

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

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
1	The provider has complete Service Logs covering services provided and billed during the period under review.	CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW <ul style="list-style-type: none"> <li>• Review Services Log(s) for the entire period of review.</li> <li>• Determine that Service Log(s) include all required components.                             <ul style="list-style-type: none"> <li>▪ Name of the service rendered</li> <li>▪ Name of individual receiving service</li> <li>▪ Name of individual providing service</li> <li>▪ Date of service</li> <li>▪ Time in/out</li> <li>▪ Brief synopsis of the goal(s) addressed</li> </ul> </li> <li>• Review Service Log(s) against claims data to ensure accuracy in billing.</li> <li>• When necessary, request Remittance Vouchers to compare.</li> </ul> <p><b>This standard is subject to potential recoupment</b></p>	1) Provider did not have Service Logs for some/all dates of services for which claims were submitted. (R) 2) (New) Service Logs covering services provided and billed during the period under review did not contain the name of the service. 3) Service Logs covering services provided and billed during the period under review did not contain the name of individual receiving the service. (R) 4) Service Logs covering services provided and billed during the period under review did not contain the date service was rendered. (R) 5) Service Logs covering services provided and billed during the period under review did not contain time in/out. (R) 6) (New) Service Logs covering services provided and billed during the period under review did not contain name of individual providing the service. 7) Service Logs covering services provided and billed during the period under review did not contain a brief synopsis of the goal(s) addressed. (R) 8) Discrepancies were noted between units billed and services documented. (R)	Financial Account.
2	The provider maintains Service Authorization(s)	CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW	1) No Service Authorizations were in the record covering services provided and billed during the period under review.	Service Plan

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	covering services provided and billed during the period under review.	<p>Service Authorizations are provided quarterly or more frequently as changes dictate.</p> <ul style="list-style-type: none"> <li>• Review the Service Authorization for Life Skills Development 1 services and ensure:                             <ul style="list-style-type: none"> <li>○ A Service Authorization is available for the period under review;</li> <li>○ The Service Authorization is in approved status;</li> <li>○ The Service Authorization is for the correct rate.                                     <ul style="list-style-type: none"> <li>○ Refer to the current APD Provider rate table as needed.</li> </ul> </li> </ul> </li> </ul> <p>WSCs <b>and</b> 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"> <li>○ Consider provider due diligence in securing corrected Service Authorizations when incorrect ones are received.</li> </ul>	<ol style="list-style-type: none"> <li>2) One or more Service Authorizations covering services provided and billed during the period under review were not in the record.</li> <li>3) One or more Service Authorizations covering services provided and billed during the period under review were not in approved status.</li> <li>4) One or more Service Authorizations covering services provided and billed during the period under review did not indicate the correct rate.</li> </ol>	
3	The provider renders the service in accordance with the Handbook.	<p>CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW</p> <ul style="list-style-type: none"> <li>• Review provider records for Service Authorizations.</li> <li>• Determine Service Authorization(s) are available covering services provided and billed during the period under review.</li> <li>• Determine if services are being provided in</li> </ul>	<ol style="list-style-type: none"> <li>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. (R)</li> <li>2) Provider rendered the service in a group larger than 3 recipients. (R)</li> <li>3) Service is not being rendered in accordance with the Handbook. (R)</li> <li>4) Unable to determine due to absence of</li> </ol>	Service Plan

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		<p>accordance with the Handbook.</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• 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.</li> </ul> <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><b>This standard is subject to potential recoupment</b></p>	<p>supporting documentation.</p>	
4	<p>The Provider is in compliance with billing procedures and the Medicaid provider agreement.</p>	<p>CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW</p> <p>Provider is not to bill for services prior to rendering.</p> <ul style="list-style-type: none"> <li>• Review Claims data for date billed.</li> <li>• Review dates on Service Logs.</li> <li>• Determine whether or not services were rendered prior to billing for each month in the review period.</li> </ul> <p>Provider bills the appropriate rate:</p> <ul style="list-style-type: none"> <li>• Solo vs. Agency</li> <li>• Approved ratio of 1:1, 1:2, or 1:3</li> </ul> <p><b>This Standard is subject to potential recoupment</b></p>	<ol style="list-style-type: none"> <li>1) Provider billed for services prior to rendering services on one or more dates during the period under review.</li> <li>2) Provider is a solo provider but is billing at the agency rate. (R)</li> <li>3) Provider billed at an incorrect ratio. (R)</li> </ol>	<p>Financial Account.</p>

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5	The Provider renders service only to individual's age 21 or older.	<p>CMS Assurance – Financial Accountability iBudget Handbook 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"> <li>Review Support Plan or other provider documentation to determine the individual receiving the service is 21 or older.</li> </ul> <p style="text-align: center;"><b>This standard is subject to potential recoupment</b></p>	<ol style="list-style-type: none"> <li>Provider rendered services to an individual under the age of 21. (R)</li> <li>Unable to determine due to absence of supporting documentation. (R)</li> </ol>	Financial Account.
6	Services are rendered in the individual's own home, or family home or while the individual is engaged in a community activity.	<p>CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW</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"> <li>Ask provider where individual resides.</li> <li>Review Support Plan or other provider documentation to confirm where individual resides.</li> <li>Review Service Log (s) to determine where service occurs.</li> <li>Ask the provider where the service occurs.</li> <li>Life Skills Development 1 may not be provided in the</li> </ul>	<ol style="list-style-type: none"> <li>Provider documentation indicated service was rendered in the provider's home. (R)</li> <li>Provider documentation indicated service was rendered in a licensed residential facility. (R)</li> <li>Provider documentation indicated service was rendered in the home of a relative or a friend of the provider. (R)</li> <li>Unable to determine due to absence of supporting documentation.</li> </ol>	Financial Account.

