



One Time Respite Support Book

Division of Services for People with Disabilities

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Introduction to the One Time Respite Program

The One Time Respite Program is a State funded and operated program which allows for the provision of respite services for people who are on the Division for People with Disabilities (DSPD) or the Division waiting list. The respite program is designed to provide short term-time limited relief from normal caregiving. The respite program will allow parents and caregivers a short break from the care demands of the person in times of need while providing supports necessary to meet the person's care and supervision needs. The funds allocated to each person are one time funds and services are time limited. Funds expire and services terminate one year after the Person Centered Support Plan (PCSP) is initiated. Funds are authorized yearly through the Utah State Legislature. Participation in the program does not remove a person from the Division waiting list, and once the funds are exhausted the person remains on the Division waiting list for services. The One Time Respite program is offered to those on the Division's waiting list. This resource is aimed at reducing stress experienced by caregivers and averting crisis.

One Time Respite Services are available both from an Agency-Based Provider model and also from a Self-Administered model. In the Agency-Based model a community service provider contracted with the Division provides the respite service and is responsible for all aspects of the service delivery. In a Self-Administered Respite model the person or family hires and directs their own respite worker and the person/family is responsible for all aspects of delivery of the services. Individuals and families have the ability to utilize each model or a combination of the two to best meet their own individual needs. Respite services may be provided as an individual one-to-one service or as a group service, and as an hourly service.

A Division Respite Case Manager will work with each participant and will complete a Person-Centered Support Plan (PCSP) that authorizes the use of the respite service. The Division will also authorize the respite billing submissions as services are utilized and will monitor the use of the respite service for each participant.

Section One: One Time Respite Overview

Introduction to Agency-Based Respite Services

Agency-Based Provider Respite Services allow people with disabilities and their families to receive services in their homes and in provider based respite settings. Services include hourly respite services that meet the person's care and supervision needs during times the normal caregiver is not available. Agency-Based Respite Services also includes therapeutic respite services provided in a camp or summer program type setting. In the Agency-Based Provider model a community based agency contracts with the Division to provide the respite services and is responsible for all aspects of delivering the respite service. The agency is responsible to:

- Hire, train, direct and supervise each respite employee hired.
- Ensure that services delivered stay within the authorized budget of the person.
- Complete and submit timely documentation.
- Arrange staffing needs required by the person.

The agency works with the person and family to ensure that the respite services are meeting the identified needs of the person.

Introduction to Self-Administered Respite Services

Self-Administered Respite Services (SARS) offers an alternative to Agency-Based Provider services by allowing people with disabilities and their families to select services that are provided within their homes. People with disabilities and their families are able to hire, train, and supervise the employee/s providing the support. They also assure that the services stay within the person's allocated budget. The Division of Services for People with Disabilities (DSPD) allocates a budget that obtains authorized supports for the person receiving funding.

Program Funds are only disbursed to pay for services that are outlined in the Person-Centered Supports Plan (PCSP) and only after the services are performed. All SARS payments are made directly to the person performing the services (the employee) through a Fiscal Agent under contract with DSPD.

If you use the SARS option for services, you will be required to use a Fiscal Agent. The Fiscal Agent will provide financial services for the person, or the person's designated representative, including: (a) verifying the qualifications of the worker, (b) federal, state, and local tax withholding/payments, budget status reports, and (c) processing the Medicaid paperwork and paying the Employees.

The Division's Respite Case Manager monitors the budget and ensures that the services are part of the Person-Centered Support Plan. If there are any concerns that arise, the Division Respite Case Manager contacts the person receiving services, or their representative, to resolve the issues. The Division Respite Case Manager can assist with arranging for the Agency-Based Provider services if the family needs help with this. Self-Administered Respite Services are a part of DSPD's goal to allow the maximum amount of independence and choice in the lives of the people we serve.

DEFINITION OF TERMS

Agency-Based Provider: Any company that contracts with DSPD to deliver planned supports to people with disabilities.

Direct Services: Services delivered by an employee in the physical presence of the person.

Division Respite Case Manager: A DSPD employee who provides assistance in developing needed services and support to a person receiving DSPD funding. The Division Respite Case Manager also monitors the use of the services and the Person-Centered Budget.

DSPD: Division of Services for People with Disabilities. DSPD is the state agency responsible for administration of state and federal funding for people with disabilities.

Employer: The person receiving DSPD services, or the person's representative. The employer takes on the responsibility of hiring, training, supervising, and preparing payroll for employees contracted to perform services.

Employee: Any individual hired to provide services to a person receiving Self-Administered Respite Services.

Financial Fraud: A willful or neglectful misuse of funds made available to provide a person's support. For example: reporting duplicated time claims, submitting claims for work not provided, or requiring a worker to return a portion of their wages to the employer.

Fiscal Agent: An individual or entity contracted by DSPD to perform fiscal, legal, and management duties, including payroll processing duties for Self-Administered Respite Services. If you use Self-Administered Respite Services, you will be required to process payroll through a Fiscal Agent.

Person-Centered Support Plan (PCSP): An abbreviated support plan that authorizes the type, amount and frequency of the respite services. The plan is developed from a short interview that includes an assessment of the needed respite services as well as the strengths, respite goals, and health and safety issues of the person necessary for the respite services.

Person-Centered Budget: State funds that are allocated to the person being served through DSPD to obtain appropriate authorized supports.

Rates: The amount that DSPD pays to a Provider or a SARS worker for the services/supports for a person. The rate includes both the direct wage of the SARS worker, and the employer's (person directing SARS) portion of taxes. Employers must pay a rate between Federal minimum wage and the maximum rate allowed as noted on the Fiscal Agent pay schedule. The employer can choose the amount of support received by adjusting the direct rate that is paid to the employees providing services. Rates can be changed as needed by the employer.

Respite Care Supports: Include short-term relief from normal care giving. Respite care provides supervision in the family's home, an employee's home, an overnight camp, a summer program, or an agency-based facility. Respite Care Supports are available as a single or group service and thru the Self-Administered model or Agency-Based Provider model.

Self-Administered Respite Services (SARS): A service option for people receiving DSPD funds that allows a person to hire, train, and supervise employees to provide the supports, and manage the allowed budget.

Service Specific Orientation: Training by the family to the employee that provides important information about the person. Training may include but is not limited to: medical needs, physical needs, dietary needs, and what is needed to implement respite as outlined by the parent. Families are responsible to train their employees in specific areas they feel are important.

CHOOSING APPROPRIATE SERVICES

Division Respite Case Managers provide ongoing support to ensure that the needs of the person receiving services are appropriately identified, and that services selected from an Agency-Based Provider and/or Self-Administered Respite Services match the person's needs.

Agency-Based Provider Services are offered through private companies that contract with the DSPD. When using these services, the person, or person's representative, chooses an agency that will meet their specific needs. It is the responsibility of the provider agency to supervise, hire, and assure that the qualifications of the employee providing the services are met.

Self-Administered Respite Services provides an alternative to traditional Agency-Based Provider services by allowing the person or the person's representative (often, a family member) to directly hire employees to meet specific identified service needs. Most of the time Self-Administered supports are provided in the person's home. Self-Administered Respite Services are available to all who are capable of administering the program, and for those who wish to hire their own employees. The person or the person's representative is responsible to, hire, train, supervise and schedule employees, and to approve employee time sheets. Individuals must work with their Fiscal Agent and Division Respite Case Manager to meet DSPD requirements.

Services Used in Combination Needs vary widely and may require a combination of services. A person or person's representative can obtain respite assistance through Self-Administered Respite Services or through an Agency-Based Provider, or a combination of both.

SERVICE OPTION DESCRIPTIONS

Financial Management Services/Fiscal Agents: A requirement under Self-Administered Respite Services. Fiscal Agents: (a) process payroll for employees including federal, state, and local tax withholding/payments, unemployment compensation fees, wage settlements, and fiscal accounting reports, (b) complete tax forms and (c) provide monthly accounting of budgets.

Respite Care Supports (RP): Include short-term relief from normal care giving. Respite care provides supervision in the family's home, an employee's home, an overnight camp, a summer program, or an agency-based facility. Respite Care Supports are available as a single or group service. Services are available hourly and can be provided in the person's home or in the home of a qualified employee. Services can also be provided to the person in the community. Services are offered through a Self-Administered model where the person or family is responsible for all aspect of the service delivery including hiring, firing and directing their own employees or through an Agency-Based Provider model where a community service provider contracted with the Division is responsible for all aspects of the service delivery including hiring, firing and directing the agency's employees. Respite can be provided by an employee who is 16 years old with parental consent and must be provided by someone 18 years old or older when involving overnight care or when including incidental transportation. The employee must not be a parent, step-parent, guardian or spouse of the person receiving the respite service. All employees must successfully pass a background check.

