

Support Coordination Standards

Support coordination standards apply to all providers of support coordination services. Support coordination is successfully performed when ALL the following standards are met:

A. PLANNING

- A.1 Support coordinators will thoroughly review the records of each new case and will ensure that the case record is complete and will, within 30 days of beginning case management of a new case, meet with the individual and their legal representative/guardian (if any). Support coordinators will also when deemed necessary, convene a team comprised of the individual receiving services, his/her legal representative/guardian (if any), and any other individuals designated by the individual or his/her legal representative/guardian. This team will be called the Person-Centered Planning Team (PCPT) and will thereafter at a minimum be convened at least annually, during the calendar month in which the last Person-Centered Support plan (PCSP) was recorded. Support coordinators will generate a consumer activity log note in the USTEPS systems documenting his/her review of the records within thirty (30) days of completion of the review.**
- A.2 The PCPT will be convened by the support coordinator in the event of any changes in circumstances that might have a material effect on the individual's life. Supports coordinators will document their convening the PCPT within 30 days of issuing notice for the convening of the Team.**
- A.3 In preparation for this PCSP planning meeting, the support coordinator will ensure that a Supports Intensity Scale (SIS) has been administered within the preceding three years of the date of the anticipated meeting and will review the results of the SIS within the 30 days preceding the meeting. Support coordinators will generate a consumer activity log note in the USTEPS systems documenting his/her review of the SIS within thirty (30) days of completion of the review. If the support coordinator believes, after this review, that the most current SIS no longer accurately reflects the needs of the consumer, the support coordinator will ensure that a new SIS is completed and reviewed prior to the occurrence of the PCPT.**
- A.4 Support coordinators will participate in the development of a Person Centered Supports Plan (PCSP) that considers the individual receiving services' current status along with his/her needs for support to fulfill what is important *to* the individual and *for* the individual as well as all medical and dental needs of the individual as determined by the individual and team during the PCPT meeting..**

- A.5 Support coordinators shall ensure that the PCSP reflects supports needed to meet the assessed needs of the individual, and not to meet the needs of natural supports, family members or friends. Support coordinators will monitor on an ongoing basis the necessity to propose changes or modify the PCSPs of those they serve to reflect changes in the needs demonstrated by the person.**
- A.6 Support coordinators shall ensure that a budget to support the needs identified in the PCSP will be developed with the approval of their DSPD program manager.**
- A.7 Support coordinators shall ensure that all information required in the PCSP as contained in the USTEPS system will be entered and in USTEPS within fifteen (15) days of the completion of the PCPT meeting, and will activate no later than the last of the month in which the PCPT meeting occurred, a PCSP to support the individual, with the concurrence of a QMRP, or DSPD program manager.**

B. MONITORING

- B.1 Support coordinators shall conduct face-to-face visits with individuals served no less frequently than once each month or at a rate directed by the DSPD program manager unless the individual is receiving only services in the home of his/her immediate family, in which case a monthly contact shall be made and a face-to-face visit in the home shall be conducted at least once every three (3) months, or at a rate directed by the DSPD program manager. The occurrence of such monitoring shall be documented in the USTEPS system within thirty (30) days of the date of the inspection via a consumer activity log note.**
- B.2 Support coordinators shall visit the place of residence of individuals served no less than once annually or at a rate directed by the DSPD program manager in order to monitor for healthy and safe conditions. The occurrence of such monitoring shall be documented in the USTEPS system within thirty (30) days of the date of the inspection via a consumer activity log note.**
- B.3 Support coordinators will visit the individual in their place of residence of those receiving residential supports no less than once every 60 days or at a rate directed by the DSPD program manager. The occurrence of such monitoring shall be documented in the USTEPS system within thirty (30) days of the date of the inspection via an consumer activity log note.**
- B.4 Support coordinators shall conduct on-site visits with individuals served at their day supports and supported employment sites no less than once every three (3) months or at a rate directed by the DSPD program manager,**

considering the need to minimize intrusions or disruptions to work environments in order to monitor for healthy and safe conditions. The occurrence of such visit shall be documented in the USTEPS system within thirty (30) days of the date of the inspection via an consumer activity log note.

