Service Specific Record Review – Residential Habilitation (Behavior Focus)

#	Performance Measure/Standard	Protocol	Not Met Reasons

1	The provider maintains Daily Attendance Logs covering services provided and billed during the period under review.	CMS Assurance – Financial Accountability
		RECORD REVIEW
		
		• Review Daily Attendance Logs for the entire period of review and ensure they contain the required information.
		  o Name of individual
		  o Date of service
		• Determine that Daily Attendance Logs match claims data to ensure accuracy in billing.
		
		This standard is subject to identification of a potential billing discrepancy
			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 name of the individual. (B)
			3) Daily Attendance Logs covering services provided/billed during the period under review did not include the date of service. (B)
			4) Daily Attendance Logs covering services provided/billed during the period under review did not equal dates billed. (B)

2	The Implementation Plan covering services provided and billed during the period under review is in the record.	CMS Assurance – Financial Accountability RECORD REVIEW • 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 from the Support Plan effective date or within 30 days from the initiation of a new service. **And** • At any time updates and changes are made before they are implemented and annually thereafter. If the provider has not rendered services for more than 30	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/billed during the period under review was not completed within 30 days following the Support Plan effective date. (B)

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		days, score N/A. **This standard is subject to identification of a potential billing discrepancy**	
3	The current Implementation Plan covering services provided and billed during the period under review contains all required components.	CMS Assurance – Financial Accountability RECORD REVIEW 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. • Review individual record for current Implementation Plan. • Ask the provider how strategies and methods that will assist individuals in meeting goals are determined. • Review the Implementation Plan to determine they contain, at a minimum: o Individual Name o Goal(s) from the Support Plan the service will address o Methods employed to assist the individual in meeting the Support Plan goal(s) o System to be used for data collection and assessment of the individual's progress in achieving the Support Plan goal(s) • Review the Support Plan to determine that Residential Habilitation goals are indicated and are included on the current Implementation Plan.	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.
4	The Implementation Plan is provided to the individual and when	CMS Assurance - Service Plan RECORD REVIEW NOTE: For the purposes of this standard, only the "current	1) Provider did not have documentation the Implementation Plan was provided to the individual. 2) Provider did not have documentation the

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	applicable, the legal representative, within required time frames.	Implementation Plan" will be reviewed. This is defined as the Support Plan in effect at the time of the record review. • Ask the provider to demonstrate their method of documenting that 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. • A copy of the Implementation Plan, signed by the individual, shall be furnished to the individual and when applicable, the legal representative within 30 days from the Support Plan effective date or within 30 days from the initiation of a new service.	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.
5	A Quarterly Summary covering services provided and billed during the period under review is in the record.	CMS Assurance – Financial Accountability RECORD REVIEW • 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. • 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 the applicable month/quarter.	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. 3) Some, but not all Quarterly/Monthly Summaries covering services provided/billed during the period under review were present. 4) Quarterly Summaries covering services provided/billed during the period under review were completed but were not aligned with the Support Plan effective date.

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		If service has not been rendered long enough for a Quarterly Summary to be required, score N/A.	
6	The third Quarterly/Annual Report covering services provided and billed during the period under review is in the record.	CMS Assurance – Financial Accountability RECORD REVIEW • 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). • Review Annual Report for content to ensure it includes at a minimum: o A summary of the first three quarters of the Support Plan year o Description of supports and services received throughout the year o Description of the person's progress, or lack thereof, toward achieving each of the goals identified on the Support Plan based on service rendered. o Description of any pertinent information about significant events that have happened in the life of the recipient for the previous year. • Determine if progress statements are consistent with supporting data in documentation. • Determine if the third Quarterly/Annual Summary was completed prior to the Support Plan effective date. 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	1) Current third Quarterly/Annual Report covering services provided/billed during the period under review was not in the record. (B) 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). 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. 4) 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)