Respite Session (RPS): Typically provided in a camp or summer program setting that includes a therapeutic respite program provided on a session basis and is furnished to a person on a short-term basis in a facility or other approved community-based program and is not in the person's or the person's immediate family's normal place of residence. RPS is intended for care offered through a DHS/DSPD approved facility, temporary-care facility, overnight camp, summer program, or a facility providing group respite other than the private residence of the person. RPS must be used with a provider that has an existing contract with DHS/DSPD. Staff (employees) must have completed all of the training requirements before the delivery of any supports to a person and performing any work for a person without supervision. In no case will services provided and billed under this service description be provided in the private home or residence of either the contractor or the person.

SERVICE CODES

Self-Administered Respite Services and Codes: Families using the Self-Administered model of service delivery will need to be familiar with the differences between each service and code to ensure proper utilization and recording on their employee's time sheet. When determining which service and code should be used, families need to identify the type of respite service required. Families need to consider that the regular hourly rate is considered at no more than 40 hours per week, from Sunday through Saturday. There is no limit on how those 40 hours are scheduled, but starting at 41 hours, it is considered Over Time and the fee will be paid at 1 ½ of the rate per hour. Hourly services are billed on a quarter hour basis, accounting for 15 minutes time intervals.

Families need to determine if the service is being delivered on a one-to-one ratio or in a group setting. "One-to-one" ratio means one employee to one person served, and a "group setting" means a small group of up to 3 people with a disability receiving services from the Division being served together at one time. Families also need to determine if the person being served has room and board needs when being served with overnight care in a daily setting. Families will need to utilize the following service codes on their employee's time sheet according to the service provided. The service code explanations below will be used on the employee's time sheet according to the type of service provided. It is important to note that with Self-Administered Respite Services the family and the person determine which service is need and required and how it is provided. Additional information regarding Self-Administered Respite Service codes is available on the DSPD website at <http://dspd.utah.gov/self-administered-services-descriptions/>

RP1= Is an hourly respite care service that serves no more than one person at a time. It is expected that the employee will meet the care and supervision needs for the person receiving the respite service and that families will arrange for additional child care if required for other children in the home. RP1 is provided in the person's private residence, the home of an approved employee or in the community. Overnight care can be provided using RP1. The service should be recorded on the time sheet accordingly. Overtime will be paid if employee worked for more than 40 hours during the week.

RP6= Is an hourly service that provides a one-to-one respite service including overnight care. This service includes payment for the room and board cost of the person while residing in this setting. RP6 is not provided in the person's home and is only provided in an approved employee's home or setting. Employees providing this service within their own homes shall serve no more than four total people per staff at any one time including the employee's own minor children under the age of 14. Services provided are

billed as such on the employee's time sheet. Overtime will be paid if employee worked for more than 40 hours during the week. The important distinction with RP6 is that it is a one-to-one service that provides payment for the person's room and board costs which is typically used in overnight situations. RP6 does not include payment for exceptional needs care.

RP7= Is an hourly service that provides care in a group setting for up to 3 people with a disability receiving services from the Division. It does not include payment for the room and board costs of the person. Employees providing this service within their own homes shall serve no more than 4 total people per employee at any one time including the employee's own minor children under the age of 14. Services provided are billed as such on the employee's time sheet. Overtime will be paid if employee worked for more than 40 hours during the week. The important distinction with RP7 is that it is a group service provided for up to 3 people receiving Division services that do not include payment for room and board services or for exceptional needs care.

RP8= Is an hourly service that provides care in a group setting for up to 3 people with a disability receiving services from the Division that includes payment for the room and board costs of the person while residing in an overnight setting. Employees providing this service within their own homes shall serve no more than four total people per employee at any one time including the employee's own minor children under the age of 14. Services provided are billed as such on the employee's time sheet. Overtime will be paid if employee worked for more than 40 hours during the week. The important distinction with RP8 is that the service is provided to up to 3 people receiving Division services and includes payment for room and board that is strictly provided outside the person's home in an approved employee's home or setting.

Agency-Based Provider Respite Service Codes: Families utilizing the Agency-Based Provider model of service delivery will need to be aware of the different service options available to them to best meet the needs of the person being served. However, when utilizing this service model it is important to note that the DSPD Agency-Based Provider holds all primary responsibility for service delivery, hiring, firing and directing employees, and any fiscal responsibilities required for the program; families are not responsible for these items with this service delivery model. When determining which service and code should be used, families in conjunction with the Agency-Based Provider need to identify the type of respite service required. Families need to consider whether the service is hourly or daily. "Hourly" means less than 6 hours provided and "daily" means 6 continuous hours or more provided. Families need to determine if the service is being delivered on a one-to-one ratio or in a group setting. "One-to-one" ratio means one employee to one person served and a "group setting" means a small group of up to 3 people being served at one time. Families also need to determine if the

person being served has room and board needs when being served overnight with a daily service. When utilizing this model of service delivery families also need to consider if the person being served has exceptional medical or behavioral care needs that will need to be addressed while receiving services. It is important to note that the Agency-Based Provider, in conjunction with the family and individual, will determine the service and code required and the provider will supply the service they can offer. The Agency-Based provider is responsible to ensure that all staffing, licensing and required contractual items are completing before delivering the respite service. The family however has the ultimate choice in which service best meets the needs of the person being served. The following information may be helpful when negotiating the service needs of the person. These services are available to families utilizing the Agency-Based model.

RPS= Is a service that is provided on a session basis, primarily utilized for therapeutic respite camps or summer programs and is furnished to a person on a short-term basis in a contracted agency facility or other DHS/DSPD approved community-based program and is never provided in the person's or the person's immediate family's home. RPS is intended for care offered through a DHS/DSPD approved facility, temporary-care facility, overnight camp, summer program, or a facility providing group respite other than the private residence of the contractor or the person. RPS must be used with a provider that has an existing contract with DHS/DSPD.

RP2= This service is both an hourly and daily one-to-one or group respite care service that is provided to the individual in the individual's home, a provider's home or an approved provider based residential facility setting. Group respite refers to a small group up to a maximum of 3 people in a home setting and up to 6 people in a provider based residential facility. RP2 does not include payment for room and board costs when utilized as a daily overnight service in the individual's home. . This service may be rendered for a period of less than 6 hours in which case it will be considered an hourly service. The service may also be provided for more than 6 hours in which case it will be considered a daily service and billed by the provider to DSPD accordingly. Service that goes over 6 hours including overnight and not provided in the individual's home should be billed as RP4.

RP3= This service is used for one-on-one or group respite services for individuals requiring specialized equipment, or with exceptional medical or behavioral needs beyond that of a person typically served by the Division. Agency employees are paid either an hourly rate or the daily rate for their services. The daily rate refers to the maximum dollar amount an employee can earn for 6 or more continuous hours. RP3 does not include payment for room and board and is provided in the person's private residence or other approved Agency-Based Provider setting. The important distinction

with the RP3 service is that the service provided is specifically designed to meet the exceptional medical or behavioral care needs of the person and that it does not include payment for any room and board costs when utilized as a daily overnight service. Service that goes over 6 hours including overnight and are not provided in the individual's home should be billed as RP5.

RP4= This service provides both a one-to-one and also a group daily overnight service. RP4 is always provided in a facility-based program approved by DHS/DSPD or in the private residence of the DSPD contracted agency's employee's home and is never provided in the person's home. RP4 includes payment for room and board costs of the person when the service is utilized as a daily overnight service. The important distinction with the RP4 service is that it is only provided as a daily service and does include payment for the room and board costs of the person; it may be provided as a group service and it does not include payment for any exceptional care needs required by the person.

RP5= This service provides both a one-to-one and also a group daily overnight care. RP5 is provided in a contracted agency facility-based program approved by DHS/DSPD but may also be provided in the private residence of the agency's employee home and is never provided in the person's home. The important distinction with RP5 is that it provides services for persons with exceptional medical or behavioral care needs, or required specialized equipment. RP5 includes payment for room and board when the service is utilized as a daily overnight service.

SECTION TWO:

Self-Administered Respite Service Agreement

A Self-Administered Respite Service agreement (SARS agreement) is a binding contract with DSPD that allows for the self-administration of services. The service agreement is completed for the first time when initiating services. It is usually completed during the person-centered planning meeting. The service agreement should be kept with other records and be available for review upon the request of the Division Respite Case Manager or DSPD.

Regular communication with the Division's Respite Case Manager helps to identify service needs for the person and family members. Services can be canceled or changed to an Agency-Based Provider model by either the person/person's representative or DSPD.

The person or person's designated representative is considered the SARS program "employer of record." The SARS program "employer of record" agrees to be responsible for all SARS activity and record keeping, as well as assurances of compliance.

