

ACENTRA  
I/DD Waiver  
Provider Review Tool

**A Blue tab indicates scoring will be necessary for both Case Management agencies and service only agencies.**

**A Green tab indicates scoring will be relevant only to Case Management agencies.**

**A Purple tab indicates scoring will be relevant only to Residential Service providers.**

ACENTRA  
I/DD Waiver  
Provider Review Tool



**I/DD Provider Agency:**

Review Number: \_\_\_\_\_  
Provider Number: \_\_\_\_\_  
Date of Review: \_\_\_\_\_  
Provider Educator(s): \_\_\_\_\_  
# Member Files Reviewed: \_\_\_\_\_  
# Staff Files Reviewed: \_\_\_\_\_  
Total # Members Served: \_\_\_\_\_

CEO/Responsible Person to Whom Reports Will Go (include mailing address)	Email Address

The Office of Program Integrity (OPI) may be contacted for referral to the Medicaid Fraud Control Unit and disallowances may be recommended for:

- \*Services delivered to individuals who are not medically and/or financially eligible
- \*Services delivered related to an invalid IPP
- \*Services delivered with no (or insufficient) supporting documentation
- \*Services delivered by a staff or employee who is not qualified
- \*Services delivered that exceed service limits
- \*Services delivered that are not indicated as a need on the IPP
- \*Services delivered outside the scope of the service definition

 Items highlighted in Red will be recommended for disallowance.

WV I/DD Waiver Policy is referenced for all items that may be recommended for disallowance.

ACENTRA  
I/DD Waiver  
Provider Review Tool

CASE MANAGEMENT - QUALIFIED PROVIDER:					
Identifier	Provider First Name	Provider Last Name	Provider Role	Hire Date	Term Date (if applicable)
P1					
P2					
P3					
P4					
P5					
P6					
P7					
P8					
P9					
P10					

SERVICE ONLY - QUALIFIED PROVIDER:					
Identifier	Provider First Name	Provider Last Name	Provider Role (DCS, BSP, RN, LPN, etc.)	Hire Date	Term Date (if applicable)
P11					
P12					
P13					
P14					
P15					
P16					
P17					
P18					
P19					
P20					
P21					
P22					
P23					
P24					
P25					
P26					
P27					
P28					
P29					
P30					

PROFESSIONAL - QUALIFIED PROVIDER:											
Scoring: 1= The item is compliant. 0 = The item is not compliant. Items highlighted in <b>RED</b> will be recommended for disallowance. All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.											
Qualified Provider	Policy	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
<b>513.2.1 (CRIMINAL BACKGROUND CHECKS)</b>											
1	<p>Criminal Background Check:</p> <ul style="list-style-type: none"> <li>• A CIB was initiated via the WV CARES system and a fitness determination of eligible was made -OR-</li> <li>• A variance of employment fitness was requested and               <ul style="list-style-type: none"> <li>• direct supervision occurred/is occurring of the provisional employee until a fitness determination of eligible was made -OR-</li> <li>• a waiver from WV CARES granting an exception to the direct supervision requirement for the period of provisional employment is in the file</li> </ul> </li> </ul>	<p><b>POLICY: 513.2 PROVIDER ENROLLMENT AND RESPONSIBILITIES:</b> Agency must "Ensure that all required documentation is maintained at the agency on behalf of the State of West Virginia and (is) accessible..." including agency employee's "Approved Criminal Background check" with a "fitness determination of Eligible" and that staff are "not listed on the list of excluded individuals maintained by the Office of the Inspector General."</p>									
<b>513.3 (Staff Qualifications and Training Requirements)</b>											
<p><b>*Annually is defined as within the month the training expires, unless otherwise specified.</b>  <b>**Competency is defined as scoring 80% or above</b></p>											
2	Employee was 18 years of age or older on date of hire.	<p><b>513.2 PROVIDER ENROLLMENT AND RESPONSIBILITIES:</b> "All agency staff... must meet the qualifications listed below: Be over the age of 18."</p>									
3	Confidentiality training occurred upon hire and annually* thereafter. Training includes a competency component (post-test) upon hire and annually* thereafter, and meets established competency threshold.	<p><b>POLICY: 513.2 PROVIDER ENROLLMENT AND RESPONSIBILITIES:</b> Provider must maintain "Documentation of competency-based training initially and annually..." with annually defined as within the month the training expires. These trainings include: Confidentiality, Rights of persons who receive services, Infectious Disease Control, Recognition of, Documentation of, and Reporting of suspected Abuse/Neglect and Exploitation, and Direct-Care Ethics." Also includes "facilitated WV APBS Overview of Positive Behavior Support or the WVUCED Positive Behavior Support Direct Care Overview."</p>									
4	Training on Rights of persons who receive services occurred upon hire and annually* thereafter. Training includes a competency component (post-test) upon hire and annually* thereafter, and meets established competency threshold.										
5	Training on Infectious Disease Control occurred upon hire and annually* thereafter. Training includes a competency component (post-test) upon hire and annually* thereafter, and meets established competency threshold.										
6	Training on Recognition and Reporting of Abuse/Neglect/Exploitation occurred upon hire and annually* thereafter. Training includes a competency component (post-test) upon hire and annually* thereafter, and meets established competency threshold.										
7	Training on either the facilitated WVAPBS Overview of Positive Behavior Support or the WVUCED Positive Behavior Support Direct Care Overview occurred upon hire. Training includes a competency component (post-test) upon hire and meets established competency threshold.										
8	First Aid training from an approved agency listed on the BMS IDWW website occurred upon hire and subsequently as required by the expiration date on the card supplied by approved agency. Training meets competency threshold. (Note: N/A for RN/LPN's)	<p><b>POLICY: 513.2 PROVIDER ENROLLMENT AND RESPONSIBILITIES:</b> Agency must have "documented training on First Aid by a certified trainer from an approved agency..." to include always having "current First Aid certification upon hire and as indicated per expiration date on the card."            Agency must have "documented training in Cardiopulmonary Resuscitation (CPR) by an approved agency..." to include always having "current CPR certification upon hire and as indicated per expiration date on the card."</p>									
9	CPR training from an approved agency listed on the BMS IDWW website occurred upon hire and subsequently as required by the expiration date on the card supplied by approved agency. (Note: training must include required components identified in policy manual, including manual demonstration and relevance to the age of the population.) Training meets competency threshold.										
10	Training on Emergency Procedures, such as Crisis Intervention and Restraints was conducted upon hire and annually thereafter if IDT has agreed such training is necessary. (Note: If IDT determines annual retraining is not necessary, documentation must be present to show staff have waived training.) Training meets competency threshold.	<p><b>513.2 PROVIDER ENROLLMENT AND RESPONSIBILITIES:</b> All agency staff... must meet the qualifications listed below: "Training on Emergency Procedures, such as Crisis Intervention and restraints upon hire and thereafter only if deemed necessary by the IDT based on the assessed needs of the person who receives services."</p>									
11	Training is provided on Culturally and Linguistically appropriate services upon hire. (Note: trainings are inclusive of recognizing diversity, and as necessary, staff are aware of the need to provide services based on the person's culture and/or language needs.)	<p><b>POLICY: 513.3 STAFF QUALIFICATIONS AND TRAINING REQUIREMENTS:</b> "All staff must be trained to provide IDWW services in a culturally and linguistically appropriate manner."</p>									

Qualified Provider		Policy	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
<b>513.3.12 (Case Management)</b>												
<b>*Annually is defined as within the month the training expires, unless otherwise specified.</b>												
12	There is documentation that Case Manager meets degree, experience, and (if applicable) supervision requirements.	<b>513.3.12 CASE MANAGEMENT AGENCY STAFF QUALIFICATIONS:</b> "In addition to meeting all requirements for IDDW... agency staff providing Case Management services must meet one of the following (degree) requirements..." as identified in the current policy manual." "If less than one year experience, CM "must be under the supervision of the case manager supervisor."										
	There is documentation that the Case Manager completed online certification for Conflict Free Case Management via the Learning Management System located on WV Bureau for Medical Services' site.	<b>BMS MEMORANDUM 1/25/21:</b> Effective April 1, 2021, all case managers who are <b>not</b> Licensed Social Workers, Licensed Professional Counselors or Licensed Registered Nurses must be certified to provide case management.										
<b>The following subset is applicable only to those providing Behavior Support Professional Services</b>												
<b>513.3.1.1 (Behavior Support Professional)</b>												
14	There is documentation that Behavior Support Professional meets degree, experience requirements, and (as applicable) supervision requirements.	<b>513.3.1.1. BEHAVIOR SUPPORT PROFESSIONAL AGENCY STAFF QUALIFICATIONS:</b> "In addition to meeting all requirements for IDDW... agency staff providing Behavior Support services must meet one of the following (degree) requirements..." as identified in the current policy manual. "Those meeting all of the above requirements except the one year experience will be considered qualified only if clinical supervision is provided by a Behavior Support Professional."										
	There is documentation that Behavior Support Professional completed an approved curriculum no later than 11/30/2016. <b>FOR NEW HIRES AFTER 12/1/16:</b> There is documentation that Behavior Support Professional completed an approved curriculum no later than 6 months after date of hire. (Note: verify that an approved curriculum and mentoring process were used.)	<b>513.3.1.1. BEHAVIOR SUPPORT PROFESSIONAL I AGENCY STAFF QUALIFICATIONS:</b> "New hires of individual agencies that have not completed an approved WAPBS curriculum must successfully do so within the first six months of employment and be under ongoing clinical supervision by a Behavior Support Professional."										
<b>The following subset is applicable only to those providing Behavior Support Professional II Services</b>												
<b>513.3.1.2 (Behavior Support Professional II): 100% of staff who are billing BSP II services will be included in the sample of staff files reviewed.</b>												
16	There is evidence Behavior Support Professional II meets degree, experience requirements, and (as applicable) supervision requirements.	<b>513.3.1.2. BEHAVIOR SUPPORT PROFESSIONAL II (BSP II) AGENCY STAFF QUALIFICATIONS:</b> "In addition to meeting all requirements for IDDW... agency staff providing Behavior Support services must meet one of the standards..." as identified in the current policy manual.										
<b>The following subset is applicable only to those providing Skilled Nursing services (RN and LPN)</b>												
<b>513.3.13 (Skilled Nursing: Licensed Registered Nurse - RN)</b>												
17	There is documentation that Registered Nurse (RN) meets licensing requirements.	<b>513.3.13 SKILLED NURSING AGENCY STAFF QUALIFICATIONS:</b> "In addition to meeting all requirements for IDDW... agency staff providing skilled nursing services must be a Licensed Practical Nurse in the State of WV or a licensed Registered Nurse in the State of WV."										
<b>513.3.13 (Skilled Nursing: Licensed Practical Nurse - LPN)</b>												
18	There is documentation that Licensed Practical Nurse (LPN) meets licensing requirements.	<b>513.3.13 SKILLED NURSING AGENCY STAFF QUALIFICATIONS:</b> "In addition to meeting all requirements for IDDW... agency staff providing skilled nursing services must be a Licensed Practical Nurse in the State of WV or a licensed Registered Nurse in the State of WV."										