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		<p>provider's home at any time.</p> <p>If PCR, ask the individual where service occurs.</p>		
7	<p>The provider addresses the individual's choices and preferences.</p>	<p>CMS Service Plan Sub-Assurance iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> <li>• Ask the provider to explain method of soliciting and documenting individual's choices and preferences as related to this service.</li> <li>• Review file for documentation supporting stated method of addressing individual's choices and preferences.</li> <li>• Ask the provider for description of individual's choices and preferences.</li> <li>• Review Service Log (s) to determine if choices and preferences are solicited and addressed within documentation.</li> <li>• Review Support Plan to determine if person's choices and preferences are identified and match provider activities.</li> </ul> <p>If PCR, ask individual about choices and preferences.</p>	<ol style="list-style-type: none"> <li>1) Documentation did not indicate the provider was aware of the individual's choices and preferences.</li> <li>2) Documentation indicated the provider was aware, but had not addressed the individual's choices and preferences.</li> <li>3) Provider was aware of but had not documented the individual's choices and preferences.</li> </ol>	Service Plan
8	<p>The provider assists the individual to increase community participation and involvement based on his/her interests.</p>	<p>CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW</p> <p>Select N/A if the Support Plan does not contain a goal/outcome related to community participation and</p>	<ol style="list-style-type: none"> <li>1) Provider could not describe efforts and documentation did not reflect evidence of assisting the individual to increase community participation and involvement based on his/her interests.</li> <li>2) Provider was able to describe efforts to assist</li> </ol>	Service Plan

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		<p>involvement.</p> <ul style="list-style-type: none"> <li>• Ask the provider for method of documenting the person's interests regarding community participation and involvement.</li> <li>• Review documentation supporting method of addressing person's interests regarding community participation and involvement.</li> <li>• Ask the provider for description of recent community activities and connections.</li> <li>• Review Service Log (s) to determine if community participation and involvement is being addressed.</li> <li>• Review Support Plan to determine if person's interests are identified and match provider activities.</li> </ul> <p>If PCR, ask individual what desired community participation and involvement is desire. Does the individual feel these are beneficial and related to interests and goals? Is the individual interested in the activities?</p>	<p>the individual to increase community participation and involvement based on his/her interests, but had not documented the information.</p> <p>3) Documentation indicated the provider was aware of community interests, but had not addressed the individual's interests regarding community participation and involvement.</p>	
9 NEW	The provider assists the individual/legal representative to know about rights.	<p>CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> <li>• Ask the provider how they inform individuals and their families or legal representatives of their rights and responsibilities and how frequently</li> <li>• Ask the provider for examples of how they have assisted individuals to fully exercise their rights and make informed choices.</li> <li>• Review documentation supporting discussion with the</li> </ul>	<p>1) Provider documentation did not reflect evidence of assisting the individual/legal representative to know about rights.</p> <p>2) Provider was able to describe efforts to assist the individual/legal representative to know about rights, but had not documented the information.</p>	Service Plan

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		provider. <ul style="list-style-type: none"> <li>• Ask the provider for examples of how they observe the rights and responsibilities of individuals.</li> </ul>		
10	The provider has a method in place to gather information about the individual's physical and behavioral/emotional health on an ongoing basis.	CMS Assurance – Health and Welfare iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW <ul style="list-style-type: none"> <li>• Ask the provider for method of documenting physical and behavioral/emotional health.</li> <li>• Ask the provider for method of collecting and documenting current information about the individual's physical and behavioral/emotional health.</li> <li>• Review file for documentation supporting stated method.</li> <li>• Documentation may include intake forms, stand-alone forms, or other available documentation.</li> </ul>	<ol style="list-style-type: none"> <li>1) Provider has no method in place to gather information about the individual's physical health.</li> <li>2) Provider has no method in place to gather information about the individual's behavioral/emotional health.</li> <li>3) The provider is knowledgeable of the individual's physical health but documentation does not demonstrate provider's efforts to gather information for their records</li> <li>4) 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</li> <li>5) Key/Critical pieces of physical health information were absent from the record.</li> <li>6) Key/Critical pieces of behavioral/emotional health information were absent from the record.</li> </ol>	Health & Welfare
11	The provider submits documents to the Waiver Support Coordinator as required.	CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW <ul style="list-style-type: none"> <li>• Ask the provider about their method of submitting required documents to the Support Coordinator.</li> </ul>	<ol style="list-style-type: none"> <li>1) Provider did not have evidence of submitting copies of Service Log (s).</li> </ol>	Service Plan

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		<ul style="list-style-type: none"> <li>▪ Service Logs</li> <li>• Review Service Logs or other available documentation for proof of submission to the Support Coordinator.</li> <li>• 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.</li> </ul>		

Controlled Document