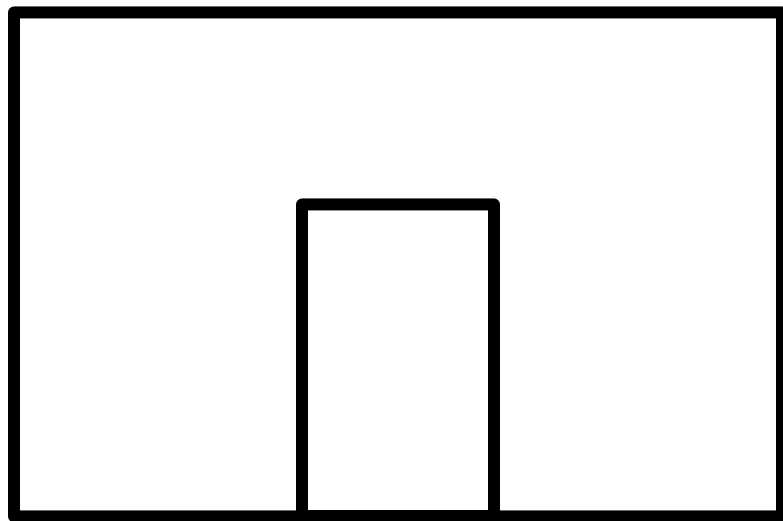


**Module II. An Orientation-The State of Utah's Home and
Community-Based Services Acquired Brain
Injury Waiver Program (Updated in FY2023)**



Instructions to this module/ Suggested Activities:

- Please meet with your supervisor and go through those sections of the module that might not be clear to you.
- Please contact the ABI Program Administrator to discuss this module with you. You can call the ABI Program Administrator at (801) 809-5391

Objectives of this module:

- a) Understand the components of the Brain Injury Waiver Program.
- b) Understand how Medicaid Waivers are designed.
- c) Understand the difference of Acquired Brain Injury (ABI) state funded eligibility criteria, and ABI eligibility criteria for Waiver Services.
- d) Understand Level of Care.
- e) Understand what the Federal Government has to do with the ABI Waiver.
- f) Understand what services are available on the ABI Waiver.

The State of Utah HCBS/ Acquired Brain Injury Waiver Program Questions and Answers

Who is CMS?

CMS (the Centers for Medicare and Medicaid Services) is an agency of the federal government (a division of the U.S. Department of Health and Human Services) that provides funding to states for Medicaid and Medicare healthcare programs.

Who is DSPD?

DSPD stands for the Division of Services for People with Disabilities. DSPD promotes opportunities and provide support for persons with disabilities to lead self-determined lives. DSPD oversees home and community-based services for more than 4,000 people who have disabilities. Support includes community living, day services, supported employment services, and support for people with disabilities and their families. DSPD is an agency under the umbrella of the Utah Department of Human Services. The Division of Services for People with Disabilities administers the following three Medicaid waivers with the assistance of the Dept. of Health, Division of Healthcare Finance:

HCBS- CSW Waiver

HCBS- Acquired Brain Injury Waiver

HCBS- Physical Disabilities Waiver

What is HCBS?

HCBS stands for Home and Community Based Service Waiver.

What is a Medicaid Waiver?

States have the opportunity to develop programs and services for special needs populations that are cost-effective alternatives to institutional care arrangements funded under Title XIX of the Social Security Act (entitled "Grants to States for Medical Assistance Programs," i.e., Medicaid). States may obtain approval from CMS for the authority to operate Home and Community Based Services (HCBS) by "waiving" certain Title XIX requirements. Medicaid waivers allow a person who qualifies for services in a nursing home or intermediate care facility for people with mental retardation (ICFMR) to receive services in their own home and community. The Division serves people who qualify for and receive Medicaid waiver services and those whose services are funded by non-Medicaid sources.

Medicaid waivers are designed to:

- Promote access, inclusion and the development of valued social roles in local communities for people with disabilities.
- Foster mutually beneficial relationships among people with disabilities and members of their local communities.
- Provide support so that adults with disabilities can live safely in the neighborhoods they choose.
- Provide support so that children with disabilities can live with their families.
- Improve the independence people with disabilities have from their caregivers.
- Provide the money for supports that people with disabilities need without over-burdening the state general fund.

