

Service Specific Record Review – Supported Living Coaching

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
1	<p>The provider has complete Daily Progress Notes for each date of service provided and billed during the period under review.</p>	<p>CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW</p> <ul style="list-style-type: none"> • Review Daily Progress Notes for the entire period of review. • Determine that Daily Progress Notes include all required components. <p>The Daily Progress Note is a summary of support provided during the contact and must include:</p> <ul style="list-style-type: none"> • Name of individual receiving service • Name of person providing the service • Date of service • Time in/out • Activities and Supports provided • When applicable contacts with other providers and agencies • Any follow-up needed • Progress toward achievement of Support Plan goals <ul style="list-style-type: none"> • Review Daily Progress Notes against claims data to ensure accuracy in billing. • If necessary, request Remittance Vouchers to compare. <p>This standard is subject to identification of a potential billing discrepancy</p>	<ol style="list-style-type: none"> 1) Provider did not maintain some or all Daily Progress Notes covering services provided and billed during the period under review. (B) 2) Daily Progress Notes covering services provided and billed during the period under review did not include the individual's name. (B) 3) (New) Daily Progress Notes covering services provided and billed during the period under review did not include the name of person providing the service. 4) Daily Progress Notes covering services provided and billed during the period under review did not include a time in/out. (B) 5) Daily Progress Notes covering services provided and billed during the period under review did not include the date service was provided. (B) 6) Daily Progress Notes covering services provided and billed during the period under review did not include activities and supports provided. 7) Daily Progress Notes covering services provided and billed during the period under review did not include progress toward achievement of Support Plan goals (B). 8) Discrepancies were noted between units billed and services documented. (B) 	Financial Account.

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2	The Implementation Plan covering services provided and billed during the period under review is in the record.	<p>CMS Assurance – Financial Accountability iBudget Handbook 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 initiation of a new service. <p style="text-align: center;">And</p> <ul style="list-style-type: none"> • Updated at any time changes are made prior to implementation and annually thereafter. <p>If the provider has not rendered services for more than 30 days, score N/A.</p> <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</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 some or all of period of review. (B) 2) Implementation Plan covering services provided/billed during the period under review was not completed within 30 calendar 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 calendar days following the Support Plan effective date. (B) 	Financial Account.
3	The current Implementation Plan covering services provided and billed during the period under review contains all	<p>CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW</p> <p>NOTE: For the purposes of this standard, only the “current Implementation Plan” will be reviewed. This is</p>	<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 	Financial Account.

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	required components.	<p>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 that will assist individuals in meeting goals are determined. • Review the Implementation Plan to determine they contain, at a minimum: <ul style="list-style-type: none"> ○ 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); ○ The frequency of the supported living service; ○ How home, health and community safety needs will be addressed and the supports needed to meet these needs to include a personal emergency disaster plan. The disaster plan must be updated annually and anytime the individual moves to a different residence; ○ The method for accessing the provider 24-hours per-day, 7-days per-week for emergency assistance; and ○ A description of how natural and generic 	<p>goal(s) from the Support Plan the service will address.</p> <p>4) Current Implementation Plan did not include the methods employed to assist the individual receiving services in meeting the Support Plan goal(s).</p> <p>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).</p> <p>6) Current Implementation Plan was not updated prior to implementing identified changes.</p> <p>7) Current Implementation Plan did not include the frequency of services.</p> <p>8) Current Implementation Plan did not include how home, health and community safety needs will be addressed.</p> <p>9) Current Implementation Plan did not include the method for accessing the provider 24-hours per-day, 7-days per-week for emergency assistance.</p> <p>10) Current Implementation Plan did not include a description of how natural and generic supports will be used to assist in supporting the individual.</p>	

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		<p>supports will be used to assist in supporting the individual.</p> <ul style="list-style-type: none"> ○ Functional Community Assessment (Addressed as a separate component in Standard #11) ● Review current Implementation Plan to determine if changes or updates were completed prior to implementation. ● Review the Support Plan to determine that Supported Living Coaching goals are indicated and included on the current Implementation Plan. 		
4	<p>The Implementation Plan is provided to the individual and when applicable, the legal representative, within required time frames.</p>	<p>CMS Assurance - Service Plan iBudget Handbook 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"> ● 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 30 days from the initiation of a new service. <ul style="list-style-type: none"> ○ 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 	<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 per the 30 day timeframe. 4) Provider documentation indicates the Implementation Plan was provided to the legal representative but not per the 30 day timeframe. 	Service Plan