**DIRECT CARE - QUALIFIED PROVIDER:**

Scoring: 1= The item is compliant. 0 = The item is not compliant.  
Items highlighted in **RED** will be recommended for disallowance.

All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Qualified Provider		Policy	P11	P12	P13	P14	P15	P16	P17	P18	P19	P20
<b>513.2.1 (CRIMINAL BACKGROUND CHECKS)</b>												
<b>1</b>	<p>Criminal Background Check:</p> <ul style="list-style-type: none"> <li>• A CIB was initiated via the WV CARES system and a fitness determination of eligible was made -OR-</li> <li>• A variance of employment fitness was requested and</li> <li>• direct supervision occurred/is occurring of the provisional employee until a fitness determination of eligible was made -OR-</li> <li>• a waiver from WV CARES granting an exception to the direct supervision requirement for the period of provisional employment is in the file</li> </ul>	<p><b>POLICY: 513.2 PROVIDER ENROLLMENT AND RESPONSIBILITIES:</b> Agency must "Ensure that all required documentation is maintained at the agency on behalf of the State of West Virginia and (is) accessible..." including agency employee's "Approved Criminal Background check" with a "fitness determination of Eligible" and that staff are "not listed on the list of excluded individuals maintained by the Office of the Inspector General."</p>										
<b>513.3.3.1 (Staff Qualifications and Training Requirements)</b>												
<p><b>*Annually is defined as within the month the training expires, unless otherwise specified.</b>  <b>**Competency is defined as scoring 80% or above</b></p>												
<b>2</b>	Employee was 18 years of age or older on date of hire.	<p><b>513.2 PROVIDER ENROLLMENT AND RESPONSIBILITIES:</b> "All agency staff... must meet the qualifications listed below: Be over the age of 18."</p>										
<b>3</b>	Confidentiality training occurred upon hire and annually* thereafter. Training includes a competency component (post-test) upon hire and annually* thereafter, and meets established competency threshold.	<p><b>POLICY: 513.2 PROVIDER ENROLLMENT AND RESPONSIBILITIES:</b> Provider must maintain "Documentation of competency-based training initially and annually..." with annually defined as within the month the training expires. These trainings include: Confidentiality, Rights of persons who receive services, Infectious Disease Control, Recognition of, Documentation of, and Reporting of suspected Abuse/Neglect and Exploitation, and Direct-Care Ethics." Also includes "facilitated WV APBS Overview of Positive Behavior Support or the WVUCED Positive Behavior Support Direct Care Overview."</p>										
<b>4</b>	Training on Rights of persons who receive services occurred upon hire and annually* thereafter. Training includes a competency component (post-test) upon hire and annually* thereafter, and meets established competency threshold.											
<b>5</b>	Training on Infectious Disease Control occurred upon hire and annually* thereafter. Training includes a competency component (post-test) upon hire and annually* thereafter, and meets established competency threshold.											
<b>6</b>	Training on Recognition and Reporting of Abuse/Neglect/Exploitation occurred upon hire and annually* thereafter. Training includes a competency component (post-test) upon hire and annually* thereafter, and meets established competency threshold.											
<b>7</b>	Training on either the facilitated WVAPBS Overview of Positive Behavior Support or the WVUCED Positive Behavior Support Direct Care Overview occurred upon hire. Training includes a competency component (post-test) <b>upon hire</b> and meets established competency threshold.											
<b>8</b>	<b>First Aid</b> training from an approved agency listed on the BMS IDWW website occurred upon hire and subsequently as required by the expiration date on the card supplied by approved agency. Training meets competency threshold. (Note: N/A for RN/LPN's)	<p><b>POLICY: 513.2 PROVIDER ENROLLMENT AND RESPONSIBILITIES:</b> Agency must have "documented training on First Aid by a certified trainer from an approved agency... to include always having current First Aid certification upon hire and as indicated per expiration date on the card."</p>										
<b>9</b>	<b>CPR</b> training from an approved agency listed on the BMS IDWW website occurred upon hire and subsequently as required by the expiration date on the card supplied by approved agency. (Note: training must include required components identified in policy manual, including manual demonstration and relevance to the age of the population.) Training meets competency threshold.	<p>Agency must have "documented training in Cardiopulmonary Resuscitation (CPR) by an approved agency..... to include always having current CPR certification upon hire and as indicated per expiration date on the card."</p>										
<b>10</b>	Training on Direct Care Ethics occurred upon hire and annually* thereafter to include: Best Practices in providing PCS, Promoting physical/emotional well-being; Integrity and Responsibility; Confidentiality; Justice/Fairness/Equity; Respect; Relationships; Self-Determination; and Advocacy. Training includes a competency component (post-test) upon hire and annually* thereafter, and meets established competency threshold.	<p><b>POLICY: 513.2 PROVIDER ENROLLMENT AND RESPONSIBILITIES:</b> Provider must maintain "Documentation of competency-based training initially and annually..." These trainings include:... Direct-Care Ethics." Direct Care Ethics Training must minimally address: "Focus on the person who receives services, including commitment to person-centered supports as best practice; Promoting the physical and emotional well-being of the person; Integrity and responsibility; Confidentiality; Justice, fairness, and equity; Respect; Relationships; Self-determination; and Advocacy."</p>										
<b>11</b>	Training is provided on Culturally and Linguistically appropriate services <b>upon hire</b> . (Note: trainings are inclusive of recognizing diversity, and as necessary, staff are aware of the need to provide services based on the person's culture and/or language needs.)	<p><b>POLICY: 513.3 STAFF QUALIFICATIONS AND TRAINING REQUIREMENTS:</b> "All staff must be trained to provide IDWW services in a culturally and linguistically appropriate manner."</p>										



<b>CONTRACT PROVIDERS - QUALIFIED PROVIDER:</b>			
Scoring: 1= The item is compliant. 0 = The item is not compliant. Items highlighted in <b>RED</b> will be recommended for disallowance. All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.			
Qualified Provider	Policy	P21	P22
<b>513.3.3 (Staff Qualifications and Training Requirements)</b>			
The following subset is applicable only to those providing <b>Extended Professional Services</b> (Dietary, Occupational, Physical, and/or Speech Therapy)			
<b>513.3.3 (Dietary Therapist)</b>			
<b>1</b>	There is documentation that Dietary Therapist meets licensing requirements.	<b>513.3.3 DIETARY THERAPIST AGENCY STAFF QUALIFICATIONS:</b> "In addition to meeting all requirements for IDDW... agency staff providing dietary care services must be a licensed Dietitian in the State of WV." "If the Dietitian is not agency staff, but is contracted by the IDDW provider... then the Dietitian only needs to be licensed to practice in the State of WV."	
<b>513.3.6 (Occupational Therapist)</b>			
<b>2</b>	There is documentation that Occupational Therapist meets licensing requirements.	<b>513.3.6 OCCUPATIONAL THERAPIST AGENCY STAFF QUALIFICATIONS:</b> "In addition to meeting all requirements for IDDW... agency staff providing occupational therapy services must be a Licensed Occupational Therapist in the State of WV." "If the Occupational Therapist is not agency staff, but is contracted by the IDDW provider... then the Occupational Therapist only needs to be licensed to practice in the State of WV."	
<b>513.3.8 (Physical Therapist)</b>			
<b>3</b>	There is documentation that Physical Therapist meets licensing requirements.	<b>513.3.8 PHYSICAL THERAPIST AGENCY STAFF QUALIFICATIONS:</b> "In addition to meeting all requirements for IDDW... agency staff providing physical therapy services must be a Licensed Physical Therapist in the State of WV." "If the Physical Therapist is not agency staff, but is contracted by the IDDW provider... then the Physical Therapist only needs to be licensed to practice in the State of WV."	
<b>513.3.14 (Speech Therapist)</b>			
<b>4</b>	There is documentation that Speech Therapist meets licensing requirements.	<b>513.3.14 SPEECH THERAPIST AGENCY STAFF QUALIFICATIONS:</b> "In addition to meeting all requirements for IDDW... agency staff providing speech therapy services must be a Licensed Speech Therapist in the State of WV." "If the Speech Therapist is not agency staff, but is contracted by the IDDW provider... then the Speech Therapist only needs to be licensed to practice in the State of WV."	