Links to some of the agreements for the One Time-Waiting List Respite Program are found in Section 4 Forms and Links. Self-Administered Respite Services agreements are listed as:

- 2-9EA Employee Employment Agreement.
- 2-9SA Employer Service Agreement
- 2-9C Employee Application for Certification
- 2-9T Notice of FMS Transfer or Termination

ROLES AND RESPONSIBILITIES

Division Respite Case Manager Responsibilities

The overall responsibility of the Division Respite Case Manager is to:

- Assist in explaining and identifying service options.
- Complete the Person-Centered Supports Plan (PCSP), in which the service needs of the person are identified.
- Assist with PCSP budget allocation. Division Respite Case Managers will monitor the spending during the year. This includes all prescribed services for each of the persons and families they serve.
- Monitor services.
- Monitor documentation by assisting in the initial documentation requirements.
- Provides basic support towards understanding the One Time Respite Program including both the Self-Administered Respite Service (SARS) and the Agency-Based Provider Respite options of service delivery. This will be a combined effort with the community service providers and the Fiscal Agents.
- If there are any concerns that arise, the Division Respite Case Manager contacts the person receiving services, or their representative, to resolve the issues. The Division Respite Case Manager can assist with arranging for the Agency-Based Provider Respite Services if the family has difficulty with this on their own.
- Post to DSPD USTEPS log notes on outcomes and various correspondences such as provider/employer monthly service summaries, Form 1-8 Incident Reports and follow up activity, etc.

AGENCY-BASED PROVIDER RESPONSIBILITIES

When utilizing the Agency-Based Provider model for the respite service the contracted community service provider agency is responsible for all aspects of providing the respite service.

- The agency is responsible to hire, train and direct their employee's responsible to provide the respite service.
- The agency is responsible to ensure that each staff is adequately trained and required to complete all necessary employee training items, background screens, maintain documentation as well as all other required items deemed necessary for each employee.

- The agency is responsible to ensure that each approved respite site and facility meets the appropriate licensing requirements and all relevant staffing requirements.
- The agency is responsible to ensure that all documentation requirements are completed by both the agency and the agency's staff and that all documentation is completed in a timely manner.
- The agency is responsible for scheduling and arranging for staff time to address the staffing needs of the person.
- The agency is responsible to ensure that the employee is familiar with the needs of the person, the respite goals, and any service specific needs required by the person.

SELF-ADMINISTERED RESPITE SERVICE (SARS) RESPONSIBILITIES

When utilizing the Self-Administered Respite Service (SARS) option the person receiving services, or their representative becomes the employer and is responsible for all aspect of the respite service including:

- hiring, directing, and training responsibilities of the employee
- completing and maintaining documentation requirements
- ensuring staffing requirements are adequate to meet the person's needs
- ensuring that employees are familiar with the needs of the person, the respite goals, and any service specific needs required by the person

EMPLOYER RESPONSIBILITIES

The Self-Administered Respite Service (SARS) employer responsibility is to:

- Sign the Self-Administered Respite Services Agreement Form 2-9SA.
- Select a Fiscal Agent, and inform both the Division Respite Case Manager and the Fiscal Agent of any updates or changes to employee status for all hires or released workers.
- Ensure that employees understand, and are familiar with, the services and supports they are providing.

- Provide training/orientation to individual needs.
- Develop and update the emergency contact and information form.
- Ensure that employees understand, and are familiar with, the emergency contact and information form, and know where it is located.
- Maintain employee personnel and training records for 6 years.
- Ensure employees meet DSPD training requirements.
- Ensure employees are 16 years of age or older, and complete the Employment Agreement Form. For overnight or transportation services the age requirement is 18 and over. If the employee is 16 or older, but under the age of 18, a parent/guardian signature is required on the Employment Agreement Form.
- Receive, review and sign time sheets with employees and submit according to the Fiscal Agent's payroll schedule.
- Recruit, screen, hire, fire, and train employees.
- Ensure employee's providing direct services have a cleared background check. Background checks are to be completed *annually* for any employee providing services.
- The person's representative shall notify the Division Respite Case Manager if any of the following occurs:
 - (a) If the person moves. If moving from one area of Utah to another, DSPD services are retained. Moving out of Utah closes all DSPD services. A new application for DSPD services would be required to place the person back on the waiting list if he/she returns to Utah after moving out of the state.
 - (b) If the person enters a nursing home; or
 - (c) Death of the person.

Ensure that all required paperwork is filled out by the employee including:

- A Form 2-9C Employee Certification. Complete all areas identified and indicate knowledge of Requirements for Certification by signing and dating each area completed
- A Department Code of Conduct and any Division Code of Conduct and certifications.
- W-4 Employee Withholding Allowance Certificate. This form is used by the Fiscal Agent to adjust employee taxes for claimed exemptions.
- I-9 Employee Eligibility Verification Form. There are two sections that need to be completed by you and your employer. Include copies of 2 forms of ID. See reverse side of I-9 for the list of accepted documentation and further instructions.
- Form 2-9EA Employee Employment Agreement; provided in the Fiscal Agent packet also available on the DSPD website.

Background Screening

The Background Screening Application, also referred to as a background check is an initial and annual review of any individual providing direct care support to an individual in services.

The employee's Social Security card and identification such as a current driver's license will need to be copied and attached to the Background Screening Application. The employer will need to see the originals and keep a copy of the employee's Social Security card and identification to fill out the I-9 form. Also, two fingerprint cards are required. Send both original cards to the Fiscal Agent.

The Fiscal Agent will submit the forms for the background check and notify you when the background check is complete, and provide certification for your records. A background screening tutorial is available on the DSPD website. The link is provided in Section 4 Forms and Links.

The Background Screening Application should be sent to the Fiscal Agent you have decided to work with.

LEONARD CONSULTING, LLC

1059 E 900 S
SLC UT 84105
801-359-4699

MORNING SUN Financial Svc

PO BOX 9323
SLC UT 84109
801-484-0787
888-657-0874

Incident Reporting

Ensure proper training is provided to staff regarding incident reporting. Employees are required to know what types of incidents need to be reported, reporting timelines, and where incident report forms are located. It is required that the employee or employer notify the Division Respite Case Manager of any reportable incidents that occur while the person is in the care of the employee within 24 hours of occurrence. An Incident Report Form 1-8 MUST be completed within 5 business days of the incident and sent to the Division Respite Case Manager. Initial notification may be in the form of a phone call, email, or fax. An Incident Report (1-8) is required during times of billable service if any of the following events should occur:

- Actual and suspected incidents of abuse, neglect (including self-neglect), exploitation, or maltreatment per the DHS/DSPD Code of Conduct and Utah Code 62A-3-305 and 62A-4a-403 which requires you immediately notify DHS

Adult Protective Services intake in cases involving an adult. Child Protective Services intake in cases involving a child or the nearest law enforcement agency for drug or alcohol abuse;

- Medication overdoses or errors reasonably requiring medical intervention;
- Instances in which the person receiving services is considered “missing” under any unexplained, involuntary or suspicious circumstance(s) and is believed to be in danger because of age, health, mental or physical disability, environment or weather, in the company of a potentially dangerous individual or some other factor placing the person in peril;
- Evidence of a seizure in a person with no existing seizure diagnosis;
- Significant property destruction (\$500.00 or more);
- Instances of physical injury reasonably requiring a medical intervention;
- Instances of law enforcement involvement or charges filed surrounding a person;
- The person has an aspiration or choking incident that results in the administration of the Heimlich maneuver (e.g. stomach thrusts), emergency medical intervention, and/or hospitalization;
- All suicide attempts by the person (does not include threats of suicide);
- 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 would otherwise require a rights restriction plan;
- An event that compromises the person’s working or living environment such as damage to the home (e.g. roof collapse) that requires evacuation and puts the person at risk;
- Death of the person;
- Instances of any institutional admittance(s) such as accommodation in a nursing home or a hospital; or
- Any other instances the person or person's representative determines should be reported.

Time Sheets

The time sheet is an important document and provides internal controls that reduce misuse or fraud when used properly. It reflects the implementation of labor agreements and payroll obligations. A time sheet entry needs to be completed each time the employee works. The time sheet should indicate the exact time (including a.m. and p.m.) the shift begins and ends. The employee is required to make a brief comment on the time sheet of the service provided during the shift. The employer may contact the Fiscal Agent with any questions concerning filling out a time sheet or using a Fiscal Agent on-line or telephone-based reporting system. Complete and correct information

must be provided on the time sheet or the employee will be asked to make necessary corrections, which may delay the employee's payment.

Time sheets will be reviewed by both the employer and the Fiscal Agent for correct billing information. The Fiscal Agent deducts taxes, and provides payment directly to employees during normally scheduled payroll practices. Following a payroll, a person's SARS budget with the Fiscal Agent is updated and the SARS employer is provided a current and historical summary of payments and remaining budget. The Division Respite Case Manager will not have access to the processed time sheets. Time sheets are sent directly from the employer to the Fiscal Agent, and are then processed through the Fiscal Agent, and are not, in practice, redistributed to any other parties. It is the employer's responsibility to share time sheet information with the Division Respite Case Manager if the employer finds it necessary, or the Division Respite Case Manager requests it.

