

Residential Habilitation Enhanced Intensive Behavior

- iBudget Handbook —

There are two types of Enhanced Intensive Behavior (EIB) residential habilitation. This includes EIB Residential Habilitation and EIB Medical. Both types of EIB services are for recipients who present behavioral challenges that are exceptional in intensity, duration, and frequency, whose needs cannot be met in an intensive, behavior focus, or standard residential habilitation setting.

Enhanced Intensive Behavior residential habilitation services are provided in APD licensed residential facilities designated by the regional behavior analyst.

Enhanced Intensive Behavior medical services will be provided in an APD licensed residential facility designated by the regional behavior analyst and medical case manager.

The goal of EIB services is to prepare the recipient to reintegrate to a less restrictive setting or service, achievable through:

- The acquisition of the behaviors necessary for the recipient to function with as much self-determination and independence as possible.
- The reduction or replacement of high-risk behavior problems.
- Access to psychotropic or emergency medications, psychiatric, nursing, and medical oversight services, and any other specialist services necessary.

Service Specific Record Review – Residential Habilitation (Enhanced Intensive Behavior)

#	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> <ul style="list-style-type: none"> • Review Daily Attendance Logs for the entire period of review to determine the following required information is included: <ul style="list-style-type: none"> ○ Name of person receiving services ○ Name of the service provider ○ Date of service <p>Note: “Time period” is not a required component on Daily Attendance Logs for Residential Habilitation-Enhanced Intensive Behavior.</p> <p>Determine if Daily Attendance Logs match claims data to ensure accuracy in billing.</p> <ul style="list-style-type: none"> • For each month claims data indicates provider billed a monthly rate: <ul style="list-style-type: none"> ○ Monthly rate can only be used when the person is present 24 days or more. ○ Review Daily Attendance Logs to determine the person was present for at least 24 days. ○ Confirm monthly rate billed is correct • For each month claims data indicates provider billed a daily rate: <ul style="list-style-type: none"> ○ Daily rate must be used when person is present 23 days or less in the month. ○ Review Daily Attendance Logs to determine number of days the person was present each month the daily rate was billed. ○ Refer to the current APD Rate Table to locate the correct daily rate based on the approved monthly rate. 	<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 date of service. (B) 4) Provider documentation demonstrated the provider billed the monthly rate when less than 24 days of service were rendered. (B) 5) Discrepancies were noted between units billed and services documented. (B)

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> ○ Service dates on the Daily Attendance Logs should match service dates in claims data. The provider may opt to bill the day rate multiplied by the total number of days present as one unit at the end of the month. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	
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 for the entire period of review (this may require review of 2 Implementation Plans).</p> <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. • Ask the provider to describe method of documenting receipt of Support Plans from WSCs. <ul style="list-style-type: none"> ○ Determine date provider received the Support Plan from the WSC. ○ Determine date Implementation Plan was developed. <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. <p>Exception: When the support plan is received more than 30 days prior to the Support Plan effective date the following may apply - 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, whichever date is later.</p>	<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 following the initiation of the new service. (B) 3) Implementation Plan was not developed within 30 days of receipt of the Support Plan from the WSC. (B) 4) Provider documentation does not demonstrate date the support plan was received from the WSC. (B)

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		<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). <p>This standard is subject to identification of a potential billing discrepancy</p>	
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 Residential Habilitation – Enhanced Intensive Behavior.</p> <p>Review the Implementation Plan to determine minimum content is included:</p> <ul style="list-style-type: none"> • Individual Name 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 	<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/representative.