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		provided to the individual and when applicable, the legal representative.		
5	A Quarterly summary covering services provided and billed during the period under review is in the record.	<p>CMS Assurance – Financial Accountability iBudget Handbook 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. • Determine if the provider is aware of the person’s recent progress towards or achievement of personal goals the person has recently achieved. • Ask the provider to describe goals achieved for the individual from the Implementation Plan. • 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 PCR, ask the individual what Support Plan goals have been achieved.</p> <p>If service has not been rendered long enough for a Quarterly Summary to be required, score N/A.</p> <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<ol style="list-style-type: none"> 1) Quarterly/Monthly Summary covering services provided/billed during the period under review was not in the record. (B) 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. (B) 4) Quarterly/Monthly Summaries covering services provided/billed during the period under review were completed, but not within required timeframes. (B) 5) Quarterly Summaries covering services provided/billed during the period under review were completed but were not aligned with the Support Plan effective date. 	Financial Account.

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6	<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 iBudget Handbook 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). • 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 year ○ Description of supports and services received throughout the year ○ Description of the person’s progress, or lack thereof, toward achieving each of the goals identified on the Support Plan ○ 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 Report was completed at least 60 days 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</p>	<ol style="list-style-type: none"> 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) (New) Third Quarterly/Annual Report covering services provided/billed during the period under review was completed, but not at least 60 days prior to the Support Plan effective date. 5) 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) 6) (New) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain a description of supports and services received throughout the year. 7) (New) Third Quarterly/Annual Report covering services provided/billed during the period under review did not contain a description of any pertinent information about significant events that have happened in the life of the recipient during the previous year. 	<p>Financial Account.</p>

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		<p>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>		
7	<p>The provider maintains Service Authorization(s) covering services provided and billed during the period under review.</p>	<p>CMS Assurance - Service Plan iBudget Handbook 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 Supported Living Coaching 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, ratio). • 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</p>	<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. 	Service Plan

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		immediately contact the WSC for resolution. <ul style="list-style-type: none"> ○ Consider provider due diligence in securing corrected Service Authorizations when incorrect ones are received. 		
8	The provider renders the service in accordance with the Handbook.	CMS Service Plan Sub-Assurance iBudget Handbook RECORD REVIEW <ul style="list-style-type: none"> • Review provider records for Service Authorizations. • Determine Service Authorization(s) are available for the entire period of review. • Review data collection documentation and Daily Progress Notes for information that supports frequency of service provision and approved ratio. • Review the Service Authorization and Daily Progress Notes to assure the services are provided at 1:1 or if occasionally rendered to more than one individual at the same time, the provider prorates the rate for the time billed. • 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 service is being routinely rendered at a frequency less than or more than the Service Authorization, score as Met and add a discovery. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	1) Documentation indicates service is being rendered at a greater than 1:1 ratio on a routine basis. (B) 2) Service is not being rendered in accordance with the Handbook. (B) 3) Unable to determine due to absence of supporting documentation.	Service Plan

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9	Services billed do not exceed 24qh of service per day and 8760qh per year.	<p>CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW</p> <ul style="list-style-type: none"> • Review Daily Progress Notes for the entire period of review. Compare to claims data to determine units of service billed for each date of service. • If necessary, request Remittance Vouchers to compare. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	1) Services were billed in excess of 24qh of service per day. (B)	Financial Account.
10	The service is rendered to a person 18 years of age or older living in his/her own home.	<p>CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW</p> <ul style="list-style-type: none"> • Review the record to identify the date of birth of the person. • Ensure that he/she is 18 years or older and has been for the entire period of review. • Review the record for documentation of where the person resides. • Ensure the person is residing in his/her own home and not a licensed facility, foster home or family home with the following exceptions: <ul style="list-style-type: none"> • For Supported Living Coaching, the service limitations of a family home do not apply when the parents or spouse in the home are determined to be eligible service consumers of the Agency for Persons with Disabilities. 	<p>1) Person was under 18 years of age during all or part of the period of review. (B)</p> <p>2) Person was residing in a licensed residential facility or foster care home for more than the initial 90 days of transition. (B)</p> <p>3) Person was residing in a family home for more than the initial 90 days of transition. (B)</p>	Financial Account.

