

Life Skills Development Level 4 – Prevocational Services

- iBudget Handbook -

This service provides learning and work experiences, including volunteer work, where the person can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings.

Services are time limited, up to 36 total months, and with specific outcomes to be achieved, as determined through the ongoing person-centered planning process.

The service should enable the person to attain the highest level of work in the most integrated setting and with the job matched to the person's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines.

The service is intended to develop and teach general skills that lead to competitive and integrated employment including, but not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; employ workplace problem solving skills and strategies; general workplace safety and mobility training.

Persons receiving this service must have employment-related goals in their Person-Centered Support Plan and training must be provided in accordance with a formal Implementation Plan, developed under the direction of the person, reflecting goal(s) from their current Support Plan.

The successful outcome of this service is competitive, integrated employment in the community for which the person is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities is considered to be the successful outcome of prevocational services.

Service Specific Record Review – Life Skills Development 4 (Prevocational)

#	Performance Measure/Standard	Protocol	Not Met Reasons
1	The provider maintains Daily Attendance Logs covering services provided and billed during the period under review.	<p>iBudget Handbook COMPLIANCE</p> <p>Review Daily Attendance Logs for the entire period of review.</p> <ul style="list-style-type: none"> • Daily Attendance Logs must contain: <ul style="list-style-type: none"> ○ Name of person receiving services ○ Name of the service provider ○ Dates of service ○ Time period (e.g., 8:30 a.m. to 2:30 p.m.) <p>Life Skills Development 4 (Prevocational Services) providers must combine each day's service in a month and bill at the end of the month. The number of daily hours is counted by hours and minutes. Minutes must be rounded at the end of the month to the nearest hour.</p> <p>Review time in/out for each date of service on the Daily Attendance Logs for each month during the period of review.</p> <ul style="list-style-type: none"> ○ Total time present for each service date based on actual time in/out. ○ Number of units billed at the end of the month should equal total time present for the entire month. ○ Total monthly units (hours) are rounded down if 30 minutes or less from the hour and rounded up if 31 minutes or more. <ul style="list-style-type: none"> ➤ Billing instructions can be found in chapter 3 of the Handbook. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<ol style="list-style-type: none"> 1) Daily Attendance Logs were not present for some/all dates of service for which claims were submitted. (B) 2) Daily Attendance Logs did not include the name of the person receiving services. (B) 3) Daily Attendance Logs did not include the dates of service. (B) 4) Daily Attendance Logs did not include the time period. (B) 5) Discrepancies were noted between units billed and services documented. (B)

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#	Performance Measure/Standard	Protocol	Not Met Reasons
2	The Implementation Plan covering services provided and billed during the period under review is in the record.	<p>iBudget Handbook COMPLIANCE</p> <p>Review record to determine if there is an Implementation Plan present covering the entire period of review (this may require review of 2 Implementation Plans).</p> <ul style="list-style-type: none"> • Review record to determine the date the Support Plan was received from the Support Coordinator. <ul style="list-style-type: none"> ○ Provider is responsible for documenting the date the Support Plan was received from the WSC and/or efforts to obtain. • Review record to determine the completion/development date of the Implementation Plan. <ul style="list-style-type: none"> ○ Implementation Plan must be developed, at a minimum, within 30 days of the initiation of the new service, or within 30 days of receipt of the Support Plan for continuation of services and annually thereafter. <p>Exception: When the Support Plan is received more than 30 days prior to the Support Plan effective date the following may apply.</p> <p>Implementation plan must be developed no later than 30 days prior to the SP effective date or within 30 days of receipt of the Support Plan, which ever date is later.</p> <p>Example: SP effective 10/1</p> <ul style="list-style-type: none"> ○ SP received 7/15 – develop IP no later than 9/1 (30 days prior to SP effective date) ○ SP received 8/15 – develop IP no later than 9/14 (within 30 days of receipt) ○ SP received 9/15 – develop IP no later than 10/15 (within 30 days of receipt). 	<ol style="list-style-type: none"> 1) Implementation Plan was not in the record for some or all of the period of review. (B) 2) Implementation Plan was not developed within 30 days of receipt of the Support Plan from the WSC. (B) 3) Implementation Plan was not developed within 30 days following the initiation of the new service. (B) 4) Provider documentation does not demonstrate date the Support Plan was received from WSC. (B)

