#	Performance Measure/Standard	Protocol		Not Met Reasons	CMS Assurance
1	The provider maintains Daily Progress Notes covering services provided and billed during the period under review.	 CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW Review Daily Progress Notes for the entire period of review. Determine that Daily Progress Notes include all required components. For Behavior Analysis Services the daily progress note should include the following content: Name of individual providing service Name of recipient Date of service Time began Time ended Brief summary of behavior services provided Brief description of significant behaviors or caregiver performance observed/reported Review Daily Progress Notes against claims data to ensure accuracy in billing. If necessary, request Remittance Vouchers to compare. This standard is subject to identification of a potential billing discrepancy 	1) 2) 3) 4) 5) 6) 7)	provided and billed during the period under review did not include the name of the person providing the service. Daily Progress Notes covering services provided and billed during the period under review did not include a time in/out. (B) Daily Progress Notes covering services provided and billed during the period under review did not include the date service was provided. (B) Daily Progress Notes covering services provided and billed during the period under review did not include a brief summary of the service provided. (B) Daily Progress Notes covering services provided and billed during the period under review did not include a brief description of significant behaviors or caregiver performance observed/reported (B)	Financial Account.
2	An assessment report is in the record for assessments billed during the review	CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW	1)	Behavior Assessment was not in the record for review. (B)	Service Plan

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
	period.	 Note: Score this standard N/A if original Behavior Assessment was not authorized and completed within the 12 month period of review by this provider. Review the record for the most recent Behavior Assessment. Note – the Behavior Assessment is usually a 1 time event and may have been done several years before. Review documentation and Service Authorization for evidence a Behavior Assessment was requested/approved. The Behavior Assessment is a document separate from the Behavior Analysis Service Plan. This standard is subject to identification of a potential billing discrepancy 		
3	The Behavior Assessment report was completed within the required timeframes.	CMS Assurance – Financial Accountability	1) Behavior Assessment was not completed within 30 days of initially providing service. (B) 2) Unable to determine due to undocumented completion date. (B)	Financial Account.

#	Performance Measure/Standard	Protocol		Not Met Reasons	CMS Assurance
		 Compare date completed to the date service began. Determine if the Behavior Assessment was completed within 30 days of initially providing service. This standard is subject to identification of a potential billing discrepancy 			
4	The current and complete Behavior Analysis Service Plan covering services provided and billed during the period under review is in the record.	CMS Assurance - Service Plan iBudget Handbook 65G-4 F.A.C. RECORD REVIEW	2) 3) 4) 5)	Record did not contain a current Behavior Analysis Service Plan. (B) Behavior Analysis Service Plan did not include identifying information for the individual affected by the plan. (B) Behavior Analysis Service Plan did not include intervention procedures for behaviors targeted for reduction. (B) Behavior Analysis Service Plan did not include intervention procedures to be used for acquisition. (B) Behavior Analysis Service Plan did not include name, signature and certification of individual who developed, supervises or approves the implementation of the procedures described in the plan. Behavior Analysis Service Plan did not include objective statements of goals relative to behavior reduction/behavior acquisition resulting in program termination. Behavior Analysis Service Plan did not contain rationale for intervention being warranted, and selection of proposed interventions, consistent with assessment results. (B)	Service Plan

