly summary must contain: A summary of the individual's progress toward achieving support plan goals for services billed in that quarter. <p>If PCR, ask the individual what Support Plan goals have been achieved.</p> <p style="background-color: yellow;">If service has been rendered less than 30 days score N/A. Quarterly summaries are driven by the support plan effective date, not the amount of time a provider has rendered services.</p> <p>This standard is subject to potential recoupment</p>	<ol style="list-style-type: none"> 1) A quarterly summary for each quarter is not in the record. 2) Quarterly summaries are present but are not reflective of progress toward support plan goals. 3) Some, but not all of the quarterly summaries were present. 4) The third quarterly summary was present but did not summarize the current and previous quarter activities of the support plan to count as the annual report. 5) Quarterly summaries were completed, but not at the appropriate timeframes. 6) The provider completed monthly summaries in lieu of quarterly summaries. 7) The third quarter summary serving as the annual report was not completed and submitted to the WSC 30 days prior to the Support Plan effective date. 8) The Provider does not have documentation of assisting the individual to achieve goals from the Individual Employment Plan.

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3	<p>The Provider has written documentation concerning status of Vocational Rehabilitation (VR) funding for Supported Employment (SE).</p> <p><u>Pre-VR steps??</u></p>	<p>May 2010 H 2-96 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Review the individual’s records to determine if there is documentation that the provider has ruled out other sources of funding for this service. • Documentation can be in the form of a letter from Vocational Rehabilitation (VR) Services or a case note detailing contact with a named VR representative, the date, summary of conversation, etc., indicating a lack of available VR funding for supported employment. • Review documentation of provider efforts to obtain information required in this element from the WSC or VR. • Ask the provider about method used to determine lack of alternative funding. • Ask the provider when the individual completed Phase 1 (VR) and entered Phase 2 (Medicaid Waiver). <p style="background-color: #ffff00; display: inline-block;">We talked about adding reasons for NA</p>	<ol style="list-style-type: none"> 1) The provider does not have knowledge of required evidence of VR documentation. 2) The provider does not have written documentation indicating lack of available VR funding.
4 R	<p>The Individual Employment Plan and all required components are in the record for the entire period of review.</p>	<p>May 2010 H 2-96; H 2-11 RECORD REVIEW/PROVIDER INTERVIEW</p> <p>Language Change: As of 7/8/2010, providers of Supported Employment should complete Individual Employment Plans in lieu of Implementation Plans.</p>	<ol style="list-style-type: none"> 1) The Individual Employment Plan is not in the record for the entire period of review. 2) The Individual Employment Plan does not include the name of the recipient served. 3) The Individual Employment Plan does not include address of the recipient served.

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		<ul style="list-style-type: none"> • Review file for Individual Employment Plan (IEP) for the entire period of review (this may require review of 2 IEP's). • Ask the provider how strategies and methods that will assist individuals in meeting goals are determined. • Review the Individual Employment Plan(s) to determine they contain, at a minimum: <ul style="list-style-type: none"> • Name, address, and contact information of the individual served; • Goal(s) from the support plan the service will address. • Strategies employed to assist the individual in meeting the support plan goal(s). • Method to be used for data collection and assessment of the individual's progress in achieving the support plan goal(s). • Review IEP to determine if changes or updates were completed prior to implementation. • Review the Support Plan to determine that Supported Employment goals are indicated and match the IEP. <p>If the provider has not rendered services for 30 days or more, score N/A.</p> <p>This standard is subject to potential recoupment</p>	<ol style="list-style-type: none"> 4) The Individual Employment Plan does not include contact information of the recipient served. 5) The Individual Employment Plan does not include goal(s) from the support plan the service will address. 6) The Individual Employment Plan does not include the strategies employed to assist the recipient in meeting the support plan goal(s). 7) The Individual Employment Plan does not identify the method to be used for data collection and assessment of the recipient's progress in achieving the support plan goal(s). 8) The Individual Employment Plan was not updated prior to implementing identified changes. 9) The Individual Employment Plan does not include documented review of information and support for the individuals to make an informed choice in the type of work preferred, job changes or career advancement opportunities. 10) The Support Plan does not indicate goals are related to Supported Employment.