CASE MANAGEMENT - SERVICE PLAN:																			
Scoring: 1= The item is compliant. 0 = The item is not compliant.																			
Items highlighted in <b>RED</b> will be recommended for disallowance. Deficiencies will be addressed on the Plan of Correction and additional Technical Assistance will be provided.																			
*Medicaid cannot reimburse for services rendered when the IPP has expired, has not been reviewed within required timelines, and/or does not include required signatures or services.*																			
Service Plan										RECORD ID									
513.8.1 (Annual, Quarterly and Six-Month IDT Meetings)																			
1	The Annual service plan was held within 30 days prior to the anchor date, or there is documentation from the UMC to grant an exception.																		
2	The 6 month service plan was held within 30 days prior to the 6 month anniversary of the anchor date, or there is documentation from the UMC to grant an exception.																		
3	The service plan was reviewed by the IDT at least every 90 days unless otherwise specified in the plan.																		
Policy Reference 513.8 INDIVIDUAL PROGRAM PLAN (IPP)										Ann	6mo	Ann	6mo	Ann	6mo	Ann	6mo	Ann	6mo
IPPs ARE COMPLETE DOCUMENTS:																			
4A	Cover/Demographics; to include most current person-specific information.																		
4B	Meeting Minutes updated at current juncture; includes expanded discussion of meeting, records critical issues, and identifies active participation of each IDT person as indicated by documented discussion. (Note: minutes should represent discussion that occurred during the <b>current</b> meeting.)																		
4C	Evidence of a team based approach was utilized in development/updating of the Crisis Plan (if applicable). (Note: team participation should be documented in meeting minutes.)																		
4D	Personalized Circle of Support/Goals and Dreams. (Note: Answer's should reflect the person receiving services' responses as much as possible. If participant cannot provide direct answers, this should be documented and who either assisted or answered on behalf of the person receiving services, should be specified. Information should continue to be updated regularly.)																		
4E	Summary of Assessments and Evaluation Results. (Note: information must be obtained from current assessments and encompass all assessed areas of need; i.e. habilitation, nursing, annual functional assessments, diagnosis, IEP as applicable, therapies, etc.)																		
4F	Medications (Note: list must contain all current medications.)																		
4G	Individual Service Plan (ISP) to include: <u>I/DD Waiver Services</u> (Service plan reflects all paid I/DD Waiver services.)																		
4H	Behaviors identified for intervention are listed in the ISP section as well as the methods to address the person's assessed maladaptive behavioral need(s).																		
4I	Individual Service Plan (ISP) to include: <u>Non-I/DD Waiver Services and Natural Supports</u> . (Service plan reflects all services, programs and supports, both paid and unpaid. Example: a member accesses Personal Care, Private Duty Nursing, Home Health and/or Hospice, for example, the service plan must reflect how and when these programs are used.)																		
4J	Individual Habilitation Plan (IHP) and Task Analysis, (if applicable).																		
4K	Tentative Weekly Schedule (Note: including both paid and unpaid supports and any other programs, i.e. Personal Care, Private Duty Nursing, etc. Schedule must reflect when services are used to avoid duplication. Schedule should cover twenty-four hours or at minimum, all waking hours to ensure there is no duplication of service.)																		
4L	Current Positive Behavior Support Plan, Guideline, or Protocol (as applicable) with signatures of developer <u>and</u> member/legal representative. (Note: must indicate consent by member/legal representative. Must also include dates that plan was approved and initiated.)																		
4M	Current Crisis Response Plan to include Emergency Disaster Plans.																		
4N	Current service year's budget from UMC's web portal. (Note: should indicate services that were purchased, at what ratios they were purchased, and when approved, indicate an authorization number. Budget may say "pending" when plan is an Annual.)																		
4O	I/DD -12 Request to Continue Services Form; must include all requests submitted since last treatment team meeting.																		
4P	Signature Sheet and Rationale for Disagreement (if applicable). (Note: Signature sheet must include all those who attended, indicate agreement/disagreement, date of the meeting, and the total time spent in the meeting for each team member.)																		
IPPs ARE REFLECTIVE OF QUALITY, PERSON-CENTERED SERVICES:																			
5	Service plan is guided by the member's assessed needs.																		
6	Service plan incorporates person's hopes and dreams. (Note: This may be determined by types of services purchased, habilitation programming objectives, person's tentative schedule/choice of activities, living arrangements/roommates, behavioral assistance, and/or natural supports as indicated and appropriate, etc.)																		
7	The assessment section is detailed, person-specific, and inclusive of the current juncture. Information should include recommendations and follow-up based on assessment data. (Note: should include summary and discussion of assessment outcomes with recommendations and not be copied directly from the original documents.)																		
8	Assessment-driven habilitation recommendations are reflected in the service plan.																		
9	The names of staff members providing Participant-Directed services, Person-Centered Supports, In-Home Respite, and Out-of-Home Respite (unless provided through a licensed facility-based day habilitation) are identified in the ISP section.																		
10	Medication Administration is documented in the service plan to include name(s), dosage, frequency, purpose, and parties responsible for administration. (Note: Names should be as specific as possible and/or related to position i.e. AMAP's, RN's, or LPN's, etc.)																		
11	Natural supports are identified in the ISP with specific responsibilities outlined. (Note: must contain details related to specific type(s) of supports; their frequency, duration, and should include more than a brief statement. Narrative should discuss specific responsibilities or tasks identified supports are responsible for. If there are no natural supports, discussion should include ways team intends to seek and include these supports.)																		
12	For each service or program discussed in the ISP, the Plan of Action is detailed and discusses a specific plan for accomplishing tasks or duties during the current service juncture. (Note: should include more than a statement of what <u>can be</u> provided based on current I/DD policy, but instead be specific to what team <u>will provide</u> within I/DD policy.)																		
13	Type, scope, duration, amount, and frequency of services are specified in the ISP.																		
14	Service plan is a person-centered document. (Note: Plan should discuss the member and their ongoing needs. Plan should provide consistent narrative throughout and be relevant to the person's current juncture outlining ongoing tasks/activities/services and supports.)																		

Service Plan		RECORD ID				
<b>513.19.1 (Case Management)</b>						
15	Coordination of Healthcare Needs is identified on the service plan with specific follow up for any identified need.					
16	100% of Health/Safety Issues (identified in UMC's Web Portal) are addressed as documented in the service plan and a plan is present for any necessary follow-up.					
17	All assessed needs (from other available assessments) are addressed in the service plan and a plan is present for any necessary follow-up.					
18	Meeting notice was provided to IDT members at least 30 days prior to scheduled meeting.					
<b>513.8.1 (The Interdisciplinary Team)</b>						
19	Member attended in person, and signed (if applicable) service plan or there is documentation from the UMC to grant an exception for non-attendance.					
20	Legal Representative (guardian and/or Health Care Surrogate, as applicable) attended in person, or there is documentation from the UMC to grant an exception for non-attendance.					
21	Case Manager attended in person and signed service plan.					
22	RN/LPN attended and signed document when nursing services are requested/provided (if applicable).					
23	A BSP attended and signed document when service is requested/provided (if applicable).					
24	Medley Advocate attended and signed service plan (if applicable). <i>(Note: must be present for the annual and six month.)</i>					
25	A representative from ALL agencies providing I/DD Waiver services attended and signed service plan. <i>(Note: May be 'n/a' if person receiving services self-directs and the only provider agency is the CM agency.)</i>					
26	Documentation exists that the Case Management agency forwarded copies of service plan to ALL participating IDT members/agencies within 14 days.					
27	The service plan was uploaded to UMC's Web Portal within 14 days. <i>(Note: May be 'n/a' for 6-month meetings unless changes to services or service ratios, are made.)</i>					
<b>513.9 Description of Service Options</b>						
28	A signed and current Freedom of Choice Form (I/DD-2) designating a Service Delivery Model is in the file.					
29	A signed and current Freedom of Choice Form (I/DD-2) designating a Case Management Agency is in the file.					
30	If the member had a change in Freedom of Choice options (SDM, ICF vs. IDD Waiver, CM agency) the form was processed within 2 business days.					
31	Total number of claims (within the review period) reflected in the person's service plan.					
32	Total number of claims for the review period.					

**RESIDENTIAL SITE REVIEW: NF/SFCP/ISS/GH**  
 0= Non-compliant 1= Compliant  
 Non-compliant items are identified in **yellow**. Deficiencies will be addressed on the Plan of Correction and additional Technical Assistance will be provided.

**HCBS Residential Site Review Service Plan**      RECORD ID | RECORD ID | RECORD ID | RECORD ID | RECORD ID  
**§ 441.725 Person-centered service plan**

	Ann	6mo								
1 Did the member choose the people (professionals) on their Interdisciplinary Team (IDT)?										
2 Do person-centered planning meetings occur at times and places convenient for the member?										
3 Do the person-centered planning meetings seem to reflect cultural considerations? <i>(Note: Does it appear meetings are conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons with limited English proficiency?)</i>										
4 Does the plan document any alternative home and community-based settings considered by the individual?										
5 Does the person-centered plan identify the individual and/or entity responsible for monitoring the plan?										
6 If any answer on the applicable HCBS living settings rule questionnaire is NO, are there reasons documented as to why modifications are needed?										
7 If any answer on the applicable HCBS living settings rule questionnaire is NO, are the identified modifications supported by an assessed need and documented on the person-centered plan?										

**Comments**  
 (For any answer of NO, document which question(s) were identified as non-compliant; include IDT's documented rationale, and what, if any, steps the IDT plans to take for remediation.)

*(This area is currently blank for comments.)*

**ADDITIONAL SERVICE PLAN:**

Scoring: 1= The item is compliant. 0 = The item is not compliant.

