DHHS90947
Scope of Work

A. **Purpose:**

Peer support provides a Person and their family with a peer who either has lived experience as an individual with a disability, or is a family member of an individual with a disability, for the purpose of lending the Person support and guidance.

B. **Definitions**:

"**Corrective Action Plan**" means a step-by-step plan of action developed to achieve specific outcomes for resolution of identified deficiencies with service delivery or contract requirements.

"**Home and Community Based Services Waiver** means a federal and state approved program developed to meet the needs of Persons who would prefer to receive long-term care services and supports in their home and community as an alternative to an institutional setting. The Limited Supports Waiver is a home and community based services waiver.

"**Person**" means an individual who has an Intellectual Disability, a Related Condition ("**ID.RC**"), or an Acquired Brain Injury, also known as a Qualifying Acquired Brain Injury ("**ABI**") as defined in Utah Administrative Code, Rule R539-1, and is eligible to receive services through the Utah Department of Health and Human Services, Division of Services for People with Disabilities ("**DHHS/DSPD**").

"**Person-Centered Planning**" means a life planning model that enables a Person to improve their personal self-direction and increase their independence. Person-Centered Planning can utilize a number of techniques, with the central premise being that any methods used must reflect the Person's own needs and desires.

"**Person-Centered Support Plan**" means an individualized plan that outlines the services and supports necessary to meet the Person's needs. The Person-Centered Support Plan is developed based upon the Person's own preferences, strengths, interests, goals, relationships, and their health and safety needs.

"**1056**" means a document that sets forth a Person's authorized service type, maximum allowable service unit and dollar amount, and the time frame allowed. The 1056 is approved and issued through UPI by DHHS/DSPD.

"**Self-Administered Services**" means a service delivery model wherein the Person, or individual responsible for the health and safety of the Person, hires, trains, and supervises employees to provide services for the Person.

"**Staff**" means individuals employed by the Contractor providing the service.

"**Support Coordinator**" means an individual who provides assistance, coordination, and monitoring of funding and services for the Person.

"**UPI**" is an acronym that refers to "USTEPS Provider Interface." UPI is web-based data system that is used by DHHS/DSPD employees and their contracted providers to assist in managing a Person's services.

"**USTEPS**" is an acronym that refers to the web-based case management system "Utah System for Tracking Eligibility, Planning, and Services," that is used by DHHS/DSPD employees and Support Coordinators.

C. **Population Served**: The Contractor shall provide services to Persons after receiving and accepting a 1056 through UPI.

D. **Contractor Qualifications**:
The Contractor shall:

1. Be an approved Medicaid provider for the Limited Supports Waiver with the Utah Division of Medicaid and Health Financing. The approval process is administered by the DHHS/DSPD Medicaid Enrollment Manager;

2. Have an established and organized group of families that include individuals with disabilities, or individuals without disabilities who have been caregivers to family members with a disability to provide the peer support;

3. Have a minimum of two years of experience in each of the following areas:

    a. Working with families and individuals with all types of disabilities, including intellectual disabilities and related conditions;

    b. Providing Persons and their families with information and referrals to resources that support individuals with all types of disabilities living in the community;

    c. Developing, coordinating, and providing information and training about disabilities, rights of people with disabilities, and available resources for people with disabilities;

d. Helping people with disabilities and their families to understand Home and Community Based Services Waivers; and

e. Helping people with disabilities and their families to understand DHHS/DSPD's service delivery models, including Self-Administered Services and services provided by private companies contracted with DHHS/DSPD.

E. **Staff Qualifications:**

The Staff must:

1. Be at least 18 years of age; and

2. Be an individual with a disability; or

3. Be a family member of an individual with a disability who has or is currently providing substantial care to their family member with a disability.