What is the Acquired Brain Injury Waiver?

The waiver provides certain services to an individual found eligible to be served by the waiver. The services include Supported Employment Services; Homemaker Services; Respite Care (Unskilled); Specialized Medical Equipment; Personal Emergency Response System; Companion Services; Family Assistance and Support; Day Habilitation (Structured Day Program); Community Living Support, Chore Services; Transportation (non-medical). (These services are explained later in depth in this module.)

What is eligibility for Non-Waiver Brain Injury Services and eligibility for Acquired Brain Injury Waiver Services?

The eligibility definitions are found in the Division's Administrative Rules. Please click on the link below for the most current rule.

[R539-1-eligibility/section-r539-1-6-services-for-people-with-brain-injury](#)

What is the CFR?

CFR stands for the Code of Federal Regulations. The CFR is the codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies of the Federal Government (like CMS Centers for Medicare and Medicaid Services).

What is the Level of Care?

Level of care means the level of care that is provided in a nursing home according to the Health Department's Administrative Rule. Please click on the links listed below of the most current rule.

R414-502-3. Approval of Level of Care.

R414-502-4. Criteria for Nursing Facility III Care.

R414-502-5. Criteria for Nursing Facility II Care.

R414-502-6. Criteria for Nursing Facility I Care.

R414-502-7. Criteria for Intensive Skilled Care.

What qualifications does a Qualified Acquired Brain Injury Support Coordinator need?

Qualified Support Coordinators shall possess at least a Bachelors degree in nursing, behavioral science or a human services related field such as social work, sociology, special education, rehabilitation counseling, or psychology and demonstrate competency relating to the planning and delivery of health services to the Acquired Brain Injury population through successful completion of a training and testing program approved by the State Medicaid Agency.

To become a Qualified Acquired Brain Injury Support Coordinator, employees must complete all modules of this manual and pass the QBIP test.

What services are available under the Acquired Brain Injury Waiver?

ABI Waiver Support Coordination serves the purpose of: (a) establishing and maintaining the individual in the support system and the Home and Community-Based Services Waiver in accordance with program requirements and the individual's assessed support needs and (b) coordinating the delivery of quality waiver services.

Support Coordination assists individuals to: (a) establish Medicaid financial and categorical eligibility, (b) identify the supports necessary to insure the individual's health and safety, (c) write, coordinate, integrate, and assure the implementation of the individual's support plan, (d) gain access to waiver supports, State Plan services, medical, social, and educational assessments and services, and any other services, regardless of the funding source, and (e) develop a personal budget as a component of the individual support plan.

Support Coordination also involves activities to: (f) provide an initial assessment and ongoing reassessment of the individual's level of care determination, (g) facilitate a person-centered plan, (h) review the individual's support plan at such intervals as are specified in appendices D & E of the Waiver Application document, (i) write and update personal social history, (j) provide ongoing monitoring to assure the provision and quality of the supports identified in the individual's support plan, (k) instruct the individual/legal representative/family how to independently obtain access to services

and supports, regardless of funding source, (l) provide discharge planning services up to 90 days immediately prior to the date an individual living in a Nursing Facility is transitioned to the waiver, and (m) provide discharge planning services up to 90 days immediately prior to the date an individual is dis-enrolled from the waiver.

Homemaker services consist of the performance of general household tasks (e.g., meal preparation and routine household care) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.

Limitations: These services will be provided only in the case where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. Homemaker Services are not available to individuals receiving other waiver services in which the services are essentially duplicative of the tasks defined in Homemaker Services.

This service is not available to children in the custody of the State of Utah: Department of Human Services, Division of Child and Family Services.

Residential Habilitation means individually tailored supports that assist with acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, adult educational supports, social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs. Residential habilitation also includes personal care and protective oversight and supervision.

Residential Habilitation Settings:

- Group Homes – Licensed facilities in which 4 or more individuals reside
- Supervised Private Residences – Individual supervised apartments or home settings in which 3 individuals or less reside
- Professional Parent Homes – Supervised Private Residences for 2 or less individuals ages 18 - 22.
- Host Homes – Supervised Private Residences for 2 or less individuals aged 22 or older.

