


Developmental Services
Non-Residential Support Services
 Monitoring Protocol

Non-residential support services are individualized training activities provided to an adult or child in integrated non-residential settings. This service offers individualized training and is provided for the express purpose of providing access to community based activities that cannot be provided by natural or other unpaid supports, and are defined as activities most likely to result in increased ability to access community resources without paid supports. These training activities are age-appropriate and geared to enhancing the acceptable individual behaviors; increasing the individual’s ability to control the environment and emphasizing those qualities, which are integrative and normative in nature. Implementation of a behavioral services plan may be part of this service if the individual has behaviors that result in restricted access to community resources. In this case, the development of the behavior analysis service plan and implementation of the plan by the NRSS provider must be completed by a person who is certified in behavior analysis or licensed under Chapters 490 or 491, F.S., in accordance with Chapter 65B-4.030(10). Service models include both an individual approach of training specific to the person and setting that gradually fades to a minimum support level, and group approaches that offer a constant level of support. Group service recipients should choose to participate together. For adults, support services, which may be provided in a work-like setting, are a process used to attain the necessary skills to control the environment, increase acceptable behaviors and provide integrative opportunities. The services are intended to support the participation of recipients in daily valued routines in the community. This service is covered when necessary to prevent institutionalization. These services are reduced over time, as the recipient becomes more of an integral part of the community with less reliance on paid staff.

The primary functions of non-residential support services are:

- Development of communication and social skills to assist the individual to function with maximum independence in the community;
- Development of skills needed to increase independent living in the community setting; and
- To assist the individual to develop the skills required to maintain a living environment, use community resources and conduct activities of daily living.

Examples include: volunteering, job exploration and shadowing, developing control and choice over valued daily routines, accessing generic public resources, participation and membership in places of worship and other social organizations, developing acquaintances, friendships and other social supports, and supporting connections with family members and other social supports that promote health, safety, and well being.

Cite	Probes
<p>Explanation of Monitoring Tool Symbols/Codes</p> <p> Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle.</p> <p>“W” Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score.</p> <p>“R” Recoupment: An “R” in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is “Not Met.”</p>	

Cite	Probes	
<p>Standard: The provider successfully supports individuals' participation in community life.</p>		
<p><i>For the following elements of performance associated with this standard: Review results of the person-centered reviews, information available from individuals receiving the service and available documentation. The purpose of this section is to determine provider performance and the quality of supports in this area. Do not score an element as met solely based on the presence of the documentation.</i></p>		
<p>1 W2.0</p>	<p>The provider develops an individualized implementation plan (IP) and/or a Behavior Analysis Service Plan (BASP) for all consumers.</p>	<p>Interactively, with the provider, review a sample of implementation plans to determine they contain, at a minimum:</p> <ul style="list-style-type: none"> • Name, address and contact information of the individual served; • Goal(s) from the support plan that the service will address. • Strategies employed to assist the individual in meeting the support plan goal(s). • Strategies to reduce the reliance on paid supports, to include the transfer of the support to a more cost effective service or unpaid supports, The strategies to reduce the reliance on paid supports should be measurable. • System to be used for data collection and assessing the individual's progress in achieving the support plan goal(s). <p>Additionally, the implementation plan <u>may</u> include training objectives appropriate to the individual's programs and services.</p> <p>If a BASP is the basis for the service the written behavior analysis services plan includes:</p> <ul style="list-style-type: none"> • A description of the specific behaviors to be changed • Intervention procedures to be used • Data to be collected • Training for caregivers, and • A monitoring schedule to be followed by the behavior analysis services provider. <p>Ask the provider to describe the implementation planning process, including:</p> <ul style="list-style-type: none"> • Who is typically involved? • When does it usually take place? • What happens with the IP once it is developed? <p>Note: If a BASP is present, also review the behavioral services elements at the end of this tool.</p>

Cite		Probes
2 W2.0	An individualized implementation plan (IP) is developed under the direction of the consumer.	<ul style="list-style-type: none"> ➤ .Ask individuals receiving services about their participation in the IP development. Do services reflect interest and goals that they have? ➤ Ask the provider how a consumer is involved in the development of their implementation plan. Is this participation documented in any way? <ul style="list-style-type: none"> ➤ Determine if there is consumer sign-off on the plan or any changes to the plan to indicate acceptance. ➤ Review monthly summaries to determine if updates are being made to the IP. ➤ Determine if the provider evaluates the strategies or methods for effectiveness and how frequently.
3	The IP identifies goals and needs from the individual's support plan and other pertinent sources appropriate to the individual.	<ul style="list-style-type: none"> ➤ Ask the provider about their process for ensuring their implementation plan is effective and contains information related to these standards. (The IP may include information from other sources, but at a minimum must contain goals from the support plan.) ➤ The IP identifies training programs and activities to accomplish desired goals and identified needs. ➤ Ask individual about training/activities in which they are involved. Do they feel these are beneficial? Are they interested in the training/activities? ➤ Interactively, with the provider, review a sample of implementation plans. During review, <ul style="list-style-type: none"> ➤ Explore with the provider what other sources of information about an individual influence the implementation plan.



