

**DHHS26100 SCOPE OF WORK**

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Article 1

GENERAL ADMINISTRATIVE REQUIREMENTS

1.1 **Definitions.** In this contract, the following definitions apply:

“**ADL**” means Activities of Daily Living. ADL includes ambulating, transfers, feeding, personal hygiene, dressing, toileting, and other complex activities related to the ability to live independently in the community.

“**BSP**” means Behavior Support Plan. A BSP is a plan developed by a professional to assist Staff and other individuals providing support to a Person with challenging or dangerous behaviors, with individually designed interventions to replace the target behaviors with appropriate and socially acceptable behaviors.

“**Business Day**” means Monday through Friday, excluding state and federal holidays.

“**Calendar Day**” means all days in a month, including weekends and holidays.

**“Competitive Integrated Employment”** means work performed by Persons in the community alongside people of all abilities. The employer is not a Department of Health and Human Services, Division of Services for People with Disabilities (“**DHHS/DSPD**”) contracted provider. Persons are compensated at or above minimum wage or 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.

**“Employment Plan”** means an individualized plan detailing the Person’s vocational goals, and the supports and services needed to reach the goals.

**“HCBS”** means Home and Community Based Services. HCBS are provided in the home and community through Medicaid Waivers.

**“HCBS Settings Rule”** means a set of rules outlined by the federal government that providers, Support Coordinators, and states must follow regarding integration of HCBS and the Person-Centered planning process.

**“Human Rights Committee”** means a group of individuals established and maintained by the Contractor that provides recommendations to the Person’s PCPT (see definition below) regarding their human rights. The role of the Human Rights Committee is to promote and protect the rights of Persons. The Human Right Committee approves or denies any proposed human rights modifications.

**“Natural Supports”** means individuals willing to provide resources and support for Persons without the expectation of compensation.

**“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.

**“Person-Centered”** means a focus on the needs and wants of a Person to provide an individualized approach to planning services and supports. The Person is placed at the center of the planning process as the expert of their own life, interests, and talents. It is based on the Person and not their disability.

**“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), the Contractor, and any other individuals the Person would like to participate in 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 led by the person and developed with the support of 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.

“**Plan of Remediation**” means a step-by-step plan of action developed to achieve resolution of identified errors.

“**Routine Transportation**” means transportation provided for the Person to assist them in accessing the community for services, resources, and activities.

“**SC**” means Support Coordinator. The SC is a DHHS employee who assists Persons and their legal guardian (if applicable), or families to develop plans, to connect the person to the most appropriate services, and to select the most appropriate service delivery model based on the individual needs of the Person.

“**Staff**” means any individual hired by the Contractor to provide services or who has access to the Person’s identifying information.

“**Support Strategies**” means a set of instructions outlining 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.

“**USTEPS**” means the Utah System for Tracking Eligibility, Planning, and Services. This is the web-based case management system used by DSPD and SCs for tracking eligibility, planning, and services.

“**UPI**” means the USTEPS Provider Interface. UPI is a web-based system used by DSPD Contractors for tracking a Person’s services and submitting billings for services rendered.

“**Volunteer**” means a friend of the Person or any individual the Person chooses as a partner in activities, such as Natural Supports. Church groups are not defined as Volunteers.

1.2 **Background.** Services pursuant to this contract must be focused on promoting inclusion and integration in all facets of community life, and to allow Persons to safely lead self-determined lives in the community. Services provided must be delivered in compliance with the Center for Medicare & Medicaid Services HCBS Settings Rule.

1.3 **Population.** The Contractor shall provide services to each Person, or their legal guardian, where applicable, who selects the Contractor to provide their services under the Limited Supports waiver.

1.4 **General Contractor Qualifications.** The Contractor shall:

- (1) be an approved Medicaid Provider for the Limited Supports Waiver with the DHHS, Division of Integrated Healthcare (“**DIH**”) as administered by the DSPD Medicaid Enrollment Team;
- (2) comply with USTEPS/UPI requirements, electronic access, have a current and active account, and process changes as they develop; and
- (3) obtain and maintain current licenses and certificates required in the individual service code descriptions and as outlined in Utah Administrative Code, Rule R501 and Utah Code Annotated § 58-01 et. seq.

1.5 **General Staff Qualifications.** Contractor Staff shall be at least 16 years of age unless:

- (1) the service requires the Staff to provide transportation to the Person for which Staff must be 18 years of age or older; or
- (2) the Person is a client of DHHS Division of Juvenile Justice and Youth Services (“**DJJYS**”) or Division of Child and Family Services (“**DCFS**”) for which Staff must be 18 years of age or older.

1.6 **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 guardian, when applicable, must be obtained prior to a Volunteer working with a Person overnight;
- (3) ensure and maintain written documentation that Volunteers who work on a regularly scheduled basis complete the following training requirements prior to providing support for Persons:
  - (A) understanding of the Person’s needs;
  - (B) requirements for reporting abuse and protecting human rights;

- (C) confidentiality requirements regarding the Person and the Person's information;
- (D) emergency procedures;
- (E) training specific to the individual services the Volunteer will be providing; and
- (F) the Contractor's policies and procedures applicable to the Volunteer services provided.

1.7 **Contractor Training Requirements.** The Contractor shall:

- (1) successfully complete the DHHS Medicaid 101 training within 30 Calendar Days of a fully executed contract and annually thereafter;
- (2) train Staff on all applicable training portions related to the Staff's job;
- (3) read and be familiar with the Utah Medicaid provider manuals and Medicaid rules within 90 days of a fully executed contract and review annually thereafter as found at [medicaid.utah.gov](https://medicaid.utah.gov), and maintain documentation on file of meeting this requirement by creating a memo that states the Contractor certifies it has read and is familiar with the Utah Medicaid provider manuals and Medicaid rules;
- (4) read, be familiar, and comply with the DSPD rule R539 at <https://adminrules.utah.gov/>; and
- (5) read, be familiar, and comply with DHHS rules at [adminrules.utah.gov](https://adminrules.utah.gov).

1.8 **General Staff Training Requirements.** The Contractor shall:

- (1) ensure Staff comply with these general Staff training requirements and any specific training requirements identified in the individual service code descriptions;
- (2) ensure training is conducted or created by professionals with knowledge of, and experience with people with disabilities;
- (3) have a process for tracking and documenting training;
- (4) maintain written documentation of each Staff's successful completion of training in each required training area, and shall ensure the process allows for an external reviewer to verify each Staff's successful training completion;

- (5) ensure its Staff successfully completes training in the following areas within **30 days** of employment or before working alone with Persons:
- (A) when to call 911;
  - (B) when to call a medical professional;
  - (C) when to call a mental health professional;
  - (D) incident reporting;
  - (E) basic orientation about seizure disorders, including what to do if a Person not known to have seizures has a seizure;
  - (F) notification procedures for when the whereabouts of a Person are unknown;
  - (G) common rescue maneuvers for choking such as the Heimlich maneuver;
  - (H) prevention of choking;
  - (I) the use of positive behavior supports as a first response in behavioral crisis prevention and intervention in accordance with Utah Administrative Code R539-4;
  - (J) 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;
  - (K) abuse, neglect, and exploitation prevention and reporting to protective services and the police;
  - (L) confidentiality regarding all Persons' information and that it is shared only with individuals who need to know the information to provide support or professional treatment, coordinate DHHS services, ensure safety, or conduct DHHS business and to ensure Persons' information is maintained and shared in compliance with Health Insurance Portability and Accountability Act ("HIPAA") regulations;
  - (M) orientation to ID.RC and ABI;
  - (N) prevention of communicable diseases;
  - (O) the Contractor's policies, procedures, and plans relevant to the services the Staff will be providing;

- (P) introduction to DSPD philosophy, mission, and beliefs;
- (Q) applicable portions of the DHHS Medicaid 101 training;
- (R) reporting suspected fraud, waste, abuse, and mismanagement to the Utah Office of Inspector General (“**OIG**”) at <https://oig.utah.gov/report-fraud/>;
- (S) Person-specific training on each Person the Staff will provide services to, including:
  - (i) the Person’s disability, interests, goals, and support needs;
  - (ii) relevant medical, health, and safety information, including indications of when the Person may be getting sick, experiencing a decline in mental health, other mental health considerations, choking risks, dietary needs and supports, seizures and details regarding seizure-related support, supervision needs and details regarding supervision needs;
  - (iii) all applicable portions of the Person’s PCSP, BSP, Individualized Education Plan, Employment Plan, suicide prevention safety plan, and emergency safety protocols;
  - (iv) the Staff’s responsibilities with regard to providing support to the Person and when to seek additional support from supervisors;
  - (v) Do Not Resuscitate (“**DNR**”) protocols, when applicable;
  - (vi) Physician Orders for Life Sustaining Treatment (“**POLST**”) protocols, when applicable;
  - (vii) medical orders and treatment protocols when Persons are receiving palliative care; and
  - (viii) hospice company protocols on end of life or comfort care when Persons are receiving hospice services;
- (T) HCBS Settings Rule requirements;
- (U) crisis de-escalation strategies;