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		<ul style="list-style-type: none"> • OR, if the person is residing in the family home, a licensed residential facility or foster care home the services are rendered within the initial 90 days of transition. • If the service is rendered to an individual in a licensed residential facility or foster care home or the family home, determine that it is identified as an outcome on the Support Plan, that he/she will be transitioning into own home or apartment. • Transitional services are provided for no more than 90 days; activities are those to establish the move into own home. i.e. locating appropriate housing, setting budget/banking, purchasing items for home, setting up utilities. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>		
11	The Functional Community Assessment including annual updates covering services provided and billed during the period under review is in the record.	CMS Assurance – Health and Welfare iBudget Handbook RECORD REVIEW <ul style="list-style-type: none"> • Review the record to locate the Functional Community Assessment. • Identify when the person initially moved into a supported living arrangement. • If the move occurred less than one year ago, determine if the Functional Community Assessment was completed prior to the move. • Functional Community Assessment must be completed prior to the recipient's move into a 	<ol style="list-style-type: none"> 1) Functional Community Assessment was not in the record. 2) Functional Community Assessment was in the record but was not completed prior to the person moving into the supported living arrangement. 3) Functional Community Assessment was not completed within 45 days of service implementation. 4) Functional Community Assessment had not been updated at least annually. 5) Functional Community Assessment did not have a date to determine when it was 	Health & Welfare

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		<p>supported living arrangement or within 45 days of service implementation for a recipient already in a supported living arrangement.</p> <ul style="list-style-type: none"> • If the move occurred over a year ago, look for evidence of annual updates to the Functional Community Assessment. The same form can be used for multiple years. • Verify the Functional Community Assessment addresses all areas of daily life including: <ul style="list-style-type: none"> ○ Relationships ○ Medical and health concerns ○ Personal care, ○ Household management ○ Money management ○ Community mobility ○ Recreation and leisure • Review to determine if the information identified on the Functional Community Assessment is consistent with other documentation in the file. <p>Note: Although it can, the date of the initial Functional Community Assessment and subsequent annual updates do not necessarily correspond with the Support Plan year, as is often required with other documentation.</p> <p>If the initial Functional Community Assessment would have been completed prior to the period under review, only look for the annual update.</p>	<p>completed.</p> <p>6) Functional Community Assessment did not address all required areas of daily life.</p>	

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12	The initial Housing Survey covering services provided and billed during the period under review is in the record.	<p>CMS Assurance – Health and Welfare iBudget Handbook RECORD REVIEW</p> <ul style="list-style-type: none"> • Review documentation in the record to identify when the person moved into current residence. • If the move occurred within the review period, locate the initial Housing Survey corresponding to that move. • Determine if the Housing Survey was used for evaluating a prospective home to ensure it is safe. • Identify the date of the Housing Survey and compare with the move date to ensure the Supported Living Coach completed the survey prior to the move. • Determine whether Housing Survey appears to appropriately reflect the individual’s living situation. <p>If the initial Housing Survey would have been completed prior to the period under review, score as N/A.</p>	<ol style="list-style-type: none"> 1) Initial Housing Survey was not in the record. 2) Initial Housing Survey was in the record but was not completed prior to the person’s move. 	Health & Welfare
13	The current Financial Profile covering services provided and billed during the period under review was in the record.	<p>CMS Assurance – Health and Welfare iBudget Handbook 65G-5, F.A.C. RECORD REVIEW</p> <p>Review the record for a Financial Profile that includes updated financial information and strategies for assisting the individual in money management, when requested by the individual or guardian; and the</p>	<ol style="list-style-type: none"> 1) Current Financial Profile was not in the record. 2) Current Financial Profile did not include strategies for assisting the person in money management. 3) Current Financial Profile did not include the amount approved for the supported living subsidy. 	