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
		with assessment results. Medical, social and historical information including previous treatment programs relevant to the current problems being addressed. Identification of behaviors targeted for reduction. Identification of behaviors targeted for acquisition or as replacement. Data collection methods for behaviors targeted for reduction and acquisition. Intervention procedures for behaviors targeted for reduction and acquisition. Description of performance-based training for persons implementing procedures. Techniques for maintaining and generalizing behavioral improvements, as well as criteria for the reduction and fading of behavioral services. Methods of monitoring for programmatic fidelity and effectiveness, including but not limited to: a. Data analysis and interpretation. b. Direct observation in the setting(s) where the plan is implemented, including the observation of the implementation of procedures or simulated implementation. c. Discussions with supervisors, and observations of individuals who implement the behavior analysis procedures involved. d. Schedule or frequency of monitoring, and who, by function or assignment, will conduct monitoring. This standard is subject to identification of a potential billing discrepancy	 Behavior Analysis Service Plan did not include a description of medical, social and historical information including previous treatment programs relevant to current problems being addressed. Behavior Analysis Service Plan did not include identification of behaviors targeted for reduction. Behavior Analysis Service Plan did not include identification of behaviors targeted for acquisition or as replacement. Behavior Analysis Service Plan did not include data collection methods for behaviors targeted for reduction and acquisition. (B) Behavior Analysis Service Plan did not include description of performance-based training for persons implementing procedures. (B) Behavior Analysis Service Plan did not include techniques for maintaining and generalizing behavioral improvements, as well as criteria for the reduction and fading of behavioral services. Behavior Analysis Service Plan did not include methods of monitoring for programmatic fidelity and effectiveness. 	
		potential billing discrepancy		

#	Performance Measure/Standard	Protocol		Not Met Reasons	CMS Assurance
5	A Behavior Analysis Service Plan with appropriate approvals and consent is in the record.	CMS Assurance - Service Plan iBudget Handbook 65G F.A.C. RECORD REVIEW Review the record to locate the current Behavior Analysis Service Plan. • The Behavior Analysis Service Plan shall include, either in text or by reference to appropriate documents: • Signatures of informed participants as may be required by law and individuals authorized to approve the procedures. • Determine if the Behavior Analysis Service Plan has been signed/approved by the appropriate level Analyst. • If authored by a BCaBA or Level 3 provider the document should be counter-signed by a higher level Analyst. Note: If no Behavior Plan is in the record cite using reason #1. This standard is subject to identification of a potential billing discrepancy	3)	Record did not contain a current Behavior Analysis Service Plan. Behavior Analysis Service Plan did not include signatures of informed participants as may be required by law and individuals authorized to approve the procedures. (B) Behavior Analysis Service Plan authored by a BCaBA or Level 3 provider was not counter- signed by a higher level Analyst. (B)	Service Plan
6	The Behavior Analysis Service Plan describes implementation in all relevant settings.	CMS Assurance - Service Plan iBudget Handbook 65G F.A.C. RECORD REVIEW	1)	Record did not contain a current Behavior Analysis Service Plan. Behavior Analysis Service Plan did not include how and where behavioral services will be integrated with daily routines and other relevant	Service Plan

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
		Review the record to locate the current Behavior Analysis Service Plan. The Behavior Analysis Service Plan shall include, either in text or by reference to appropriate documents: How and where behavioral services will be integrated with daily routines and other relevant services. Note: If no Behavior Plan is in the record cite using reason #1.	services.	
7	When the Behavior Analysis Service Plan identifies Behavior Assistants as implementers, the plan includes detailed rationale and description for use of and monitoring of the Behavior Assistant.	CMS Assurance - Service Plan iBudget Handbook 65G-4 F.A.C. RECORD REVIEW If Behavior Assistants are not identified as implementers in the current Behavior Analysis Service Plan, score as N/A. Review the record to locate the current Behavior Analysis Service Plan. The Behavior Analysis Service Plan shall include, either in text or by reference to appropriate documents: The rationale for use of these services. A description of how Behavior Assistants will be trained. A description of Behavior Analyst monitoring of Behavior Assistants. Outline of the Behavior Assistant's routine	 Record did not contain a current Behavior Analysis Service Plan. Behavior Analysis Service Plan did not include rationale for use of Behavior Assistant services. (B) Behavior Analysis Service Plan did not include a description of how Behavior Assistants will be trained. (B) Behavior Analysis Service Plan did not include a description of Behavior Analyst monitoring of Behavior Assistants. Behavior Analysis Service Plan did not include an outline of the Behavior Assistant's routine and/or duties. (B) Behavior Analysis Service Plan did not include a plan for fading of Behavior Assistant services. 	Service Plan