Cite		Probes
4	The IP identifies strategies and methods to assist the individual in meeting goal(s), as well as the data collection system to be used to assess success and achievement.	<ul style="list-style-type: none"> • Look for evidence of provider-developed implementation plan forms or other structures put in place to ensure that data is captured consistently and in such a way that it can be analyzed over time. • Ask the provider how they determine strategies and methods that will assist individuals in meeting their individual goals. • Explore with the provider what other sources of information about an individual influence the implementation plan <p>Determine if the provider evaluates the strategies or methods for effectiveness and how frequently.</p> <p><i>Note: Strategies to reduce the reliance on paid supports, to include the transfer of the support to a more cost effective service or unpaid supports. The strategies to reduce the reliance on paid supports should be measurable.</i></p>

Cite		Probes
5 W2.0	The IP is reviewed periodically to determine whether progress is being made and is updated to reflect new interests, goals, needs, or strategies to promote meaningful progress.	<ul style="list-style-type: none"> • Review IP and provider’s policies, as applicable, to determine if IPs are reviewed at stated time frames, and changes documented per stated procedures. • Ask the provider to describe how they monitor the progress of the individuals that that they serve • Look for evidence that the provider is actively monitoring the progress of individuals. • Look for evidence of IP updates being made based on an individual achieving goals or not. • Look for evidence that individuals reviewed are making progress toward achieving identified goals. • Talk to consumers, family or guardians about the progress that is being made in achieving goals.

Cite		Probes
6	Progress or the lack there of, is noted in the daily progress notes, monthly summary and annual report.	<ul style="list-style-type: none"> • Review progress note entries, monthly summaries and the annual report to determine whether progress is noted. Determine whether: <ul style="list-style-type: none"> ➤ Activities, supports, tasks accomplished and training provided are detailed; ➤ Follow-up is performed if indicated; ➤ Progress statements contain objective (data/fact based) as well as subjective information. • Recommendations for changes in approach are made when progress is not being made. • Review also recommendations and results from the person centered reviews applicable to the provider to assist in determining whether progress is being made and the individual is included in the service system. • Monthly summaries and annual reviews should summarize the individuals' progress in order to reduce the reliance on paid supports.

Cite		Probes
7	The provider has taken action on the results reported through the person centered review process.	<p>Sample size is at least two person-centered reviews in those instances when more than one has been conducted. 100% of the sample equals a designation of ‘Met.’</p> <ul style="list-style-type: none"> • Determine if any person-centered reviews have been conducted with consumers receiving services and supports from this provider. • Ask the provider if they have received person-centered review results and what action they have taken based on the results. • Interactively, with the provider, review records and documentation for individuals that have taken part in the person-centered review process. Determine if there is any documented evidence that the provider has acted on the recommendations in the report. • Talk with individuals who participated in the person centered review to determine whether changes were discussed with them and have been made. Are they satisfied with the service changes? <p><i>Note: If there have been no person-centered reviews conducted with individuals for which this provider renders services and supports, score this element as “Not Applicable.”</i></p> <p><i>The provider may address the recommendations in a manner other than that identified in the report.</i></p>
As appropriate to individuals’ goals, needs and interests:		
8 W2.0	Training activities are provided in integrated, non-residential settings.	<p>Review results and recommendations from person centered reviews to assist in determining items 8 – 14.</p> <ul style="list-style-type: none"> • Ask the provider/staff where they typically render services to individuals • Ask the provider/staff how they determine the best location to render services and supports. • Interactively, with the provider, review a sample of records and have the provider show examples in their documentation of the locations where individuals are receiving services. • Talk with individuals to determine where services usually take place.
9	Training activities are meaningful to the	<ul style="list-style-type: none"> • Ask the provider/staff how they

Cite		Probes
W2.0	individual and consistent with support plan goals and the approved cost plan.	<p>determine the training activities for consumers.</p> <ul style="list-style-type: none"> • Ask the consumer or family/guardian if the activities are based on the individual's interest, choice or related goal or needs.
10	Services support the development of individuals' communication and social skills.	<ul style="list-style-type: none"> • Ask the provider/staff to explain their approach to delivering services and what they believe their services and supports accomplish with individuals in general. • Talk to consumers about their interactions with the provider and the types of activities in which they participate. Do training and activities match the individuals' expectations? • Do activities appear to be individualized or "one size fits all"? • Interactively, with the provider, review a sample of records of individuals and ask the provider to point out examples in their documentation that demonstrate how services accomplish this level of support.
11	Services are age and culturally appropriate.	<ul style="list-style-type: none"> • Ask the provider/staff to describe how they are sensitive to age and culture in rendering services and supports. • Ask to see any procedures or other materials that would demonstrate this sensitivity. • Look for evidence of this sensitivity during review of provider records. • Talk to individuals about whether services/activities are appropriate.
12	Services support the development of skills needed to increase independent living in the community setting.	<ul style="list-style-type: none"> • Ask the provider to explain their approach to delivering services and what they believe their services and supports accomplish with individuals in general.
13	Services encourage the development of friendships with people who reside in the community.	<ul style="list-style-type: none"> • Ask the provider to give an example of how they go about designing a service or implementation plan for an individual.
W2.0	14 Services support the development of skills to assist the individual in maintaining a living environment, use of community resources, and conduct activities of daily living.	<ul style="list-style-type: none"> • Interactively, with the provider, review a sample of records of individuals and ask the provider to point out examples in their documentation that demonstrate how services accomplish desired levels of support.

