SCOPE OF WORK AND SPECIAL CONDITIONS

This scope of work contains service requirements for multiple services. The Contractor is only authorized to provide the categories of services stated in Attachment A.

GENERAL PROVISIONS

A. Background:

Services pursuant to this contract must be focused on inclusion and integration in all facets of community life for people with disabilities and others who receive services to safely lead self-determined lives in the community. The outcome must be reached by providing people individualized supports to access the community, and to promote self-determination, independence, productivity, and family stability. Services provided must be delivered in compliance with the Centers for Medicare & Medicaid Services ("**CMS**") Home and Community Based Services ("**HCBS**") Settings Rule.

B. Definitions:

In this contract the following definitions apply:

"**BSP**" means Behavior Support Plan. A BSP is a plan developed by a professional to assist family members, staff, and other individuals providing support to a Person with individually designed supports and interventions to promote effective interactions by individuals providing support.

"**Competitive Integrated Employment**" means work performed by individuals with disabilities or others receiving services in the community alongside people of all abilities; performed for a non-Service Provider or business, compensated at or above minimum wage or at a rate comparable to people without disabilities who work in the same place and perform the same or similar work, and with equal access to opportunities for advancement and benefits.

"**DHHS Worksheet**" means a worksheet used by DHHS to determine rates paid to the Contractor for specific service codes. The DHHS Worksheet is individualized for each Person.

"**Person**" means an individual who has Intellectual Disabilities, Related Conditions (collectively "**ID.RC**"), or Acquired Brain Injury ("**ABI**") as defined in Utah Administrative Code, Rule R539-1 and found eligible to receive services by the Utah Department of Human Services, Division of Services for People with Disabilities ("**DHHS**"); OR an individual who is a DHHS client and has been approved by DHHS to receive services under this contract.

"**PCPT**" means Person Centered Planning Team. A PCPT is composed of individuals including the Person, the Person's legal guardian (if applicable), the Person's parents and other family members, the Person's SC (see definition below) or case manager, the Contractor, and any other individuals the Person would like to participate on the PCPT. The PCPT assists the Person to create their PCSP (see definition below) and identify necessary services and supports based on the Person's desired life and support needs.

"**PCSP**" means Person Centered Support Plan. A PCSP is a plan developed by a Person's PCPT that includes the services provided to the Person, details of how services will be provided, if applicable, and the Person's goals and outcomes expected from the services provided.

"**Routine Transportation**" means transportation provided for the Person to assist the Person in accessing the community for services, resources, and activities based on the Contractor's and the Person's PCPT's reasonable and professional judgement.

"**SC**" means Support Coordinator. An SC assists Persons with disabilities and their families to develop plans to find the most appropriate services and to select the most appropriate service delivery model based on the individual needs of the Person. An SC may be a DHHS-contracted SC or a DHHS employee.

"**Support Strategies**" means a set of instructions regarding what will be done to assist a Person to achieve a goal in their PCSP or to meet another need identified in their PCSP. It is primarily written to provide direction to direct support staff in supporting the Person in their plan, and typically identifies required documentation related to the goal.

C. Population Served:

Prior to providing services to a Person for DHHS, the Contractor shall obtain approval from DHHS or the Person's SC. This approval is typically obtained using a DHHS form 1056, but may be obtained through documented written or verbal approval. Prior to providing services to a Person receiving services from another DHHS division, the Contractor shall obtain a written authorization for services from the division case manager.

D. General Contractor Qualifications:

The Contractor shall:

1. Be an approved Medicaid Provider for the Limited Supports Waiver with the Utah Department of Health and Human Services, Division of Integrated Healthcare. This approval process is administered by the DHHS Medicaid Enrollment Manager. The Contractor shall complete and provide all required documentation as directed by DHHS;

2. Have a current active DHHS Utah System for Tracking Eligibility, Planning, and Services ("**USTEPS**") Provider Interface ("**UPI**") account, comply with UPI requirements, and comply with electronic access and process changes as they develop. UPI access forms are available on the DHHS web page: dspd.utah.gov; and

3. Maintain current licenses required by individual service code descriptions and Utah Administrative Code, Rule R501 and Utah Code Annotated § 58-01 et. seq.

E. General Contractor and Staff Qualifications:

The Contractor and its staff shall:

1. Read and sign to acknowledge understanding of, and to comply with, the DHHS Provider Code of Conduct within three days of hire and annually thereafter; and

2. Be at least 18 years of age unless otherwise specified in the individual service code descriptions.

F. Volunteers:

Friends of the Person or any individuals the Person chooses as a partner in activities are not considered volunteers.

The Contractor shall:

1. Ensure volunteers comply with all staff qualifications and requirements;

2. Use volunteers in the operations of its services only under the following conditions:

   a. A volunteer working in a volunteer position may supplement regular staff, but must not replace paid staff hours; and

   b. Written permission from the Person or the Person's legal representative must be obtained prior to a volunteer taking a Person overnight.

G. General Staff Training Requirements:

The Contractor's staff shall comply with the following general staff training requirements in addition to any specific training requirements identified in the individual service code descriptions. The Contractor shall:

1. Ensure training is conducted or created by professionals with knowledge of, and experience with, people with disabilities. Training methods may include in-person, online, workbook, or other methods, and may include natural environment teaching and coaching;

2. Document and track training. The Contractor shall maintain written documentation of each staff's successful completion of training in each required area, and shall ensure that an external reviewer verifies each staff's successful training completion;

3. Ensure its staff successfully completes training in the following areas within **30 days** of employment or before working alone with Persons:

   a. Person-specific training on each Person the staff will provide services to, including information about:

      (1) The Person's disability;

      (2) The Person's interests and goals;

(3) The Person's support needs;

(4) Relevant medical, health, and safety information, including indications of when the Person may be getting sick, choking risks, dietary needs and supports, seizures and details regarding seizure-related support, supervision needs, and details regarding supervision needs;

(5) All applicable portions of the Person's PCSP needed for the staff to provide services to the Person, including all applicable portions of individualized plans, such as the Person's BSP;

(6) Family members and other individuals important in the Person's life, how to support the Person's relationships with these individuals, and how to promote the involvement and engagement of these individuals; and

(7) The staff's responsibilities in providing support to the Person.

b. Legal rights of Persons relevant to the staff's responsibilities, and how the Americans with Disabilities Act relates to the rights of Persons receiving services;

c. Abuse, neglect, and exploitation prevention and reporting to protective services and the police;

d. Confidentiality regarding all Person information. Person information must only be shared with individuals who need to know the information to provide support or professional treatment, coordinate DHHS services, ensure safety, or conduct DHHS business. Person information must be maintained and shared in compliance with Health Insurance Portability and Accountability Act ("**HIPAA**") regulations;

e. When to call 911 due to an emergency;

f. When to call a medical professional;

g. Incident reporting;

h. Basic orientation about seizure disorders, including what to do if a Person not known to have seizures has a seizure;

i. Notification procedures for when the whereabouts of a Person are unknown;

j. Common rescue maneuvers for choking, such as the Heimlich maneuver;

k. Prevention of choking;

l. The use of positive behavior supports as a first response in behavioral crisis prevention and intervention in accordance with Utah Administrative Code, Rule R539-4;

m. Orientation to ID.RC and ABI;

n. Prevention of communicable diseases; and

o. First aid. The Contractor's staff shall receive and maintain current first aid certification.

4. Ensure its staff successfully completes training in the following areas within **90 days** of employment:

a. Cardiopulmonary Resuscitation ("**CPR**"). The Contractor's staff shall receive and maintain current CPR certification; and

b. Promoting and strengthening the involvement of family, natural supports, and stability in the individual's life with their family.

5. Ensure its staff successfully complete training in the following areas within **180 days** of employment:

a. The Contractor's policies, procedures, and plans relevant to the services the staff will be providing;

b. Introduction to DHHS philosophy, mission, and beliefs;

c. Person-centered thinking and PCSP development;

d. The False Claims Act, 31 United States Code §§3729-3733;

e. Administrative Remedies for False Claims and Statements, 31 United States Code §§3801-3812;

f. The Utah False Claims Act, Utah Code § 26-20-1, et seq;

g. The Utah Protection of Public Employees Act, Utah Code § 67-21-1, et seq;

h. Policies and procedures for detecting and preventing fraud, waste, and abuse;

i. How to report suspected fraud, waste, and abuse of Medicaid funds;

j. The whistleblower protections afforded employees who report suspected fraud, waste, and abuse of Medicaid funds in good faith; and

k. The penalties for filing false or fraudulent claims for Medicaid payment.

If the Contractor maintains an employee handbook, the Contractor shall include the information described above, and its policies and procedures for detecting and preventing Medicaid fraud, waste, and abuse in its employee handbook.

6. Ensure its staff successfully completes training in one of the following within **180 days** of employment if the Person the staff is serving is likely to engage in aggressive, self-injurious, or destructive behavior:

a. Supports Options and Actions for Respect ("**SOAR**");

b. System for Managing Non-Aggressive and Aggressive People ("**MANDT**");

c. Professional Assault Response Training ("**PART**");

d. Crisis Prevention Institute ("**CPI**") or Safety Care; or
e. Another intervention-training program with prior written approval from DHHS.

