

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 thirty (30) days of beginning case management of a new case, meet with the individual and their legal representative/guardian (if any). Support coordinators will 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 system 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. Support coordinators will document their convening the PCPT in the USTEPS system via an activity log note within thirty (30) days of issuing notice for the convening of the Team.**
- A.3 In preparation for this PCSP planning meeting, the support coordinator will confirm that a Supports Intensity Scale (SIS) has been administered within the preceding three (3) years of the date of the anticipated meeting and will review the results of the SIS no sooner than sixty (60) days preceding the meeting. Support coordinators will generate a consumer activity log note in the USTEPS system 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 Person, or that a SIS has NOT been completed within the three (3) years preceding the anticipated date of the PCSP planning meeting, the support coordinator will request of their DSPD program manager in writing that a new SIS be completed. If a new SIS is obtained, the Support Coordinator will review it 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 the overall**

healthcare needs of the individual as determined by the individual and team during the PCPT meeting. The PCSP includes the social history, person-centered profile, action plan and budget.

- 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 of prescribed services 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 in USTEPS within fifteen (15) days of the completion of the PCPT meeting, and will activate a PCSP with the concurrence of a Qualified Intellectual Disabilities Professional (QIDP) or DSPD program manager to support the individual, no later than the last of the month in which the PCPT meeting occurred. New plans shall always be developed and entered into USTEPS without any lapse in the preceding plan which it replaces.**
- A.8 Support coordinators shall be fully responsive, prompt, cooperative and professional in their attendance at DHS/DSPD-convened utilization reviews, SIS or PCSP conferences or any other activity convened by DHS/DSPD for which their attendance or participation is required.**

B. MONITORING

- B.1 Support coordinators shall conduct face-to-face visits with individuals served no less frequently than once every ninety (90) 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 face-to-face visit via a consumer activity log note.**
- B.2 Support coordinators will visit individuals receiving the residential supports of RHS, HHS and PPS no less than once every thirty (30) days or at a rate directed by the DSPD program manager. Such visits shall occur in the person's place of residence at least once every sixty (60) days. However, no more than two (2) of these visits during each plan year may occur at other naturally-occurring settings within the Person's community provided that the support being offered to the Person during those visits shall be rendered by staff of the residential care provider. 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 individuals receiving supported living residential supports of SLH, SLN and SL1 in their place of residence no less than once every sixty (60) days or at a rate directed by the DSPD program manager, unless the individual is receiving residential supports rendered solely within the home of their immediate family in which case the support coordinator will visit the individual in their place of residence no less than once every ninety (90) days. 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.4** Support coordinators shall conduct on-site visits with individuals served at their day supports no less than once every sixty (60) days and will visit those receiving services at supported employment sites no less than once every ninety (90) days 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 a consumer activity log note.
- B.5** Support coordinators shall visit the place of residence of individuals receiving only day supports and residing within their immediate family's home 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.6** The support coordinator shall report any discovered variance in provider 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.
- B.7** 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.
- B.8** 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 a consumer activity log note shall be generated within seven (7) days of discovery.

- B.9** 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.10** 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.11** 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.12** Support coordinators will report to their DHS/DSPD program manager, via e-mail or facsimile the occurrence of a critical incident or event within 24 hours or on the first business day after a critical incident or event has occurred or been discovered by the support coordinator. Critical incidents or events include but are not limited to:

- **Abuse/Neglect Allegations**
Incidents of allegations of abuse or neglect (including self neglect), resulting in treatment at a medical clinic or emergency room, hospitalization, or death.
- **Aspiration/Choking**
Any aspiration or choking incident that results in the administration of the Heimlich Maneuver (e.g. stomach thrusts), emergency medical intervention, and/or hospitalization.
- **Attempted Suicides**
All suicide attempts
- **Deaths**
Any unexpected or accidental death. All deaths are considered unexpected with the exception of a) individuals receiving hospice care, b) individuals with a terminal disease or chronic end stage disease, c) elderly with general system failure.
- **Human Rights**
Human rights violations such as the unauthorized use of restraints – physical restraints, mechanical restraints, chemical restraints (medications), seclusion rooms or infringement on personal privacy rights that otherwise would require a rights restriction plan
- **Injuries**
Injuries resulting in admission to the hospital; (does not include ER visits only)
- **Law Enforcement Involvement**
Any activity perpetrated by or on a waiver client resulting in an arrest by law enforcement and/or the filing of civil or criminal charges.
- **Medication Administration Errors**
Medication errors resulting in treatment at a medical clinic or emergency room, hospitalization, or death.
- **Missing Persons**
Participants who have been missing for at least 2 hours and/or persons missing under unexplained, involuntary or suspicious circumstances and/or persons believed to be in danger because of age, health, mental or physical disability, environment or weather, in the company of a potentially dangerous person or some other factor placing the person in peril.

- **Working or Living Environment**
An Event that compromises the participant's working or living environment such as damage (e.g. roof collapse) to the work place or home that requires evacuation and puts a participant(s) at risk

Other Reporting Requirements: Following are additional situations for which notification is required.

