

Service Specific Record Review – Supported Living Coaching

#	Performance Measure/Standard	Protocol	Not Met Reasons
1	<p>The provider has complete Daily Progress Notes for each date of service provided and billed during the period under review.</p>	<p>iBudget Handbook COMPLIANCE</p> <p>Review Daily Progress Notes for the entire period of review.</p> <p>Determine Daily Progress Notes include all required components.</p> <ul style="list-style-type: none"> • Name of person receiving service • Date of service • Time in/out • Summary of activities and supports provided during the contact • How the provider or intervention addressed the person's Support Plan goal(s). <p>Review Daily Progress Notes against claims data to ensure accuracy in billing.</p> <ul style="list-style-type: none"> • Compare each date of service in claims to documented date of service on each Daily Progress Note in the period of review. • Compare units paid in claims to documented units on each Daily Progress Note. • 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. <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 Progress Note was not present for the date of service for which the claim was submitted. (B) 2) Daily Progress Note did not include the person's name. (B) 3) Daily Progress Note did not include a time in/out. (B) 4) Daily Progress Note did not include the date service was provided. (B) 5) Daily Progress Note did not include a summary of activities, supports, and contacts with the person. (B) 6) Daily Progress Note did not include how the provider or intervention addressed the person's Support Plan goal(s). (B) 7) Discrepancies were noted between units billed and services documented. (B)
2	<p>The Implementation Plan covering services provided and billed during the period under review is in the record.</p>	<p>iBudget Handbook COMPLIANCE</p>	<ol style="list-style-type: none"> 1) Implementation Plan was not in the record for some or all of period of review. (B)

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		<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 - 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> <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 style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<p>2) Implementation Plan was not developed within 30 days of receipt of the Support Plan from the WSC. (B)</p> <p>3) Implementation Plan was not developed within 30 days following the initiation of the new service. (B)</p> <p>4) Provider documentation does not demonstrate date the Support Plan was received from the WSC. (B)</p>

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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 Supported Living Coaching.</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, practice, etc. • 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. 	<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 methods employed to assist the person in meeting Support Plan goal(s)/outcomes. 5) Methods identified on the current Implementation Plan did not relate to the Support Plan goals/outcomes. 6) Current Implementation Plan did not identify system to be used for data collection and assessment of the person’s progress toward achieving the Support Plan goal(s)/outcomes. 7) Current Implementation Plan did not include the frequency of services. 8) Current Implementation Plan did not include how home, health and community safety needs will be addressed. 9) Current Implementation Plan did not include a personal emergency disaster plan.

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		<ul style="list-style-type: none"> • The frequency of the supported living service; <ul style="list-style-type: none"> ○ Anticipated and estimated agreed upon frequency will vary by person and could indicate but not be limited to as specific as which days of the week, two days/week, every two weeks. And otherwise as needed. • How home, health and community safety needs will be addressed and the supports needed to meet these needs; • Personal emergency disaster plan • The method for accessing the provider 24-hours per-day, 7-days per-week for emergency assistance; and • A description of how natural and generic supports will be used to assist in supporting the person. • Signature of the recipient/legal representative. <p>Review current Implementation Plan to determine if changes or updates were completed prior to implementation.</p>	<p>10) Current Implementation Plan did not include the method for accessing the provider 24-hours per-day, 7-days per-week for emergency assistance.</p> <p>11) Current Implementation Plan did not include a description of how natural and generic supports will be used to assist in supporting the person.</p> <p>12) Current Implementation Plan was not updated prior to initiating identified changes.</p> <p>13) Current Implementation Plan was not signed by the recipient/legal representative.</p>
4	<p>Provider documentation demonstrates the Implementation Plan is 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. 	<p>1) Implementation Plan was not in the record.</p> <p>2) Provider documentation demonstrated one or more goal(s)/outcomes from the Support Plan were not being addressed.</p> <p>3) Provider documentation did not demonstrate methods identified to assist the person to meet Support Plan goals/outcomes were being followed.</p> <p>4) Provider documentation did not demonstrate system to be used for</p>

