

Annual Report 2022



Utah Department of
Health & Human Services
Services for People with Disabilities

Mission

The Division of Services for People with Disabilities (DSPD) supports and manages services for some of the most vulnerable people in Utah. Specialized teams orchestrate access to short-term and ongoing services. To do this, DSPD continuously engages with individuals, their families, national experts, service providers, and state leadership. Services and supports should help an individual reach their vision of a good life, which includes their expressed goals, needs, and desires. Through partnership and research, DSPD continues to

enhance the service system. Significant effort is made to improve person-centered planning and increase the role of employment. An individualized approach to planning services and supports helps the individual get both what is important to them and important for them. Employment has a positive impact on personal well-being as well as adding to the workforce that contributes to the Utah economy. DSPD also oversees operations at the Utah State Developmental Center.



to promote opportunities
and provide supports for
**persons with disabilities to
lead self-determined lives**

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Director's message

Angie Pinna



Fiscal year 2022 brought many changes and also new challenges for the division. As the fiscal year concluded, much of the division's attention was focused on preparation for the upcoming departmental consolidation. On July 1, 2022, Utah's Department of Health and Department of Human Services merged into the Department of Health and Human Services (DHHS). Now that DSPD is part of the largest state agency in Utah, we will be in an improved position to effectively serve the people of the state and to coordinate with other agency partners within DHHS. Throughout all of these changes, DSPD has continued in its effort to assure that people with disabilities are successfully served and kept safe and healthy. We are focused on transitioning individuals from ICFs into the community, keeping people in the community, and integrating individuals to the full extent that they want.

On January 1, 2022, DSPD enacted the new Limited Supports Waiver (LSW). This waiver provides services to those with low support needs and who live in their own home. It is intended to help participants live as independently and productively as possible within their own communities. Priority rank is determined by the Needs Assessment Questionnaire (NAQ) score, but is also weighted towards those who have been on the waiting list the longest.

A historic legislative appropriation during this past year, effective as of April 1, 2022, included a crucial provider rate increase to address the critical staffing shortage that affects not only Utah, but the nation as a whole. There is more work to be done, but we are grateful to our legislature. They heard your voices and took action that was desperately needed to sustain the vital service models that providers fulfill.

As part of our comprehensive effort to improve the effectiveness of services, and to be responsible stewards of our state's resources, DSPD has participated in a number of recent audits. In May 2022, the Office of Internal Audit (OIA) completed an internal performance audit focusing on governance controls. In August 2022, the Office of the Inspector General (OIG) completed a separate audit titled "Medicaid Waiver Utilization, Medicaid Service Documentation, and Medicaid Records Retention Practices by DSPD and DSPD Providers." This audit, with our responses and plans of action are in the public record. Both audits follow upon the 2021 Utah Legislative Auditor General's (OLAG) "A Performance Audit of the Division of Services for People with Disabilities," that also entails continuing action plans by DSPD. We are confident that these audits and the actions taken in response to them, will improve our internal processes, oversight, and controls. This will help us to better achieve our intended purposes and outcomes in serving Utah's people with disabilities.

I remain grateful to our many partners, stakeholders, and constituents for your continued support and collaboration. Together, we have achieved many positive changes that will improve the service system and genuinely impact the lives of the Utahns who rely on it. My thanks go out to each and every one of you, without whom this success would not have been possible.

Settings Rule update

In light of the impact of COVID-19, CMS extended the HCBS final Settings Rule compliance deadline to March 17, 2023.



Published guidance

DSPD published several informational flyers to support understanding of the Settings Rule in the areas of employment, community inclusion and integration, rights restrictions, and more. We also published a guide to help providers continue to work towards compliance while meeting necessary COVID-19 related health and safety requirements.



Heightened scrutiny review

DSPD and the Utah Department of Health began the process of compiling information, holding public comment meetings and periods, and submitting settings to the Centers for Medicare and Medicaid (CMS) for heightened scrutiny review. To validate compliance with the Settings Rule, DSPD used a virtual visit process to visit settings that completed remediation.



Person-centered planning tools

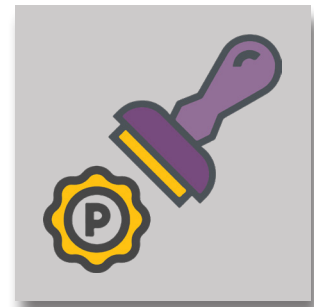
DSPD worked with the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) to develop and publish the Person-Centered Planning foundational handbook for support coordinators. The handbook includes information on the philosophy of person-centered planning, tools to enhance the planning process, and clear expectations to ensure that the person directs their own plan as much as possible. DSPD also developed training videos and a webpage so that information about person-centered planning is available to anyone.