Daily services/rates are rendered for 18 hours during the week when in school or at work and for 24 hours during the weekend or holidays.

Limitations: Payment is not made for the cost of room and board, the cost of building maintenance, upkeep and improvement, or to meet the requirements of the applicable life safety code. Payment is not made, directly or indirectly, to members of the individual's immediate family. Payment for this service is also unavailable to those who are simultaneously receiving any other services within this waiver that

would be duplicative or overlapping in nature of the services contained within this service definition.

This service is available to all Waiver participants including individuals in the custody of the State of Utah: Department of Human Services, Division of Child and Family Services. For individuals aged 18-22, in the custody of the Division of Child and Family Services, the costs of basic and routine support and supervision are not covered as waiver services. Compensation for this routine support and supervision are covered by other funding sources associated with the Division of Child and Family Services. Individuals in DCFS custody are eligible to receive this service only after the provision of this service has been prior-authorized by the individual's support coordinator. Such prior-authorization will occur only after it has been determined that the individual has exceptional care needs that materially affect the intensity or skill level required of the service provider. Evidence that an individual in custody has such exceptional care needs include any one of the following: emotional or behavioral needs such as hyperactivity; chronic depression or withdrawal; bizarre or severely disturbed behavior; significant acting out behaviors; persistent attempts at elopement; habitual alcohol or drug use; sexually promiscuous behavior; sexual perpetration; persistent injurious or destructive behaviors; severe eating disorders including anorexia nervosa, pica or polydipsia; the presence of psychotic or delusional thinking and behaviors; or, the individual otherwise demonstrates the need for 24-hour awake supervision or care in order to ensure the safety of the individual and those around him/her. Additionally, individuals in custody of the State of Utah: Department of Human Services, Division of Child and Family Services may only receive this service if they demonstrate medical or personal care needs of an exceptional nature including any one of the following: requiring catheterization or ostomy care; requiring tube or gavage feeding or requires supervision during feeding to prevent complications such as choking, aspiration or excess intake; requires frequent care to prevent or remedy serious skin ailments such as pressure sores or persistent wounds; requires suctioning; requires assistance in transferring and positioning throughout the day; require two or more hours of therapy follow-through per day; requires assistance with multiple personal care needs including dressing, bathing and toileting; requires complex medical, medication or treatment follow-through throughout the day; or, the individual has a complex and unstable medical condition that requires constant and direct supervision. This service is intended to accomplish a clearly defined set of outcomes associated with the individual's habilitation that is outlined in their individual support plan. Services provided under this service definition are only those that are over and above the basic routine supports provided for through the Division of Child and Family Services.

Day Supports provide assistance with acquisition, retention, or improvement in self help, socialization and adaptive skills that typically take place in a non-residential setting, separate from the home or facility in which the individual resides. Services are most commonly provided in licensed day-training or other habilitative facilities, or in integrated community settings with individuals without disabilities (not including staff paid to support the person). Services shall

normally be furnished on routine workdays on a regularly scheduled basis. Day supports shall focus on enabling the individual to attain or maintain his or her maximum functional level. The nature of the Day Supports services offered to each individual is based upon an assessment of the needs of the individual at the time and may change over time.

Elements of Day Supports:

Site Based Day Supports - services provided in a licensed setting in which 4 or more individuals attend.

Non-Site Based Day Supports - designed to take place in the community and are driven by the individual's preferences.

Senior Supports - designed for individuals who have needs that closely resemble those of older persons who desire a lifestyle consistent with that of the community's population of similar age or circumstances. The support is intended to facilitate independence, promote community inclusion and prevent isolation.

Daily services/rates are rendered for average of six hours per day.

Limitations: Individuals receiving Day Supports are not eligible to receive separate, individual waiver services in addition to this service if the separate service is essentially duplicative of the tasks defined in Day Supports. Individuals receiving Day Supports services may not receive the Extended Living service simultaneously. This service is not available to individuals eligible to receive this service through the Medicaid State Plan or other funding source.