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5 R	The Individual Employment Plan was completed within the required timeframes.	<p>May 2010 H 2-96 RECORD REVIEW</p> <ul style="list-style-type: none"> • Review record to determine support plan(s) effective date and compare with IEP development date. • IEP must be developed/completed within 30 days following the annual support plan effective date for continuation services <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> • Within 30 days following the initiation (service authorization effective date) of a new service. <p style="text-align: center;">And</p> <ul style="list-style-type: none"> • At any time updates and changes are made before they are implemented and annually thereafter. <p>If the provider has not rendered services for 30 days or more, score N/A.</p> <p>This standard is subject to potential recoupment</p>	<ol style="list-style-type: none"> 1) The Individual Employment Plan is not in the record. 2) The Individual Employment plan was not completed within 30 days of the initiation of the new service. 3) The Individual Employment Plan was not completed within 30 days of the support plan effective date for continuation of services and at any time updates and changes are made before they are implemented and annually thereafter. 4) The Individual Employment Plan has not been updated annually.
6	The Individual Employment Plan is submitted to the individual and guardian, if applicable within timeframes.	<p>May 2010 H 2-11; H 2-96 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Review the IEP to determine if signed by the individual. • Ask the provider about method used to document mailing. • Review the date mailed to individual and guardian to determine if sent within 30 days. 	<ol style="list-style-type: none"> 1) The provider did not have documentation the Individual Employment Plan was given to the individual and guardian within the 30 day period.

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		<ul style="list-style-type: none"> Ask the provider about method used to document mailing. <p>If the provider has not rendered services for 30 days or more, score N/A.</p>	
7	The provider maintains service authorization(s) for the service being rendered and billed for the entire period of review.	<p>May 2010 H 1-6; H 2-7; H 3-3; H 3-4; CA 3.6.E.; CA 3.7.H.; CA 2.0.K RECORD REVIEW</p> <ul style="list-style-type: none"> 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. Verify service authorization(s) have the correct rate. 	<ol style="list-style-type: none"> Provider does not have approved service authorizations for the services being rendered. Provider has service authorizations for part, but not all of the period of review. The service authorization is not in approved status. The service authorization has an incorrect rate.
8 R	Service provision in Phase II does not exceed 32 quarter hours per week.	<p>May 2010 H 2-95 RECORD REVIEW</p> <ul style="list-style-type: none"> Review Service Log (s) and Claims Data to determine that service is not over the 32 qh maximum per week. <p>If person is in phase 1 score N/A.</p> <p>This standard is subject to potential recoupment</p>	<ol style="list-style-type: none"> The provider rendered in excess of 32 units (i.e. quarter hours)/ per week during Phase II.

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9 R	Service provision in Phase I does not exceed 32 quarter hours per day.	<p>May 2010 H 2-95 RECORD REVIEW</p> <ul style="list-style-type: none"> Review Service Log (s) and Claims Data to determine that service is not over the 32 qh maximum per week. <p>If person is in phase 2 score N/A.</p> <p>This standard is subject to potential recoupment</p>	<p>1) The provider rendered in excess of 32 units (i.e. quarter hours)/ per day during Phase I.</p>
10	The provider has justification to support individual remaining in job development status for more than two months.	<p>May 2010 H 2-95 RECORD REVIEW</p> <ul style="list-style-type: none"> Ask the provider about method used to review individual's job development status. Review service logs/documentation for justification stating reasons employment has not been obtained and strategies planned for securing employment. Ask the provider method for justifying on a monthly basis documenting number of hours worked per week. 	<p>1) The provider does not have justification to support individual remaining in job development status for more than two months.</p>
11 R	Provider renders service only to individual's age 21 or older.	<p>May 2010 H 2-95 RECORD REVIEW</p> <ul style="list-style-type: none"> Determine that the individual receiving the service is 21 or older. <p>This standard is subject to potential recoupment</p>	<p>1) The provider rendered services to an individual under the age of 21.</p>

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12 R	The provider bills at the correct rate.	<p>May 2010 H 1-7 RECORD REVIEW</p> <ul style="list-style-type: none"> • Review provider records for service authorization(s). • Determine if provider is a solo or employ’s additional staff <p style="text-align: center;">If Provider is an agency score N/A</p> <p>This standard is subject to potential recoupment</p>	<ol style="list-style-type: none"> 1) Provider is a solo provider but is billing at the agency rate. 2) The provider bills at an incorrect rate.
13 R	The provider renders the service in accordance with the service authorization and the Handbook.	<p>May 2010 H 3-3; H 3-4; CA 2.0; H 2-95; H 2-92; H 2-93; H 2-94; 2-95 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Review provider records for a service authorization. • Determine service authorization(s) are available for the entire period of review. • Determine service authorization(s) are in approved status. • Determine if service is approved to occur at 1:1 or 1:2-8 ratios. • Determine if service is implemented and billed consistent with the approved staff ratio. • Review service logs to determine that ratio is correct. • Review service logs and billing to ensure the provider does not receive payment for incentives, subsidies of unrelated vocational training. • Review service logs and other documentation to 	<ol style="list-style-type: none"> 1) Unable to determine because one or more service authorizations were not present. 2) Staffing ratios are not provided in accordance with the service authorization. 3) Service is not provided in accordance with the service authorization. 4) Documentation indicates the provider receives payment for incentives, subsidies of unrelated vocational training. 5) Documentation indicates the provider bills for services provided by the employer.