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		amount approved for the supported living subsidy (if applicable).		
14	Documentation of quarterly home visits covering services provided and billed during the period under review is in the record.	<p>CMS Assurance – Financial Accountability iBudget Handbook RECORD REVIEW</p> <ul style="list-style-type: none"> • Review documentation of each quarterly meeting required during the period of review. Documentation shall include at a minimum: <ul style="list-style-type: none"> ○ A review of the supported living services to ensure services are assisting the individual with identified Support Plan goals, ○ A review of the person’s financial status including a review of the financial profile, financial records and the status of the subsidy if provided, ○ A review of the individual’s health and safety status including identified need for follow-up; ○ Look for evidence the Housing Survey has been updated quarterly and made available to the Waiver Support Coordinator at or prior to each quarterly meeting. ○ Look for documentation (date, reviewer signature, etc.) quarterly reviews took place, the survey was reviewed, and who was in attendance. 	<ol style="list-style-type: none"> 1) Documentation of quarterly home visits was not in the record. 2) Documentation of quarterly home visits did not include review of the supported living services and identified Support Plan goals. 3) Documentation of quarterly home visits did not include complete review of the person’s financial status. 4) Documentation of quarterly home visits did not include review of the person’s health and safety status including identified need for follow-up. 5) Documentation of quarterly home visits did not include review of the updated Housing Survey. 6) Documentation of quarterly home visits did not have dates to determine when completed. 	
15	If the individual is receiving Personal Supports and Supported Living Coaching, there is	<p>CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW</p>	<ol style="list-style-type: none"> 1) Documentation did not indicate coordination between the Supported Living Coach and the Personal Supports provider. 	Service Plan

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	evidence of coordination between the services.	<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 evidence the provider has been interacting/communicating with the Supported Living Coach (e.g.: Service Logs or Monthly/Quarterly Summaries) • Look for evidence that responsibilities and tasks are being divided between the provider and the Supported Living Coach (service logs or monthly summaries) 		
16	Provider is in compliance with billing procedures and the Medicaid provider agreement.	<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"> • Review Claims data for date billed. • Review dates on Daily Progress Notes. • Determine whether or not services were rendered prior to billing for each date of service the review period. <p>Provider bills the appropriate rate:</p>	<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) 	Financial Account.

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		<ul style="list-style-type: none"> Solo vs. Agency <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>		
17	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"> 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 information were absent from the record. 6) Key/Critical pieces of behavioral/emotional health information were absent from the record.	Health & Welfare
18	The provider ensures the individual's health and health care needs are addressed.	CMS Assurance – Health and Welfare iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW <p>Health and health care includes medical conditions, medications (prescription and over-the-counter), preventive healthcare, wellness exams, therapeutic</p>	1) Documentation did not indicate the provider was aware of the person's health and health care needs. 2) Documentation indicated the provider was aware of the person's health and health care needs but had not addressed them. 3) The provider addressed the person's health and health care needs but had not documented	Health & Welfare

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		<p>intervention, medical device/apparatus.</p> <ul style="list-style-type: none"> • Ask the provider to describe the method used to gain knowledge of individual's health needs. • Review file for documentation of gaining knowledge of person's health needs. • Look for evidence the provider has solicited information regarding the person's health and health care needs; the provider has taken steps to address the person's needs – medical appointments, education, procuring medical services/devices. • Ask the provider how he/she has addressed the individual's health and health care needs. • Review the record for documentation the person obtains routine and preventative medical and dental care. • Review Implementation Plan, Service Logs, quarterly meeting notes and any other documentation for evidence the provider addresses the individual's health and healthcare needs on a routine basis. • Some of this information may be found in the Functional Community Assessment, quarterly Housing Survey and/or Quarterly Summary. 	<p>knowledge and efforts.</p>	
19	<p>The provider has assessed safety skills and addressed the safety needs of the individual.</p>	<p>CMS Assurance – Health and Welfare iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> • Ask the provider to describe the method used to 	<ol style="list-style-type: none"> 1) Provider was aware of the individual's safety needs and safety skills but had not documented knowledge and efforts. 2) Documentation did not indicate the provider was aware of the individual's safety needs and 	<p>Health & Welfare</p>

