Developmental Services
Special Medical Home Care
Monitoring Protocol

Special medical home care services are for a period of up to 24-hour-a-day nursing services and medical supervision provided to residents of a licensed foster or group home that serves individuals with complex medical conditions.   The group home must maintain a staffing ration of one nurse to every three individuals in the home who require close nursing supervision.

Cite	Standard	Probes
Explanation of Monitoring Tool Symbols/Codes		

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☼ 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.

"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.

"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."

Cite	Standard	Probes
A. Service Tasks and Locations		
1	The provider renders special medical home care services at the individual's licensed group home.	Review provider services logs or other records, to determine the location where services are being rendered.

B. Provider Qualifications and Requirements

For all training related elements of performance appearing under this section: Review Area Office requirements for mandatory meetings and training documentation. Review provider's/staff member 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.

Cite	Standard	Probes
2	Providers of special medical home care are licensed foster or group homes that employ registered nurses, licensed practical nurses and certified nurse aides.	• Review Area Office enrollment files for the provider to determine licensure status of the facility. • Review provider and staff personnel files to determine that they maintain current professional licenses and certifications. *Note: The Area Office will determine when a group home qualifies to be a provider of this service and they will approve an established level of nursing staff based on individual recipient support needs during PSA review.*
3	Certified nurse aides work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).	• Review provider staff personnel files, including job descriptions for certified nurse aides to determine if there is supervision by an RN or LPN.

Cite	Standard	Probes
4	Registered and licensed nurses work within the scope of their licenses.	• Review provider staff personnel files, including job descriptions for licensed practical nurses to determine if there is supervision by a registered nurse or physician. • If this is an onsite visit ask the provider and or the staff to describe the supervisory situation.
5	Proof of current training and certification is available for all nurses in Cardiopulmonary Resuscitation (CPR).	• 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 according to regulations. • Review personnel files and other provider training records for evidence of required CPR training. • Review CPR certificates or CPR training documentation to determine expiration date and need for updated training. *Note: A certified trainer must provide CPR training.*
6	Proof of current training is available for independent vendors and agency staff in AIDS and infection control.	• 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 according to regulations. • Review personnel files and other provider training records for evidence of required training. • Infection control may be a separate training or included and documented as part of the AIDS training as "universal precautions." *Note: American Red Cross First Aid Training does not meet the requirements for HIV/AIDS training.*

Cite	Standard	Probes
7 🔔 W4.0	Level two background screenings are complete for all direct service employees.	Review available personnel files or records to ascertain compliance. Check for: • 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. • If this is an agency, look for evidence that the provider has used the screening information to identify any potentially disqualifying offenses and to make a determination of eligibility of the employee to render services and supports. As appropriate, look for evidence of Area Office exemptions on disqualifying offenses. With documented evidence of having a current license, RNs or LPNs are not required to show documentation of the two background screenings. *Note: Home health agency staff providing Home and Community Based Waiver services to developmentally disabled individuals must have Level II background screening.*
8 🔔 W4.0	All employees undergo background re-screening every 5 years.	Review available personnel files or records to verify that employees undergo background re-screening at least every 5 years Look for evidence of completion and submission of an FDLE Form, identified as either attachment 3 or 4. *Note: Fingerprint cards are not required on resubmission.* With documented evidence of having a current license, RNs or LPNs are not required to show documentation of the two background screenings.

Cite	Standard	Probes
9	The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency.	If this is an onsite visit: • Ask the provider if they are aware of 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. • 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. If this is a desk review • 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. *Note: If the Area Office has not sponsored any mandatory meetings or training, score this element Not Applicable.*
10 NEW	Direct service staff has received training in the Agency's Direct Care Core Competencies Training.	Look for documented evidence that direct service staff have received this training or an equivalent which has been approved by the Agency. Training was received within the required timeframes as developed by the Agency. This training may be completed using the Agency's web-based instruction, self-paced instruction or classroom-led instruction.