Follow the Utah Time Sheet Instructions Below:

1. Enter employee name (LAST NAME, FIRST NAME)
2. Enter employee ID (Social Security Number or Fiscal Agent Employee number)
3. Enter the person receiving services' name (LAST NAME, FIRST NAME)
4. Enter the person's ID number (DSPD 0-nine digit number)
5. Enter the service date(s) - the date(s) that were worked (Month/Day/Year)
6. Enter the time work began and ended. Indicate a.m. or p.m. hours (12:00 noon is p.m. and 12:00 midnight is a.m.)
7. Enter the corresponding service code using the following letter codes as applicable:
RP1 - Respite
RP6 – Respite (room and board)
RP7 - Respite-Group
RP8 - Respite-Group (room and board)
8. Enter comments regarding the services provided. This should be brief and related to the respite services provided
9. Ensure the employee and the employer sign the time sheet. "Pre-signed" forms are not allowed. The employer may not "sign" for the employee.
10. Enter dates by the signatures.

Time Line for Payroll

The employer may fax, mail, or electronically submit signed/approved time sheets to the Fiscal Agent by the deadline of the 1st and 16th of each month or as instructed by the Fiscal Agent. Time sheets received on or before the 1st of the month will be paid on or before the 15th. Time sheets received on or before the 16th of the month will be paid

on or before the 30th. Variations in the payroll schedule may occur due to holiday and weekend dates. Refer to the Payroll Schedule provided by the Fiscal Agent. This schedule may be included in the Daily File.

The employee must inform the employer of any changes in contact information, such as address or name change, so the Fiscal Agent can be notified. Payroll may NOT be processed by the Fiscal Agent without prior Division Respite Case Manager approval if it is received more than 30 days following the month services were provided. The Fiscal Agent receives time sheets, reimburses employees, and submits payment documentation to DSPD, which is processed on a weekly basis. Questions about payroll schedules and processes can be answered by your Fiscal Agent.

Specific Training for Transportation

Employees providing transportation must abide by the following guidelines.

- Persons are not to be left unattended in the vehicle.
- Persons must remain seated while the vehicle is in motion.
- Keys are removed from the vehicle at all times when the driver is not in the driver's seat unless the driver is actively operating a lift on vehicles that require the keys to be in the ignition to operate the lift.
- All persons in wheelchairs must use seat belts or locking mechanisms to immobilize wheelchairs during travel.
- Persons must be transported in safety restraint seats when required by Utah State law.
- Vehicles used for transporting persons must have working door locks; doors must be locked at all times while the vehicle is moving.
- During an emergency, the employee is responsible for the person until relief or help arrives.
- Driver must have current driver license and employer/driver must have current vehicle insurance, license and inspections.
- Failure to serve the person under these terms may be cause for termination of this service.
- Per Title 41, Chapter 6a, Section 1803 the use of safety belts is required

Employee Rate Information

To establish or change your employee's rate of pay, turn in an Employee Rate Information Form. This form is included in the Fiscal Agent packet.

Termination of Employment

Whenever there is a change in employee status, either changing or terminating, notify the Fiscal Agent.

Termination of an employee requires a Fiscal Agent Employee Termination Form to be submitted to your Fiscal Agent in addition to the final time sheet.

Complete the appropriate section for the Employee Termination Form provided in the Fiscal Agent packet.

Blank forms of/for your Fiscal Agent are located at one of the following websites:

Leonard Consulting, ILC

<http://leonardconsultingllc.com/>

Morning Sun Financial Services

<http://morningsunfs.com/>

Record Keeping

Daily File: A recording system for employees to use each time that they work; this system is referred to in this support book as a “Daily File.”

Items to include in a Daily File:

- Blank Incident Report Form also referred to as a Form 1-8.
- Emergency Contact and Information Form
An emergency contact form is used to provide contact information in the case of an emergency. This can include but is not limited to: Current home phone number and address, pertinent health care information and parent or family contact information.
- Blank Time sheets
- Optional - Living will and or Do Not Resuscitate declaration

Employee File Information:

Maintain the following documents in a confidential employee file

- Signed copy of the Employment Agreement (2-9EA)
- Copy of Social Security Card
- Original W4
- Original I-9
- Copies of Background Screening Applications submitted and any denial
- Signed copy of Employee Certification (2-9C)
- Signature sheet of the Code of Conduct (reviewed annually)

- Copy of employee's driver's license (if transporting)
- Copy of employee's auto insurance policy (if transporting)

Suggestions for assistance to ensure Employee Success

Familiarize yourself with the State Employment Requirements for “At-Will” employees and the Employment Agreement (Form 2-9EA).

For questions regarding hiring practices, you may contact the Labor Commission of Utah at <http://laborcommission.utah.gov/> or by calling 1-800-222-1238.

Basic Employee Requirements:

- Minimum 16 years of age (with parent/guardian consent).
- Minimum 18 years of age for transporting and overnight services.
- The employee may NOT be an immediate family member (parents, step-parents, guardians, or spouse).
- Employee must successfully complete requirements identified in the Document Checklist (in the form section).

For assistance and help with recruiting and hiring employees, you may contact your local Division of Workforce Services office and ask for a Workforce Development Specialist or you may contact them online at www.jobs.utah.gov.

Suggestions for Recruiting and Hiring:

- Post an ad with a job description and your specific needs through Workforce Services or your local advertising media.
- Have prospective employee complete information, either through an application or a prescreening phone interview.
- Steps to include in the application and interview:
 - Review the basic job description and job requirements
 - Job description: explain “at will” employee law, which allows the employee or employer to terminate employment without notice
 - Job duties
 - Job hours and schedule
 - Salary
 - State requirements, such as background check and training
 - Ask questions specific to your needs and the skills desired, such as:
 - Past work experience and experience working with children or adults with disabilities.
 - Past training or educational experience
 - Availability and flexibility
 - Knowledge or skills in handling problem behaviors or safety issues

Upon Hiring an Employee:

- Get BCI (background check) clearance
- Maintain accurate and updated information in all documentation, logs, and time sheets
- Train in state required areas
 - Department Code of Conduct
 - Division Code of Conduct
 - Incident Report Form (I-8 form)
- Training/Orientation to individual's needs
 - Activities (age appropriate, likes/dislikes)
 - Daily File
 - Dietary concerns or allergies
 - Emergency contact information
 - Emergency medical needs
 - Emergency packets
 - Medication and instructions for equipment (if applicable)
 - Special instructions for eating or swallowing
 - Specific service needs

FISCAL AGENT RESPONSIBILITIES

When utilizing Self-Administered Respite Services (SARS) a Fiscal Agent is required to oversee the financial responsibilities of the program. Responsibilities include:

- Provide a document packet to the person containing various DSPD and employer forms. These forms should include but are not limited to: Fiscal Agent Appointment (Form 2678), Employer FEIN SS-4, Employee forms (including: W4, I-9, BCI form), Employee Certification Form 2-9C, Employee Agreement Form 2-9 EA, time card(s) required for services and instructions on how to complete the forms. Links to some of these forms are provided under Section 4 Forms and Links.
- Ensure required payroll paperwork is received and remains current prior to paying employees.
- Send paychecks directly to employees, withhold all required taxes and issue an annual W-2 income and tax summary for each employee.
- Follow set pay periods: Payments occur at least two times per month.
- Make payments for services identified in the Employment Agreement, and per employer, and employee approved (signed) time cards.
- Monitor and maintain current records.
- Ensure time cards reflect worker shift as a.m. or p.m., and do not include duplicated or overlapping periods.
- Ensure time cards have proper authorization signatures, and have been submitted on time.
- Send a monthly report showing employer payments and budget balance.
- Decline payments to employees who do not pass a background check. Discontinue payments to employees who do not renew their background check before it expires. *Please note that on some occasions it may take several weeks for notification of a completed background check.*
- Maintain a customer service call center.

The Fiscal Agent cannot:

- Make payments outside of the set pay schedule or without the DHS/DSPD Service Authorization Form 1056 generated by the Division Respite Case Manager to authorize payment.
- Make payments without a completed background screening on potential employees and annually on on-going employees.
- Provide workers compensation insurance.

EMPLOYEE RESPONSIBILITIES

When utilizing Self-Administered Respite Services (SARS), employees provide direct care to the person receiving services. Employee responsibilities include but are not limited to:

- Complete all required training (documented on Form 2-9C) prior to working with the person unsupervised.
- Be familiar with the service definitions and know where a copy is located.
- Be familiar with the emergency contact and information form and know where a copy is located.
- Provide supports outlined in the service agreements.
- Keep any data, logs, or required information. Keep comments on time sheets current.
- Follow the Code of Conduct. Review the Code of Conduct and sign the signature pages.
- Complete payroll forms, time sheets, comment sections, and follow pay period and submission timelines.
- Fill out and submit a Background Screening Application to the Fiscal Agent along with two (2) original fingerprint cards, in a timely manner. This ensures continuous approved background check status.
- Follow all incident reporting requirements including immediate notice and completion of Form 1-8. Know where incident report forms are located.
- Share important information to help develop future goals and services.

