

Service Specific Record Review – Life Skills Development 3 (ADT)

#	Performance Measure/Standard	Protocol	Not Met Reasons	
1	<p>The provider maintains Daily Attendance Logs covering services provided and billed during the period under review.</p>	<p>CMS Assurance – Financial Accountability RECORD REVIEW</p> <ul style="list-style-type: none"> • Review Daily Attendance Logs for the entire period of review and ensure they contain the required information: <ul style="list-style-type: none"> ○ Name of Individual ○ Date of service • Determine Daily Attendance Logs match 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 maintain Daily Attendance Logs covering services provided/billed during the period under review. (B) 2) Daily Attendance Logs covering services provided/billed during the period under review did not include the individual's name. (B) 3) Daily Attendance Logs covering services provided/billed during the period under review did not include the date of service. (B) 4) Discrepancies were noted between units billed and services documented. (B) 	B
2	<p>The Implementation Plan covering services provided and billed during the period under review is in the record.</p>	<p>CMS Assurance – Financial Accountability RECORD REVIEW</p> <ul style="list-style-type: none"> • Review individual record to determine if there is an Implementation Plan for the entire period of review (this may require review of 2 Implementation Plans). • Review record to determine Support Plan(s) effective date and compare with Implementation Plan development date. • Implementation Plan must be developed/completed within 30 calendar days of the Support Plan effective date or within 30 days of the initiation of a new service. <p style="text-align: center;">And</p> <ul style="list-style-type: none"> • At any time updates and changes are made before they are implemented and annually thereafter. <p>If the provider has not rendered services for more than 30</p>	<ol style="list-style-type: none"> 1) Implementation Plan covering services provided/billed during the period under review was not in the record for the entire period of review. (B) 2) Implementation Plan covering services provided/billed during the period under review was not completed within 30 days following the initiation of the new service. (B) 3) Implementation Plan covering services provided and billed during the period under review was not completed within 30 days following the Support Plan effective date. (B) 	B

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		<p>days, score N/A.</p> <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>		
3	The current Implementation Plan covering services provided and billed during the period under review contains all required components.	<p>CMS Assurance – Financial Accountability RECORD REVIEW</p> <p>NOTE: For the purposes of this standard, only the “current Implementation 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 individual record for current Implementation Plan • Ask the provider how strategies and methods will assist individuals in meeting goals are determined. • Review the current Implementation Plan to determine they contain, at a minimum: <ul style="list-style-type: none"> ○ Individual Name ○ Goal(s) from the Support Plan the service will address ○ Methods employed to assist the individual in meeting the Support Plan goal(s). ○ System to be used for data collection and assessment of the individual’s progress in achieving the Support Plan goal(s). • Review the current Support Plan to determine Life Skills Development 3 goals are indicated and are included on the current Implementation Plan. 	<ol style="list-style-type: none"> 1) Current Implementation Plan covering services provided/billed during the period under review was not in the record. 2) Current Implementation Plan did not include the name of the individual served. 3) Current Implementation Plan did not include goal(s) from the Support Plan the service will address. 4) Current Implementation Plan did not include the methods employed to assist the recipient in meeting the Support Plan goal(s). 5) Current Implementation Plan did not identify the system to be used for data collection and assessment of the individual’s progress in achieving the Support Plan goal(s). 6) Current Implementation Plan was not updated prior to implementing identified changes. 	C
4	Provider documentation demonstrates strategies specified on the Implementation Plan are followed.	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <ul style="list-style-type: none"> • Review individual record for current Implementation Plan. 	<ol style="list-style-type: none"> 1) Current Implementation Plan is not in the record. 2) Provider documentation did not indicate identified strategies were being followed. 	C