#	Performance Measure/Standard	Protocol		Not Met Reasons	CMS Assurance
		and/or duties. A plan for fading of Behavior Assistant services. Note: If no Behavior Plan is in the record cite using reason #1. This standard is subject to identification of a potential billing discrepancy			
8	New Behavior Analysis Service Plans meeting the requirements in 65G-4.010 are submitted for an initial review and approval (when indicated) by the LRC within 5 working days of implementation.	iBudget Handbook RECORD REVIEW Review provider documents to determine if: The behavior plan was newly developed during the	2) 3) 4)	Behavior Analysis Service Plan meets criteria for submission to the LRC, but there is no documentation indicating it was reviewed by the LRC. Behavior Analysis Service Plan was implemented by the provider after the LRC denied approval. Changes recommended by the LRC were added to the Behavior Analysis Service Plan and approved by the LRC, but were not implemented by the provider. Provider implemented the new Behavior Analysis Service Plan, but did not submit the plan to the LRC for review within 5 working days of implementation. Behavior Analysis Service Plan has been submitted to the LRC but has not yet been reviewed. *****Not Met but not calculated into score	Service Plan

#	Performance Measure/Standard	Protocol		Not Met Reasons	CMS Assurance
		Plan the LRC made recommendations for changes there is evidence the recommendations have been addressed and the plan re-submitted for LRC review within 5 working days or within the time frame requested by the LRC. Look for recommendations from the LRC -or they might say "no recommendations". If the Behavior Analysis Service Plan was developed outside the period of review, score N/A. If the Behavior Analysis Service Plan is not in the record, score standard N/A.			
9	The provider maintains documentation of subsequent LRC reviews, recommendations and a review schedule for the Behavior Analysis Service Plan.	CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW Applies to Behavior Analysis Service Plans that have been updated vs. brand new ones. Review provider documents to determine if: • Behavior Analysis Service Plans meet these criteria: use of restricted procedures, behaviors dangerous to self or others, create a life threatening risk, major property damage or potential for arrest and confinement. (Only exception would be a reduction plan that does not meet these criteria). • On the Behavior Analysis Service Plan, look for evidence the LRC chairperson has signed the plan OR • Evidence the LRC reviewed the plan.	3) 4) 5)	Record did not include LRC review dates. Record did not include recommended changes by the LRC. (only applicable if the LRC recommended any changes) Record did not include a review schedule for the plan. Provider has not followed the LRC monitoring plan for review dates. Changes were made to the plan but the provider did not submit the plan to the LRC for review within 5 days of the implementation of those changes. Changes were made to the plan but the revisions were not dated on the plan. Behavior Analysis Service Plan has been submitted to the LRC but has not yet been reviewed. *****Not Met but not calculated into score	Service Plan

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
		 This may be on the plan or may be in notes from the LRC meeting. Note – the LRC does not have to approve the plan – only review it and make recommendations. Look for recommendations from the LRC - or they might say "no recommendations". Look for evidence of a review schedule – when is the next time the LRC wants to review it? It may be a formal schedule or it may be in the LRC notes – "review in 6 months" If LRC did make recommendations, did the provider implement them? If changes were made to the plan they will be dated. Check for documentation the plan was submitted to LRC for review within one week of the changes being made (65G-4.009(10)(b)). Some Areas are using a form for feedback to providers, with conclusions from review, and signature of the LRC chairperson. In other cases, the plan itself, a face sheet or signature page will have a place for the signature of the LRC chairperson. If the Behavior Analysis Service Plan is not in the record, score this standard N/A. 		
10	The initial Behavior Analysis Service Plan was developed within the required timeframe.	CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW Review the record to locate the initial Behavior	 Initial Behavior Analysis Service Plan was not completed within 90 days of initially providing services. (B) Unable to determine due to lack of completion date. (B) 	Financial Account.