Cite	Standard	Probes
11 W2.0	Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.	Review provider personnel files or training records for evidence of this type of training. If this is an onsite review, ask the provider and/or their staff about what types of training programs they have and continue to attend. Training on health, safety and well-being of individuals could include such topics as: • 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; • Basic infection control training, e.g., hand washing before and after all contact with consumers. • Identifying and reporting concerns about health, safety and well-being of individuals and the environment in which they are living. Refer also to the provider's policy in this area to determine compliance. *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; providers and their staff may attend a program offered through another provider.*
12	Independent providers and agency staff receive training on required documentation for service(s) rendered.	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. Examples of this training could include: • Instruction on documentation that is required for reimbursement and monitoring purposes. *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; provider and their staff may attend a program offered through another provider.*

Cite	Standard	Probes
13	Independent providers and agency staff receive training on responsibilities under the Core Assurances.	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 and the DS Waiver Services Florida Medicaid Coverage and Limitations handbook. Examples of this training could include instruction on: • 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; • Rendering services in an ethical manner. *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; provider and their staff may attend a program offered through another provider.*
14	Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.	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. Examples of this training could include instruction on: • Specifics of rendering services and supports; • Service limitations; • Service documentation requirements; and • Billing for services. *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; provider and their staff may attend a program offered through another provider.*

Cite	Standard	Probes
15	Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.	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. Examples of this training could include instruction on: • Rendering services and supports in accordance with the service authorization. • Respecting the wishes of individuals as it relates to the services and supports being provided. • Use of Personal Outcomes Measures, or another person-centered planning approach. • Individualizing service delivery methods. Also refer to the provider's policy in this area to determine specified training. *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.* *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; provider and their staff may attend a program offered through another provider.*

Cite	Standard	Probes
16 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.	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 or other providers or people who are in regular contact with and understand the unique characteristics and needs of the individual can provide this orientation. Examples of this training could include instruction on: • Communicating with the individual; • Unique environmental issues for the individual • Unique individual characteristics that provider needs to be aware of in order to render services This training may be one-on-one in nature, and therefore documentation will not take the form of an agenda, or curriculum with handouts and outline. Also look for evidence in the consumer's record, such as in notes or other provider documentation.
17 W2.0	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.	• 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.
C. Service Limits and Times		
18	When special medical home care is provided, the provider does not receive reimbursement for residential habilitation or residential nursing services.	Review claims data, provider service logs and other records to determine that provider is billing for appropriate services.
19 W2.0	The provider maintains a staffing ratio of one nurse to every three individuals in the home who require close nursing supervision.	.Review provider service logs, staffing documents and other records to determine that limits are being observed.
20	Provider is authorized to render special medical home care services.	Review provider records for a service authorization.
21	Provider renders services and supports at a frequency and intensity as defined in the service authorization.	Review provider records for a service authorization and compare these to claims data and the provider's billing documents and service log.

Cite	Standard	Probes
D. Documentation		
22 R	Provider has at a minimum copies of the service logs for the period being reviewed.	Review provider service logs and other records to determine that the provider is maintaining required documentation. Service logs are to be submitted to the waiver support coordinator on a monthly basis. *Note: A service log contains the individual's name, social security number, Medicaid ID number, the description of the service, activities, supplies or equipment provided and corresponding procedure code, times and dates service was rendered.* **This Cite is subject to recoupment as reimbursement documentation if not available.**
23 R	Provider has at a minimum copies of the nursing care plan (and all revisions) for the period being reviewed.	Review provider service logs, nursing care plans and other records to determine that the provider is maintaining required documentation. This nursing care plan is submitted to the waiver support coordinator at the time of the initial claim and at least annually thereafter. **This Cite is subject to recoupment as reimbursement documentation if not available.**
24 W2.0	Provider has at a minimum daily progress notes (on days services was rendered) for the period being reviewed.	Review provider records for copies of daily progress notes. *Daily progress notes should be directly related to the individual's plan of care and treatment.*
25	The provider has at a minimum the original prescription for this service.	Review provider records for a copy of the original physician prescription. A copy of the prescription for the service is submitted to the waiver support coordinator.
26 R	The provider has at a minimum an individual nursing assessment completed at time of first billing and annually thereafter.	Review provider records for a nursing assessment and updates. *Note: Individual nursing assessment must be completed at the time of the first billing.* The nursing assessment is submitted to the waiver support coordinator at the time of the initial claim. **This Cite is subject to recoupment as reimbursement documentation if not available.**

Cite	Standard	Probes
E. Payment and Billing		
27 R	The provider only submits claims for reimbursement for the days the individual actually resides in the licensed group home.	Review claims data, provider service logs or other records, such as service logs and daily progress notes to determine billing occurs according to state's requirements. *Note: When special medical home care is provided, the provider may not receive reimbursement for residential habilitation or residential nursing services.* *Note: Special medical home care services can only be billed for days the individual actually resided in the licensed foster/group home and up to 365 days a year. The provider may not bill for days the individual is hospitalized or is participating in a home visit.* **This Cite is subject to recoupment for any day billed when the individual was absent from the licensed home.**

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