




Developmental Services

Companion

Monitoring Protocol

Companion services consist of non-medical care, supervision and socialization activities provided to an adult on a one-on-one basis. This service must be provided in direct relation to the achievement of the individual’s goals per his or her support plan. A companion provider may also assist the individual with such tasks as meal preparation, laundry and shopping; however, these activities shall not be performed as discrete services. This service does not entail hands-on medical care. Providers may also perform light housekeeping tasks, incidental to the care and supervision of the individual. Companion services may be scheduled on a regular, long-term basis. Companion services are not merely diversional in nature but are related to a specific outcome or goal of the individual.

Cite	Standard	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>		
<p>B. Provider Qualifications and Requirements</p> <p><i>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.</i></p>		
1	<p>Providers may be licensed home health or hospice agencies.</p> <p style="text-align: center;">Or</p> <p>Independent providers are at least 18 years of age and have one year of experience in medical, psychiatric, nursing or child care settings, or working with individuals with developmental disabilities.</p>	<p><i>Note: Home health, hospice and all agencies and organizations shall be licensed by the Agency for Health Care Administration</i></p> <ul style="list-style-type: none"> • Review Area Office enrollment files for verification • If onsite visit, determine if the provider has a current license. • Ask the provider about their work experience and exposure to individuals with developmental disabilities. <p><i>For independent providers:</i> Review the provider’s resume, and work history.</p> <p><i>Note: College or vocational/technical training from an accredited institution equaling at least 30 semester hours, 45 quarter or 720 classroom hours may be substituted for the required experience.</i></p> <p><i>Independent vendors are not required to be licensed or registered if they bill for services they personally provide.</i></p> <p><i>An independent vendor that operates as an agency with more than one employee to provide and bill for services shall be registered as a sitter/companion provider, in accordance with Chapter 400, F.S.</i></p>

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2  W4.0	Level two background screenings are complete for all direct service employees.	<p>Review personnel files for evidence of:</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. • 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.
3  W4.0	Provider undergoes background re-screening every 5 years.	<ul style="list-style-type: none"> • Review available personnel files or records to verify that provider and staff, as applicable, 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. <p><i>Note: Fingerprint cares are not required on resubmission.</i></p>
4	Proof of current training and certification is available for all independent providers and agency staff in Cardiopulmonary Resuscitation (CPR).	<p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Providers have 30 days from initially providing companion services to complete training. • Determine if the provider and staff receives retraining according to the requirements established by the sponsoring organization. <p><i>Note: A certified trainer must provide CPR training.</i></p>
5	Proof of current training is available for all independent providers and agency staff in AIDS and infection control.	<p>Review personnel files and other provider training records for evidence of required training.</p> <ul style="list-style-type: none"> • Providers have 30 days from initially providing companion services to complete training. • Determine if the provider and staff receives retraining according to the requirements established by the sponsoring organization. <p><i>Note: American Red Cross <u>First Aid</u> Training does not meet the requirement for AIDS training.</i></p> <p><i>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 or sponsored by another organization such as the American Red Cross.</i></p>

Cite	Standard	Probes
6	The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency.	<p>If this is an onsite visit:</p> <ul style="list-style-type: none"> • 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. <p>If this is a desk review</p> <ul style="list-style-type: none"> • 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 or training, score this element Not Applicable.</i></p>
7 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	Standard	Probes
8 W2.0	Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.	<p>Review provider personnel files or training records for evidence of this type of training.</p> <p>Ask the provider and/or their staff about what types of training programs they have and continue to attend.</p> <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; • Basic infection control training, e.g., hand washing before and after all contact with consumers; • Appropriate mealtime interventions; • Positioning requirements, as applicable. <p>Refer also to the provider’s policy in this area to determine compliance.</p> <p><i>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.</i></p>
9	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"> • Instruction on documentation that is required for reimbursement and monitoring purposes. <p><i>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.</i></p>