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		This standard is subject to identification of a potential billing discrepancy	
3	<p>The current Implementation Plan covering services provided and billed during the period under review contains all required components.</p>	<p>iBudget Handbook COMPLIANCE</p> <p>NOTE: For the purposes of this standard, only the “current Implementation Plan” will be reviewed. This is defined as the Implementation Plan associated with the Support Plan in effect at the time of the record review.</p> <p>Review the current Support Plan to determine the goals/outcomes to be addressed by Life Skills Development 4 – Prevocational Services.</p> <p>Review the current Implementation Plan to determine minimum content is included:</p> <ul style="list-style-type: none"> • Name of person receiving services; • Goal(s)/Outcomes from the current Support Plan the service will address • Methods employed to assist the person in meeting the Support Plan goal(s)/outcomes. <ul style="list-style-type: none"> ○ The methods employed should vary based on the nature of the goal(s)/outcome(s), person’s preferences and according to the person’s learning style i.e. hand over hand, verbal prompt, simulations, role play, step by step instructions, demonstration, repetition. • System to be used for data collection and assessment of the person’s progress in achieving the Support Plan goal(s)/outcomes. 	<ol style="list-style-type: none"> 1) Current Implementation Plan was not in the record. 2) Current Implementation Plan did not include the name of the person served. 3) Current Implementation Plan did not include one or more goal(s)/outcomes from the Support Plan the service will address. 4) Current Implementation Plan did not include the methods employed to assist the person in meeting the Support Plan goal(s)/outcomes. 5) The methods identified on the current Implementation Plan did not relate to the Support Plan goals/outcomes. 6) Current Implementation Plan did not identify the systems to be used for data collection and assessment of the person’s progress in achieving the Support Plan goal(s)/outcomes. 7) Current Implementation Plan was not signed by the recipient/legal representative. 8) Current Implementation Plan was not updated prior to implementing identified changes.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> ○ Data collection systems and assessment of progress toward Support Plan goals/outcomes should vary based on the nature of the goal(s)/outcome(s) and be consistent with methods. Examples may include but not be limited to data collection sheets, skill acquisition forms, progress notes. ● Signature of the recipient <p>Review the current Implementation Plan to determine if changes or updates were identified on the plan prior to initiating.</p>	
4	<p>Provider documentation demonstrates the Implementation Plan is being followed as written.</p>	<p>iBudget Handbook COMPLIANCE</p> <p>Review record for Implementation Plans covering the period of review.</p> <ul style="list-style-type: none"> ● Determine if provider documentation demonstrates identified methods employed to assist the person in meeting the Support Plan goal(s)/outcomes are being followed. <ul style="list-style-type: none"> ○ Refer back to Implementation Plan(s) for specific methods. ● Determine if provider documentation demonstrates system to be used for data collection/assessment of progress is being followed. <ul style="list-style-type: none"> ○ Refer back to Implementation Plan for specific data collection/assessment systems. ● Review documentation to determine if updates were made to the Implementation Plan during the Support Plan year. <ul style="list-style-type: none"> ○ If so, determine if ongoing service documentation demonstrates identified changes. 	<ol style="list-style-type: none"> 1) Implementation Plan was not in the record. 2) Provider documentation demonstrated one or more goal(s)/outcomes from the Support Plan were not being addressed. 3) Provider documentation did not demonstrate methods identified to assist the person to meet Support Plan goals/outcomes were being followed. 4) Provider documentation did not demonstrate systems to be used for data collection/assessment of progress were being followed. 5) Provider documentation did not demonstrate change when modifications were made to the Implementation Plan.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
5	A copy of the Implementation Plan is provided to the person and when applicable, the legal representative, within required 30-day time frame.	<p>iBudget Handbook COMPLIANCE</p> <p>NOTE: For the purposes of this standard, only the “current Implementation Plan” will be reviewed. This is defined as the Implementation Plan associated with the Support Plan in effect at the time of the record review.</p> <p>Ask the provider to describe method of documenting how and when a copy of the Implementation Plan is provided to the person and when applicable, the legal representative.</p> <ul style="list-style-type: none"> • Review record for documentation supporting stated method. • Determine the date a copy of the Implementation Plan was provided to the person and when applicable, the legal representative. • The Implementation Plan must be developed within 30 days of receipt of the Support Plan or initiation of a new service. (See “Exception” in protocol on standard #2) • A copy of the Implementation Plan, signed by the person, must be furnished to the person and when applicable the person’s legal representative at the end of this 30-day period. 	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate a copy of the current Implementation Plan was provided to the person. 2) Provider documentation did not demonstrate a copy of the current Implementation Plan was provided to the legal representative. 3) Provider documentation demonstrated a copy of the current Implementation Plan was provided to the person but not within the 30-day timeframe. 4) Provider documentation demonstrated a copy of the current Implementation Plan was provided to the legal representative but not within the 30-day timeframe.
6	A Quarterly Summary covering services provided and billed during the period under review is in the record.	<p>iBudget Handbook COMPLIANCE</p> <p>The quarterly time period begins on the effective date of the Support Plan.</p> <p>Refer to the Support Plan to determine the goals/outcomes addressed by Life Skills Development 4 – Prevocational Services.</p>	<ol style="list-style-type: none"> 1) One or more Quarterly/Monthly Summaries were not in the record. 2) One or more Quarterly/Monthly Summaries were not reflective of progress toward one or more Support Plan goals/outcomes. 3) One or more Quarterly/Monthly Summaries did not include a description of activities that took place during each quarter/month.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>Determine Support Plan effective date to determine Quarterly Summary timeframes.</p> <ul style="list-style-type: none"> • Determine if provider completes Monthly rather than Quarterly Summaries. <ul style="list-style-type: none"> ○ Monthly Summaries in lieu of Quarterly Summaries are acceptable. • Review each Quarterly (Monthly) Summary within the period to determine minimum content is included: <ul style="list-style-type: none"> ○ Description of the person’s progress, or lack thereof, toward achieving each of the goals/outcomes identified on the Support Plan specific to services rendered. ○ *Description of activities that took place during each quarter (month) of the Support Plan year that services were rendered. <p>*Description of activities that took place during each quarter (month) of the Support Plan year for Life Skills Development 4 – Prevocational Services will vary by person and could include but not be limited to social activities, special events, Baker Acts, police involvement, celebrating achievement of a significant milestone, awards, any events that impacted attendance, Support Plan meetings, updates on any unresolved issues reported on a previous Quarterly (Monthly) Report, etc.</p> <p>If the provider was not providing services at the time the last Quarterly (Monthly) Summary was due, score as N/A.</p>	<p>4) One or more Quarterly Summaries were not aligned with the Support Plan effective date.</p>
7	The Annual Report covering services provided and billed during the period under review is in the record.	<p>iBudget Handbook COMPLIANCE</p> <p>Review record to determine if there is an Annual Report present covering the entire period of review (this may require review of 2 Annual Reports).</p>	<p>1) Annual Report was not in the record. (B) 2) Annual Report was completed, but not at least 60 days prior to the Support Plan effective date. (B)</p>