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
		 Analysis Service Plan. Determine if the Behavior Analysis Service Plan was developed within 90 days of initially providing service. If the initial Behavior Analysis Service Plan was first implemented more than 12 months ago, score this standard N/A. If the initial Behavior Analysis Service Plan is not in the record, score this standard N/A. This standard is subject to identification of a potential billing discrepancy 		
11	The Behavior Analysis Service Plan is being implemented as written and approved.	CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW Compare Behavior Analysis Service Plan details to provider's documentation of services. Determine if documentation (Daily Progress Notes, Quarterly Summaries, data displays, plan updates, monitoring tools) demonstrates: The right behaviors are being addressed Identified intervention procedures are being utilized Data are being collected as indicated Identified monitoring schedule is being followed per the Behavior Analysis Service Plan description. Interview staff or caregivers to determine if staff is aware of appropriate procedures	 Data being collected did not capture the data required in the Behavior Analysis Service Plan. Behavior Analysis Service Plan was not being monitored per the monitoring schedule. 	Service Plan

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
		Do not score as Not Met if updates are unable to be completed each month due to data collection problems outside of the Analyst's control. Look for due diligence in resolving data collection barriers. If the Behavior Analysis Service Plan is not in the record, score this standard N/A.		
12	A Quarterly Summary covering services provided and billed during the period under review is in the record.	 CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW Determine Support Plan effective date to determine Quarterly Summary timeframes for each individual to be reviewed. Ask provider if they complete monthly summaries or Quarterly Summaries. Monthly Summaries in lieu of Quarterly Summaries are acceptable. Determine if the provider is aware of the person's recent progress towards or achievement of personal goals the person has recently achieved. Ask provider to describe goals/objectives met from the individual's Behavior Analysis Service Plan. Behavior Analysis services Quarterly Summary should include the following content: Graphic data Date of current BASP Data analysis and summary of progress Summary of program monitoring Summary of relevant medical and environmental factors 	services provided and billed during the period under review did not include data analysis and summary of progress. 5) (New) Quarterly/Monthly Summary covering services provided and billed during the period under review did not include date of current BASP. 6) (New) Quarterly/Monthly Summary covering services provided and billed during the period under review did not include graphic data.	Financial Account.

#	Performance Measure/Standard	Protocol		Not Met Reasons	CMS Assurance
		Recommendations for coming quarter If PCR, ask the individual what Support Plan goals have been achieved. If service has not been rendered long enough for a Quarterly Summary to be required, score N/A. This standard is subject to identification of a potential billing discrepancy	9)	under review did not include recommendations for coming quarter. (New) Quarterly/Monthly Summary covering services provided and billed during the period under review did not include summary of program monitoring. (New) Quarterly/Monthly Summary covering services provided and billed during the period under review did not include summary of relevant medical and environmental factors.) Quarterly Summaries covering services provided/billed during the period under review were completed but were not aligned with the Support Plan effective date.	
13	The third Quarterly/Annual Report covering services provided and billed during the period under review is in the record.	 CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW 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). Documentation for Behavioral analysis annual report should include: A summary of the previous three quarters. Graphic and narrative summary of all target behaviors identified in the BASP (Behavior Analysis Support Plan); LRC approval date for BASP, most recent review date; 	2)	Third Quarterly/Annual Report covering services provided/billed during the period under review was not in the record. (B) (New) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain environmental and medical factors related to identified target behaviors or plan implementation. (New) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain graphic and narrative summary of all target behaviors identified in the BASP (Behavior Analysis Services Plan). (New) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain recommendations for any other assessments, consults or supports to	Financial Account.

# Performance Measure/Standa	d Protocol	Not Met Reasons	CMS Assurance
	 Summary of caregiver's effectiveness in plan implementation; Environmental and medical factors related to identified target behaviors or plan implementation; Recommendations for levels of behavioral analysis services for the coming year; and Recommendations for levels of Behavior Assistant services for the coming year, if warranted. Recommendations for any other assessments, consults or supports to further promote behavioral improvement. Determine if progress statements are consistent with supporting data in documentation. If the provider was providing services to the person at the time the last Annual Report would have been due an annual report is required even if the provider has served the person less than one full year. If the provider was not providing services at the time of the last annual, score as N/A. This standard is subject to identification of a potential billing discrepancy 	 5) (New) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain recommendations for levels of Behavior Assistant services for the coming year, if warranted. 6) (New) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain recommendations for levels of Behavioral Analysis Services for the coming year. 7) (New) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain summary of caregiver's effectiveness in plan implementation. 8) (New) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain the LRC approval date for BASP, most recent review date. 9) Third Quarterly/Annual Report covering services 	