- (V) trauma informed care; and
  - (W) suicide prevention;
- (6) ensure its Staff successfully completes training in the following areas within **90 days** of employment:
- (A) first aid (Staff shall receive and maintain current first aid certification);
  - (B) Cardiopulmonary Resuscitation (“**CPR**”) (Staff shall receive and maintain current CPR certification);
  - (C) Person-Centered thinking and practices; and
  - (D) promoting and strengthening the involvement of family, Natural Supports, and stability in the Person’s life;
- (7) ensure its Staff successfully complete training in the following areas within **180 days** of employment:
- (A) The False Claims Act, 31 United States Code §§3729-3733;
  - (B) Administrative Remedies for False Claims and Statements, 31 United States Code §§3801-3812;
  - (C) The Utah False Claims Act, Utah Code § 26-20-1, et seq;
  - (D) The Utah Protection of Public Employees Act, Utah Code § 67-21-1, et seq;
  - (E) Policies and procedures for detecting and preventing fraud, waste, and abuse;
  - (F) How to report suspected fraud, waste, and abuse of Medicaid funds;
  - (G) The whistleblower protections afforded employees who report suspected fraud, waste, and abuse of Medicaid funds in good faith; and
  - (H) The penalties for filing false or fraudulent claims for Medicaid payment;
- (8) ensure Staff successfully complete training and maintain certification in one of the following within 180 days of employment if the Person the Staff is serving has a history of engaging in aggressive, self injurious, or destructive behavior:

- (A) Support Options and Actions for Respect (“**SOAR**”);
  - (B) The (“**MANDT**”) System for preventing, de-escalating, and intervening in behavioral crises;
  - (C) Professional Assault Response Training (“**PART**”);
  - (D) Crisis Prevention Institute (“**CPI**”) or Safety Care;
  - (E) Handle with Care (“**HWC**”); or
  - (F) another intervention-training program with prior written approval from DSPD;
- (9) ensure its Staff completes a minimum of 12 hours of training each year in the second and subsequent years of employment that may include documented classroom training and documented on-the-job skills training;
- (10) ensure its Staff providing services to Persons with ABI successfully completes ABI training before working alone with Persons, which must include the following:
- (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.

1.9 **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’s record:

- (1) the Staff’s name, addresses, and telephone number;

- (2) results of background checks completed through the DHHS Office of Background Processing;
- (3) record of successfully completed trainings;
- (4) copies of educational transcripts, degrees, letters, licenses, and certifications, when applicable, to substantiate Staff qualifications;
- (5) copies of regular performance evaluations;
- (6) Medicaid Disclosure Forms found on the DSPD webpage; and
- (7) evidence that the Staff is not on the Medicaid Fraud Exclusion list by completing checks at <http://exclusions.oig.hhs.gov/Default.aspx>.

1.10 **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:

- (1) the Person's name, address, phone number, birth date, identification number and, if applicable, Medicaid number;
- (2) the Person's SC name, email, and phone number;
- (3) a current photograph of the Person taken within the last five years;
- (4) the name, address, and phone number of the Person's representative or legal guardian, if applicable, and name, address, and phone number for the Person's emergency contacts, including instructions on how to contact them;
- (5) the name and phone number of the Person's primary health care professional, medical specialists, the health care professional prescribing medication, if any, and medical insurance information;
- (6) 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;
- (7) documentation for all services provided and billed to DHHS and ensure that documentation for all services complies with Medicaid requirements;

- (8) written documentation of service delivery that includes:
  - (A) the name of the Person receiving the service;
  - (B) the date the service was delivered;
  - (C) the start and end time the service was delivered;
  - (D) the name of the DHHS service code that was delivered;
  - (E) the name of the Staff delivering the service; and
  - (F) a written summary note of substantive service activities consistent with the individual service description;
- (9) Person Centered Planning documentation;
- (10) the Person's admission and discharge dates while with the Contractor;
- (11) pertinent documents including Human Rights Committee, Behavior Peer-Review Committee documentation, legal representation appointments and any other relevant legal documents;
- (12) 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;
- (13) the Person's relevant medical information as per the Health Support Policies and Procedures section of this contract and as identified in the individual service code descriptions;
- (14) all of the Person's individualized plans including BSPs and Supported Employment Plans; and
- (15) DNR orders accessible to Staff in the Person's service settings by gaining input from the Person on the desired location of their DNR order.

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

1.12 **Electronic Visit Verification.** The Contractor shall comply with Electronic Visit Verification requirements in 42 U.S.C § 1396b(a)(l) (2018) and section 12006 of the 21st Century Cures Act for all instances of service delivery for Attendant Care.

1.13 **Medicaid Provider Requirements.** The Contractor shall enroll to be a Medicaid provider. DHHS will assist the Contractor to enroll in Medicaid, but 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. The Contractor shall comply with all appropriate and applicable state and federal rules and regulations. The Contractor shall:

- (1) provide DSPD with complete and correct Medicaid Provider documents within seven Calendar Days of a written request from DHHS which will include a list of the required Medicaid Provider documents;
- (2) notify the DSPD contract team at [dspdcontracts@utah.gov](mailto:dspdcontracts@utah.gov) within seven Calendar Days of any changes to its phone number, address, or email address;
- (3) notify the DSPD contract team at [dspdcontracts@utah.gov](mailto:dspdcontracts@utah.gov) within seven Calendar Days of any changes to its ownership, legal corporate name, or employer tax identification number;
- (4) participate in DIH and DSPD Medicaid provider trainings;
- (5) ensure and maintain Staff completion of the Medicaid Disclosure form at the time of hire and annually thereafter as found on the DSPD webpage at [dspd.utah.gov](http://dspd.utah.gov);
- (6) disclose any Staff information on the Medicaid Disclosure form that violates confidentiality requirements and immediately notify the DSPD Waiver Manager; and
- (7) document the delivery of **all services** in accordance with the records requirements of this contract.

1.14 **Governing and Policy-Making Boards.** If the Contractor is governed by a governing board or policy-making board, the Contractor shall:

- (1) maintain the by-laws of its organization and its board;
- (2) convene meetings of its board at least quarterly or more frequently, if needed;
- (3) maintain minutes of the board proceedings that include board membership and the attendees; and
- (4) disclose its bylaws and minutes within three Calendar Days of request from any state or federal auditor or reviewer, or DHHS representative.

1.15 **Use of UPI.** The Contractor shall:

- (1) complete DSPD form “0-9 USTEPS Provider Interface (UPI) Provider Company Designee Access Form”;
- (2) complete DSPD form “0-8 USTEPS Provider Interface (UPI) Individual User Access Form” for at least one Staff;
- (3) ensure that access to UPI is granted only to Staff who need to know the information in UPI to provide professional treatment or coordinate DSPD services;
- (4) approve or reject the DSPD Service Authorization Form 1056 (“**1056**”) through UPI within 15 Business Days of the creation of a new or adjusted 1056;
- (5) if the Contractor rejects the 1056, coordinate with the Person’s SC to either adjust the 1056, or start the process to discharge the Person from receiving the Contractor’s services and transition to a different Contractor;
- (6) monitor the use of services by the Person to ensure that the utilization of services complies with the approved 1056;
- (7) notify the Person’s SC and arrange for appropriate changes to be made to the Person’s PCSP if the Person is at risk of exhausting the units allocated in the 1056;
- (8) 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 DSPD services;
- (9) assign and maintain Staff with UPI access to the appropriate organizational groups;
- (10) record and maintain email and notification preferences for each Staff with UPI access;
- (11) assign and maintain each Person to the appropriate organizational groups;
- (12) remove terminated Staff from the “Provider Organization” within one Calendar Day of termination;
- (13) remove Staff from an organizational group within one Calendar Day of the Staff no longer needing to know the information in UPI to provide professional treatment or coordinate DSPD services;

- (14) 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”;
- (15) conduct and document an annual review of all Staff with UPI access to ensure all Staff with UPI access have the correct UPI access and the UPI Provider Organization is correct and current;  
and
- (16) notify the DSPD USTEPS team at [usteps@utah.gov](mailto:usteps@utah.gov) within one Calendar Day of the termination of Staff with UPI access.

