

# **Life Skills Development 1 (Companion)**

- iBudget Handbook -

Life Skills Development Level 1 – Companion services consist of non-medical care, supervision, and socialization activities provided to person's age 21 years or older.

This service must be provided in direct relation to the achievement of the person's goals/outcomes as specified in their Support Plan.

The service provides access to community-based activities that cannot be provided by natural or other unpaid supports, and should be defined as activities most likely to result in increased ability to access community resources without paid support.

Activities can be volunteer activities performed by the person as a pre-work activity or activities that connect a person to the community.

## Service Specific Record Review – Life Skills Development 1 (Companion)

#	Performance Measure/Standard	Protocol	Not Met Reasons
1	The provider has complete Service Logs covering services provided and billed during the period under review.	<p>iBudget Handbook COMPLIANCE</p> <p>Review Services Log(s) for the entire period of review</p> <ul style="list-style-type: none"> <li>• Determine available Service Log(s) include all required components:               <ul style="list-style-type: none"> <li>○ Name of person receiving service</li> <li>○ Name of person providing the service</li> <li>○ Name of the service</li> <li>○ Date of service</li> <li>○ Time in/out</li> <li>○ Summary or list of services provided</li> <li>○ Any follow up needed for the person's health and safety when applicable</li> </ul> </li> </ul> <p>Review Service Logs against claims data to ensure accuracy in billing.</p> <ul style="list-style-type: none"> <li>○ Compare each date of service in claims to documented date of service on each Service Log in the period of review.</li> <li>○ Compare units paid in claims to documented units on each Service Log.</li> <li>○ Billing can be done on a periodic basis combining documented units into one billable unit. In these instances, the single billed unit must equal total documented units since the last billing date.</li> </ul> <p style="text-align: center;"><b>This standard is subject to identification of a potential billing discrepancy</b></p>	<ol style="list-style-type: none"> <li>1) Service Log was not present for the date of service for which the claim was submitted. (B)</li> <li>2) Service Log did not contain the name of the person receiving the service. (B)</li> <li>3) Service Log did not contain the date service was rendered. (B)</li> <li>4) Service Log did not contain time in/out. (B)</li> <li>5) Service Log did not contain a summary or list of services provided. (B)</li> <li>6) Discrepancies were noted between units billed and services documented. (B)</li> </ol>
2	The provider maintains Service Authorization(s) covering	iBudget Handbook Current APD Rate Table	1) Service Authorizations were not present in the record.

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	services provided and billed during the period under review.	<p>COMPLIANCE</p> <p>Service Authorizations are provided annually or more frequently as changes dictate.</p> <p>Review the Service Authorizations for Life Skills Development 1 to ensure:</p> <ul style="list-style-type: none"> <li>○ The Service Authorizations are available to cover all services provided and billed during the period under review;</li> <li>○ The Service Authorizations are in approved status;</li> <li>○ The Service Authorizations indicate the correct rate (e.g. agency, solo, geographic, non-geographic, Monroe county rate, correct ratio). <ul style="list-style-type: none"> <li>❖ Refer to the current APD Provider Rate Table as needed.</li> </ul> </li> </ul> <p>WSCs <b>and</b> 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"> <li>○ Consider provider’s documented due diligence in securing corrected Service Authorizations when incorrect Service Authorizations are received or updates are in process.</li> </ul>	<p>2) One or more Service Authorizations were not present in the record.</p> <p>3) One or more Service Authorizations were not in approved status.</p> <p>4) One or more Service Authorizations did not indicate the correct rate.</p>
3	The provider is in compliance with billing procedures and the	iBudget Handbook Current APD Rate Table COMPLIANCE	1) Provider documentation demonstrated provider is a solo but billed the agency rate. (B)