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		<p>ensure the provider does not bill for supports provided by the individual's employer.</p> <ul style="list-style-type: none"> • Utilize claims data to review other meaningful day activity service utilization. <p>This standard is subject to potential recoupment</p>	
14	<p>The provider assists with the acquisition, retention or improvement of skills related to accessing and maintaining employment or operation of a personal business.</p>	<p>May 2010 H 2-92 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask provider to describe how they assist individuals with acquisition, retention and improvement of skills related to maintaining employment. • Review the individuals' service logs, quarterly summaries, and other provider documentation to determine if documentation reflects standard. • Review documentation to ascertain the provider has discussed individual desires for type of work environment, activities, hours of work, level of pay and supports needed. • Possible questions to use as a guide: <ul style="list-style-type: none"> ▪ Is the individual receiving services currently employed? ▪ Does documentation show conversations with the employer related to job retention? ▪ Does documentation show review of the 	<ol style="list-style-type: none"> 1) Documentation does not indicate how the provider assisted the individual with acquisition of skills. 2) Documentation does not indicate how the provider assisted with employment retention. 3) Documentation does not indicate how the provider learns about needs for improved skills to access or maintain employment. 4) The provider is unaware of role in assisting individuals with job acquisition, job retention, or skill improvement related to accessing and maintaining employment.

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		<p>employee evaluation to determine any additional or improved skills needed to maintain or access employment?</p> <p>Note: Employment includes operation of a personal business.</p>	
15	The provider assists in securing employment according to the individual's desired outcomes.	<p>May 2010 H 2-92 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask the provider to describe process used to assist individuals in securing employment • Ask the provider to describe method used to determine the type of work the individual is capable of performing, the activities, the hours, pay and needed supports. • Review the service logs, quarterly summaries, and other provider documentation to determine method used to assist in securing employment based on desired outcomes. • Look for considerations of hours of employment, time of day/week, type of work, level of pay, desired benefits, etc. 	<ol style="list-style-type: none"> 1) The provider does not have methods to learn what the individual desires related to employment. 2) Documentation does not indicate the provider's efforts to secure employment according to the individual's desired outcome. 3) Documentation does not indicate the provider is aware of the individual's interests regarding community employment. 4) Documentation does not indicate the provider has addressed the person's interests regarding community employment related outreach or linkage. 5) Documentation or interview results show the choice of employment was inconsistent with the individual's desired outcome(s)

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16	<p>The current third Quarterly/Annual Report is in the record.</p>	<p>May 2010 H 2-96 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Review record to determine support plan effective date • Determine if the Annual Report is a component of the third quarterly report or a separate document (which is acceptable). • Review Annual Report for content to ensure it includes at a minimum: <ul style="list-style-type: none"> ○ A summary of the first three quarters of the support plan year; ○ Description of the person’s progress, or lack thereof, toward achieving each of the goals identified on the Support Plan ○ Recommendations for the next year. • Determine if progress statements are consistent with supporting data in service logs/progress notes. <p>If the provider was not providing services to the person at the time the last Annual Report would have been due, score as N/A.</p> <p>This Standard is subject to potential recoupment</p>	<ol style="list-style-type: none"> 1) A current third Quarterly/Annual Report was not in the record. 2) The third Quarterly/Annual Report did not contain a summary of the recipient’s progress toward achieving the goal(s) from the support plan. 3) The third Quarterly/Annual Report did not contain a summary of the first three quarters of the support plan year. 4) The third Quarterly/Annual Report did not contain recommendations for the next year.

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17	The service provider works with the recipient and the support coordinator to maintain waiver eligibility, as well as health and income benefits through the Social Security Administration and other resources.	<p>May 2010 H 2-92; H 2-93 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask provider how income is tracked and reported. • Review record for documentation related to tracking and reporting of income to ensure Medicaid Eligibility. 	<ol style="list-style-type: none"> 1) The provider is not aware of role of maintaining eligibility. 2) The provider does not have proof of income benefits and effects on Medicaid SSI or SSA. 3) The provider has not supported the individual with SSA correspondence.
18	The Provider notifies the Waiver Support Coordinator of any changes affecting the individual's income.	<p>May 2010 H 2-92 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask the provider if the individual has changed jobs within the past 12 months. • Review records to determine if job change has occurred. • Ask the provider if the individual has received a raise. • Review records to determine if a raise has occurred. • Review records and documentation to determine if the provider gave timely notification to the Waiver Support Coordinator about changes in an individual's employment status or earnings. <p>If there has been no income change, score N/A</p>	<ol style="list-style-type: none"> 1) The provider did not notify the WSC within five working days of a change in an individual's employment location. 2) The provider notified the WSC, but not within 5 days. 3) Unable to determine due to absence of required documentation.