1.16 **Marketing.** The Contractor shall not:

- (1) engage in any form of false, deceptive, or misleading or coercing advertising practices or conversation to solicit business or induce a Person to engage its services;
- (2) engage with the Person in any way that is deceiving, provides misinformation, or is harassment;
- (3) represent itself as a DHHS employee, but rather disclose itself as an independent contractor;
- (4) solicit or induce a Person to engage its services at the Person’s regularly scheduled daytime habilitative or supported employment activities; and
- (5) solicit business or attempt to influence a Person to engage its services once a Person has declined the Contractor’s services.

1.17 **Personnel Policies and Procedures.**

- (a) Prior to providing services, the Contractor shall comply with all its written policies, procedures, and plans pursuant to this contract. DHHS may review and require the Contractor to adjust its policies, procedures, or plans at any time. The Contractor shall ensure that all its policies, procedures and plans are current, maintained, complied with, and available to Staff and Persons.
- (b) 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.
- (c) The personnel policies and procedures must have written job descriptions for each Staff position that include a statement of duties and responsibilities, and the minimum qualifications for the position.

1.18 **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 Contractor shall include the following in its operating policies and procedures:

- (1) clearly defined Staff and supervisory responsibilities during all hours of operation;
- (2) if providing transportation, provisions that specify all transportation requirements to this contract, outlines what the Contractor determines to be an acceptable driving record for Staff to transport Persons, and how compliance will be ensured;
- (3) provisions for the receipt and resolution of Staff and Person grievances that comply with this contract;
- (4) emergency procedures for handling the injury, illness, indications of when the Person may be getting sick, experiencing a decline in mental health, or death of a Person and instructions for when and how to notify necessary individuals, including when and how to notify the DSPD Waiver manager according to fatality, critical incident report, and critical incident investigation sections of this contract;
- (5) if the Contractor manages or provides supports for a Person's personal finances, provisions for the management of each Person's personal finances, including how the Contractor will ensure compliance with all current regulations and policies of the Social Security Administration ("SSA"), if the Contractor is the Person's SSA payee; and ensuring Persons do not continually owe the Contractor money due to emergency situations; and
- (6) how the Contractor will comply with Utah Administrative Code, Rule R539-4 regarding BSPs and behavior intervention procedures.

1.19 **DHHS Quality Monitoring Process.** The Contractor shall cooperate with the DHHS quality management team. If DHHS identifies a deficiency that requires a Plan of Remediation from the Contractor, the Contractor shall submit to the DHHS quality management team a written Plan of Remediation that responds to each identified deficiency, according to the instructions provided by the DHHS quality management representative. The Contractor shall submit the response within the required timeframes. If DHHS determines that the Contractor's response is unacceptable, the Contractor shall submit a revised Plan of Remediation within seven Calendar Days. If a revised Plan of Remediation 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.

1.20 **Human Rights Committees.**

- (a) The Contractor shall establish a Human Rights Committee in compliance with Utah Administrative Code R539-3.
- (b) The Contractor shall ensure the Human Rights Committee determines and documents approval or denial of a Person's human rights modifications. The process for implementing a human rights modification must be Person-Centered. The following are requirements that must be included in the documentation:
  - (1) an identification of a specific and individualized assessed need;
  - (2) the positive intervention and support used prior to any modifications to the PCSP;
  - (3) less intrusive methods of meeting the need that have been tried but did not work;
  - (4) a clear description of the condition that is directly proportionate to the specific assessed need;
  - (5) a regular collection and review of data to measure the ongoing effectiveness of the modification;
  - (6) established time limits for periodic reviews to determine if the modification is still necessary or can be terminated;
  - (7) informed consent of the Person, meaning the Person is provided important information, risks, and benefits about the decision they are making in a manner that is adapted to them; and
  - (8) an assurance that interventions and supports will cause no harm to the Person.

1.21 **Human Rights Plan.** The Contractor shall have a human rights plan (with the exception of Contractors that provide respite only) that is in compliance with the HCBS Settings Rule and includes:

- (1) procedures for training Persons and Staff on Persons' rights which may include but are not limited to when a Person goes to bed, who/what/where a Person eats or drinks, who a Person talks to, who/when a Person may have visitors, a Person's ability to have free time, relationships, locked doors, access to money, access to the community, Informed Choice in Competitive Integrated Employment, alcohol (age 21 or older), access to medication, and age appropriate media content;
- (2) procedures for prevention of abuse and rights violations;
- (3) processes for modifying rights when necessary;

- (4) processes to review supports that have high risk for rights violations;
- (5) responsibilities of the Contractor's Human Rights Committee, including the review of rights issues related to the services and supports the Contractor provides, and recommendations to the Person and the Person's team regarding the Person's human rights;
- (6) the Contractor's Human Rights Committee meeting minutes of its proceedings, and disclose those minutes to any state or federal auditor, reviewer, or DHHS representative within 24 hours of the request;
- (7) provisions for all Persons served by the Contractor to have the right to request a review by the Contractor's Human Rights Committee concerning supports or services to the Person; and
- (8) provisions to ensure that the Contractor will support any court-ordered human rights modifications without violating any other of the Person's human rights, unless authorized by the Contractor's Human Rights Committee.

1.22 **Person's Discharge Procedure.**

- (a) When a Person is discharged from services with the Contractor, the Contractor shall submit to the Person's SC a discharge summary that includes:
  - (1) discharge reason;
  - (2) summary of services provided;
  - (3) the name of and title of the Staff preparing the summary;
  - (4) any obligations the Person may have for liabilities to the Contractor;
  - (5) list of current medications and steps to ensure appropriate transfer of medication responsibilities, including dispensing and current method of tracking of medications; and
  - (6) if the Contractor is also the Person's social security representative payee or provides Personal Budget Assistance services, an accounting of the Person's personal finances, including their most recent account reconciliations, outstanding balances owed, funds remaining, and benefit information including items such as social security and Supplemental Nutrition Assistance Program ("**SNAP**").
- (b) 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. 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 DSPD Director or designee. 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 DSPD Director or designee. The Contractor shall submit the discharge summary to the Person's SC two weeks prior to the Person's discharge date.

- (c) The Person may choose to discharge from services with the Contractor at any time. The Contractor shall not require the Person to give prior written or verbal notification of discharge from services. If a Person chooses to discharge from the Contractor's services, the Contractor shall submit a discharge summary to the Person's SC at the time of discharge.

**1.23 Health Support Policies and Procedures.** The Contractor shall take reasonable measures to ensure the health and safety of Persons and have policies and procedures to support the 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.
- (b) For all services involving direct support to Persons, the Contractor shall maintain and document the following in the Person's record:
  - (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 supports the Person in their self-directed, self-administration of prescription medication, the Contractor shall have policies and procedures that ensure:
  - (1) medications are properly stored according to the Person's needs and capabilities, as determined by the Person's PCPT;
  - (2) theft prevention 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 prescribing healthcare professional;
  - (4) supervision of the Person while the Person takes their medication, according to their needs; and
  - (5) that the Staff observes or assists the Person with medication and 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 who observed the medication administration.
- (d) If the Contractor provides Attendant Care ("**ACA**") or Integrated Community Learning ("**ICL**") to a Person 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 and 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 DSPD director or designee;
  - (2) medication disposal;
  - (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; 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., 13, Subchapter I Part B §812, and an enhanced process for monitoring which 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:

- (1) the name and purpose of each medication the Person is taking;
  - (2) instruction regarding routes of administration and dosage for each medication;
  - (3) medication side effects, indications of an effect or adverse reaction for each medication, including if there is a possibility that the medication taken may contribute to swallowing difficulties or enhance the prospects of choking; and
  - (4) documentation of compliance with medication administration requirements.
- (f) If the Contractor provides ACA or ICL to a Person not relying upon natural supports for 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.
- (g) If the Contractor provides services, other than ACA and ICL, to a Person 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.