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		<ul style="list-style-type: none"> • 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. 	<p>data collection/assessment of progress was being followed.</p> <p>5) Provider documentation did not demonstrate change when modifications were made to the Implementation Plan.</p>
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. • 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 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. 	<p>1) Provider documentation did not demonstrate a copy of the Implementation Plan was provided to the person.</p> <p>2) Provider documentation did not demonstrate a copy of the Implementation Plan was provided to the legal representative.</p> <p>3) Provider documentation demonstrated a copy of the Implementation Plan was provided to the person but not within the 30-day timeframe.</p> <p>4) Provider documentation demonstrated a copy of the Implementation Plan was provided to the legal representative but not within the 30-day timeframe.</p>

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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 Supported Living Coaching.</p> <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 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 Supported Living. ○ *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 Supported Living Coaching will vary by person, frequency of service and purpose of the service but could include: assistance with procuring new housing, navigating eviction, assistance/resolution in the area of finances, updating IP following achievement of a significant milestone, provide updates on any</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. 4) One or more Quarterly Summaries were not aligned with the Support Plan effective date.

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		<p>unresolved issues reported on the previous quarterly, medical appointments, family activities, etc.</p> <p>If the provider was not providing services at the time the last Quarterly (Monthly) Summary was due, score 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"> ○ The 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 less than 12 months, the Annual Report would cover all months since services were initiated.</p>	<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) The Annual Report did not indicate a date of completion. (B)

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		<p>If the provider was not providing services to the person at the time of 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>	
8	The Annual Report covering services provided and billed during the period under review contains all required components.	<p>iBudget Handbook COMPLIANCE</p> <p>Refer to corresponding Support Plan to determine the goals/outcomes addressed by Supported Living Coaching</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. • 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 personally 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</p>	<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 (or 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 individually determined goals/outcomes. 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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		<p>person and could include but not be limited to major milestone achieved, significant event in the person’s personal life that impacted daily activities, significant health events, purchase of a home, change in/loss of a roommate, marriage/divorce, first time aunt/uncle, etc.</p> <p>If the provider has rendered services to the person 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	<p>The provider maintains Service Authorization(s) covering services provided and billed during the period under review.</p>	<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 Supported Living Coaching to 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). <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 services in the iBudget system. If corrections are needed the service provider should immediately contact the WSC for resolution.</p>	<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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		<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	<p>Services billed do not exceed 24qh of service per day and 8760qh per year.</p>	<p>iBudget Handbook Current APD Provider Rate Table COMPLIANCE</p> <p>Review claims data for dates of service billed in excess of 24 quarter hours.</p> <ul style="list-style-type: none"> • Maximum billable units per day cannot exceed 24 quarter hours (6 hours). <p>Refer back to protocol on #1 if necessary if the provider combines several service dates into one billing cycle.</p> <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<p>1) Provider documentation demonstrated provider billed in excess of 24qh on the date of service for which the claim was submitted. (B)</p>
11	<p>The service is rendered to a person living in his/her own home.</p>	<p>iBudget Handbook COMPLIANCE</p> <p>Own home is defined as: A house, apartment, or comparable living space meeting community housing standards, which the recipient chooses, owns or rents, controls, and occupies as a primary place of residence.</p> <p>Review the record for documentation of where the person resides.</p> <ul style="list-style-type: none"> • Determine the person resides in his/her own home and not a licensed facility, foster home or family home with the following exceptions: 	<p>1) Provider documentation demonstrated service was provided to a person residing in a licensed residential facility or foster care home for more than initial 90 days of transition. (B)</p> <p>2) Provider documentation demonstrated service was provided to a person residing in a family home for more than initial 90 days of transition. (B)</p> <p>3) Provider documentation demonstrated the person lives on</p>