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		providing services at the time of the last annual, score as N/A. **This standard is subject to identification of a potential billing discrepancy**	
7	The provider maintains Service Authorization(s) covering services provided and billed during the period under review.	CMS Assurance - Service Plan RECORD REVIEW Service Authorizations are provided quarterly or more frequently as changes dictate. • Review the service authorization for Residential Habilitation (Behavior Focus) and ensure: o A Service Authorization is available to cover all services provided and billed during the period under review. o The Service Authorization(s) is in approved status; o The Service Authorization(s) is for the correct rate (agency vs. solo – geographic vs. non-geographic, ratio). o Refer to the current APD Provider rate table as needed. 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. o Consider provider due diligence in securing corrected Service Authorizations when incorrect ones are received.	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.
8	The provider renders the	CMS Assurance - Service Plan	1) Documentation indicated receipt of Residential

Service Specific Record Review – Residential Habilitation (Behavior Focus)

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	service in accordance with the Handbook.	RECORD REVIEW • Review provider records for Service Authorizations. • Determine Service Authorizations are available for entire period of review. • Determine if services are being provided in accordance with Service Authorizations. • Check Service Authorizations for individuals receiving supported living to determine if in excess of 90 days. • Compare Service Authorizations with claims data to ensure provider bills at the proper rate and limits. • 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. If necessary, request Remittance Vouchers to compare. **This standard is subject to identification of a potential billing discrepancy**	Habilitation and Supported Living Coaching beyond 90 days. (B) 2) Service is not being rendered in accordance with the Handbook. (B) 3) Unable to determine due to absence of supporting documentation.
9	The Provider is in compliance with billing procedures and the Medicaid provider agreement.	CMS Assurance – Financial Accountability RECORD REVIEW Provider is not to bill for services prior to rendering. • Review Claims data for date billed. • Review dates on Daily Attendance Logs. • Determine the number of days rendered. If less than 24, determine if the daily rate was billed in lieu of the monthly rate. Day rate multiplied by the number of days present billed as one unit at the end of the month is acceptable.	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) 3) Provider billed the monthly rate when less than 24 days of service were rendered. (B)

Service Specific Record Review – Residential Habilitation (Behavior Focus)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		• Determine whether or not services were rendered prior to billing for each month in the review period. Provider bills the appropriate rate: • Solo vs. Agency (Daily Live-in rate) • Non-Geographical, Geographical, Monroe rates **This standard is subject to identification of a potential billing discrepancy**	
10	Recommendation of Eligibility for Behavioral Services form is approved at least annually by a board certified behavior analyst or designee.	CMS Assurance – Financial Accountability Record Review • Review provider documentation to locate the "*Recommendation of Eligibility for Behavioral Services*" form. • Confirm the "*Recommendation of Eligibility for Behavioral Services*" form indicates approval for Behavior Focus • Confirm the form is updated/approved at least annually by a board certified behavior analyst level one or two or APD designee.	1) Record did not contain a "*Recommendation of Eligibility for Behavioral Services*" form. 2) "*Recommendation of Eligibility for Behavioral Services*" form did not indicate approval for Behavior Focus. 3) "*Recommendation of Eligibility for Behavioral Services*" form was not approved by a board certified behavior analyst level one or two or APD designee. 4) "*Recommendation of Eligibility for Behavioral Services*" form did not cover the entire period under review. 5) "*Recommendation of Eligibility for Behavioral Services*" form was submitted timely for approval but through no fault of the provider the Regional Behavior Analyst had not yet approved the request.*****Not Met but not calculated into score 4) "*Recommendation of Eligibility for Behavioral Services*" form was submitted timely for approval but through no fault of the provider approval from the Regional Behavior Analyst was delayed *****Not Met but not calculated into score

Service Specific Record Review – Residential Habilitation (Behavior Focus)

