

1.12	Components of Support Coordination	Page 1 of 3
Authorizing Utah Code: 62a-5-103	Rule: None	Division Staff
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Form(s): 1-15 , 870A , and 1032		

Support Coordination is key to promoting opportunities and supporting **Persons** ability to participate fully in life. **Support Coordination** is a process that centers on the **Person's** desires and dreams. **Support Coordinator** efforts shall be driven by defined goals and/or supports that direct the needed **Support Coordination** activities. **Support Coordination** may include, but is not limited to, service coordination across agencies, **Person-Centered** and **Individual Service Planning** (Division Directives 1.9 and 1.8), guidance or training in critical life activities, arranging for supports, quality enhancement, and advocating for the **Person's** needs when the **Person** and significant others are unable. The primary goal for **Support Coordinators** is to assist the **Person** in obtaining their desired quality of life including supporting the **Person's** dreams, desires, and independence to the greatest extent possible.

Persons served by the **Division** have needs and preferences requiring an array of support. The **Support Coordinator** is responsible to assist, develop, coordinate and assure support is provided within available resources. The array and intensity of support shall be determined by the **Person's** preferences and needs and documented in the **Individual Service Plan (ISP)**. Supports are identified by the **Person/Representative**, the **Support Coordinator**, and others as requested by the **Person/Representative**.

PROCEDURES

1. The **Support Coordinator** shall provide the following:
 - A. Community Supervision: These supports may include, but are not limited to, guidance, follow-along, crisis intervention, and **Protective Payee** activities. The level and intensity of supports is dependent upon the amount of supervision required as it is documented on the **Individual Service Plan Form** 1-15.
 - B. Information and Referral: A **Support Coordinator** shall provide information and referral to appropriate supports and assists with access to supports when requested by the **Person/Representative**.
 - C. Contract Management: The designated **Region** staff will receive and process fee-for-service payment documents (**Form 520** and **Form 1032**) within five (5) working days from the date of receipt. Contract management also includes resolving billing problems, determining appropriate reimbursement rates, monitoring provision of support services, negotiating personalized services and support packages, assuring that bills are accurate, monitoring contract expenditures, and monitoring rate changes.
 - D. Crisis/Prevention Management: The **Division** shall assign a crisis **Support Coordinator** to be a resource for the **Person's Support Coordinator** when situations occur which:
 - a. require the crisis **Support Coordinator's** expertise;
 - b. jeopardize the **Person's** health, safety, income, residence, personal/human rights; and/or
 - c. involve law enforcement agencies or court action.
 - d. The crisis **Support Coordinator** may request assistance from the **Division** or the Emergency Services Management Committee, when

appropriate.

- E. Coordination with community agencies and/or facilities: The **Support** Coordinator shall work with **Providers** of supports to ensure that **Persons** are receiving quality supports in the environment of the **Person's** choice.
 - F. Transition planning: The **Support Coordinator** shall participate in planning for students exiting Special Education programs. The **Support Coordinator** ensures supports are based on the **Person's** desired goals and provided in the least restrictive manner possible. The **Support Coordinator** participates in the following ways:
 - i. At the invitation of the **Person/Representative**, the **Support Coordinator** may participate in the Individual Education Plan (IEP) meeting during the **Person's** last year of high school. (For **Persons** residing in **Division** programs, the **Support Coordinator** will meet annually with the Special Education teacher, **Provider**, and **Legal Representative** to complete the service planning);
 - ii. Informs the **Applicant** and the **Applicant's Representative** of service options available to adults and supplemental income programs.
 - iii. Participates in facilitating access to adult services.
 - G. Annual Review: The **Support Coordinator** shall recertify waiver eligibility by reviewing the **Person's** level of care on an annual basis. A new **Person-Centered Plan, Action Plan**, Budget Worksheet and **ISP** shall also be prepared annually with the participation of the **Person** and Team. **Support Coordinators** must be either a **QMRP** (for DD/MR) or **QBIP** (for ABI) to conduct the annual reviews.
3. All services rendered by the **Support Coordinator** shall be documented in the **Person's** record and shall include the date the service was rendered, the name or initials of the staff who rendered the service, the service that was rendered with supporting rationale and outcome of the service rendered (the **Form 870A** Activity Log or another approved record keeping methodology may be used to satisfy this requirement).
4. **Waiver Support Coordination** services may include discharge planning services provided to a **Person** in an Intermediate Care Facility for People with Mental Retardation (ICF/MR) or discharge planning services to a **Person** with ABI in a nursing facility in the 30-day period immediately prior to the **Person** being admitted to the **Waiver**. The **Person** must be determined **Medicaid** and **Waiver** eligible prior to receiving **Waiver** reimbursed services including **Support Coordination** discharge planning services.
5. Time spent by **Assistant Support Coordinators** employed by or under contract with the **Division**, who are working under the supervision of a **Qualified Mental Retardation Professional (QMRP)** or **Qualified Brain Injury Professional (QBIP)**, may also be billed as **Waiver** support coordination services. Assistants may not determine the **Level of Care** or be primarily responsible for the development or implementation of the **Individual Service Plan Form 1-15**, but the time assistants spend completing activities such as coordination and follow-up with allied agencies and related parties and assisting with the compilation and review of documentation may be reimbursed once approved and signed off by a **QMRP** for DD/MR or a **QBIP** for ABI.

Note: Not all of the needed **Support Coordination** activities are reimbursable under the Home and Community-Based **Waiver** (see **Medicaid** Provider Manuals for reimbursable activities under these programs). Non-reimbursable activities should still be recorded in the Contact Notes or Activity Log.