F. **Volunteers**:

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

The Contractor shall:

1. Ensure that 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. **Peer Support DHHS/DSPD Service Code LPS Service Requirements:**

The Contractor shall:

1. Meet with the Person, their family, and the Person's Support Coordinator to understand the Person and their family's needs;

2. Pair the Person and their family with an individual who has similar lived experiences to provide peer support, and provide ongoing support to ensure that the matched Peer meets the expectation of the Person and their family;

3. Ensure the Peer uses lived experience to support the Person and their family's needs and goals as identified in the Person's Person-Centered Supported Plan, which may include:

    a. Explaining community services, programs and strategies to achieve the Person's goals;

    b. Encourage and promote relationships that build the resilience of the Person and their family;

    c. Improving socialization, community living, and self-advocacy skills;

    d. Development of natural supports;

    e. Skills building on communication and coordination with medical providers, behavioral health services, or other support providers;

    f. Explaining and providing skill building for how to successfully participate in Self-Administered Services; and

    g. Participating, as an advocate, in the Person's Person-Centered Support Plan meeting.

4. Ensure that peer support is provided in line with the Person's Person-Centered Support Plan;

5. Ensure that peer support is provided in a way that facilitates ongoing engagement with the Person and their family, including face-to face interactions, phone and video calls. If using video calls, the video call application must be Health Insurance Portability and Accountability Act ("**HIPAA**") compliant. Peer support can be provided in the Person's home or community; and

6. Ensure that peer support promotes the Person's strengths.

H. **Staff Training Requirements**:

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 natural environment teaching and coaching;

2. Document and track training: Maintain written documentation of each Staff's successful completion of each required training area, and ensure that an external reviewer is able to verify training completion;

3. Ensure Staff successfully complete and maintain compliance with training in the following areas within 30 days of employment, or before working alone with a Person:

    a. When to call 911 due to an emergency;

    b. The DHHS Code of Conduct;

    c. The legal rights of Persons that are relevant to the Staff's responsibilities, and how the Americans with Disabilities Act relates to those rights;

    d. Mandatory reporting requirements of the Utah Code § 62A-3-305 and § 62A-4a-403 by immediately notifying DHHS Adult Protective Services intake in a case involving an adult; or Child Protective Services 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;

    e. Confidentiality regarding the Person's private information that is shared only with individuals who need to know the information in order to provide support or professional treatment, to coordinate DHHS services, to ensure safety, or to conduct DHHS business. The Person's private information must be maintained and shared in compliance with HIPAA regulations;

    f. Person-Centered Planning;

    g. 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) All applicable portions of the Person's Person-Centered Support Plan that are needed for the Staff to provide services to the Person;

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

(6) The Person and their family's strengths, needs, and culture; and

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

h. The Contractor's policies, procedures, and plans that are relevant to the service the Staff will be providing;

i. Introduction to DHS/DSPD's philosophy, mission, and beliefs;

j. Coaching and supporting Persons by using their lived experience, including:

(1) Assisting in identification of natural supports;

(2) Resource coordination;

(3) Family education and support;

(4) Family advocacy;

(5) Crisis prevention;

(6) Stress management techniques;

(7) Implement action steps and celebrating success; and

(8) Ethics of peer support, including professional relationships, dual relationships, boundaries, and limits.

4. Ensure that Staff complete a minimum of 12 hours of training during the second year, and then every subsequent year, of employment. These trainings may include documented classroom training and documented on-the-job skills training.

I. **Contractor's Administrative Requirements**:

1. Prior to providing services, the Contractor shall have in place, and 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, and available to Staff and Persons.

2. 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, including 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. 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 Contractor shall include the following in its operating policies and procedures:

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

    b. Provisions for the receipt and resolution of Staff's grievances and Person's grievances that comply with this contract; and

    c. Emergency procedures for handling the injury, illness, or death of a Person, including instructions about when and how to notify necessary individuals, and when and how to notify the DHHS/DSPD waiver managers that are consistent with the Incident Reporting sections of this contract.

4. External Quality Monitoring Process: The Contractor shall cooperate with the reviews and requirements of the DHHS quality management team. If the DHHS quality management team identifies a deficiency that requires a Corrective Action Plan from the Contractor, the Contractor shall:

    a. Submit to the DHHS quality management team a written Corrective Action Plan 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 the DHHS quality management team.

    d. If a revised Corrective Action Plan is determined to be unacceptable by the DHHS quality management team, the Contractor may receive sanctions pursuant to the terms of this contract. The Contractor may appeal sanctions to DHHS.