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
			12) (New) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain recommendations for any other assessments, consults or supports to further promote behavioral improvement.	
14	The provider maintains accurate Service Authorization(s) covering services provided and billed during the period under review.	CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW Service Authorizations are provided quarterly or more frequently as changes dictate. • Review the Service Authorization for Behavior Analysis and ensure: o A Service Authorization is available to cover all services provided and billed during the period under review; o The Service Authorization(s) is in approved status; o The Service Authorization(s) is for the correct rate (agency vs. solo – geographic vs. non- geographic, ratio). o Refer to the current APD Provider rate table as needed. WSCs and service providers must verify the Service Authorization is correct according to the authorized amount of services in the iBudget system. If corrections are needed the service provider should immediately contact the WSC for resolution. o Consider provider due diligence in securing	 No Service Authorizations were in the record covering services provided and billed during the period under review. One or more Service Authorizations covering services provided and billed during the period under review were not in the record. One or more Service Authorizations covering services provided and billed during the period under review were not in approved status. One or more Service Authorizations covering services provided and billed during the period under review did not indicate the correct rate. 	Service Plan

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
		corrected Service Authorizations when incorrect ones are received.		
15	The provider renders the service in accordance with the Handbook.	 CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW Review provider records for Service Authorizations. Determine Service Authorization(s) are available covering services provided and billed during the period under review. Review data collection documentation and Daily Progress Notes for information that supports frequency of service provision approved ratio. (days per week/month, Q/H per day/week, etc.) If service authorizations are not present for some or all of the period under review other documentation such as Service Logs, Daily Progress Note, Behavior Plans, Support Plans, etc. can be used. If service is being routinely rendered at a frequency less than or more than the Service Authorization, score as Met and add a discovery. This standard is subject to identification of a potential billing discrepancy 	 Unable to determine due to absence of supporting documentation. Service is not being rendered in accordance with the Handbook. (B) 	Service Plan
16	The provider is in compliance with billing procedures and the Medicaid provider agreement.	CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW Provider is not to bill for services prior to rendering	 Provider billed for services prior to rendering services on one or more dates during the period under review. Provider is a solo provider but is billing at the agency rate. (B) 	Financial Account.

#	Performance Measure/Standard	Protocol		Not Met Reasons	CMS Assurance
		 service. Review Claims data for date billed. Review dates on Daily Progress Notes. Determine whether or not services were rendered prior to billing for each month in the review period. Provider bills the appropriate rate: Solo vs. Agency This standard is subject to identification of a potential billing discrepancy 	3)	Provider billed at an incorrect rate. (B)	
17	Services are not billed in excess of 16 units of service per day.	 CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW Review Daily Progress Notes for the entire period of review against claims data to determine units of service billed each date of service. If necessary, request Remittance Vouchers to compare. This standard is subject to identification of a potential billing discrepancy 	1)	Services were billed in excess of 16 units of service per day. (B)	Financial Account.
18	Monthly updates to graphic displays of acquisition and reduction behaviors are in the record for each month of the period of review.	CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW Review record for graphic data displays for each month in the review period. Determine if graphic displays of acquisition and		One or more monthly updates to graphic displays of acquisition and reduction behaviors were not in the record. (B) Supporting documentation for one or more monthly graph was not present.	Financial Account.