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		<p>according to the person’s learning style i.e. hand over hand, verbal prompt, simulations, role play, step by step instructions, demonstration, repetition.</p> <ul style="list-style-type: none"> • System to be used for data collection and assessment of the person’s progress in achieving the Support Plan goal(s)/outcomes. <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 implementation.</p>	<p>8) Current Implementation Plan was not updated prior to implementing identified changes.</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. 	<p>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.</p>

Service Specific Record Review – Residential Habilitation (Enhanced Intensive Behavior)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<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. ○ If so, determine if ongoing service documentation demonstrates identified changes. 	5) Provider documentation did not demonstrate change when modifications were made to the Implementation Plan.
5	<p>A copy of the Implementation Plan is provided to the person and when applicable, the legal representative, within the required 30-day time frame.</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>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. ● A copy of the Implementation Plan, signed by the person, shall be furnished to the person and when applicable, the legal representative no later than 30 days from the Support Plan effective date or within 30 days from the initiation of a new service. ● 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) 	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate a copy of the Implementation Plan was provided to the person. 2) Provider documentation did not demonstrate a copy of the Implementation Plan was provided to the legal representative. 3) Provider documentation demonstrated a copy of the Implementation Plan was provided to the person but not within the 30-day timeframe. 4) Provider documentation demonstrated a copy of the Implementation Plan was provided to the legal representative but not within the 30-day timeframe.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> 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. 	
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 Support Plan to determine the goals/outcomes addressed by RH-Enhanced Intensive Behavior.</p> <p>Determine Support Plan effective date to determine Quarterly Summary timeframes.</p> <ul style="list-style-type: none"> Determine if provider completes Monthly or Quarterly Summaries. <ul style="list-style-type: none"> Monthly Summaries in lieu of Quarterly Summaries are acceptable. Review each Quarterly (Monthly) Summary within the review 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 RH-EIB. *Description of the 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 Residential Habilitation – Enhanced Intensive Behavior will vary by person and could include but not be limited to social activities, special events,</p>	<ol style="list-style-type: none"> One or more Quarterly/Monthly Summaries were not in the record. One or more Quarterly/Monthly Summaries were not reflective of progress toward one or more Support Plan goals/outcomes. One or more Quarterly/Monthly Summaries but did not include a description of activities that took place during each quarter/month. One or more Quarterly Summaries were not aligned with the Support Plan effective date.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>Baker Acts, police involvement, medical appointments, hospitalizations, family activities/visits, celebrating achievement of a significant milestones, Support Plan meetings, Implementation Plan meetings, updates to BASP, updates on any unresolved issues reported on a previous quarterly, 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>	
7	<p>The Annual Report covering services provided and billed during the period under review is in the record.</p>	<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>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. 	<ol style="list-style-type: none"> 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) 3) Annual Report did not indicate a date of completion. (B)

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>If the provider rendered services to the person for less than 12 months, the Annual Report would cover all months since services were initiated.</p> <p>If provider was not providing services to the person at the time the last Annual Report was due, score as N/A.</p> <p>This standard is subject to identification of a potential billing discrepancy</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 Support Plan to determine the goals/outcomes addressed by RH-Enhanced Intensive Behavior</p> <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. <p>Review Annual Report for a summary of the first three quarters (or nine months) of the Support Plan year which must include:</p> <ul style="list-style-type: none"> ○ Description of the person’s progress, or lack thereof, toward achieving personally determined goals/outcomes identified on the Support Plan specific to the service rendered. 	<ol style="list-style-type: none"> 1) Current Annual Report was not in the record. 2) Current Annual Report did not include a summary of the previous three quarters (nine months) of the Support Plan year. 3) Current Annual Report did not contain a summary of the person’s progress toward achieving one or more personally determined goals/outcomes on the Support Plan. 4) Current Annual Report did not contain any pertinent information about significant events that occurred in the person’s life during the previous year.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> ○ 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 could include but not be limited to major milestone achieved, significant event in the person’s personal or social life that may have influenced daily activities, significant health events, change in residence, 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>	
9	The provider maintains Service Authorization(s) covering services provided and billed during the period under review.	<p>iBudget Handbook 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 Residential Habilitation (Enhanced Intensive Behavior) 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 rates, correct RH-EIB rate). 	<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.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<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. 	
10	The provider is in compliance with billing procedures and the Medicaid Waiver Services Agreement.	<p>iBudget Handbook COMPLIANCE</p> <p>Determine if services are being provided in accordance with the Handbook.</p> <p>Provider bills the appropriate rate:</p> <ul style="list-style-type: none"> • Non-Geographical, Geographical, Monroe rates • Correct Enhanced Intensive Behavior Rate (Level) <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"> • The RH-EIB rate may only be authorized for a person residing in an APD licensed group home certified as Enhanced Intensive Behavioral. <ul style="list-style-type: none"> ○ Determine where the person lived during the entire period of review. 	<ol style="list-style-type: none"> 1) Provider documentation demonstrated the provider billed the geographic rate for services rendered in a non-geographic area. (B) 2) Provider documentation demonstrated the provider billed the Monroe County rate for services not rendered in Monroe County. (B) 3) Provider documentation demonstrated the provider billed a Residential Habilitation Enhanced Intensive Behavior rate for a person not residing in an APD licensed Enhanced Intensive Behavioral home. (B) 4) Provider documentation demonstrated provider billed an unauthorized Residential Habilitation Enhanced Intensive Behavior rate. (B) 5) Provider documentation demonstrated receipt of Residential Habilitation Enhanced