Cite	Probes	
Standard: The provider and all employees of the provider are qualified to provide NRSS services.		
15	Independent vendors have at least a high school diploma or equivalent, are 18 years of age and one year experience in medical, psychiatric, nursing, or child-care setting, or working with individuals with developmental disabilities.	<ul style="list-style-type: none"> • Ask the provider about their qualifications and experience. • Ask to see a copy of the provider’s resume, employment application and/or diploma. • Query the Area Office before the visit, to check the enrollment file references. <p><i>Note: College or vocational/technical training equal to 30 semester hours, 45 quarter hours or 720 classroom hours may substitute for required experience.</i></p>
16	Agency employees who perform services meet the independent vendor qualifications.	<ul style="list-style-type: none"> • Review a sample of agency staff personnel files. • Check job descriptions, to determine that the provider is requiring these qualifications. • Check job applications completed by the employee and/or resumes of employees.
17  W4.0	Level two background screenings are complete for all direct service employees.	<p>Review available personnel files or records to ascertain compliance. Check for:</p> <ul style="list-style-type: none"> • Notarized affidavit of good moral character; • Proof of local background check • Documentation of finger prints submitted to FDLE for screening and screening reports on file; • Criminal records that include possible disqualifiers have been resolved through court dispositions.
18  W4.0	All employees undergo background re-screening every 5 years.	<p>Review available personnel files or records to verify that employees undergo background re-screening at least every 5 years.</p> <p>Look for evidence of completion and submission of an FDLE Form, identified as either attachment 3 or 4.</p> <p><i>Note: Fingerprint cards are not required on resubmission.</i></p>

Cite	Probes	
<p>Standard: The provider and the provider’s staff meet training requirements for delivery of Non-Residential Support services.</p> <p><i>For all the following elements of performance associated with this standard: Review Area Office requirements for mandatory meetings and training documentation. Review provider's training records to determine if documentation is maintained and at a minimum includes: The topic of the training; Length of the training session; Training dates; Participants' signature; Instructor's name; Objectives and/or a syllabus.</i></p> <p>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff, or providers and their staff may attend a program offered through another provider.</p>		
19	<p>Proof of current training and certification services is available for all independent vendors or agency staff in Cardiopulmonary Resuscitation (CPR).</p>	<ul style="list-style-type: none"> • Independent vendors and agency staff complete this training within 30 days of initially providing services. • Determine if the provider and staff receive retraining according to the requirements established by the sponsoring organization or state’s requirements. • Review provider, or a sample of agency staff, personnel files or training records for evidence of required CPR training. • Review CPR certificates or CPR training documentation to determine expiration date and timeframe for updated training. <p><i>Note: CPR training must be provided by a certified trainer.</i></p>
20	<p>Proof of current training is available for all independent vendors and agency staff in AIDS and infection control.</p>	<ul style="list-style-type: none"> • Independent vendors and agency staff complete this training within 30 days of initially providing services. • Determine if the provider and agency staff receives retraining according to the requirements established by the sponsoring organization or regulation. • Review personnel files and other provider training records for evidence of required retraining. • Infection control may be a separate training or included as part of the AIDS training as “universal precautions”. <p><i>Note: American Red Cross First Aid Training does not meet the requirements for HIV/AIDS training.</i></p>
21	<p>The provider attends mandatory meetings</p>	<ul style="list-style-type: none"> • Ask the provider if they are aware of

Cite		Probes
	and training scheduled by the Area Office and/or Agency.	<p>Area Office and Agency mandatory meeting and training schedules. Ask the provider if they can produce any notices, announcements or agendas received about meetings or training.</p> <ul style="list-style-type: none"> • Ask the provider what Area Office and Agency meetings or training they have attended during the review period. • Ask the provider for any evidence they have to verify attending the meeting or training. • Look for evidence in documents supplied by the provider of attendance at Area Office and Agency meetings, such as notes in personnel files or other records. <p><i>Note: If the Area Office has not sponsored any mandatory meetings, score this cite as 'Not Applicable.'</i></p>
22 NEW	Direct service staff has received training in the Agency's Direct Care Core Competencies Training.	<p>Look for documented evidence that direct service staff have received this training or an equivalent which has been approved by the Agency.</p> <p>Training was received within the required timeframes as developed by the Agency.</p> <p>This training may be completed using the Agency's web-based instruction, self-paced instruction or classroom-led instruction.</p>

Cite		Probes
23 W2.0	Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.	<ul style="list-style-type: none"> • Ask the provider and/or their staff about what types of training programs they have and continue to attend. <p>Training on health, safety and well-being of individuals could include such topics as:</p> <ul style="list-style-type: none"> • Fire safety for the environment; • Evacuation procedures in the event of natural or other disasters; • Training on what to do in the event of personal health emergencies involving consumers; • Transportation safety; • Basic infection control training, e.g., hand washing before and after all contact with consumers. • Appropriate mealtime interventions • Positioning requirements, as applicable • Refer also to the provider’s policy, as applicable, to determine training topics.