1.24 **Transportation.** If the Contractor provides transportation, the Contractor shall:

- (1) provide Routine Transportation for the Person as described in the specific service code description;
- (2) prior to Staff providing transportation, be in compliance with the Contractors driving record policy and have and maintain annually thereafter written documentation of the Staff's driving record, valid driver's license and for Staff providing transportation in their own vehicle, the Staff member's current auto insurance that is in compliance with Utah Code Section 31A-22-304 and current vehicle registration; and
- (3) ensure that Staff providing transportation are trained to comply with the following:
  - (A) Persons are not left unattended in the vehicle;
  - (B) 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;
  - (C) Persons in wheelchairs use seat belts or locking mechanisms to immobilize the wheelchair during travel;
  - (D) vehicles used for transporting Persons have working door locks, and doors are locked while the vehicle is moving;
  - (E) Persons arrive safely at the arranged destination and at the scheduled time; and
  - (F) no Persons are left alone to or from destinations unless approved in the Person's PCSP.

1.25 **Employment.** The Contractor shall:

- (1) support employment first as set forth in Utah Code §26B-6-409; and
- (2) use available assistive or adaptive equipment and technology when provided and when doing so will enhance the Person's independence and will not adversely affect the Person's health and safety.

1.26 **Person Centered Planning.** The Contractor shall:

- (1) be an active member of the PCPT and participate in developing the PCSP;
- (2) support the Person to participate in the PCSP to the greatest extent possible and assist the Person to ensure that the process is anchored in the Persons' strengths, desires, interests, needs, and priorities;
- (3) ensure the Person is supported to lead their own PCSP meeting to the greatest extent possible;
- (4) comply with the Person's PCSP;
- (5) develop Support Strategies for the Person's PCSP goals and ensure all services are associated with at least one Support Strategy for which the BSP counts as the Support Strategy for behavior services;
- (6) submit Support Strategies to the Person's SC within 30 Calendar Days from the date the PCSP meeting was held, with the exception of the BSP that must be submitted to the SC within the timelines outlined in the Behavior Consultation service description;
- (7) implement the applicable portions of the Person's PCSP and Support Strategies;
- (8) orient the Person to the portion of the PCSP applicable to the Contractor and ensure the Person is involved in the PCSP implementation;
- (9) assist with the Person's assessments;
- (10) meet with the PCPT to review the Person's services and support needs and make any necessary adjustments based on the Person's needs; and
- (11) 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 PCPT members.

1.27 **Quarterly Summaries.** The Contractor may format the quarterly summary as a single summary or multiple summaries. For Behavior Consultation, the Contractor shall submit quarterly summaries that meet the requirements in the Behavior Consultation specific service description. The Contractor shall submit quarterly summaries to the Person's SC within 15 Calendar Days after the end of the quarter. The Contractor shall create a written quarterly summary for each Person the Contractor provides services to which includes:

- (1) Person's Name;

- (2) each service provided to the Person;
- (3) date range the quarterly summary covers;
- (4) general summary of services provided, 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 quarterly summary.

1.28 **Protective Service Investigations.** The Contractor and its Staff shall:

- (1) cooperate in all DHHS protective service investigations until the investigation is completed and determination made;
- (2) review and comply with abuse reporting requirements in Utah Code §§ 80-2-602 and 26B-6-205 and immediately notify DHHS 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, or the nearest law enforcement agency in the case of actual or suspected incidents of abuse, neglect, exploitation, or maltreatment;
- (3) immediately ensure that individuals involved in an allegation are not allowed to have any unsupervised contact with the Person(s) until the investigation is completed and a determination is made, unless superseded by a recommendation from APS or CPS; and
- (4) complete and submit an incident report according to DHHS incident reporting requirements herein.

1.29 **Fatality Notifications and Reviews.** In addition to the requirements in Attachment A: State of Utah DHHS Client Services Terms, upon discovery of the death of a Person receiving services, the Contractor shall notify the Person's family as soon as reasonably possible (24 hours at the latest). The Contractor shall notify the Person's SC and the DSPD Waiver Manager at [waivermanager@utah.gov](mailto:waivermanager@utah.gov) by the end of the next Calendar Day.

1.30 **Critical Incident Reports and Investigations.** The Contractor shall:

- (1) within 24 hours from discovery of an incident requiring an incident report:
  - (A) initiate an incident report entry into UPI which will automatically notify the Person's SC; and

- (B) notify the Person's legal guardian, if applicable, by telephone, email, or face to face contact.
- (2) within five Business Days from discovery of the incident, complete the detailed incident report in UPI, include any additional information available, and report mitigating or follow up actions taken;
- (3) with incidents of actual or suspected abuse, neglect, exploitation, or maltreatment of Persons, document on the incident report in UPI that prevention strategies have been or will be developed and implemented when applicable;
- (4) submit an incident report into UPI per the DHHS Critical Incident Reporting Guide found on the Division of Licensing and Background Checks webpage found at <https://dlbc.utah.gov/>;
- (5) respond to the Person's SC's request for any additional information regarding an incident, in writing, within five Business Days of the request;
- (6) support any investigation and mitigation activities taken by DHHS, or the Person's SC by providing any additional information requested, and cooperating with any requests regarding incidents;
- (7) monitor for the occurrence, reporting, and mitigation of incidents that affect the health and safety of Persons; and
- (8) report contracted service requirement concerns to the DHHS Quality Management team at [osrprovider@utah.gov](mailto:osrprovider@utah.gov).

1.31 **Persons' Personal Funds.** The Contractor shall:

- (1) ensure Persons have access to and control over their personal funds to the greatest extent possible based on Person's need, Social Security Administration ("**SSA**") requirements (when relevant), and as determined by the PCPT;
- (2) ensure any rights modifications in place to control the Person's access and control of their discretionary funds have a Human Rights Committee approval;
- (3) ensure SSA requirements are met when the Contractor is the Person's Social Security representative payee;

- (4) provide the Person with training, assistance, support and opportunities to manage finances to the maximum extent possible if they assist the Person with their personal funds;
- (5) review the Person's related financial records with the Person at least monthly if they assist the Person with their personal funds;
- (6) review related deposits, expenditures, savings, and any other relevant information regarding the Person's finances if they assist the Person with their personal funds;
- (7) not loan or give money to a Person unless there is an emergency, and if an emergency does occur:
  - (A) notify the Person's SC within 24 hours of the emergency and document that the PCPT's approval has been sought within the same 24 hour timeframe;
  - (B) document and maintain a loan record until the loan is paid in full, and ensure the loan record includes the PCPT's written approval of the loan, reason for the loan, receipts for the amount owed and current accounting of the loan, including payments and the current balance;
  - (C) provide the Person's loan record on a monthly basis to the Person, the Person's legal guardian (if applicable) and the Person's SC;
  - (D) provide the loan record to other authorized individuals upon request;
  - (E) ensure the Person's current needs such as food, shelter, and clothing are met prior to any loan repayments;
  - (F) coordinate and cooperate with the Person's SC and legal guardian (if applicable), including providing additional documentation or access to documentation, to resolve any loan concerns;
  - (G) ensure loans from the Contractor to Persons of \$2,000 or more are disclosed to the DHHS quality management team annually for review;
  - (H) if the Contractor or SC no longer provides services to the Person, inform the new Contractor or SC of the loan balance as 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
  - (I) notify the Person when the loan is paid in full;

- (8) avoid purchasing or splitting the cost of durable goods between two or more Persons where possible and if shared purchases do occur, the Contractor shall ensure any splitting that occurs is fair, and 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;
- (9) not allow the Person to make purchases for or from the Contractor and its Staff; and
- (10) not accept or receive money from the Person unless the Contractor has received prior written approval 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 reasonable costs to participate in dances, dinners, parties, or similar activities organized by the Contractor or with prior approval from the DHHS.

1.32 **Monitoring and Visits.** The Contractor shall:

- (1) allow the Person's SC to monitor the Contractor's performance through scheduled and unannounced visits; and
- (2) furnish copies of licensing and site certification records to SCs upon their request.

1.33 **Group Services.** The Contractor shall obtain written approval from the DSPD director or designee for any group services that have adults and minors served together, regardless of the funding source. The Contractor shall submit the approval request to [dspdcontracts@utah.gov](mailto:dspdcontracts@utah.gov) with the subject line "Group Service Review" and include a completed 'Group Service Review' form which is available on the DSPD website.