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>Review record to determine Support Plan effective date.</p> <ul style="list-style-type: none"> • Determine if the Annual Report is a component of the Third Quarterly Summary, Ninth Monthly Summary (for those completing Monthly Summaries) or a separate document (which is acceptable). <ul style="list-style-type: none"> ○ The Third Quarterly Summary or Ninth Monthly Summary may serve as the Annual Report when a summary of the previous three quarters (or nine months) is included. • Determine date Annual Report was completed and provided to the Support Coordinator. <ul style="list-style-type: none"> ○ Annual Report must be completed and provided to the Support Coordinator at least 60 days prior to the Support Plan effective date. <p>If the provider has rendered services to the person for less than 12 months, the Annual Report would cover all months since services were initiated.</p> <p>If the provider was not providing services to the person at the time the last Annual Report was due, score as N/A.</p> <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<p>3) Annual Report did not indicate a date of completion. (B)</p>
8	<p>The Annual Report covering services provided and billed during the period under review contains all required components.</p>	<p>iBudget Handbook COMPLIANCE</p> <p>Refer to the Support Plan to determine the goals/outcomes addressed by Life Skills Development 4 – Prevocational Services.</p> <p>Review record to determine Support Plan effective date.</p>	<p>1) Current Annual Report was not in the record.</p> <p>2) Current Annual Report did not include a summary of the previous three quarters (nine months) of the Support Plan year.</p> <p>3) Current Annual Report did not contain a summary of the person's progress</p>