Supported Employment serves the purpose of supporting individuals, based on individual need, to obtain, maintain, or advance in competitive employment in integrated work settings. Supported Employment can be provided to an individual who is employed in either full or part time employment and occurs in a work setting where the individual works with individuals without disabilities (not including staff or contracted co-workers paid to support the individual). Supported Employment may occur anytime during a twenty-four hour day and supports are made available in such a way as to assist the individual to achieve competitive employment (compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities). Individuals in Supported Employment are supported and employed consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual as indicated in the individual's support plan. An individual may be supported individually or in a group. Supported Employment may also include activities and supports designed to assist individuals who are interested in creating and maintaining their own business enterprises.

Elements of Supported Employment Services:

Supported Employment Co-Worker Services – provider contracts with a co-worker to provide additional support under the direction of a job coach as a natural extension of the workday.

Supported Employment Enclave/Mobile Work Crew- A small crew of waiver participants, or enclave are trained and supervised amongst employees without disabilities at the host company's worksite, or the crew may operate a self-contained business that operates at multiple locations within the community, under the supervision of a job coach.

Supported Employment – Customized Employment – Individuals desiring to create and implement their own business enterprises receive training, instruction and coaching from a provider in such topics as: creating a business plan, conducting a market analysis, obtaining business financing, implementing the business and managing financial accounts.

Daily services/rates are rendered when Supported Employment services are provided for six hours or more per day by a provider.

Limitations: Payment will only be made for adaptations, supervision and training required by an individual as a result of the individual's disability and will not include payment for the supervisory activities rendered as a normal part of the business setting. Documentation will be maintained that supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, or the Individuals with Disabilities Education Act. Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program, payments that are passed through to a beneficiary of Supported Employment programs, or for payments for vocational training that is not directly related to a beneficiary's Supported Employment program.

Respite care is provided to give relief to, or during the absence of, the normal care giver. Routine respite care may include hourly, daily and overnight support and may be provided in the individual's place of residence, a facility approved by the State which is not a private residence, or in the private residence of the respite care provider.

Daily services/rates are rendered for six hours or more per day.

Limitations: Payments for respite services are not made for room and board except when provided as a part of respite care in a setting, approved by the State

that is not the individual's private residence. In the case of respite care services that are rendered out of the consumer's private residence in a setting approved by the State for a period of six hours or more, this service will be billed under a specific "Respite Care-Out of the home/Room and Board included" billing code.

In the case of services contained within this definition provided in the provider's or the consumer's home, in no case will more than four (4) individuals be served by the provider at any one time, except that the provider's children over the age of 14 will not be counted toward the limit of four. In the case of services included in this definition provided by a facility-based program, staff to client ratios maintained by providers must fully conform to all relevant specifications in applicable licensing statutes or administrative rule. Individuals receiving services within the Day Supports or Supported Living services may receive Respite Care Routine services only on an hourly and not a daily basis and only during times that they are not receiving Day Supports or Supported Living services, when the need exists and approval has been granted in advance for the utilization of this service by the appropriate DSPD designee.

This service is not available to children in the custody of the State of Utah: Department of Human Services, Division of Child and Family Services.

This service is not for ongoing daycare nor is this service intended to supplant resources otherwise available for child-care.

Respite care may not be offered at the same time as the person is receiving any other service, either contained within this Home and Community-Based Services waiver or from other sources including the Medicaid State Plan that will afford the person with care and supervision. Respite care may not be offered for relief or substitution of staff paid to provide care and supervision to persons as part of the residential or day habilitation services they receive in this Home and Community-Based Services waiver.

Environmental Adaptations for the home involve equipment and/or physical adaptations to the individual's residence that are necessary to assure the health, welfare and safety of the individual or enhance the individual's level of independence. The equipment/adaptations are identified in the individual's support plan and a qualified professional specifies the model and type of equipment. The adaptations may include purchase, installation, and repairs. Such equipment/adaptations include:

- a. Ramps
- b. Lifts/elevators
 - 1. Porch or stair lifts
 - 2. Hydraulic, manual or other electronic lifts

- c. Modifications/additions of bathroom facilities
 - 1. Roll-in showers
 - 2. Sink modifications
 - 3. Bathtub modifications/grab bars
 - 4. Toilet modifications/grab bars
 - 5. Water faucet controls
 - 6. Floor urinal and bidet adaptations and plumbing modifications
 - 7. Turnaround space adaptations
- d. Widening of doorways/hallways
- e. Specialized accessibility/safety adaptations/additions
 - 1. Door-widening
 - 2. Electrical wiring
 - 3. Grab bars and handrails
 - 4. Automatic door openers/doorbells
 - 5. Voice activated, light activated, motion activated and electronic devices
 - 6. Fire safety adaptations
 - 7. Medically necessary air filtering devices
 - 8. Medically necessary heating/cooling adaptations

Other adaptation and repairs may be approved on a case-by-case basis as technology changes (when a newer technology will significantly increase an individual's ability to be more independent than is possible with the current equipment) or as an individual's physical or environmental needs change.