#	Performance Measure/Standard	Protocol	Not Met Reasons
11	The current and complete Behavior Analysis Service Plan is in the record.	CMS Assurance - Service Plan 65G-4 RECORD REVIEW • Review the record to locate the current Behavior Analysis Service Plan. • Look for the date on plan indicating date written or updated within past 12 months. • The Behavior Analysis Service Plan shall include, either in text or by reference to appropriate documents: o Identifying information for the individual affected by the plan. o The name, signature and certification or licensure information of the individual who developed, supervises or approves the implementation of the procedures described in the plan. o Objective statements of goals relative to behavior reduction and behavior acquisition resulting in program termination. o Rationale for intervention being warranted, and selection of proposed interventions, consistent with assessment results. o Medical, social and historical information including previous treatment programs relevant to the current problems being addressed. o How and where behavioral services will be integrated with daily routines and other relevant services. o Identification of behaviors targeted for reduction. o Identification of behaviors targeted for	1) Record did not contain a current Behavior Analysis Service Plan. (B) 2) Behavior Analysis Service Plan did not include identifying information for the individual affected by the plan. 3) Behavior Analysis Service Plan did not include intervention procedures for behaviors targeted for reduction. 4) Behavior Analysis Service Plan did not include intervention procedures to be used for replacement behavior. 5) Behavior Analysis Service Plan did not include name, signature and certification or licensure information of the individual who developed, supervises or approves the implementation of the procedures described in the plan. 6) Behavior Analysis Service Plan did not include objective statements of goals relative to behavior reduction and behavior acquisition resulting in program termination. 7) Behavior Analysis Service Plan did not contain the rationale for intervention being warranted, and selection of proposed interventions, consistent with assessment results. 8) Behavior Analysis Service Plan did not include a description of medical, social and historical information including previous treatment programs relevant to the current problems being addressed 9) The Behavior Analysis Service Plan did not include how and where behavioral services will be integrated with daily routines and other relevant

#	Performance Measure/Standard	Protocol	Not Met Reasons
		acquisition or as replacement. o Data collection methods for behaviors targeted for reduction and replacement behavior. o Intervention procedures for behaviors targeted for reduction and replacement behavior. o Description of performance-based training for persons implementing procedures. o Techniques for maintaining and generalizing behavioral improvements, as well as criteria for the reduction and fading of behavioral services. o When employed, rationale for use of ancillary support staff, such as behavior assistants; a description of training, their routine or duties, performance monitoring and fading of services. o Methods of monitoring for programmatic fidelity and effectiveness, including but not limited to: a. Data analysis and interpretation. b. Direct observation in the setting(s) where the plan is implemented, including the observation of the implementation of procedures or simulated implementation. c. Discussions with supervisors, and observations of individuals who implement the behavior analysis procedures involved. d. Schedule or frequency of monitoring, and who, by function or assignment, will conduct monitoring. e. Determination that the services are in accordance with Florida Statutes and the Agency rules. o Signatures of informed participants as may be	services. 10) The Behavior Analysis Service Plan did not include identification of behaviors targeted for reduction. 11) Behavior Analysis Service Plan did not include identification of behaviors targeted for acquisition or as replacement. 12) Behavior Analysis Service Plan did not include data collection methods for behaviors targeted for reduction and replacement behavior. 13) Behavior Analysis Service Plan did not include description of performance-based training for persons implementing procedures. 14) Behavior Analysis Service Plan did not include techniques f or maintaining and generalizing behavioral improvements, as well as criteria for the reduction and fading of behavioral services. 15) Behavior Analysis Service Plan did not include, when employed, rationale for use of ancillary support staff, such as behavior assistants; a description of training, their routine or duties, performance monitoring and fading of services. 16) Behavior Analysis Service Plan did not include methods of monitoring for programmatic fidelity and effectiveness. 17) Behavior Analysis Service Plan did not include signatures of informed participants as may be required by law and individuals authorized to approve the procedures.

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		required by law and individuals authorized to approve the procedures. • Determine if the Behavior Analysis Service Plan has been signed/approved by the appropriate level Analyst. • If authored by a BCaBA or Level 3 provider the document should be counter-signed by a higher level supervisor. **This standard is subject to identification of a potential billing discrepancy**	
12	When applicable, the provider maintains documentation of LRC reviews, recommendations and a review schedule for the Behavior Analysis Service Plan.	CMS Assurance – Financial Accountability RECORD REVIEW Review provider documents to determine if: • Behavior Analysis Service Plans meet these criteria: use of restricted procedures, behaviors dangerous to self or others, create a life threatening risk, major property damage or potential for arrest and confinement. (Only exception would be a reduction plan that does not meet these criteria). • On the Behavior Analysis Service Plan, look for evidence the LRC chairperson has signed the plan OR • Evidence the LRC reviewed the plan. o This may be on the plan or may be in notes from the LRC meeting. o Note – the LRC does not have to approve the plan – only review it and make recommendations. • Look for recommendations from the LRC - or documentation might say “no recommendations”. • Look for evidence of a review schedule – when is the	1) Documentation did not include LRC review dates. 2) Record did not include recommended changes by the LRC. (only applicable if the LRC recommended any changes) 3) Record did not include a review schedule for the plan. 4) Provider had not followed the LRC monitoring plan for review dates. 5) Changes were made to the plan but the provider did not submit the plan to the LRC for review within 5 days of the implementation of those changes. 6) Changes were made to the plan but the revisions were not dated. 7) Behavior Analysis Service Plan has been submitted to the LRC but has not yet been reviewed. *****Not Met but not calculated into score