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#	Standard	Protocol	Not Met Reasons
19	Services are provided at mutually agreeable times and setting.	<p>May 2010 H 2-101; 2-103; CA 1.0.B.6.e. May 2010 HB 2-97 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask the provider about their method for documenting services are rendered at times and settings mutually agreed upon by the provider and the person. • Ask provider how it is determined where and when services are provided. • Review file for documentation of mutually agreed upon times and settings. <ul style="list-style-type: none"> ○ This may be in intake forms, stand alone forms or other available documentation. ○ Review the IEP for statements related to mutually agreed upon times and settings. ○ 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 determine if mutually agreed times and settings are being honored for service delivery. ○ Ask the provider to supply evidence they work with the individual to identify preferred service times and locations. ○ If the provider collects complaint data, ask to see the data and determine if any complaints have been reported relative to service times or delivery. 	<ol style="list-style-type: none"> 1) Documentation does not indicate location. 2) Provider can describe where service occurs, but documentation does not indicate location. 3) Documentation does not indicate services are rendered in a mutually agreed upon setting. 4) Documentation does not indicate services are rendered at a mutually agreed upon time. 5) Unable to determine due to absence of supporting documentation.

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		<ul style="list-style-type: none"> • If a PCR occurred, ask the person for preferences concerning where and when services are rendered. • If PCR, ask the individual if the time and location of the service is consistent with their needs and expectations. • If PCR, ask individual if services are at times and settings that they prefer. 	
20	<p>Individuals who work an average of less than 20 hours per week or who remain in job development status have at least a quarterly review and documented attempts to increase work hours or obtain an appropriate job.</p>	<p>May 2010 H 2-101 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask the provider for method used to review individual's job development status. • Ask the provider for method used to document number of hours worked per week. • Review quarterly summaries to determine that reviews are occurring at the frequency the provider described. • If consumer does not desire an increase in work hours, review that this was documented at least quarterly. <p>If PCR occurred, ask the individual if an increase in work hours is desired.</p> <p>If individual works over an average of 20 hours per week and is not in job development, score N/A.</p>	<ol style="list-style-type: none"> 1) Documentation of the quarterly review was not present for individual working an average of less than 20 hours per week. 2) Documentation does not demonstrate provider's efforts increase work hours. 3) Documentation does not demonstrate provider's efforts to secure an appropriate job. 4) The provider is aware of desires for increase in hours, but has not documented efforts. 5) The provider is aware of efforts to secure appropriate job, but has not documented efforts.

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21	The provider supports the individual to make informed decisions regarding employment and related activities.	<p>May 2010 CA 1.0.B.6; CA 2.0; CA 1.0.B.6.b. RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask the provider to describe method used to review informed decisions regarding employment. • Ask the provider for system used to document choices. • Review IEP, service logs, and quarterly summaries to determine that discussions have occurred about informed decisions. • Review documentation to determine that education has occurred regarding expectations and limitations of the service. 	<ol style="list-style-type: none"> 1) Documentation does not indicate the provider has educated the individual about methods to make informed decisions regarding employment and related activities. 2) Documentation does not indicate the provider is aware of the individual's expectations for service. 3) Documentation does not indicate the individual is aware of service limitations. 4) The provider is aware of individual's expectations and limitations of service, but has not documented.
22	The provider has a method in place to gather historical and current information about the individual's physical, behavioral and emotional health.	<p>May 2010 CA2.0 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask the provider about systems for gathering and documenting historical and ongoing physical, behavioral, and emotional health status • Review file for supporting documentation of this method • Documentation may include intake forms, stand-alone forms, or other available documentation. • Review the face sheet, assessments, Individual Employment Plan and other documentation in the record to determine if the information is up to date. • Compare against other documentation such as 	<ol style="list-style-type: none"> 1) The provider was not aware of historical information. 2) The provider was not aware of current health information. 3) Documentation in the record did not include physical health information. 4) Documentation in the record did not include behavioral and emotional information. 5) The provider documentation does not demonstrate provider's efforts to gather physical, behavioral and emotional health on an ongoing basis. 6) The provider is aware of information about the person's physical, behavioral and emotional health but has not documented