The following forms need to be completed in order for reimbursement of direct care services to occur. These forms also confirm all requirements have been met.

The Fiscal Agent is required to have the following:

- W-4 Employee's Withholding Allowance Certificate
- I-9 Employee Eligibility Verification Form (There are two sections that need to be completed by you and your employer). Include copies of 2 forms of ID. See reverse side of I-9 for the list of accepted documentation and further instructions.
- A Form 2-9EA Employment Agreement
- Background Screening Application

The employee's original fingerprint cards (2), and copies of Social Security card and identification such as a current driver's license will need to be attached to the Background Screening Application processed by the DHS Office of Licensing. The employer will need to see the originals and keep a copy of the employee's Social Security card and identification to fill out the I-9 form.

To meet Division requirements, the following forms need to be completed.

- A form 2-9C Employee Certification provided in the Fiscal Agent packet. Complete all areas identified and indicate knowledge of "Requirements for Certification" by signing and dating each area completed.
- A Department Code of Conduct and any Division Code of Conduct and DSPD Code of Conduct Certification agreement. Read completely and sign the signature sheets.

SECTION THREE: SARS SERVICES

Administrative Rule

Utah Administrative Rules governing the use and administration of Self-Administered Service is available on the Utah Department of Administrative Services website, or through the DSPD website, and can also be accessed through the link provided in Section 4 Forms and Links.

Avoiding Fraud and the Misuse of Funds

The use of Self-Administered Respite Services, like all DSPD services, requires following all State Rules and Regulations. Misrepresentation of the use of State funds could result in the loss of the right to self-administration and may result in criminal action, imprisonment, and substantial fines and paybacks. Be a responsible employer by working closely with your Fiscal Agent and follow the DSPD requirements. DSPD is required to account for all the funds disbursed.

Examples of fraud and misuse of funds that may result in inspection of records, payback of funds and criminal actions include, but are not limited to:

- One employee billing for more than one service at the same time.
- More than one employee billing for services at the same time.
- Employers asking employees to bill for hours not really worked or approving to pay for more hours than were actually worked.
- Asking employees to give kickbacks.
- Approving payment for hours of work when the person was receiving services from another source (at school, in the hospital, etc.).
- Approving payment for hours of work when the employee was unavailable to work (out of town, in jail, on vacation, away at school, etc.).

The examples listed above are all actual cases that have been investigated and in some cases prosecuted.

When an investigation finds employers have engaged in fraud and misuse of funds, funds paid must be paid back to the State by the family and/or employee. In order to avoid payback make sure that:

- You compare time sheets from all employees to make sure that the work times recorded do not conflict or overlap with other employees' work times.
- Your employees record only one service during a time period (do not record multiple services at the same time).
- Your employees have not recorded working on days or times when the person is not available to receive services.

- Your employees are not recording more hours on time sheets than actually worked.
- Work times are billed as a one-on-one service (meaning one employee to one person). The only exception to this is group respite services (RP7-RP8) that allows up to 3 people to be served at the same time.
- Pay rates are within the designated range for services listed in the Fiscal Agent packet.
- The employer does not receive payment or take a portion of the employee's pay.
- An employee providing overnight services, working during typical hours of sleep, or providing transportation is at least 18 years of age.

Each payroll the Fiscal Agent (your payroll agency) will review time sheets for accuracy and appropriate usage of services. You may be asked to clarify if the following situations are found:

- Unexpected high use of services occurs in one month. If a person's situation changes, contact your Division Respite Case Manager and inform him/her of your needs and possible changes in your expected use of service before submitting time sheets. High use of services at the end of the plan year, unless justified and approved by your Division Respite Case Manager.
- Billing for new employees prior to notifying the Fiscal Agent.

The Division must have a copy in their file of the Form 2-9C, the employee's completed certification. You must inform your Fiscal Agent of any staff changes.

Staff Limitation

The following may not be employed to work for pay with a family member:

- Parents
- Step-Parents
- Guardians
- Spouses

Parents, guardians, or step-parents shall not be paid to provide services to the person, nor shall an individual be paid to provide services to a spouse. No one who is appointed as the SARS Employer of Record may be paid to provide direct services for pay.

At-will employee status applies to all SARS employees. This allows the employee or employer to terminate employment with or without notice for any reason, resulting in no disciplinary action or penalty, with the exception of abuse, neglect or exploitation (which must be reported to proper authorities by law).

Section Four: SARS Forms and Links

Employer Forms

Document Checklist

The table below lists the required documentation to participate in Self-Administered Respite Services and identifies who receives copies of each document.

Documents Required	Employer File/Employee File	Fiscal Agent File	Division Support Coordinator or Division File
Agent Authorization & 2678	✓	✓	
Employer FEIN SS-4	✓	✓(collected)	
Employee Certification 2-9C	✓		✓
Copy of Driver's License (For BCI, I-9 & if transporting)	✓	✓	✓
BCI (annually)	✓	✓(new & annual)	✓ (denials)
Employment Agreement 2-9EA	✓	✓(collected)	
I-9 Employee Verification	✓	✓	
W-4 Form Tax Withholding	✓	✓	
Person Centered Budget	✓		✓
Form 1056 Service Authorization	✓	✓	✓
Time Sheets with Comments	✓	✓	✓(as requested)
Employee Code of Conduct (Dept. & Div.)	✓		
Proof of Auto Insurance (if transporting)	✓		
Incident Report Forms	✓		✓
Service Agreement 2-9SA	✓		✓
Person Centered Service Plan	✓		✓
Termination of Employment 29-T (when applicable)	✓	✓	✓

DSPD Revised October 2013

General Self-Administered Respite Service Forms

Fiscal Agent Forms

I-9: www.uscis.gov/files/form/i-9.pdf

W4: www.irs.gov/pub/irs-pdf/fw4.pdf

2-9EA: www.hspolicy.utah.gov/dspd/

Background Screening Application

www.dspd.utah.gov/docs/BCF.pdf

Background Screening Tutorial

www.dspd.utah.gov/docs/selfadministered/forms/Background%20Check%20Application%20Instructions.pdf

1-8 Incident Report Form

<http://hspolicy.utah.gov/files/dspd/Forms/1-8%20Incident%20Report%20Form.pdf>

Code of Conduct

Department of Human Services Code of Conduct

www.dspd.utah.gov/docs/selfadministered/deptcodeofconduct.pdf

Division Code of Conduct

<http://hspolicy.utah.gov/files/dspd/Forms/53%20Code%20of%20Conduct%20Certification.pdf>

1-8 Incident Report Form

<http://hspolicy.utah.gov/files/dspd/Forms/1-8%20Incident%20Report%20Form.pdf>

Background Screening Application

www.dspd.utah.gov/docs/BCF.pdf

Background Screening Tutorial

www.dspd.utah.gov/docs/TUTORIAL%20BSA%20NEW%20BUILDING.ppt

Notice of Termination of FMS Service

<http://hspolicy.utah.gov/files/dspd/Forms/2.9T%20%20Notice%20of%20Termination%20of%20FMS%20Services.pdf>

Administrative Rule

www.rules.utah.gov/publicat/code/r539/r539.htm

DSPD Self-Administered Respite Services Link

www.hsdspd.state.ut.us/selfadminmodel.htm

Fiscal Agent Links

Leonard Consulting, LLC

<http://leonardconsultingllc.com/>

Morning Star Financial Services

<http://morningstarfs.com/>

Additional Supports and Resources

EMPLOYER RESOURCES

The Utah Caregiver Alliance

caregiveralliance.com

Toll Free: 1-866-404-9080

The Utah Caregiver Alliance has created an online resource registry, HireMyCare.org, to connect caregivers with qualified care providers and vendors, as well as networking caregivers with other caregivers. UCA is also helping families form cooperatives to pool resources and create services and supports, and to provide outreach and training to families to ensure success.

The UCA website (caregiveralliance.com) now links to this registry, as well.

The Division of Workforce Services

<http://jobs.utah.gov/>

Toll Free: 1-888-920-9675

The Division of Workforce Services can assist you with posting your job listing on their site. You may be asked to provide your employer ID number that you have been given by your fiscal agent.

ADDITIONAL RESOURCES

Utah Parent Center

www.utahparentcenter.org

Phone: 801-272-1051

Toll-Free in Utah: 1-800-468-1160

Utah Parent Center (UPC) is an award-winning, non-profit organization founded in 1983 by parents of children, youth and young adults with disabilities to help other parents facing similar challenges throughout Utah.

