

Service Specific Record Review – Life Skills Development 1 (Companion)

#	Performance Measure/Standard	Protocol	Not Met Reasons	
1	The provider has complete Service Logs covering services provided and billed during the period under review.	<p>CMS Assurance – Financial Accountability 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. <ul style="list-style-type: none"> ▪ Name of individual receiving service ▪ Date of service ▪ Time in/out ▪ Summary of services provided • Review Service Log(s) against claims data to ensure accuracy in billing. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<ol style="list-style-type: none"> 1) Provider did not have Service Logs for some/all dates of services for which claims were submitted. (B) 2) Service Logs covering services provided and billed during the period under review did not contain the name of individual receiving the service. (B) 3) Service Logs covering services provided and billed during the period under review did not contain the date service was rendered. (B) 4) Service Logs covering services provided and billed during the period under review did not contain time in/out. (B) 5) Service Logs covering services provided and billed during the period under review did not contain a summary of services provided. (B) 6) Discrepancies were noted between units billed and services documented. (B) 	B
2	The provider maintains Service Authorization(s) covering services provided and billed during the period under review.	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <p>Service Authorizations are provided quarterly or more frequently as changes dictate.</p> <ul style="list-style-type: none"> • Review the Service Authorization for Life Skills Development 1 services and ensure: <ul style="list-style-type: none"> ○ A Service Authorization is available for the period under review; ○ The Service Authorization is in approved status; ○ The Service Authorization is for the correct rate. 	<ol style="list-style-type: none"> 1) No Service Authorizations were in the record covering services provided and billed during the period under review. 2) One or more Service Authorizations covering services provided and billed during the period under review were not in the record. 3) One or more Service Authorizations covering services provided and billed during the period under review were not in approved status. 4) One or more Service Authorizations 	C

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		<ul style="list-style-type: none"> ▪ Refer to the current APD Provider rate table as needed. <p>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.</p> <ul style="list-style-type: none"> ○ Consider provider due diligence in securing corrected Service Authorizations when incorrect ones are received. 	<p>covering services provided and billed during the period under review did not indicate the correct rate.</p>	
3	The provider renders the service in accordance with the Handbook.	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <ul style="list-style-type: none"> • Review provider records for Service Authorizations. • Determine Service Authorization(s) are available covering services provided and billed during the period under review. • Determine if services are being provided in accordance with the Handbook. • Review data collection documentation and Service Logs for information that supports frequency of service provision approved ratio. (days per week/month, full day/half day) • Review the Service Authorization and service logs to assure the approved ratio of 1:1, 1:2, or 1:3 is being utilized for all dates within the period of review. • If service authorizations are not present for some or all of the period under review other documentation such as Service Logs, Support Plans, etc. can be used. • If service is being routinely rendered at a frequency less than or greater than the Service Authorization, score as 	<ol style="list-style-type: none"> 1) Service Authorization was for 1:1, 1:2, or 1:3 ratios, but documentation indicated services were rendered in groups larger than the authorized ratio. (B) 2) Provider rendered the service in a group larger than 3 recipients. (B) 3) Service is not being rendered in accordance with the Handbook. (B) 	B

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		<p>Met and add a discovery.</p> <p>No service may be provided or received in the provider's home, or home of a relative of the provider or friend of the provider, a hospital, an ICF/DD or other institutional environment.</p> <p>This standard is subject to identification of a potential billing discrepancy</p>		
4	The Provider is in compliance with billing procedures and the Medicaid provider agreement.	<p>CMS Assurance – Financial Accountability RECORD REVIEW</p> <p>Provider bills the appropriate rate:</p> <ul style="list-style-type: none"> • Solo vs. Agency • Approved ratio of 1:1, 1:2, or 1:3 <p>This standard is subject to identification of a potential billing discrepancy</p>	1) Provider is a solo provider but is billing at the agency rate. (B)	B
5	The Provider Bills for services only after service is rendered	<p>CMS Assurance – Financial Accountability RECORD REVIEW</p> <p>Provider is not to bill for services prior to rendering.</p> <ul style="list-style-type: none"> • Review Claims data for date billed. • Review dates on Service Logs. • Determine whether or not services were rendered prior to billing for each date of service. 	1) Provider billed for services prior to rendering services on one or more dates during the period under review.	C
6	The Provider renders service only to individual's age 21 or older.	<p>CMS Assurance – Financial Accountability RECORD REVIEW</p> <p>Life Skills Development 1 services are limited to adults only (age 21 or older).</p> <ul style="list-style-type: none"> • Review Support Plan or other provider documentation to 	1) Provider rendered services to an individual under the age of 21. (B)	B