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		<ul style="list-style-type: none"> • Review identified strategies and methods employed to assist the individual in meeting the Support Plan goal(s); • If changes were made in the plan does ongoing service documentation demonstrate identified changes? 	3) Provider documentation did not remain consistent with changes made to the implementation plan.	
5	The Implementation Plan is provided to the individual and when applicable, the legal representative, within required time frames.	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <ul style="list-style-type: none"> • NOTE: For the purposes of this standard, only the “current Implementation Plan” will be reviewed. This is defined as the Support Plan in effect at the time of the record review. A copy of the Implementation Plan, signed by the individual, shall be furnished to the individual and when applicable, the legal representative no later than 30 days from the Support Plan effective date or within 30 days from the initiation of a new service. <ul style="list-style-type: none"> ○ Ask the provider to demonstrate their method of documenting the Implementation Plan has been provided to the individual and when applicable, the legal representative. ○ Review the date the Implementation Plan was provided to the individual and when applicable, the legal representative. 	<ol style="list-style-type: none"> 1) Provider did not have documentation the Implementation Plan was provided to the individual. 2) Provider did not have documentation the Implementation Plan was provided to the legal representative. 3) Provider documentation indicates the implementation plan was provided to the individual but not within the 30 day timeframe. 4) Provider documentation indicates the implementation plan was provided to the legal representative but not within the 30 day timeframe. 	C
6	A Quarterly summary covering services provided and billed during the period under review is in the record.	<p>CMS Assurance – Financial Accountability RECORD REVIEW</p> <ul style="list-style-type: none"> • Determine Support Plan effective date to determine Quarterly Summary timeframes for each individual to be reviewed. • Ask provider if provider completes Monthly Summaries or Quarterly Summaries. Monthly Summaries in lieu of Quarterly Summaries are acceptable. 	<ol style="list-style-type: none"> 1) Quarterly/Monthly Summary covering services provided/billed during the period under review was not in the record. 2) Quarterly/Monthly Summaries covering services provided/billed during the period under review were present but were not reflective of progress toward Support Plan goals. 	C

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		<ul style="list-style-type: none"> • Determine if the provider is aware of the person’s recent progress towards or achievement of personal goals the person has recently achieved. • Review summaries. Each summary must contain: A summary of the individual’s progress toward achieving Support Plan goals for services billed in that month/quarter. <p>If service has not been rendered long enough for a Quarterly Summary to be required, score N/A.</p>	<p>3) Some, but not all Quarterly/Monthly Summaries covering services provided/billed during the period under review were present.</p> <p>4) Quarterly Summaries covering services provided/billed during the period under review were completed but were not aligned with the Support Plan effective date.</p>	
7	<p>The third Quarterly/Annual Report covering services provided and billed during the period under review is in the record.</p>	<p>CMS Assurance – Financial Accountability RECORD REVIEW</p> <ul style="list-style-type: none"> • Review record to determine Support Plan effective date. • Determine if the Annual Report is a component of the third quarterly report or a separate document (which is acceptable). • Determine if the third Quarterly/Annual Report was completed prior to the Support Plan effective date. <p>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.</p> <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<p>1) Current third Quarterly/Annual Report covering services provided/billed during the period under review was not in the record. (B)</p> <p>2) Third Quarterly/Annual Report covering services provided/billed during the period under review was completed, but not prior to the Support Plan effective date. (B)</p>	B
8	<p>The third Quarterly/Annual Report covering services provided and billed during the period under</p>	<p>CMS Assurance – Financial Accountability RECORD REVIEW</p> <ul style="list-style-type: none"> • Review record to determine Support Plan effective date. 	<p>1) Current third Quarterly/Annual Report covering services provided/billed during the period under review was not in the</p>	C

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	<p>review contains all required components.</p>	<ul style="list-style-type: none"> • Determine if the Annual Report is a component of the third quarterly report or a separate document (which is acceptable). • Review Annual Report for content to ensure it includes at a minimum: <ul style="list-style-type: none"> ○ A summary of the first three quarters of the Support Plan ○ Description of the person’s progress, or lack thereof, toward achieving each of the goals identified on the Support Plan based service rendered • Determine if progress statements are consistent with supporting data in documentation. <p>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.</p>	<p>record.</p> <p>2) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain a summary of the recipient’s progress toward achieving Support Plan goal(s).</p> <p>3) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain a summary of the first three quarters of the Support Plan year.</p>	
9	<p>The provider maintains Service Authorization(s) covering services provided and billed during the period under review.</p>	<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 3 (ADT) and ensure: <ul style="list-style-type: none"> ○ A Service Authorization is available to cover all services provided and billed during the period under review. ○ The Service Authorization(s) is in approved status; ○ The Service Authorization(s) is for the correct rate (agency vs. solo – geographic vs. non-geographic, ratio). 	<p>1) No Service Authorizations were in the record covering services provided and billed during the period under review.</p> <p>2) One or more Service Authorizations covering services provided and billed during the period under review were not in the record.</p> <p>3) One or more Service Authorizations covering services provided and billed during the period under review were not in approved status.</p> <p>4) One or more Service Authorizations covering services provided and billed during the period under review did not</p>	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>indicate the correct rate.</p>	
10	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. • Review data collection documentation and Daily Attendance Logs for information that supports frequency of service provision approved ratio (days per week/month, full day/half day). • Review Support Plan or other provider documentation to determine age of individual. <ul style="list-style-type: none"> ○ If the individual is under the age of 22 and services are being billed via the waiver, look for documentation to support the individual graduated from high school with a standard diploma. • If service authorizations are not present for some or all of the period under review other documentation such as service logs, daily progress note, implementation plans, support plans, etc. can be used. 	<ol style="list-style-type: none"> 1) Transportation time to and from the day program location was billed under day program service. (B) 2) Provider rendered/billed for services to an individual under the age of 22 that had not graduated from High School with a standard diploma. (B) 3) Service is not being rendered in accordance with the Handbook. (B) 	B