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	<p>Medicaid Waiver Services Agreement.</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"> <li>• Solo vs. Agency</li> <li>• Geographic, non-geographic, Monroe County</li> <li>• 1:1, 1:2, 1:3 Ratio</li> <li>• An agency or group provider for rate purposes is a provider that has two or more employees to carry out the enrolled service(s). A provider that hires only subcontractors to perform waiver services is not considered an agency provider for rate purposes.                             <ul style="list-style-type: none"> <li>○ Determine if provider had at least two employees to carry out the enrolled service(s) during the period of review.</li> </ul> </li> </ul> <p>Determine if payroll tax is withheld from employees' wages by their employer.</p> <p>Review provider payroll to confirm withholding of the following taxes:</p> <ul style="list-style-type: none"> <li>• Federal income tax withholding</li> <li>• The employee's portion of Medicare tax and employee's portion of Social Security tax (FICA)</li> <li>• Employer's Federal Unemployment Tax Act (FUTA)</li> </ul> <p>Review Claims data to determine rate billed:</p> <ul style="list-style-type: none"> <li>❖ Refer to the current APD Provider rate table as needed.</li> </ul>	<p>2) Provider documentation demonstrated the provider is not considered an agency for rate purposes but billed the agency rate. (B)</p> <p>3) Provider documentation demonstrated provider billed the geographic rate for services rendered in a non-geographic area. (B)</p> <p>4) Provider documentation demonstrated provider billed the Monroe County rate for services not rendered in Monroe County. (B)</p> <p>5) Provider documentation demonstrated services were rendered in groups larger than the authorized ratio. (B)</p> <p>6) Provider documentation demonstrated services were rendered in a group larger than three. (B)</p> <p>7) Service is not being rendered in accordance with the Handbook. (B)</p>

## Service Specific Record Review – Life Skills Development 1 (Companion)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> <li>• Review the Service Authorizations and Service Logs to determine the approved ratio of 1:1, 1:2, or 1:3 is being utilized for all dates within the period of review.</li> <li>• If Service Authorizations and/or Service Logs are not present for some or all of the period under review, refer to other available provider documentation for information that may assist with determinations.</li> <li>• Review documentation to verify service was not rendered at a ratio of greater than 1:3.</li> <li>• Review Service Logs for information that supports frequency of service provision using approved ratio (QH per day/week, etc.)</li> </ul> <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 style="text-align: center;"><b>This standard is subject to identification of a potential billing discrepancy</b></p>	
4	The provider bills for services after service 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"> <li>• Review Claims data for date(s) billed.</li> <li>• Review service dates documented on Service Logs.</li> <li>• Compare service dates on Service Logs to the “claim billed date” in claims data.</li> <li>• Determine if services were rendered prior to billing for each date of service in the period of review.</li> </ul>	1) Provider documentation demonstrated provider billed for services prior to rendering on one or more dates during the period under review.

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5	The provider renders service only to individuals age 21 or older.	<p>iBudget Handbook COMPLIANCE</p> <p>Life Skills Development 1 services are limited to adults only (age 21 or older).</p> <ul style="list-style-type: none"> <li>• Review available provider documentation to determine the person receiving services was 21 years of age or older for the entire period of review.</li> <li>• Refer to the Support Plan if necessary to assist in determination.</li> </ul> <p style="text-align: center;"><b>This standard is subject to identification of a potential billing discrepancy</b></p>	1) Person was under the age of 21 on the date of service for which the claim was submitted. (B)
6	Services are rendered in the person's own home, or family home or while the person is engaged in a community activity.	<p>iBudget Handbook COMPLIANCE</p> <p>Services may be provided in the person's own home or family home, or while a person who lives in his own home, family home or licensed facility is engaged in a community activity.</p> <p>Determine primary residence of the person.</p> <ul style="list-style-type: none"> <li>○ Review available provider documentation to determine where the person lived during the entire period of review.</li> <li>○ Refer to the Support Plan if necessary to assist in determining primary residence.</li> <li>○ Review Service Log(s) to determine where services are rendered.</li> </ul>	<p>1) Provider documentation demonstrated service was rendered in the provider's home. (B)</p> <p>2) Provider documentation demonstrated service was rendered in a licensed residential facility. (B)</p> <p>3) Provider documentation demonstrated service was rendered in the home of a relative or a friend of the provider. (B)</p>