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		<ul style="list-style-type: none"> ○ Determine licensure status of that facility by review of the current APD Certificate of License maintained in the home (a copy maintained at the provider’s office location will suffice if an observation will not be conducted at the person’s group home). ● Compare Service Authorizations with claims data to determine if provider bills at the proper rate and limits. ● Determine through record review and staff/person interview if the person is in the process of transitioning to supported living and working with a Supported Living Coach. <ul style="list-style-type: none"> ○ If so, review the person’s claims for SLC services billed to determine if in excess of 90 days. ○ Review claims data using the person’s Medicaid number, not the agency provider ID as the SLC chosen might be a different agency/provider. ● Review provider records for Daily Attendance Logs, Implementation Plans, Quarterly/Monthly Summaries, Annual Report and/or other available provider documentation to assist in determining if the provider is in compliance with billing procedures and the Medicaid Waiver Services Agreement. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<p>Intensive Behavior and Supported Living Coaching beyond 90 days. (B)</p> <p>6) Service is not being rendered in accordance with the Handbook. (B)</p>
11	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 to determine if provider billed a monthly or daily rate for services rendered. 	<p>1) Provider billed the monthly rate prior to the person being present 24 days.</p> <p>2) Provider billed the day rate prior to rendering services on one or more dates during the period under review.</p>

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> • Compare Daily Attendance Logs for each day/month in the review period against date billed in claims data. <ul style="list-style-type: none"> ○ If provider billed the monthly rate: <ul style="list-style-type: none"> – Review Daily Attendance Logs to determine the person was present at least 24 days – Determine the date of the 24th day the person was present. – Compare that date to date billed in claims to determine if the provider billed prior to the person being present at least 24 days. <p>If provider billed the daily rate, confirm each date was not billed until after the service was rendered.</p>	
12	<p>A current approved “LRC Chair Review of Behavior Analysis Services Eligibility” form is in the record.</p>	<p>iBudget Handbook COMPLIANCE</p> <p>Review record to determine if there is a “LRC Chair Review of Behavior Analysis Services Eligibility” or “LRC BASE” form present covering the entire period of review (this may require review of 3 forms).</p> <ul style="list-style-type: none"> • Verify “Enhanced IB (EIB) Res Hab” has been checked/checked in the Requested Services table. • Determine the “Enhanced Intensive Behavior Characteristic” section of the form is complete <ul style="list-style-type: none"> ○ Recommendation: Eligible: is checked “yes” ○ Section is dated ○ Includes the signature of the APD Regional Behavior Analyst or designee. • For Medical EIB Services: The BASE form is signed by the ABA or designee for EIB and MEIB for the behavioral characteristics. 	<ol style="list-style-type: none"> 1) Record did not contain an approved LRC BASE form covering the period of review. 2) LRC BASE form did not indicate approval for Enhanced Intensive Behavior Residential Habilitation. 3) LRC BASE form was not signed by the APD Regional Behavior Analyst or designee. 4) LRC BASE form covered some but not all of the period under review. 5) Record did not contain a Medical EIB Characteristics Verifications form covering the period of review. 6) Medical EIB Characteristics Verifications form was not signed by the Medical Case Manager. 7) Medical EIB Characteristics Verifications form covered some but not all of the period under review.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> ○ Additionally a Medical Characteristics Verifications form must be present and signed by the Medical Case Manager. ● Compare current APD Regional Behavior Analyst or designee (when applicable, Medical Case Manager signature date to previous year signature date to determine if a lapse occurred between annual reviews. <p>***In instances where there was a lapse in obtaining a signed LRC Chair Review of Behavior Analysis Services Eligibility form or, Medical EIB Characteristics Verifications form or the provider is still waiting for annual renewal – the provider must show due diligence efforts taken to obtain the necessary approval. This must be in the form of documented communications with the WSC, Behavior Analyst, when applicable, Medical Case Manager, APD Regional Office, or other entities as necessary.</p> <ul style="list-style-type: none"> – Efforts to obtain the Behavior Analysis Services Eligibility form and Medical EIB Characteristics Verifications form should begin well in advance of the expiration date and continue on a frequent basis when not received by the expiration date. 	<p>8) Provider documentation demonstrated timely efforts to obtain appropriate signed documentation from the Regional Behavior Analyst, but through no fault of their own was unable to obtain requested documentation. *****Not Met but not calculated into score</p> <p>9) Provider documentation demonstrated timely efforts to obtain appropriate signed documentation from the Medical Case Manager, but through no fault of their own was unable to obtain requested documentation. *****Not Met but not calculated into score</p>
13	The current Behavior Analysis Service Plan is in the record.	<p>iBudget Handbook Rule 65G-4 F.A.C. COMPLIANCE</p> <p>Review the record to locate the current Behavior Analysis Service Plan (BASP).</p> <ul style="list-style-type: none"> ○ Look for the date on plan indicating date written or updated. 	<p>1) Record did not contain a current Behavior Analysis Service Plan.</p> <p>2) Behavior Analysis Service Plan did not include identifying information for the individual affected by the plan.</p> <p>3) Behavior Analysis Service Plan did not include intervention procedures for all behaviors targeted for reduction.</p>