5. Person's Discharge Procedure: If the Contractor is initiating the discharge of a Person from its services, the Contractor shall provide to the Person and the Person's Support Coordinator verbal and written notification no later than 30 days prior to the intended discharge date. If a Person is discharged from services with the Contractor, the Contractor shall submit a discharge summary to the Person's Support Coordinator at the time of discharge. The Contractor shall include in the discharge summary the following: reason for the discharge; summary of services provided; the name and title of the Staff that prepared the summary.

6. Staff Records: In addition to any other documentation required by this contract, the Contractor shall maintain the following in each Staff's record:

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

   b. The results of background screenings that have been completed through the DHHS Office of Licensing;

   c. A current and signed copy of the DHHS Provider Code of Conduct;

   d. Records of all successfully completed trainings;

   e. Copies of all regular performance evaluations;

   f. The Medicaid Disclosure forms, which can be found on the DHHS/DSPD webpage. The Contractor must ensure and maintain Staff completion of the Medicaid Disclosure form at the time of hire and then annually thereafter. If Staff discloses any information on the Medicaid Disclosure form, the Contractor shall immediately notify DHHS/DSPD; and

   g. Evidence of Medicaid Fraud Exclusion check. The Contractor will complete the checks at http://exclusions.oig.hhs.gov/Default.aspx. If a Staff member is found on the Medicaid Fraud Exclusion list, the Contractor will immediately notify DHHS/DSPD.

7. Person's Records: The Person's records are DHHS/ DSPD property. The Contractor shall maintain a separate record for each Person receiving services. The Person's record must be updated at least annually and upon any material change in the Person's circumstances. In addition to documentation required by this contract, the Person's record must include the Person's:

   a. Name, address, phone number, birth date, identification number;

   b. Support Coordinator's name, email, and phone number;

c. Current photograph taken within the last five years;

d. Representative's (or guardian's, if applicable) name, address, and phone number) and the name, address, and phone number for the Person's emergency contacts, including instructions on how to contact them;

e. Primary health care professional's name and phone number, and the Person's medical insurance information;

f. Services provided and billed, including all relevant documentation. The Contractor shall ensure that documentation for services complies with Medicaid requirements and that written documentation of service delivery includes:

(1) The name of the Person served;

(2) The name of the Contractor and the Contractor's Staff member who delivered the service;

(3) The specific service provided;

(4) The date and time the service was provided;

(5) The amount of time spent delivering the service; and

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

g. Admission and discharge dates;

h. Pertinent legal documents;

i. Statement signed by the Person and the Person's guardian, if applicable, verifying that the Contractor both explained and provided them with a copy of its grievance policy and procedures;

j. Medical information relevant to providing services to the Person; and

k. Individualized plans.

8. 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.

9. Medicaid Provider Requirements: The Contractor must be enrolled as a Medicaid provider for the Limited Support Waiver prior to providing services. DHHS/DSPD may assist the Contractor in Medicaid enrollment. The Contractor shall:

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

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

    c. Participate in Utah Division of Medicaid and Health Financing and DHHS/DSPD Medicaid Provider trainings; and

    d. Be responsible for complying with the current Center of Medicaid Services, Home and Community Based Services rules (Utah Administrative Code R414-519), all policies and procedures in the Utah Medicaid provider manual and Medicaid Information Bulletins in effect when services are rendered.

10. Governing/Policy Making Board: If the Contractor is governed by a governing or policy-making board, the Contractor shall:

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

    b. Convene meetings of its board at least quarterly;

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

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

11. Incident Reporting: Incidents involving a Person in services 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.

12. Fatality Notifications and Reviews: The Contractor shall comply with the DHHS fatality review process and immediately furnish any information or documents requested by the DHHS Fatality Review Committee upon the death of a Person.