Limitations: Each environmental adaptation must be: 1) documented as medically necessary by a physician; 2) prior approved by DSPD in accordance with written policy including defined qualifying criteria; and 3) documented as not otherwise available as a Medicaid State Plan service. Excluded are those

adaptations or improvements to the home, which are of general utility, and are not of direct medical or remedial benefit to the individual. General household repairs are not included but repairs to housing modifications will be allowed, as necessary, if identified in the individual's support plan. These repairs must be limited to the repair of previously approved modifications or adaptations that are directly and exclusively related to allowing the individual to remain in housing within their community and avoid placement in a Nursing Facility (NF). All services shall be provided in accordance with applicable State or local building codes.

Environmental Adaptations for the vehicle involve equipment and/or physical adaptations to the individual's vehicle that are necessary to assure the health, welfare and safety of the individual or enhance the individual's level of independence. The equipment/adaptations are identified in the individual's support plan and a qualified professional specifies the model and type of equipment. The adaptations may include purchase, installation, and repairs. Such equipment/adaptations include:

- a. Lifts
- b. Door modifications
- c. Steering/braking/accelerating/shifting modifications
- d. Seating modifications
- e. Safety/security modifications

Other adaptation and repairs may be approved on a case-by-case basis as technology changes (when a newer technology will significantly increase an individual's ability to be more independent than is possible with the current equipment) or as an individual's physical or environmental needs change.

Limitations: Each environmental adaptation must be: 1) documented as medically necessary by a physician; 2) prior approved by DSPD in accordance with written policy including defined qualifying criteria; and 3) documented as not otherwise available as a Medicaid State Plan service. Excluded are those adaptations or improvements to the vehicle, which are of general utility, and are not of direct medical or remedial benefit to the individual. General vehicle repairs are not included but repairs to vehicle modifications will be allowed, as necessary, if identified in the individual's support plan. These repairs must be limited to the repair of previously approved modifications or adaptations that are directly and exclusively related to allowing the individual to remain in housing within their community and avoid placement in a Nursing Facility (NF). All services shall be provided in accordance with applicable State or local vehicle codes.

Transportation Services (Non-Medical) serves the purpose of allowing the individual access to other waiver supports necessary to live an inclusive community life. Individuals receiving services are trained, assisted and provided opportunities to use regular transportation services available to the general public in their community. If regular transportation services are not available or do not meet the needs of the waiver enrollee, waiver non-medical transportation becomes an option.

Transportation Supports are only provided as independent waiver services when transportation is not otherwise available as an element of another waiver service. The need for transportation must be documented as necessary to fulfill other identified supports in the individual support plan and the associated outcomes.

Elements of Transportation Services:

The Transportation Services category consists of elements for enrollee/family arranged transportation, for transportation by an agency-based provider and for public/para-transit bus trip fares.

Limitations: Medicaid payment for transportation under the approved waiver plan is not available for medical transportation. Medical transportation is defined as transportation covered by the State Plan that transports individuals to medical services that are covered by the State Plan. In addition, Medicaid payment is not available for any other transportation available thru the State plan, transportation that is available at no charge, or as part of administrative expenditures. Additional transportation supports will not be available to community living, day habilitation, or supported employment providers contracted to provide transportation to and from the person's residence to the site(s) of a day program when payment for transportation is included in the established rate paid to the provider. Additionally, this service is not available to children in the custody of the State of Utah: Department of Human Services, Division of Child and Family Services for the purposes of visitation to a family home.

Specialized Medical Equipment/Supplies/Assistive Technology—**Monthly Fee** includes periodic service (e.g., monthly) fees for ongoing support services and/or rental associated with devices, controls, or appliances, specified in the individual support plan, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items that

are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation.