Article 2  
GENERAL LIMITATIONS

2.1 **General Service Limitations.** The Contractor shall NOT:

- (1) be or become the legal guardian of any Person in their services;
- (2) accept verbal approval from the Person's SC regarding payment for services or bill for services outside of the approved 1056; and
- (3) bill DSPD for:

- (A) any days when the Person is an inpatient in a hospital (the Contractor may bill and be paid for the date of the Person's discharge, at the Contractor's discretion);
- (B) transportation of the Person under a transportation or mileage code:
  - (i) to medical appointments or a medical facility;
  - (ii) if practical and safe transportation for the Person is available from any other source; or
  - (iii) if the individual service code description includes transportation;
- (C) any services covered by the Utah Medicaid State Plan, private insurance, community resources, or any alternative funding source;
- (D) any services available under, or funded by, the Utah State Office of Rehabilitation under the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act;
- (E) services provided to the Person and paid for by the State of Utah Division of Vocational Rehabilitation, however, Staff time may be billed during appointments with Vocational Rehabilitation counselors where the Staff is actively assisting the person to participate in the appointment;
- (F) special education and related services which are available to the Person through their Local Education Authority;
- (G) multiple services at the same time during the same day with the exception of the following services: BAP, BTR, BTC, BAT, and any other service that contains elements of service provision that are billable when provided outside the Person's presence;
- (H) any services in a Nursing Facility or Intermediate Care Facility for People with Intellectual Disabilities;
- (I) the Person's rent, utilities, food, and other personal needs;
- (J) any services prior to receiving an approved 1056 or in excess of the 1056; and
- (K) services on any day that the Person was incarcerated for any time during the 24 hour day.

ATTENDANT CARE– DHHS SERVICE CODES: ACA, ACH, ACP

- 3.1 **General Description.** Attendant Care is a one-on-one service that provides individually tailored support, supervision, skill building, and assistance for Persons to be integrated in their community and live as independently as possible in their own home or family home.
- 3.2 **Direct Service Requirements.** The Contractor shall:
- (1) provide training, skills development, and assistance to the Person in accordance with the goals in the Person’s PCSP, including:
    - (A) support with ADLs;
    - (B) homemaker skills building;
    - (C) advocacy and self-help;
    - (D) accessing the community, communication, and socialization;
    - (E) assistance with budgeting; and
    - (F) accessing community services;
  - (2) 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;
  - (3) 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 dietary needs, food preferences, appetite, and customs;
  - (4) provide direct and indirect services to the Person, with indirect services including phone calls or other activities completed on behalf of the Person and that are reasonable based on the Contractor’s professional judgment, and shall document in writing the indirect services provided;
  - (5) assist the Person with completing Medicaid eligibility review documents and ensure they are submitted timely; and
  - (6) provide transportation for the Person related to this service, as needed.
- 3.3 **Service Code Selection.**

- (a) ACA must be used when the service is provided by a Staff member who is not the Person's parent, stepparent, legal guardian, or spouse.
- (b) ACH must be used when the service is provided by a Staff member who is the Person's spouse.
- (c) ACP must be used when the service is provided by a Staff member who is the Person's parent, stepparent, or legal guardian.

3.4 **Specific Service Limitations.** In addition to the General Limitations in this contract, the Contractor shall NOT bill DSPD for:

- (1) more than 40 hours of ACH and ACP a week (Sunday through Saturday);
- (2) ACH and ACP unless the Person has a need for the service that exceeds the range of activities that a parent, stepparent, legal guardian or spouse would typically perform on behalf of an individual without a disability of the same age; and
- (3) time when the Person is asleep or in school.

3.5 **Outcomes.**

- (a) The intended outcome of this service is to prevent out-of-home placement through a stable living environment and integration in the community.
- (b) Measure: The percentage of Persons who remained in their community-based living setting.
- (c) Reporting: The Contractor shall create and submit a fiscal year annual report via email to dspdcontracts@utah.gov by August 30th, 60 days after each fiscal year end. The fiscal year annual report must include: (1) how many Persons received Attendant Care; and (2) data reflecting the measure above.

3.6 **Rate.** The Contractor shall bill for Attendant Care according to the rate table. The Contractor may bill for services provided in-person, by phone, and via telehealth (when appropriate as documented in the PCSP).

#### Article 4

##### BOARD CERTIFIED BEHAVIOR ANALYST- DHHS SERVICE CODE: BAP

4.1 **General Description.** BAP provides support to the Person and their caregivers and Staff to promote socially important behavior and reduce maladaptive behaviors by using Applied Behavior Analysis

(“**ABA**”) principles.

4.2 **Direct Service Requirements.** The Contractor shall:

- (1) provide services at the Person’s home, a programmatic setting, or other naturally occurring environments in the community;
- (2) comply with Utah Administrative Code, R539-4, Behavior Interventions; and
- (3) ensure services are based on evidence-based positive behavior support and ABA principles.

4.3 **Functional Behavior Assessment (“FBA”).** The Contractor shall:

- (1) use validated assessment tools and processes to complete an FBA of the Person’s target behaviors, based on the Person’s needs;
- (2) provide a written FBA that includes:
  - (A) a description of the assessment tools and processes used;
  - (B) a description of the problem behaviors, including a definition for each target behavior;
  - (C) a description of the circumstances in which the problem behavior is most likely to occur;
  - (D) identification of the function of each targeted behavior;
  - (E) assessment date;
  - (F) name of the Staff completing the assessment;
  - (G) name of others involved, if applicable; and
  - (H) name of the Person being assessed;
- (3) complete the initial FBA prior to developing the BSP, and within 30 Calendar Days of DSPD approval to provide BAP;

- (4) complete a reevaluation and update the Person's FBA within 30 Calendar Days of written request from the Person's SC, when the PCPT determines it is necessary, or as indicated by the Contractor's quarterly summary;
- (5) submit completed FBAs to the Person's SC within 15 Calendar Days of completion;
- (6) maintain the FBA in the Person's file;
- (7) complete an initial FBA for a Person who has had a substantial life change addressing all safety issues while baseline data is being gathered and complete the full FBA within 60 Calendar Days after the start of the initial FBA; and
- (8) complete revisions to the FBA, if updates are needed, within 30 Calendar Days of the change.

4.4 **BSP.** The Contractor shall:

- (1) be responsible for BSP development, implementation, and training and ensure the BSP emphasizes a positive approach with treatment designed to effectively acquire and maintain adaptive behaviors and prevent problem behaviors;
- (2) develop the BSP in writing and ensure it includes:
  - (A) a summary or hypothesis statement that clarifies the antecedent-behavior-consequence relationships describing the critical problem behavior, predicting the circumstances in which the problem behavior is most likely to occur, and identifying the function of the problem behavior;
  - (B) baseline data with the date range the data was collected;
  - (C) behavioral objectives written in measurable and observable terms;
  - (D) data collection procedures that measure progress toward the BSP objectives that decrease problem behavior and increase replacement behavior;
  - (E) clearly written and detailed behavioral intervention procedures to ensure consistent implementation by Staff and caregivers addressing the following areas:
    - (i) prevention procedures to decrease the likelihood of the problem behavior;
    - (ii) planned responses for when the problem behavior occurs, including safety issues and efforts to minimize reinforcement of the problem behavior;

- (iii) teaching or increasing replacement behaviors;
  - (iv) generalization of progress to other settings; and
  - (v) maintenance of progress and fading procedures;
- (F) name and title of the Staff who developed the BSP;
  - (G) name and title of the Staff responsible for supervising the implementation of the BSP;
  - (H) graphed data of the primary problem behaviors, updated at least every three months;
  - (I) provision for monitoring the implementation of the BSP;
  - (J) provisions for training of family and Staff who provide supports to the Person; and
  - (K) provisions for monthly evaluation of the effectiveness of the BSP and reassessment of the BSP as needed;
- (3) reevaluate the BSP each month to analyze the effectiveness of the interventions, and reassess or adjust the BSP as needed;
  - (4) ensure any rights modifications comply with Utah Administrative Code HCBS Setting Requirements R414-519-2, 8 (g), Rights and Protections R539-3 and Behavior Interventions R539-4;
  - (5) complete the BSP within 30 Calendar Days of FBA completion and address any safety concerns while the FBA is being completed and while baseline data is being gathered, the Contractor may complete an initial BSP addressing all safety issues;
  - (6) complete a full BSP within 60 Calendar Days after the initial FBA and if updates are needed, the Contractor shall complete FBA revisions within 30 Calendar Days of the decision to update the plan;
  - (7) complete a reevaluation and update the Person's BSP within 30 Calendar Days of written request from the Person's SC, PCPT, or as indicated by the Contractor's quarterly summary;
  - (8) submit the completed BSP to the Person's SC, family, Staff, or any other individual involved in the implementation of the BSP within 15 Calendar Days of completion;

- (9) provide consultation and training on implementation of the BSP to the Person’s family, Staff, and any other individual involved in the implementation of the BSP; and
- (10) maintain the BSP in the Person’s file.