The staff shall maintain certification in one of the above.

7. Ensure its staff completes a minimum of 12 hours of training each year in the second and subsequent years of employment. These trainings may include documented classroom training and documented on-the-job skills training;

8. Ensure its staff providing services to Persons with ABI successfully completes ABI training before working alone with Persons. The Contractor shall ensure that ABI training includes:

a. Effects of brain injuries on behavior;

b. Transitioning from hospitals to community support programs, including available resources;

c. Functional impact of brain injury;

d. Health and medication effects specific to Persons with ABI;

e. Role of the direct-care and direct-care supervisory staff relating to the treatment and rehabilitation process; and

f. Awareness of the family's perspective on the brain injury.

H. Contractor's Administrative Requirements:

The following administrative requirements are applicable to all individual services codes unless expressly indicated otherwise.

1. Policies, Procedures, Processes, and Plans

Prior to providing services the Contractor shall be in compliance with all its written policies, procedures, processes, and plans pursuant to this contract. DHHS may review and require the Contractor to adjust its policies, procedures, processes, or plans at any time. The Contractor shall ensure that all policies, procedures, processes, and plans are current, maintained, complied with and available to staff and Persons.

2. Personnel Policies and Procedures

The Contractor shall have personnel policies and procedures to ensure adequate structure and organization for efficient and effective personnel management, and to comply with all personnel-related provisions of this contract and all state and federal personnel-related regulations. The Contractor shall have written job descriptions for each staff position that include a statement of duties and responsibilities, and the minimum qualifications for the position.

3. Operating Policies and Procedures

The Contractor shall have operating policies and procedures to ensure sufficient structure and organization for the efficient and effective management of services, and to comply with this contract and other state and federal regulations. The operating policies and procedures must include:

a. Clearly defined staff and supervisory responsibilities during all hours of operation;

b. If providing transportation, provisions that specify all transportation requirements and how compliance will be ensured;

c. Provisions for the receipt and resolution of staff and Person grievances;

d. Emergency procedures for handling the injury, illness, or death of a Person and instructions for when and how to notify necessary individuals, including when and how to notify the DSPD Waiver managers according to fatality, critical incident reports, and critical incident investigations sections of this contract;

e. If the Contractor manages a Person's personal finances, provisions for the management of each Person's personal finances, including: compliance with each Person's personal finance requirements; how the Contractor will ensure compliance with all current regulation and policies of the Social Security Administration; and ensuring Persons do not continually owe the Contractor money due to emergency situations; and

f. How the Contractor will comply with Utah Administrative Code, Rule R539-4 regarding BSPs and behavior intervention procedures.

4. External Quality Monitoring Process

The Contractor shall comply with DHHS requirements and cooperate with reviews by the DHHS quality management team. If DHHS identifies a deficiency that requires a corrective action plan from the Contractor, the Contractor shall:

a. Submit a written corrective action plan to the DHHS quality management team that responds to each identified deficiency, according to the instructions provided by the DHHS quality management representative;

b. Submit the response within the required timeframes; and

c. Submit a revised corrective action plan within five business days if the Contractor's response is determined unacceptable by DHHS.

If a revised corrective action plan is determined to be unacceptable by DHHS, the Contractor may receive sanctions pursuant to the terms of this contract. The Contractor may appeal sanctions to the DHHS Office of Service Review.

5. Human Rights Plan

The Contractor shall have a human rights plan that includes:

a. Procedures for training Persons and staff on Persons' rights;

b. Procedures for prevention of abuse and rights violations;

c. Processes for restricting rights when necessary;

d. Processes to review supports that have high risk for rights violations;

e. Responsibilities of the Contractor's human rights committee, including the review of rights issues related to the supports the Contractor provides, and recommendations to the Person and the Person's PCPT regarding the Person's human rights. The Contractor's human rights committee shall maintain minutes of its proceedings, and shall disclose those minutes to any state or federal auditor, reviewer, or DHHS representative within 24 hours of request;

f. Provisions for all Persons served by the Contractor to be able to request a review by the Contractor's human rights committee concerning supports or services to the Person; and

g. Provisions to ensure that the Contractor will support any court-ordered human rights restrictions without violating any other of the Person's human rights, unless authorized by the Contractor's human rights committee.

6. Human Rights Restrictions and Modifications to Settings Rule Requirements

If the Contractor is implementing a rights restriction, the Contractor shall take a person-centered approach. The Contractor shall justify the rights restriction by documenting the following in the Person's PCSP:

a. A specific and individualized assessed need;

b. The positive interventions and supports used prior to any rights restriction or modification to Settings Rule requirements;

c. Less intrusive methods of meeting the need that have been tried but did not work;

d. A clear description of the condition that is directly proportionate to the specific assessed need;

e. A regular collection and review of data to measure the ongoing effectiveness of the modification;

f. Established time limits for periodic review to determine if the modification is still necessary or can be terminated;

g. Informed consent of the individual; and

h. An assurance that interventions and supports will cause no harm to the individual.

7. Person's Discharge Procedure

a. If the Contractor is initiating the discharge of a Person from its services, the Contractor shall provide verbal and written notification 30 days prior to the intended discharge date to the Person and the Person's SC.

b. The Contractor shall continue to provide services to the Person for an additional 90 days after the Contractor initiates the Person's discharge, if directed to do so by the DHHS division Director or designee, to ensure the Person's health and safety and to allow time for the Person to transition services to another provider. If the Contractor has concerns regarding the health and safety of the Person or other people, or there are other considerations, the Contractor may appeal this extension to the DHHS Executive Director or designee.

c. If a Person or Contractor initiates a discharge from services with the Contractor, the Contractor shall submit a discharge plan to the Person's SC within seven days of notice. The Contractor shall include in the plan the following:

(1) Summary of current services;

(2) Reason for the discharge;

(3) Timeline for the discharge;

(4) Transition steps that ensure the health, safety, and emotional wellbeing of the Person to the greatest extent possible;

(5) List of current medications and steps to ensure appropriate transfer of medication responsibilities, including dispensing and tracking of medications;

(6) A statement of obligations the Person may have for liabilities to the Contractor; and

(7) Back-up planning for any necessary adjustments to discharge timeframes.

8. Health Support Policies and Procedures

The Contractor shall take reasonable measures to ensure the health and safety of Persons it serves. The Contractor shall have policies and procedures that address supporting Persons' health and medical needs.

a. The Contractor shall work with the PCPT, deferring primarily to the Person and their involved family members on the team, to agree upon the role the Contractor will take with regard to supporting the Person's health needs, including responsibility for medication and arranging and supporting the Person's attendance at healthcare appointments, and related communication with family and other team members.

b. The Contractor shall maintain and document the following medical information in the Person's record for all services that involve direct support to Persons:

(1) Medical concerns, serious illnesses, or allergies the Person suffers from, and chronic conditions and complaints;

(2) Swallow reflex issues;

(3) Authorization for any emergency medical treatment needed; and

(4) Any advanced directives.

c. If the Contractor will support Persons in their self-directed self-administration of prescription medication, the Contractor shall ensure its policies and procedures address the following:

(1) Ensure medications are properly stored according to the Person's needs and capabilities, as determined by the Person's PCPT;

(2) Prevention of theft and abuse of medication;

(3) Training and explanation to the Person regarding the prescribed medication indication, the correct dose, how to properly administer the medicine, and the schedule for taking the medication according to the prescription and directions of the healthcare professional;

(4) Supervision of the Person while the Person takes their medication, according to their needs; and

(5) A requirement that the staff observes or assists the Person with medication documents the following in the Person's record: time and date the medication was taken; name of the medication taken; reason the medication was taken if the medication is an "as needed" ("**PRN**") medication; the route the medication was administered; and the staff that observed the medication administration.

d. If the Contractor provides Attendant Care ("**ACA**") or Integrated Community Learning ("**ICL**") to an individual not relying upon natural supports for medications, or otherwise has primary responsibility for the Person's medication, the Contractor shall ensure its policies and procedures also address the following:

(1) The Person's prescription medication must be packaged and dispensed to the Person by a licensed pharmacy using dose packaging when such packaging is available. If dose packaging is not available, the Contractor may provide

medication supports with medication dispensed in the original and lawful packaging of the medication with prior written approval from the DHHS division director or designee;

(2) Disposal of medications;

(3) Process to ensure the transfer of prescription medication for services provided to the Person by a school or another service provider;

(4) Provisions to report or address the discovery of any prescribed medication errors. Medication errors include a suspected or actual missed dose and misadministration of medication, including taking medication at the wrong time when timing is important in the proper administration of the medicine; and

(5) Enhanced process for monitoring the dispensing, tracking, and written documentation in the Person's medical data sheet of Schedule II- IV medication under Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 812, such as Benzodiazepines, Opiates, and PRN medication. The enhanced process for monitoring must include provisions for ensuring the medication count is accurate, and for theft and abuse prevention.