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		<ul style="list-style-type: none"> – The service limitations of a family home do not apply when the parents or spouse in the home are also receiving services from the Agency for Persons with Disabilities. – For individuals who wish to move from a family home, group home, or other setting into a supported living arrangement, supported living coaching services can be approved for a period not to exceed 90 days prior to their move • An exception can be requested by the person to the APD Regional Office to request a waiver to allow supported living services to be provided on the property of a family member, in a separate structure, with a separate lease. • Determine that the person’s name appears on the lease or mortgage either singularly, with a roommate, or with a guarantor. In the event there is no mortgage, the person’s name must appear on the deed. <ul style="list-style-type: none"> – None of the person’s service providers (e.g., SLC, WSC, Personal Supports) nor any immediate family members of providers can serve as a landlord or have any interest in the ownership of the housing unit. – If the person has a live in Personal Support Provider the provider may be on the lease as an “occupant” but not a “tenant”. <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<p>the property of a family member without a waiver granted by the APD Regional Office. (B)</p> <p>4) The person’s name was not on the lease or mortgage. (B)</p> <p>5) The current lease or mortgage was not in the client’s record. (B)</p> <p>6) Provider documentation demonstrated that a provider, or a provider’s family member owned the home or had ownership interest in the home. (B)</p>
12	The Functional Community Assessment including annual updates covering services provided and billed during the period under review is in the record.	<p>iBudget Handbook COMPLIANCE</p> <p>The supported living provider is responsible for completing the Functional Community Assessment prior to the person’s move into a supported living arrangement or within 45 days of service</p>	<p>1) Functional Community Assessment was not in the record.</p> <p>2) Functional Community Assessment was in the record but was not completed prior to the person</p>

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>implementation for a person already in a supported living arrangement. The Functional Community Assessment must be updated at least annually.</p> <p>Review the record to locate the Functional Community Assessment.</p> <p>Determine the date the person moved into a supported living arrangement and evaluate accordingly.</p> <ul style="list-style-type: none"> • If the person moved into a supported living arrangement within the period of review, determine if the Functional Community Assessment was completed prior to the move. • If the person was already in a supported living arrangement but service was initiated during the period of review determine if the Functional Community Assessment was completed within 45 days of service implementation. • If the person has been in a supported living arrangement with the same provider during the entire period of review look for evidence of annual updates to the Functional Community Assessment. <p>Note: The date of the initial Functional Community Assessment and subsequent annual updates will not always correspond with the Support Plan effective date. However, updates to the Functional Community Assessment are required to be completed at least annually.</p>	<p>moving into the supported living arrangement.</p> <p>3) Functional Community Assessment was not completed within 45 days of service implementation for a person already in a supported living arrangement.</p> <p>4) Functional Community Assessment had not been updated at least annually.</p> <p>5) Functional Community Assessment did not have a date of completion.</p>
13	The Initial Housing Survey covering services provided and billed during the period under review is in the record.	iBudget Handbook COMPLIANCE	<p>1) Initial Housing Survey was not in the record.</p> <p>2) Initial Housing Survey was in the record but was not completed prior to the signing of the lease.</p>

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		<p>For the purpose of this standard the Initial Housing Survey is only reviewed if the person moved into their current home within the period of review.</p> <p>Review documentation to determine how long the person has lived in their current home.</p> <p>Score N/A if the person has lived in their current residence during the entire period of review.</p> <p>If the person has moved to a new home within the period of review locate the Initial Housing Survey and determine the following:</p> <ul style="list-style-type: none"> ○ The date of the move ○ The date the Initial Housing Survey was completed ○ The date the lease was signed ○ All housing quality standards have been identified/addressed <p>Determine if the Initial Housing Survey was completed prior to the person signing the lease.</p> <p>Determine if there are any housing quality standards on the Housing Survey that are marked “no”.</p> <ul style="list-style-type: none"> • For any item(s) marked “no”, look for documented evidence that the SLC has corrected the issue or that a waiver has been granted by the APD Regional Office. <ul style="list-style-type: none"> – Housing selected by the individual must meet the housing quality standards identified in Rule 65G-5.004, F.A.C. – A waiver granted by the APD Regional Office must be obtained when the housing selection is based on the individual’s choice and the quality standard waived does not compromise the person’s health and safety. 	<ul style="list-style-type: none"> 3) Initial Housing Survey was in the record but did not indicate the move in date. 4) Initial Housing Survey was in the record but did not indicate the date of completion. 5) One or more housing quality standards on the Initial Housing Survey were marked “no”, and there was no documented evidence of a waiver granted by the APD Regional Office. 6) Initial Housing Survey did not include the dated signature of the Supported Living Coach. 7) Initial Housing Survey did not include the dated signature of the Support Coordinator.