4.5 **Intrusive 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 and in accordance with Utah Administrative Code R539-4. The Contractor shall clearly describe the use of restrictive interventions in the Person’s BSP and ensure that any rights modifications as a result of the BSP comply with the modification requirements outlined in Utah Administrative Code R414-519-2(8)(g). If a BSP includes restrictive interventions like mechanical restraints and/or seclusionary time outs, the plan must be submitted and reviewed by the DHHS State Behavior Review Committee. The Contractor shall submit all BSPs including restrictive interventions to the State Behavior Review Committee email at [behaviorplans@utah.gov](mailto:behaviorplans@utah.gov).

4.6 **Specific Service Limitations.** In addition to the General Limitations in this contract, 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 or others; and
  - (F) withholding of meals as a consequence or punishment for problem behavior;
- (2) provide transportation for the Person; and
- (3) provide direct care to the Person.

4.7 **Specific Service Staff Qualifications.**

- (a) 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:
    - (A) 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 have completed at least 500 hours of supervised practice performing BCBA duties; OR
    - (B) if exempt from DOPL licensure, provide a letter stating the reason for the exemption from DOPL licensure as outlined in Utah Code §58-61-707 Exemptions from Licensure; OR
    - (C) be a mental health professional, such as a licensed clinical social worker, clinical mental health counselor, marriage and family therapist, or similar background and practices within the boundaries of their current licensure and scope.
- (b) BAP Staff qualified under 4.7(a)(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 4.7(a)(3) may perform clinical and case supervision support and may assist in oversight of technicians. The BAP Staff qualified under 4.7(a)(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.

#### 4.8 **Outcomes.**

- (a) The intended outcomes of this service are reduced maladaptive behaviors and increased replacement behaviors to support stability, social appropriateness, and independence.
- (b) Measure: The percentage of Persons who received BAP who had a decrease in their target problem behaviors.

(c) Reporting: The Contractor shall create and submit a fiscal year annual report via email to dspdcontracts@utah.gov by August 30th, 60 Calendar Days after each fiscal year end. The fiscal year annual report must include (1) how many Persons received BAP; and (2) data reflecting the measure above.

4.9 **Rate.** The Contractor shall bill for BAP according to the rate table. The Contractor may bill for consultation in person, by phone, and via telehealth. The Contractor may bill for training Staff and family on plan implementation, conducting, developing and revising the FBA, developing 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.

#### Article 5

##### BOARD CERTIFIED BEHAVIOR ANALYST PARAPROFESSIONAL - DHHS SERVICE CODE: BTR

5.1 **General Description.** BTR provides support to the Person to decrease problem behavior and increase adaptive behavior based on the BSP that has been developed for the Person.

5.2 **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 Person's BSP and 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 parents or other natural caregivers, assist parents or natural caregivers to develop proficiency in implementing the BSP; and
- (5) maintain documentation that includes:
  - (A) data specific to the interventions being implemented and the target behaviors, according to the BSP, that includes the Person's name and date; and
  - (B) session notes that include:
    - (i) the Person's name;
    - (ii) date, start, and end time of the session;

- (iii) a brief summary of the session, including the setting services were provided in and the goals addressed; and
- (iv) the name of the Staff member providing services.

5.3 **Specific Service Limitations.** In addition to the General Limitations in this contract, 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 ADL;
- (5) services intended to provide supervision of the Person;
- (6) respite care services;
- (7) time spent traveling to the Person's home or other community setting; and
- (8) transportation of the Person.

5.4 **Specific Service Qualifications.**

- (a) The Contractor shall be the Person's BAP service provider.
- (b) BTR Staff shall:
  - (1) provide services under the supervision of the Person's BAP Staff;
  - (2) have a minimum of a high school diploma or equivalent; and
  - (c) have a current DOPL Licensed Assistant Behavior Analyst ("**LaBa**") license or be a current BACB Registered Behavior Technician ("**RBT**").

5.5 **Outcomes.**

- (a) The intended outcomes of this service will reduce the Person’s maladaptive behaviors and increase the Person’s replacement behaviors.
- (b) Measure: The percentage of Persons who received BTR who had a decrease in their target problem behaviors.
- (c) Reporting: The Contractor shall create and submit a fiscal year annual report via email to dspdcontracts@utah.gov by August 30th, 60 days after each fiscal year end. The fiscal year annual report must include (1) how many Persons received BTR; and (2) data reflecting the measure above.

5.6 **Rate.** The Contractor shall bill for BTR according to the rate table.

#### Article 6

#### BEHAVIOR SERVICES – DHHS SERVICE CODE: BTC

6.1 **General Description.** BTC provides behavioral consultation, recommendations for behavior interventions, and development of a BSP. BTC is a behavioral service treatment to be provided by a professional in behavioral supports. BTC may include the direct implementation of behavioral interventions.

6.2 **Direct Service Requirements.**

- (a) The Contractor shall provide services at the Person’s home, a programmatic setting, or other naturally occurring environments in the community.
- (b) The Contractor shall comply with Utah Administrative Code, Rule R539-4, Behavior Interventions.
- (c) The Contractor shall ensure services are directly related to the Person’s goals contained in their PCSP and coordinated with the Person’s Individual Education Plan (“IEP”) when applicable.
- (d) The Contractor shall develop behavior interventions and treatments that are individualized and based on behavior-related treatment models. These interventions should be consistent with best practices and research on effectiveness that are directly related to the Person’s goals. Interventions may include:
  - (1) Augmentative and Alternative Communication; and
  - (2) Developmental Behavioral Interventions that may include:
    - (A) Developmental, Individual Differences, Relationship-Based Model DIRFloortime which may include 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;

- (B) Social Communication, Emotional Regulation, Transactional Support (“SCERTS”), to develop:
  - (i) Social Communication of functional communication, emotional expression and secure and trusting relationships;
  - (ii) 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; and
  - (iii) 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;
- (C) 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.

6.3 **BSP.** The Contractor shall:

- (1) be responsible for the development, implementation, and training of the BSP;
- (2) ensure the BSP emphasizes a positive approach with treatment designed to effectively acquire and maintain adaptive behaviors and prevent problem behaviors;
- (3) ensure the BSP is in writing and includes:
  - (A) a summary or hypothesis statement that clarifies the antecedent-behavior-consequence relationships describing the critical problem behavior, predicting the circumstances in which the problem behavior is most likely to occur, and identifying the function of the problem behavior;
  - (B) baseline data with the date range the data was collected;
  - (C) behavioral objectives written in measurable and observable terms;
  - (D) data collection procedures that measure progress toward the BSP objectives that decrease problem behavior and increase replacement behavior;

- (E) clearly written and detailed behavioral intervention procedures to ensure consistent implementation by Staff and caregivers addressing the following areas:
    - (i) prevention procedures designed to decrease the likelihood of the problem behavior;
    - (ii) planned responses for when the problem behavior occurs, including safety issues and efforts to minimize reinforcement of the problem behavior;
    - (iii) teaching or increasing replacement behaviors;
    - (iv) generalization of progress to other settings; and
    - (v) maintenance of fading procedures;
  - (F) name and title of the BTC Staff who developed the BSP;
  - (G) name and title of the Staff responsible for supervising the implementation of the BSP;
  - (H) graphed data of the primary problem behaviors, updated at least every three months for visual analysis;
  - (I) provision for monitoring the implementation of the BSP;
  - (J) provisions for training of family and Staff who provide supports to the Person; and
  - (K) provisions for monthly evaluation of the effectiveness of the BSP and reassessment of the BSP as needed;
- (4) re-evaluate the BSP each month to analyze the effectiveness of the interventions, and reassess or adjust the BSP as needed;
  - (5) ensure any rights modifications comply with Utah Administrative Code HCBS Setting Requirements R414-519-2, 8 (g), Rights and Protections R539-3 and Behavior Interventions R539-4;
  - (6) complete the BSP within 30 Calendar Days of FBA completion and address any safety concerns while the FBA is being completed and while baseline data is being gathered, the Contractor may complete an initial BSP addressing all safety issues;

- (7) complete a full BSP within 60 Calendar Days after the initial FBA and if updates are needed, the Contractor shall complete FBA revisions within 30 Calendar Days of the decision to update the plan;
- (8) complete a reevaluation and update the Person's BSP within 30 calendar days of written request from the Person's SC, PCPT, or as indicated by the Contractor's quarterly summary;
- (9) submit the completed BSP to the Person's SC, family, Staff, or any other individual involved in the implementation of the BSP within 14 Calendar Days of completion;
- (10) provide consultation and training on implementation of the BSP to the Person's family, Staff and any other individual involved in the implementation of the BSP;
- (11) maintain the BSP in the Person's file; and
- (12) 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 and ensure the BSP is a good contextual fit that strengthens the parent's or caregiver's behavior management skills relative to the Person.