Cite		Probes
24	Independent providers and agency staff receive training on medication administration and supervision of self-administration.	<p>Determine if:</p> <ul style="list-style-type: none"> • The provider has a policy related to their own and/or staff training on medication administration or supervision of self-administration of medication. • The provider and/or staff receive training on medication administration or supervision of self-administration of medications, when applicable to their job responsibilities and the needs of individuals in the program. • Determine if medication administration training includes evidence of a return demonstration of the training by an RN for the provider and staff. • Determine if the training includes recognizing adverse drug reactions, drug-to-drug interactions or food and drug interactions. • Determine if training is provided by a qualified trainer (physician or Registered Nurse); the curriculum used is developed or approved by an RN or other appropriate entity (e.g. Area Office MCMT). <p><i>Note: A provider's policy on medication administration may be that their program does not administer or supervise self-administration of medications and all staff are made aware of this position and trained on this policy.</i></p>

Cite		Probes
25	Independent providers and agency staff receive training on required documentation for service(s) rendered.	<p>Look for evidence that the provider and/or staff have received training on the type and format of documentation that is required for the services and supports that they render.</p> <p>Examples of this training could include:</p> <ul style="list-style-type: none"> • The proper format and content of a progress note, • Recording data related to an individual's progress towards achieving goals, • Documenting the activities that individuals participate in during their time with the provider. • Instruction on documentation that is required for reimbursement and monitoring purposes. • Development of IP and documenting supporting data.
26	Independent provider and agency staff receive training on responsibilities under the Core Assurances.	<p>Look for evidence that the provider and/or staff have been familiarized with and have had some training related to the Core Assurances section of their Waiver Services Agreement.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • The rights of individuals in the program and how the provider respects these rights; • Maintaining confidentiality of consumer information; • Offering individual's choice of services and supports; • Recognizing and reporting of suspected abuse, neglect or exploitation; • Assisting individuals in achieving personal goals and desired outcomes; • Rendering services in an ethical manner.

Cite		Probes
27	Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.	<p>Look for evidence that the provider and/or staff have been familiarized with and have had training related to the service specific sections of their Waiver Services Agreement and the DS Waiver Services Florida Medicaid Coverage and Limitations handbook.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Implementation plan development and monitoring; • Specifics of rendering services and supports; • Service limitations; • Service documentation requirements • Billing for services; and • Outcomes established for service delivery.
28	Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.	<p>Look for evidence that the provider and/or staff have received training on using desired outcomes for individuals as the guide for rendering services and supports.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Designing training programs that address the consumers goals from the Support Plan; • Involving the consumer and/or family in the development of the implementation plan; • Designing services and supports from the standpoint of the outcome that is desired by the individual and/or family. • Training in Personal Outcome Measures or other person-centered planning approach. <p>Refer also to the provider’s policy, if applicable, to determine training specified.</p> <p><i>Note: This does not mean that the provider must have received the official Personal Outcome Measures training (with the exception of Support Coordinators). Other person-centered approaches are acceptable.</i></p>

Cite		Probes
29 W2.0	Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.	<ul style="list-style-type: none"> • Look for evidence that the provider and/or staff assigned to render services and supports to individuals have received some orientation to an individual and their unique characteristics and needs. • The family or guardian, a physician or nurse, other providers or people who are in regular contact with and understand the unique characteristics and needs of the individual can provide this orientation. <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Communicating with the individual; • Repositioning requirements for the individual; • Instruction on a behavior program, if applicable to the individual; • Specific training to implement a training program tailored to an individual's goal(s). <p><i>This training may be one-on-one in nature, and therefore documentation may not take the form of an agenda, or curriculum with handouts and outline. Look also for evidence in the consumer's record, such as in progress notes or other provider documentation for this evidence.</i></p>
30	Proof of required training in recognition of abuse and neglect, to include domestic violence and sexual assault, and the required reporting procedures is available for all independent vendors and agency staff.	<ul style="list-style-type: none"> • Review personnel files and other provider training records for evidence of required training. • If applicable, ask staff about the in-service training that they have received. • Training should include prevention, detection and reporting requirements.
Standard: Services are provided at an intensity and duration necessary for successful support of the individuals served.		
31 W2.0	Services are rendered at a time mutually agreed to by the individual and provider.	<ul style="list-style-type: none"> • Ask the provider to supply evidence that they work with the individual to identify service times. • Review the provider's satisfaction survey to determine if this is an area that is covered and if the provider has any results. • If the provider collects complaint data, ask to see the data and determine if any complaints have been reported relative to service times. • Ask individuals if the time of the service is consistent with their needs and expectations.