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		<p style="text-align: center;">a. Dates indicated on LRC Behavior Plan review/approvals and Assistant approvals when applicable can assist with this determination.</p> <p>The Behavior Analysis Service Plan shall include, either in text or by reference to appropriate documents:</p> <ol style="list-style-type: none"> 1. Identifying information for the individual affected by the plan. 2. The name, signature and certification or licensure information of the individual who developed, supervises or approves the implementation of the procedures described in the plan. 3. Identification of behaviors targeted for reduction. 4. Identification of behaviors targeted for acquisition or as replacement. 5. Data collection methods for behaviors targeted for reduction and acquisition. 6. Intervention procedures for all behaviors targeted for reduction and acquisition. 	<ol style="list-style-type: none"> 4) Behavior Analysis Service Plan did not include intervention procedures to be used for replacement behavior. 5) Behavior Analysis Service Plan did not include data collection methods for behaviors targeted for reduction and replacement behavior. 6) Behavior Analysis Service Plan did not include name, signature and certification of individual who developed, supervises or approves the implementation of the procedures described in the plan.
14	<p>The provider presents data to the LRC, or if major revisions have been made, the Behavior Analysis Service Plan to the LRC prior to the established review date.</p>	<p>iBudget Handbook 65G-4 F.A.C COMPLIANCE</p> <p>This standard applies to reviews of behavioral data resulting from BASP implementation or when major revisions have been made to the BASP. Periodic and reoccurring data reviews may be scheduled by the LRC Chairperson or their designee with signature on the Behavior Analysis Services Plan (BASP) Review and Approval form.</p> <ul style="list-style-type: none"> – The decision on the above form will typically be “Continue as Is,” but could be “Other” with comments. – “Other” will be selected if the provider is instructed to “Stop” the program or make modifications. 	<ol style="list-style-type: none"> 1) Provider documentation did not include an LRC schedule for data review. 2) Provider documentation demonstrated the provider did not submit the Behavior Analysis Service Plan in advance of the annual review date (365 days from original LRC approval date). 3) Provider documentation demonstrated the provider did not present behavioral data within 365 days as required from the original LRC approval date. 4) Revisions made to the plan were not submitted to the LRC Chair/designee for review within 7 days following the changes.

