SCOPE OF WORK: Massage Therapy

I. PURPOSE

Massage therapy is a therapeutic service intended to provide health-related benefits specific to a Person's disability, including comfort, stress relief, and tension reduction. The Utah Department of Health and Human Services, Division of Services for People with Disabilities (**"DHHS"**) authorizes massage therapy services for eligible Persons based on an assessed clinical need.

II. DEFINITIONS

"**Corrective Action Plan**" means a step-by-step plan of action developed to achieve specific outcomes for the resolution of identified deficiencies.

"**Person**" means an individual who has an Intellectual disability, a related condition, or an acquired brain injury ("**ABI**") as defined in Utah Administrative Code, Rule R539-1, and who has been found eligible to receive services through DHHS.

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

"**1056**" means Purchase of Services Authorization. 1056 is a document that sets forth a Person's authorized service type, maximum allowable service unit and dollar amount, and the time frame allowed.

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

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

"**USTEPS**" means "Utah System for Tracking Eligibility, Planning, and Services." USTEPS is a web-based case management system used by DHHS employees and Support Coordinators.

"**UPI**" means "USTEPS Provider Interface." UPI is used by DHHS employees and their contracted providers.

III. POPULATION SERVED

The Contractor shall provide massage therapy services to Persons who are found eligible by DHHS.

IV. QUALIFICATIONS

A. Prior to providing massage therapy services, the Contractor shall be an approved Utah Medicaid provider for the Community Support Waiver, the Community Transition Waiver, and the Acquired Brain Injury Waiver. This approval process is administered by the DHHS Medicaid Enrollment Manager.

B. The Contractor and its Staff shall:

1. Be 18 years of age or older; and

2. Have a current license to practice massage therapy issued by the Utah Division of Occupational and Professional Licensing ("**DOPL**").

V. SERVICE REQUIREMENTS

The Contractor shall:

A. Ensure there has been a written referral from a DOPL licensed health care professional, and that it was received prior to providing massage therapy services. The referral must include the:

1. Person's name;

2. The specific massage therapy service that is required; and

3. The specific length of a session for each massage therapy service.

B. Provide massage therapy services as outlined on the referral and the Person's PCSP;

C. Provide massage therapy services with a Staff ratio of 1:1;

D. Enter (not upload) quarterly summaries into UPI, by at least the 15th calendar day after the end of the quarter. The quarterly summary must include:

1. The specific massage therapy service that was delivered;

2. Documentation of progress towards tasks developed in the Person's support strategies; and

3. The name of the Staff providing the service.

VI. STAFF TRAINING REQUIREMENTS

The Contractor shall:

A. Maintain written documentation of each Staff's successful completion of training in each required area; and ensure that an external reviewer is able to verify that completion;

B. Ensure its Staff successfully completes and maintains compliance with training in the following areas within **30 days** of employment, or before working alone with a Person:

1. When to call 911 due to an emergency;

2. The DHHS Code of Conduct;

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

4. The mandatory reporting requirements of Utah Code § 62A-3-305 and § 62A-4a-403. This includes 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 any actual or suspected incidents of abuse, neglect, exploitation, or maltreatment;

5. Maintaining confidentiality of the Person's private information and ensuring that it is only shared with individuals who need to know the information 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 the Health Insurance Portability and Accountability Act and its regulations;

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

   a. The Person's disability;

   b. All applicable portions of the Person's PCSP that are needed for the Staff to provide services to the Person; and

   c. The Staff's responsibilities in providing support to the Person.

7. The Contractor's policies, procedures, and processes that are relevant to the service that the Staff will be providing.

C. Ensure Staff who are providing services to Persons with ABI successfully complete ABI training before working alone with those Persons. ABI training includes knowing the:

1. Effects of brain injuries on behavior;

2. Functional impact of brain injury;

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

4. Role of the Staff in the treatment and rehabilitation process; and

5. Family's perspective on the Person's brain injury, if applicable.

VII. CONTRACTOR'S ADMINISTRATIVE REQUIREMENTS

A. Prior to providing services, the Contractor shall have in place, and be in compliance with, all written policies and procedures pursuant to this contract. DHHS may review and require the Contractor to adjust its policies and procedures at any time. The Contractor shall ensure that its policies and procedures are current and available to both Staff and Persons.