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		<p>If service is being routinely rendered at a frequency less than or greater than the Service Authorization, score as Met and add a discovery.</p> <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>		
11	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, 1:3, 1:5 or 1:6-10 <p style="text-align: center;">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
12	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 Daily Attendance Logs. • Determine whether or not services were rendered prior to billing for each date of service the review period. 	1) Provider billed for services prior to rendering services on one or more dates during the period under review.	C
13	Documentation indicates at least annually, the provider conducts an orientation informing individuals of supported employment and other competitive employment opportunities in the community.	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the provider how this orientation is provided and documented. • Review record for documentation of this annual orientation. 	<p>1) Documentation indicated the provider had completed orientation with the person, but not at least annually.</p> <p>2) The record did not contain documentation indicating provider had completed the required annual orientation with the person.</p>	C

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14	The provider documents efforts to address the individual's choices and preferences.	<p>CMS Assurance - Service Plan 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. • Review Daily Attendance Logs and/or other provider documentation to determine if choices and preferences are solicited and addressed. • Review Support Plan to determine if person's choices and preferences are identified and match provider activities. 	<ol style="list-style-type: none"> 1) Documentation did not indicate the provider was aware of the individual's choices and preferences related to Life Skills 3. 2) Documentation indicated the provider was aware, but had not addressed the individual's choices and preferences related to Life Skills 3. 	C
15	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 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. • Interactively, with the provider, review documentation supporting discussion. • Ask the provider for examples of how they observe the rights and responsibilities of individuals. 	<ol style="list-style-type: none"> 1) Provider documentation did not reflect evidence of assisting the individual/legal representative to know about rights. 	C
16	The provider has a method in	CMS Assurance – Health and Welfare	<ol style="list-style-type: none"> 1) Provider has no method in place to 	C

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	place to document information about the individual's physical health on an ongoing basis.	<p>RECORD REVIEW</p> <ul style="list-style-type: none"> • Ask the provider for method of collecting and documenting historical physical health information relevant to the service being provided. • Ask the provider for method of collecting and documenting current information about the individual's physical health. • Review file for documentation supporting stated method. • Documentation may include intake forms, stand-alone forms, or other available documentation. 	<p>document information about the individual's physical health.</p> <p>2) Key/Critical pieces of physical health information were absent from the record.</p>	
17	The provider has a method in place to document information about the individual's behavioral/emotional 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 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 file for documentation supporting stated method. • Documentation may include intake forms, stand-alone forms, or other available documentation. 	<p>1) Provider has no method in place to document information about the individual's behavioral/ emotional health.</p> <p>2) Key/Critical pieces of behavioral/emotional health information were absent from the record.</p>	C
18	The Provider submits documents to the Waiver Support Coordinator as required.	<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"> ▪ Daily Attendance Logs ▪ Monthly/Quarterly/Annual Report ▪ Implementation Plans 	<p>1) Provider did not have documented evidence of submitting copies of Daily Attendance Log (s).</p> <p>2) Provider did not have documented evidence of submission of the Implementation Plan within 30 days following the Support Plan effective date.</p>	C

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		<ul style="list-style-type: none"> • Review documentation for proof of submission to the Support Coordinator. <ul style="list-style-type: none"> ▪ Examples could include fax transmittal reports with cover sheet indicating exact descriptions of what was faxed, submission tracking logs, date stamps, or indication of date of submission and method sent on the documentation. 	<ol style="list-style-type: none"> 3) Provider did not have documented evidence of submission of the Implementation Plan but not within 30 days of the Support Plan effective date. 4) Provider did not have documented evidence of submission of Quarterly/Monthly Summaries. 5) Provider did not have documented evidence of submission of 3rd Quarter/Annual Report at least 30 days prior to the Support Plan effective date. 6) Provider had documented evidence of document submission of copies of third Quarterly/Annual Report, but not at least 30 days prior to the the Support Plan effective date.

CONTROLLED DOCUMENT