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		<p>Life Skills Development 1 (Companion) can be provided in the following settings:</p> <ul style="list-style-type: none"> <li>○ Person’s own home;</li> <li>○ Person’s family home;</li> <li>○ This service may be provided to a person who resides in a licensed facility while the person is engaged in a community activity as long as the companion service is not duplicative of what is required by the residential provider licensing requirements;</li> <li>○ The community.</li> </ul> <p>Life Skills Development 1 (Companion) cannot be received in the home of the provider or in the home of a relative or friend of the provider.</p> <p style="text-align: center;"><b>This standard is subject to identification of a potential billing discrepancy</b></p>	
7	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 as related to implementing this service.</p> <ul style="list-style-type: none"> <li>● Review record for documentation supporting stated method of soliciting and addressing the person’s choices and preferences on an ongoing basis.</li> <li>● Review Service Log(s) and other available provider documentation to assist in determining if the person’s choices and preferences are being identified and match provider activities on an ongoing basis.</li> </ul>	<ol style="list-style-type: none"> <li>1) Provider documentation did not demonstrate efforts to learn about the person’s choices and preferences.</li> <li>2) Provider documentation did not demonstrate ongoing efforts to address the person’s identified choices and preferences.</li> </ol>

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		<ul style="list-style-type: none"> <li>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.</li> </ul>	
8	<p>Provider documentation demonstrates the goals identified on the support plan are addressed.</p>	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>This service must be provided in direct relation to the achievement of the person’s goals/outcomes as specified in the person’s Support Plan.</p> <p>Review Support Plan(s) covering the period of review to determine goals/outcomes to be addressed by Life Skills Development 1.</p> <ul style="list-style-type: none"> <li>Review Service Log(s) and other available provider documentation to determine if the supports and services being provided directly relate to the goals/outcomes specified in the Support Plan(s).</li> <li>If provider documentation is not “directly” related to the Support Plan goal(s)/outcome(s) but similar, review record for:               <ul style="list-style-type: none"> <li>Documented evidence of provider efforts to work with the person in defining what the goal/outcome means to them and the service accordingly or;</li> <li>When documentation is consistently related to a different goal(s)/outcome(s) look for evidence of conversations with the person associated with changing the goal/outcome and provider due diligence to coordinate changes with the WSC.</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>Provider did not have a copy of the Support Plan(s) or documented due diligence to obtain a copy.</li> <li>Provider documentation did not demonstrate the provider was aware of the current Support Plan goals/outcomes.</li> <li>Provider documentation demonstrated knowledge of the person’s Support Plan goals/outcomes but not ongoing efforts to address one or more identified goal/outcomes.</li> </ol>



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		Consider “overall” documentation for the period of review. If there are only isolated occurrences of documentation <b>not</b> relating to a goal/outcome score as “met”.	
9	The provider documents progress towards or achievement of Support Plan goals/outcomes on an ongoing basis.	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>Review Support Plan(s) to determine goals/outcomes to be addressed by Life Skills Development 1.</p> <ul style="list-style-type: none"> <li>• Ask the provider to describe method of assessing and documenting progress towards or achievement of Support Plan goals/outcomes on an ongoing basis.</li> <li>• Review record for provider documentation supporting stated methods of recording progress towards or achievement of Support Plan goals/outcomes on an ongoing basis.</li> <li>• Review Service Log(s) and other available provider documentation to determine if information and details related to progress towards or achievement of Support Plan goals/outcomes is documented.</li> <li>• Documentation of progress may also include lack of progress or decline in current status.</li> </ul> <p>Consider “overall” documentation for the period of review. If there are only isolated occurrences of documentation <b>not</b> relating to a goal/outcome score as “met”.</p>	<ol style="list-style-type: none"> <li>1) Provider did not have a copy of the Support Plan(s) or documented due diligence to obtain a copy.</li> <li>2) Provider documentation did not demonstrate the provider was aware of the person’s Support Plan goals/outcomes.</li> <li>3) Provider documentation did not demonstrate progress (or lack thereof) towards achievement of one or more identified Support Plan goals/outcomes.</li> </ol>
10	The provider documents ongoing efforts to assist the person to increase community participation and involvement based on his/her interests.	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>Ask the provider for method of learning about and documenting the person’s interests regarding community participation and involvement.</p>	<ol style="list-style-type: none"> <li>1) Provider documentation did not demonstrate efforts to learn about the person’s interest related to community participation and involvement.</li> <li>2) Provider documentation did not demonstrate ongoing efforts to increase</li> </ol>