Family to Family Network

<http://utahfamilytofamilynetwork.org>

Phone: 801- 272-1051

Toll-free in Utah: 1-800-468-1160

Family to Family Network is a grassroots volunteer program of the Utah Parent Center composed of family members across Utah who have a relative with a disability. Their mission is to educate, strengthen, and support families of persons with disabilities. Network leaders have a specific interest in supporting families waiting for or receiving services from DSPD.

United Way 2-1-1www.uw.org/211

Utah State Office of Rehabilitation

<http://www.workabilityutah.org/work/usor.php>

Phone: 801- 538-7530

Toll free: 1-800-473-7530

Utah Brain Injury Alliance

www.biau.org

Phone: 801-716-4993

Toll-Free: 1-800-281-8442

Español: 801-716-4996

Frequently Asked Questions

Q: When are background checks due?

A: Background checks are completed on an annual basis, and upon hire with the Background Screening Application form. This form is processed by the Fiscal Agent and sent to the Department of Human Services, Office of Licensing. Employees can provide direct services while an initial background check is being processed for up to 30 days; however this can only be done under direct supervision of someone who possesses a cleared background check. The 30 day window is only applicable for initial hires, and is not applicable toward annual reviews. Individuals working with expired background screening checks will be denied payments. Therefore, the Fiscal Agent will remind the employer to process a renewal approximately 45 days prior to the lapse date of the current background check.

Q: How do I pick a Fiscal Agent?

A: There are currently 2 contracted Fiscal Agents to choose from when starting Self-Administered Respite Services. You can call the listed Fiscal Agents and ask questions, as well as visit the website and research your options.

Q: Can I change Fiscal Agents?

A: Yes you can change Fiscal Agents at any time; however you will be required to provide notification to the Fiscal Agent to allow transition from one service provider to another. A Notice of Termination of FMS (Fiscal Agent) services is available online, and can be filled out and submitted by your Division Support Coordinator. Links to the Notice of Termination are listed under Section 4 General Self-Administered Respite Service Forms.

Q: How and where do I find employees?

A: Often the best employees are family members or those you already know. Additional ideas include:

- Networking within your community to assess who you think might be a good fit for your family.
- Develop job postings online, or post hard copies in local college campuses.

- Advertise at the Department of Workforce Services. Details are provided under Section 4 Additional Supports and Resources, Department of Workforce Services.
- Contact the Utah Caregiver Alliance for an online resource registry used to connect caregivers with qualified care providers and vendors. The Alliance also connects caregivers with other caregivers. UCA helps families form cooperatives to pool resources and create services and supports, and provides outreach and training to families to ensure success. Contact information is provided under Section 4 Additional Supports and Resources, Utah Caregiver Alliance.

The Division of Services for People with Disabilities aims to provide services to people with disabilities in the least restrictive manner possible. Self-Administered Respite Services allow people to live in the community and take control of their own lives. For more information on SARS or other offered services, contact DSPD.

Address:

195 North 1950 West
Salt Lake City, Utah 84116

Phone: 801-538-4200

Fax: 801-538-4279

TTY: 801-538-4192

Toll Free: 1-800-837-6811

Email: onetimerespite@utah.gov

Web: www.dspd.utah.gov

Section Five:

Printed Form and Information Section

Incident Report Form (Form I-8)

Department of Human Services Code of Conduct (Reference 05-03)

Division of Services for People with Disabilities Code of Conduct

ALL fields MUST be filled in**INCIDENT REPORT FORM****FORM 1-8**

Utah DHS-DSPD

PERSON'S ID: _____		PERSON'S NAME:	
TODAY'S DATE: ____/____/____ MM DD YY		DATE INCIDENT STARTED: ____/____/____ MM DD YY	
YOUR NAME:		TIME INCIDENT STARTED: _____ AM/PM	
DATE INCIDENT ENDED: ____/____/____ MM DD YY		TIME INCIDENT ENDED: _____ AM/PM	
DATE SUPPORT COORDINATOR NOTIFIED: : ____/____/____		TIME: ____:____ AM/PM	
WHO?: _____			
DATE DSPD INCIDENT REPORT FILED: ____/____/____		TIME: ____:____ AM/PM	
YOUR TITLE:		YOUR PHONE NUMBER: ()	
PROVIDER NAME:		PROVIDER SITE ADDRESS: _____ City: _____	
NUMBER OF PEOPLE INVOLVED (INCLUDING PERSON IN SERVICES LISTED ABOVE):			
NAMES and ROLES OF OTHERS INVOLVED or WITH PERTINENT INFORMATION, INCLUDING HEALTH CARE PROVIDERS, IF ANY: (DO NOT INCLUDE PERSON IN SERVICES LISTED ABOVE):			
NAME:		ROLE:	
NAME:		ROLE:	
NAME:		ROLE:	
WHERE DID INCIDENT TAKE PLACE?		<input type="checkbox"/> Provider Site Listed Above <input type="checkbox"/> Day Program <input type="checkbox"/> School <input type="checkbox"/> Friend's Home <input type="checkbox"/> Relative's Home <input type="checkbox"/> Other Location (Describe Briefly): _____	
ACTION TAKEN?			
MEDICAL PROFESSIONAL NOTIFIED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____	Title: _____ Phone: _____
PERSON HOSPITALIZED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital's Name: _____	Phone: _____
POLICE NOTIFIED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ____/____/____	Time: _____ AM / PM
APS or CPS NOTIFIED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ____/____/____	Time: _____ AM / PM
TYPE OF INCIDENT?			
<input type="checkbox"/> INJURY	Who Was Injured? <input type="checkbox"/> Person in Services <input type="checkbox"/> Another/Other Person(s) in Services <input type="checkbox"/> Staff <input type="checkbox"/> Other: Who caused the injury? <input type="checkbox"/> Person in Services <input type="checkbox"/> Another Person in Services <input type="checkbox"/> Staff <input type="checkbox"/> Other: Body part(s) injured: Severity/Treatment:		
<input type="checkbox"/> ABUSE	Who was abused? <input type="checkbox"/> Person in Services <input type="checkbox"/> Another Person in Services <input type="checkbox"/> Staff <input type="checkbox"/> Other: Who caused the abuse? <input type="checkbox"/> Person in Services <input type="checkbox"/> Another Person in Services <input type="checkbox"/> Staff <input type="checkbox"/> Other: Type of Abuse/Exploitation: <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional <input type="checkbox"/> Neglect <input type="checkbox"/> Financial Abuse was: <input type="checkbox"/> Observed <input type="checkbox"/> Suspected Severity/Treatment:		
<input type="checkbox"/> CRIMINAL ACT	Type of Act: _____		
<input type="checkbox"/> DRUG/ALCOHOL	<input type="checkbox"/> Incident <input type="checkbox"/> Overdose Drug/Alcohol involved: Severity/Treatment:		
<input type="checkbox"/> Med Error (Resulting in Medical Procedure)	Medication(s) involved: Severity/Treatment:		
<input type="checkbox"/> Missing Person	Date Last Seen: ____/____/____ Time Last Seen: _____ AM / PM Where last seen? Date Found/Returned: ____/____/____ Time Found/Returned: _____ AM / PM		
<input type="checkbox"/> SEIZURE¹	Duration: Brief Description of Event:		
<input type="checkbox"/> Intrusive Behavioral Intervention²	Cause: <input type="checkbox"/> Aggression <input type="checkbox"/> Self-Injurious Behavior (SIB) <input type="checkbox"/> Other: Intervention used: _____ Duration: ____:____ (HH:mm)		
<input type="checkbox"/> Property Destruction	Item(s) Destroyed: _____ Cost to repair/replace? \$ _____ Owner(s) of Item(s) destroyed: _____		
<input type="checkbox"/> OTHER INCIDENT	Please provide brief description: _____		

¹If person has a diagnosis of Seizure Disorder, a monthly summary of seizures may be used instead of this form.

² Must be completed for: a) ANY intrusive intervention not specified in a current behavioral plan; or, b) Any intrusive intervention involving restraint or the use of a time-out room even if specified in current behavioral plan. An Emergency Behavioral Intervention Review must be completed below when an emergency behavioral intervention occurs.

Emergency Behavioral Intervention Review:

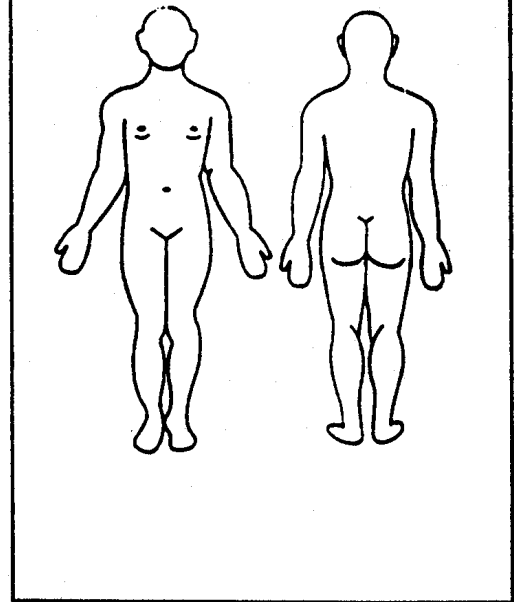
(i) The circumstances leading up to and following the problem:

(ii) If the Emergency Behavior Intervention was justified

(iii) Recommendations for how to prevent future occurrences, if applicable.