Items highlighted in **RED** will be recommended for disallowance. All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

**"Medicaid cannot reimburse for services rendered when the IPP has expired, has not been reviewed within required timelines, and/or does not include required signatures or services."**

Service Plan		RECORD ID				
<b>513.8.1.4 (CRITICAL JUNCTURE IDT MEETING)</b>						
1	Service plan was updated as a result of a Critical Juncture with rationale documented in the meeting minutes. <i>(Note: occurred because of a change in the member's medical/physical status, behavioral status, availability of supports, or other change in need as outlined in the current I/DD Waiver Manual.)</i>					
2	Member attended in person, and signed (if applicable) Critical Juncture service plan or there is documentation from the UMC to grant an exception for non-attendance.					
3	Legal Representative (guardian, and/or Health Care Surrogate, as applicable) attended in person or via teleconference, and signed Critical Juncture service plan or there is documentation from the UMC to grant an exception for non-attendance.					
4	Case Manager attended in person and signed service plan.					
5	A representative from ALL agencies providing I/DD Waiver services attended and signed Critical Juncture service plan. <i>(Note: May be 'n/a' if person receiving services self-directs and the only provider agency is the CM agency.)</i>					
6	Documentation exists that the Case Management agency forwarded copies of service plan to ALL participating IDT members/agencies within 14 days.					
7	The service plan was uploaded to UMC's Web Portal within 14 days if any modifications to services were requested.					
8	Service plan is a person-centered document. <i>(Note: Plan should discuss the member and their ongoing needs. Plan should provide consistent narrative throughout and be relevant to the person's current juncture outlining ongoing tasks/activities/services and supports.)</i>					
<b>513.8.1- INITIAL IPP (when slot is received) / (7 Day/30 Day IDT Meeting)</b>						
<b>INITIAL SLOT RELEASE</b>						
9	Upon first receiving a Waiver slot, the Initial service plan (DD-4) was completed within the first seven calendar days of admission/intake and prior to the initiation of ANY services being billed. <i>(Note: May be completed on DDS if all services are finalized.)</i>					
10	Legal Representative (guardian, and/or Health Care Surrogate, as applicable) attended in person or via teleconference and signed Initial service plan (DD-4).					
11	Case Manager attended and signed Initial service plan.					
12	Initial service plan provides a generalized outline of initial plan of action to prepare for upcoming services. <i>(Note: This should include Medicaid, non-Medicaid, and natural supports.)</i>					
13	Documentation exists that the Case Management agency forwarded copies of the Initial service plan to ALL participating IDT members/agencies within 14 calendar days of the date meeting was held.					
<b>7-DAY IDT MEETING</b>						
14	7-day service plan was completed within seven calendar days of intake of an <b>existing</b> Waiver participant, or when there was a change in setting/program as outlined in policy.					
15	Person receiving services attended in person the 7-day service plan. <i>(Note: May be N/A if exception was granted by the UMC.)</i>					
16	Legal Representative (guardian, and/or Health Care Surrogate, as applicable) attended in person or via teleconference, and signed 7-day service plan.					
17	Case Manager attended in person and signed 7-day service plan.					
18	Documentation exists that the Case Management agency forwarded copies of the 7-day service plan to ALL participating IDT members/agencies within 14 calendar days of the date meeting was held.					
<b>30-DAY IDT MEETING (AS APPLICABLE)</b>						
19	Comprehensive/Annual service plan was completed within 30 days of agency intake. <i>(Note: if all services are finalized at the 7-day meeting, the 30 day meeting is not required.)</i>					
20	Member attended the 30-day service plan meeting in person. <i>(Note: May be N/A if exception was granted by the UMC.)</i>					
21	Legal Representative (guardian, and/or Health Care Surrogate, as applicable) attended in person or via teleconference, and signed 30-day service plan.					
22	Case Manager attended in person and signed 30-day service plan.					
23	Documentation exists that the Case Management agency forwarded copies of the 30-Day service plan to ALL participating IDT members/agencies within 14 calendar days of the date meeting was held.					

513.8.1.3 (TRANSFER / DISCHARGE IDT MEETING)										
24	I/DD-10 indicates effective date of transfer. (Note: both agencies should have a copy of the I/DD-10.)									
25	I/DD-10 contains appropriate signatures to include: person completing form, member/guardian, witness. (Note: both agencies should have a copy of the I/DD-10.)									
26	Transfer service plan (or meeting minutes) indicates effective date of Transfer of provider/services. (Note: both agencies should have a copy of the Transfer service plan.)									
27	Member attended in person and signed (if applicable) the Transfer service plan.									
28	Legal Representative (guardian, and/or Health Care Surrogate, as applicable) attended in person or via teleconference and signed Transfer service plan.									
TRANSFER TO AGENCY (receiving agency):										
29	Representative attended in person or via teleconference and signed Transfer service plan. (Note: if team member is not present, meeting minutes and signature sheet should reflect the representative's participation.)									
30	7-day service plan was completed within 7 days of the effective Transfer date on the I/DD-10. (Note: if all services are finalized at the initial meeting, the 30-day meeting is not required.)									
31	Comprehensive service plan was finalized within 30 days of the effective Transfer date on the I/DD-10. (Note: if all services are finalized at the initial 7-day meeting, the 30-day meeting is not required.)									
TRANSFER FROM AGENCY (discharging agency):										
32	Representative attended in person or via teleconference and signed Transfer service plan. (Note: if team member is not present, meeting minutes and signature sheet should reflect the representative's participation.)									
33	Case Manager attended in person and signed Transfer service plan.									
34	Documentation exists that the Case Management agency forwarded copies of all Transfer service plans to ALL participating IDT members/agencies within 14 calendar days.									
35	Documentation exists that the Transfer From agency initiated the transfer request in the UMC's web portal and attached the I/DD-10 within seven calendar days.									

**SERVICE ONLY- SERVICE PLAN:**

Scoring: 1= The item is compliant. 0 = The item is not compliant.

Items highlighted in **RED** will be recommended for disallowance. All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

**"Medicaid cannot reimburse for services rendered when the IPP has expired, has not been reviewed within required timelines, and/or does not include required signatures or services."**

Service Plan		RECORD ID									
Policy Reference 513.8 INDIVIDUAL PROGRAM PLAN (IPP)											
DOCUMENTS ARE PROVIDED FOR IPPs:		Ann	6mo	Ann	6mo	Ann	6mo	Ann	6mo	Ann	6mo
1	Individual Habilitation Plan and Task Analysis (if applicable) are provided/included.										
2	Tentative Weekly Schedule. <i>(Note: including both paid and unpaid supports and any other programs providing any type of service, i.e. Personal Care, Private Duty Nursing, etc. Schedule must reflect when services are used to avoid duplication. Schedule should cover twenty-four hours or at minimum, all waking hours.)</i>										
3	Current Positive Behavior Support Plan, Guideline, or Protocol (as applicable) with signatures of developer and person/Legal Representative. <i>(Note: must indicate consent by member/Legal Representative.)</i>										
4	Documentation is present to indicate assessment and recommendation information is provided during IDT meetings. <i>(Note: documentation may include BSP/nursing summaries, progress notes, or detailed discussion within the meeting minutes. Service provider should review the service plan for accuracy.)</i>										
513.8.1 (The Interdisciplinary Team)											
5	RN/LPN attended and signed document when nursing services are requested/provided (if applicable and when medical issues are discussed at the meeting).										
6	A BSP attended and signed document when service is requested/provided (if applicable).										
7	Total number of claims (within the review period) reflected in the person's IPP.										
8	Total number of claims for the review period.										