6.4 **Intrusive Interventions.** The Contractor may only use restrictive interventions on rare occasions with meticulous clinical oversight and controls, and according to the ethical standards and in accordance with Utah Administrative Code R539-4. The Contractor shall clearly describe the use of intrusive interventions in the Person's BSP and ensure that any rights modifications as a result of the BSP comply with the modification requirements outlined in Utah Administrative Code R414-519-2(8)(g). If a BSP includes restrictive interventions like mechanical restraints and/or seclusionary time outs, the plan must be submitted and reviewed by the DHHS State Behavior Review Committee. The Contractor shall submit all BSPs including restrictive interventions to the State Behavior Review Committee email, [behaviorplans@utah.gov](mailto:behaviorplans@utah.gov).

6.5 **Specific Service Limitations.** In addition to the General Limitations in this contract, 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, or others; and
  - (F) withholding of meals as a consequence or punishment for problem behavior;
- (2) provide transportation for the Person;
  - (3) provide direct care to the Person; and
  - (4) 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 ADL; and
    - (F) services intended to provide the Person's supervision.

6.6 **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.

6.7 **Outcomes.**

- (a) The intended outcomes of this service will reduce the Person's maladaptive behaviors and increase the Person's replacement behaviors.
- (b) Measure: The percentage of Persons who received BTC who had a decrease in their target problem behaviors.

(c) Reporting: The Contractor shall create and submit a fiscal year annual report via email to dspdcontracts@utah.gov by August 30th, 60 days after each fiscal year end. The fiscal year annual report must include (1) how many Persons received BTC; and (2) data reflecting the measure above.

6.8 **Rate.** The Contractor shall bill for BTC according to the rate table. 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.

#### Article 7

#### BEHAVIOR SERVICES – DHHS SERVICE CODE: BAT

7.1 **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.

7.2 **Direct Service Requirements.** The Contractor shall:

- (1) provide adaptive behavior treatment as a one-on-one service;
- (2) provide services in accordance with the BTC supervision requirements;
- (3) implement the interventions outlined in the BSP 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 and model the behavioral interventions included in the BSP for the parent or other natural caregivers as part of the intervention; and
- (5) maintain monthly progress notes specific to the interventions being implemented and the target behaviors, according to the BSP, that includes:
  - (A) the Person’s name;
  - (B) session date, start, and end time;
  - (C) a brief summary of the session, including goals addressed; and

(D) the name of the Staff member providing services.

7.3 **Specific Service Limitations.** In addition to the General Limitations in this contract, 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 ADL;
- (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.

7.4 **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.

7.5 **Outcomes.**

- (a) The intended outcomes of this service will reduce the Person's maladaptive behaviors and increase the Person's replacement behaviors.
- (b) Measure: The percentage of Persons who received BAT who had a decrease in their target problem behaviors.
- (c) Reporting: The Contractor shall create and submit a fiscal year annual report via email to [dspdcontracts@utah.gov](mailto:dspdcontracts@utah.gov) by August 30th, 60 days after each fiscal year end. The fiscal year annual report must include (1) how many Persons received BAT; and (2) data reflecting the measure above.

7.6 **Rate.** The Contractor shall bill for BAT according to the rate table. 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.

#### Article 8

#### INDIVIDUAL SUPPORTED EMPLOYMENT – DHHS SERVICE CODE: ISE

8.1 **General Description.** ISE provides one-to-one support to assist Persons in their efforts to obtain, maintain, and advance in Competitive Integrated Employment or self-employment.

8.2 **Direct Service Requirements.** The Contractor shall:

- (1) provide job coaching that includes:
  - (A) analysis of the Person’s daily work tasks that will help to teach, train, and provide instructions to the Person to independently complete as many of the tasks as possible, and shall include the following as a part of its training and instruction:
    - (i) instructional prompts;
    - (ii) verbal and written instructions;
    - (iii) self-management tools;
    - (iv) role play;
    - (v) modeling; and
    - (vi) fading of supports;
  - (B) personal assistance with ADLs;
  - (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 employment-related communication, including:

- (i) schedules and time management;
  - (ii) accommodations and assistive technology;
  - (iii) self-advocacy;
  - (iv) employment goals and performance; and
  - (v) work culture;
- (F) assistance and training on how to interact with supervisors, co-workers, customers, and others to maintain employment;
- (2) encourage and train the Person and the Person's co-workers on engagement of natural co-worker support for the Person that is not specifically compensated, with the goal of minimizing or eliminating the Person's ISE support need;
- (3) support identification and coordination for provisions for reasonable worksite accessibility and accommodations;
- (4) 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;
- (5) train and assist the Person on independently accessing transportation such as fixed bus and rail routes and paratransit;
- (6) as needed, spend time with, or on behalf of, the Person as part of pre-placement activities, which may include:
  - (A) meeting with the Person, SC, and others to gain sufficient information on the Person's experience and employment goals to initiate services as part of intake;
  - (B) conducting vocational assessments to determine individual interests, preferences, transferable skills, accommodations, and potential workplace barriers before employment or for replacement employment, with assessments being provided at an approved facility or employment site; and
  - (C) job development and placement provided through activities including locating potential employers in the community, introducing the Person to specific employers, conducting job analysis, arranging for certifications, and other activities that will

enhance job development and placement opportunities, with all such activities being performed on the Person's behalf;

- (7) bill for no more than 60 hours per Person for pre-placement and job replacement activities per year unless additional hours have been added only with prior written approval of the DSPD Director or designee;
- (8) maintain written plans, supports, and strategies intended to increase on-the-job independence and fade paid employment services;
- (9) support the Person with Informed Choice experiences and conversations and to explore new or maintain existing Competitive Integrated Employment goals in the Person's PCSP;
- (10) ensure that employment that occurs as a part of ISE services are on a full- or part-time basis, during traditional or non-traditional workdays, and in settings where the Person can work with others, the majority of whom are without disabilities;
- (11) ensure that Persons are compensated at a wage commensurate with their level of training and development, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities, and at rates consistent with federal vocational rehabilitation regulations contained in the Fair Labor Standards Act;
- (12) for Persons who are self-employed and have income less than minimum wage according to their business revenue and expenses, ensure that their employment is in compliance with state and federal law; and
- (13) if a Person's job is terminated:
  - (A) refer the Person back to the Utah Division of Vocational Rehabilitation;
  - (B) notify the Person's SC to ensure the ISE hours are not used for services outside the ISE scope of work, or to remove the ISE hours from the Person's budget if employment is not going to be pursued; and
  - (C) make adjustments to the PCSP budget to utilize service alternatives to ISE, as needed.

8.3 **Specific Service Limitations.** In addition to the General Limitations in this contract, the Contractor shall NOT:

- (1) provide ISE services in a sheltered workshop or comparable specialized facility;

- (2) provide ISE to support a Person to obtain or continue in a job in which the Contractor is the employer of record;
- (3) bill DSPD for activities not related to a specific Person; and
- (4) provide employment supervision as part of ISE.

#### 8.4 **Specific Service Training Requirements.**

- (a) Prior to providing services, the Contractor shall ensure Staff providing ISE services have successfully completed:
  - (1) customized Employment Training through Utah State University, available at <https://ceiutah.com/ce-training/>; or
  - (2) Association of Community Rehabilitation Educators (“**ACRE**”) training through Utah State University or any accredited program available through the ACRE website; or
  - (3) Effective Job Coach Training through Utah State University, available at <https://ceiutah.learn.usu.edu/courses/effective-job-coach-training-general>.
- (b) If the ISE Staff completes Effective Job Coach Training, they may only do job coaching, and not job development, assessments, or customized employment.

#### 8.5 **Outcomes.**

- (a) The intended outcome of this service is to obtain or maintain Competitive Integrated Employment or self-employment.
- (b) Measure: The percentage of Persons who obtained and remained in Individual Supported Employment.
- (c) Reporting: The Contractor shall create and submit a fiscal year annual report via email to [dspdcontracts@utah.gov](mailto:dspdcontracts@utah.gov) by August 30th, 60 days after each fiscal year end. The fiscal year annual report must include (1) how many Persons received ISE; and (2) data reflecting the measure above.

8.6 **Rate.** The Contractor shall bill for ISE according to the rate table.