Cite		Probes
		<i>Note: An individual cannot receive a combination of ADT, NRSS and/or Residential Habilitation services equivalent of 35 hours a week.</i>
32	Services are not provided in the individual's or provider's place of residence.	<ul style="list-style-type: none"> • Ask individuals where services usually take place. • Determine from provider where services occur. • Review daily progress notes and other documentation to determine location of services.
33	Individuals are not allowed to pay for any provider costs.	<ul style="list-style-type: none"> • Ask the agency provider if they have a policy on this matter, how they make it known to staff, and how they monitor compliance with the policy. • Check the provider's complaint logs to determine if any have been reported related to this issue. • If available, check with the Area Office to determine if they have received complaints or grievances on the provider related to this issue. • Talk with individuals about payment for outings, etc., and whether staff has their own funds.
34	If a provider is transporting individuals in his or her private vehicle, the provider has a valid driver's license, car registration and insurance.	<ul style="list-style-type: none"> • Ask solo providers to supply this evidence. • Ask agency providers about their policy on employees transporting individuals; if it is allowed, ask the provider to supply evidence that they check this information for employees rendering this service. • Information on file is current and complete. • The Area Office should be notified of any traffic violations immediately with the exception of parking tickets.
35	Provider immediately notifies the Area Office of any changes in driver license, car registration or insurance status, or of all traffic violations, excluding parking tickets.	<ul style="list-style-type: none"> • Determine if the provider has a procedure for notifying the Area Office office. • Determine if the provider has a record of any such notifications occurring.
36	Training activities provided in groups do not exceed three (3) individuals. (<i>Note</i>	<i>Exception: Individuals receiving supports through community senior citizen</i>

Cite		Probes
W2.0	<i>the exception described in probes)</i>	<p><i>programs or licensed Adult Day Care Centers may be exempted from the group size limitation by the Area Office Office.</i></p> <p><i>Exception: Providers serving individuals in remote areas where it is cost-beneficial to have slightly larger groups (4-6) may negotiate the limit with their Area Office Office.</i></p> <ul style="list-style-type: none"> • Review documentation and claims information to determine whether individual or group services are provided. • For any group over three individuals, the provider must have evidence of an exemption as described above. • Ask the provider to explain their process for arranging and conducting training activities. • Observe training activities if any are underway at the time of the visit. • Determine if the provider has individuals sign-in for training sessions, if so, ask to see an attendance sheet. • Talk with individuals to determine who usually accompanies them during activities.

Cite	Probes	
<p>Standard: The provider maintains sufficient reimbursement and monitoring documentation to verify service delivery and to evaluate each individual's services and supports.</p> <p><i>Note: Score based on the presence or absence of the required documentation.</i></p>		
37 R	<p>Provider has at a minimum an individual implementation plan and or behavior analysis services plan.</p>	<p>Review the provider's record.</p> <p><i>Note: A BASP may be substituted for an IP if the service is only addressing a behavioral goal. Other goals/activities must be included on an IP. The BASP must be approved and monitored by a Certified Behavior Analyst; however, NRSS may implement the program. See also the behavioral services elements at the end of this tool.</i></p> <p>This Cite is subject to recoupment if not available.</p>
38 R	<p>The IP is developed, at a minimum, within 30 days of new service initiation, or within 30 calendar days of service authorization effective date when services are being continued.</p>	<ul style="list-style-type: none"> • Review records to compare service authorization date with IP development timeframes. • How does the provider monitor that IP's are being completed within state defined timeframes? <p><i>Note: If applicable, a description of the provider's Behavior Analysis Services Plan covering the foreseeable future must be submitted to the waiver support coordinator no less than 90 days of initially providing services.</i></p> <p>The implementation plan is submitted to the waiver support coordinator at the time of the first claim submission, and at least annually thereafter at the time of the support plan update and, any time major or significant updates and changes are made before they are implemented.</p> <p>This Cite is subject to recoupment as reimbursement documentation if not present within 30 days of the effective date of the authorization.</p>

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39	Provider has at a minimum supporting data (notes) to the implementation plan.	<p>Interactively, with the provider, review a sample of records to determine if they contain supporting data that:</p> <p>Identifies the individual’s progress toward achieving the goal(s) identified in the implementation plan; Supporting data may include:</p> <ul style="list-style-type: none"> ▪ Progress notes relevant to training and activity sessions. (May include information from the monthly summaries and annual report.) ▪ Any assessments used to identify additional needs/desires of the individual. ▪ Data or data displays from training sessions. ▪ Other information gathered and used to determine strategies, meaningful activities or approaches. <p>Supporting data may be used to create the monthly summary of progress for the individual.</p> <p>Review also the provider’s policies/ procedures and strategies on the IP to determine what supporting data is to be collected and how.</p>
40	Provider has at a minimum daily progress notes for each day services were provided.	<p>Interactively, with the provider, review a sample of records to determine if they contain daily progress notes that include:</p> <ul style="list-style-type: none"> • Notes on the individual’s progress towards achieving his or her support plan goals for the period being billed, or • A summary describing the treatment or training provided the individual, or • Task accomplished. • Determine that progress notes are available for each day that services were provided.