HEALTH & WELFARE									
Scoring: 1= The item is compliant. 0 = The item is not compliant. Items highlighted in RED will be recommended for disallowance. All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.									
Health & Welfare					RECORD ID				
<b>513.25 (BMS Policy and Procedure (Consents))</b>									
1	Agency designee informed person receiving services and/or Legal Representatives of the agency's internal grievance and appeal process.								
2	Signed document, signifying that person who receives services or their Legal Representative knows how to report abuse, neglect, and exploitation, is present in the file. (Note: can be 'n/a' if service only.)								
3	Agency informed the member and/or their Legal Representative of their rights at least annually. (Note: can be 'n/a' if service only.)								
<b>BMS Policy and Procedure (House Bill 2885)</b>									
4	Motion for Authorization to Receive Compensation for Services Rendered to the Incapacitated Person Order is present in file. (Note: Guardians must provide proof that courts have been notified that they are receiving compensation for services rendered. Doesn't apply to persons under the age of 18, those that are their own guardian, or who live in an ISS. N/A for service only.)								
<b>513.19.1 (Case Management)</b>									
5	Case Manager verified Medicaid Eligibility status by indicating on the home visit form for six out of the last six months. (Note: should not be a computer generated mark while all other information is handwritten.)								
6	Person receiving services received a monthly home visit by a Case Manager six out of the last six months or has documentation from the UMC to grant an exception for any month a home visit was not completed.								
7	Home visit form (DD3) includes person-specific information and is relevant to the member's current circumstances and needs. (Note: unless there is an ongoing issue, information should not be duplicated from month-to-month.)								
8	Person receiving services received a day visit by a Case Manager during the past two quarters (if applicable) or has documentation from the UMC to grant an exception for day hab visits that were due and not completed.								
9	Status of requests and unmet needs are followed-up on as identified on the home visit form (DD3). (Note: outcome of any identified needs are addressed per documentation.)								
10	Environmental Accessibility/Vehicle Adaptation is indicated in the IPP and provided within the guidelines identified in the I/DD Waiver Manual.								
11	Case Manager updated services (as needed) based on a Critical Juncture or an Addendum with modifications made in the UMC's Web Portal.								
12	File includes documentation supporting that the person is financially eligible.								
<b>513.10.1 (Behavior Support Professional)</b>									
13	The clinical reason for and intended benefit of any direct observation(s) are clearly documented and related to the person's needs. (Note: observations should not be performed routinely or without specific need.)								
14	Completion of assessments is warranted and/or requested by the person or their Legal Representative and is clearly identified on the member's service plan.								
15	Assessments and other data are utilized in the development of Task Analyses/IHPs. (Note: information obtained through assessments, program scoring/summaries, and observations should be directly applied to development of programs.)								
16	Individual Habilitation Plan/Task Analysis sheets were updated at least annually or more often, as needed based on assessments, scoring/summaries, and observations.								
17	Task Analysis methodology specifically identifies step-by-step how staff should train the person receiving services. (Note: Methodology should address any barriers and include person and task-specific prompting directives.)								
18	Task Analysis methodology is specific to the training task. (Note: Methodology should outline implementation of task steps based on identified needs and abilities.)								
<b>TRAINING SUMMARIES ARE ASSESSED AND EVALUATED 6 out of 6 MONTHS:</b>									
19	Effectiveness of training plans through analysis of program data has been completed and documented via a monthly summary for 6 out of 6 months.								
20	Monthly summaries were completed the month after data was collected. (Note: completing summaries greater than 1 month after data collection provides no benefit to the member.)								
21	Monthly summaries provide detailed information regarding effectiveness of training plans. (Note: monthly summary should include indications of progress/regression and recommendations for person-specific changes or updates based on current data. If analyzed data does not show progress, BSP should evaluate for modifications. This could include changes to methodology or discontinuation of program(s) or program steps.)								
22	Clinical opinion is included with documented follow up, if applicable. Opinion is based on current months' training data and is unique to the month being assessed and how it compares to previous data; i.e. opinions should not be repetitive month-to-month. (Note: Clinical opinion is defined as a data driven view or judgment formed about the possible reason for person's exhibited progress/regression during the month.)								
23	Other significant training issues are identified with documented follow up, if applicable.								
<b>BEHAVIOR SUMMARIES ARE ASSESSED AND EVALUATED 6 out of 6 MONTHS:</b>									
24	Effectiveness of the Positive Behavior Support Plan through analysis of behavioral data has been completed and documented via a monthly behavioral summary for 6 out of 6 months.								
25	Behavior summaries were completed the month after data was collected. (Note: completing summaries greater than 1 month after data collection provides no benefit to the member.)								
26	Behavior summaries provide detailed information regarding effectiveness of training plans. (Note: behavior summary should include indications of progress/regression and recommendations for person-specific changes or updates based on current data. If analyzed data does not show progress, BSP should evaluate for modifications.)								
27	Clinical opinion is included with documented follow up, if applicable. Opinion is based on current months behavior data and is unique to the month being assessed and how it compares to previous data; i.e. opinions should not be repetitive month-to-month. (Note: Clinical opinion is defined as a data driven view or judgment formed about the possible reason for person's exhibited progress/regressions during the month.)								
28	Other significant behavioral issues are identified with documented follow up, if applicable.								

**HEALTH & WELFARE: CRISIS PLANS**

Scoring: 1= The item is compliant. 0 = The item is not compliant.

Items highlighted in **RED** will be recommended for disallowance.

All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

CRISIS PLANS		RECOR D ID				
<b>HEALTH &amp; WELFARE: CRISIS PLANS 513.8 INDIVIDUAL PROGRAM PLAN (IPP)</b>						
<b>CRISIS PLANS ARE COMPLETE DOCUMENTS:</b>						
1	Was completed for the person receiving services. <i>(Note: A plan must be available and include specific information related to residential/day habilitation needs.)</i>					
2	Addresses no call/no show of staff or supports. <i>(Note: to include both paid and unpaid supports. Should address support staff and/or family supports.)</i>					
3	Addresses if primary caregiver(s) become unavailable/unable to provide continued support. <i>(Note: should include detailed plans for both temporary and permanent unavailability as well as name and contact information for temporary or replacement caregiver.)</i>					
4	Addresses weather-related/environmental issues such as inability to get to scheduled location such as work, school, power outages, etc. <i>(Note: Should include instructions specific to the individual and/or their geographical location.)</i>					
5	Addresses disaster-related issues such as flood, fire, etc. <i>(Note: Should include instructions specific to the individual and/or their geographical location.)</i>					
6	Addresses health/medical issues <i>(Note: medication administration, serious allergies, seizure protocol; all if applicable. Plan should identify who will administer medications if primary is unavailable. Considerations should be given to both current and previous medical conditions.)</i>					
7	Addresses termination from and/or reduction of I/DD Waiver services. <i>(Note: Identifies services that may be available to the person in place of reduced or terminated I/DD Waiver services.)</i>					
8	Addresses bed bug infestations, including relocation plan, and financially responsible party(s). <i>(Note: Plan addresses what specific actions will be taken to address bed bug infestations. In the event person receiving services needs to be relocated, a specific location will be identified, and if there is a cost to actions or relocation, plan identifies who will be financially responsible.)</i>					
9	Addresses any other person-specific health and safety issues.					
<b>CRISIS PLANS ARE REFLECTIVE OF QUALITY, PERSON-CENTERED SERVICES:</b>						
10	The Crisis Plan is a person-centered document. <i>(Note: Crisis Plan should discuss the person who receives services and include detailed information relevant to the individual. Plans should not be easily transferrable to another but instead be personalized and address any foreseeable issues which might put the person's health, safety, or well-being in jeopardy. Crisis plan should be immediately useful for anyone not familiar with the person.)</i>					

ACENTRA  
I/DD Waiver  
Provider Review Tool

**UTILIZATION GUIDELINES:**

Scoring: 1= The item is compliant. 0 = The item is not compliant.

All deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Utilization Guidelines

**513.2.3.7 (Utilization Guidelines for IDDW)**

**Agency's Utilization Guidelines policy minimally addresses the following:**

<b>1</b>	Staff are trained in appropriate utilization and billing practices, including prior authorization requirement for all services before service delivery.								
<b>2</b>	Provider education on how services will be delivered throughout the service year, including tentative schedule, units of service authorized, averages of usage, individualized training as needed, and requirements and limitations of services provided.								
<b>3</b>	Empowering and educating persons and families so that they are able to make informed choices about their services and supports.								
<b>4</b>	Assessing needs of the person receiving services and basing service requests on assessed need rather than for contingency purposes.								
<b>5</b>	Choosing services based on assessed need and within the annual individualized budget.								
<b>6</b>	Monitoring service utilization throughout the service year.								
<b>7</b>	Monitoring the needs of the person receiving services and updating services as needed.								
<b>8</b>	Delivering services based on assessed need, within budget, agreement by the IDT, and IDD service limitations.								
<b>Person Specific</b>		<b>D</b>	<b>I</b>	<b>D</b>	<b>I</b>	<b>D</b>	<b>I</b>	<b>D</b>	<b>I</b>
<b>9</b>	The number of units used and still available were reported at each review of the service plan. <i>(Note: Utilization discussion should include all authorized services.)</i>								
<b>10</b>	Individual services were chosen based on members assessed need. <i>(Note: Previous utilization should be considered when requesting/modifying authorizations for services.)</i>								

ACENTRA  
I/DD Waiver  
Provider Review Tool

**INCIDENT REPORTING AND WV IMS:**

Scoring: 1= The item is compliant. 0 = The item is not compliant.

All deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

WV IMS		D ID				
<b>513.4 (Reporting Requirements)</b>						
<b>IMPLEMENTED FOR INCIDENTS THAT OCCURRED IN THE PAST 365 DAYS:</b>						
<b>1</b>	Incident reporting in IMS occurred within required timelines and to all regulatory authorities (OHFLAC, Protective Services, etc. - 24 hours to submit written report for Abuse/Neglect/Exploitation). <i>(Note: Observing agency is responsible for reporting.)</i>					
<b>2</b>	Monitoring of incident occurred as evidenced by follow-up notes, documentation, or other reporting processes.					
<b>3</b>	Follow-up was completed by the appropriate person(s) to address incident occurrence. <i>(Note: Physical status review by nursing staff for medical issues, behavior professional for behavior occurrences, and/or the IDT for other concerns.)</i>					
<b>4</b>	Legal Representative was notified. <i>(Note: can be 'n/a' if member is own legal guardian.)</i>					
<b>5</b>	Incident was addressed and/or provided to the IDT at the next regularly scheduled meeting or Critical Juncture.					
<b>6</b>	Critical Incidents and reports of Abuse/Neglect/Exploitation were followed up on by the provider within 14 calendar days. Follow-up might include: internal investigation, medical follow-up, staff training/re-training, etc.					
<b>7</b>	If during the course of an internal investigation the violation is verified, corrective action was taken. Corrective action may include disciplinary action, termination, and/or notification to other legal entities such as local authorities, as appropriate.					
<b>8</b>	For each critical and A/N/E incident reported in IMS, there is an available report in the corresponding persons file.					
<b>9</b>	For each critical and A/N/E incident report in the file, a corresponding report was entered into the IMS.					

A total score of 86% or more is required in order to be considered compliant with Centers for Medicaid Services' policy threshold. Less than 86% will result in all agency personnel who are involved in incident management to participate in a targeted training.

