

1.31	Self-Administered Services ID/RC and ABI	Page 1 of 2
Authorizing Utah Code: 62a-5-103		Rule: R539-5
Issue Date: 7/02		Revision Date: 09/12
Form(s): I-15 , 1056 , 2-9GA , 2-9EA , 2-9C , 2-9GA(B) , 2-9EA(B) and 2-9C(B)		Guideline(s): Support Book

The **Division** will ensure that written agreements for **Self-Administered Services** are administered in accordance with State Purchasing and Procurement requirements, State and **Department** contracting requirements, all applicable laws, regulations, rules, and policies at the Federal, State, **Department**, **Division** and local levels.

Self-Administered Services supports apply only to those persons with disabilities that the Support Coordinator has determined to qualify for the following services and has chosen to receive **Self-Administered Services**:

<u>ID/RC Waiver</u>	<u>Service Code</u>
Chore Supports	CH1
Family Training & Preparation	FS1
Homemaker Supports	HS1
Personal Assistance Supports	PAC
Respite Care (Qtr. Hour or Daily)	RP1
Supported Living	SLA
Transportation Services	FTP
<u>Acquired Brain Injury Waiver</u>	<u>Service Code</u>
Homemaker Service	HS1
Respite (Qtr. Hour or Daily)	RP1
Chore Services	CH1
Family Training and Support	FS1
Supported Living	SLA
Transportation	FTP

PROCEDURES

1. **Support Coordinator Responsibilities**
 - A. The **Support Coordinator** shall ensure that the **Individual Service Plan** identifies all services to be delivered in response to the comprehensive needs assessment, regardless of funding source. In addition, the **Support Coordinator** shall ensure waiver services, reimbursed with **Medicaid** funds, are consistent with the **Individual Service Plan**.
 - B. The **Support Coordinator** shall review the requirements for receiving **Self-Administered Services** as outlined in the **Person's Self-Administered Services Grant Agreement** and Administrative Rule R539-5.
 - C. During the initial process of choosing services, the **Support Coordinator** shall present service options offered by the **Division** and detail the requirements and accountability of each option. The **Support Coordinator** must inform the **Person** of the ability to combine **Self-Administered Services** with **Provider Agency Services**.

- i. The **Person** may designate an Authorized Administrator to assist in the managing of the **Person's** services and the responsibilities of the financial grant. This designation is documented in the **Self-Administered Services Grant Agreement, Division Form 2-9GA** for ID/RC and on 2-9GA(B) for ABI.
- D. The **Support Coordinator** shall ensure the following documents are completed and in the **Person's** record at the **Region** office:
- i. **Self-Administered Services Grant Agreement (Form 2-9GA or 2-9GA(B));**
 - ii. **Form 1056;**
 - iii. **Individual Service Plan** (Directive 1.9 and **Form 1-15I**);
 - iv. **Support Strategies** (The **Person** must complete these 30 calendar days from the date of **Person-Centered Planning** meeting.); and
 - v. **Application for Certification (Form 2-9C or 2-9C (B)).**
- E. The **Support Coordinator** shall ensure that each **Person/Person's Representative** receives a copy of the **Self-Administered Services Support Book** and the contents are reviewed, as per the **Application for Certification**.
- F. If Employee timecards are submitted more than 30 days late, the **Fiscal Agent** shall email the **Support Coordinator** for approval of payment. **Support Coordinators** must determine if the payment should be approved and ensure the regional Contract Analysts are provided with this information.
- G. **Support Coordinators** shall notify the **Fiscal Agent** when any of the following occur:
- i. When there is a change in **Support Coordinators** (indicate new ID);
 - ii. Budget closures;
 - iii. Budget changes;
 - iv. When the **Person** is in the hospital or nursing home;
 - v. When the **Person** has moved.
- H. The **Support Coordinator** shall contact the **Person** or **Representative** by telephone on as least a monthly basis and visit the **Person** in their home on at least a quarterly basis.