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		<p>Review the current BASP and associated documentation to determine the following:</p> <ul style="list-style-type: none"> • The LRC Chair or designee has approved the BASP. <ul style="list-style-type: none"> ○ The Field Office ABAs should be using the “Behavior Analysis Services Plan (BASP) Review and Approval” form. ○ The signed form should indicate one of 5 decisions: <ul style="list-style-type: none"> ▪ To “approve”, and a review date established; or ▪ To “approve with modifications” and a review date established; or ▪ To “not approve” - Plans not approved must be revised and resubmitted within 14 working days; or ▪ To “Continue as Is;” or ▪ “Other” may be indicated if the provider is instructed to “Stop” the program or make modifications. <p>Plans are to be reviewed no later than 365 days from original LRC approval date. Ongoing data frequency is to be identified by the LRC Chairperson or designee.</p> <ul style="list-style-type: none"> • Determine Review schedule was followed. • Determine there were no lapses in LRC Chair/designee review dates during the period of review. • If outcome was, “approve with modifications” determine provider submitted revisions to the chairperson within 30 days of review. • If outcome was “not approve”, determine provider revised and resubmitted within 14 working days. • If any revisions to the BASP were made at any other time determine provider submitted revisions within one week after the changes. 	<p>5) Provider documentation demonstrated the provider did not submit the Behavior Analysis Service Plan prior to the LRC established review date.</p> <p>6) Behavior Analysis Service Plan was submitted timely but has not been reviewed by the LRC. *****Not Met but not calculated into score.</p>

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#	Performance Measure/Standard	Protocol	Not Met Reasons
15	<p>All written plans describing Behavior Analysis services consistent with subsection 65G-4.009(10), F.A.C., are submitted to the LRC Chairperson within 5 working days following implementation.</p>	<p>iBudget Handbook Rule 65G-4.010 F.A.C., Model LRC [Bylaws] Form APD-CBA – 1 (10/10) COMPLIANCE</p> <p>This standard applies to initial Behavior Analysis Service Plans developed and submitted to the LRC within the period of review.</p> <ul style="list-style-type: none"> – If the BASP was initially developed outside the period of review, score N/A. – If the BASP does not require LRC review, score N/A – If the Behavior Analysis Service Plan is not in the record, score N/A. <p>BASP is required to be submitted to the LRC Chairperson or designee within five working days following implementation. Review provider documentation to determine:</p> <ul style="list-style-type: none"> • The date the BASP was first implemented • The date the BASP was submitted to the LRC Chairperson or designee 	<ol style="list-style-type: none"> 1) Provider documentation demonstrated Behavior Analysis Service Plan met criteria for submission to the LRC, but was not submitted. 2) Provider documentation demonstrated Behavior Analysis Service Plan was submitted to the LRC, but not within 5 working days following implementation. 3) Unable to determine due to lack of documented submission date.
16	<p>Monthly updates to graphic displays of acquisition and reduction behaviors are in the record for each month of the period of review.</p>	<p>iBudget Handbook Rule 65G-4 COMPLIANCE</p> <p>The provider shall take reasonable steps to ensure data collection for behaviors targeted for increase and decrease during the entire period services are in effect.</p> <ul style="list-style-type: none"> ○ Graphic displays of weekly data for behaviors targeted for change shall be updated and maintained in the record. • Review record for graphic data displays for each month in the review period. 	<ol style="list-style-type: none"> 1) One or more monthly updates to graphic displays of acquisition and reduction behaviors were not in the record.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> • Determine if graphic displays of acquisition and reduction behaviors are updated at least monthly. • Monthly graphs should include weekly data points for each behavior being graphed. • Refer to applicable Behavior Analysis Service Plan and the LRC Review and Approval form to determine identified data collection method. <ul style="list-style-type: none"> ○ Do not score as Not Met if updates are unable to be completed each month due to periodic data collection problems outside of the Analyst’s control. Look for due diligence in resolving data collection barriers. <p>Note: If provider switched to completing Quarterly summaries, Graphic Display Data must continue to be updated at least Monthly.</p>	
17	Training for caregivers on the Behavior Analysis Service Plan is documented.	<p>iBudget Handbook Rule 65G-4 F.A.C. COMPLIANCE</p> <p>Review the current Behavior Analysis Services Plan</p> <ul style="list-style-type: none"> • Ask the provider to explain the method of documenting this training. • Determine who is currently working with the person: direct support staff, family, and other caregivers. • Refer to the section of the BASP that includes “Description of performance-based training for persons implementing procedures”. • Review provider documentation to determine if individuals identified have been trained on the Behavior Analysis Service Plan. 	<ol style="list-style-type: none"> 1) Provider -documentation did not demonstrate training for direct support staff identified as integral to the Behavior Analysis Service Plan. 2) Provider documentation did not demonstrate training for parents/other caregivers identified as integral to the Behavior Analysis Service Plan. 3) Provider documentation demonstrated training for some, but not all direct support staff identified as integral to the Behavior Analysis Service Plan. 4) Provider documentation demonstrated training for some, but not all parents/other