Automated medication dispensary devices are also included under this service description. Automated medication dispensary devices consist of timed alarmed monitoring systems that have the ability to store and dispense proper dosages of medications at scheduled times as prescribed by the person's medical practitioner(s). Use of medication dispensary devices shall only be an option when more simple methods of medication reminders are determined to be ineffective by the operating agency. The need for such devices must also be specified in the individual's PCSP.

Limitations: Expenditures for specialized medical equipment and supplies will be in accordance with Division of Services for People with Disabilities policy and all purchases will comply with State procurement requirements. Each item of specialized medical equipment and medical supplies must be prior approved based on a determination of medical necessity, a determination that the item is not available as a Medicaid State Plan service, and a determination that rental or payment of a monthly fee for equipment or supplies is a more cost effective than purchasing the equipment outright.

Specialized Medical equipment/Supplies/Assistive Technology – **Purchase** includes the purchase of devices, controls, or appliances, specified in the individual support plan, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items that are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation.

Automated medication dispensary devices are also included under this service description. Automated medication dispensary devices consist of timed alarmed monitoring systems that have the ability to store and dispense proper dosages of medications at scheduled times as prescribed by the person's medical practitioner(s). Use of medication dispensary devices shall only be an option when more simple methods of medication reminders are determined to be ineffective by the operating agency. The need for such devices must also be specified in the individual's PCSP.

Limitations: Expenditures for specialized medical equipment and supplies will be in accordance with Division of Services for People with Disabilities policy and all

purchases will comply with State procurement requirements. Each item of specialized medical equipment and medical supplies must be prior approved based on a determination of medical necessity and a determination that the item is not available as a Medicaid State Plan service.

Personal Emergency Response System serves the purpose of enabling the individual who has the skills to live independently or with minimal support to summon assistance in case of an emergency.

Personal Emergency Response System is an electronic device of a type that allows the individual requiring such a system to rapidly secure assistance in the event of an emergency. The device may be any one of a number of such devices but must be connected to a signal response center that is staffed twenty four hours a day, seven days a week by trained professionals.

Elements of Personal Emergency Response System:

Installation and testing of the Personal Emergency Response System

Monthly Fee is the periodic service fees (e.g., monthly) for ongoing support services and or rental associated with the Personal Emergency Response System

Purchase of Personal Emergency Response System

Living Start-Up Cost are for individuals transitioning from a more restrictive living arrangement to a less restrictive living arrangement, this service provides reimbursement for the purchase of essential household items needed to establish basic living arrangements that allow the individual to live safely in the community. Essential household items include a bed, a table, chairs, bathroom furnishings, pots, pans, storage containers, utensils, broom, vacuum, plates, dishes, bowls, cups, telephone, answering machine, alarm clocks, hangers, duplicate keys, locks, non-refundable set-up fees or deposits for utility or service access (e.g. telephone, electricity, heating).

Limitations: Reimbursement for the cost of rent or food is not a covered expense under this service. Reimbursable items are limited to only those household items that are essential. Reimbursement for entertainment and diversional items such as televisions, stereos, DVD players, VCR's, CD players, or gaming systems, etc. is prohibited. Reimbursement for the cost of refundable fees or deposits is not a covered expense under this service.

This service requires prior authorization by a Division of Services for People with Disabilities designee and is only available to those transitioning from a more restrictive living arrangement to a less restrictive living arrangement. This service is available only after attempts to access start-up items from all alternative sources have been exhausted. Efforts to access alternative sources must be

documented in the individual's case file. Copies of this documentation must be submitted to the Division of Services for People with Disabilities prior authorization designee for review. This service is only available for assisting individuals in transitioning to a living arrangement in a private residence where the person is responsible for his or her living expenses.

Chore Services serve the purpose of maintaining a clean, sanitary and safe living environment in the individual's residence. Chore Services involve heavy household tasks such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress.

Limitations: These services will be provided only in cases where the individual lacks the ability to perform or financially provide for the services, and no other relative, caregiver, landlord, community/volunteer agency, third party payer, or other informal support system is capable of or responsible to perform or financially provide for the services. In the case of rental property, the responsibility of the landlord, pursuant to the lease arrangement, will be examined prior to any authorization of service.