e. If the Contractor will support Persons in their self-directed self-administration of prescription medication, the Contractor shall ensure the Person's record includes: the name and purpose of each medication the Person is taking; instruction regarding routes of administration and dosage for each medication the Person is taking; medication adversities, side effects, indications of an effect or adverse reaction for each medication, including the possibility that medication taken may contribute to swallowing difficulties or enhance the prospects of choking; and documentation of compliance with medication administration requirements.

f. If the Contractor provides ACA to an individual not relying upon natural supports for health care needs, or has primary responsibility for the Person's health care needs, the Contractor shall ensure the Person receives training for, and assistance with, identifying primary health care professionals within their Medicaid and private insurance, and seeking and obtaining routine and acute medical, dental, psychiatric, or other health related services as specified in the Person's PCSP and covered by the Person's Medicaid or private insurance plan, with the involvement of family members or other natural supports, as agreed upon by the PCPT.

g. If the Contractor provides ACA or ICL to an individual not relying upon natural supports for medications, and the Person attends school or receives services from a different provider, the Contractor shall:

(1) Ensure that each school and service provider receives the Person's current relevant health and medical information, and relevant changes from the Contractor; and

(2) Collaborate and communicate with each school and service provider to receive relevant health and medical changes that have arisen during the services provided by the other agency.

h. If the Contractor provides the Person's services, other than ACA and ICL to an individual not relying upon natural supports for health and medical supports, and is receiving the Person's health and medical information, the Contractor shall:

(1) Ensure relevant health and medical changes that have arisen during services provided are documented in the Person's record, provided to the other service provider, and communicated with the family or other natural supports as agreed upon by the PCPT;

(2) Collaborate and communicate with the other service provider to receive the Person's current health and medical information and relevant changes, and communicate these with the family or other natural supports as agreed upon by the PCPT; and

(3) Maintain and document the following additional health and medical information in the Person's record:

(a) Medical and dental examinations performed, including assessments and treatments;

(b) Current condition and diagnoses for which the Person is receiving care from a healthcare professional;

(c) Surgeries, accidents, injuries, and incidents requiring first aid and a referral to a health care professional or a healthcare facility;

(d) Immunizations; and

(e) Significant changes in health.

9. Staff Records

The Contractor shall maintain staff records for its entire staff. In addition to any other documentation required by this contract, the Contractor shall include the following in each staff member's record:

a. The staff's name, addresses, and telephone number;

b. References, including the names and contact information for the references, and documentation of at least two references checks;

c. Results of background checks completed through the DHHS Office of Licensing;

d. A current and signed DHHS Provider Code of Conduct;

e. Record of successfully completed trainings;

f. Copies of educational transcripts, degrees, letters, licenses, and certifications, when applicable, to substantiate staff qualifications;

g. Copies of regular performance evaluations;

h. Medicaid Disclosure Forms found on the DSPD webpage; and

i. Evidence of Medicaid Fraud Exclusion check. The Contractor shall complete checks on the U.S. Department of Health & Human Services Exclusions Database website.

10. Person's Records

The Person's records are the property of DHHS and the State of Utah. The Contractor shall maintain a separate record for each Person receiving services. The Contractor shall update the Person's record at least annually and upon a material change in the Person's circumstances. In addition to documentation required by this contract, the Person's record must include:

a. The Person's name, address, phone number, birth date, identification number, and, if applicable, Medicaid number;

b. The Person's SC name, email, and phone number;

c. A photograph of the Person taken within the last 5 years;

d. The name, address, and phone number of the Person's representative or legal guardian, if any, and name, address, and phone number for the Person's emergency contacts, including instructions on how to contact them;

e. The name and phone number of the Person's primary health care professional, medical specialist, health care professional prescribing medication, if any, and medical insurance information;

f. Documentation of approved charges or expenses placed against the Person's funds for reimbursement to the Contractor for property damages for which the Person is held responsible;

g. Documentation for all services provided and billed. The Contractor shall ensure that documentation for all services complies with Medicaid requirements. The Contractor shall ensure that written documentation of service delivery includes:

(a) The name of the Person served;

(b) The name of the Contractor and the Contractor's staff member who delivered the service;

(c) The specific service provided;

(d) The date, start, and end time the service was provided;

(e) The amount of time spent delivering the service;

(f) The location of service delivery (only for electronic visit verification – compliant services); and

(g) Progress notes describing the Person's response to the service.

h. Person Centered Planning documentation according to the Person Centered Planning section of this contract;

i. The Person's admission and discharge dates;

j. Pertinent legal documents including human rights committee and behavior peer-review committee documentation, guardianship and legal representation appointments, and any other relevant legal documents;

k. A statement signed by the Person and the Person's representative, if applicable, verifying that the Contractor both explained and provided them with a copy of its grievance policy and procedures;

l. The Person's medical information relevant to providing services to the Person, as required pursuant to the Health Support Policies and Procedures section of this contract, and as identified in the individual service code descriptions; and

m. All of the Person's individualized plans.

11. Operational Records

The Contractor shall maintain documentation of current compliance with zoning, Life Safety Code, and health and fire safety requirements for licensure, when applicable.

12. Electronic Visit Verification

The Contractor shall comply with Electronic Visit Verification requirements in 42 U.S.C § 1396b(a)(l) (2018) for all instances of service delivery for Attendant Care.

13. Medicaid Provider Requirements

The Contractor shall:

a. Enroll to be a Medicaid provider. DHHS may assist the Contractor to enroll in Medicaid. The Contractor is responsible to comply with all policies and procedures in the Utah Medicaid provider manual and Medicaid Information Bulletins in effect when services are rendered;

b. Comply with all appropriate and applicable state and federal rules and regulations;

c. Provide DHHS with complete and correct Medicaid Provider documents within three business days of a written request from DHHS;

d. Notify DHHS at dspdprismliaison@utah.gov of any changes to its Medicaid data. The Contractor shall provide DHHS changes to its phone number, address, and email address within three business days of a change. The Contractor shall provide DHHS changes to its ownership, legal corporate name, and employer tax identification number at least 30 calendar days prior to the change;

e. Participate in DHHS Medicaid provider trainings;

f. Maintain compliance with the current CMS HCBS rules (R414-519);

g. Ensure and maintain staff completion of the Medicaid Disclosure form at time of hire and annually thereafter. If staff discloses any information on the Medicaid Disclosure form that violates confidentiality requirements, the Contractor shall immediately notify DHHS. The Medicaid Disclosure form may be found on the DHHS webpage; and

h. Document the delivery of **all services** in accordance with the records requirements of this contract.

14. Contractor Data

a. The Contractor shall notify the DHHS contract team in writing at least 30 days prior to any Contractor data changes. Contactor data includes: legal business name; legal business address; mailing address; email; phone number; Employer Identification Number; tax classification; and Contractor's contract representative's contact information including name, phone number, and email.

b. In an emergency situation (e.g., an email needing to be changed due to breach of security, or the Contractor representative changing unexpectedly), the Contractor shall notify DHHS in writing of a Contractor data change within one business day.

15. Governing and Policy-Making Boards

If the Contractor is governed by a board, the Contractor shall:

a. Maintain the by-laws of its organization and its board;

b. Convene meetings of its board at least quarterly or more frequently, if needed;

c. Maintain minutes of the board proceedings that include board membership and the attendees; and

d. Disclose its bylaws and minutes within one business day of request to any state or federal auditor or reviewer, DHHS, or DHHS division representative.

I. General Service Requirements:

The Contractor shall comply with the following general service requirements in addition to specific service requirements for individual service codes in this contract.

1. Transportation

When required to provide transportation, the Contractor shall:

a. Provide Routine Transportation for the Person;

b. Prior to staff providing transportation services, have and maintain annually thereafter written documentation of the transportation staff's: driving record; valid driver's license; and for staff providing transportation in their own vehicle, the staff member's current auto insurance (unless the Contractor's auto insurance covers the employee's personal vehicles), and current vehicle registration; and

c. Ensure:

(1) Persons are not left unattended in the vehicle;

(2) Persons use seat belts and remain seated while the vehicle is in motion;

(3) Keys are removed from the vehicle when the driver is not in the driver's seat unless the driver is actively operating a lift on the vehicle that requires the keys to be in the ignition to operate the lift;

(4) Persons in wheelchairs use seat belts or locking mechanisms to immobilize the wheelchair during travel;

(5) Persons are transported in safety restraint seats when required by law;

(6) Vehicles used for transporting Persons have working door locks, and doors are locked while the vehicle is moving;

(7) Persons arrive safely at the arranged destination and as close to the scheduled time as reasonably possible; and

(8) No Persons are left alone to or from destinations, even in emergency situations or when the health and safety of others may be in question.