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		<p>determine the individual receiving the service is 21 or older.</p> <p>This standard is subject to identification of a potential billing discrepancy</p>		
7	<p>Services are rendered in the individual's own home, or family home or while the individual is engaged in a community activity.</p>	<p>CMS Assurance – Financial Accountability RECORD REVIEW</p> <p>Services may be provided in the individual's own home or family home, or while an individual who lives in his own home, family home or licensed facility is engaged in a community activity. This service may not be provided or received in the provider's home or a relative of the provider or friend of the provider.</p> <ul style="list-style-type: none"> • Ask provider where individual resides. • Review Support Plan or other provider documentation to confirm where individual resides. • Review Service Log (s) to determine where service occurs. • Ask the provider where the service occurs. • Life Skills Development 1 may not be provided in the provider's home at any time. 	<ol style="list-style-type: none"> 1) Provider documentation indicated service was rendered in the provider's home. (B) 2) Provider documentation indicated service was rendered in a licensed residential facility. (B) 3) Provider documentation indicated service was rendered in the home of a relative or a friend of the provider. (B) 	B
8	<p>The provider documents efforts to address the individual's choices and preferences.</p>	<p>CMS Service Plan Sub-Assurance RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the provider to explain method of soliciting and documenting individual's choices and preferences as related to this service. • Review file for documentation supporting stated method of addressing individual's choices and preferences. • Ask the provider for description of individual's choices and preferences. 	<ol style="list-style-type: none"> 1) Documentation did not indicate the provider was aware of the individual's choices and preferences. 2) Documentation indicated the provider was aware, but had not addressed the individual's choices and preferences. 	C

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		<ul style="list-style-type: none"> • Review Service Log (s) to determine if choices and preferences are solicited and addressed within documentation. • Review Support Plan to determine if person’s choices and preferences are identified and match provider activities. 		
9	<p>The Providers documentation indicates service provided is directly related to the achievement of an outcome on the individual’s current support plan.</p>	<p>CMS Assurance - RECORD REVIEW</p> <ul style="list-style-type: none"> • Review Support Plan (s) for Life Skills 1 goals. • Review Service Log (s) for direct relation to an outcome/goal on the individual’s Support Plan (s). • Ask the provider about the stated outcomes and goals. <p>Consider “overall” documentation for the period of review. If there are only isolated occurrences of documentation not relating to a goal score as “met”.</p>	<ol style="list-style-type: none"> 1) The provider did not have a copy of the Support Plan (s). 2) Documented services did not relate to the achievement of an outcome on the individual’s current support plan. 	C
10	<p>The Provider documents the individual’s progress towards or achievement of personal goals.</p>	<p>CMS Assurance - RECORD REVIEW</p> <ul style="list-style-type: none"> • Review Support Plan (s) for Life Skills 1 goals. • Ask the provider for method of documenting progress towards or achievement of Support Plan goals. • Ask the provider for description of recent progress toward or achievement of Support Plan goals. • Review file for documentation supporting progress towards or achievement of Support Plan goals. • Review Service Log (s) to determine if progress is documented. 	<ol style="list-style-type: none"> 1) Documentation did not indicate the provider was aware of the individual’s recent progress towards or achievement of personal goals. 2) Documentation indicates the provider is aware but has not addressed the individual’s recent progress towards or achievement of personal goals 3) Documentation did not indicate the provider was aware of the individual’s personal goals. 	C
11	<p>The provider documents efforts to assist the individual to increase community participation and</p>	<p>CMS Assurance - Service Plan RECORD REVIEW</p>	<ol style="list-style-type: none"> 1) Provider documentation did not reflect evidence of assisting the individual to increase community participation and 	C

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	involvement based on his/her interests.	<ul style="list-style-type: none"> • Ask the provider for method of documenting the person's interests regarding community participation and involvement. • Review documentation supporting method of addressing person's interests regarding community participation and involvement. • Ask the provider for description of recent community activities and connections. • Review Service Log (s) to determine if community participation and involvement is being addressed. • Review Support Plan to determine if person's interests are identified and match provider activities. 	<p>involvement based on identified interests.</p> <p>2) Documentation indicated the provider was aware of community interests, but had not addressed the individual's interests regarding community participation and involvement.</p>	
12	The provider 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 legal representatives of their rights and responsibilities and how frequently • Ask the provider for examples of how they have assisted individuals to fully exercise their rights and make informed choices. • Review documentation supporting discussion with the provider. • Ask the provider for examples of how they observe the rights and responsibilities of individuals. 	<p>1) Provider documentation did not reflect evidence of assisting the individual/legal representative to know about rights.</p>	C
13	The provider has a method in place to document information about the individual's physical health on an ongoing basis.	<p>CMS Assurance – Health and Welfare RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the provider for method of collecting and documenting physical health information relevant to the service being provided. • Ask the provider for method of collecting and 	<p>1) Provider has no method in place to document information about the individual's physical health.</p> <p>2) Key/Critical pieces of physical health information were absent from the record.</p>	C

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		<p>documenting current information about the individual's physical health.</p> <ul style="list-style-type: none"> • Review file for documentation supporting stated method. • Documentation may include intake forms, stand-alone forms, or other available documentation. 		
14	<p>The provider has a method in place to document information about the individual's behavioral/emotional health on an ongoing basis.</p>	<p>CMS Assurance – Health and Welfare RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the provider for method of collecting and documenting historical behavioral/emotional health information relevant to the service being provided. • Ask the provider for method of collecting and documenting current information about the individual's behavioral/emotional health. • Review record for documentation supporting stated method. • Documentation may include intake forms, stand-alone forms, or other available documentation. 	<ol style="list-style-type: none"> 1) Provider has no method in place to document information about the individual's behavioral/emotional health. 2) Key/Critical pieces of behavioral/emotional health information were absent from the record. 	C
15	<p>The provider submits documents to the Waiver Support Coordinator as required.</p>	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the provider about their method of submitting required documents to the Support Coordinator. <ul style="list-style-type: none"> ▪ Service Logs • Review Service Logs or other available documentation for proof of submission to the Support Coordinator. • 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. 	<ol style="list-style-type: none"> 1) Provider did not have documented evidence of submitting copies of Service Log (s). 	C