Companion Services involve non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the Individual Support Plan, and is not purely diversional in nature.

Daily services/rates are rendered for six hours or more per day.

Limitations: Companion Services are not available to individuals receiving other waiver services in which the services are essentially duplicative of the tasks defined in Companion Services. Individuals receiving services within the Day Supports or Supported Living may receive Companion Services only in 15 minute increments and not a daily basis, when the need exists and approval has been granted by DSPD in advance for the utilization of this service.

This service is not available to children in the custody of the State of Utah: Department of Human Services, Division of Child and Family Services.

Consumer Preparation Services ensure that waiver recipients are prepared to supervise and direct their self-administered services providers. Consumer Preparation Services includes: (a) instruction in methods of identifying need and effectively communicating those needs to service providers; (b) instruction in management of provider(s) including interviewing, selecting, scheduling, termination, time

sheeting, evaluating performance, back up coverage; (c) instruction in addressing problems such as changing levels of personal needs, grievance procedures, emergency coverage, exploitation and abuse. Consumer Preparation Services do not include educational, vocational or prevocational components.

Limitations: Limits on the amount, frequency and/or duration are specified on the individual's plan of care and based on assessed need.

Behavior Consultation I Includes the provision of generally accepted educational procedures and techniques that are designed to decrease problem behavior and increase appropriate replacement behaviors. This service is intended to assist individuals in acquiring and maintaining the skills necessary for the capacity to live independently in their communities and avoid placement in a Nursing Facility (NF) and therefore, this service is intended to be habilitative in nature. Consultations are based upon the well-known and widely regarded principles of applied behavior coaching and focus on positive behavior supports. Behavioral consultants provide services to individuals whose behavior problems may be emerging, annoying, worrisome, objectionable, singular but not dangerous, and may interfere with learning or social relationships. The behaviors of the person shall not constitute an impending crisis, nor shall they be assessed as constituting a serious problem. The family and/or support staff with whom the consultant is working will have no special needs/issues beyond consultation and skill training and will be capable of coordinating with schools, agencies, and others as needed. Consultation may include the development of a behavior program which employs widely accepted principles of applied behavior analysis that are applicable to many and which focus on the provision of positive behavioral supports (and which does not include any intrusive interventions). Services are to be provided in the person's residence or other naturally occurring environment in the community.

Limitations: This service will not be available to individuals who might otherwise receive this service through the Medicaid State Plan or any other funding source.

Behavior Consultation II includes the provision of educational procedures and techniques that are designed to decrease problem behavior and increase appropriate replacement behaviors. This service is intended to assist individuals in acquiring and maintaining the skills necessary for the capacity to live independently in their communities and avoid placement in a Nursing Facility (NF) and therefore, this service is intended to be habilitative in nature. Interventions are based upon the principles of applied behavior analysis and focus on positive behavior supports. Behavior consultants provide individual behavior consultation to families and/or staff who support individuals with serious though not potentially life threatening behavioral problems that may be complicated by medical or other factors. Problems addressed by behavior consultants are identified as serious, but have not been judged to be treatment

resistant or refractory. Consultation shall include designing the behavior support plan and training the family and/or support staff on a behavior support plan developed specifically for the person being served. Services are to be provided in the person's residence or other naturally occurring environment in the community. This service is consultative in nature and does not include the provision of any direct services to consumers.

Limitations: Contractors are not permitted to provide direct care to persons (i.e. bathing, feeding, dressing, or supervision) nor are they allowed to transport persons receiving services. No direct care services can be provided under this service definition. This service is not available to individuals eligible to receive this service through the Medicaid State Plan or other funding source.

Behavior Consultation Service III includes the provision of educational procedures and techniques that are designed to decrease problem behavior and increase appropriate replacement behaviors. This service is intended to assist individuals in acquiring and maintaining the skills necessary for the capacity to live independently in their communities and avoid placement in a Nursing Facility (NF) and therefore, this service is intended to be habilitative in nature. Interventions are based upon the principles of applied behavior analysis and focus on positive behavior supports. Behavioral consultants provide individual behavioral consultation to families and/or staff who support individuals with the most involved, complex, difficult, dangerous, potentially life threatening and resistant to change behavioral problems. The serious behavioral problems may be complicated by medical or other factors. In addition, eligible persons must have failed alternative interventions and are severely limited in their activities and opportunities due to their behavioral problems. Consultation shall include designing and training the family and/or support staff on a behavior support plan developed specifically for the person being served. Services are to be provided in the person's residence or other naturally occurring environment in the community. This service is consultative in nature and does not include the provision of any direct services to consumers.