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> • Determine if the Annual Summary is a component of the Third Quarterly Summary, Ninth Monthly Summary (for those completing Monthly Summaries) or a separate document (which is acceptable). <ul style="list-style-type: none"> ○ The Third Quarterly Summary or Ninth Monthly Summary may serve as the Annual Report when a summary of the previous three quarters (or nine months) is included. • Review Annual Report for a summary of the first three quarters (or nine months) of the Support Plan year which must include: <ul style="list-style-type: none"> ○ Description of the person’s progress, or lack thereof, toward achieving each individually determined goals/outcomes identified on the Support Plan specific to the service rendered. ○ Any pertinent information about significant events that occurred in the person’s life during the previous year. <p>*Examples of “any pertinent information about significant events that occurred in the person’s life during the previous year” will vary by person and frequency of service and could include but not be limited to major milestone achieved, change in programs, significant event in the person’s personal life that impacted daily activities, significant health events, etc.</p> <p>If a provider has rendered services to the person for less than 12 months, the Annual Report, would cover all months since services were initiated.</p> <p>If the provider was not providing services to the person at the time the last Annual Report was due, score as N/A.</p>	<p>toward achieving one or more personally determined goals/outcomes on the Support Plan.</p> <p>4) Current Annual Report did not contain any pertinent information about significant events that occurred in the person’s life during the previous year.</p>

Service Specific Record Review – Life Skills Development 4 (Prevocational)

#	Performance Measure/Standard	Protocol	Not Met Reasons
9	<p>The provider maintains Service Authorization(s) covering services provided and billed during the period under review.</p>	<p>iBudget Handbook Current APD Rate Table COMPLIANCE</p> <p>Service authorizations are provided annually or more frequently as changes dictate.</p> <ul style="list-style-type: none"> • Review the Service Authorizations for Life Skills Development 4 – Prevocational Services and ensure: <ul style="list-style-type: none"> ○ The Service Authorizations are available to cover all services provided and billed during the period under review; ○ The Service Authorizations are in approved status; ○ The Service Authorizations indicate the correct rate (e.g. geographic, non-geographic, Monroe county rate, correct ratio). <ul style="list-style-type: none"> ❖ Refer to the current APD Provider rate table as needed. <p>WSCs and service providers must verify the Service Authorizations are correct based on the amount, duration, frequency, intensity, and scope authorized for the service in the iBudget system. If corrections are needed the service provider should immediately contact the WSC for resolution.</p> <ul style="list-style-type: none"> ○ Consider provider’s documented due diligence in securing corrected Service Authorizations when incorrect Service Authorizations are received or updates are in process. 	<ol style="list-style-type: none"> 1) Service Authorizations were not present in the record. 2) One or more Service Authorizations were not present in the record. 3) One or more Service Authorizations were not in approved status. 4) One or more Service Authorizations did not indicate the correct rate.
10	<p>Provider does not bill in excess of 8 hours of service per day.</p>	<p>iBudget Handbook Current APD Provider rate table COMPLIANCE</p>	<ol style="list-style-type: none"> 5) Provider documentation demonstrated services were billed in excess of 8 hours on the date of service for which the claim was submitted. (B)