- B.5** Support coordinators will undertake corrective or remedial actions immediately after discovering variances in contract requirements. The support coordinator will document the variance as well as the occurrence of corrective or remedial actions within fifteen (15) days of discovery in the USTEPS system via a consumer activity log note. The support coordinator shall report any discovered variance in contract compliance that might impact individuals' health and safety within 48 hours of discovery to their DSPD program manager, and immediately to the agency with appropriate jurisdiction (e.g. DHS Office of Licensing, Adult Protective Services, Child Protective Services) when required by law or regulation. Corrective or remedial actions that do not pertain to matters of health and safety will be reported to their DSPD program manager as soon as possible after the completion of the corrective or remedial actions.
- B.6** Support coordinators shall monitor that each facility and residence visited is free from any hazardous condition and is maintained in a sanitary fashion. Support coordinators shall attempt to resolve variances from this standard initially upon discovery. Variances from this standard shall be reported to the support coordinator's DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery in a consumer activity log note.
- B.7** Support coordinators shall monitor that each facility and residence visited maintains current and accurate records of the medical status of each individual they serve including current conditions and diagnoses for which the individual is receiving care, the medications the individuals is taking if any, and instructions regarding routes of administration and dosage, a description of potential side effects and the names, contact information and emergency contacts and procedures for all medical conditions. Support coordinators shall attempt to resolve variances from this standard initially upon discovery. Variances from this standard shall be reported to the support coordinator's DSPD program manager, and an consumer activity log note shall be generated within seven (7) days of discovery.
- B.8** Support coordinators shall monitor that each facility and residence visited maintains current and accurate records of behavioral plans pertaining to each individual served who has a behavior management plan specified in their PCSP, and shall further monitor that all staff present are acquainted with and trained in the implementation of the behavior plans and are providing adequate supports to individuals served consistent with their behavior plan and PCSP. Support coordinators shall attempt to resolve

variances from this standard initially upon discovery. Variances from this standard shall be reported to the DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.

- B.9** Support coordinators shall assess the degree to which services provided at a facility or site are consistent with those prescribed in the PCSP and the degree to which these services are assisting individuals to achieve goals identified in the PCSP.
- B.10** Support coordinators shall document their observations during each visit or inspection and shall generate a thorough and accurate consumer activity log note in the USTEPS system within thirty (30) days of the conclusion of their visit or inspection detailing the purpose for the visit/inspection, the individuals and/or staff visited, the objective observations gathered during the visit, their assessment of the adequacy of the manner in which services are delivered and health and safety is maintained, and recommendations for remediation given to the provider or provider staff, if any. Support coordinators will also document via a consumer activity log note in the USTEPS system actions taken by contractors or self-administering families in response to the recommendations for remediation rendered by the support coordinator during their visit.
- B.11** Support coordinators will report to their UDHS/DSPD program manager within 24 hours or on the first business day after a critical incident or event has occurred, the occurrence of any circumstances of an aggravated nature involving individuals they support, or other circumstances which include but are not limited to:

Reportable Critical Incidents or Events: Following is a list of the types of critical incidents or events that must be reported to the SMA. This list is not all inclusive. Any other incident or event that rises to a comparable level should be reported. The SMA will review these incidents on a case by case basis.

- Deaths
Any unexpected or accidental death
- Attempted Suicides
All suicide attempts
- Medication Administration Errors
Medication errors that result in death, hospitalization or other serious outcomes
- Abuse/Neglect
Incidents of abuse or neglect (including self neglect) that result in death, hospitalization or other serious outcomes

- Accidents
Accidents that result in hospitalization
- Missing Persons
When a participant is missing from their home or day program and immediate attempts to locate that person have failed
- Human Rights
Human rights violations such as the unauthorized use of restraints – physical restraints, mechanical restraints, chemical restraints (medications), or seclusion rooms
- Criminal Activities
Criminal activities perpetrated by or on waiver clients that involve law enforcement (including sexual abuse)
- An Event that Compromises the Participant's Working or Living Environment
Damage (such as roof collapse) to the work place or home that requires evacuation and puts a participant(s) at risk
- Medicaid Fraud
When the Operating Agency becomes aware of Medicaid fraud investigations of any providers of services to waiver participants.
The SMA will notify the appropriate Operating Agency representative when it becomes aware of Medicaid fraud investigations of any providers of services to waiver participants
- Complaints from Governor's Office or Other Officials
Waiver complaints referred by the Governor's office, constituent services, or any other elected officials
- Media
Critical incidents or events that are anticipated to receive media, legislative or other public scrutiny