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41 R	Provider has at a minimum a monthly summary, including the training location, for the days services were provided of individual's progress and activities toward achieving support plan goal(s) for the period being reviewed.	<ul style="list-style-type: none"> • Interactively, with the provider, review a sample of records to determine if they contain a monthly summary note indicating an individual's progress, or lack thereof, toward achieving the goal(s) identified on the implementation plan for the month billed. • Determine that progress statements are consistent with available data and daily progress notes and other supporting data. <p>This Cite is subject to recoupment as reimbursement documentation if not available.</p>
42	Provider has at a minimum an annual report.	<ul style="list-style-type: none"> • Interactively, with the provider, review a sample of records to determine if they contain an annual, written report that indicates the individual's progress toward their support plan goal(s) for the year. • Progress statements in the annual report should contain objective (data/fact based) as well as subjective information. • Determine that report information is consistent with monthly summaries and other supporting data. <p>The report is to be submitted to the waiver support coordinator prior to the annual support plan update.</p>
43	Provider has at a minimum results of the annual satisfaction survey.	Interactively, with the provider, review a sample of records or other files and reports to determine if they contain satisfaction survey results and resulting quality improvement measures that have been put in place as a result of the survey.

Cite		Probes
44 R NEW	Provider has at a minimum copies of service logs for each month services were rendered.	<p>Review provider service logs to determine if they contain the required information, including information on paid and unpaid supports.</p> <p>Service logs are to be submitted to the waiver support coordinator on a monthly basis.</p> <p><i>Note: A service log contains the individual's name, social security number, Medicaid ID number, the description of the service, activities, daily schedule, supplies or equipment provided and corresponding procedure code, times, dates and locations service was rendered.</i></p> <p>This Cite is subject to recoupment as reimbursement documentation if not available.</p>
45	Provider has at a minimum performance data on the Projected Service Outcomes.	Interactively, with the provider, review any performance improvement data that is available related to the identified service outcomes.

Cite	Probes	
Standard: Provider bills for services as authorized.		
46 R	<p>Services are limited to the amount, duration and scope of the services described on the individual's support plan and current approved cost plan.</p>	<ul style="list-style-type: none"> • Interactively, with the provider, review a sample of approved cost plans and service authorizations in comparison with claims data, daily progress notes and monthly summaries. • Verify that the provider has on file a service authorization for the services provided to each individual in the sample. • NRSS services are not provided during the time that another provider is scheduled to provide services. • Review claims and billing information to determine that NRSS services are not provided concurrently (at the same time) with PCA, ADT or Companion services. • Review the staffing ratio authorized. <p>Note: The provider can bill at a different ratio if the service is provided intermittently. However, the total cost from the approved service authorization cannot exceed the individual's cost plan year.</p> <p>This Cite is subject to recoupment if the provider is providing the service without an authorization, or is billing for more than the authorized service levels.</p>

Cite		Probes
47 R	Provider does not bill separately for transportation and travel cost that are inclusive of the service.	<ul style="list-style-type: none"> • Interactively, with the provider, review a sample of invoices submitted for payment and claims information. • Compare the sampled invoices with service records for individuals. • Ask the provider to describe and discuss billing policies and procedures. • Ask the provider if they have had any difficulty with denied claims. <p><i>Note: Transportation and travel cost are included in the provider's rate and may not be billed separately.</i></p> <p><i>Exception: Transportation may be billed separately by an enrolled transportation provider to allow recipients to be transported to a central community-based location from which the recipients would then travel to appropriate and approved training locations with the NRSS provider.</i></p> <p>This Cite is subject to recoupment for any transportation and travel cost billed separately.</p>
48	Providers that bill by the unit prepare bills that reflect actual dates of service.	<p>If the provider renders services by the</p> <ul style="list-style-type: none"> • An individual is limited to no more than 35 hours per week. • Compare daily attendance logs to provider billing or invoices and claims data. <p>When residential habilitation and NRSS are used as part of a meaningful day activity for a recipient, the recipient may not receive a combination of ADT, NRSS or supported employment services that exceeds 35 hours a week.</p>

Cite	Probes	
49 R	The provider bills for NRSS as defined and specified in the DS Waiver Services Medicaid Coverage and Limitations handbook.	<p><i>Note: NRSS is a training service expected to enhance skills and achieve individual goals and outcomes.</i></p> <p>This Cite is subject to recoupment for any individual when there is evidence that the individual is not receiving this service as defined. (e.g. No evidence of training services or meaningful activities for the individual and services were billed.)</p>
Standard: The provider meets Projected Service Outcomes established for service delivery.		
50	The provider has established a systematic method of data collection for projected service outcome data.	<ul style="list-style-type: none"> • Ask the provider to discuss the goals and Projected Service Outcomes that they are monitoring. • Ask the provider what data they are collecting and how they collect the data (e.g., record review, specially developed forms completed by employees, consumer satisfaction surveys, etc.) • Ask for samples of the tools or other evidence that confirms data is being collected and monitored. • Ask the provider to describe how it is determined they are meeting \ Projected Service Outcomes. • If the provider has any data or reports that they produce and maintain related to the goals and projected outcomes, ask to see these reports and identify how long the provider has been tracking this data.
51	There is evidence that the data are reviewed periodically and that corrective measures are put in place if the data indicates that the goal is not being achieved.	<ul style="list-style-type: none"> • Ask the provider how it is determined they are achieving Projected Service Outcomes. • Ask the provider how frequently they perform this monitoring. • Ask the provider if they have identified any areas in need of improvement and what corrective actions they have taken. • Look for evidence that the provider is collecting and monitoring data according to the time frames they have defined.