13. Have a current active UPI account, comply with UPI requirements, and comply with electronic access and process changes as they develop. The Contractor shall:

    a. Ensure that access to UPI is granted only to Staff that need to know the information in UPI to provide or coordinate DHHS/DSPD service. The Contractor must conduct and document an annual review of all Staff with UPI access to ensure correct and current UPI access;

    b. Complete the DHHS/DSPD form "0-9 USTEPS Provider Interface (UPI) Provider Company Designee Access Form" and complete the DHS/DSPD form "0-8 USTEPS Provider Interface (UPI) Individual User Access Form" for at least one Staff;

    c. Accept or reject the DHHS/DSPD 1056 through UPI within 15 business days of the creation of a new or adjusted 1056. If the Contractor rejects the 1056, the Contractor must coordinate with the Person's Support Coordinator to either adjust the 1056 or transition the service to a different Contractor;

    d. Use the UPI "Provider Organization" section to create and maintain a Contractor organizational group structure that restricts certain UPI users from seeing a Person's information if they are not required to provide or coordinate DHHS/DSPD services, including:

        (1) Verifying that UPI users are assigned to the appropriate organizational group(s) with current email and notification preference;

        (2) Removing terminated Staff from the "Provider Organization" within one day of termination, and;

        (3) Removing a Person from the Provider Organization" within one business day after the Contractor is no longer providing, coordinating services or payments for services on behalf of the Person.

    e. Notify the DHHS/DSPD USTEPS team in writing within one business day after termination of Staff with UPI access.

14. When required by Medicaid, Employee service start and end times must be verified through an Electronic Visit Verification. For more information on Electronic Visa Verification email: dmhf_evv@utah.gov

15. The Contractor shall create a written quarterly summary for each Person they provide services to. The quarterly summary may be formatted as a single summary or multiple summaries separated by goal. The Contractor shall submit quarterly summaries to the Person's Support Coordinator at least 15 calendar days after the end of the quarter. The quarterly summary shall include:

    a. Name of the Person;

    b. Date range the quarterly summary covers;

    c. General summary of the service provided, including the Person's status and response to the service, and notable events and activities related to the service;

    d. Information that indicates the progress toward each goal outlined in the Person's Person-Centered Support Plan; and

    e. The name of the staff completing the quarterly summary.

J. **Limitations:** The Contractor and its Staff shall NOT:

1. Loan, give money to, or make purchases for a Person; or allow the Person to loan give money to, or make purchases for the Contractor and its Staff;

2. Provide services prior to receiving an approved 1056, nor for services in excess of the approved 1056;

3. Be a payee representative for any Person;

4. Be, or become, the legal guardian of any Person;

5. Pair a Peer Staff with a Person if the Staff is a family member or caregiver of the Person;

6. Provide any services that duplicate those offered to the Person by the Utah Medicaid State Plan, Vocational Rehabilitation, and State Department of Education; and

7. Transport the Person as an element of peer support service.

K. **Outcome:**

1. The Person has met their goals related to peer support outlined in their Person-Centered Support Plan.

2. The progress towards and successful goal outcomes will be measured by the Contractor submitting quarterly summaries as outlined in Section I., 15, to the Person's Support Coordinator for review. Additionally the service need will be evaluated annually during the Person's Person-Centered Support Plan meeting.

L. **Payment Terms and Billing Information:**

1. Peer support must be billed using DHHS service code "LPS."

2. When the Person receives services through the Limited Supports Waiver, the Contractor may choose to directly bill Medicaid through the Medicaid payment system, or bill through DHHS/DSPD. The Contractor cannot bill both Medicaid and DHHS/DSPD.

    a. If the Contractor chooses to directly bill through the Medicaid payment system:

        (1) The Contractor must use the rate listed in this contract to submit for payment. If the Contractor submits for payment through the Medicaid payment system at a rate greater than the rate posted with the solicitation, the Contractor will be required to pay DHHS/DSPD the difference between the amount paid to the Contractor by Medicaid and the rate listed posted with the solicitation; and

        (2) DHHS/DSPD will not pay the Contractor for any peer support services provided, including any claims denied by Medicaid.

    b. If the Contractor chooses to bill through DHHS/DSPD, the Contractor shall:

        (1) Comply with all DHHS/DSPD billing requirements; and

        (2) Submit billings using the "Electronic 520 Billing" process by entering billing data directly into UPI, or uploading the billing data file directly into UPI in a format approved by the DHHS/DSPD USTEPS team. A paper 520 Billing Form may be submitted if the Contractor cannot use the Electronic 520 Billing process.