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		<p>Note: This standard pertains only to people integral to the plan – the people who see the person. If in a group home or day program, it will include residential and/or day program staff. If the person goes home on visits, it would include the family and the group home. Plan should indicate who should be trained and in what setting programs are implemented.</p>	caregivers identified as integral to the Behavior Analysis Service Plan.
18	The provider documents ongoing efforts to address the person’s choices and preferences.	<p>iBudget Handbook Rule 65G-2 F.A.C. PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method of soliciting and documenting the person’s choices and preferences as related to implementing this service.</p> <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 available Quarterly/Monthly Summaries, Implementation Plans, Annual Report and 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. 	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to learn about the person’s choices and preferences. 2) Provider documentation did not demonstrate ongoing efforts to address the person’s identified choices and preferences.
19	The provider documents ongoing efforts to assist the person to increase community participation	<p>iBudget Handbook Rule 65G-2 F.A.C. PERSON CENTERED PRACTICE</p>	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to learn about the person’s interest related to community participation and involvement.

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	and involvement based on his/her interests.	<p>Ask the provider to describe method of soliciting and documenting the person’s interests regarding community participation and involvement.</p> <ul style="list-style-type: none"> • Review record for documentation supporting method of soliciting and addressing person’s interests regarding community participation and involvement on an ongoing basis. • Review available Daily Attendance Logs, Implementation Plans, Quarterly/Monthly Summaries, Annual Report and other available provider documentation to assist in determining: <ul style="list-style-type: none"> ○ If interests in community participation and involvement are solicited on an ongoing basis. ○ If identified interests are being addressed. ○ If available, refer to the Support Plan as a reference document to determine if person’s community interests are identified and match provider activities. 	2) Provider documentation did not demonstrate ongoing efforts to increase the person’s community participation and involvement.
20	The provider documents ongoing efforts to assist the person/legal representative to know about rights.	<p>iBudget Handbook Rule 65G-2 F.A.C, 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 available Daily Attendance Logs, Quarterly/Monthly Summaries, Implementation Plans, Annual Report and/or other provider documentation demonstrating efforts to 	<p>1) Provider documentation did not demonstrate efforts to assist the person/legal representative to know about rights.</p> <p>2) Provider documentation demonstrated efforts to assist the person/legal representative to know about rights but not on an ongoing basis.</p>