Cite		Probes
	<p>For elements 52-55, document findings in comments as #met/total sample. 100% of the sample, must meet criterion in order for the elements to be designated ‘Met’ except where otherwise indicated.</p> <p>Outcomes should be measured considering individual skills and circumstances.</p> <p>Reviewers will determine achievement of projected service outcomes at the time of the review</p> <p>Reviewers will also use the results and status of recommendations from the Person-centered Reviews applicable to the provider, information from the sample records and documentation reviewed, and discussions with the individuals receiving the services.</p>	
52 W2.0	Individuals achieve goals on their support plan during the year.	<p>Review provider documentation to determine whether the individual has achieved a current or previous support plan goal.</p> <p>Provider must demonstrate evidence that 80% of the individuals sampled achieved at least one goal on their current or previous support plan within the last twelve months.</p> <p>Interview individual and guardian if necessary.</p>
53 W2.0	All individuals served, who have responded to their annual satisfaction survey are satisfied with the services based on the results or that the provider has addressed any concerns raised during the survey.	<p>Review annual satisfaction survey for results.</p> <p>Discuss satisfaction with individuals receiving services.</p> <p>Review steps/actions that the provider took to respond to individual’s concerns.</p> <p>Provider should track the results of the satisfaction surveys and address aggregate concerns.</p> <p>Provider should ensure the effectiveness of any corrective measures put in place by monitoring the status of quality improvement initiatives as needed and makes adjustments as necessary to ensure improvement in their service delivery system.</p> <p>Look for documentation that the provider has distributed satisfaction surveys to each individual receiving the service.</p>

Cite		Probes
54 W2.0	Individuals who use the supports and services of the provider demonstrate an increase in abilities, consistent with their support plan.	<ul style="list-style-type: none"> • Look for evidence in supporting data that the individuals are making progress toward achieving their personal goals. <p>Note: Based on the age, level of functioning, interest and health condition, the individual is assisted with the acquisition, retention or maintenance of skills reflective of their interests. The activities must be meaningful to the individual. For example, for geriatric individuals, the provider tailors interventions based on the needs of the individual which may include skill maintenance.</p> <p>Through interview with the individual/staff it can be verified that the individual has made progress and this is verified through documentation.</p> <p>Interview guardian if necessary</p>
55 W2.0	Individuals who use the supports and services of the provider are supported in integrated community sessions of their choice to increase their level of participation or independence.	<p>Indicators of achievement may include: evidence of building and/or maintaining natural support systems, establishing or increasing community connections, and/or exercising rights and privileges as fully participating members of the community.</p> <p>Interview individual/guardian if appropriate and look for supporting documentation from the provider.</p> <p>Note: Community integrated settings – local settings that possess the following characteristics: generic local community resources utilized by other people without disabilities and settings which promote direct personal interaction between individuals with or without Developmental Disabilities. Community inclusion should demonstrate how the individual actively participates in the activities.</p>

Cite	Probes	
<p>If the provider is not rendering services to individuals that have problems with behavior such as those that follow, score the elements in this section Not Applicable.</p> <p>Types of Problems with Behavior:</p> <p>Actions of the individual which, without behavioral, physical, or chemical intervention</p> <ol style="list-style-type: none"> 1. Have resulted in self-inflicted, detectable, external or internal damage requiring medical attention or are expected to increase in frequency, duration, or intensity resulting in self-inflicted, external or internal damage requiring medical attention. 2. Have occurred or are expected to occur with sufficient frequency, duration or magnitude that a life-threatening situation might result, including excessive eating or drinking, vomiting, ruminating, eating non-nutritive substances, refusing to eat, holding one's breath, or swallowing excessive amounts of air. 3. Have resulted in external or internal damage to other people that require medical attention or are expected to increase in frequency, duration or intensity resulting in external or internal damage to other persons that requires medical attention. 4. Have resulted or are expected to result in major property damage or destruction. 5. Have resulted or are expected to result in arrest and confinement by law enforcement personnel 		
<p>Standard: Behavioral Services result in objective and measurable improvements in behavior that are consistent with the individual's outcomes.</p>		
56	<p>When rendering services and supports to individuals identified as having problems with behavior, the provider is assisted by a qualified professional or professionals who meet the requirements in the Medicaid Handbook for the type of service the professional is providing.</p>	<p>If individuals in the program experience problems with behaviors, determine from the provider what qualified behavioral professional assists them with services for this individual.</p> <p>Determine if the behavioral professional is</p> <ul style="list-style-type: none"> • An employee of the provider, review personnel files. • On contract or an adjunct to the service under review, request that qualifications be available during the time of the review. <p>Ask to speak with the certified or licensed professional(s) responsible for developing interventions or supports for the individual(s). If psychotropic medications are used, then a licensed physician must be involved. For other services (e.g., counseling) refer to the Medicaid Waiver Handbook for provider qualifications.</p> <p>Look for evidence that the prescribing professional is monitoring the individual</p>
57	<p>Behavior Service goal(s) are consistent with and relate directly to the individual's personal outcomes/goals.</p>	<p>Review the person's support plan, if available, service authorization information, the implementation plan and the individual's behavioral plan (intervention/treatment/therapy plan) to determine if a clear connection exists between behavioral supports and services and the persons stated personal outcomes/goals.</p>

