

Service Specific Record Review – Personal Supports

#	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 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 the service provided (B) 6) Discrepancies were noted between units billed and services documented. (B)
2	The provider maintains accurate 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 Personal Supports to 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, 	<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 covering services provided and billed during the period under review did not indicate the correct rate.

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		<p>ratio).</p> <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. 	
3	The provider renders the service in accordance with the Handbook.	<p>CMS Service Plan Sub-Assurance 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. <ul style="list-style-type: none"> ○ 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, daily progress note, support plans, etc. can be used. ○ Review documentation to verify service was not rendered at a ratio of greater than 1:3 ○ Review data collection documentation and Service 	<ol style="list-style-type: none"> 1) Provider documentation indicated services were rendered in groups larger than the authorized ratio. (B) 2) Provider rendered the service in a group larger than 3 (three) recipients. (B) 3) Services were rendered while individual was attending a Life Skills Development 3 day training program. (B) 4) Provider documentation indicates services are rendered in the individual's home at a ratio greater than 1:1. (B) 5) Unable to determine due to absence of supporting documentation. 6) Service is not being rendered in accordance with the Handbook. (B)

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		<p>Logs for information that supports frequency of service provision approved ratio. (QH per day/week, etc.)</p> <ul style="list-style-type: none"> ○ Personal Support services may not be provided during the time an individual is attending a day program. ○ Services rendered in the individual's own home or family home are provided on a one to one basis. ○ Review Service Log (s) to determine where service occurs. ○ Review documentation for indications service is being rendered at a 1:1 ratio while in the home. <p>If service is being routinely rendered at a frequency less than or more 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>	
4	The Provider is in compliance with billing procedures and the Medicaid provider agreement.	<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 month in the review period. <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 	<ol style="list-style-type: none"> 1) Provider billed for services prior to rendering services on one or more dates during the period under review. 2) Provider is a solo provider but is billing at the agency rate. (B)

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		This standard is subject to identification of a potential billing discrepancy	
6	The provider renders services only to individuals living in their own home or family home.	<p>CMS Assurance – Financial Accountability RECORD REVIEW</p> <ul style="list-style-type: none"> • Review Support Plan or other documentation to determine if the individual receiving service resides in their own home (including supported living) or family home. • Review documentation to determine if services were rendered in an institutional setting. These could be nursing homes, hospitals or other institutional settings. <p>Note: Recipients living in licensed group homes are not eligible to receive Personal Support services with the following exceptions:</p> <ul style="list-style-type: none"> ✓ During an overnight visit with family or friends away from the foster or group home to facilitate the visit; or ✓ When a group home resident recovering from surgery or a major illness does not require the care of a nurse, and the group home operator is unable to provide the personal attention required to insure the individual's personal care needs are being met. It should be time-limited and discontinued once the individual has recovered; or ✓ When an individual living in a licensed home is employed and needs Personal Support services at the employment site. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<ol style="list-style-type: none"> 1) Documentation indicates services are being rendered to an individual living in a licensed facility. (B) 2) Documentation indicates services are being rendered in an institutional setting. (B) 3) Unable to determine due to absence of supporting documentation.
7	Provider renders service	CMS Assurance – Financial Accountability	1) Provider renders services to an individual under

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	only to individual's age 21 or older (or 18-20 living in a supported living situation or their own home).	<p>RECORD REVIEW</p> <ul style="list-style-type: none"> Review Support Plan and/or other provider documentation to determine the individual receiving service is 21 or older. If individual is 18-20 years old review Support Plan and/or other provider documentation to determine if the individual lives in supported living situation or living in their own home. <p>This standard is subject to identification of a potential billing discrepancy</p>	<p>the age of 21. (B)</p> <ol style="list-style-type: none"> Provider renders services to an individual 18-20 years of age not living in a supported living situation or living in their own home. (B) Unable to determine due to absence of supporting documentation.
8	Services are rendered only in the individual's own home, family home or while the individual is engaged in a community activity.	<p>CMS Assurance – Financial Accountability RECORD REVIEW</p> <ul style="list-style-type: none"> Review Service Log (s) to determine where service occurs. Recipients may not receive this service while in the provider's personal residence at any time. <p>Note: Personal Supports may also be provided at the individual's place of employment. See prior standard for details.</p> <p>Exception: This service may take place in a <u>licensed facility</u> when provided to an individual 21 or older living in the family home and service is being utilized as Respite. See prior standard for details.</p> <p>This standard is subject to identification of a potential billing discrepancy</p>	<ol style="list-style-type: none"> Provider documentation indicates services are provided in the personal residence of provider. (B) Unable to determine due to absence of supporting documentation.
9	When the Personal Supports worker lives in the individual's home, the	<p>CMS Assurance – Health & Welfare RECORD REVIEW</p>	<ol style="list-style-type: none"> Live-in Personal Supports worker is paying less than an equal share of expenses for room and board.