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		<ul style="list-style-type: none"> <li>• Review record for documentation supporting method of learning about and documenting the person’s interests regarding community participation and involvement on an ongoing basis.</li> <li>• Review Service Log (s) and other available provider documentation to assist in determining:               <ul style="list-style-type: none"> <li>○ If interests in community participation and involvement are solicited on an ongoing basis.</li> <li>○ If identified interests are being addressed.</li> <li>○ If available, refer to the Support Plan as a reference document to determine if person’s community interests are identified and match provider activities.</li> </ul> </li> </ul>	<p>the person’s community participation and involvement.</p>
11	<p>The provider documents ongoing efforts to assist the person/legal representative to know about rights.</p>	<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"> <li>• Review provider documentation demonstrating efforts to support the person and when applicable the legal representative to know about rights on an ongoing basis.</li> <li>• Review available Service Logs and other provider documentation demonstrating efforts to support the person, and when applicable the legal representative to know about rights.</li> </ul> <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 identification of</p>	<ol style="list-style-type: none"> <li>1) Provider documentation did not demonstrate efforts to assist the person/legal representative to know about rights.</li> <li>2) Provider documentation demonstrated efforts to assist the person/legal representative to know about rights but not on an ongoing basis.</li> </ol>

## Service Specific Record Review – Life Skills Development 1 (Companion)

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		rights most important to the person, access to personal possessions, fair wages, voting, freedom from discrimination, specific rights restrictions identified on a behavior plan, education on Informed Consent, confidentiality, voting, privacy, religion, freedom from harm, self-determination, etc.	
12	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"> <li>• Ask the provider how information related to physical health is maintained and updated on an ongoing basis</li> <li>• Review record for documentation supporting stated method.</li> <li>• Documentation may be found in Service Logs, intake forms, stand-alone forms, and other available provider documentation.</li> </ul> <p>*Key/critical information related to physical health needs will vary by person, and could include, but not be limited to diagnosis, certain environmental factors, medication and related information, 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"> <li>1) Provider documentation did not demonstrate efforts to gather information about the person’s physical health needs.</li> <li>2) Provider documentation demonstrated knowledge of the person’s physical health needs but not ongoing efforts to address identified needs.</li> <li>3) Key and critical physical health information was absent from the record.</li> </ol>
13	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"> <li>1) Provider documentation did not demonstrate efforts to gather information about the person’s behavioral/emotional health needs.</li> <li>2) Provider documentation demonstrated knowledge of the person’s</li> </ol>

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		<ul style="list-style-type: none"> <li>• Ask the provider how information related to behavioral/emotional health is maintained and updated on an ongoing basis.</li> <li>• Review record for documentation supporting stated method.</li> <li>• Documentation may be found in Service Logs, intake forms, stand-alone forms, and other available provider documentation.</li> <li>• If based on review of the current Support Plan and provider documentation there is no behavioral/emotional health concerns indicated, scored N/A.</li> </ul> <p>*Key/critical information related to behavioral/emotional health needs will vary by person and could include, but not be limited to diagnosis, certain environmental factors, medication and related information, Behavior Plans, Safety Plan, police involvement, emotional well-being (stress, anxiety, depression, grief, other emotional issues, or diagnosis) and other information critical to maintaining the person’s behavioral/emotional health and relevant to the service being provided.</p>	<p>behavioral/emotional health needs but not ongoing efforts to address identified needs.</p> <p>3) Key and critical behavioral/emotional health information was absent from the record.</p>