B.12 Support coordinators will always ensure that the persons they serve are provided with continuous case management coverage even in the event of planned or unplanned absences by the support coordinator or their staff. In the event of such absences, support coordinators will have a written plan for continuity of coverage that includes the name and contact information of a UDHS/DSPD Support Coordinator currently qualified and certified to provide SUPPORT COORDINATION-EXTERNAL services who has agreed IN WRITING to provide coverage during the support coordinator's absence, the dates and times of the expected absence, and emergency procedures pertinent to the person(s) affected by SUPPORT COORDINATORS'S

absence. Support coordinators will notify their UDHS/DSPD program manager of any planned absences that would require coverage at least 24 hours prior to the start of a planned absence, and as soon as possible in the event of an unplanned absence. Support coordinators will generate a consumer activity log note in the USTEPS system detailing the circumstances of their absence and their plans to assure continued coverage in each instance within seven (7) days of the commencement of the absence.

- B.13 Support coordinators shall monitor that the persons they serve maintain continuous Medicaid eligibility and shall notify their DSPD program manager within thirty (30) of any changes in Medicaid eligibility status and shall at the same time generate a consumer activity log note in the USTEPS system detailing the change in Medicaid status.**

C. RECORD KEEPING

- C.1 Support coordinators shall ensure that a current and valid DHS/DSPD Eligibility Decision Snapshot and a DHS/DSPD Level of Care Determination (as well as a DHS/DSPD Choice of Service for those enrolled after July 1st, 2008) is maintained in the individual's record at all times.**
- C.2 Support coordinators shall monitor that a complete and current PCSP including Needs Assessment, Person-Centered Profile, Budget and Signatures is maintained in the individual's record at all time. Changes in the PCSP that occur shall be documented in the USTEPS system through Addendums entered within seven (7) days of the decision of the PCPT to change or modify the plan. Dates of services rendered as a result of a PCSP must be the same as the period of time covered by the PCSP.**
- C.3 Support coordinators shall ensure that specifications for AMOUNT, FREQUENCY, and DURATION be included for each service offered in support of an individual in the PCSP.**
- C.4 Support coordinators shall ensure that the individual receiving services or their legal guardian/representative signify their agreement with the choice of community based services as well as with the PCSP by signing and dating the DHS/DSPD Choice of Service form and the PCSP within thirty (30) days after the completion of the initial PCSP, and sign within thirty (30) days any revisions or addendums to the original PCSP. Support coordinators will ensure that individuals receiving services or their legal guardian/representative are notified in writing of their right to appeal to the State Medicaid Agency any changes to the PCSP which will result in a reduction in the amount, frequency, duration or type of a service they had previously been receiving, ensuring that a Notice of Agency Action is issued to the individual by their DSPD administrative program manager.**

- C.5 Support coordinators shall create and maintain in the USTEPS system an consumer activity log note for every visit required in Section C “Monitoring”, as well as an consumer activity log note for any other significant events or interactions that pertain to the individual’s health, safety or progress in achieving goals specified in the PCSP. Such notes will be created and entered in USTEPS within thirty (30) days of the occurrence of the event or the visit.**
- C.6 Support coordinators shall monitor that facilities and residences generate and file with the DSPD regional office within five (5) days of occurrence an incident report using DHS/DSPD Form 1-8 in any instances in which an individual has been subject to risk or harm, has had a medication error or adversity or other medical situation that required urgent or emergent care, has been lost or with whereabouts unknown, has had involvement with law enforcement, or has been subject to restraint or an emergency behavioral intervention (in which case a Form 1-8 shall be filed within 24 hours of occurrence). Support coordinators shall thoroughly review all such reports within seven (7) days of receipt and shall submit them to review by DSPD administration. Variances from this standard shall be reported to the DSPD administrative program manager, and an consumer activity log note shall be generated within seven (7) days of discovery.**
- C.7 Support coordinators shall furnish any records to the DSPD Director and associate directors, DSPD Auditor, DHS/BIRA personnel, DSPD Regional Director, DSPD supervisor or DSPD program manager, DSPD Administrative Services Manager (ASM), DSPD waiver specialist, or State Medicaid Agency or Center for Medicare and Medicaid Services (CMS) personnel within 24 hours of request.**
- C.8 Support coordinators shall ensure that a DHS/DSPD Exceptional Needs Screening form is completed and placed in the record for all individuals receiving Professional Parent Services (PPS) who are in the custody of the State of Utah within thirty (30) days of initial placement in a professional parent home.**
- C.9 Support coordinators shall ensure that a DHS/DSPD Respite-Intensive screening form is completed and placed in the record for all individuals receiving intensive respite (RP3/RP5) services within thirty (30) days of the start of intensive respite services for the individual.**
- C.10 Support coordinators shall ensure that a DHS/DSPD Enhanced Supervision and Rate form is completed and placed in the record for all individuals receiving intensive residential services (RHI or supervision at a 1:1 ratio for four or more hours each day, within thirty (30) days of the start of intensive residential or supervision services for the individual, and annually thereafter, no later than the conclusion of the twelfth month of receiving intensive residential or supervision services.**