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> • Review time in/out on Daily Attendance Logs for each date of service billed for the entire period of review. • Determine if service was provided in excess of 8 hours on any date. <ul style="list-style-type: none"> ○ If so, determine if provider’s monthly billing reflects total hours documented in which case score the standard Not Met. ○ However if the provider adjusted monthly billing accordingly regardless of service provided, score as Met. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	
11	<p>Provider maintains required documentation covering services provided and billed during the period under review for services rendered and billed at ratios below 1:6-10.</p>	<p>iBudget Handbook Current APD Provider rate table COMPLIANCE</p> <ul style="list-style-type: none"> • Indicators of a one staff-to-one individual staffing rate ratio level include: <ul style="list-style-type: none"> – The need for this level of supervision must be verified in writing by the APD regional office local review committee (LRC) chairperson. <ul style="list-style-type: none"> ▪ Written approval should be indicated on the LSD 4 section of the LRC Chair Review of Behavior Analysis Services Eligibility form also known as the LRC Base form. ▪ Review is required at least annually or more frequently when indicated. <ul style="list-style-type: none"> – The LSD 4 provider must maintain a copy of the Behavior Analysis Services Plan (BASP) being implemented. 	<ol style="list-style-type: none"> 1) Provider documentation demonstrated provider billed a 1:1 staffing rate without a current approved “LRC Chair Review of Behavior Analysis Services Eligibility” form. 2) Provider billed the 1:3 rate but documentation did not include evidence of a Behavior Plan implemented by the LSD 4 provider and/or other eligibility criteria as determined by a Certified Behavior Analyst. 3) Provider billed the 1:5 rate but documentation did not include evidence of a Behavior Plan implemented by the LSD 4 provider and/or other eligibility criteria as determined by a Certified Behavior Analyst. 4) Provider documentation did not demonstrate the level of personal care required to bill the 1:3 staffing rate.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> • Indicators of a one staff-to-three individual staffing rate ratio level include a recipient that either: <ul style="list-style-type: none"> – Requires an intense level of personal care support services (which include assistance with eating, positioning, assistance with lifting, or total physical assistance as indicated on the Questionnaire for Situational Information (QSI). – Is on a BASP implemented by the LSD 4 provider, and exhibits the characteristics required for behavior focus residential habilitation services and as determined by a Certified Behavior Analyst (CBA). • Indicators of a one staff-to-five individual staffing ratio level include a recipient that either: <ul style="list-style-type: none"> – Routinely requires prompts, supervision, and physical assistance to perform basic personal care tasks such as eating, bathing, toileting, grooming, transitioning, and personal hygiene as identified in the current abilities section of the QSI. – Is on a BASP implemented by the LSD 4 provider and requires visual supervision during all waking hours and occasional intervention as determined by a Certified Behavior Analyst. 	<p>5) Provider documentation did not demonstrate the level of personal care and support required to bill the 1:5 staffing rate.</p>
12	<p>The provider is in compliance with billing procedures and the Medicaid Waiver Services Agreement.</p>	<p>iBudget Handbook Current APD Provider Rate Table COMPLIANCE</p> <p>Determine if services are being provided in accordance with the Handbook. Provider bills the appropriate rate:</p> <ul style="list-style-type: none"> • Non-Geographical, geographical, Monroe rates 	<p>1) Provider documentation demonstrated the provider billed the geographic rate for services rendered in a non-geographic area. (B)</p> <p>2) Provider documentation demonstrated the provider billed the Monroe County rate for services not rendered in Monroe County. (B)</p>

Service Specific Record Review – Life Skills Development 4 (Prevocational)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> • Correct Life Skills Development 4 – Prevocational Services Rate <p>Review Claims data to determine rate billed:</p> <ul style="list-style-type: none"> ❖ Refer to the current APD Provider Rate Table as needed. <ul style="list-style-type: none"> • Review provider records for service authorizations, Attendance Logs and other available provider documentation. • Determine if services are rendered in accordance with approved Service Authorizations. • Review data collection documentation and Daily Attendance Logs for information supporting frequency of service provision approved ratio (days per week/month, full day/half-day, ratio). <p>This service is available to recipients age 22 years and older or when the school year ends prior to the recipient’s 22nd birthday</p> <ul style="list-style-type: none"> • Review Support Plan or other provider documentation to determine age of person. <p>Providers of Prevocational Services must be designated by the APD Regional office to provide prevocational services.</p> <p>Prevocational Services must be provided in community integrated settings or designated locations that are compliant with the federal HCBS settings rule in 42 CFR 441.301(c)(4).</p> <p>The provider should bill no more than a maximum of the equivalent of 56 hours per week of all Life Skills Development services combined.</p>	<p>3) Provider documentation demonstrated transportation time to and from the day program location was billed under day program service. (B)</p> <p>4) Provider documentation demonstrated the provider billed for services rendered to a person under the age of 22. (B)</p> <p>5) Service is not being rendered in accordance with the Handbook. (B)</p>

