

Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons	
1	Level of care is reevaluated at least annually and contains all required components for billing.	<p>CMS Assurance - Level of Care APD Memo dated 1/24/13 – Instructions for Completion of the Waiver Eligibility Work Sheet RECORD REVIEW</p> <p>Level of Care is to be reevaluated at least annually using the Medicaid Waiver Eligibility Worksheet. Review the Medicaid Waiver Eligibility Worksheet(s) for the Support Plan (s) effective during the review period to ensure it is complete and includes 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 B is checked, either at least one “handicapping condition” or at least three “major life activities” must be marked. ○ If Option C is selected, at least three “major life activities” must be marked. • WSC’s dated signature and agency (if applicable) are documented • The dated signature/mark of the person receiving services is present <ul style="list-style-type: none"> ○ The dated signature of the legal representative, if applicable, is present ○ If the person receiving services uses a mark for a signature, the dated signature of a witness is present ○ Printed name and relationship to the person receiving services, legal representative or witness is present. 	<ol style="list-style-type: none"> 1) Complete Medicaid Waiver Eligibility Worksheet is not in the record for the entire period of review. (B) 2) Complete Medicaid Waiver Eligibility Worksheet is in the record, but not for the entire period of review. (B) 3) Complete Medicaid Waiver Eligibility Worksheet is in the record, but date of signatures is greater than 365 days apart. (B) 4) Medicaid Waiver Eligibility Worksheet is not signed and dated by person receiving services/legal representative. (B) 5) Medicaid Waiver Eligibility Worksheet is not signed and dated by Support Coordinator. (B) 6) Name of person receiving services is not on the Medicaid Waiver Eligibility Worksheet. (B) 7) Section I. Level of Care Eligibility is not completed. (B) 	B

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		<ul style="list-style-type: none"> • The Waiver Eligibility Worksheet must be completed in its entirety and <u>signed at intervals of no greater than 365 days.</u> <p>Note: ONLY the individual should sign on the line provided for his or her signature. If the individual is a legally competent adult, he or she must sign this worksheet. If the individual is not capable of signing, they should be assisted in marking the form and the mark shall be witnessed by a caregiver or the WSC. If a legal representative has been appointed through the courts or if the individual has given authority to another person such as through a Power of Attorney, the legal representative should sign and date on the second line. Other than as a witness, at no time should the WSC sign this form.</p> <p>Note: Support Plan extensions do not apply to Medicaid Waiver Eligibility Worksheets.</p> <p style="text-align: center;">This standard is subject to a potential billing discrepancy</p>		
2	Level of care is reevaluated at least annually and contains all required components for compliance.	<p>CMS Assurance - Level of Care APD Memo dated 1/24/13 – Instructions for Completion of the Waiver Eligibility Work Sheet RECORD REVIEW</p> <p>Level of Care is to be reevaluated at least annually using the Medicaid Waiver Eligibility Worksheet. Review the Medicaid Waiver Eligibility Worksheet(s) for the Support Plan (s) effective during the review period to ensure it is complete and includes the following required components</p>	<ol style="list-style-type: none"> 1) Complete Medicaid Waiver Eligibility Worksheet is not in the record for the entire period of review. 2) Social Security Number of the person receiving services is not on the Medicaid Waiver Eligibility Worksheet. 3) Effective Date of the Support Plan is not on the Eligibility Worksheet. 4) Section II. Medicaid Eligibility is not completed. 	C

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		<p>for compliance:</p> <ul style="list-style-type: none"> • Support Plan effective date indicated • Social Security Number indicated • Section II. Medicaid Eligibility - Option A or B is checked <ul style="list-style-type: none"> ○ If A is checked, the correct Medicaid number is documented ○ Option B is to be checked only if person receiving services is new to the waiver in the past year or if the individual has lost Medicaid eligibility in the past year and has had it restored. In this instance the “Eligible” box should be checked and date of determination for restoration of Medicaid should be entered. • Section III. Eligibility Determination – Option A. is checked • Section IV. Choice – Option A. is checked • The Waiver Eligibility Worksheet must be completed in its entirety and <u>signed at intervals of no greater than 365 days.</u> <p>Note: ONLY the individual should sign on the line provided for his or her signature. If the individual is a legally competent adult, he or she must sign this worksheet. If the individual is not capable of signing, they should be assisted in marking the form and the mark shall be witnessed by a caregiver or the WSC. If a legal representative has been appointed through the courts or if the individual has given authority to another person such as through a Power of Attorney, the legal representative should sign and date on the second line. Other than as a</p>	<p>5) Section III. Eligibility determination is not completed.</p> <p>6) Section IV. Choice is not completed.</p>