- **Medicaid Fraud**
DHS/DSPD will notify the STATE MEDICAID AGENCY and the STATE MEDICAID AGENCY will notify DHS/DSPD when they become aware of Medicaid Fraud Control Unit 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**
Incidents or events that are anticipated to receive media, legislative or other public scrutiny.

This list is not intended to be exhaustive. Any event or incident that, in the opinion of the support coordinator rises to the level of the incidents or circumstances described above should also be reported. Such initial e-mail or fax notification should include only the facts available and known by the support coordinator at the time that the e-mail or fax notification required by this standard is filed.

- B.13 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, certified and contracted 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. Such plans will include means to ensure that the covering support coordinator shall receive all notifications and reports, including incident reports, in a timely fashion not to exceed the time-frames contained within all other support coordination standards, and shall further ensure that covering support coordinators have access to all information contained within the person's record in order to be able to**

provide satisfactory support coordination while covering for the absent support coordinator. The covering support coordinator bears the same responsibilities for notification and case management as the absent SCE originally bore. 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 dates of their absence and their plans to assure continued coverage in each instance within seven (7) days of the commencement of the absence.

- B.14 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.**
- B.15 Support coordinators will monitor both the spending as well as the remaining budget for the plan year for all prescribed services for each of the persons and families they serve in order to best advise those they serve. Support coordinators will not authorize additional spending for services for which the budget for that service has been exceeded for the plan year until such time as the budget has been adjusted in the PCSP to permit further spending and a new authorization to bill (DHS/DSPD Form 1056) has been issued to the provider. Support coordinators will ensure that any adjustments to the budget within the PCSP that result in a decrease in amount, frequency or duration of the prescribed service will be accompanied by a Notice of Agency Action (NOA) to a person and/or his/her legal representative or guardian, even if such adjustments are the result of the request or agreement of the person and/or his/her legal representative or guardian.**

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 times. Support coordinators shall ensure that the PCSP addresses and documents all pertinent aspects of the Person's life including but not limited to: Family, friends, group affiliations (including worship activities), school and educational activities, recreational and leisure time preferences, medical care (including all current healthcare providers and pertinent medical**

- history as known to the Support Coordinator including hospitalizations and other institutional care received), and any other facts which could reasonably be expected to aid in the effective provision of support coordination services to the Person served. Changes in the PCSP that occur shall be documented in the USTEPS system through Addendums entered within fifteen (15) 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 suspected of being subject to risk, harm, abuse, neglect, exploitation or 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 a 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 (DHS/DSPD Form 928) 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 (DHS/DSPD Form 929) 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 (DHS/DSPD Form 930) is completed and placed in the record for all individuals receiving supervision at a 1:1 ratio for four or more hours each day, within thirty (30) days of the start of intensive 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 Pursuant to rule R539-4, UAC, support coordinators shall review each Emergency Behavior Intervention per the Form 1-8 received from the provider. Support coordinators shall monitor that, in the event of repeated use of emergency behavioral interventions, the Person-Centered Planning Team (PCPT) shall:**

Examine whether Emergency Behavior Interventions are used three times, or for a total of 25 minutes, within 30 calendar days. If it is found that these limits are exceeded, the support coordinator shall ensure that the Team shall meet within ten business days of the date that the above limits are exceeded 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.

C.12 Support coordinators shall ensure that any individual budget work sheet (IBWS) they create or modify to establish rates for work-sheet based services (currently RHS, HHS, PPS , SEI, DSP, DSI and DSG) shall be retained in the consumer's record and shall be conveyed to the provider of the work-sheet based service and the support coordinator's DSPD contract analyst in the form of the completed original electronic Excel file of the IBWS (sent to the Contract Analyst via email) within thirty (30) days of the creation or modification of the IBWS.

C.13 Support coordinators shall visually review the records pertinent to the health and welfare of the Persons they serve as maintained in the Person's residential and day-support settings no less than once every 90 days to ensure completeness, accuracy and currency of those records. The support coordinator will notify their DSPD administrative program manager of any deficiencies noted in the Person's record during these inspections and reviews within seven (7) business days of the occurrence of the review and shall document the occurrence of the review and their findings in a consumer activity log note within the USTEPS system within seven (7) business days of the occurrence of the review.

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. Support coordinators will also conduct a thorough review at any time during which the support coordinator suspects falsification or fraud in the preparation of timesheets, or at the direction of their DSPD program manager. The results

of these reviews will be submitted to their DSPD program manager. Timesheets which the support coordinator is 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* and the *Utah Division of Services for People with Disabilities 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 who care for an individual 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 submit it to their DSPD program manager within 24 hours of discovery or the next business day 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.**

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 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.3 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 reviews of the propriety and accuracy of their plans by their DSPD Administrative Program Manager. Support coordinators who fail to**

demonstrate continuing competency according to the assessment of the DSPD Administrative Program Manager shall immediately cease rendering support coordination services until such time as they can successfully demonstrate a restoration of competency to their DSPD Administrative Program Manager.

- G.4 Support coordinators shall successfully complete DSPD 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, with a passing grade of at least 75%, a routinely administered learning assessment of competency administered and scored by DSPD prior to rendering any independent support coordination services.**
- G.5 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 incompleteness 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* and the *Utah Division of Services for People with Disabilities 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* and the *Utah Division of Services for People with Disabilities 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.**