C,11 Support coordinators shall monitor that, in the event of repeated use of emergency behavioral interventions, the Person-Centered Planning Team (PCPT) shall:

If Emergency Behavior Interventions are used three times, or for a total of 25 minutes, within 30 calendar days, the Team shall meet within ten business days of the date the above criteria are met to review the interventions and determine if:

(a) A Behavior Support Plan is needed;

(b) Level II or III Interventions are required in the Behavior Support Plan;

(c) Technical assistance is needed;

(d) Arrangements should be made with other agencies to prevent or respond to future crisis situations; or

(e) Other solutions can be identified to prevent future use of Emergency Behavior Interventions.

D. FINANCIAL MANAGEMENT

D.1 Support coordinators will ensure timely review and approval of all bills for services rendered by providers of service to the persons served by the support coordinator by signing their approval no later than close of business on the TUESDAY following the submission of the DHS/DSPD Form 520 to the support coordinator. Bills for services rendered that the support coordinator are unable to validate will be referred to the DSPD program manager within seven (7) days of receipt along with written correspondence (including electronic) indicating the reasons that prevent validation, and support coordinators will generate at the same time a consumer activity log note regarding this matter in USTEPS.

D.2 Support coordinators will review and validate timesheets of employees of self-administering individuals as needed, but will review at least annually the current status of each employee and conduct a thorough compliance review for each self-administering individual served. Timesheets which the support coordinator are unable to validate will be referred to the DSPD program manager within seven (7) days of receipt along with written correspondence (including electronic) indicating the reasons that prevent validation, and support coordinators will generate at the same time a consumer activity log note regarding this matter in USTEPS.

D.3 Support coordinators shall review and monitor monthly summary reports or receipts for expenditures of individuals' personal funds made by representative payees as well as the performance of all other contractual requirements for representative payees. Support coordinators will also monitor that a provider human rights committee review is conducted for all expenditures of individuals' personal funds by a provider representative payee in compensation for provider property damages in excess of \$500 alleged to have been the fault of the individual. Variances from this standard shall be reported to the DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.

E. HUMAN RIGHTS

E.1 Support coordinators shall ensure that the individuals they serve are treated in a manner consistent with the requirements of the Utah Department of Human Services Code of Conduct in all aspects of the services they receive and will always advocate on behalf of the individuals they serve to ensure that individuals are treated with dignity and respect at all times. Variances from this standard shall be reported to the DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.

E.2 Support coordinators shall monitor that restrictions to individuals' privacy, mobility, activities of daily living, right to refuse medical care and medication, and management of financial resources occur only after the proper review and approval of a duly empanelled provider human rights committee. Support coordinators shall attempt to resolve variances from this standard initially upon discovery. Variances from this standard shall be reported to the DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.

E.3 Support coordinators shall generate a consumer activity log note in the USTEPS system within thirty (30) days of any referral for a provider human rights committee review, and shall further document the outcome of such review within thirty (30) days of receipt, in a consumer activity log note.

F. HEALTH AND SAFETY

F.1 Support coordinators will ensure that the individuals they serve are supported in a manner that will foster and protect the individual's health and safety.