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		witness, at no time should the WSC sign this form. Note: Support Plan extensions do not apply to Medicaid Waiver Eligibility Worksheets.		
3	Level of care is completed accurately using the correct instrument/form.	CMS Assurance - Level of Care APD Eligibility Rules: 65G-4.014 - 017 RECORD REVIEW <ul style="list-style-type: none"> • Ask the WSC to describe their system for re-evaluating Level of Care. • Review the Central Record for Psychological and/or Medical Record(s) used to establish eligibility. • Review the Central Record for most recent QSI summary report. • Review the Medicaid Waiver Eligibility Worksheet and ensure: <ul style="list-style-type: none"> ○ The correct form is used for the time period; ○ For section I, the Option selected is consistent with IQ and/or Disability Category referenced in Psychological and/or Medical Record(s) filed in Central Record; ○ If Option B or C are checked, the Handicapping Condition(s) and/or Major Life Activities checked off are consistent with information in the Central Record, including the most current QSI, Psychological and/or Medical Record(s). • If the Psychological and/or Medical Record(s) used to establish eligibility are not available in the Central Record the WSC must follow steps as outlined in APD memo dated Dec. 10th 2013 with the Subject line Eligibility Determination – Level of Care. 	1) Unable to determine - Psychological and/or Medical Record(s) used to establish eligibility were not available in the Central Record. 2) Statement from APD concerning absence of Psychological and/or Medical Records did not contain all required information. (**Not Met but not calculated into score) 3) Option checked under section I was not consistent with the Psychological and/or Medical Record(s) in the record. 4) Option checked under section I was not consistent with the QSI in the record. 5) Handicapping Condition(s) checked were not consistent with the Psychological and/or Medical Record(s) in the record. 6) Handicapping Condition(s) checked were not consistent with the Psychological and/or Medical Record(s) in the record. 7) Handicapping Condition(s) checked were not consistent with the QSI report in the record. 8) Major Life Activities checked were not consistent with the Psychological and/or Medical Record(s) in the record. 9) Major Life Activities checked were not consistent with the QSI report in the record. 10) Incorrect or out of date Medicaid Waiver	C

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		<ul style="list-style-type: none"> • Per this memo: The WSC and APD staff must use due diligence in searching all files associated with the client. After an exhaustive review of all client files, an ABC screen shot of the diagnosis combined with a statement from APD Regional staff may be accepted as a substitute for original documentation. <p>The statement must:</p> <ul style="list-style-type: none"> ○ Be on official APD letterhead ○ Include the staff member's signature ○ Indicate that the individual has been receiving services through APD for many years and documentation of the diagnosis was present in the file when eligibility was originally determined. <p>Note: Upon receipt of the memo WSC's should immediately be addressing those records which are missing Eligibility documentation and follow the steps outlined.</p> <p>If at the time of the record review the WSC can show the Delmarva reviewer in writing that at least two weeks prior to their review date they submitted a request to APD for a statement concerning missing eligibility documentation and have not yet received anything from APD, the reviewer will score this standard not met using reason #12 and it will not factor into the WSC's score.</p>	<p>Eligibility Worksheet was in the record.</p> <p>11) Complete Medicaid Waiver Eligibility Worksheet was not in the record.</p> <p>12) Regional office has not yet responded to WSC's request for statement regarding missing eligibility documentation. (**Not Met but not calculated into score)</p>	
4	Person receiving services is given a choice of waiver services or institutional care at least annually.	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <p>Review the Medicaid Waiver Eligibility Worksheet(s) for Support Plan(s) effective during the review period to</p>	<p>1) Complete Medicaid Waiver Eligibility Worksheet is not in the record for the entire period of review.</p> <p>2) Complete Medicaid Waiver Eligibility Worksheet is in the record but not for the</p>	C

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		<p>ensure Section IV is complete including:</p> <ul style="list-style-type: none"> • A mark indicating the choice of the person receiving services; • The dated signature/mark of the person receiving services; • The dated signature of the legal representative, if applicable; • If the person receiving services uses a mark for a signature, the dated signature of a witness; and • Printed name and relationship to the person if signed by the legal representative or witness. 	<p>entire period of review.</p> <ol style="list-style-type: none"> 3) Section IV. Choice is not marked. 4) Dated signature of person receiving services is not present. 5) Dated signature of the legal representative is not present. 6) Dated signature of the witness is not present. 	
5	The Support Plan is updated within 12 months of recipient's last Support Plan.	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <p>Review the Central Record for the Support Plan(s) effective during the entire review period.</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 for each month billed by the WSC for the entire period of review. • The Support Plan is present and directions on the APD Support Plan form are followed for each section. • Support Plan must include: <ul style="list-style-type: none"> ○ Annual Summary (In accordance with s. 393.0651, F.S., complete an annual report of the supports and service received throughout the year, description of progress toward meeting individually determined goals and any pertinent information about significant events that have happened in the 	<ol style="list-style-type: none"> 1) Complete Support Plan was not in the record for entire period of review. (B) 2) Complete 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 receiving services. (B) 4) Support Plan was not signed and dated by Support Coordinator. (B) 5) Support Plan was not signed by the legal representative and efforts to obtain signature were not documented. (B) 	B