Cite	Standard	Probes
10	Independent providers 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 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"> • 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. <p><i>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.</i></p>
11	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 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"> • Specifics of rendering services and supports; • Service limitations; • Service documentation requirements; and • Billing for services. <p><i>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.</i></p>

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12	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"> • 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. <p>Also refer to the provider’s policy in this area to determine specified training.</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. 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.</i></p>
13 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.	<p>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.</p> <p>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.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Communicating with the individual; • Unique environmental issues for the individual; • Unique individual characteristics that the provider needs to be aware of in order to render services and supports. <p>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. Look for evidence in the provider’s records on the individual, such as in notes or other documentation.</p>

Cite	Standard	Probes
14 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.	<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.
C. Service Limits and Times		
15	The provider renders no more than 40 units of these services per day to an individual.	<p><i>Note: A unit is defined as a 15 minute time period or portion thereof</i></p> <p><i>Note: The support of the companion should be replaced with natural, non-paid supports</i></p> <ul style="list-style-type: none"> • Review provider invoices and services logs. • Ask the provider about their service scheduling procedures. <i>Services may be scheduled on a regular, long-term basis</i> • Ask the provider about the populations to who they typically render services and supports. • Determine if services are being provided in accordance with service authorizations, support plans and/or approved cost plans • Ask the provider about the goals of their services and supports. Companions are to work themselves out of a job as the individual develops community connections.
16	The provider is authorized to render companion services.	Review provider records for a service authorization.
17 R	The provider renders services and supports at a frequency and intensity as defined in the service authorization.	<ul style="list-style-type: none"> • Review provider records for a service authorization and compare these to claims data and the provider's billing documents and service log(s). • Ask the provider if they are aware of the other services the individual is receiving and what they do to avoid rendering services and supports at the same time. • Ask individuals when they typically meet with the provider and where these meetings occur. <p><i>Note: Companion services cannot be rendered at the same time that Adult Day Training, Personal Care Assistance or Non-Residential Support services are being provided.</i></p> <p>This Cite is subject to recoupment if more than one service is billed for the same individual and time period.</p>

Cite	Standard	Probes
18	The provider renders services to adults 18 years and older.	<ul style="list-style-type: none"> • Ask the provider about the populations to who they typically render services and supports. • Determine if services are being provided in accordance with service authorizations, support plans and/or approved cost plans • Ask the provider about the goals of their services and supports. Companions are to work themselves out of a job as the individual develops community connections.
19 W2.0	The provider renders services and supports on a one-on-one basis.	<ul style="list-style-type: none"> • Ask the provider about the populations to who they typically render services and supports. • Ask the provider about the individuals they are currently working with and how they schedule activities for these individuals. • Review provider service logs and compare to claims data.
20	The provider does not render services to individuals living in licensed residential settings (excluding foster homes).	<p><i>Note: Individuals may not receive this service in the provider's home.</i></p> <ul style="list-style-type: none"> • Ask the provider where they typically render services and supports. • Look for evidence in service logs and records for the location where services and supports are being rendered. • Ask individuals where they typically meet with the provider.
21	The provider renders companion services in the individual's own home, foster home or family home, or while the individual who lives in one of those settings is engaged in a community activity.	<ul style="list-style-type: none"> • Ask the provider if they transport individuals in their private vehicles. • If an agency provider, ask about procedures that are followed when direct service staff transport individuals in their private vehicles, such as when they collect and how they maintain information on employees rendering transportation. • Review provider and staff personnel files or other records for driver's license, vehicle registration and insurance to determine that they are current.
22	If the provider is transporting the individual in his or her private vehicle, the provider has a valid driver's license, vehicle registration, and insurance.	<ul style="list-style-type: none"> • Ask the provider if they transport individuals in their private vehicles. • If an agency provider, ask about procedures that are followed when direct service staff transport individuals in their private vehicles, such as when they collect and how they maintain information on employees rendering transportation. • Review provider and staff personnel files or other records for driver's license, vehicle registration and insurance to determine that they are current.