**Describe Incident in Detail;
Include How Each Person Was Involved:**

Please mark the body parts injured



Provider Signature:

Title:

Support Coordinator Recommendation / Follow-Up:

(Attach APS or CPS Referral Sheet and Final Outcome of Investigation; Indicate with whom you consulted about this incident)

Support Coordinator Signature:

Date Notified:

Today's Date:

DEPARTMENT OF HUMAN SERVICES POLICY AND PROCEDURES		
Reference: 05-03	Effective Date: May 23, 1989	Page 1 of 8
	Revision Date: June 15, 2010	
PROVIDER CODE OF CONDUCT		
RATIONALE: The purpose of this Provider Code of Conduct is to protect the clients of the Department of Human Services, to establish a consistent standard of conduct for the Providers who serve those clients, and to promote conduct that reflects respect for clients and others. (This policy incorporates the provisions of Rule 495-876.)		

I. STATEMENT OF PURPOSE.

The Department of Human Services ("DHS") adopts this Code of Conduct to:

- (a) Protect its clients from abuse, neglect, maltreatment and exploitation; and
- (b) Clarify the expectation of conduct for DHS Providers and their employees and volunteers who interact in any way with DHS clients, DHS staff and the public.

The Provider shall distribute a copy of this Code of Conduct to each employee and volunteer, regardless of whether the employees or volunteers provide direct care to clients, indirect care, administrative services or support services. The Provider shall require each employee and volunteer to read the Code of Conduct and sign a copy of the attached "Certificate of Understanding" before having any contact with DHS clients. The Provider shall file a copy of the signed Certificate of Understanding in each employee and volunteer's personnel file. The Provider shall also maintain a written policy that adequately addresses the appropriate treatment of clients and that prohibits the abuse, neglect, maltreatment or exploitation of clients. This policy shall also require the Provider's employees and volunteers to deal with DHS staff and the public with courtesy and professionalism.

This Code of Conduct supplements various statutes, policies and rules that govern the delivery of services to DHS clients. The Providers and the DHS Divisions or Offices may not adopt or enforce policies that are less-stringent than this Code of Conduct unless those policies have first been approved in writing by the Office of Licensing and the Executive Director of the Utah Department of Human Services. Nothing in this Code of Conduct shall be interpreted to mean that clients are not accountable for their own misbehavior or inappropriate behavior, or that Providers are restricted from imposing appropriate sanctions for such behavior

II. DEFINITIONS.

1. General Definitions:

"Client" means anyone who receives services either from DHS or from a Provider pursuant to an agreement with DHS or funding from DHS.

"DHS" means the Utah Department of Human Services or any of its divisions, offices or agencies.

"Domestic-violence-related child abuse" means any domestic violence or a violent physical or verbal interaction between cohabitants in the physical presence of a child or having knowledge that a child is present and may see or hear an act of domestic violence.

DEPARTMENT OF HUMAN SERVICES POLICY AND PROCEDURES		
Reference: 05-03	Effective Date: May 23, 1989 Revision Date: June 15, 2010	Page 2 of 8
PROVIDER CODE OF CONDUCT		

"Emotional maltreatment" means conduct that subjects the client to psychologically destructive behavior, and includes conduct such as making demeaning comments, threatening harm, terrorizing the client or engaging in a systematic process of alienating the client.

"Provider" means any individual or business entity that contracts with DHS or with a DHS contractor to provide services to DHS clients. The term "Provider" also includes licensed or certified individuals who provide services to DHS clients under the supervision or direction of a Provider. Where this Code of Conduct states (as in Sections III-VII) that the "Provider" shall comply with certain requirements and not engage in various forms of abuse, neglect, exploitation or maltreatment, the term "Provider" also refers to the Provider's employees, volunteers and subcontractors, and others who act on the Provider's behalf or under the Provider's control or supervision.

"Restraint" means the use of physical force or a mechanical device to restrict an individual's freedom of movement or an individual's normal access to his or her body. "Restraint" also includes the use of a drug that is not standard treatment for the individual and that is used to control the individual's behavior or to restrict the individual's freedom of movement.

"Seclusion" means the involuntary confinement of the individual in a room or an area where the individual is physically prevented from leaving.

"Written agency policy" means written policy established by the Provider. If a written agency policy contains provisions that are more lenient than the provisions of this Code of Conduct, those provisions must be approved in writing by the DHS Executive Director and the Office of Licensing.

B. Definitions of Prohibited Abuse, Neglect, Maltreatment and Exploitation:

"Abuse" includes but is not limited to:

1. Harm or threatened harm to the physical or emotional health and welfare of a client.
2. Unlawful confinement.
3. Deprivation of life-sustaining treatment except in accordance with a valid advance directive or other legally-sufficient written directive from a competent client or the client's legal representative (e.g., a parent or legal guardian).
4. Physical injury, such as a contusion of the skin, laceration, malnutrition, burn, fracture of any bone, subdural hematoma, injury to any internal organ, any injury causing bleeding, or any physical condition which imperils a client's health or welfare.
5. Any type of unlawful hitting or corporal punishment.
6. Domestic-violence-related child abuse.

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7. Any sexual abuse or sexual exploitation, including but not limited to:

- a. Engaging in sexual intercourse with any client.
- b. Touching the anus or any part of the genitals or otherwise taking indecent liberties with a client, or causing an individual to take indecent liberties with a client, with the intent to arouse or gratify the sexual desire of any person.
- c. Employing, using, persuading, inducing, enticing, or coercing a client to pose in the nude.
- d. Engaging a client as an observer or participant in sexual acts.
- e. Employing, using, persuading, inducing, enticing or coercing a client to engage in any sexual or simulated sexual conduct for the purpose of photographing, filming, recording, or displaying in any way the sexual or simulated sexual conduct. This includes displaying, distributing, possessing for the purpose of distribution, or selling material depicting nudity, or engaging in sexual or simulated sexual conduct with a client.
- f. Committing or attempting to commit acts of sodomy or molestation with a client.

As used in this Code of Conduct, the terms Asexual abuse, and Asexual exploitation, do not refer to approved therapeutic processes used in the treatment of sexual deviancy or dysfunction as long as those therapeutic processes have been outlined in the client's treatment plan and are consistent with generally-accepted therapeutic practices and written agency policy.

"Neglect" includes but is not limited to:

1. Denial of sufficient nutrition.
2. Denial of sufficient sleep.
3. Denial of sufficient clothing, or bedding.
4. Failure to provide adequate client supervision, including situations where the Provider's employee or volunteer is asleep or ill on the job, or is impaired due to the use of alcohol or drugs.

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5. Failure to provide care and treatment as prescribed by the client's service, program or treatment plan, including failure to arrange for medical or dental care or treatment as prescribed or as instructed by the client's physician or dentist, unless the client or the Provider obtains a second opinion from another physician or dentist, indicating that the originally-prescribed medical or dental care or treatment is unnecessary.
6. Denial of sufficient shelter, where shelter is part of the services the Provider is responsible for providing to the client.
7. Educational neglect (i.e., willful failure or refusal to make a good faith effort to ensure that a child in the Provider's care or custody receives an appropriate education).

"Exploitation" includes but is not limited to:

1. Using a client's property without the client's consent or using a client's property in a way that is contrary to the client's best interests, such as expending a client's funds for the benefit of another.
2. Making unjust or improper use of clients or their resources.
3. Accepting a gift in exchange for preferential treatment of a client or in exchange for services that the Provider is already obliged to provide to the client.
4. Using the labor of a client for personal gain.
5. Using the labor of a client without paying the client a fair wage or without providing the client with just or equivalent non-monetary compensation, except where such use is consistent with standard therapeutic practices and is authorized by DHS policy or the Provider's contract with DHS.

a. Examples:

- (i) It is not "exploitation" for a foster parent to assign an extra chore to a foster child who has broken a household rule, because the extra chore is reasonable discipline and teaches the child to obey the household rules.
- (ii) It is not "exploitation" to require clients to help serve a meal at a senior center where they receive free meals and are encouraged to socialize with other clients. The meal is a non-monetary compensation, and the interaction with other clients may serve the clients' therapeutic needs.

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- (iii) It is usually "exploitation" to require a client to provide extensive janitorial or household services without pay, unless the services are actually an integral part of the therapeutic program, such as in "clubhouse" type programs that have been approved by DHS.