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		<p>life of the individual for the previous year).</p> <ul style="list-style-type: none"> ○ Personal Attributes/Future View page ○ Life Area page ○ Health Summary page ○ Personal Goal page ○ The signature page which must include: <ul style="list-style-type: none"> ▪ Dated signature of the person receiving services; ▪ Dated signature of the parent/legal representative if the person receiving services is a minor; ▪ Dated signature of the legal representative /Guardian Advocate if the person has one(Verify via Probate Court documents); ▪ Dated signature of a witness if the person receiving services was unable to sign or signed using a mark; and ▪ Dated signature of the WSC. <p style="text-align: center;">This standard is subject to a potential billing discrepancy</p>		
6	An Annual Summary of progress is in the record.	<p>CMS Assurance - Service Plan November 2010 Handbook 2-85 RECORD REVIEW</p> <p>Review the record for the Annual Summary.</p> <p>Determine if the annual summary is included in the Support Plan or a separate document and includes:</p> <ul style="list-style-type: none"> • Report of the supports and service received throughout the year 	<ol style="list-style-type: none"> 1) The record did not include an Annual Summary. 2) The Annual Summary did not include a report of the supports and service received throughout the year 3) The Annual Summary did not include a description of progress toward meeting individually determined goals. 4) The Annual Summary did not include any pertinent information about significant 	C

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#	Performance Measure/Standard	Protocol	Not Met Reasons	
		<ul style="list-style-type: none"> • Description of progress toward meeting individually determined goals and; • Any pertinent information about significant events that have happened in the life of the individual for the previous year 	<p>events that have happened in the life of the individual for the previous year.</p>	
7	<p>The Support Plan is updated/revise when warranted by changes in the needs of the person receiving services.</p>	<p>CMS Assurance - Service Plan RECORD REVIEW</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> <ul style="list-style-type: none"> • Ask the Support Coordinator to describe the process used to update/revise the Support Plan and how discussions are held to determine if the person receiving services has had a change in needs. • Review Support Plan, QSI, 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 receiving services. ○ When the person receiving services does not have a functional means of communication, look for documentation the Support Coordinator has obtained information and recommendations from the circle of supports of the person receiving services. ○ If any changes in the needs of the person 	<ol style="list-style-type: none"> 1) Complete Support Plan was not in the record for entire period of review. 2) Support Plan did not include updates or revisions when needs of the person receiving services changed. 	C

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		<p>receiving services are noted, review the applicable Support Plan to see if it has been updated/revised accordingly.</p> <ul style="list-style-type: none"> If no changes in needs were warranted for the entire period of review, score as N/A.. 		
8	The Support Plan is provided to the individual and when applicable, the legal representative, within required time frames.	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <p>Review the signature page of the Support Plan or other supporting documentation in the Central Record to determine if the Support Plan was:</p> <ul style="list-style-type: none"> Provided to the person receiving services/legal legal representative within 10 calendar days of the Support Plan effective date 	<ol style="list-style-type: none"> No documentation was available to show the Support Plan was distributed to the person receiving services within 10 calendar days of Support Plan effective date. No documentation was available to show the Support Plan was distributed to the legal representative within 10 calendar days of Support Plan effective date. 	C
9	The Support Plan is provided to the providers identified on the support plan within required time frames.	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <p>Review the signature page of the Support Plan or other supporting documentation in the Central Record to determine if the Support Plan was:</p> <ul style="list-style-type: none"> Provided to service provider(s) within 10 calendar days of the Support Plan effective date 	<ol style="list-style-type: none"> No documentation was available to show the Support Plan was distributed to the providers within 10 calendar days of Support Plan effective date. 	C
10	Support Plan includes supports and services consistent with assessed needs.	<p>CMS Assurance - Service Plan RECORD REVIEW</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> <ul style="list-style-type: none"> Review the current Support Plan to identify the supports and services. 	<ol style="list-style-type: none"> Current Support Plan is not in the record for the entire period of review. Current Support Plan included documentation related to some, but not all of the assessed needs. Current Support Plan did not include documentation related to the assessed needs. 	C