RESIDENTIAL - FUNCTIONAL BEHAVIOR ASSESSMENT:								
A score of 21 or greater is required for the FBA to be considered complete. Those that do not receive a score of at least 21/26, as well as individual items that receive a score of 0 or 1, will be addressed on the Plan of Correction and Technical Assistance will be provided.								
Positive Behavior Support Plan Compliance (Functional Behavior Assessment)		Unacceptable-0	Minimally Done-1	Comprehensive-2	RECORD ID	RECORD ID	RECORD ID	
BMS Policy and Procedure								
(Association of Positive Behavior Support Standards: <a href="http://www.apbs.org/about/APBS.htm#standards%20of%20practice">http://www.apbs.org/about APBS.htm#standards of practice</a> )								
1	Functional Behavior Assessment (FBA) results include information related to the person's communication and learning needs, as well as, an analysis of routines. The results must also address relevant history, diagnoses, living situation, health and safety concerns, personal preferences and interests, community involvement, and onset of current challenging behavior.	Less than 6 of the listed areas are addressed in the FBA.	More than 6 of the listed areas are addressed in the FBA but not all.	All areas are sufficiently assessed in the FBA results.				
2	Person centered planning should include more than hopes and dreams. It should also include lifestyle enhancements, development of relationships, and social inclusion.	No mention of hopes/dreams or other Person-Centered Planning information.	Hopes, dreams and other Person-Centered Planning information are identified but there's no explanation of how these were assessed.	Clear statements of objectives from hopes, dreams and other Person-Centered Planning information are included.				
3	The FBA process must be completed by the person who receives services, their family and treatment team and it must reflect the person's gifts and strengths.	No evidence of team involvement or no information about the person's gifts and strengths were included in the FBA results.	The FBA results reflect team involvement or information about the person's gifts and strengths but not both.	The person's FBA process was completed by a team and the person's gifts and strengths are included in the FBA results.				
4	Quality of Life Assessment (QoLA) utilizes interviews and biographical information to identify opportunities for choice, social interaction, and goal development.	A Quality of Life Assessment (QoLA) is not included.	Some baseline data related to Quality of Life (QoL) are provided, however, the assessment does not include all areas.	Quality of Life Assessment (QoLA) data is clearly defined and includes information about opportunities for choice, social interaction, and goal development.				
5	Baseline data must be clear, accurate, and meaningful.	Baseline data is not provided.	Baseline data is unclear, inaccurate or not meaningful.	Baseline data is clear, accurate, and meaningful.				
6	Indirect assessment data is obtained and described using at least 2 of the following: interviews, record reviews, checklists, rating scales, inventories.	No information is provided or assessment methods are implied without reporting results or only significant others are interviewed.	All information from one assessment method is provided or results are listed but not explained.	Results from at least 2 methods are explained in detail. Specific assessment tools are identified.				
7	Direct observation must occur and be applied to the hypothesis statement.	No information regarding direct observation is available.	Direct observation conducted by only one person and/or completed on only one occasion.	Direct observation is conducted on more than one event and by different individuals.				
8	All challenging behaviors targeted for intervention in the BSP must be defined in observable and measurable terms.	None of the targeted challenging behaviors are defined in observable measurable terms.	Not all targeted challenging behaviors are defined in observable and measurable terms.	Targeted challenging behaviors are defined in observable and measurable terms.				
9	Setting events and antecedents of challenging behavior are identified and analyzed.	No information on setting events and antecedents is provided or the information provided is difficult to understand.	Setting events and antecedents of challenging behavior are provided, however they are not related to assessment data.	The information on setting events and antecedents of challenging behavior is clearly explained and analyzed.				
10	The reinforcing consequences of challenging behavior are identified and analyzed.	No information about the reinforcing consequences is provided or the information provided is difficult to understand.	The reinforcing consequences of challenging behavior are provided, however they are not related to assessment data.	The information about the reinforcing consequences of challenging behavior is clearly explained and analyzed.				
11	The context(s) in which challenging behaviors are likely to occur and least likely to occur is identified.	No information is provided on context or the information provided is difficult to understand.	Some information on context is provided; however the information does not analyze how these factors influence behavior.	The contextual description of challenging behaviors must be an in-depth analysis which includes location, time of day, people present, and activities that have occurred. The description must also identify the context in which the person is least likely to utilize the challenging behavior.				
12	All hypothesis statements are comprehensive and include relevant setting events, antecedents, consequence(s) and operationally defined challenging behavior, as well as, the perceived function(s) of the challenging behavior.	No hypothesis statements are included or all the included hypothesis statements are missing the required components (relevant antecedents, setting events, consequence(s), perceived function(s), and operationally defined challenging behavior.)	Some of the hypothesis statements do not contain the required components.	Each hypothesis statement contains all of the required components.				
13	A summary of how data supports each hypothesis is provided.	Data presented is disorganized and without a clear explanation of its relationship to hypothesis.	Data presented does not support each hypothesis.	Data is provided in an organized format (table, graph) and clearly explains/supports the hypothesis.				
A total score of at least 21 out of 26 is required to be considered a complete FBA.					Total Score:	0	0	0

**RESIDENTIAL - BEHAVIOR SUPPORT PLAN:**

A score of 24 or greater is required for the Behavior Support Plan to be considered complete. All BSP services provided during the period that the plan is incomplete will be disallowed. In addition, those that do not receive a score of at least 24/30, as well as individual items that receive a score of 0 or 1, will be addressed on the Plan of Correction and Technical Assistance will be provided.

Behavior Support Plans				RECORD ID	RECORD ID	RECORD ID
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**POSITIVE BEHAVIOR SUPPORT PLAN:**

<b>1A</b>	If the need for a Positive Behavior Support plan is identified, it was developed and implemented within 90 days of the date it was identified by the IDT.			
<b>1B</b>	Signatures of developer and member/Legal Representative are included and consent of member/Legal Representative is indicated.			
<b>1C</b>	Date the plan was initiated and approved, as well as date of next review, are included.			
<b>1D</b>	Behavior Support Plans that include restrictive interventions were approved by the Human Rights Committee (HRC).	n/a	n/a	n/a

Positive Behavior Support Plan Compliance	Unacceptable-0	Minimally Done-1	Comprehensive-2	Score
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**BMS Policy and Procedure**  
(Association of Positive Behavior Support Standards: <http://www.apbs.org/about APBS.htm#standards of practice>)

<b>2</b>	Plan includes evidence that a team-based process was used.	Plan not developed with a team or evidence is not presented.	Evidence of team involvement in collection of information, however, not for selection of interventions to be used. (Team participation evidenced by participant signatures and limited evidence of team involvement.)	Evidence of team involvement in collection of information and selection of all interventions used.			
<b>3</b>	Plan identifies and defines functionally equivalent replacement behaviors or alternative behaviors for all targeted challenging behaviors.	No functionally equivalent replacement behaviors or alternative behaviors are identified and defined.	Functionally equivalent replacement behaviors or alternative behaviors are not identified or defined for all targeted challenging behaviors.	Plan identifies and defines all functionally equivalent replacement behaviors or alternative behaviors for all targeted challenging behaviors.			
<b>4</b>	Plan identifies the method and timeline for team review of data and progress.	No plan for team review is identified.	Plan for team review of data and progress is identified but there is no timeline or it is more than six months before team review.	Plan identifies the method and timeline for team review of data and progress on an ongoing basis (at least quarterly.)			
<b>5</b>	The plan describes methods for providing opportunities for choice and social interaction.	No intervention in the plan addresses these areas.	Interventions do not adequately address opportunities for choice or social interaction.	Interventions for choice and social interaction are clearly addressed.			
<b>6</b>	The plan describes setting event and antecedent interventions based on the targeted challenging behaviors.	No setting event or antecedent interventions are included.	Setting event and/or antecedent interventions are included but are not clearly described or based on the targeted challenging behaviors.	Setting event and antecedent interventions are clearly described and based on the targeted challenging behaviors.			
<b>7</b>	Positive consequence interventions include an explanation of how they relate to the perceived function stated in the hypothesis.	Positive interventions do not address the perceived function in the hypothesis statements.	Positive interventions do not relate or relate incorrectly to the perceived function in the hypothesis statement.	Each positive intervention specifically states how it relates to the perceived function in the hypothesis statement.			
<b>8</b>	Safety/emergency procedures for what to do if/when crisis occurs is addressed.	There is no crisis plan noted and the severity of the behavior warrants one.	There is a crisis plan noted but the description is incomplete or it is inappropriate given the severity of the behavior.	There is a specific crisis intervention plan described and the components are appropriate given the severity of the behavior. If safety/emergency procedures are not necessary, it is so stated.			
<b>9</b>	Measurement method of each targeted challenging behavior and what data will be gathered for intervention effectiveness assessment are described (including replacement behaviors once data are collected on them.)	There is no description of how any targeted challenging behavior will be measured nor is there mention of data collection of any kind to assess intervention effectiveness.	Mention is made that data will be collected on the targeted challenging behavior but there is no concrete description of the data collection method that will be used, or there is not a description for each of the challenging behaviors targeted, or it is unclear which data collected will be used for intervention effectiveness assessment, or it is unclear how these data will be collected.	The data collection method for each targeted challenging behavior is described and exactly which data are collected, and how they will be collected, to assess intervention effectiveness, is stated.			