Service Specific Record Review – Life Skills Development 4 (Prevocational)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		This standard is subject to identification of a potential billing discrepancy	
13	Provider bills for services after services are rendered.	<p>iBudget Handbook COMPLIANCE</p> <p>Provider is not to bill for services prior to rendering.</p> <ul style="list-style-type: none"> • Review Claims data for date(s) billed. • Review Daily Attendance Logs • Compare date of service on Attendance Logs to “claim billed date” in claims. • Determine if services were rendered prior to billing for each date of service during the period of review. 	1) Provider billed for services prior to rendering on one or more dates during the period under review.
14	Documentation indicates at least annually, the provider conducts an orientation informing individuals of supported employment and other competitive employment opportunities in the community.	<p>iBudget Handbook COMPLIANCE</p> <ul style="list-style-type: none"> • Ask the provider to describe method for conducting and documenting this orientation. • Review record for documentation of stated method for completion of this annual orientation. • Determine if provider documentation demonstrates an orientation informing individuals of supported employment and other competitive employment opportunities in the community at least annually. 	1) Provider documentation did not demonstrate proof of required annual orientation with the person.
15	The provider documents ongoing efforts to address the person’s choices and preferences.	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method of soliciting and documenting the person’s choices and preferences related to implementing this service.</p>	<p>1) Provider documentation did not demonstrate efforts to learn about the person’s choices and preferences.</p> <p>2) Provider documentation did not demonstrate ongoing efforts to address the person’s choices and preferences.</p>

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> • Review record for documentation supporting stated method of soliciting and addressing the person's choices and preferences on an ongoing basis. • Review Daily Attendance Logs, Quarterly (Monthly) Summaries, Annual Report and/or other provider documentation to assist in determining if the person's choices and preferences are being identified and match provider activities on an ongoing basis. • If available refer to the Support Plan as a reference document to determine if person's choices and preferences are identified and match provider activities. 	
16	The provider documents ongoing efforts to assist the person/legal representative to know about rights.	<p>iBudget Handbook Chapter 393 F.S. PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method of assisting the person and when applicable the legal representative to know about their rights and responsibilities as related to this service.</p> <ul style="list-style-type: none"> • Review provider documentation supporting stated methods for provider efforts to assist the person/legal representative to know about rights on an ongoing basis. • Review Daily Attendance Logs, Quarterly (Monthly) Summaries, Annual Report, Implementation Plan and other available provider documentation demonstrating efforts to support the person, and when applicable the legal representative to know about rights- <p>*Examples of efforts to assist the person/legal representative to know about rights will vary per person and frequency of service. Information could include, but not be limited to identification of rights most important to the person, access to personal possessions, fair wages, voting, freedom from discrimination,</p>	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to assist the person/legal representative to know about rights. 2) Provider documentation demonstrated efforts to assist the person/legal representative to know about rights but not on an ongoing basis.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		specific rights restrictions identified on a behavior plan, education on Informed Consent, confidentiality, voting, privacy, religion, free from harm, self-determination, etc.	
17	The provider documents ongoing efforts to ensure the person’s physical health needs are addressed.	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method used to gain and document knowledge of the person’s physical health information relevant to the service provided.</p> <ul style="list-style-type: none"> • Ask the provider how information related to physical health is maintained and updated on an ongoing basis. • Review record for documentation supporting stated method. • Documentation may be found in Daily Attendance Logs, Quarterly (Monthly) Summaries, Annual Report, Implementation Plan, intake forms, stand-alone forms, or other available provider documentation. <p>*Key/critical physical health information will vary by person and could include, but not be limited to diagnosis, certain environmental factors, medication and related information, food allergies, use of adaptive equipment, medical conditions and other key information critical to maintaining the person’s physical health, and relevant to the service provided.</p>	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to gather information about the person’s physical health needs. 2) Provider documentation demonstrated knowledge of the person’s physical health needs but not ongoing efforts to address identified needs. 3) Key and critical physical health information was absent from the record.
18	The provider documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed.	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method used to gain and document knowledge of the person’s behavioral/emotional health information relevant to the service provided.</p>	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to gather information about the person’s behavioral/emotional health needs. 2) Provider documentation demonstrated knowledge of the person’s behavioral/emotional health needs but not ongoing efforts to address identified needs.