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		<ul style="list-style-type: none"> Review the Support Plan, QSI report, Progress Notes, Behavioral Assessments & Functional Community Assessments (if applicable) and any other applicable supporting documentation in the central record to determine the assessed needs of the person receiving services. Conduct a comparative review of documentation to determine if the supports and services identified in the Support Plan are consistent with the assessed needs of the person receiving services. 		
11	Support Plan reflects support and services necessary to address assessed risks.	<p>CMS Assurance - Service Plan RECORD REVIEW</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> <ul style="list-style-type: none"> Review the current Support Plan to identify the supports and services. Review the Support Plan, QSI report, Progress Notes, and any other applicable supporting documentation in the Central Record to determine the assessed risks of the person receiving services. Conduct a comparative review of documentation to determine if the supports and services identified in the Support Plan are consistent with the assessed risks of the person receiving services. 	<ol style="list-style-type: none"> Current Support Plan is not in the record for the entire period of review. Current Support Plan included documentation related to some, but not all of the assessed risks. Current Support Plan did not include documentation related to the assessed risks. 	C
12	Support Plan reflects the personal goals of the person receiving services.	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <p>NOTE: For the purposes of this standard, only the “current</p>	<ol style="list-style-type: none"> Current Support Plan did not reflect the person’s goals. Documentation did not reflect use of a Person Centered approach to determine the 	C

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		<p>Support Plan” will be reviewed. This is defined as the Support Plan in effect at the time of the record review.</p> <ul style="list-style-type: none"> • Review the current Support Plan to identify the goals. • Review 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 receiving services to identify and define his/her goals. ○ When the person receiving services does not have a functional means of communication, look for documentation the Support Coordinator has obtained information and recommendations from the circle of supports of the person receiving services. • 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 receiving services. 	<p>personal goals of the person receiving services.</p> <p>3) Documentation did not reflect use of circle of supports in identifying the personal goals of the person receiving services.</p> <p>4) Support planning process was driven primarily by circle of supports instead of the person receiving services.</p>	
13	The current Support Plan includes natural, generic, community and paid supports for the person receiving services.	<p>CMS Assurance - Service Plan RECORD REVIEW</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>	<p>1) Current Support Plan did not identify non-waiver supports the person receiving services receives.</p>	C

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		<ol style="list-style-type: none"> 1. Natural and community supports; 2. Third Party Payer, such as private insurance; 3. Medicare; 4. Other Medicaid programs; and 5. Home and Community Based Services Waiver, which is the payer of last resort. <ul style="list-style-type: none"> • Ask the Support Coordinator to describe natural, generic, community, and paid resources that are included in the circle of support for the person receiving services. • Review the current Support Plan to determine if natural, generic, community and paid resources apart from the Waiver are identified. <p>If the Support Plan was not in the record at all, score this standard N/A.</p>		
14	Services are delivered in accordance with the Cost Plan.	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <p>For CDC+ Participants, the Purchasing Plan outlines what services will be delivered.</p> <ul style="list-style-type: none"> • Review the current Cost Plan to determine what services are needed to address goals. • Review services on the Purchasing Plan Determine if the services on the Purchasing Plan are comparable with the services outlined in the Cost Plan. <p>If Applicable:</p> <ul style="list-style-type: none"> • Ask the WSC about any services from the Cost Plan not being utilized under CDC+. • If WSC indicates service is not being utilized due to 	<ol style="list-style-type: none"> 1) Services on the Purchasing Plan were not comparable to services identified in the Cost Plan. 2) Current Cost Plan was not in the record. 3) Purchasing Plan was not in the record. 	C

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		lack of available providers or choice of individual/family review for documentation in the record showing WSC's efforts to address. <ul style="list-style-type: none"> If documentation supports WSC's reasons for service(s) not being rendered as approved, score as Met. 		
15	The Support Coordinator is in compliance with billing procedures and the Medicaid provider agreement.	CMS Assurance – Financial Accountability RECORD REVIEW Provider bills the correct rate: <ul style="list-style-type: none"> Limited WSC/CDC Full WSC/CDC Enhanced WSC/CDC <p style="text-align: center;">This standard is subject to a potential billing discrepancy</p>	1) Support Coordinator billed full support coordination when only limited was approved (B)	B
16	The Support Coordinator bills for services only after service is rendered	CMS Assurance – Financial Accountability RECORD REVIEW Provider is not to bill for services prior to rendering. <ul style="list-style-type: none"> Review Claims data for date billed. Review dates on Progress Notes Determine whether or not services were rendered prior to billing for each date of service in the review period.	1) Support Coordinator billed for services prior to rendering services on one or more dates during the period under review.	C
17	Participant Monthly Review forms & Progress Notes reflecting required monthly contact/activities are filed in the Participant's record prior to billing each month.	CMS Assurance – Financial Accountability RECORD REVIEW <ul style="list-style-type: none"> The Consultant is required to have a minimum of 1 monthly contact every month A face to face visit is required once every six months 	1) Participant Monthly Review Forms were not present for one or more months. (B) 2) Monthly Review Form and/or Progress Notes did not demonstrate a bi-annual face to face. (B) 3) Monthly Review Form and/or Progress	B