Cite		Probes
58	The individual has a written, individual plan developed by a certified or licensed professional that clearly identifies what will change as a result of intervention, the intervention(s) to be used and how progress will be measured.	<p>Review record(s) of individuals that the provider or staff has identified as having problems with behaviors. Is a behavior plan present, and who developed the plan?</p> <p>Review the individual's records and the behavior services plan to determine:</p> <ul style="list-style-type: none"> • The problem with behavior is described in writing and in objective measurable terms. • There is evidence that interventions, treatments and therapies were based on the results of an assessment of the problem with behavior by the behavior service professional. • There is documentation that interventions account for medical problems, significant life changes, or other factors that might worsen the problem with the behavior. • If the individual was evaluated by a physician or other medical professional to rule out potential medical problems that might account for the problem with behavior. <p>The report is to be submitted to the waiver support coordinator covering the foreseeable future, but not less than 90 days if initially providing services.</p> <p><i>Note: The plan may be written by someone other than the behavior service professional, but must be approved by the professional.</i></p>
59 W2.0	Written consent to use the plan was obtained from the individual or guardian.	<ul style="list-style-type: none"> • Review records and other documentation to determine that signed consent is on file. If consent was not obtained, look for documentation of the reason. • Talk with individuals receiving the service. Are they aware of the plan and interventions? Are they in agreement with the need for intervention and approaches used?

Cite		Probes
60	Implementers (provider staff) of the plan are able to carry out the plan as written.	<ul style="list-style-type: none"> • Ask staff to describe the procedures and the circumstances under which they are used • Observe the actual use of the procedure or intervention if possible. • Interview the individual for their understanding of implementation of the plan. • Review personnel and training records to verify staff training on the program.
61 W2.0	A system is in place to assure that procedures are carried out as designed.	<ul style="list-style-type: none"> • Review behavior service plan to determine if a plan to monitor implementation is available. • Review provider or behavioral professional documentation to determine if monitoring occurs as planned. • If there are problems with implementation, are these addressed and corrected?
62 W2.0	There is evidence of progress or lack thereof in reducing the problem with behavior.	<p>Review available and required documentation to determine whether progress in being made, or if lack of progress, that there is a plan for the continuation, modification or termination of services.</p> <p>Documentation available for review to determine whether progress is being made should include:</p> <ul style="list-style-type: none"> • Data collected on plan implementation. Are the data collected as required in the plan? • Data displays (graphed). Review to determine progress and currency of graphing. • Progress should be verified in writing as a progress note or summary. <p><i>Note: Some measurable progress must be demonstrated or predicted or the current array of services must be seriously questioned.</i></p>

Cite		Probes
63	Emergency procedures (e.g., reactive strategies, crisis management procedures) used by the provider for problems with behavior are developed and implemented under the guidance of certified or licensed behavioral services professionals.	<ul style="list-style-type: none"> • Determine if a written procedure is available. Is the procedure individualized? • Review any procedures that the provider has for emergency or crisis management. <i>(Note: The provider may have general procedures, as well as individualized. Reviewers should look at both.)</i> • Determine who developed the emergency or crisis management procedure, and if it is approved by the LRC or the Area Office. • Determine if the procedure identifies: <ul style="list-style-type: none"> ➤ How staff will be trained; ➤ What documentation must be kept and submitted upon use of the emergency procedure.
64	Staff are able to use the procedure when and as designed	<ul style="list-style-type: none"> • Review personnel and training records to determine whether staff has been trained in the use of these procedures. (Certain procedures such as ACT or TEAM require periodic retraining or certification.) • Determine whether only trained staff is allowed to use these procedures. • Talk with individuals and staff to determine their awareness of, and familiarity with these procedures.

Cite		Probes
65	Records are kept on the use of the emergency procedure and occurrences of the problem behavior.	<p>Request to see reports on use of emergency procedures. Verify the following:</p> <ul style="list-style-type: none"> • Daily reports on the employment of physical, chemical, or mechanical restraints by those specialist authorized in the use of such restraints are made to the chief administrator of the program. • A monthly summary including the type of restraint, the duration of usage and the reasons therefore will be submitted to the Area Office administrator and the local advocacy committee. <i>(Note: Reports may be sent to the Area Office Developmental Disabilities Program Office for routing to Area Office Administrator.)</i> • Review the agency procedure for reporting the use of emergence interventions. • Determine if the use of emergency interventions was properly reported. Review documented number of restraints reported to the Local Review Committee. <p><i>Note to reviewer: If emergency or crisis procedures have not been used, score this element Not Applicable.</i></p>

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