B. The Contractor shall have operating policies and procedures to ensure that sufficient structure and organization exists. The Contractor shall include the following in its operating policies and procedures:

1. Provisions for the receipt and resolution of Staff's and Person's grievances; and,

2. Emergency procedures for handling the injury, illness, or death of a Person. These will include instructions that are consistent with the fatality reports, critical incident reports, and critical incident investigations sections of this contract for when and how to notify necessary individuals including DHHS waiver managers.

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

1. Submit to the DHHS quality management team a written Corrective Action Plan that responds to each identified deficiency according to the instructions and required time frames provided by the DHHS quality management representative; and

2. 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 DHHS.

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

E. Staff Records: the Contractor shall maintain the following in each Staff's record:

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

2. A copy of the Staff's current and valid state-issued identification card, or driver's license;

3. A copy of the Staff's current and valid DOPL license to practice massage therapy;

4. The results of DHHS Office of Licensing background checks;

5. A current and signed copy of the DHHS Provider Code of Conduct, which must be reviewed and initialed annually;

6. Records of all successfully completed trainings;

7. The Medicaid Disclosure forms. The Contractor shall ensure Staff complete 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; and

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

F. Person's Records: The Person's records are the property of DHHS. 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 any material change in the Person's circumstances. The Person's record must include:

1. The Person's name, address, and phone number;

2. The Person's Support Coordinator's name, email, and phone number;

3. The name, address, and phone number for the Person's emergency contacts, including instructions on how to contact them;

4. The written referral for services from the DOPL licensed healthcare professional;

5. Copy of the approved 1056;

6. 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:

   a. The Contractor's name and the Staff's name who delivered the service;

   b. The specific service provided;

   c. The date the service was provided; and

   d. The amount of time spent delivering the service.

7. Admission and discharge dates;

8. A copy of the quarterly summaries submitted to the Person's Support Coordinator;

9. Medical information relevant to providing Person's services; and

10. A copy of the applicable portions of the Person's PCSP.

G. Medicaid Provider Requirements: The Contractor shall:

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

2. Notify DHHS 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;

3. Participate in Utah Division of Medicaid and Health Financing and DHHS Medicaid Provider trainings; and

4. Comply with all current rules and procedures of the Centers for Medicare and Medicaid Services, the Home and Community Based Services Settings rule (R414-519), the Utah Medicaid Provider Manual, and the Medicaid Information Bulletins that are in effect when services are rendered.

H. Incident Reporting: The Contractor shall provide proper notice and documentation, as required by the most current DHS Incident Report Reference Guide and per UAC R501-1.

I. Have a current 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 website. The Contractor shall:

1. Ensure that access to UPI is granted only to Staff that need to know the information in UPI to provide or coordinate DHHS services. The Contractor must conduct and document an annual review of all Staff with UPI access to ensure correct and current UPI access;
2. Complete the DHHS form "0-9 USTEPS Provider Interface (UPI) Provider Company Designee Access Form" and complete the DHHS form "0-8 USTEPS Provider Interface (UPI) Individual User Access Form" for at least one Staff;

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

4. 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 services, including:

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

    b. Removing terminated Staff from the "Provider Organization" within one day of termination, and;

c. Removing a Person from the "Provider Organization" within one business day after the Contractor is no longer providing or coordinating services, or payments for services, on Person's behalf.

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

VIII. LIMITATIONS

The Contractor shall NOT:

A. 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;

B. Provide services prior to receiving an approved 1056, or for any services in excess of the approved 1056;

C. Be a payee representative for any Person;

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

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

IX. PAYMENT TERMS & BILLING INFORMATION

The Contractor may choose to directly bill Medicaid through the Medicaid payment system, or bill through DHHS. The Contractor shall NOT bill both Medicaid and DHHS.

A. If the Contractor chooses to directly bill through the Medicaid payment system, 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 listed in this contract, the Contractor will be required to pay DHHS the difference between the amount paid to the Contractor by Medicaid and the rate listed in this contract.

B. If the Contractor chooses to bill through DHHS, the submission of late timesheet records or duplicate timesheet records with overlapping times or services, within the same day, may not be paid by DHHS/DSPD. The Contractor shall:

1. Use DHHS service code "SSM" when billing for services;

2. Comply with the UPI employee registry to set up the unique identifier for each Staff that will be stamped on each payment belonging to the Staff;

3. Submit Staff daily timesheet records for each pay period as individual payment directly into UPI required date fields; and

4. Input all required UPI data fields as required by DHHS/DSPD.

Payment Rate Table:

Service Title	Service Code	Unit of Service	Rate ($)
Specialized Supports / Massage Therapy	SSM	Quarter Hour	$33.02