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
		 reduction behaviors are updated at least monthly. Monthly graphs should include at a minimum weekly data points for each behavior being graphed. Data collected to support each monthly graph must be present. Do not score as Not Met if updates are unable to be completed each month due to periodic data collection problems outside of the Analyst's control. Look for due diligence in resolving data collection barriers. Note: If provider switched to completing Quarterly summaries, Graphic Display Data must continue to be updated at least Monthly. This standard is subject to identification of a 		
19	Training for parents, caregivers and staff on the Behavior Analysis Service Plan is documented.	 potential billing discrepancy CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW Determine who is currently working with the person: staff, family, other caregivers Ask the provider to explain the method of documenting this training. Check for documentation to determine if individuals identified have been trained on the Behavior Analysis Service Plan Note: This standard pertains only to people integral to plan – the people who see the person. If the person 	 Documentation did not reflect training for parents/other caregivers on the Behavior Analysis Service Plan. Documentation did not reflect training for staff on the Behavior Analysis Service Plan. Documentation reflected training for some, but not all of the people integral to the plan. 	Service Plan

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
		lives at home with parents, it will include parents. If in a group home or day program, it will include residential and/or day program staff. If the person goes home on visits, it would include the family and the group home. Plan should indicate who should be trained and in what setting programs are implemented.		
20	The provider assists the individual/legal representative to know about rights.	 CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW Ask the provider how they inform individuals and their families or guardians of their rights and responsibilities as related to this service and how frequently. Ask the provider for examples of how they have assisted individuals to fully exercise their rights and make informed choices. Ask the provider for documentation supporting discussion. Ask the provider for examples of how they observe the rights and responsibilities of individuals. One example may be a consent to services form signed by the individual. 	 Provider documentation did not reflect evidence of assisting the individual/legal representative to know about rights as related to this service. Provider was able to describe efforts to assist the individual/legal representative to know about rights as related to this service, but had not documented the information. 	Service Plan
21	The provider has a method in place to gather information about the individual's physical and behavioral/emotional health on an ongoing	CMS Assurance – Health and Welfare iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW • Ask the provider for method of documenting historical physical and behavioral/emotional health. • Ask the provider for method of collecting and	 Provider has no method in place to gather information about the individual's physical health. Provider has no method in place to gather information about the individual's behavioral/emotional health. The provider is knowledgeable of the individual's 	Health & Welfare

#	Performance Measure/Standard	Protocol		Not Met Reasons	CMS Assurance
	basis.	 documenting current information about the individual's physical and behavioral/emotional health. Review record for documentation supporting stated method. Documentation may include intake forms, standalone forms, or other available documentation. For Behavior Analysis a well written and updated Behavior Analysis Service Plan may meet this requirement. 	5)	physical health but documentation does not demonstrate provider's efforts to gather information for their records. The provider is knowledgeable of the individual's behavioral/emotional health but documentation does not demonstrate provider's efforts to gather information for their records. Key/Critical pieces of physical health information were absent from the record. Key/Critical pieces of behavioral/emotional information were absent from the record.	
22	The provider submits documents to the Waiver Support Coordinator as required.	 CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW Ask the provider how required documents are submitted to the WSC. Documentation to be submitted: Daily Progress Notes for dates of service billed Graphic display of acquisition and reduction target behaviors Behavior Analysis Service Plan within 90 days of first billed date of service Evidence that the provider has submitted the Behavior Analysis Service Plan to the LRC as required by 65G-4 within 5 days of implementation Quarterly or Monthly Summary for each quarter or month in which services were provided. The third Quarterly Summary also serves as the Annual Report and must include a summary of 	2) 3) 4) 5) 6)	submission of copies of assessment report within 30 days of initially providing services. Provider did have evidence indicating submission of copies of assessment report, but not within 30 days of initially providing services.	Service Plan

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
		 the previous quarters Copy of assessment report (if completed and billed for during review period) Review available documentation for proof of submission to the 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. 	 service. 8) Provider did not have evidence indicating submission of a copy of updates to the intervention plan as it is modified. 9) (New) Provider did not have evidence indicating submission of copies of the third Quarterly/Annual Report at least 60 days prior to the Support Plan effective date. 10) (New) Provider did have evidence indicating submission of copies of the third Quarterly/Annual Report but not at least 60 days prior to the Support Plan effective date. 	