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		<p>and at least annually a face to face visit needs to occur in the Participant's home</p> <ul style="list-style-type: none"> • Look for the Participant Monthly Review forms to be completed on a monthly basis for these contacts. • Consultant can choose not to use the Monthly Review but the form or Progress Note they use in its place must contain the following: <ul style="list-style-type: none"> ○ Documentation the Consultant has reviewed the Participant's monthly statement with the Participant or Representative and has determined whether the Participant or Representative has complied with the Purchasing Plan; ○ Verification the Participant or Representative has submitted all provider timesheets and invoices in a timely manner; ○ Identification of any budget management problems ○ Identification of any circumstances that require a Corrective Action Plan or disenrollment from CDC+. <p>Look for Progress Notes and/or written narrative on the Monthly Review form to support contact/visits.</p> <p style="text-align: center;">This standard is subject to a potential billing discrepancy</p>	<p>Notes did not demonstrate an annual Home Visit. (B)</p> <p>4) Consultant chose to document monthly contacts using a format other than the Participant Monthly Review form and it did not include all required components. (B)</p>	
18	The Support Coordinator documents efforts to assist the individual/legal representative to know about rights.	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the provider how they inform individuals and their families or guardians of their rights and responsibilities and how frequently. 	<p>1) Documentation did not reflect Support Coordinator efforts to assist the individual/legal representative to know about rights.</p>	C

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		<ul style="list-style-type: none"> • Ask the provider for examples of how they have assisted individuals to fully exercise their rights and make informed choices. • Interactively, with the provider, review documentation supporting discussion. • Ask the provider for examples of how they observe the rights and responsibilities of individuals. 		
19	The Support Coordinator documents efforts to ensure the person's health and health care needs are addressed.	<p>CMS Assurance - Health and Welfare RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the Support Coordinator to describe the method used to gain knowledge of person's health needs. • Review file for documentation of gaining knowledge of person's health needs. • Ask the Support Coordinator about person's individualized health needs. • Ask the Support Coordinator how the person's health and health care needs have been addressed. • Look for the Support Coordinators method for gathering information concerning doctor visits for preventative, annual and specific health care needs. • Review Progress Notes and other related health care documentation to determine if the health and healthcare needs of the person receiving services are being addressed. 	<ol style="list-style-type: none"> 1) Documentation indicated Support Coordinator was not aware of the person's individualized health and health care needs. 2) Documentation indicated Support Coordinator was aware of but had not addressed the person's health and health care needs. 3) Documentation did not indicate the Support Coordinator had advocated for the person to receive annual physicals and/or needed specialists visits. 4) Support Coordinator did not document follow up on medical doctor visits, results, medication changes, etc. 	C
20	The Support Coordinator documents efforts to ensure the person's safety needs are addressed.	<p>CMS Assurance - Health and Welfare RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the Support Coordinator to describe the method used to gain knowledge of person's safety needs. 	<ol style="list-style-type: none"> 1) Documentation did not indicate the Support Coordinator was aware of the person's individualized safety needs. 2) Documentation indicated Support Coordinator was aware of but had not 	C

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		<ul style="list-style-type: none"> • Review file for documentation of gaining knowledge of person's safety needs. • Ask the Support Coordinator for person individualized safety needs. • Ask the Support Coordinator how she/he has addressed the person's safety needs. • Look to see if safety issues arose and how they were addressed. Was there follow through? • Review Progress Notes and Support Coordinator's documentation of safety needs to determine if the person's safety needs are being addressed. 	<p>addressed the person's individualized safety needs.</p> <p>3) Documentation indicate the Support Coordinator had not advocated for the person to receive additional education/training in the area of safety.</p> <p>4) Support Coordinator did not document follow up on safety issues</p>	
21	The Support Coordinator has a method in place to document information about the individual's history regarding abuse, neglect, and/or exploitation.	<p>CMS Assurance - Health and Welfare RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the Support Coordinator about the person's history in regards to abuse, neglect and/or exploitation. • Ask the Support Coordinator about method of documenting this information. • Look for documentation in the record about past abuse or lack thereof. 	<p>1) Support Coordinator had no knowledge of the individual's history regarding abuse, neglect, and/or exploitation.</p> <p>2) Documentation did not demonstrate the Support Coordinator had addressed issues related to abuse, neglect, and exploitation that continue to impact and cause distress for the individual.</p>	C
22	The Support Coordinator documents efforts to assist the person receiving services to define abuse, neglect, and exploitation including how the person receiving services would report any incidents.	<p>CMS Assurance - Health and Welfare RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the Support Coordinator to describe the process used to gather information on how the person receiving services defines abuse. • Ask the Support Coordinator how the person receiving services would report abuse if it were to occur. • Ask the Support Coordinator how the person receiving services has been educated on the definition of abuse 	<p>1) Documentation indicated the Support Coordinator had no knowledge of how the person receiving services would define abuse, neglect, and/or exploitation.</p> <p>2) Documentation indicated the Support Coordinator had no knowledge of how the person receiving services would report any incidents of abuse, neglect, and exploitation.</p> <p>3) Documentation did not reflect Support Coordinator efforts to provide education to</p>	C