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	<p>support worker pays an equal share of the room and board for the home.</p>	<p>Select N/A if the Personal Supports worker does not live in the individual’s home.</p> <p>When the Personal Supports person lives in the individual's home, and the home is considered the support worker's primary residence, the support worker pays an equal share of the room and board for the home.</p> <ul style="list-style-type: none"> • Look for documents to indicate expenses are being shared equally. 	<p>2) Unable to determine due to absence of supporting documentation.</p>
10	<p>If the individual is receiving Personal Supports and Supported Living Coaching, there is evidence of coordination between the services.</p>	<p>CMS Assurance - Service Plan RECORD REVIEW</p> <p>Select N/A if the individual is not receiving Personal Supports and Supported Living.</p> <p>Providers of individuals in supported living arrangements who receive both Personal Supports and Supported Living Coaching must coordinate their activities to avoid duplication. The Personal Supports services are separate and are not a replacement for the services performed by a Supported Living provider. Personal Supports provided in supported living must follow plans and strategies developed by the Supported Living provider and/or the circle of support.</p> <ul style="list-style-type: none"> • Look for documentation the provider has been interacting/communicating with the Supported Living Coach (e.g.: Service Logs, notes or other provider documentation). • Look for documentation that responsibilities and tasks are being divided between the Personal Supports provider and the Supported Living Coach (Service Logs, notes or 	<p>1) Documentation did not indicate coordination between the Supported Living Coach and the Personal Supports provider.</p> <p>2) Unable to determine due to absence of supporting documentation.</p>

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		other provider documentation).	
11	The provider addresses 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 record for documentation supporting stated method of addressing individual's choices and preferences. • Ask the provider for description of individual's choices and preferences. • Review Service Log (s) and 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. <p>If service rendered under 45 days by provider, score N/A.</p>	<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. 3) Provider was aware of but had not documented the individual's choices and preferences.
12	The provider assists the individual to increase community participation and involvement based on his/her interests.	<p>CMS Service Plan Sub-Assurance RECORD REVIEW</p> <p>Select N/A if the Support Plan does not contain a goal/outcome related to community participation and involvement.</p> <ul style="list-style-type: none"> • Ask the provider for method of documenting the person's interests regarding community participation and involvement. • Review file for documentation supporting method of addressing person's interests regarding community 	<ol style="list-style-type: none"> 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. 2) Provider was able to describe efforts to assist the individual to increase community participation and involvement based on his/her interests, but had not documented the information. 3) Documentation indicated the provider was

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		<p>participation and involvement.</p> <ul style="list-style-type: none"> • 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>If service rendered under 45 days by provider, score N/A.</p>	<p>aware of community interests, but had not addressed the individual's interests regarding community participation and involvement.</p>
13	<p>The provider assists the individual/legal representative to know about rights.</p>	<p>CMS Assurance - Service Plan RECORD REVIEW/PROVIDER INTERVIEW</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. 	<ol style="list-style-type: none"> 1) Provider documentation did not reflect evidence of assisting the individual/legal representative to know about rights. 2) Provider was able to describe efforts to assist the individual/legal representative to know about rights, but had not documented the information.
14	<p>The provider has a method in place to gather information about the individual's physical and behavioral/emotional health on an ongoing basis.</p>	<p>CMS Assurance – Health and Welfare RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask the provider for method of documenting historical physical and behavioral/emotional health. • Ask the provider for method of collecting and documenting current information about the individual's physical and behavioral/emotional health. 	<ol style="list-style-type: none"> 1) Provider has no method in place to gather information about the individual's physical health. 2) Provider has no method in place to gather information about the individual's behavioral/emotional health. 3) The provider is knowledgeable of the individual's physical health but documentation

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		<ul style="list-style-type: none"> • Review record for documentation supporting stated method. • Documentation may include intake forms, stand-alone forms, or other available documentation. 	<p>does not demonstrate provider's efforts to gather information for their records.</p> <p>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.</p> <p>5) Key/Critical pieces of physical health information were absent from the record.</p> <p>6) Key/Critical pieces of behavioral/emotional health information were absent from the record.</p>
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 for method of submitting documents to the Support Coordinator. • Review Service Logs or other available documentation for proof of submission to the WSC. • Documents to be provided: <ul style="list-style-type: none"> ▪ Service Logs • Examples could include fax transmittal reports with cover sheet indicating descriptions of what was faxed, submission tracking logs, date stamps, or indication of date of submission and method sent on the documentation. <p>If service rendered under 30 days by provider, score N/A.</p>	<p>1) Provider did not have evidence of submitting copies of Service Log (s).</p>