"Maltreatment" includes but is not limited to:

1. Physical exercises, such as running laps or performing pushups, except where such exercises are consistent with an individual's service plan and written agency policy and with the individual's health and abilities.
2. Any form of Restraint or Seclusion used by the Provider for reasons of convenience or to coerce, discipline or retaliate against a client. The Provider may use a Restraint or Seclusion only in emergency situations where such use is necessary to ensure the safety of the client or others and where less restrictive interventions would be ineffective, and only if the use is authorized by the client's service plan and administered by trained authorized personnel. Any use of Restraint or Seclusion must end immediately once the emergency safety situation is resolved. The Provider shall comply with all applicable laws about Restraints or Seclusion, including all federal and state statutes, regulations, rules and policies.
3. Assignment of unduly physically strenuous or harsh work or exercise.
4. Requiring or forcing the client to take an uncomfortable position, such as squatting or bending, or requiring or forcing the client to repeat physical movements as a means of punishment.
5. Group punishments for misbehavior of individuals.
6. Emotional maltreatment, bullying, teasing, provoking or otherwise verbally or physically intimidating or agitating a client.
7. Denial of any essential program service solely for disciplinary purposes.
8. Denial of visiting or communication privileges with family or significant others solely for disciplinary purposes.
9. Requiring the individual to remain silent for long periods of time for the purpose of punishment.
10. Extensive withholding of emotional response or stimulation.
11. Denying a current client from entering the client's residence, where such denial is for disciplinary or retaliatory purposes or for any purpose unrelated to the safety of clients or others.

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III. ABUSE, NEGLECT, EXPLOITATION AND MALTREATMENT ARE PROHIBITED.

Providers 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.

IV. PROVIDER'S COMPLIANCE WITH CONDUCT REQUIREMENTS IMPOSED BY LAW, CONTRACT OR OTHER POLICIES.

In addition to complying with this Code of Conduct, the Provider shall comply with all applicable laws (such as statutes, rules and court decisions) and all policies adopted by the DHS Office of Licensing, by the DHS Divisions or Offices whose clients the Provider serves, and by other state and federal agencies that regulate or oversee the Provider's programs. Where the Office of Licensing or another DHS entity has adopted a policy that is more specific or restrictive than this Code of Conduct, that policy shall control. If a statute, rule or policy defines abuse, neglect, exploitation or maltreatment as including conduct that is not expressly included in this Code of Conduct, such conduct shall also constitute a violation of this Code of Conduct. *See, e.g.*, Title 62A, Chapter 3 of the Utah Code (definition of adult abuse) and Title 78A, Chapter 6 (definition of child abuse) and Title 76, Chapter 5 (definition of child and adult abuse) of the Utah Code.

V. THE PROVIDER'S INTERACTIONS WITH DHS PERSONNEL AND THE PUBLIC.

In carrying out all DHS-related business, the Provider shall conduct itself with professionalism and shall treat DHS personnel, the members of the Provider's staff and members of the public courteously and fairly. The Provider shall not engage in criminal conduct or in any fraud or other financial misconduct.

VI. SANCTIONS FOR NON-COMPLIANCE.

If a Provider or its employee or volunteer fail to comply with this Code of Conduct, DHS may impose appropriate sanctions (such as corrective action, probation, suspension, disbarment from State contracts, and termination of the Provider's license or certification) and may avail itself of all legal and equitable remedies (such as money damages and termination of the Provider's contract). In imposing such sanctions and remedies, DHS shall comply with the Utah Administrative Procedures Act and applicable DHS rules. In appropriate circumstances, DHS shall also report the Provider's misconduct to law enforcement and to the Provider's clients and their families or legal representatives (e.g., a legal guardian).

In all cases, DHS shall also report the Provider's misconduct to the licensing authorities, including the DHS Office of Licensing.

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VII. PROVIDERS' DUTY TO HELP DHS PROTECT CLIENTS.

1. **Duty to Protect Clients' Health and Safety.** If the Provider becomes aware that a client has been subjected to any abuse, neglect, exploitation or maltreatment, the Provider's first duty is to protect the client's health and safety.
2. **Duty to Report Problems and Cooperate with Investigations.** Providers shall document and report any abuse, neglect, exploitation or maltreatment and exploitation as outlined in this Code of Conduct, and they shall cooperate fully in any investigation conducted by DHS, law enforcement or other regulatory or monitoring agencies.
 - a. Except as provided in Section (B)(1)(a) and (B)(3) below, Providers shall immediately report abuse, neglect, exploitation or maltreatment by contacting the local Regional Office of the appropriate DHS Division or Office. During weekends and on holidays, Providers shall make such reports to the on-call worker of that Regional Office.
 - (i) Providers shall report any abuse or neglect of disabled or elder adults to the Adult Protective Services intake office of the Division of Aging and Adult Services.
 - b. The Provider shall make all reports and documentation about abuse, neglect, exploitation, and maltreatment available to appropriate DHS personnel and law enforcement upon request.
 - c. Providers shall document any client injury (explained or unexplained) that occurs on the Providers' premises or while the client is under the Provider's care and supervision, and the Provider shall report any such injury to supervisory personnel immediately. Providers shall cooperate fully in any investigation conducted by DHS, law enforcement or other regulatory or monitoring agencies. If the client's injury is extremely minimal, the Provider has 12 hours to report the injury. The term "extremely minimal" refers to injuries that obviously do not require medical attention (beyond washing a minor wound and applying a band-aid, for example) and which cannot reasonably be expected to benefit from advice or consultation from the supervisory personnel or medical practitioners.
 - (i) Example: If a foster child falls off a swing and skins her knee slightly, the foster parent shall document the injury and report to the foster care worker within 12 hours.
 - (ii) Example: If a foster child falls off a swing and sprains or twists her ankle, the foster parent shall document the injury and report it immediately to supervisory personnel because the supervisor may want the child's ankle X-rayed or examined by a physician.

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3. **Duty to Report Fatalities and Cooperate in Investigations and Fatality Reviews.** If a DHS client dies while receiving services from the Provider, the Provider shall notify the supervising DHS Division or Office immediately and shall cooperate with any investigation into the client's death. In addition, some Providers are subject to the Department of Human Services' Fatality Review Policy. (See the "Eligibility" section of DHS Policy No. 05-02 for a description of the entities subject to the fatal-review requirements. A copy of the policy is available at the DHS web site at: <http://www.dhs.state.ut.us/policy.htm>) If the Provider is subject to the Fatality Review Policy, it shall comply with that policy (including all reporting requirements) and the Provider shall cooperate fully with any fatality reviews and investigations concerning a client death.

4. **Duty to Display DHS Poster.** The Provider shall prominently display in each facility a DHS poster that notifies employees of their responsibilities to report violations of this Provider Code of Conduct, and that gives phone numbers for the Regional Office or Intake Office of the relevant DHS Division(s). Notwithstanding the foregoing, if the Provider provides its services in a private home and if the Provider has fewer than three employees or volunteers, the Provider shall maintain this information in a readily-accessible place but it need not actually display the DHS poster. DHS shall annually provide the Provider with a copy of the current DHS poster or it shall make the poster available on the DHS web site: <http://www.dhs.state.ut.us>.

Lisa Michele Church

DATE: 06-15-10

 Lisa-Michele Church, Executive Director
 Department of Human Services

1.20	Code of Conduct	Page 1 of 1
Authorizing Utah Code: 62a-5-103	Rule: none	Division Staff
Issue date: 1/00	Revision date: n/a	
Form(s): 5-3	Contract: Part II, General Requirements, Paragraph 7, DHS Policy 05-03	

It is the policy of the **Division** that Division employees, **Provider Agencies**, and **Provider Agency** employees adhere to the **Department's** Code of Conduct (05-03, effective May 23, 1998) and the **Division's** Code of Conduct listed below.

Division Code of Conduct

1. All employees will be given a copy of the **Department's** Code of Conduct and a copy of this Directive prior to beginning employment. All employees must sign the Provider/ Employee/ Volunteer Certification attached to the Code of Conduct prior to beginning employment. A signed certification denotes that a copy of the Code of Conduct was provided, reviewed and understood by the employee. The Code of Conduct is reviewed by all employees at least once a year. In addition to the restrictions outlined in the **Department** Code of Conduct, the **Division** will not allow:
 - A. Use of alcoholic beverages or controlled substances, without medical prescription, by an employee while on the job, or being under the influence while on the job.
 - B. Use of aversive procedures prior to the review and approval of the **Provider Human Rights Committee** and/or the **Division Human Rights Council**.
 - C. Firearms in **Community Living** or **Day Support** facilities. Host homes, professional parents, and respite **Providers** must follow the licensing standards for foster care in regard to the storage of firearms (R501-12-9).
2. Employees that witness or are aware of any incidence of abuse, neglect, or exploitation shall immediately notify the nearest peace officer, law enforcement agency, or local office of Child or Adult Protective Services with the **Department** or face criminal charges under **Utah Code Annotated** section 76-5-111, and sections 62A-3-301 through 62A-3-312. Following this oral report, a written report should be completed and provided to the supervisor and **Support Coordinator**.