2. Person Centered Planning

The Contractor shall:

a. Be an active member of the PCPT;

b. Participate in developing the PCSP;

c. Support the Person and their family to participate in the PCSP to the greatest extent possible.

d. Assist the Person, their family, and the SC to ensure the process is anchored in the Person, and their family's and legal representatives' desires, interests, and needs, and that the resultant PCSP reflects the Person's priority desires, interests, and needs. The Contractor shall ensure the Person is supported to lead their own meeting to the greatest extent possible;

e. Comply with the requirements of the Person's PCSP;

f. Develop Support Strategies for the Person's goals included in the PCSP. For Board Certified Behavior Service ("**BAP**") and Board Certified Behavior Support Professional Services ("**BTR**"), Behavior Service ("**BTC**") and Behavior Support Professional Services ("**BAT**") the treatment plan or BSP comprises the Support Strategies;

g. Submit Support Strategies to the Person's SC within 30 days from the date the PCSP is activated, with the exception of the BSP that must be submitted to the SC within the timelines outlined in the BAP, BTR, BTC, and BAT service descriptions;

h. Implement the applicable portions of the Person's PCSP, including the PCSP document (with the action plan); Support Strategies; and the BSP;

i. Orient the Person to the part of the PCSP applicable to the Contractor and ensure the Person is involved in the implementation of the PCSP;

j. Create a written summary for each Person the Contractor provides services to. The Contractor shall include the following in the summary:

(1) Person's Name;

(2) Each service the Contractor provides to the Person;

(3) Date range the summary covers;

(4) General summary of services provided that may include the Person's status and response to services, and notable events and activities related to the services provided;

(5) Information that indicates the progress toward each goal; and

(6) Name of the staff writing the summary.

The Contractor may format the summary as a single summary or multiple summaries (e.g., separated by service or goal). For BAP, BTR, BTC and BAT the Contractor shall ensure the summary meets the requirements in the BAP, BTR, BTC and BAT sections of this contract. The Contractor shall submit summaries to the Person's SC within 15 calendar days after the end of the quarter.

k. Assist with the Person's assessments as agreed upon or where contractually required; and

l. Meet with the PCPT to review the Person's services and support needs and make adjustments as necessary. The Contractor shall meet with the PCPT at least annually, within 12 months of the last PCSP meeting, or more often as determined by the Person or other members of the Person's PCPT.

3. **Protective Service Investigations**

The Contractor shall:

a. Cooperate in all DHHS protective service investigations until the investigation is completed and a determination is made;

b. Immediately notify DHHS and the relevant DHHS division: Division of Aging and Adult Services, Adult Protective Services ("**APS**") in cases of adult Persons, and Division of Child and Family Services, Child Protective Services ("**CPS**") in cases of minor Persons, of instances in which a Person or any other individual alleges abuse, neglect, or exploitation;

c. Immediately ensure that individuals involved in an allegation are not allowed to have any unsupervised contact with the Person until the investigation is completed and a determination is made, unless superseded by a recommendation from APS or CPS; and

d. Complete and submit an incident report according to DHHS incident reporting requirements herein.

4. **Fatality Notifications and Reviews**

a. Upon discovery of the death of a Person receiving its services, the Contractor shall notify the Person's family, the Person's SC or case manager, and the DHHS Waiver Manager at waivermanager@utah.gov by the end of the next business day.

b. The Contractor shall comply with the DHHS fatality review process and shall immediately furnish any information or documents requested by the DHHS Fatality Review Committee.

5. **Critical Incident Reports and Investigations**

a. The Contractor shall monitor for the occurrence, reporting, and mitigation of incidents that affect the health and safety of Persons.

b. The Contractor shall ensure DHHS receives timely notice of incidents and the required reports per DHHS incident reporting requirements. The Contractor shall immediately report deviations from this standard to the DHHS quality management team.

c. Within 24 hours from discovery of an incident requiring an incident report, the Contractor shall initiate an incident report entry into UPI. This UPI entry will automatically notify the Person's SC.

d. Within 24 hours from discovery of an incident requiring an incident report, the Contractor shall notify the Person's legal guardian by telephone, email, or face-to-face contact.

e. Within five business days from discovery of the incident, the Contractor shall complete the detailed incident report in UPI, include any additional information available, and report mitigating or follow up actions taken.

f. The Contractor and its staff shall review and comply with abuse reporting requirements in Utah Code §§ 80-2-602 and 26B-6-205 and immediately notifying DHHS, and APS intake in a case involving an adult or CPS intake in a case involving a child; and the nearest law enforcement agency in the case of actual or suspected incidents of abuse, neglect, exploitation, or maltreatment. In these situations, the Contractor shall document that prevention strategies are developed and implemented (when applicable).

g. Incidents involving Persons are classified into two levels: critical and non-critical. Critical and non-critical incidents require incident reports to be entered into UPI. The Contractor shall refer to the most current version of the DHHS Incident Reporting Guide for a detailed list of critical and non-critical incidents. The DHHS Incident Reporting Guide can be found on the DHHS Office of Licensing website.

h. The Person's SC or DHHS may request additional information from the Contractor regarding any incident report. The Contractor shall provide written documentation within five business days of the request.

i. The Contractor and its staff shall support any investigation and mitigation activities taken by DHHS, or the Person's SC by providing any additional information requested, cooperating with any requests regarding incidents, and documenting the incident report as needed or requested in UPI.

6. **Use of UPI**

The Contractor shall:

a. Complete the DHHS form "0-9 USTEPS Provider Interface (UPI) Provider Company Designee Access Form";

b. Complete the DHHS form "0-8 USTEPS Provider Interface (UPI) Individual User Access Form" for at least one staff;

c. Ensure that access to UPI is granted only to staff that needs to know the information in UPI to provide professional treatment or coordinate DHHS services;

d. Ensure staff with UPI access are trained in HIPAA privacy requirements;

e. Approve or reject the DHHS Service Authorization Form 1056 through UPI within 15 business days of the creation of a new or adjusted DHHS 1056;

f. If the Contractor rejects the 1056, coordinate with the Person's SC to adjust the DHHS 1056 or begin the process to discharge the Person from receiving services from the Contractor and transition to a different contractor;

g. Monitor the use of services by the Person to ensure that the services comply with the approved 1056. If the Person is at risk of exhausting the units allocated in the 1056, the Contractor shall notify the Person's SC and arrange for appropriate changes to the Person's PCSP;

h. Use the UPI "Provider Organization" section to create and maintain a Contractor organizational group structure that will restrict UPI users from seeing Person information not required to provide professional treatment or coordinate DHHS services;

i. Assign and maintain staff with UPI access to the appropriate organizational groups;

j. Assign and maintain each staff with UPI access, email, and notification preference;

k. Assign and maintain each Person to the appropriate organizational groups;

l. Remove terminated staff from the "Provider Organization" within one business day of termination;

m. Remove staff from an organizational group within one business day of the staff no longer needing to know the information in UPI to provide professional treatment or coordinate DHHS services;

n. Remove a Person from the "Provider Organization" when the Contractor is no longer providing services to that Person, and has completed all business requiring the Person to remain in the "Provider Organization";

o. Conduct and document an annual review of all staff with UPI access to ensure all staff with UPI access has the correct UPI access and the UPI Provider Organization is correct; and

p. Notify DHHS USTEPS team within one business day of the termination of staff with UPI access.

7. **Persons' Personal Funds**

a. The Contractor shall ensure Persons have access to and control over their personal funds to the greatest extent possible based on Person's need, Social Security Administration requirements (when relevant), and as determined by the PCPT.

b. The Contractor and its staff shall NOT loan or give money to a Person unless there is an emergency situation. If there is a loan, the Contractor shall:

(1) Notify the Person's SC within 24 hours of resolving the emergency and seek the PCPT's approval;

(2) Document and maintain a loan record, maintain the loan record current until the loan is paid in full, and include the following in the loan record: the PCPT's written approval of the loan; reason for the loan; receipts for amount owed; and current accounting of loan, including payments and the current balance;

(3) Provide the loan record on a monthly basis to the Person, the Person's legal guardian, and the Person's SC. The Contractor shall also provide the loan record to other authorized individuals upon request;

(4) Ensure the Person's current needs such as food, shelter, and clothes are met prior to any loan repayments;

(5) Coordinate with the Person's SC and legal guardian, including providing additional documentation or access to documentation, to resolve any concerns related to the loan;

(6) Ensure loans from the Contractor to Persons of $2,000 or more are disclosed to the DHHS quality management team annually for review;

(7) If the Contractor or SC no longer provides services to the Person, inform the new Contractor or SC of the loan balance. The loan will continue as part of the DHHS quality management team annual review for the Contractor with whom the loan originated until the loan is paid in full; and

(8) Notify the Person when the loan is paid in full.

c. Purchasing or splitting the cost of durable goods between two or more Persons is discouraged. The Contractor shall ensure any splitting is fair, and shall establish a process to account for the purchase that is agreeable to all parties and includes provisions for fair reconciliation if one Person is no longer able to use the goods (e.g., if the Person moves).

d. The Contractor shall NOT:

(1) Allow the Person to make purchases for the Contractor and its staff or from the Contractor and its staff; and

(2) Accept or receive money from the Person unless the Contractor has received prior approval in writing from the Person's PCPT and the money is for a repayment of an approved loan given to the Person from the Contractor due to an emergency situation or with prior approval from the DHHS.

8. The Contractor shall support employment first as set forth in Utah Code §26B-6-409.

9. The Contractor shall use available assistive or adaptive equipment and technology when provided and doing so will enhance the Person's freedom and will not adversely affect the Person's health and safety.

10. The Contractor shall not bill for services during which the Person is an inpatient in a hospital. The Contractor may bill and receive payment for the date of the Person's discharge, at the Contractor's discretion.

