Agency/Region: **Service: Support Waiver Community Supports Coordination Services**

Participant / Identifier: #

Surveyor Completing: **Date/Time:**

Surveyor Instruction: You must review 3 months of services billed by the provider for the on-going CSC services provided to the participant. Based on the date of the compliance survey will determine the 3 months of billing to be reviewed, i.e., if team enters in the 1st two weeks of any given month the team will skip the previous month and review the prior 3 months. If the team completes the survey in the last two weeks of a given month, then the team will review the 3 previous months. A maximum of one unit per month can be billed per each participant. A minimum of four (4) face to face quarterly visits are required per ISP year, with two face to face visits being in the home. Provider records must be sufficiently detailed to substantiate the nature, quality, and amount of CSC services provided. Months for which no documentation is found to support the billing submitted shall be subject to non-payment or recoupment by the state. CSC monthly monitoring by phone or in person at least quarterly. This would not be met if there was no monthly contact or visit as required or if there were missing elements in the documentation. If participant is in pre-eligibility phase for 3 months review period, this evidence can also be found in the Therap pre-budget contact note.

	Dates of contact & location (Phone / Video visit {i.e., Home-HV or Site-SV}) or Pre-eligibility (Pre-Budget Contact Note)	Time of each visit	Total billable service time per month	Units Billed by AGENCY - Examine billing documentation; does it match the total service time listed in column to the left. IS IT JUSTIFIED? If not, why?
Month / Year				
Month / Year				
Month / Year				