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		<p>neglect and/or exploitation.</p> <ul style="list-style-type: none"> Review the Support Plan, Progress Notes and other documentation for documentation on the person's definition of abuse. Review the Support Plan, Progress Notes and other documentation for documentation on education the Support Coordinator has provided regarding abuse, neglect and/or exploitation. 	<p>the person receiving services in this area.</p> <p>4) Documentation indicates only limited attempts to provide education on abuse, neglect, and exploitation to the person receiving services in the past 12 months, other than a sign off at the annual Support Plan meeting.</p>	
23	Completed/signed Participant-Consultant Agreement is in the record.	<p>CDC+ Rule Handbook 2-6. RECORD REVIEW</p> <ul style="list-style-type: none"> Determine Participant-Consultant Agreement is in the record. Determine Agreement is signed and dated by Consultant and Participant/Guardian. 	<p>1) The Participant-Consultant Agreement was not present in the record.</p> <p>2) The Participant-Consultant Agreement was not signed and dated by Participant/CDC+ representative.</p> <p>3) The Participant-Consultant Agreement was not signed and dated by Consultant.</p>	C
24	Completed/signed CDC+ Consent Form is in the record.	<p>1915j (p17); CDC+ Rule Handbook 1-20. RECORD REVIEW</p> <ul style="list-style-type: none"> Determine CDC+ Consent form is in the record Determine Consent form is complete & signed by Participant/Guardian, Representative and Consultant This is a form that, if needed, the CDC+ Representative is authorized to sign. 	<p>1) The CDC+ Consent Form was not present in the record.</p> <p>2) The CDC+ Consent Form was not signed and dated by participant/CDC+ representative.</p> <p>3) The CDC+ Consent Form was not signed and dated by the Consultant.</p> <p>4) The CDC+ Consent Form was in the record and signed but it was not complete.</p>	C
25	Completed/signed Participant-Representative Agreement is in the record.	<p>CDC+ Rule Handbook 1-20, 2-4. RECORD REVIEW</p> <ul style="list-style-type: none"> Determine Participant-Representative Agreement is in the record. Determine Agreement is complete & signed. 	<p>1) The Participant-Representative Agreement was not present in the record.</p> <p>2) The Participant-Representative Agreement was not signed and dated by the Participant/legal guardian.</p> <p>3) The Participant-Representative Agreement</p>	C

Service Specific Record Review – CDC+ Consultant

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#	Performance Measure/Standard	Protocol	Not Met Reasons	
		<ul style="list-style-type: none"> If a new Representative has taken over, a new form should be in the file with the current Representative. Older versions of this form are simply called “Representative Agreement”. 	<p>was not signed and dated by CDC+ Representative.</p> <p>4) The Participant-Representative Agreement was in the record but not for the current Representative.</p>	
26	All applicable completed/signed Purchasing Plans are in the record.	<p>1915j (p20); CDC+ Rule Handbook 2-8, 3-4 – 3-10. RECORD REVIEW</p> <ul style="list-style-type: none"> Determine Purchasing Plan(s) for the period of review are in the record. Determine Purchasing Plan is complete. Determine Plan is signed by Participant and/or Representative, Consultant and local Regional/Area office CDC+ Liaison on the first page and the back signature page. 	<p>1) Purchasing Plan was not present in the record.</p> <p>2) Purchasing Plan in the record was not the current Purchasing Plan.</p> <p>3) Purchasing Plan was not signed and dated by Participant and/or Representative.</p> <p>4) Purchasing Plan was not signed and dated by Consultant.</p> <p>5) Purchasing Plan was not signed and dated by Regional/Area CDC+ Liaison.</p>	C
27	The Purchasing Plan reflects the goals/needs outlined in Participant’s Support Plan.	<p>1915j (p20); CDC+ Rule Handbook 2-6, 2-8, 3-4 – 3-10. RECORD REVIEW</p> <ul style="list-style-type: none"> Review goals identified on the current Support Plan. Review needs section of current Purchasing Plan. Verify information in the Purchasing Plan is consistent with goals/needs outlined in the Support Plan. 	<p>1) Services listed in the Purchasing Plan were not consistent with the Participant’s needs.</p> <p>2) Goals on the Support Plan were not consistent with needs and services in the Purchasing Plan.</p> <p>3) Current Support Plan was not in the record.</p> <p>4) Purchasing Plan was not in the record.</p>	C
28	All applicable completed/signed Quick Updates are in the Record.	<p>CDC+ Rule Handbook 3-10. RECORD REVIEW</p> <ul style="list-style-type: none"> Determine if any Quick Updates have been completed. Determine Quick Update(s) is signed by Participant and/or Representative, Consultant and local Regional/Area office CDC+ Liaison. 	<p>1) One or more Quick Updates were not present in the record.</p> <p>2) Quick Update form (s) was not signed by Participant and/or Representative.</p> <p>3) Quick Update form (s) was not signed by Consultant.</p> <p>4) Quick Update form (s) was not signed by Regional/Area CDC+ Liaison.</p>	C

Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons	
		Note: if no Quick Updates required/done, score N/A.		
29	Participant's Information Update form is completed and submitted to Regional/Area CDC+ liaison as needed.	<p>CDC+ Rule Handbook 2.7. RECORD REVIEW</p> <ul style="list-style-type: none"> • Determine if there has been any change to Participant e-mail address and/or alternate phone numbers that are not available in ABC data base. • Determine if there has been any change in Representative. • Determine if there has been any change in Consultant. • Determine if there has been any disenrollment or reinstatement of budget. • For any one or more changes noted above determine that a Participant Update Information form has been completed by Consultant. • Determine form has been submitted to the Regional/Area office and signed by Regional/Area Liaison. 	<ol style="list-style-type: none"> 1) Participant's Information Update form was not signed by Consultant. 2) Participant's Information Update Form was not signed by Regional/Area Liaison. 3) There was a change in e-mail address and/or alternate phone numbers that are not available in ABC data but Participant Information Update form was not completed and submitted to Regional/Area CDC+ Liaison. 4) There was a change in Representative or Representative's information but Participant Information Update form was not completed and submitted to Regional/Area CDC+ Liaison. 5) There was a change in Consultant or Consultant's information but Participant Information Update form was not completed and submitted to Regional/Area CDC+ Liaison. 6) There was a change in enrollment status but Participant Information Update form was not completed and submitted to Regional/Area CDC+ Liaison. 	C
30	When correctly completed/submitted by the Participant/CDC+ Representative, Consultant submits Purchasing Plans by the 10th of the month.	<p>CDC+ Rule Handbook 2-8, 3.5 – 3-10. RECORD REVIEW</p> <ul style="list-style-type: none"> • Review Purchasing Plan(s) and determine Consultant signature is on or before the 10th of the month prior to the Purchasing Plan effective date. 	<ol style="list-style-type: none"> 1) Purchasing Plan was not in the record. 2) The date of Consultant's signature on approved Purchasing Plan in record was after the 10th of the month prior to the month it was to be effective. 	C

Service Specific Record Review – CDC+ Consultant

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#	Performance Measure/Standard	Protocol	Not Met Reasons	
		<ul style="list-style-type: none"> Review documentation to ensure plan was submitted to Regional/Area office <p>Note: Emergency situations could warrant a Purchasing Plan being submitted after the 10th of the month.</p>	3) Purchasing Plan had not been submitted to the Regional/Area office.	
31	Consultant provides technical assistance to Participant as necessary to meet Participant's and Representative's needs.	<p>1915j (p20); CDC+ Rule Handbook 2-5, 2-9. RECORD REVIEW</p> <ul style="list-style-type: none"> Look for indications in documentation & monthly review forms the consultant has provided support when needed to address the Participant's needs. Consultants can provide supports with choosing a different support/service, suggestions on how to select, train and supervise workers. Consultant can answer questions, discuss ideas, provided information about community resources and peer support activities in the community. Consultant is also responsible to provide technical support in the writing of the Purchasing Plan. If PCR, ask Participant and/or Representative if Consultant has addressed requests for technical assistance. Review documentation to see if Participant is in a negative balance and if technical assistance has been provided to assist. 	<p>1) Documentation did not indicate Consultant's effort to provide technical assistance when requested and/or needed.</p> <p>2) Participant and/or Representative indicated Consultant had not provided needed technical assistance.</p> <p>3) Participant has had a negative balance during the review period and there was no documentation to show Consultant provided technical assistance.</p>	C
32	Consultant has taken action to correct any overspending by the Participant.	<p>1915j (p12); CDC+ Rule Handbook 2-5 – 2-9. RECORD REVIEW</p> <ul style="list-style-type: none"> Determine Monthly Review Forms show unexpended balance at the end of the statement is <u>positive</u> and <u>sufficient</u> for the Participant to pay for the remaining 	1) Participant Monthly Review Form(s) did not clearly identify actions taken by Consultant to correct overspending by the Participant.	C

Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons	
		<p>services provided during the statement month.</p> <ul style="list-style-type: none"> • Look to make sure the Participant is not overspending the budget. • If overspending has occurred, ensure that the Consultant is addressing it by reviewing the Monthly Review forms & notes in the Central Record. 		
33	If applicable, Consultant initiates Corrective Action.	<p>1915j (p12); CDC+ Rule Handbook 1-23 – 1-24, 2-6, 2-8, 2-9. RECORD REVIEW</p> <ul style="list-style-type: none"> • Determine Consultant has initiated a Corrective Action Plan, if necessary. A Corrective Action Plan may be required if: <ul style="list-style-type: none"> ○ A Representative is not available, but is necessary for participation; ○ The Consumer or Representative has been unable to manage the CDC+ budget or services; ○ The Consumer’s health or safety is at risk; ○ The Consumer or Representative can no longer be served safely in the community; ○ The Consumer or Representative has failed to properly screen providers; and ○ The Consumer or Representative has failed to comply with the requirements of the CDC+ program. 	<ol style="list-style-type: none"> 1) A problem had occurred and the Consultant had not initiated a Corrective Action Plan. 2) Corrective Action Plan was not initiated by Consultant when appropriate. 	C
34	Completed/signed Corrective Action Plan is in the record.	<p>1915j (p12); CDC+ Rule Handbook 1-23 – 1-24, 2-6, 2-8, 2-9. RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the Consultant if they have initiated a Corrective Action Plan 	<ol style="list-style-type: none"> 1) Corrective Action Plan was not in the record. 2) Corrective Action Plan was not signed and dated by the participant/ representative. 3) Corrective Action Plan was not signed and dated by Consultant. 	C

Service Specific Record Review – CDC+ Consultant

(Note: The Term WSC and CDC+ Consultant are used interchangeably in this tool)

#	Performance Measure/Standard	Protocol	Not Met Reasons	
		<p>Determine:</p> <ul style="list-style-type: none"> • Copy of Corrective Action Plan is in the record and complete • Corrective Action Plan is signed by Participant/representative, CDC+ Consultant, Area APD office Liaison and Central APD office <p>Note: Corrective Action Plan form was revised 11/15/2010. This is the current form that should be used.</p> <p>If no Corrective Action plan has been initiated score this standard as N/A</p>	<p>4) Corrective Action Plan was not signed and dated by Regional APD office.</p> <p>5) Corrective Action Plan was not signed and dated by APD State office.</p>	
35	If applicable, an approved Corrective Action Plan is being followed.	<p>1915j (p12); CDC+ Rule Handbook 1-23 – 1-24, 2-6, 2-8, 2-9.</p> <p>RECORD REVIEW</p> <ul style="list-style-type: none"> • Review the Corrective Action Plan in the Record. • Based on steps outlined in the plan determine if Corrective Action Plan is being followed. • Determine if the consultant has notified the APD Area Office within 3 business days if the consultant is aware that the Corrective Action Plan is not being followed. <p>If no Corrective Action Plan has been initiated score this standard as N/A</p>	<p>1) Corrective Action Plan was not in the record.</p> <p>2) Corrective Action Plan is not being followed.</p> <p>3) The consultant has knowledge that the Corrective Action Plan is not being followed and has not notified the Area Office.</p>	C
36	The Emergency Backup Plan is in the record and is reviewed annually.	<p>1915j (p18); CDC+ Rule Handbook 1-20, 2-7, 3-3.</p> <p>RECORD REVIEW</p> <ul style="list-style-type: none"> • Determine Emergency Backup is identified on the Purchasing Plan. 	<p>1) The Emergency Backup Plan was not in the record.</p> <p>2) The Emergency Backup Plan was in the record but it was not complete.</p>	C

Service Specific Record Review – CDC+ Consultant

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> Determine Emergency Backup Plan is in the record and complete. Discuss with the Consultant the backup providers to ensure they are currently viable. Determine Emergency Backup Plan is updated for critical services as needed. <p>Note: Emergency Backup Plan is a document separate and apart from the Purchasing Plan.</p>	
37	How many DHE/Vendor changes for the Participant? (not scored just data collected)		
38	How many WSC/Consultant changes for the Participant? (not scored just data collected)		