Limitations: Contractors are not permitted to provide direct care to persons (i.e. bathing, feeding, dressing, or supervision) nor are they allowed to transport persons receiving services. No direct care services can be provided under this service definition. This service is not available to individuals eligible to receive this service through the Medicaid State Plan or other funding source.

Extended Living Supports provides supervision, socialization, personal care and supports for persons who reside in a community living setting during the period of time they would normally be attending an employment, day or school program. Extended living supports are intended to be utilized for short periods of time, such as illness, recovery from surgery and/or transition between service providers and are not intended for long term use in lieu of supported employment, day supports or school programs.

Limitations: Individuals receiving Extended Living Supports may not receive Day Supports Services simultaneously.

Personal Budget Assistance provides assistance with financial matters, fiscal training, supervision of financial resources, savings, retirement, earnings and funds monitoring, monthly check writing, bank reconciliation, budget management, tax and fiscal record keeping and filing, and fiscal interaction on behalf of the individual.

Professional Medication Monitoring provides testing and nursing services necessary to provide medication management to assure the health and welfare of the person. This service includes regularly scheduled, periodic visits by a nurse in order to conduct an assessment of the individual with regard to their health and safety particularly as it is affected by the maintenance medication regimen that has been prescribed by their physician, to review and monitor for the presence and timely completion of necessary laboratory testing related to the medication regimen, and to offer patient instruction and education regarding this medication regimen. Nurses will also provide assistance to the individual by ensuring that all pill-dispensing aids are suitably stocked and refilled.

Limitations: This service is not available to individuals eligible to receive this service through the Medicaid State Plan or other funding source.

Supported Living constitutes individually tailored hourly support, supervision, training and assistance for people to live as independently as possible in their own homes, family homes and apartments. Supported living is available to those who live alone, with family or with roommates. For individuals residing with families, Supported Living is intended to provide support to the individual and the family to allow the family to continue providing natural supports and to avoid unwanted out of home placement. Supported living activities are prioritized based upon the individual's assessed needs, but may include maintenance of individual health and safety, personal care services, homemaker, chore, attendant care, medication observation and recording, advocacy, communication, assistance with activities of daily living, instrumental activities of daily living, transportation to access community activities, shopping and attending doctor appointments, keeping track of money and bills and using the telephone; and indirect services such as socialization, self-help, and adaptive/compensatory skills development necessary to reside successfully in the community. This service may also include behavioral plan implementation by direct care staff.

Limitations: Individuals receiving Supported Living are not eligible to receive separate individual waiver services in addition to Supported Living if the separate services are essentially duplicative of the tasks defined in Supported Living.

Individuals receiving Supported Living may not receive Residential Habilitation; however, they may receive Day Support Services as long as these services are

not provided nor billed for times when the individual is receiving Supported Living services.

Financial Management Services is offered in support of the self-administered services delivery option. Services rendered under this definition include those to facilitate the employment of personal attendants or assistants by the individual or designated representative including:

- a) Provider qualification verification;
- b) Employer-related activities including federal, state, and local tax withholding/payments, unemployment compensation fees, wage settlements, fiscal accounting and expenditure reports;
- c) Medicaid claims processing and reimbursement distribution, and
- d) Providing monthly accounting and expense reports to the consumer.

Service is provided to those utilizing Self- Administered Services

What is the Self-Administered-Model (SAM)?

The Self-Administered Model (SAM) offers an alternative to the Provider Agency Model by allowing persons with disabilities and their families to select providers that offer services in the home. The SAM allows persons with disabilities and their families to hire, train, and supervise employees who provide direct support in a home setting. The SAM applies only to those persons with disabilities that the Support Coordinator has determined to qualify for the following supports:

Click here to view the ABI SAS Support Manual.

<https://dspd.utah.gov/wp-content/uploads/2022/12/Self-Administered-Services-Handbook-1.pdf>