Cite	Standard	Probes
23	The provider notifies the Area Office Developmental Disabilities Program Office of any changes in driver's license, vehicle registration, insurance status, or of traffic violations.	<ul style="list-style-type: none"> • Ask the provider to describe their procedure for notifying the Area Office of any traffic violations, with the exception of parking tickets. • If this is an onsite visit, if any instances have occurred requiring notification, ask for examples of the notifications. • Review provider or agency staff personnel files or other records for evidence that changes in status or traffic violations, with the exception of parking tickets, have been reported to the Area Office immediately.
D. Documentation		
24 R	The provider has at a minimum copies of service logs for the period being reviewed.	<ul style="list-style-type: none"> • Review provider invoices and services logs. • Interview the provider about the types of services they provide for individuals. Services may be provided in the individual's own home or family home, or while the individual who lives in one of those settings is engaged in a community activity. • Determine how the provider knows about the outcomes or goals their services and supports are intended to achieve for individuals. Services are related to a specific outcome or goal of the individual. • Ask individuals about the activities in which they are involved. Do they feel these are beneficial and related to their interests and goals? Are they interested in the activities? • Determine if the provider is assisting the individual with meal preparation, laundry, shopping, and light housekeeping. <i>Note: These services may not be performed as discrete services and only when there is no one else available to perform them.</i> <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, supplies or equipment provided and corresponding procedure code, times and dates service was rendered.</i></p> <p>This Cite is subject to recoupment as reimbursement documentation if not available.</p>

Cite	Standard	Probes
25 W2.0	Companion services are being provided in accordance with an outcome on the individual's support plan and are not merely a diversion.	<ul style="list-style-type: none"> • Review provider service authorizations and services logs. • Interview the provider about the types of services they provide for individuals. Services may be provided in the individual's own home or family home, or while the individual who lives in one of those settings is engaged in a community activity. • Determine how the provider knows about the outcomes or goals their services and supports are intended to achieve for individuals. Services are related to a specific outcome or goal of the individual. • Ask individuals about the activities in which they are involved. Do they feel these are beneficial and related to their interests and goals? Are they interested in the activities? • Determine if the provider is assisting the individual with meal preparation, laundry, shopping, and light housekeeping. <p><i>Note: Services may not be performed as discrete services and only when there is no one else available to perform them.</i></p>
E. Payment and Billing		
26 R	The provider does not bill for services to two individuals for the same period of time.	<ul style="list-style-type: none"> • Review provider invoices and services logs. • Review billing records and claims data. Compare against service logs. <p>This Cite is subject to recoupment if service was not performed on a one-on-one basis.</p>
27 R	The provider does not bill separately for transportation and travel costs.	<ul style="list-style-type: none"> • Review provider invoices and services logs. • Review billing records and claims data. Compare against service logs. <p><i>Note: Transportation costs are integral components of the service and included in the basic rate.</i></p> <p>This Cite is subject to recoupment if transportation was billed for separate from companion services.</p>

Cite	Standard	Probes
<p>Note: Score the following elements of performance ONLY when providers of this service are being reviewed as part of an onsite quality assurance review. If conducting a Desk Review, score these elements of performance Not Applicable.</p>		
<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><u>Types of Problems with Behavior:</u></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>		
28	<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><i>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.</i></p> <p>Look for evidence that the prescribing professional is monitoring the individual</p>
29	<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	Standard	Probes
30	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><i>Note: The plan may be written by someone other than the behavior service professional, but must be approved by the professional.</i></p>
31 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?
33	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.
33 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?

Cite	Standard	Probes
34 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 is 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>
35	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.
36	Staff is 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	Standard	Probes
37	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 Area Office local advocacy committee. (Note: Reports may be sent to the Area Office Developmental Disabilities Program Office for routing to Area Office Administrator.) • 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: If emergency or crisis procedures have not been used, score this element Not Applicable.</i></p>

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