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14	The current Financial Profile covering services provided and billed during the period under review is in the record.	<p>iBudget Handbook COMPLIANCE</p> <p>The supported living provider must complete a Financial Profile for each person served.</p> <p>Review the record to locate the current Financial Profile</p> <ul style="list-style-type: none"> • Determine if the Financial Profile has been updated at least annually. • If the financial profile indicates a need for a one-time or recurring subsidy, the profile must be submitted to and approved by the APD Regional Office: <ul style="list-style-type: none"> ○ Before the person signs a lease; ○ Any time the person’s finances change; ○ Annually thereafter. • If a Home Subsidy has been requested, this form is required and must be signed by the person. • If the person refuses to complete the IFP, and an In-Home Subsidy is not being requested, the Supported Living Coach must provide documentation to indicate that he person refused to provide financial profile information to the SLC. 	<ol style="list-style-type: none"> 1) One or more Financial Profiles were not in the record and there was no documentation to indicate that the person refused to provide financial profile information to the SLC. 2) One or more Financial Profiles were in the record but not approved by the APD Regional Office when a one time or recurring subsidy was needed. 3) APD Regional Office approval was not obtained when the finances of a person receiving a subsidy changed. 4) Provider documentation did not demonstrate the Financial Profile had been updated at least annually. 5) One or more Financial Profiles were not signed by the person. 6) One or more Financial Profiles were not signed by the legal representative. 7) One or more Financial Profiles were not signed by the Supported Living Coach. 8) One or more Financial Profiles were not signed by the Support Coordinator.

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15	Documentation of quarterly home visits covering services provided and billed during the period under review is in the record.	<p>iBudget Handbook COMPLIANCE</p> <p>Review provider documentation of each quarterly meeting required during the period of review. Documentation of each meeting shall include at a minimum:</p> <ul style="list-style-type: none"> ○ A review of the supported living services rendered to ensure services are assisting the person with identified Support Plan goals/outcomes; ○ Review of the person’s financial status including a review of the financial profile, financial records and the status of the subsidy if provided; ○ Review of the person’s health and safety status including identified need for follow-up; ○ Review of the APD Health and Safety Checklist (Addressed separately in standard 16). <p>Quarterly Home Visits are not required to correspond with the Support Plan effective date. Quarterly Home Visits are a separate activity from the requirement of a Quarterly Summary.</p>	<ol style="list-style-type: none"> 1) Provider documentation for one or more quarterly home visits was not in the record. 2) Provider documentation for one or more quarterly home visits was not completed within the required quarterly timeframe. 3) Provider documentation for one or more home visits did not include follow-up on identified needs. 4) Provider documentation did not include date of completion.
16	APD Health and Safety Checklists covering services provided and billed during the period under review are in the record.	<p>iBudget Handbook COMPLIANCE</p> <p>Look for evidence that an APD Health and Safety Checklist has been completed each quarter and made available to the Waiver Support Coordinator at or prior to each quarterly meeting.</p> <p>Review the APD Health and Safety Checklists completed during each quarterly home visit.</p> <p>Components of the APD Health and Safety Checklist include:</p>	<ol style="list-style-type: none"> 1) APD Health and Safety Checklist was not in the record for one or more quarterly home visits. 2) One or more APD Health and Safety Checklists did not include current medical providers. 3) One or more APD Health and Safety Checklists did not include current medications.