- F.2 Support coordinators will monitor that providers and self-administering families who care for an individual they serve who is receiving psychotropic medications will establish and maintain a psychotropic medication plan that will detail the medications the individual takes, their indications and adversities, the dosage and routes of administration, and the contact information for the prescribing clinician, as well as emergency procedures and contacts. Support coordinators shall attempt to resolve variances from this standard initially upon discovery. Variances from this standard shall be reported to the DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.**
- F.3 Support coordinators shall monitor that individuals they serve receive supports as specified in the PCSP at all times. Support coordinators shall attempt to resolve variances from this standard initially upon discovery. Variances from this standard shall be reported to the DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.**
- F.4 Support coordinators shall monitor that staff of all providers and self-administering families are trained on and maintain current and accurate records of individuals' medical status, current conditions and diagnoses for which the individual is receiving care, and contact information for all medical caregivers the individual is seeing. Support coordinators shall attempt to resolve variances from this standard initially upon discovery. Variances from this standard shall be reported to the DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.**
- F.5 Support coordinators shall monitor that staff of all providers and self-administering families are trained according to DSPD training requirements pertaining to emergency procedures including evacuation procedures in the event of fire or other natural disasters, procedures to relocate individuals in the event that a facility is rendered inoperable due to natural disaster, procedures to track the whereabouts of all relocated individuals, and shall maintain necessary supplies to support individuals in the event of natural disaster. Support coordinators shall attempt to resolve variances from this standard initially upon discovery. Variances from this standard shall be reported to the DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.**
- F.6 Support coordinators shall monitor that staff of all providers and self-administering families maintain a current plan to know the whereabouts of individuals they serve at all times, and to manage instances during which the whereabouts of an individual become unknown, including procedures for notification of appropriate authorities.**

Support coordinators shall attempt to resolve variances from this standard initially upon discovery. Variances from this standard shall be reported to DSPD program manager, and a consumer activity log note shall be generated within seven (7) days of discovery.

- F.7 Support coordinators shall consult with DSPD nurses and behavioral specialists as needed for expert assistance in addressing the health and safety needs of the individuals they serve, and will generate a consumer activity log note in the USTEPS system within thirty (30) days of receiving such consultation.**
- F.8 Support coordinators shall monitor that all individuals they serve are free from abuse, neglect and exploitation and shall immediately report any suspicions of abuse, neglect or exploitation to the nearest peace officer or to Utah Child Protective Services or Utah Adult Protective Services immediately upon formulation of the suspicion. Support coordinators shall also complete a DHS/DSPD incident report Form 1-8 immediately and shall generate an consumer activity log note in the USTEPS system detailing the nature of their suspicions and the reports that they have filed as a result and shall notify their DSPD program manager within 48 hours.**

G. TRAINING

- G.1 Support coordinators shall obtain sufficient training to ensure that they establish and maintain competency in the skills necessary to perform effective, ethical and safe coordination of the care received by the individuals they serve.**
- G.2 Support coordinators shall obtain sufficient training to acquire competency in the administration and interpretation of the Supports Intensity Scale (SIS)(AAMR,2004) and shall demonstrate that competency by successfully completing a routinely administered learning assessment, prior to rendering any independent support coordination services. Support coordinators will administer a SIS at least once every two months after demonstrating competency, in order to maintain currency.**
- G.3 Support coordinators shall maintain competency in the administration and interpretation of the SIS and shall demonstrate such continued competency by submitting periodically to reviews of the reliability and validity of their administrations of the SIS. Support coordinators who fail to demonstrate continuing reliability or validity according to prevailing standards of the field shall immediately submit to first-hand supervision of their support coordination services until such time as they can successfully demonstrate a restoration of reliability and validity.**