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>support the person, and when applicable the legal representative to know about rights.</p> <p>*Examples of efforts to assist the person/legal representative to know about rights will vary by person and frequency of service. Information could include, but not be limited to specific rights restrictions identified on behavior plan, impact of behaviors on others rights, right to privacy, education on Informed Consent, right to personal possessions and effects, right to participate in the development of IP and BASP, right to know who sees records (confidentiality), especially regarding behavior incidents.</p>	
21	<p>The provider documents ongoing efforts to ensure the person’s behavioral/emotional health needs are addressed.</p>	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method used to gather and document knowledge of person’s behavioral/emotional health information relevant to the service provided.</p> <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, Implementation Plans, Quarterly/Monthly Summaries, Annual Report, intake forms, stand-alone forms, or other available provider documentation. • Based on review of the current Support Plan and provider documentation, if there are no behavioral/emotional health concerns indicated, score N/A. 	<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. 3) Key and critical behavioral/emotional health information was absent from the record.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<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, Baker Acts, police involvement, Behavior Plans, Safety Plan, emotional well-being (stress, anxiety, depression, grief, other emotional issues or diagnosis) and any other information critical to the behavioral/emotional health of the person and relevant to the service being provided.</p>	
22	<p>The provider documents ongoing efforts to ensure the person’s health and health care needs are addressed.</p>	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>Health and health care needs could include, but not be limited to, medical conditions, medications (prescription and over-the-counter), preventive healthcare, wellness exams, therapeutic intervention, medical device/apparatus.</p> <p>Ask the provider to describe the method used to gather and document knowledge of person’s health and health care needs.</p> <ul style="list-style-type: none"> • Ask the provider how this information is maintained and updated on an ongoing basis. • Review record for documentation supporting stated method. • Review record for documentation supporting provider efforts to solicit and gather information regarding the person’s health and health care needs; steps taken to address the person’s needs. <ul style="list-style-type: none"> ○ For example scheduled medical appointments, provided education, and procured medical services/devices. • Review the record for documentation related to routine and preventative medical and dental care. • Review Daily Attendance Logs, Implementation Plans, Quarterly/Monthly Summaries, Annual Report and any other 	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to gather information about the person’s health and health care needs. 2) Provider documentation demonstrated knowledge of the person’s health and health care needs but not ongoing efforts to address identified needs. 3) Key and critical health and/or healthcare needs have not been addressed.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>provider documentation for evidence the provider identifies and addresses the person’s health and healthcare needs on a routine basis.</p> <p>*Key/critical health and health care information will vary by person, and could include, but not be limited to diagnosis, certain environmental factors, medication and related information, food allergies, dietary needs, specialized equipment needs, medical/physical/emotional conditions influencing behavior intervention techniques and any other information critical to the health and healthcare needs of the person and relevant to the service being provided.</p>	
23	<p>The provider documents ongoing efforts to ensure the person’s safety needs are addressed.</p>	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe the method used to gather and document knowledge related to the safety needs of the person.</p> <ul style="list-style-type: none"> • Ask the provider how this information is maintained and updated on an ongoing basis. • Review record for documentation supporting provider efforts to assess the person’s safety needs including steps taken to address the person’s needs. <ul style="list-style-type: none"> ○ For example, evaluation/training in areas such as community awareness/safety, home safety, education related to extreme weather events, etc. • Supporting documentation may be found in the Daily Attendance Logs, Implementation Plans, Quarterly/Monthly Summaries, Annual Reports and/or any other documented systems used by the provider demonstrating efforts to identify, assess, and address safety needs of the person. 	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to assess the person’s safety needs. 2) Provider documentation demonstrated knowledge of the person’s safety needs but not ongoing efforts to address identified needs. 3) Key and Critical safety needs have not been addressed.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> If available, refer to the current Support Plan and Behavior Plan as additional resources. <p>Key/Critical safety information will vary by person, and could include, but not be limited to needed safety skills, adaptive equipment/needed repairs, environmental modification needs, situational or environmental factors related to safety in the home and community, disaster preparedness planning and preparation, or other information critical to the safety needs of the person and relevant to the service being provided.</p>	