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		<p>gain and document knowledge related to the safety skills of the person. What are areas of need regarding safety (i.e. natural disasters, community safety, home safety, etc.)?</p> <ul style="list-style-type: none"> Review the record for Functional Community Assessment, Implementation Plan, Housing Survey's, Daily Progress Notes, disaster plan, Quarterly Summaries and any other documentation for evidence the method is being implemented and the information is being documented. 	<p>safety skills.</p> <p>3) Documentation indicated the provider was aware but had not addressed the individual's safety needs and safety skills.</p>	
20	<p>The provider is aware of the individual's history regarding abuse, neglect, and/or exploitation.</p>	<p>CMS Assurance – Health and Welfare iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW</p> <ul style="list-style-type: none"> Ask the provider about the individual's history in regards to abuse, neglect and/or exploitation Look for documentation in the record about past abuse or the provider's efforts to gather the information. 	<p>1) Provider had no knowledge of the individual's history regarding abuse, neglect, and/or exploitation.</p> <p>2) Provider was aware of the individual's history regarding abuse, neglect, and/or exploitation, but had not documented knowledge and/or efforts to gather this information.</p> <p>3) Documentation did not demonstrate the provider had addressed issues related to abuse, neglect, and exploitation that continue to impact and cause distress for the individual.</p>	Health & Welfare
21	<p>The provider addresses the individual's choices and preferences.</p>	<p>CMS Assurance - Service Plan iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW</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 	<p>1) Documentation did not indicate the provider was aware of the individual's choices and preferences related to Supported Living.</p> <p>2) Documentation indicated the provider was aware, but had not addressed the individual's choices and preferences related to Supported Living.</p> <p>3) Provider was aware of but had not documented the individual's choices and preferences related</p>	Service Plan

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		<p>preferences.</p> <ul style="list-style-type: none"> • Ask the provider for description of individual's choices and preferences. • Review Daily Progress Notes 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. <p>If service rendered under 45 days by provider, score N/A.</p>	<p>to Supported Living.</p>	
22	<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> <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 participation and involvement. • Ask the provider for description of recent community activities and connections. • Review available documentation 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. 	<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 aware of community interests, but had not addressed the individual's interests regarding community participation and involvement. 	<p>Service Plan</p>

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#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
		If service rendered under 45 days by provider, score N/A.		
23	The provider has evidence of assisting 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"> • Ask the provider how they inform individuals and their 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. • 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. 2) Provider was able to describe efforts to assist the individual/legal representative to know about rights, but had not documented the information. 	Service Plan
24	The provider submits documents to the Waiver Support Coordinator as required.	<p>CMS Service Plan Sub-Assurance iBudget Handbook RECORD REVIEW/PROVIDER INTERVIEW</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 Progress Notes ▪ Monthly/Quarterly/Annual Reports ▪ Implementation Plans • Review documentation for proof of submission to the Support Coordinator. 	<ol style="list-style-type: none"> 1) Provider did not have evidence of document submission of copies of Daily Progress Notes. 2) (New) Provider did not have evidence of document submission of copies of third Quarterly/Annual Report at least 60 days prior to the Support Plan effective date. 3) (New) Provider had evidence of document submission of copies of third Quarterly/Annual Report, but not at least 60 days prior to the end of the Support Plan effective date. 4) Provider did not have evidence of document submission of copies of the Implementation 	Service Plan

Service Specific Record Review – Supported Living Coaching

#	Performance Measure/Standard	Protocol	Not Met Reasons	CMS Assurance
		<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. <p>If the provider has not rendered services for more than 30 days, score N/A.</p>	<p>Plan within 30 days of the Support plan effective date.</p> <p>5) Provider had evidence of document submission of copies of Implementation Plan but not within 30 days of the Support Plan effective date.</p> <p>6) Provider did not have evidence of submission of Quarterly/Monthly summaries.</p>	

Controlled Document