- G.4** Support coordinators shall successfully complete DSPD training to acquire competency in the creation and implementation of a DHS/DSPD Person-centered Support Plan and shall demonstrate that competency by successfully completing a routinely administered learning assessment, prior to rendering any independent support coordination services.
- G.5** Support coordinators shall maintain competency in the creation and implementation of a DHS/DSPD Person-centered Support Plan and shall demonstrate such continued competency by submitting periodically to peer reviews of the propriety and accuracy of their plans. Protocols for such peer reviews will be developed by DSPD and approved by the Utah Department of Health-Long-Term Care Bureau (DOH-LTCB). Support coordinators who fail to demonstrate continuing competency according to prevailing standards of peer review shall immediately cease rendering support coordination services until such time as they can successfully demonstrate a restoration of competency.
- G.6** Support coordinators shall successfully complete DSP training to allow them to competently gain access to the USTEPS system, enter data whenever required, and generate and review reports as required of their support coordination duties. Support coordinators shall demonstrate this competency by successfully completing a routinely administered learning assessment, prior to rendering any independent support coordination services.
- G.7** Support coordinators will achieve annually no less than 30 hours of continuing education in fields of study related to the performance of their support coordination duties, and will successfully complete all learning assessments routinely offered as part of these continuing assessment activities. Support coordinators who fail to complete this course of continuing education within 12 months of the last date of completion will immediately cease rendering support coordination services until they have successfully completed the course of continuing education of at least 30 hours.; however, support coordinators who fail to complete the required continuing education standard will notify their DSPD administrative program manager at the 11th month of their period of incompletion to allow for an orderly transfer of cases in the event that they fail to complete this requirement by the 12th month.

H. PROFESSIONAL CONDUCT AND ETHICS

- H.1** Support coordinators shall always act in an ethical and professional fashion and conform their behavior to the standards promulgated in the most current version of the *Utah Department of Human Services Provider Code of Conduct at all times.*

- H.2 Support coordinators shall conduct themselves in a professional fashion at all times and shall treat those they serve as well as their families and representatives, and representatives of provider agencies or other human services agencies, either governmental or private, with courtesy, respect and dignity at all times.**
- H. 3 Support coordinators shall maintain a professional relationship with those they serve, their families and representatives at all times and shall always refrain from entering into a dual relationship with the individuals they serve and shall not engage in any sexual abuse or sexual exploitation, as defined in the most currently promulgated version of the *Utah Department of Human Services Provider Code of Conduct*.**
- H.4 Support coordinators shall not abuse, neglect, exploit or maltreat clients in any way, whether through acts or omissions or by encouraging others to act or by failing to deter others from acting.**
- H.5 Support coordinators shall refrain at all times from entering into any circumstances which might cause a conflict of interest for the support coordinator and shall immediately disclose in writing any circumstance which might cause a conflict of interest to their DSPD Program manager using the currently approved DHS/DSPD Conflict of Interest Disclosure form. Support coordinators shall refrain from entering into any circumstances which might create a conflict of interest after disclosing such circumstances until they receive approval in writing from the Director, DHS/DSPD.**
- H.6 Support coordinators shall maintain the privacy of the individuals and families they serve at all times and shall not conduct business or duties surrounding an individual they serve in the presence or awareness of others not materially involved in the care of the individual. Support coordinators shall protect their records, notes, memoranda and all other files, either electronic or written from discovery by those not materially involved in the care of the individual.**
- H.7 Support coordinators shall neither give nor receive any inducements, incentives or other gratuities to or from any individual they serve, their families or representatives, or any other individual receiving services funded by DHS/DSPD or their family or representative.**
- H.8 Support coordinators shall always advocate for the best interests of the individuals they serve and shall always advocate for the rights of the individuals they serve including but not limited to the right to privacy, the right to make choices of living arrangements, the right to be treated with dignity, courtesy and respect at all times, the right to financial fair-dealings,**

the right to have unrestricted movement, and the right to have free expression of grievances. Support coordinators shall ensure that any abridgement of these rights when thought to be necessary because of circumstances unique to the individual shall occur only after the concurrence of a duly empanelled human rights committee.

I. DISENROLLMENTS

- I.1 Support coordinators shall complete the Medicaid Home and Community Based Program Special Circumstances Involuntary Disenrollment Notice of Intent for individuals who meet the criteria for this type of disenrollment and submit it to their DSPD program manager for approval within thirty (30) days of making such determination.**
- I.2 Supports coordinators shall successfully complete DSPD training on the disenrollment procedures, including when to consider special circumstance disenrollment. Support coordinators will also be trained that special circumstance disenrollment cannot occur without review and approval by the UDOH-LTCB .**

J. TECHNICAL ASSISTANCE

- J.1 Support coordinators shall seek technical assistance from their DSPD program manager in any instance in which they are uncertain about how to best provide support coordination services in a fashion that is fully compliant with the Medicaid HCBS waiver program in which the individual they serve is enrolled.**