9.1 **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 with the exception for school-age Persons during traditional school hours, unless documentation is received from the school district that supports shortened school hours (including a copy of the Individualized Education Plan).

9.2 **Direct Service Requirements.** The Contractor shall:

- (1) provide services one-on-one or in groups up to three Persons;
- (2) 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;
- (5) support the development and strengthening of skills and supports in the context of community integration;
- (6) 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;
- (7) support participation in activities that enable the Person to:
  - (A) 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:
  - (i) recreational, social, educational, cultural, spiritual, and athletic aspects;
  - (ii) community associations;
  - (iii) community clubs;
  - (iv) places of worship;
  - (v) community membership-based groups;
  - (vi) volunteering; and
  - (vii) other comparable activities;
- (F) learn, practice, and apply the following skills that promote greater independence and inclusion in the community:
  - (i) navigating public transportation;
  - (ii) money management and budgeting to participate in community activities;
  - (iii) self-determination skills;
  - (iv) interpersonal and problem-solving skills that maximize the Person's ability to participate in activities independently or with Natural Supports; and
  - (v) exploration of interests that may lead to future employment opportunities;
- (8) ensure ICL Staff work collaboratively with other Staff involved in developing and implementing employment services for the Person which must include providing written documentation of assessments or processes to identify the Person's interests, desired employment goals, preferences, and supports needed;

- (9) assist with ADLs;
- (10) ensure that a Person 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;
- (11) provide Routine Transportation for the Person during this service; and
- (12) if providing ICL in a hub and spoke model, ensure the hub site is appropriately licensed or certified by the DHHS Office of Licensing.

9.3 **Specific Service Limitations.** In addition to the General Limitations in this contract, the Contractor shall NOT:

- (1) provide services in the Person's residence or the Contractor's or Contractor's Staff's residence; and
- (2) 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.

9.4 **Outcomes.**

- (a) The intended outcome of this service is to improve or maintain individualized community integration, including Competitive Integrated Employment, Natural Supports and skills that enable the Person to fully participate as a valued member of their community.
- (b) Measure: The percentage of Persons who received individualized community integration, including Competitive Integrated Employment, and received or gained additional natural support and skills.
- (c) Reporting: The Contractor shall create and submit a fiscal year annual report via email to [dspdcontracts@utah.gov](mailto:dspdcontracts@utah.gov) by August 30th, 60 days after each fiscal year end. The fiscal year annual report must include (1) how many Persons received ICL; and (2) data reflecting the measure above.

9.5 **Rate.** ICL is a daily rate determined by the DHHS Worksheet. The DHHS Worksheet is an annual agreement used by DHHS to determine rates paid to the Contractor for specific service codes. The DHHS Worksheet is individualized for each Person by using variables such as Staff ratios and hours of service.

JOB DEVELOPMENT SUPPORTS – DHHS SERVICE CODE: JDS

- 10.1 **General Description.** 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.
- 10.2 **Direct Service Requirements.** The Contractor shall:
- (1) provide JDS to the Person only once during the Person’s annual PCSP cycle and shall provide up to 75 hours of JDS and conclude the service within nine months;
  - (2) complete a review and assessment of the Person and their employment documents within 15 Calendar Days of starting JDS;
  - (3) complete periodic assessments of the Person and their employment documents, document in writing summaries of initial and reassessments and may use up to ten hours of the allowed 75 hours of service to review and assess the Person and their employment documents;
  - (4) 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 on one or more of the following job strategies:
    - (A) job site and analysis to include visiting community employment sites to oversee and conduct interviews and to identify job tasks or workflow implementation that may create job task opportunities for the Person;
    - (B) job shadowing and informational interviews which ensure that these experiences provide a realistic view of one or more positions and 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 accommodations that allow the Person to obtain, maintain, or enhance employment which include the following:
      - (i) identify reasonable worksite accommodations and accessibilities needed for the Person, including any need to purchase or modify equipment; and
      - (ii) 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), with job development activities including:
  - (i) locating potential employers in the community;
  - (ii) negotiating with employers on job requirements, schedules, or accommodations;
  - (iii) introducing the Person to specific employers;
  - (iv) conducting job analysis;
  - (v) arranging for certification; and
  - (vi) other activities that enhance placement opportunities;
  
- (5) complete the development of initial job strategies for the Person within 30 Calendar Days of DHHS approval to provide JDS services and provide written documentation of the strategies to the Person's SC and the PCPT within the same time frame;
  
- (6) meet face-to-face with the Person at least weekly to assess if the Person is receiving adequate JDS services, document these assessments in writing and submit them with the Contractor's quarterly summary to include the following:
  - (A) the Person's progress on each job strategy or if the Person is not progressing, the Contractor shall reevaluate the job strategies by:
    - (i) 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
    - (ii) making recommendations, if any, of other employment services the Person may need;
  
  - (B) all other relevant information discovered during the meeting;
  
- (7) 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

(8) provide Routine Transportation for the Person during this service.

10.3 **Specific Service Limitations.** In addition to the General Limitations in this contract, 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;
- (2) bill DHHS for Persons under the age of 14;
- (3) provide an internship for the Person with the Contractor; and
- (4) provide activities of cooking, laundry, independent living development, or other comparable activities focused on home upkeep.

10.4 **Specific Service Training Requirements.** Prior to providing services, the Contractor shall ensure JDS Staff have successfully completed:

- (1) customized Employment Training through Utah State University, available at <https://ceiutah.com/ce-training/>; and
- (2) ACRE training through Utah State University or any accredited program available through the ACRE website.

10.5 **Outcomes.**

- (a) The intended outcome of this service is upwork mobility in employment or transfer to alternative employment to match the Person's advancing skill set.
- (b) Measure: The percentage of Persons who transferred to new preferred employment or advanced in their current employment.
- (c) Reporting: The Contractor shall create and submit a fiscal year annual report via email to [dspdcontracts@utah.gov](mailto:dspdcontracts@utah.gov) by August 30th, 60 days after each fiscal year end. The fiscal year annual report must include (1) how many Persons received JDS; and (2) data reflecting the measure above.

10.6 **Rate.** The Contractor shall bill for JDS according to the rate table.

## Article 11

PRE-EMPLOYMENT SKILL BUILDING – DHHS SERVICE CODE: PSB

- 11.1 **General Description.** PSB provides employment skill building and opportunities for job exploration for Persons currently not employed and interested in seeking Competitive Integrated Employment.
- 11.2 **Direct Service Requirements.** The Contractor shall:
- (1) facilitate participation in paid work experiences in integrated community environments, including paid and unpaid internships and ensure these experiences are in an environment in which the Person can develop general employment strengths and skills that can be generalized to other competitive employment settings;
  - (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 Competitive Integrated Employment and ensure that work experiences are in the Person’s local area, when possible, and based on the Person’s aptitudes, interests, experiences, and skills;
  - (4) ensure that each job experience allows time for the PSB Staff to prepare the Person for participation in the job experience and debrief the Person after the job experience;
  - (5) 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;
  - (6) identify the Person’s interests, experiences, and skills through assessments and interviews with the Person and individuals providing supports to the Person;
  - (7) facilitate, when appropriate, work experiences that include scheduled business tours, informational interviews with employers, and job shadowing;
  - (8) educate the Person and the Person’s legal guardian (when applicable) and family on employment and increasing expectations of employment and 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;
- (9) 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) implementation strategies for advancing the Person's vocational skills.

11.3 **Specific Service Limitations.** In addition to the General Limitations in this contract, 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) 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) 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, and 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 and may obtain approval from the Person's PCPT to provide the Person with up to 24 additional consecutive months of PSB if the Person:

- (A) 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.

11.4 **Specific Training Requirements.** Prior to providing services, the Contractor shall ensure PSB Staff have successfully completed:

- (1) customized Employment Training through Utah State University, available at <https://ceiutah.com/ce-training/>; or
- (2) ACRE training through Utah State University or any accredited program available through the ACRE website.

11.5 **Outcomes.**

- (a) The intended outcome of this service is to gain Pre-Employment Skill Building.
- (b) Measure: The percentage of Persons who transitioned to Competitive Integrated Employment.
- (c) Reporting: The Contractor shall create and submit a fiscal year annual report via email to [dspdcontracts@utah.gov](mailto:dspdcontracts@utah.gov) by August 30th, 60 days after each fiscal year end. The fiscal year annual report must include (1) how many Persons received PSB; and (2) data reflecting the measure above.

11.6 **Rate.** The Contractor shall bill for PSB according to the rate table.