In August 2021, DSPD published a guided conversation tool named the Employment Pathway Tool. The Employment Pathway Tool helps a person make an informed choice about whether they want to be employed or not. DSPD developed and pilot tested the tool with support from the State Employment Leadership Network (SELN).

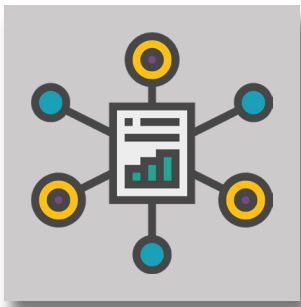
The division



DSPD provides support through home and community-based services (HCBS) and facility-based care. Five teams manage HCBS through state funding and Medicaid waivers. In addition, a sixth team of clinical experts and experienced direct support professionals operate the Utah State Developmental Center.



Finance and Contracts



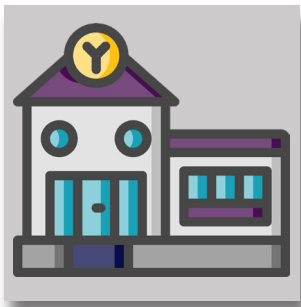
Research and Supports



Business Systems and Integration



Intake and Waiting List Support



Home and Community-Based Services



Utah State Developmental Center

6,348 People

served during FY 2022

81 Residents

of an ICF moved into HCBS



19.54% provider rate increase
Effective April, 2022

LSW was approved by CMS

Appropriations



Mandated additional needs

\$ 8.9 M ongoing
General Fund

As a condition of the 1915(c) waiver approved by the Center for Medicare and Medicaid Services, DSPD is obligated to support changes to the health and safety needs of those individuals already enrolled in waiver services. Each request for services (RFS) undergoes a comprehensive review of need by the RFS Committee before being approved. This allocation also includes budgeting for youth who are transitioning out of DCFS/DJJS.

Caregiver compensation

\$ 1.7 M One-time
General Fund

Caregiver compensation began as a program in response to the public health emergency. Allowing parents and guardians to be paid for the extraordinary care of their family member kept individuals healthy and safe through the COVID-19 pandemic.

Spousal caregiver comp

\$ 1.4 M Ongoing
General Fund

Spousal caregiver compensation allows for a person with a disability to hire their spouse to provide services, like personal care.

DSP rate increase

\$ 650 K Ongoing
General Fund

In 2015, the legislature pledged funding to improve recruitment and retention of direct care staff through increased wages. Utah recognizes that adequate and stable staffing is crucial to successful service delivery. This was the final installment in the original pledge to DSPs.



Support coordinator rate increase

\$ 600 K ongoing
General Fund

This allowed for an increase in the monthly rate to support coordinators to ensure that individuals receive the services and support they need.

Rate Increase — DSPD portion only April – June

\$ 4.8 M one-time
General Fund

This appropriation was the start of a historic 19.54% wage increase for direct care service providers. This was given as one-time funding for the last quarter of FY22, and will continue as ongoing funding into FY23.

Entering services: J's story — LSW

J was living at home with her mother. Mom is a single parent and her main caregiver with no back up caregiver for J. Her parents live nearby, but due to aging and health, they have been unable to assist. Mom has been trying to balance full-time work and caring for J, while attending to her own parents' health. This past October, J was moved off the waitlist and began her journey to find appropriate services to improve her own and her family's lives. During the initial