Behavior Support Plans					RECORD ID	RECORD ID	RECORD ID	
10	Process for monitoring the intervention plan is described and includes, at a minimum, the timeline for meetings, what needs to be completed, when it must be done and by whom (responsibilities.)	There is no indication that the plan will be monitored at all.	A process for monitoring is included but not clearly defined and/or does not include clear timelines and responsibilities.	There is a specific process described for the team to meet and for specific individuals to monitor the plan. The plan identifies that implementation data will be analyzed and shared with the team, at least monthly, as well as discussed in team meetings at least every three months.				
11	Selecting effective reinforcers and/or maximizing positive reinforcement for desired behavior is included.	The plan does not include a description of positive reinforcement to be used.	The intervention(s) includes a positive reinforcement component but does not describe how to implement the intervention(s). (e.g. Praise desired behavior.)	The intervention(s) includes specific positive reinforcement for desirable behavior and describes how/when the reinforcer will be used.				
12	At minimum one intervention relates specifically to increasing Quality of Life based on the Quality of Life Assessment.	There are no Quality of Life interventions.	Quality of Life interventions do not directly relate to the Quality of Life Assessment or the person's dream.	An intervention that directly relates to improving the person's quality of life, as identified in a Quality of Life Assessment, is clearly explained.				
13	At least one intervention supports minimizing reinforcement for challenging behavior.	There is no intervention to minimize reinforcement for challenging behavior.	Intervention includes decreasing reinforcement of targeted challenging behavior but does not describe specifically how to implement.	Intervention describes specifically how to stop or minimize reinforcement of challenging behaviors.				
14	The plan includes how each intervention will be implemented and step-by-step directions that include the sequence of actions for implementation.	The plan does not include the sequence of interventions or step-by-step directions that include the sequence of actions for implementation.	The plan includes the sequence for interventions and directions for implementation; however either the plan is unclear or it is impossible to follow.	All interventions in the plan are clearly described, logical, and presented sequentially.				
15	Plans for staff training, generalization of skills, and dealing with life changes are included to sustain success.	There is no mention of staff training, generalization of skills or dealing with life changes.	Plan identifies staff training, generalization of skills or dealing with life changes, but not all three areas.	Plan specifically addresses the need for staff training, generalization of new skills, and strategies to sustain success.				
16	The plan is clear, well-organized, and grammatically correct, which permits the reader to follow the plan.	Serious organizational or grammatical issues interfere with the reader's ability to follow the plan.	The plan has organizational or grammatical issues; however, the issues don't interfere with the reader's ability to follow the plan.	The plan is well-organized and grammatically correct, with only minimal spelling, grammar, or punctuation errors.				
A total score of at least 24 out of 30 is required to be considered a complete Positive Behavior Support Plan.					Total Score:	0	0	0

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**ELECTRONIC MONITORING:**

Scoring: 1= The item is compliant. 0 = The item is not compliant.  
Items highlighted in **RED** will be recommended for disallowance.  
All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Electronic Monitoring		ID	ID
<b>513.1.3 Electronic Monitoring</b>			
1	Service is only used when there is no paid staff in the member's home.		
2	Service is installed in residential setting in which residing adult, their Legal Representatives (if applicable) and their IDT request such surveillance.		
3	Electronic monitoring systems or companies used or contracted by the I/DD Waiver provider meet the standards set by Bureau for Medical Services (BMS) and have been pre-approved by BMS before providing any services and approved annually thereafter.		
4	HRC approval is documented and included in member's file.		
<b>PROVIDER HOME VISIT/DRILL FOR TESTING EQUIPMENT AND RESPONSE TIME</b>			
5	Drill conducted at 7-days of implementation.		
6	Drill conducted at 14-days of implementation.		
7	Drill conducted at least quarterly thereafter.		
<b>PROVIDER STAND-BY INTERVENTION STAFF:</b>			
8	Responds by being at person's residential living site within 20 minutes or less when an incident is identified by the remote staff and acknowledged by stand-by staff. <i>(Note: IDT has authority to set a shorter response time based on need of person who receives services.)</i>		
9	Assists the person in the home as needed to ensure the urgent need/issue that generated a response has been resolved.		

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HCBS NON-RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (FBDH, SE, and/or PV)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
HCBS NON-RESIDENTIAL SITE REVIEW				1 = YES 0 = NO
Observations During Site Visit				
1	The setting is integrated in and supports full access of persons receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)			
1A	The setting provides opportunities for regular, meaningful non-work activities in integrated community settings for the period of time desired by individuals. <i>(Guidance: Activities that are "busy-work" such as putting buttons in a box, emptying and refilling the box, are unacceptable.)</i>			
1B	The setting affords opportunities for individual schedules that focus on the needs and desires of an individual and offer an opportunity for individual growth.			
1C	The setting affords opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc., outside of the setting. <i>(Guidance: Who in the setting facilitates and supports access to these activities?)</i>			
1Ci	Who in the setting facilitates and supports access to these activities?			
1D	The setting allows individuals the freedom to move about inside and outside of the setting (as opposed to one restricted room or area within the setting.)			
1E	Individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid.			
1F	The setting is in a community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctors' offices, etc. (to facilitate integration with the greater community.)			
1G	The setting encourages visitors or other people from the greater community (aside from paid staff) to be present. There is evidence that visitors have been present at regular frequencies. For example, customers in a pre-vocational setting. <i>(Guidance: visitors greet/acknowledge individuals with familiarity when they encounter them; visiting hours are unrestricted; the setting otherwise encourages interaction with the public.)</i>			
1H	The employment setting provides individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid-funded HCBS.			
1I	In settings where money management is part of the service, the setting facilitates the opportunity for individuals to have a checking or savings account or other means to have access to and control his/her funds. <i>(Guidance: It is clear that individuals are not required to sign over his/her paychecks to the provider.)</i>			
1J	The setting provides individuals with contact information, access to, and training on the use of public transportation, such as buses, taxis, etc., and these public transportation schedules and telephone numbers are available in a convenient location.			
1K	Alternatively where public transportation is limited, the setting provides information about resources for individuals to access the broader community, including accessible transportation for individuals who use wheelchairs.			
1L	The setting assures that tasks and activities are comparable to task sand activities for people of similar ages who do not receive HCBS.			

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HCBS NON-RESIDENTIAL SITE REVIEW				
Location Name:				Type of Setting (FBDH, SE, and/or PV)
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
1M	The setting is physically accessible, including access to bathrooms and break rooms, and appliances, equipment, and tables/desks and chairs are at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., that may limit individuals' mobility in the setting.			
1N	If obstructions are present, there are environmental adaptations, such as a stair lift or elevator to ameliorate the obstructions.			
<b>Comments/Findings</b>				
2	The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences. 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)			
2A	The setting reflects individual needs and preferences.			
2B	The setting options offered include non-disability specific settings, such as competitive employment in an integrated setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at the YMCA. <i>(Guidance: List non-disability specific setting options offered.)</i>			
<b>Comments/Findings</b>				
3	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)			
3A	All information about individuals is kept private. <i>(Guidance: Do paid staff/providers follow confidentiality policy/practices? Does staff within the setting ensure that, for example, there are no posted schedules for PT, OT, medications, restricted diet, etc., in a commons or general open area?)</i>			
3B	Staff interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of activities.			
3C	Staff do not talk to other staff about an individual in the presence of other persons or in the presence of the individual as if he/she were not present.			
3D	The setting supports individuals who need assistance with their personal appearance to appear as they desire, and personal assistance is provided in private, as appropriate.			
3E	The setting offers a secure place for the individual to store personal belongings.			
<b>Comments/Findings</b>				

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HCBS NON-RESIDENTIAL SITE REVIEW				
Location Name:			Type of Setting (FBDH, SE, and/or PV)	
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
4	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)			
4A	There are no gates, Velcro strips, locked doors, fences, or other barriers preventing individuals' entrance to or exit from certain areas of the setting. <i>(Guidance: Note any restricted areas.)</i>			
4B	The setting affords a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals. <i>(Guidance: Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities?)</i>			
4C	The setting affords opportunities for individuals to choose with whom to do activities in the setting or outside the setting. <i>(Guidance: Are individuals assigned only to be with a certain group of people?)</i>			
4D	The setting allows for individuals to have a meal/snacks at the time and place of their choosing.			
4Di	The setting affords individuals full access to a dining area with comfortable seating.			
4D ii	The setting affords individuals the opportunity to converse with others during break and meal times.			
4D iii	The setting affords dignity to the diners (for example individuals are treated age-appropriately and not required to wear bibs).			
4D v	The individuals have access to food at any time consistent with individuals in similar and/or in the same setting who are not receiving Medicaid funded services and supports.			
4D iv	The setting providers for an alternative meal and/or private dining area if requested by an individual.			
4E	The setting posts or provides information on individual rights.			
4F	The setting affords the opportunity for tasks and activities matched to the individual's skills, abilities, and desires.			
<b>Comments/Findings</b>				
5	The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)			
5A	The setting posts or provides information to individuals about how to make a request for additional HCBS, or changes to their current HCBS.			
5B	Setting staff are knowledgeable about the capabilities, interests, preference, and needs of individuals.			