Service Specific Record Review – Life Skills Development 4 (Prevocational)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> • Ask the provider how information related to behavioral/emotional health is maintained and updated on an ongoing basis. • Review record for documentation supporting stated method. • Supporting documentation may be found in Daily Attendance Logs, Quarterly (Monthly) Summaries, Implementation Plans, Annual Report, intake forms, stand-alone forms, or other available provider documentation. • If based on review of the current Support Plan and provider documentation, there are no behavioral/emotional health concerns indicated, score N/A. <p>*Key/critical behavioral/emotional health information will vary by person and could include, but not be limited to diagnosis, certain environmental factors, medication and related information, Behavior Plans, Baker Acts, Police involvement, Safety Plans, emotional well-being (stress, anxiety, depression, grief, other emotional issues, or diagnosis) and other information critical to the behavioral/emotional health relevant to the service being provided.</p>	<p>3) Key and critical behavioral/emotional health information was absent from the record.</p>
19	<p>The Provider submits documents to the Waiver Support Coordinator as required.</p>	<p>iBudget Handbook COMPLIANCE</p> <p>Ask the provider to describe method used to submit documents to the Waiver Support Coordinator.</p> <ul style="list-style-type: none"> • Review available documentation for proof of submission to the WSC. <ul style="list-style-type: none"> ○ Examples could include fax transmittal reports with cover sheet indicating descriptions of what was faxed, submission tracking logs, date stamps, or indication of 	<p>1) Provider did not have documented evidence of submitting the Implementation Plan.</p> <p>2) Provider had documented evidence of submitting the Implementation Plan but not within 30 days following receipt of the Support Plan from the WSC.</p> <p>3) Provider had documented evidence of submitting the Implementation Plan but not within 30 days following initiation of new service.</p>

Service Specific Record Review – Life Skills Development 4 (Prevocational)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>date of submission and method sent on the documentation.</p> <p>Documentation for Life Skills Development 4 services rendered prior to the service going live in APD iConnect must be provided to the WSC prior to billing or within 10 calendar days of billing at the latest.</p> <p>The following documentation is required to be provided to the WSC within the timeframes indicated:</p> <ul style="list-style-type: none"> • Implementation Plans <ul style="list-style-type: none"> ○ Within 30 days following receipt of the Support Plan from the WSC or initiation of new service. • Monthly/Quarterly Summaries <ul style="list-style-type: none"> ○ Within 10 calendar days of billing • Annual Report <ul style="list-style-type: none"> ○ At least 60 days prior to the effective date of the Support Plan. <p>Life Skills Development 4 services provided after the service goes live in APD iConnect must be entered into APD iConnect prior to billing.</p>	<p>4) Provider did not have documented evidence of submitting Quarterly/Monthly Summaries.</p> <p>5) Provider had documented evidence of submitting some but not all Quarterly/Monthly Summaries.</p> <p>6) Provider had documented evidence of submitting Quarterly/Monthly Summaries but not within 10 days of billing.</p> <p>7) Provider had documented evidence of submitting some but not all Quarterly/Monthly Summaries within 10 days of billing.</p> <p>8) Provider did not have documented evidence of submitting the Annual Report.</p> <p>9) Provider had documented evidence of submitting the Annual Report but not at least 60 days prior to the Support Plan effective date.</p>