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		<ul style="list-style-type: none"> • Review of the person's safety in the home • Review of the housing quality standards. All quality standards must be assessed • Review of current medical providers (physicians/specialists) • Review of current medications • Review of up to date medical visits • Identification of support group members (generic and natural supports) • Dated signature of the person • Dated signature of the Supported Living Coach • Dated signature of the Support Coordinator <p>The date of completion on the APD Health and Safety Checklists should correspond to the date of the quarterly home visit.</p>	<ol style="list-style-type: none"> 4) One or more APD Health and Safety Checklists did not include up to date medical visits. 5) One or more APD Health and Safety Checklists did not include support group members. 6) One or more APD Health and Safety Checklists did not include the dated signature of the person. 7) One or more APD Health and Safety Checklists did not include the dated signature of the Supported Living Coach. 8) One or more APD Health and Safety Checklists did not include the dated signature of the Support Coordinator. 9) APD Health and Safety Checklists were in the record but were not aligned with the quarterly home visit dates.
17	When the person is receiving Personal Supports and Supported Living Coaching, there is documented evidence of coordination between the services on an ongoing basis.	<p>iBudget Handbook COMPLIANCE</p> <p>Determine if the person receives Personal Supports and Supported Living Coaching.</p> <ul style="list-style-type: none"> – Personal Supports may be provided by the same or different provider. • Using the person's Medicaid number search claims in FSQAP. 	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate ongoing coordination of activities between the Supported Living Coach and the Personal Supports provider.

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		<ul style="list-style-type: none"> • If the person does not receive Personal Supports score this standard N/A. <p>When a person receives Supported Living Coaching and Personal Supports, the providers must work together to avoid duplication of activities.</p> <ul style="list-style-type: none"> • Ask the provider to describe method of communicating and documenting information shared between the Personal Supports Provider in an effort to avoid duplication of services. • Review the record for documentation the Support Living Coach has been interacting/communicating with the Personal Supports provider relative to the Implementation Plan and the Support Plan in order to coordinate activities on an ongoing basis. • Evidence may be found in Daily Progress Notes, quarterly meeting notes, Quarterly (Monthly) Summaries or other available provider documentation. • Look for evidence responsibilities and tasks are being divided between the Personal Supports provider and the Supported Living Coach per the Implementation Plan and Support Plan or both. 	
18	<p>Provider is in compliance with billing procedures and the Medicaid Waiver Services Agreement.</p>	<p>iBudget Handbook Current APD Rate Table COMPLIANCE</p> <p>Determine service is rendered in accordance with the Handbook.</p> <p>Provider bills the appropriate rate:</p> <ul style="list-style-type: none"> • Geographic, non-geographic, Monroe County • Solo vs. Agency 	<ol style="list-style-type: none"> 1) Provider documentation demonstrated provider is a solo but billed the agency rate. (B) 2) Provider documentation demonstrated the provider is not considered an agency for rate purposes but billed the agency rate. (B)

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> • 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"> ○ Determine if provider has at least two employees to carry out the enrolled service(s) during the period of review. <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"> • Federal income tax withholding • The employee's portion of Medicare tax and employee's portion of Social Security tax (FICA) • Employer's Federal Unemployment Tax Act (FUTA) <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. <p>Determine if services are being provided in accordance with the Handbook.</p> <p>Review the Service Authorization and Daily Progress Notes to determine if the services are provided at 1:1 or if occasionally rendered to more than one person at the same time, the provider prorates the rate for the time billed.</p> <ul style="list-style-type: none"> ○ Supported Living Coaching services may not be provided by a Supported living Coach who is living in the person's home. ○ If service authorizations are not present for some or all of the period under review other available provider documentation 	<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 service was rendered at a greater than 1:1 ratio on a routine basis. (B)</p> <p>6) Provider documentation demonstrated the Supported Living Coach lives with the person receiving services. (B)</p> <p>7) Provider documentation did not demonstrate the person was at least 18 years of age. (B)</p> <p>8) Service is not being rendered in accordance with the Handbook. (B)</p>

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>such as Daily Progress Notes, Implementation Plans, for information that may assist with determination.</p> <ul style="list-style-type: none"> ○ The Supported Living Coaching provider or the provider's immediate family cannot be the person's landlord or have any interest in the ownership of the housing unit. ○ Supported Living Coaching services can only be rendered to a person this is at least at least 18 years of age. (B) <p>If service is being routinely rendered at a frequency less than or more than the Service Authorization, score as Met and add a Discovery statement.</p> <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	
19	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"> • Review Claims data for date billed. • Review dates on each Daily Progress Notes. • Compare date of service on Daily Progress Notes to “claim billed date” in claims. • Determine if services were rendered prior to billing for each date of service during the period of review. • Refer back to protocol in standard #1 regarding providers that bill on a periodic or regular basis rather than daily. Apply the same logic when applicable. 	1) Provider documentation demonstrates the provider billed for services prior to rendering on one or more dates during the period under review.
20	The provider documents ongoing efforts to ensure the	<p>iBudget Handbook PERSON CENTERED PRACTICE</p>	1) Provider documentation did not demonstrate efforts to gather