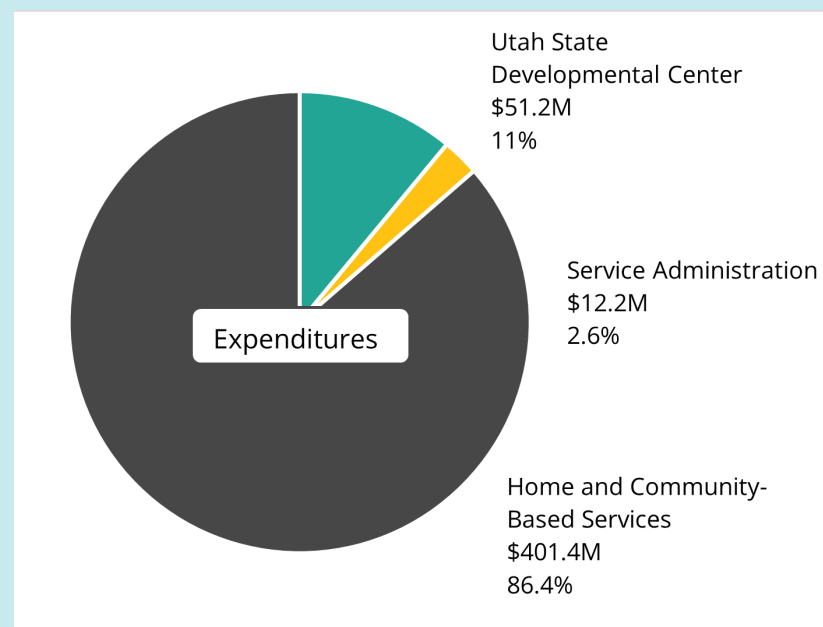
meeting, Mom broke down in tears. She had only recently begun asking for advice from her family and friends on how to find the best care for J, because her work demanded that she travel. She needed to find a place for her daughter that was not only safe, but would also provide opportunities to grow and develop life skills: a place where J would thrive! J is now living in a residential home with roommates, and she attends a day program.



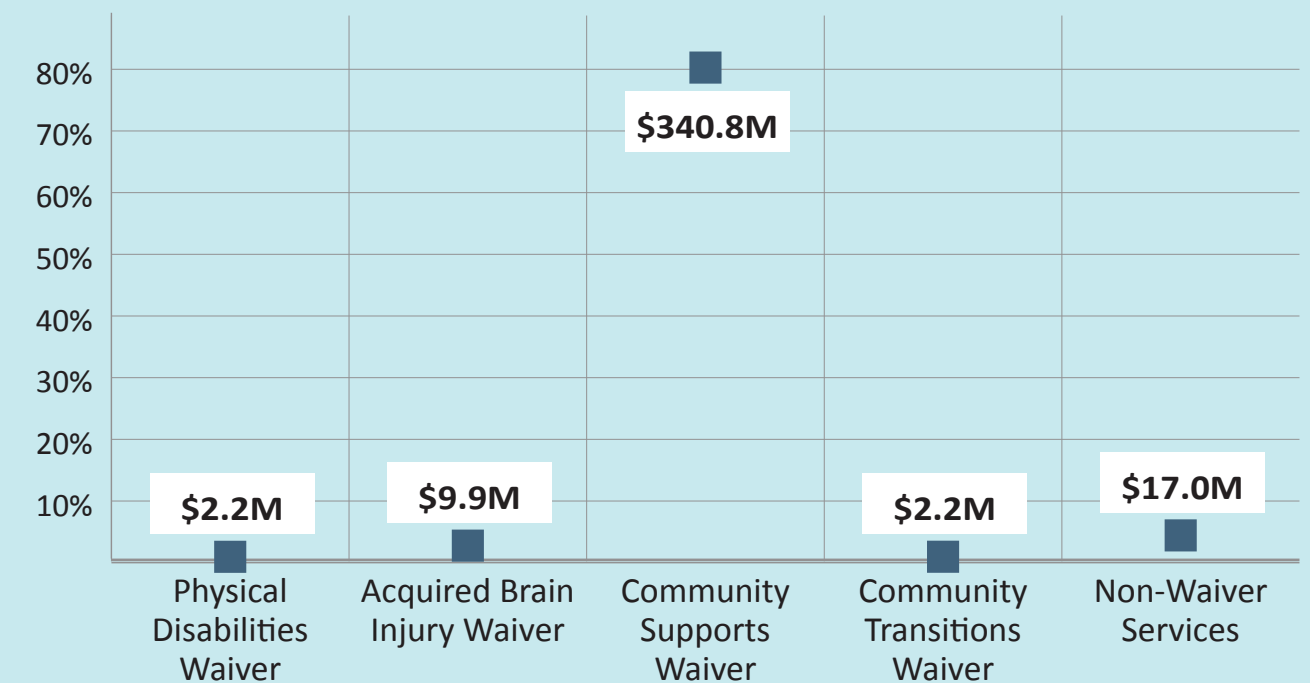
Budget overview

Each year DSPD uses the Federal Medicaid Assistance Percentage (FMAP) to calculate the percentage of federal matching funds received for every state dollar spent. All reported fiscal year 2022 dollar amounts use the fiscal year 2022 FMAP of 32.998%