11. The Contractor shall only bill for services and amounts as identified in the approved 1056 or written authorization.

12. The Contractor shall ensure the Person has a choice of services and provider agencies.

J. General Service Limitations:

The Contractor shall **NOT**:

1. Bill DHHS for transportation of the Person under a transportation or mileage code:

    a. To medical appointments or a medical facility;

    b. If practical and safe transportation for the Person is available from any other source; or

    c. If the individual service code description includes transportation.

2. Bill DHHS for services otherwise covered by the Utah Medicaid state plan, private insurance, community resources, or any alternative funding source;

3. Bill DHHS for services provided to the Person and paid for by the State of Utah Division of Vocational Rehabilitation;

4. Bill DHHS for services provided to the Person and paid for by the Person's local education authority;

5. Bill DHHS for multiple services provided at the same time during the same day with the exception of BAP and BTR and BTC and BA, and any other service that contains elements of service provision that are billable when provided outside the presence of the Person.

6. Bill DHHS for services in a nursing facility or intermediate care facility for people with Intellectual Disabilities;

7. Bill DHHS for the Person's personal needs costs, including rent, utilities, food, and other personal needs; and

8. Be the legal guardian of any Person served under this contract.

ATTENDANT CARE– DHHS SERVICE CODE: ACA

A. General Description: ACA provides individually-tailored support, supervision, skill building, and assistance for Persons to live as independently as possible in their own homes or family homes. The primary goals of ACA are to support the Person in pursuing their individual goals in the most independent, inclusive, and natural way possible; develop and strengthen the Person's independent living skills; strengthen natural supports; and integrate the Person in their community.

ACA may also provide supports for family stability and the prevention of unwanted out-of-home placement.

B. Direct Service Requirements:

The Contractor shall:

1. Provide training, skills development, and assistance to the Person according to the Person's needs and their family's choices, and in accordance with the goals in the Person's PCSP;

1. Maintain the Person's medication and health care needs if the Contractor is supporting the Person to live independently, alone in the Person's home, and without a natural caregiver;

1. If the Person is not relying on natural supports for nutritional assistance, support the Person to meet basic nutritional standards accounting for the Person's special diets, food preferences, appetite, and customs; and

1. Provide both direct and indirect services to the Person. Indirect services include phone calls or other activities completed on behalf of the Person. The Contractor shall provide indirect services that are reasonable based on the Contractor's professional judgment. The Contractor shall document in writing the indirect services provided.

C. Rate: ACA is a quarter hour service. The Contractor may bill for services provided in-person, by phone, and via telehealth.

BOARD CERTIFIED BEHAVIOR ANALYST- DHHS SERVICE CODE: BAP

A. General Description: BAP supports the Person, caregivers, and other staff to positively influence socially important behavior by identifying reliably related environmental variables and producing behavior change techniques based on those findings. The optimal outcome of BAP is to develop skills that assist the Person in their surroundings, reduce adverse behaviors, and provide positive replacement behaviors that support stability, productivity, and independence.

B. Direct Service Requirements:

The Contractor shall:

1. Provide services at the Person's home, a programmatic setting, or other naturally occurring environment in the community;

2. Comply with Utah Administrative Code, R539-4, Behavior Interventions;

3. Use interventions based on principles of Applied Behavior Analysis and focus on positive behavior supports. The Contractor may provide consultation on behavior supports to DHHS staff and other team members;

4. Complete a behavior assessment, including an Applied Behavioral Analysis Assessment ("**ABA Assessment**"), when indicated, and develop an ABA treatment plan according to professional standards. The Contractor may use different validated assessment tools and processes depending on the individual needs of the Person. The Contractor shall include the following in the ABA Assessment, documented in writing:

    a. Assessment date;

    b. Name and signature of psychologist or behavior analyst conducting the assessment;

    c. Name of standardized assessments used;

    d. Use of objective validated behavioral assessment instruments that include an assessment of problem behaviors (e.g., Verbal Behavioral Milestone Assessment and Placement Program; or Assessment of Basic Language and Learning Skills, Revised);

    e. Measurement and recording of behavior and baseline performance;

    f. Data from parent or caregiver interview; and

    g. Development of an ABA treatment plan that includes;

        (1) Description of target-behaviors;

        (2) Measurable treatment goals;

        (3) Method and frequency of assessing objective and measurable treatment protocols; and

(4) Identification of problem behaviors and specific goals intended to decrease the behavior and teach the Person appropriate replacement behavior.

5. When problem behavior warrants a Functional Behavior Assessment and a BSP:

a. Emphasize a positive approach with treatment designed to acquire and maintain adaptive behaviors and prevent problem behaviors;

b. Base the BSP upon the Functional Behavior Assessment;

c. Include the following in the BSP, documented in writing:

(1) Summary that clarifies the antecedent-behavior-consequence relationships:

(a) Describing the critical problem behavior;

(b) Predicting the circumstances in which the problem behavior is most likely to occur; and

(c) Identifying the function of the problem behavior.

(2) Baseline data;

(3) Behavioral objectives written in measurable and observable terms;

(4) Data collection procedures that measure progress toward the objectives that decrease problem behavior and increase replacement behavior;

(5) Behavioral intervention procedures clearly written in detail to ensure consistent implementation by staff and other members of the PCPT addressing the following areas:

(a) Prevention procedures designed to decrease the need for the problem behavior;

(b) Planned responses and consequences for when the problem behavior occurs, including safety issues and efforts to minimize reinforcement for the problem behavior;

(c) Teaching or increasing replacement behaviors; and

(d) Generalization, maintenance, and fading procedures, when appropriate.

(6) Name and title of the licensed professional who developed the plan.

6. Coordinate with, and provide training to, the PCPT. The Contractor shall:

a. Ensure the treatment plan and BSP are pre-approved by the legal guardian (if applicable);

b. Complete the treatment plan and BSP within 30 calendar days of assessments;

c. Provide training and consultation on implementing the treatment plan and BSP to the PCPT and staff. When necessary, the Contractor shall:

(1) Provide ongoing coaching that addresses any modifications of the interventions; and

(2) Model the implementation of interventions.

d. Submit the treatment plan, BSP, and assessments to the SC within 30 calendar days of completion of the treatment plan or BSP;

e. In most circumstances, provide on-going supervision of the implementation of the BSP. In unusual circumstances, the Contractor may not need to provide on-going supervision of the implementation of the BSP as agreed upon by the PCPT; and

f. When the Person lives with their parents or other natural caregivers, work closely with the parents or other natural caregivers on an on-going basis, using effective behavioral training techniques to understand and effectively implement the BSP. The Contractor shall ensure the BSP is a good contextual fit that strengthens the parent's or caregiver's behavioral skills relative to the Person.

7. When providing ongoing consultation:

a. Provide a written quarterly summary with a descriptive interpretation of the data and treatment plan and BSP changes or other actions taken or planned in response to progress or lack of progress;

b. If addressing problem behavior is a component of the treatment plan or BSP, include in the quarterly summary graphic data representation of the primary problem behaviors, updated at least every three months for visual analysis; and

c. Submit quarterly summaries and graphs to the SC, legal guardian (if applicable), family (if applicable), and the Person within 15 calendar days of the end of the quarter.

8. Maintain consultation notes that include:

a. Person's name;

b. Service activity and number of service units being provided; and

c. Names and credentials of staff providing the service.

C. Restrictive Interventions:

The Contractor may use restrictive interventions on rare occasions with meticulous clinical oversight and controls, and according to the ethical standards of the profession. The Contractor shall clearly

describe the use of restrictive interventions in the Person's BSP, comply with Utah Administrative Code R539-4, and ensure that any rights restrictions or modifications to settings requirements due to the BSP comply with the modification requirements outlined in Utah Administrative Code R414-519-2(8)(g).

D. Specific Service Limitations:

The Contractor shall **NOT**:

1. Include any of the following as part of the BSP:

    1. Corporal punishment, including slapping, hitting, or pinching;

    b. Demeaning speech to Persons;

    c. Locked confinement in a room;

    d. Use of electronic devices or other painful stimuli to manage behavior;

    e. Denial or restriction of access to assistive technology, except where removal prevents injury to self, others, or property; and

    f. Withholding of meals as a consequence or punishment for problem behavior.

1. Provide transportation for the Person; and

3. Bill DHHS for services otherwise covered by the Utah Medicaid state plan, including Autism Spectrum Disorder-related Early and Periodic Screening, Diagnostic and Treatment "**EPSDT**" Applied Behavior Analysis services.

E. Specific Service Staff Qualifications:

BAP staff shall have at least one year of experience working with individuals with ID.RC, or ABI; and meet one of the following criteria:

1. Have a current Board Certified Behavior Analyst ("**BCBA**") certification and have a current Utah Division of Occupational and Professional Licensing ("**DOPL**") Licensed Behavior Analyst license ("**LBA**"); OR

2. Have a current DOPL Psychologist license; OR

3. Meet the requirements in Utah Code Annotated § 58-61-707(10 – 12) and:

    1. Be currently enrolled in a behavior analysis course sequence approved by the Behavior Analyst Certification Board ("**BACB**") at an accredited institution of higher education; and

    b. Have completed at least 500 hours of supervised practice performing BCBA duties.