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		<p>the support plan, service logs, Social Security / insurance letters, face sheet, physician appointment reports.</p> <p>If the provider does not have a copy of the support plan, look for documentation of their efforts to obtain it from the Support Coordinator.</p>	<p>knowledge and efforts.</p>
23	<p>The provider addresses the person's/legal representative's expectations regarding the service.</p>	<p>CA 1.0.B.6.b; CA 2.0 RECORD REVIEW AND PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask the provider for system of gaining knowledge of individual's/legal representative's expectations. • Review file for documentation of gaining knowledge of individual's/legal representative's expectations. • Ask the provider for individual specific definitions of expectations. • Review Implementation Plan, Quarterly Summaries, Service Log (s) to determine if education is being given and the expectations are being addressed. • Review to determine if the individual completed a satisfaction survey and if the provider has addressed any issues. • Review the grievance log to determine if the individual filed a grievance. If yes, identify how the provider addressed the issue. <p>If PCR, ask individual what expectations regarding the services being received are.</p>	<ol style="list-style-type: none"> 1) Provider documentation does not indicate the provider is aware of the person's/legal representative's expectations regarding the services he/she is receiving. 2) Provider documentation indicates the provider is aware of but has not addressed the person's/legal representative's expectations regarding the services he/she is receiving. 3) Provider documentation does not indicate the provider is educating the person on the intent of the services. 4) Provider interview indicates that the provider is aware of the person's expectations however, documentation does not reflect this knowledge. 5) Unable to determine due to absence of required documentation.

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24	The provider has evidence of teaching individuals/legal representatives about their rights.	<p>May 2010 CA 2.0.E RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Determine how long the provider has been rendering services. • Review documentation to determine that at a minimum education has occurred annually. • Examples of this could be found in service logs, assessments, IEP or other forms of documentation. 	<ol style="list-style-type: none"> 1) The provider does not have evidence of teaching individuals/legal representative about their rights 2) The provider does have evidence of teaching individuals/legal representative about their rights but not at least once annually.
25	The provider has evidence of teaching the individual/legal representative about the grievance policy as required.	<p>May 2010 CA 3.9.A.1; CA3.9.A.2 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Determine how long the provider has been rendering services. • Review documentation to determine if the individual/legal representative signed the grievance policy within 30 days of beginning services. • Review documentation to determine if the individual/legal representative signed the grievance policy annually. <p>If the individual has been receiving services from the provider more than one year, only look for annual updates.</p> <p>Score N/A if the provider has rendered services for less than 30 days.</p>	<ol style="list-style-type: none"> 1) The provider does not have evidence of teaching the individual/legal representative about the grievance policy. 2) Individual/ legal representative did not sign the provider's grievance policy within 30 days of beginning services. 3) Individual/legal representative did not sign the provider's grievance policy annually.

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26	Individuals sign the provider's grievance policy within 30 days of beginning services and annually thereafter.	<p>May 2010 H A-16 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Interactively, with the provider, review a sample of individuals' records to determine that a copy of the signed grievance procedure is available. • Grievance procedures for a new participant to the program are to be reviewed and signed within 30 days of admission and annually thereafter. • Grievance procedures are to be reviewed and signed annually thereafter <p>If provider has been serving the person longer than a year only look for annual updates.</p>	<ol style="list-style-type: none"> 1) Individuals did not sign the provider's grievance policy within 30 days of beginning services. 2) Individuals do not sign the provider's grievance policy annually. 3) Individuals did sign the provider's grievance policy but not within 30 days of beginning services.
27	The Provider submits documents to the Waiver Support Coordinator as required.	<p>May 2010 H 2-96 RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask the provider for method used to submit documentation to WSC. • 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. • Review the IEP to determine date provided to Waiver Support Coordinator (WSC). <p>Documentation that should be submitted to the WSC:</p>	<ol style="list-style-type: none"> 1) There is no documentation indicating the service logs were submitted to the Waiver Support Coordinator on a monthly basis. 2) There is no documentation indicating the Individual Employment Plan was submitted to the Support Coordinator at the time of first claims submission. 3) There is no documentation indicating the Individual Employment Plan was submitted to the Support Coordinator annually. 4) There is no documentation indicating the third quarterly/Annual Report was submitted to the Waiver Support Coordinator 30 days prior to the Support Plan effective date.

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		<ol style="list-style-type: none"> 1. Copy of service log, monthly 2. Individual Employment Plan 3. Third quarterly summary which summarizes the current and previous quarters of the activities of the support plan and will count as the annual report. <p>Provider should have a full date including the month/day/year of submission as well as the method.</p>	<ol style="list-style-type: none"> 5) There is no documentation of a job change.

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