\$464.7 M
FY 2022 operating budget



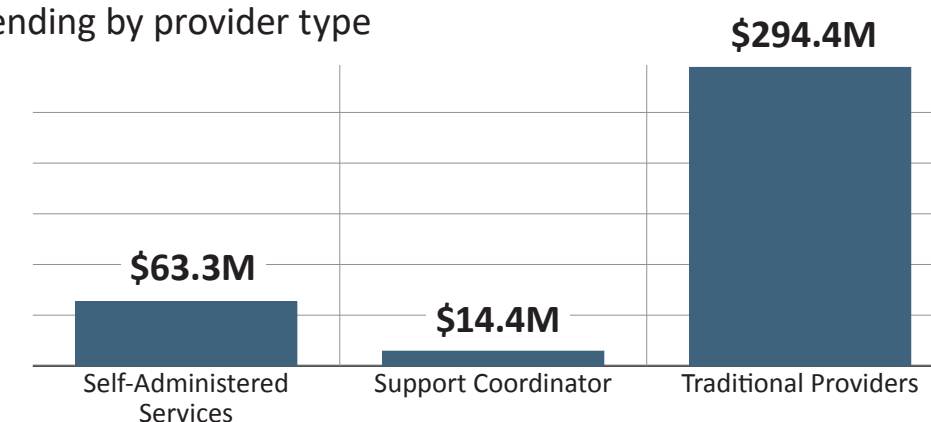
Home and Community-Based Services spending



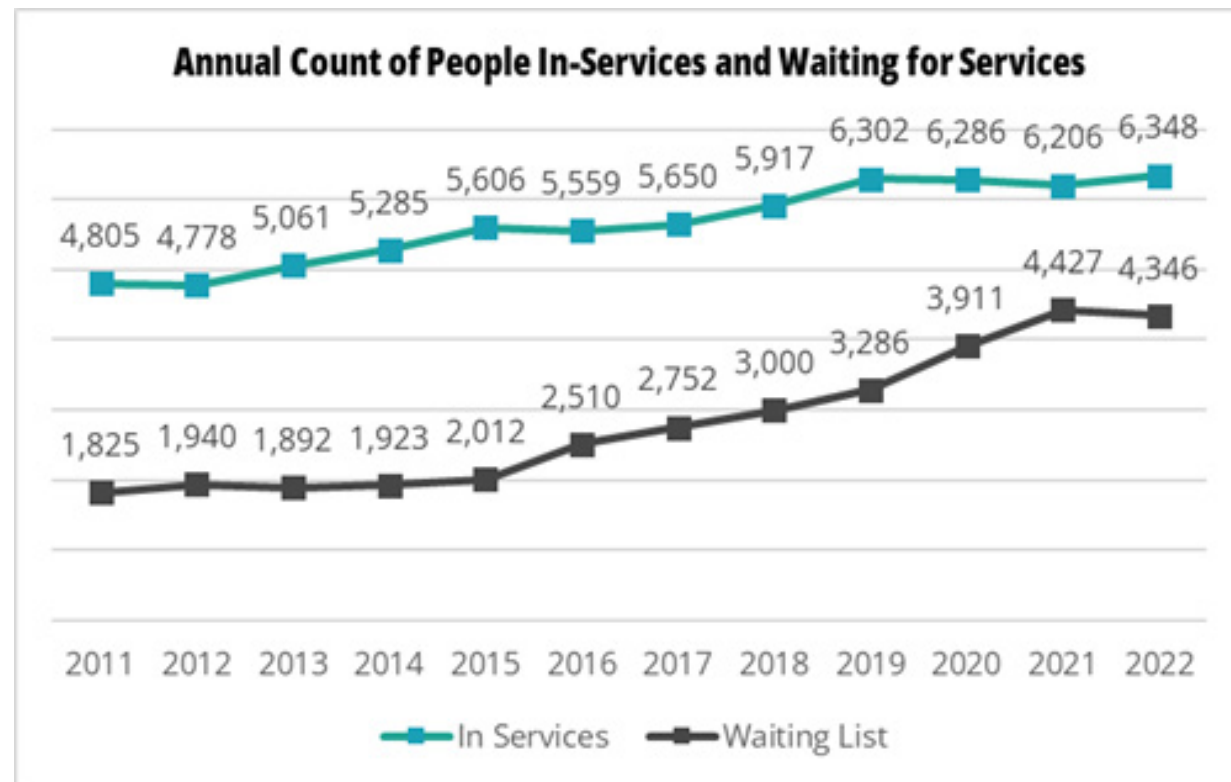
Historical budgets

FY 2021: \$426.9 million	FY 2018: \$327.7 million
FY 2020: \$404.7 million	FY 2017: \$298.0 million
FY 2019: \$364.8 million	FY 2016: \$270.9 million