BAP staff qualified under E.3 have twelve months from the end of the semester in which their BCBA coursework was completed to complete the remaining required supervisory hours, BACB certification, and licensure. The supervising behavior analyst shall retain compliance records for the items listed above. Under the supervision of a psychologist or behavior analyst, the BAP staff qualified under E.3 may perform clinical and case supervision support and may assist in oversight of technicians. The BAP staff qualified under E.3 may also assist the psychologist or behavior analyst in the completion of periodic assessments as well as the development of treatment plans. The supervising psychologist or behavior analyst shall be present during the periodic assessments and supervise the development of the treatment and behavior plans.

F. **Rate:** BAP is a quarter hour service. The Contractor may bill for consultation in person, by phone, and via telehealth. The Contractor may bill for training staff and family on implementation, conducting, and writing up the ABA Assessment, writing and revising the BSP, providing direct supervision and guidance with implementation of the behavior plan, reviewing data and records, collateral contact with PCPT members, and other indirect treatment coordination and supervision activities.

BOARD CERTIFIED BEHAVIOR ANALYST PARAPROFESSIONAL DHHS SERVICE CODE: BTR

A. General Description: BTR supports the Person to decrease problem behavior and increase adaptive behavior. BTR must be provided by a Registered Behavior Technician ("**RBT**") or Licensed Assistant Behavior Analyst ("**LaBA**"), under the supervision of a BAP staff member, according to principles of Applied Behavior Analysis and Positive Behavior Supports. The primary goal of BTR is to develop skills which assist the Person to increase socially significant behavior that leads to desired outcomes in the Person's life, reduces adverse behaviors, and provides positive replacement behaviors that support stability, productivity, and independence.

B. Direct Service Requirements:

The Contractor shall:

1. Provide adaptive behavior treatment as a one-on-one service;

2. Provide services in accordance with the BACB supervision requirements;

3. Implement the interventions outlined in the treatment plan and BSP. The Contractor may implement the interventions in a variety of settings, including in the Person's home, the community, or a licensed setting;

4. When the Person lives with their parent or other natural caregivers, assist parents or natural caregivers to develop proficiency in implementing the treatment plan and BSP. The Contractor may model interventions for the parent or other natural caregivers as part of the intervention; and

5. Maintain documentation that includes:

    a. Data specific to the interventions being implemented and the target behaviors, according to the treatment plan and BSP, that includes the Person's name and date; and

    b. Session notes that include:

        (1) The Person's name;

        (2) Date, start, and end time of the session;

        (3) A brief summary of the session, including goals addressed; and

        (4) The name of the staff member providing services.

C. Specific Service Limitations:

The Contractor shall not bill the following as BTR:

1. Services provided when measurable functional improvement is not expected;

2. Services that are primarily educational in nature;

3. Services that are primarily vocationally or recreationally-based;

4. Services provided primarily to assist in the activities of daily living, such as bathing, dressing, eating, and maintaining personal hygiene and safety;

5. Services provided primarily for maintaining the Person's, or anyone else's, safety;

6. Services intended to provide supervision of the Person;

7. Respite care services;

8. Time spent charting or collecting data occurring separately from the time spent documenting direct observations that occur when the provider is working directly with the Person;

9. Time spent traveling to the Person's home or other community setting;

10. Transportation of the Person; and

11. Services otherwise covered by the Utah Medicaid state plan, including Autism Spectrum Disorder-related EPSDT Applied Behavior Analysis services.

D. Specific Service Staff Qualifications:

BTR staff shall:

1. Have a minimum of a high school diploma or equivalent; AND

2. Have a current DOPL LaBa license; OR

3. Have a current RBT certification; OR

4. Complete a 40-hour training program conducted by a BACB certificant based on the RBT task list. The staff member shall pass the RBT competency assessment administered by a BACB certificant within 120 calendar days of the staff's date of hire, and become registered as a RBT through the BACB within 180 calendar days of the staff's date of hire.

E. Rate: BTR is a quarter hour service.

BEHAVIOR SERVICES – DHHS SERVICE CODE: BTC

A. **General Description:** BTC provides behavioral consultation, recommendations for behavior interventions, and development of a BSP. Behavioral Services Professional ("**BTC**") is a behavioral service treatment to be provided by a professional in behavioral supports. BTC may include the direct implementation of behavioral interventions.

B. **Direct Service Requirements:**

The Contractor shall:

1. Provide services at the Person's home, a programmatic setting, or other naturally occurring environment in the community;

2. Provide training for Person, Person's legal guardian (if applicable), Person's family, and staff so that skills can be generalized and communication promoted;

3. Comply with Utah Administrative Code, Rule R539-4, Behavior Interventions;

4. Services must be directly related to the Person's therapeutic goals contained in their PCSP, and coordinated with the Person's Individual Education Plan ("**IEP**") when applicable; and

5. Develop behavior interventions and treatments that are individualized and consistent based on behavior-related treatment models. These interventions should be consistent with best practice and research on effectiveness that are directly related to a Person's goals. Interventions may include:

    a. Augmentative and Alternative Communication;

    b. Developmental Behavioral Interventions that may include:

        (1) Developmental, Individual Differences, Relationship-Based Model DIRFloortime which may include:

            (a) an intervention to promote development through respectful, playful, joyful, and an engaging process in what the Person is interested in to challenge their developmental ladder.

        (2) Social Communication, Emotional Regulation, Transactional Support ("SCERTS"), to develop:

            (a) Social communication of functional communication, emotional expression and secure and trusting relationships;

            (b) Emotional regulation in the ability to maintain a well-regulated emotional state to cope with everyday stress, and to be most available for learning and interacting;

(c) Transactional support with implementation of supports to help the PCPT respond to the Person's needs and interests, modify the environment, or provide tools to enhance learning.

(3) Early Start Denver Model ("ESDM") a therapeutic approach focused on a developmental, play-based, relationship with children with Autism between the ages of 12- 48 months; and

c. Positive Behavior-based Interventions.

6. Complete a behavior assessment. The Contractor may use different validated assessment tools and processes depending on the Person's individual needs. The Contractor shall include the following in the assessment, documented in writing:

a. Assessment date;

b. Name and signature of behavior service treatment professional conducting the assessment;

c. Name of the standardized assessments used;

d. Measurement and recording of behavior and baseline performance; and

e. Data from the parent or caregiver interview.

7. Develop a BSP focused on a positive approach designed to acquire and maintain adaptive behaviors and prevent problem behaviors. The BSP must be based on the completed behavioral assessment and must include:

a. A description of the target behaviors;

b. Measurable treatment goals that include:

(1) Method and frequency of assessing objective and measurable treatment protocols, and a detailed summary that clarifies the antecedent-behavior-consequence relationships and

(a) describes the critical problem behavior;

(b) predicts the circumstances in which the problem behavior is most likely to occur; and

(c) identifies the function of the problem behavior.

(2) Baseline data;

(3) Behavioral objectives written in measurable and observable terms;

(4) Data collection procedures that measure progress toward the objectives that decrease problem behavior and increase replacement behavior;

(5) Detailed behavioral intervention procedures outlined clearly to ensure consistent implementation by staff and other members of the PCPT addressing the following areas:

(a) Prevention procedures designed to decrease the need for the problem behavior;

(b) Planned responses and consequences for when the problem behavior occurs, including safety issues and efforts to minimize reinforcement for the problem behavior;

(c) Teaching or increasing replacement behaviors;

(d) Generalization, maintenance, and fading procedures when appropriate; and

(e) Name and title of the licensed professional who developed the BSP.

c. Ensure the BSP is agreed to by the Person and legal guardian (if applicable);

d. Complete the BSP within 30 calendar days of the behavioral assessment;

e. Submit the BSP and behavioral assessments to the SC within 30 calendar days of treatment plan or BSP completion;

8. Coordinate with and provide training to the PCPT. The Contractor shall:

a. Provide training and consultation on BSP implementation to the PCPT and staff providing Person's direct care services. When necessary, the Contractor shall:

(1) Provide ongoing training that addresses any modifications of the BSP; and

(2) Model the implementation of BSP.

b. When the Person lives with their family or other caregivers, work closely with the parents or other natural caregivers on an on-going basis, using effective behavioral training techniques to understand and effectively implement the BSP. The Contractor shall ensure the BSP is a good contextual fit that strengthens the parent's or caregiver's behavioral skills relative to the Person.

C. **Reporting Requirements:**

The Contractor shall:

1. Provide a written quarterly summary with a descriptive interpretation of the data based on BSP implementation;

2. Provide written documentation for any changes made or other actions taken in response to BSP progress or lack of progress;

3. Submit quarterly summaries to the SC, legal guardian (if applicable), and/or family (if applicable) within 15 calendar days of the end of the quarter.

4. Maintain monthly service notes each time the behavioral consultation service is provided that include:

   a. Person's name;

   b. Service activity and number of service units being provided; and

   c. Names and credentials of staff providing the service.