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		next time the LRC wants to review it? It may be a formal schedule or it may be in the LRC notes –"review in 6 months -…." • If changes were made to the plan they should be dated. Check for documentation the plan was submitted to LRC for review within one week of the changes being made (65G-4.009(10) (b)). • Some Areas/Regions are using a form for feedback to providers, with conclusions from review, and signature of the LRC chairperson. In other cases, the plan itself, a face sheet or signature page will have a place for the signature of the LRC chairperson. If the Behavior Analysis Service Plan is not in the record, score this standard N/A.	
13	New Behavior Analysis Service Plans meeting the requirements in 65G-4.010 are submitted for an initial review and approval (when indicated) by the LRC within 5 working days of implementation.	CMS Support Plan Sub-Assurance F.A.C. 65G-4. RECORD REVIEW Review provider documents to determine if: • Analysis Service Plans meet these criteria: Behavior use of restricted procedures, behaviors dangerous to self or others, creating a life threatening risk, major property damage or potential for arrest and confinement. (Only exception would be a reduction plan that does not meet these criteria). • On the Behavior Analysis Service Plan, look for evidence the LRC chairperson has signed the plan OR • Evidence the LRC reviewed the plan. This may be on the plan, on a separate LRC document or may be in notes from the LRC meeting.	1) Behavior Analysis Service Plan met criteria for submission to the LRC, but it was not submitted by the provider. 2) Behavior Analysis Service Plan was implemented by the provider after the LRC denied approval. 3) Changes recommended by the LRC were added to the Behavior Analysis Service Plan and approved by the LRC, but were not implemented by the provider. 4) Provider implemented the new Behavior Analysis Service Plan, but did not submit the plan to the LRC for review within 5 working days of implementation. 5) Behavior Analysis Service Plan has been submitted to the LRC but has not yet been reviewed. *****Not Met but not calculated into score

#	Performance Measure/Standard	Protocol	Not Met Reasons
		• Note – the LRC does not have to approve the plan – only review it and make recommendations. • If upon reviewing the Behavior Analysis Service Plan the LRC made recommendations for changes, there is evidence the recommendations have been addressed and the plan re-submitted for LRC review within 5 working days or within the time frame requested by the LRC. • Look for recommendations from the LRC -or you might see “no recommendations”. If the Behavior Analysis Service Plan was developed outside the period of review, score N/A. If the Behavior Analysis Service Plan is not in the record, score this standard N/A. If the Behavior Analysis Service Plan does not meet the requirements under 65G-4.010, score N/A.	
14	Monthly updates to graphic displays of acquisition and reduction behaviors are in the record for each month of the period of review.	CMS Assurance – Financial Accountability F.A.C. 65G-4 RECORD REVIEW 65G-4.009(9) F.A.C. The provider shall take reasonable steps to ensure data collection for behaviors targeted for increase and decrease during the entire period services are in effect. Graphic displays of weekly data for behaviors targeted for change shall be maintained and up-dated by the provider. • Review record for graphic data displays for each month in the review period.	1) One or more monthly updates to graphic displays of acquisition and reduction behaviors were not in the record. 2) Supporting documentation for one or more monthly graph was not present.