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HCBS NON-RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (FBDH, SE, and/or PV)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
<b>Comments/Findings</b>				
Record Review (Policies and Procedures)				
<b>1</b>	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)			
<b>1A</b>	The setting policies/procedures assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCBS. <i>(Guidance: Cite policy or procedure number.)</i>			
<b>Comments/Findings</b>				
<b>2</b>	The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)			
<b>2A</b>	The setting policies and procedures ensure the informed choice of the individual. <i>(Guidance: Cite policy or procedure number.)</i>			
<b>2B</b>	As reflected in policy, the setting options offered include non-disability specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA. <i>(Guidance: Cite policy or procedure number.)</i>			
<b>2C</b>	As reflected in policy, the setting options include the opportunity for individuals to choose to combine more than one service delivery setting or type of HCBS in any given day/week (for example, combine competitive employment with community habilitation). <i>(Guidance: Cite policy or procedure number.)</i>			
<b>Comments/Findings</b>				

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HCBS NON-RESIDENTIAL SITE REVIEW				
Location Name:			Type of Setting (FBDH, SE, and/or PV)	
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
<b>3</b>	The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)			
<b>3A</b>	As reflected in policy, all information about individuals is kept private. <i>(Guidance: Cite policy or procedure number.)</i>			
<b>3B</b>	Policies and procedures for the setting provide assurance that staff interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of activities. <i>(Guidance: Cite policy or procedure number.)</i>			
<b>3C</b>	Policies and procedures for the setting assure that staff do not talk to other staff about an individual in the presence of other persons or in the presence of the individual as if he/she were not present. <i>(Guidance: Cite policy or procedure number.)</i>			
<b>3D</b>	The setting policy requires that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and that there is documentation of these interventions in the person-centered plan. <i>(Guidance: Cite policy or procedure number.)</i>			
<b>3E</b>	The setting policy ensures that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting.			
<b>3Ei</b>	The setting's policy ensures that each individual's supports and plans are not restrictive to the rights of every individual receiving support within the setting.			
<b>Comments/Findings</b>				
<b>4</b>	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)			
<b>4A</b>	The setting policy/procedure does not prohibit individuals from engaging in legal activities (ex. Voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports. <i>(Guidance: Cite policy or procedure number.)</i>			
<b>4B</b>	The setting policy/procedure affords an individual opportunity for tasks and activities matched to the individual's skills, abilities, and desires. <i>(Guidance: Cite policy or procedure number.)</i>			
<b>Comments/Findings</b>				

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HCBS NON-RESIDENTIAL SITE REVIEW				
Location Name:		Type of Setting (FBDH, SE, and/or PV)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
5	The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v)/441.710(a)(1)(v)/441.530(a)(1)(v)			
5A	The setting policy/procedure assures individual choice regarding the services, provider, and settings and the opportunity to visit/understand the options. <i>(Guidance: Cite policy or procedure number.)</i>			
5B	The setting policy/procedure affords individuals the opportunity to regularly and periodically update or change their preferences. <i>(Guidance: Cite policy or procedure number.)</i>			
5C	The setting policy/procedure ensures individuals are supported to make decisions and exercise autonomy to the greatest extent possible. <i>(Guidance: Cite policy or procedure number.)</i>			
5D	The setting policy ensures the individual is supported in developing plans to support his/her needs and preferences. <i>(Guidance: Cite policy or procedure number.)</i>			
<b>Comments/Findings</b>				
<b>Attendee Interview--include any additional information in comments/findings below</b>				
1	The setting ensures and individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301©(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)			
1A	If you need help with getting dressed or bathing, for instance, what would you do? <i>(Guidance: Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance provided in private, as appropriate?)</i>			
<b>Comments/Findings</b>				
2	The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including, but not limited to, daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)			
2A	Do you have chances to do other things while here? <i>(Guidance: Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?)</i>			
<b>Comments/Findings</b>				

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<b>HCBS NON-RESIDENTIAL SITE REVIEW</b>				
Location Name:		Type of Setting (FBDH, SE, and/or PV)		
Address:				
Is License Posted?		# of individuals receiving services at the site?		# of individuals who receive I/DD services who receive services at the site?
<b>3</b>	The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)			
<b>3A</b>	Were you provided a choice regarding the services, provider and settings before you came here?			
<b>3Ai</b>	Did you have the opportunity to visit/understand these choices/options?			
<b>3Aii</b>	Can you change your mind about these choices?			
<b>3Aiii</b>	How do you do that?			
<b>3B</b>	Do you decide what you do here?			
<b>3Bi</b>	Does anyone help? If so, who?			
<b>3C</b>	Do you know how to make a request for additional help or services, or change the services you have right now?			
<b>Comments/Findings</b>				

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**SKILLED NURSING--REGISTERED NURSE:**

Items highlighted in **RED** will be recommended for disallowance.  
All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Skilled Nursing RN	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
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**513.20.2 (Skilled Nursing: Licensed Registered Nurse)**

# of Notes Reviewed:					
# of Notes Reviewed that Meet Requirements:					
# of Notes Reviewed Found to be Deficient:					

**Reason for Deficiency (indicate number of notes for each deficiency cited)**

<b>1</b>	Activity documented reflects a valid Skilled Nursing RN service and is provided within the guidelines identified in the I/DD Waiver Manual.				
<b>2</b>	Name of person receiving services is included on service note.				
<b>3</b>	Date of service is included on service note.				
<b>4</b>	Start/stop time are included on service note.				
<b>5</b>	Service code is included on service note.				
<b>6</b>	Signature and credentials of provider are included on service note.				
<b>7</b>	Duration of service is included on service note.				
<b>8</b>	The amount of time documented for the activity is <b>reasonable</b> .				
<b>9</b>	Description of service is included on service note.				

**ALL NOTES REVIEWED WERE COMPLIANT WITH POLICY STANDARDS.**

**\_\_OR\_\_**

**THERE ARE RECOMMENDATIONS FOR DISALLOWANCE AND/OR TECHNICAL ASSISTANCE FOR THIS SECTION. FOR ADDITIONAL INFORMATION ON RECORD ID#S: (ENTER ALL APPLICABLE RECORD ID#s **HERE**) SEE PLAN OF CORRECTION.**

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**SKILLED NURSING-- LICENSED PRACTICAL NURSE:**

Items highlighted in **RED** will be recommended for disallowance.

All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Skilled Nursing: LPN	RECORD ID	RECORD ID	RECORD ID	RECORD ID	RECORD ID
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**513.20.1 (Skilled Nursing: Licensed Practical Nurse)**

# of Notes Reviewed:					
# of Notes Reviewed that Meet Requirements:					
# of Notes Reviewed Found to be Deficient:					

**Reason for Deficiency (indicate number of notes for each deficiency cited)**

<b>1</b>	Activity documented reflects a valid Skilled LPN service and is provided within the guidelines identified in the I/DD Waiver Manual.				
<b>2</b>	Name of person receiving services is included on service note.				
<b>3</b>	Date of service is included on service note.				
<b>4</b>	Start/stop time are included on service note.				
<b>5</b>	Service code is included on service note.				
<b>6</b>	Signature and credentials of provider are included on service note.				
<b>7</b>	Duration of service is included on service note.				
<b>8</b>	The amount of time documented for the activity is <b>reasonable</b> .				
<b>9</b>	Description of service is included on service note.				

**ALL NOTES REVIEWED WERE COMPLIANT WITH POLICY STANDARDS.**

**\_\_OR\_\_**

**THERE ARE RECOMMENDATIONS FOR DISALLOWANCE AND/OR TECHNICAL ASSISTANCE FOR THIS SECTION. FOR ADDITIONAL INFORMATION ON RECORD ID#S: (ENTER ALL APPLICABLE RECORD ID#s HERE) SEE PLAN OF CORRECTION.**

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**RESIDENTIAL - BEHAVIOR SUPPORT PROFESSIONAL NOTES:**

Items highlighted in **RED** will be recommended for disallowance.

All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Behavior Support Professional	RECOR D ID				
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**513.10.1 (Behavior Support Professional)**

# of Notes Reviewed:					
# of Notes Reviewed that Meet Requirements:					
# of Notes Reviewed Found to be Deficient:					

**Reason for Deficiency (indicate number of notes for each deficiency cited)**

<b>1</b>	Activity documented reflects a valid BSP service and is provided within the guidelines identified in the I/DD Waiver Manual.				
<b>2</b>	Name of person receiving services is included on service note.				
<b>3</b>	Date of service is included on service note.				
<b>4</b>	Start/stop time are included on service note.				
<b>5</b>	Service code is included on service note.				
<b>6</b>	Signature and credentials of provider are included on service note.				
<b>7</b>	Duration of service is included on service note.				
<b>8</b>	The amount of time documented for the activity is <b>reasonable</b> .				
<b>9</b>	Description of service is included on service note.				

**ALL NOTES REVIEWED WERE COMPLIANT WITH POLICY STANDARDS.**

     **OR**     

**THERE ARE RECOMMENDATIONS FOR DISALLOWANCE AND/OR TECHNICAL ASSISTANCE FOR THIS SECTION. FOR ADDITIONAL INFORMATION ON RECORD ID#S: (ENTER ALL APPLICABLE RECORD ID#s HERE) SEE PLAN OF CORRECTION.**

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**RESIDENTIAL - DIRECT CARE SERVICES:**

Items highlighted in **RED** will be recommended for disallowance.

All other deficiencies will be addressed on the Plan of Correction and Technical Assistance will be provided.

Direct Care Services	RECOR D ID	RECOR D ID	RECOR D ID	RECOR D ID	RECOR D ID
# of Notes Reviewed:					
# of Notes Reviewed that Meet Requirements:					
# of Notes Reviewed Found to be Deficient:					
Reason for Deficiency (indicate number of notes for each deficiency cited)					
<b>1</b>	Activity documented reflects a valid Direct Care service and is provided within the guidelines identified in the I/DD Waiver Manual.				
<b>2</b>	Name of person receiving services is included on service note.				
<b>3</b>	Date of service is included on service note.				
<b>4</b>	Start/stop time are included on service note.				
<b>5</b>	Service code is included on service note.				
<b>6</b>	Signature and credentials of provider are included on service note.				
<b>7</b>	Duration of service is included on service note.				
<b>8</b>	Description of service is included on service note.				
<b>9</b>	Transportation log is included with direct care notes, as applicable.				
<b>10</b>	Transportation is provided exclusively for the person receiving service's need.				
<b>11</b>	Transportation is related to a specific activity/service based on an assessed need as identified on the Annual Functional Assessment and documented in the service plan. <i>(Note: NEMT must be utilized for non-emergent medical needs.)</i>				

**ALL NOTES REVIEWED WERE COMPLIANT WITH POLICY STANDARDS.**

**\_\_OR\_\_**

**THERE ARE RECOMMENDATIONS FOR DISALLOWANCE AND/OR TECHNICAL ASSISTANCE FOR THIS SECTION. FOR ADDITIONAL INFORMATION ON RECORD ID#s: (ENTER ALL APPLICABLE RECORD ID#s HERE) SEE PLAN OF CORRECTION.**