D. **Restrictive Interventions:**

The Contractor may only use restrictive interventions on rare occasions with meticulous clinical oversight and controls, and according to the profession's ethical standards. The Contractor shall clearly describe the use of restrictive interventions in the Person's BSP, comply with Utah Administrative Code R539-4, and ensure that any rights restrictions or modifications to settings requirements due to the BSP comply with the modification requirements outlined in Utah Administrative Code R414-519-2(8)(g).

E. **Specific Service Limitations:**

The Contractor shall NOT:

1. Include any of the following as part of the BSP:

   a. Corporal punishment, including slapping, hitting, or pinching;

   b. Demeaning speech to Persons;

   c. Locked confinement in a room;

   d. Use of electronic devices or other painful stimuli to manage behavior;

   e. Denial or restriction of access to assistive technology, except where removal prevents injury to self, others, or property; and

   f. Withholding of meals as a consequence or punishment for problem behavior.

2. Provide transportation for the Person.

3. Bill the following as BTC:

   a. Time spent traveling to the Person's home or other community setting;

   b. Services provided when measurable functional improvement is not expected;

c. Services that are primarily educational in nature;

d. Services that are primarily vocationally based;

e. Services provided primarily to assist in the activities of daily living, such as bathing, dressing, eating, and maintaining personal hygiene and safety;

f. Services provided primarily for maintaining the Person's safety;

g. Services intended to provide the Person's supervision;

h. Services otherwise covered under the state plan, including Autism Spectrum Disorder-related services covered for children under the age of 21 determined to be medically necessary under the Early and Periodic Screening, Diagnostic and Treatment "EPSDT", or Applied Behavior Analysis services.

F. **Specific Service Staff Qualifications:**

BTC staff shall have at least one year of experience working with Person(s); and meet one of the following criteria:

1. Have a Bachelor's degree in Behavioral Health, Psychology, Social Work or a related human services educational field; and

2. Have a current DOPL license in a field related to human services (e.g. Behavioral Health, Psychology, Social Work) for the behavior supports being provided.

G. **Rate:** BTC is a quarter hour service. The Contractor may bill for consultation in person, by phone, and via telehealth. The Contractor may bill for training staff and family on implementation, conducting, and writing the behavioral assessment, writing, and revising the BSP, providing direct supervision and guidance with implementation of the BSP, reviewing data and records, collateral contact with PCPT members, and other indirect treatment coordination and supervision activities.

BEHAVIOR SERVICES – DHS SERVICE CODE: BAT

A. **General Description: "BAT"** provides the direct implementation of behavioral interventions, such as positive behavioral supports and adaptive behavior, developed by a professional Behavior Service (**"BTC"**) staff, and under the supervision of the BTC staff. (**"BAT"**) is provided by a paraprofessional (not a RBT).

B. Direct Service Requirements:

The Contractor shall:

1. Provide adaptive behavior treatment as a one-on-one services;
2. Provide services in accordance with the BTC supervision requirements;
3. Implement the interventions outlined in the BSP. Interventions may be implemented in a variety of settings, including the Person's home, a programmatic setting, or other naturally occurring community environment;
4. When the Person lives with their family or other caregivers, assist parent or natural caregivers to develop proficiency in implementing the BSP. The Contractor may model the behavioral interventions included in the BSP for the parent or other natural caregivers as part of the intervention; and
5. Maintain documentation that includes:
    a. Monthly progress notes specific to the interventions being implemented and the target behaviors, according to the BSP, that includes:
        (1) The Person's name;
        (2) Session date, start, and end time;
        (3) A brief summary of the session, including goals addressed; and
        (4) The name of the staff member providing services.

C. Specific Service Limitations:

The Contractor shall not bill the following as BAT:

1. Services provided when measurable functional improvement is not expected;
2. Services that are primarily educational in nature;
3. Services that are primarily vocationally based;
4. Services provided primarily to assist in the activities of daily living, such as bathing, dressing, eating, and maintaining personal hygiene and safety;
5. Services provided primarily for maintaining the Person's safety;

6. Services intended to provide the Person's supervision;

7. Time spent traveling to the Person's home or other community setting; and

8. Person's transportation.

D. Specific Service Staff Qualifications:

BAT staff shall:

1. Have at least one year of experience working with individuals with ID.RC, or ABI, and

2. Meet the qualifications required of the behavioral interventions they are implementing under the supervision of a DOPL licensed Behaviorist or Professional under the BTC qualifications.

E. Rate: BAT is a quarter hour service. The Contractor may bill for behavior supports provided in person, by phone, and via telehealth. The Contractor may bill for training staff, legal guardian (if applicable) and family (if applicable) on implementation of a BSP, providing direct supervision and guidance with implementation of the BSP, reviewing data and records, collateral contact with PCPT members, and other indirect treatment coordination and supervision activities.

INDIVIDUAL SUPPORTED EMPLOYMENT – DHHS SERVICE CODE: ISE

A. General Description: Individual Supported Employment ("**ISE**") provides ongoing job coaching and supports for Persons. The optimal outcome of ISE is to obtain or maintain the Person's Competitive Integrated Employment or self-employment.

B. Direct Service Requirements:

The Contractor shall:

1. Provide job coaching to the Person to obtain or maintain Competitive Integrated Employment or self-employment. The Contractor shall include the following as a part of job coaching:

    1. Analysis of the Person's daily work tasks to provide instruction to the Person to independently complete as many of the tasks as possible. The Contractor shall include the following as a part of its training and instruction:

        (1) Instructional Prompts;

        (2) Verbal and written instructions;

        (3) Self-management tools; and

        (4) Role play.

    b. Personal assistance with daily living activities such as toileting, transferring, and eating;

    c. Supervision of the Person to ensure the Person's health and safety;

    d. Off-the-job supports essential for the Person to successfully maintain employment (e.g., phone call or text reminders to the Person);

    e. Assistance and training on communicating to maintain employment, such as asking for time off, accommodations, and self-advocacy; and

    f. Assistance and training on interacting with co-workers and the work culture to maintain employment.

1. Encourage and train the Person's co-workers on engagement of unpaid, natural co-worker supports to the Person, with the goal of minimizing or fading out the Person's need of ISE supports;

1. Support identification and coordination for provisions for reasonable worksite accessibility and accommodations;

1. Meet every six months with the Person's PCPT to assess the amount of ISE hours the Person needs and create strategies to decrease the amount of ISE needed; and

1. Train and assist the Person on independently accessing transportation such as fixed bus and rail routes and paratransit.

C. Specific Service Limitations:

The Contractor shall **NOT**:

1. Provide ISE services in a sheltered workshop or comparable specialized facility;

1. Provide ISE to support a Person to obtain or continue in a job in which the Contractor is the employer of record; and

1. Provide ISE to support a Person to obtain or continue in a job in which the Person receives subminimum wages.

D. Specific Service Contractor Qualifications:

The Contractor shall be a current vendor with Utah State Office of Rehabilitation, Vocational Rehabilitation Services.

E. Specific Service Training Requirements:

The Contractor shall ensure staff providing ISE services have completed Utah State University's Workplace Supports Training within 60 days of hire.

F. Rate: ISE is a quarter hour service.

INTEGRATED COMMUNITY LEARNING– DHHS SERVICE CODE: ICL

A. General Description: ICL helps Persons strengthen social connections and personal relationships, provides training and opportunities to build and explore interests, and develops necessary skills for future Competitive Integrated Employment. ICL may be provided any hours or days of the week. The optimal outcome for ICL is individualized community integration, including Competitive Integrated Employment, and natural supports and skills that enable the Person to fully participate as a valued member of their community.

B. Direct Service Requirements:

The Contractor shall:

1. Provide services one-on-one or in groups up to three Persons;

1. Ensure Persons in groups share some similar interests, preferences, and community-integrated goals and are able to give input on those participating in their group;

3. Facilitate participation in activities in the community that include participation from individuals without disabilities;

4. Facilitate participation in the community, including in naturally occurring activities and events in the community, that are based on the Person's choice and that support the Person's interests, employment goals (if applicable), and community integration and involvement. The Contractor shall support the development and strengthening of skills and supports in the context of community involvement;

5. For a Person who is 14 years of age or younger, or 65 years of age or older, and is not interested in employment, identify and facilitate participation in person-centered and integrated community activities as a replacement for employment specific activities;

6. Support participation in activities that enable the Person to:

    1. Build and strengthen social and communications skills;

    b. Build and strengthen relationships with individuals without disabilities in the community who may have the same interests as the Person and are not paid to be with the Person;

    c. Create connections and network with individuals in the community who can support the Person in developing and obtaining Competitive Integrated Employment if the Person is seeking employment;

    d. Create and build relationships and network with individuals in the community to increase the Person's natural unpaid support system;

    e. Create and build a meaningful connection to the community by participating in and joining community activities that include:

        (1) Recreational, social, educational, cultural, spiritual, and athletic aspects;

(2) Community associations;

(3) Community clubs;

(4) Places of worship;

(5) Community membership-based groups;

(6) Volunteering; and

(7) Other comparable activities.

f. Learn, practice, and apply the following skills that promote greater independence and inclusion in the community:

(1) Navigating public transportation;

(2) Money management and budgeting to participate in community activities;

(3) Self-determination skills;

(4) Interpersonal and problem-solving skills that maximize the Person's ability to participate in activities independently or with natural supports; and

(5) Exploration of interests that may lead to future employment opportunities.