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#	Performance Measure/Standard	Protocol	Not Met Reasons
	<p>person’s behavioral/emotional health needs are addressed.</p>	<p>Ask the provider for method used to gain 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 intake forms, stand-alone forms, Daily Progress Notes, Quarterly/Monthly Summaries, Implementation Plans, Annual Reports or other available provider documentation. • Based on review of the current Support Plan and other provider documentation, if there are no behavioral/emotional health concerns indicated, score N/A. <p>*Key/critical behavioral/emotional health information will vary per person, service, and frequency of service. Information could include, but not be limited to diagnosis, certain environmental factors, medication, Behavior Plans, Baker Acts, Police involvement, Safety Plan, and emotional well-being (stress, anxiety, depression, grief, other emotional issues or diagnosis) and other pieces critical to behavioral/emotional health relevant to the service being provided.</p>	<p>information about the person’s behavioral/emotional health needs.</p> <p>2) Provider documentation demonstrated knowledge of the person’s 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>
21	<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 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>1) Provider documentation did not demonstrate efforts to gather information about the person’s health and health care needs.</p> <p>2) Provider documentation demonstrated knowledge of the person’s health and health care</p>

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<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 Progress Notes, quarterly meeting notes, Functional Community Assessment, quarterly Housing Survey, Quarterly Summaries and/or Annual Report and other available provider documentation for evidence the provider identifies and addresses the person’s health and healthcare needs on a routine basis. <p>*Key/critical health and health care information will vary per person, and could include, but not be limited to diagnosis, certain environmental factors, medication related information, food allergies, specialized equipment needs, and other factors critical to physical health relevant to the service being provided.</p>	<p>needs but not ongoing efforts to address identified needs.</p> <p>3) Key and critical health and/or healthcare needs have not been addressed.</p>
22	The provider documents ongoing efforts to ensure the person’s safety needs are addressed.	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method used to gather and document knowledge related to the safety needs of the person.</p>	<p>1) Provider documentation did not demonstrate efforts to assess the person’s safety needs.</p> <p>2) Provider documentation demonstrated knowledge of the person’s safety needs but not</p>

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<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 skills and safety needs including steps taken to address the person’s needs. 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 Functional Community Assessment, Implementation Plan, Housing Survey’s, Daily Progress Notes, emergency disaster plan, Quarterly Summaries, or any other documented systems used by the provider demonstrating efforts to identify, assess and address the person’s safety skills and safety needs on a routine basis. • If available refer to the current Support Plan and if applicable Behavior Plan as additional resources. <p>* Key/critical safety information will vary per person, and could include, but not be limited to needed safety skills, adaptive equipment, and environmental modification needs, situational or environmental factors related to safety in the home and community, disaster preparedness planning and preparation, or items critical to safety skills and needs relevant to the service being provided.</p>	<p>ongoing efforts to address identified needs.</p> <p>3) Key and critical safety needs have not been addressed.</p>
23	Provider documents efforts to assist the person to define abuse, neglect, and exploitation.	<p>iBudget Handbook 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>	<p>1) Provider documentation did not demonstrate individualized efforts to provide education to the person in the area of abuse, neglect and exploitation.</p>

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<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/or exploitation (Call Abuse Hotline, tell WSC, Police, Family, etc.). • Supporting documentation may include Daily Progress Notes, Quarterly/Monthly Summaries, Annual Reports, Functional Community Assessment or other available documented systems used by the provider demonstrating efforts to assist the person to define abuse, neglect, and exploitation. • Documentation must show this is addressed at least annually. 	<p>2) Provider documentation did not demonstrate individualized efforts to assist the person to define abuse, neglect, and/or exploitation.</p>
24	<p>Provider documents efforts to assist person with knowing when and how to report any incidents of Abuse, Neglect and/or Exploitation.</p>	<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. 	<p>1) Provider documentation did not demonstrate when and how the person would report any incidents of abuse, neglect, and exploitation.</p> <p>2) Provider documentation did not demonstrate individualized education for the person based on their learning style.</p>