24	Provider documents efforts to assist the person to define abuse, neglect, and exploitation.	<p>iBudget Handbook Chapter 393 F.S PERSON CENTERED PRACTICE</p> <p>Ask the Provider to describe method used to gather and document efforts to assist the person to define abuse, neglect, and exploitation.</p> <ul style="list-style-type: none"> Review the record for documentation demonstrating individualized efforts to support the person to recognize and know how to report abuse, neglect and exploitation (Call Abuse Hotline, tell WSC, Police, Family, etc.). Supporting documentation may include Quarterly/Monthly Summaries, Annual Report, evidence of customized training techniques used to support people with different learning styles, communication styles and levels of understanding, documentation training sessions (individual or group) indicating specific scenarios reviewed and feedback received or any other documented systems used by the provider demonstrating efforts to assist the person to define abuse, neglect, and exploitation. 	<ol style="list-style-type: none"> Provider documentation did not demonstrate individualized efforts to provide education to the person in the area of abuse, neglect, and exploitation. Provider documentation did not demonstrate individualized efforts to assist the person to define abuse, neglect, and/or exploitation.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> Documentation must show this is addressed at least annually. 	
25	Provider documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation.	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>Ask the Provider to describe the process used to gather and document efforts to assist the person to know when and how to report any incidents.</p> <ul style="list-style-type: none"> Review Provider documentation demonstrating individualized efforts to assist the person to know when and how to report abuse, neglect and exploitation (Call Abuse Hotline, tell WSC, Police, Family, etc.). Supporting documentation may include intake forms, Implementation Plan, Quarterly/Monthly Summaries, Annual Reports, evidence of customized training techniques used to support people with different learning styles and levels of understanding, documentation training sessions (individual or group) indicating specific scenarios reviewed and feedback received or other available documented systems used by the provider demonstrating efforts to assist the person to report abuse, neglect and exploitation. Documentation must show this is addressed at least annually. 	<ol style="list-style-type: none"> Provider documentation did not demonstrate when and how the person would report any incidents of abuse, neglect, and exploitation. Provider documentation did not demonstrate individualized education for the person based on their learning style.
26	The provider submits documents to the Waiver Support Coordinator as required.	<p>iBudget Handbook COMPLIANCE</p> <p>Ask the provider to describe method used to submit documents to the Waiver Support Coordinator (WSC).</p>	<ol style="list-style-type: none"> Provider did not have documented evidence of submitting copies of Daily Attendance Logs. Provider had documented evidence of submitting copies of some but not all Daily Attendance Logs.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> • Review available provider documentation for proof of submission to the WSC. • Examples could include fax transmittal reports with cover sheet indicating descriptions of what was faxed, submission tracking logs, date stamps, or indication of date of submission and method sent on the documentation. <p>Items below must be provided to the WSC prior to billing or within 10 days of billing at the latest.</p> <ul style="list-style-type: none"> ○ If billing more than once a month, information with an asterisk (*) and indicated as "(sent monthly)*" may be submitted to the WSC at the time of the last billing in the month. <p>The following documentation is required to be provided to the WSC within the timeframes indicated:</p> <p>Daily Attendance Logs</p> <ul style="list-style-type: none"> ○ Monthly within 10 days of billing for the month <p>Implementation Plan</p> <ul style="list-style-type: none"> ○ Within 30 days following receipt of the Support Plan from the WSC or initiation of new service. Provider is responsible for documenting receipt of support plan. <p>Quarterly/Monthly Summaries</p> <ul style="list-style-type: none"> ○ Within 10 days of billing for the last month of the quarter or the previous month if completing monthlies <p>Annual Report</p>	<ol style="list-style-type: none"> 3) Provider had documented evidence of submitting copies of Daily Attendance Logs but not within 10 days of billing each month. 4) Provider had documented evidence of submitting copies of some but not all Daily Attendance Logs 10 days of billing each month. 5) Provider did not have documented evidence of submitting a copy of the Implementation Plan. 6) Provider had documented evidence of submitting a copy of Implementation Plan but not within 30 days following receipt of the Support Plan from the WSC. 7) Provider had documented evidence of submitting a copy of the person's Implementation Plan but not within 30 days following initiation of a new service. 8) Provider did not have documented evidence of submitting Quarterly/Monthly Summaries. 9) Provider had documented evidence of submitting some but not all Quarterly/Monthly Summaries. 10) Provider had documented evidence of submitting Quarterly/Monthly Summaries but not within 10 days of billing. 11) Provider had documented evidence of submitting some but not all Quarterly/Monthly Summaries within 10 days of billing.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> ○ At least 60 days prior to the effective date of the Support Plan. 	<p>12) Provider did not have documented evidence of submitting the Annual Report.</p> <p>13) The provider had documented evidence of submitting the Annual Report but not at least 60 days prior to the annual Support Plan effective date.</p>