7. Ensure ICL staff work collaboratively with other staff involved in developing and implementing employment services for the Person. Collaboration may include providing written documentation of assessments or processes to identify the Person's interests, desired employment goals, preferences, and supports needed;

8. Assist with daily living activities such as toileting, transferring, and eating;

9. Ensure that a Person of working age seeking to obtain or maintain Competitive Integrated Employment meets with the Person's PCPT bi-annually within the PCSP cycle to review the Person's employment goals;

10. Provide Routine Transportation for the Person during this service; and

11. If providing ICL in a hub and spoke model, ensure the hub site is appropriately licensed or certified by the DHHS Office of Licensing.

C. Specific Service Limitations:

The Contractor shall **NOT**:

1. Provide services in the Person's residence or the Contractor's or Contractor's staff's residence; and

2. Provide or bill ICL to DHHS for supporting the Person to participate as a volunteer in a for-profit organization or business owned by the Contractor, or which benefits the Contractor.

D. **Rate:** ICL is a daily rate determined by DHHS Worksheet.

JOB DEVELOPMENT SUPPORTS – DHHS SERVICE CODES JDS

A. **General Description:** Job Development Supports ("**JDS**") provides job experiences and opportunities for Persons seeking to advance in their current employment or support to seek a new Competitive Integrated Employment job. The optimal outcome of JDS is upward mobility and employment development to match the Person's advancing skill set.

B. **Direct Service Requirements:**

The Contractor shall:

1. Provide Services to the Person only once during the Person's annual PCSP cycle. The Contractor shall provide up to 75 hours of services and conclude the services within nine months;

1. Complete a review and assessment of the Person and their employment documents within 15 business days of starting services. The Contractor shall complete periodic reassessments of the Person and their employment documents. The Contractor shall document in writing the initial review and any reassessments completed, including a conclusion summary of the review and each reassessment. The Contractor may use up to ten hours of the allowed 75 hours of service to review and reassess the Person and their employment documents;

1. Develop, implement, and train the Person on job strategies that support the Person in advancing in current employment consistent with employment goals identified in the Person's PCSP. The Contractor shall develop, implement, and train the Person on one or more of the following job strategies:

    1. Job site and analysis. The Contractor shall visit community employment sites to oversee and conduct interviews and to identify job tasks or work flow implementation that may create job task opportunities for the Person;

    b. Job shadowing or informational interview. The Contractor shall ensure that job shadowing or informational interviews provides a realistic view of one or more positions. Experiences can vary in time from one hour to a full day, depending on the amount of time employers can provide and the Person's level of interest;

    c. Paid community-integrated internships or temporary or seasonal work experiences;

    d. Worksite accessibility and accommodation that allow the Person to obtain, maintain, or enhance employment. The Contractor shall:

        (1) Identify reasonable worksite accommodations and accessibilities needed for the Person, including any need to purchase or modify equipment; and

        (2) Coordinate with the employer, DHHS, Utah State Office of Rehabilitation, Vocational Rehabilitation Services, and other resources to assure the Person receives needed accommodations and accessibility.

    e. Job development and placement in Competitive Integrated Employment (new or seasonal job). The Contractor shall conduct job development activities that include:

        (1) Locating potential employers in the community;

        (2) Negotiating with employer on job requirements, schedule, or accommodations;

        (3) Introducing the Person to specific employers;

        (4) Conducting job analysis;

(5) Arranging for certification; and

(6) Other activities that enhance placement opportunities.

4. Complete the development of initial job strategies for the Person within 30 days of DHHS approval to provide JDS services. The Contractor shall provide written documentation of the strategies to the Person's SC and the PCPT within the same time frame;

5. Meet face-to-face with the Person at least weekly to assess if the Person is receiving adequate JDS services. The Contractor shall document these assessments in writing and submit them with the Contractor's quarterly summary. The Contractor shall include the following in the assessment:

1. The Person's progress on each job strategy. If the Person is not progressing, the Contractor shall reevaluate the job strategies by:

(1) Assessing and documenting job strategy changes needed for the Person to successfully obtain employment, or a statement that job strategies will continue as is; and

(2) Making recommendations, if any, of other employment services the Person may need.

b. All other relevant information discovered during the meeting.

6. Train and assist the Person to independently access transportation, such as fixed bus, Trax routes, and paratransit when determined to be relevant by the PCPT; and

7. Provide Routine Transportation for the Person during this service.

C. Specific Service Limitations:

The Contractor shall **NOT**:

1. Bill DHHS for supporting the Person in paid employment in a business enterprise owned or operated by the Contractor or a party related to the Contractor;

1. Bill DHHS for Persons under the age of 14;

1. Provide an internship for the Person with the Contractor; and

1. Provide activities of cooking, laundry, independent living development, or other comparable activities focused on home upkeep.

D. Specific Service Contractor Qualifications:

The Contractor shall be a current vendor with Utah State Office of Rehabilitation, Vocational Rehabilitation Services.

E. Specific Service Training Requirements:

The Contractor shall ensure staff providing JDS services obtain certification from the Association of Community Rehabilitation Educators ("**ACRE**") within 60 days of hire.

F. Rate: JDS is a quarter hour service.

PRE-EMPLOYMENT SKILL BUILDING – DHHS SERVICE CODE: PSB

A. General Description: Pre-Employment Skill Building ("**PSB**") provides employment skill building and opportunities for job exploration for Persons currently not employed and interested in seeking Competitive Integrated Employment. The optimal outcome of PSB is a transition to Competitive Integrated Employment.

B. Direct Service Requirements:

The Contractor shall:

1. Facilitate participation in paid work experiences in integrated community environments, including paid and unpaid internships. The Contractor shall ensure these experiences are in an environment in which the Person can develop general employment strengths and skills;

2. Provide services aimed at supporting the Person to obtain Competitive Integrated Employment;

3. Facilitate exploration of up to five community integrated work experiences that help to identify the Person's specific interests, aptitudes, or transferable skills for CIE. The Contractor shall ensure that work experiences are in the Person's local area, when possible, and based on the Person's aptitudes, interests, experiences, and skills. The Contractor shall ensure that each job experience allows time for the PSB staff to:

    a. Prepare the Person for participation in the job experience; and

    b. Debrief the Person after the job experience.

4. Document in writing a summary of each job experience, including the time preparing the Person for the experience and debriefing with the Person after the experience.

5. Identify the Person's interests, experiences, and skills through assessments and interviews with the Person and individuals providing supports to the Person. The Contractor may facilitate work experiences that include scheduled business tours, informational interviews with employers, and job shadowing;

6. Educate the Person and the Person's legal guardian, conservator, and family on employment and increasing expectations of employment. The Contractor shall provide information to address any concerns, hesitations, or objections regarding the Person obtaining employment, including information on:

    a. Benefit planning services that include work incentives for Persons receiving publicly funded benefits such as Supplemental Security Income, Social Security Disability Insurance, Medicaid, and Medicare;

    b. Supported employment services available, including services available through DHHS and Vocational Rehabilitation; and

    c. The Person's right to choose and pursue employment.

7. Support the Person in the following employment skill-building activities:

    a. Positive approach supports designed to acquire and maintain skills needed for the Person to obtain Competitive Integrated Employment;

    b. Identification of the Person's marketable and transferable skills;

    c. Evaluation and implementation of strategies for using assistive technology and devices that could facilitate success in Competitive Integrated Employment;

    d. Strategies for obtaining employment-focused soft skills training opportunities for the Person; and

    e. Implement strategies for advancing the Person's vocational skills.

C. Specific Service Limitations:

The Contractor shall **NOT**:

1. Provide an internship for the Person with the Contractor;

2. Provide cooking, laundry, or other comparable activities focused on home upkeep;

3. Provide or bill PSB to DHHS for supporting the Person to participate as a volunteer in a business owned by the Contractor, or which benefits the Contractor;

4. Provide or bill PSB to DHHS for supervising Persons in a setting that produces goods or performs services affiliated with the Contractor or is not a Competitive Integrated Employment setting (e.g., sheltered workshops);

5. Provide PSB to Persons under the age of 14;

6. Provide services for more than 24 consecutive months. If the Person has not obtained Competitive Integrated Employment within 24 consecutive months, the Contractor shall meet with the Person's PCPT and reevaluate whether this service is providing the Person with the support needed. The Contractor may obtain approval from the Person's PCPT to provide the Person with up to 24 additional consecutive months of PSB if the Person:

    1. Has been terminated or resigned from their Competitive Integrated Employment;

    b. Has experienced a significant gap in employment due to health or mental health issues; or

    c. Is actively engaged in seeking Competitive Integrated Employment, and receiving PSB will support the Person to maintain skills and obtain employment.

D. Specific Service Contractor Qualifications:

The Contractor shall be a current vendor with Utah State Office of Rehabilitation, Vocational Rehabilitation Services.

E. Specific Service Training Requirements:

The Contractor shall ensure staff providing PSB services obtain certification from ACRE within 60 days of hire.

F. Rate: PSB is a quarter hour service.