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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	<p>The provider documents information about the person’s history regarding abuse, neglect, and/or exploitation on an ongoing basis.</p>	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method used to collect and document information about the person’s history related to abuse, neglect and/or exploitation.</p> <ul style="list-style-type: none"> • Review record for documentation supporting stated method. • Review record for documentation related to past or present instances of alleged or confirmed abuse, neglect and/or exploitation and provider’s efforts to identify and address the person’s needs on an ongoing basis. • Review available provider documentation such as Daily Progress Notes, Functional Community Assessment, Quarterly Home Visit Notes, Incident Reports, Quarterly/Monthly Summaries, Annual Report, etc. • If based on review of available provider documentation, current Support Plan and when applicable individual/provider/staff interview, there is no indication of a history of abuse, neglect and/or exploitation, score N/A. 	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate ongoing efforts to gather information about the person’s history regarding abuse, neglect, and/or exploitation. 2) Provider documentation demonstrated knowledge of the person’s history regarding abuse, neglect, and/or exploitation but not ongoing efforts to address identified needs. 3) Key and critical issues related to abuse, neglect, and exploitation have not been addressed.
26	<p>The provider documents ongoing efforts to address the person’s choices and preferences.</p>	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method of soliciting and documenting 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. 	<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 choices and preferences.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> • Review available Daily Progress Notes, Functional Community Assessment, Quarterly/Monthly Summaries, Annual Report, Implementation Plans, 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. 	
27	The provider documents ongoing efforts to assist the person to increase community participation and involvement based on his/her interests.	iBudget Handbook PERSON CENTERED PRACTICE Ask the provider to describe method of soliciting and documenting the person’s interests regarding community participation and involvement. <ul style="list-style-type: none"> • Review record for documentation supporting method of soliciting and addressing the person’s interests regarding community participation and involvement on an ongoing basis. • Review Daily Progress Notes, Quarterly/Monthly Summaries, Implementation Plans, 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. 	1) Provider documentation did not demonstrate efforts to learn about the person’s interest related to community participation and involvement. 2) Provider documentation did not demonstrate ongoing efforts to increase the person’s community participation and involvement.
28	The provider documents ongoing efforts to assist the person/legal representative to know about rights.	iBudget Handbook PERSON CENTERED PRACTICE	1) Provider documentation did not demonstrate efforts to assist the person/legal representative to know about rights.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>Ask the provider to describe method of assisting the person and when applicable, legal representatives 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 Progress Notes, Functional Community Assessment, Quarterly/Monthly Summaries, Implementation Plans, Annual Report and other provider documentation demonstrating efforts to support the personal, 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 by 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, specific rights restrictions identified on a behavior plan, education on Informed Consent, confidentiality, voting, privacy, religion, freedom from harm, self-determination, etc.</p>	<p>2) Provider documentation demonstrated efforts to assist the person/legal representative to know about rights but not on an ongoing basis.</p>
29	<p>Progress Notes document service delivery that is varied, unique and person centered.</p>	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>The service provided should be in direct relation to the achievement of the person’s goals as specified in their Support Plan. Service Logs should describe the specific and individualized activities that took place during the service delivery.</p> <p>Review Progress Notes(s) for the entire period of review</p>	<p>1) Some Progress Notes were duplicates of previous logs. 2) Most, but not all, Progress Notes were duplicates of previous logs. 3) All Progress Notes were duplicates of previous logs.</p>

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>Determine if there is a pattern where multiple Progress Notes are duplicates of a previous log.</p> <ul style="list-style-type: none"> • Duplicate Service Logs are not acceptable for this service. The service provided must directly relate to the achievement of the person’s goals as specified in their Support Plan where progress is expected and can be measured. 	