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		• Determine if graphic displays of acquisition and reduction behaviors are updated at least monthly. • Monthly graphs should include at a minimum monthly points for each behavior being graphed. • Refer to applicable Behavior Analysis Service Plan to determine identified data collection method • Data collected to support each monthly graph must be present.	
15	Training for caregivers on the Behavior Analysis Service Plan is documented.	CMS Assurance - Service Plan RECORD REVIEW F.A.C. 65G-4 • Determine who is currently working on the BASP with the person: staff, family, or other caregivers. • Ask the provider to explain the method of documenting this training. • Check for documentation to determine if individuals identified have been trained on the Behavior Plan Note: This standard pertains only to people integral to the plan – the people who see the person. If in a group home or day program, it will include residential and/or day program staff. If the person goes home on visits, it would include the family and the group home. Plan should indicate who should be trained and in what setting programs are implemented.	1) Documentation did not reflect training for all pertinent caregivers on the Behavior Analysis Service Plan.
16	The provider addresses the individual's choices and preferences.	CMS Assurance - Service Plan RECORD REVIEW/PROVIDER INTERVIEW • Ask the provider to explain method of soliciting and documenting individual's choices and preferences as	1) Documentation did not indicate the provider was aware of the individual's choices and preferences related to this service. 2) Documentation indicated the provider was aware, but had not addressed the individual's choices and

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		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 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. If service rendered under 45 days by provider, score N/A.	preferences related to this service 3) Provider was aware of but had not documented the individual's choices and preferences related to this service.
17	The provider assists the individual to increase community participation and involvement based on his/her interests.	CMS Assurance - Service Plan RECORD REVIEW • 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 participation and involvement. • Ask the provider for description of recent community activities and connections. • Review Support Plan to determine if person's interests are identified and match provider activities. If service rendered under 45 days by provider, score N/A.	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 aware of community interests, but had not addressed the individual's interests regarding community participation and involvement.
18	The provider assists the individual/legal representative to know about rights.	CMS Assurance - Service Plan RECORD REVIEW/PROVIDER INTERVIEW • Ask the provider how they inform individuals and their	1) Provider documentation did not reflect evidence of assisting the individual/legal representative to know about rights related to this service. 2) Provider was able to describe efforts to assist the

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		families or guardians 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. • Review documentation supporting discussion with the provider. • Ask the provider for examples of how they observe the rights and responsibilities of individuals.	individual/legal representative to know about rights related to this service, but had not documented efforts.
19	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 RECORD REVIEW/PROVIDER INTERVIEW • 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. • Review file for documentation supporting stated method. • Documentation may include intake forms, stand-alone forms, or other available documentation.	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 does not demonstrate provider's efforts to gather information for their records. 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. 5) Key/Critical pieces of physical health were absent from the record. 6) Key/Critical pieces of behavioral/emotional health information were absent from the record.
20	The provider submits documents to the Waiver Support Coordinator as required.	CMS Assurance - Service Plan RECORD REVIEW • Ask the provider to describe the method used to submit	1) Provider did not have evidence of submitting copies of Daily Attendance Logs. 2) Provider did not have evidence of submitting a copy of the individual's Implementation Plan within 30

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		documents to the Waiver Support Coordinator (WSC). • Review available documentation for proof of submission to the WSC. • 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. • Review the Implementation Plan to determine date mailed to Waiver Support Coordinator (WSC). o Within 30 days following the effective date of the Support Plan or initiation of new service. • Review Daily Attendance Logs for evidence of submission to the WSC. • Review Quarterly Summary to determine date mailed to Waiver Support Coordinator (WSC). • Review third Quarterly Summary/Annual Report to determine date provided to Waiver Support Coordinator (WSC). o At least 30 days prior to the effective date of the Support Plan. • Determine if provider sent copies of LRC review dates and recommendations made specific to the plan and review schedules to the WSC. If the provider has not rendered services for 30 days or more, score N/A.	days following the Support Plan effective date. 3) Provider had evidence of submitting a copy of the individual's Implementation Plan but not within 30 days following the Support Plan effective date. 4) Provider did not have evidence of submitting a copy of the individual's Implementation Plan within 30 days following initiation of a new service. 5) Provider had evidence of submitting a copy of the individual's Implementation Plan but not within 30 days following initiation of a new service. 6) Provider did not have evidence of submitting Quarterly/Monthly Summaries. 7) Provider did not have evidence of submitting the third Quarterly/Annual Report at least 30 days prior to the annual Support Plan effective date. 8) Provider did have evidence of submitting the third Quarterly/Annual Report but not at least 30 days prior to the annual Support Plan effective date. 9) Provider did not have proof of document submission of copies of LRC review dates and recommendations made specific to the plan and review schedules.