Spending by provider type



Historical trends



Limited supports: R's story

At first, R's Mom was not entirely certain whether they needed Limited Support Services, or if she could really use them. She thought they were probably managing fine. But, she decided to go ahead and get some help anyway. Two weeks later she was diagnosed with cancer. Her husband had passed away a couple of years earlier. The LSW has helped her to make sure

that R can get to all of his activities, including participating in the play, The Sound of Music. Because of her cancer treatment, R's Mom would not otherwise be able help with all of his activities. The LSW has provided the supports that R's family needs.

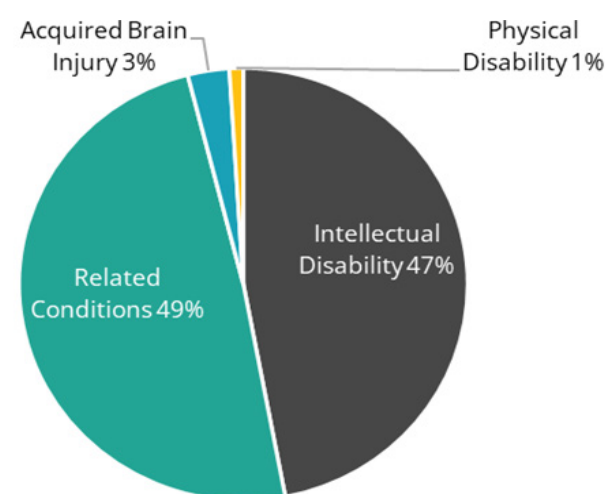


Waiting for services

DSPD uses all available funds to provide services to as many eligible people as possible. Following fiscal year 2021 system changes, DSPD now offers enrollment based on most critical need for comprehensive services, and time spent waiting for people with limited support needs.

4,346
people waiting

People waiting have an average age of 23.1 years, and wait an average of 5.5 years.



Requested services

Service	Percentage
Personal Assistance and Supported Living	37.3%
In-Home Support and Respite	53.4%
Residential Services	7.0%
Host Home and Professional Parent Services	2.3%
Day Supports	18.7%
Supported Employment	19.5%

Table does not add to 100%, because people can be waiting for more than one service.

Short-term services

People may be eligible to receive one or more of the limited short-term services available while waiting for ongoing DSPD supports. Funding comes from a combination of ongoing and one-time appropriated general fund dollars allocated each fiscal year.

Supported Work Independence

244 people served

SWI is designed to help eligible persons, who are waiting for ongoing services, obtain and maintain competitive employment in an integrated setting, earning at least minimum wage.

Caregiver Compensation

109 families served

In order to support families while waiting for ongoing services, DSPD was able to offer one-time caregiver compensation services. In FY22, non-lapse funding provided this support to 109 families waiting for services.

Respite

84 families served

In order to relieve caregiver burnout, DSPD was able to offer relief to a person's caregiver through limited, one-time respite services. In FY22, non-lapse funding was used to provide respite to 84 families waiting for services.



Home & Community-Based Services



Services support the person's choice to remain in their community.

Home and Community-Based Services (HCBS) provide an alternative to institutional care that offers habilitation services to people with disabilities.

HCBS providers are available throughout Utah. DSPD offers two different service models: provider agencies and Self-Administered Services (SAS). The SAS model allows a person and their family to hire and train employees to provide supports. As needed, these models may be combined.

6,348
people served during FY 2022

Community Supports Waiver

5,786 people

A comprehensive lifespan waiver that serves people with an intellectual disability or a related condition, and who meet Intermediate Care Facility (ICF) level of care need.

Acquired Brain Injury Waiver

161 people

Serves people who are 18 years of age or older, have a brain injury, and meet Skilled Nursing Facility (SNF) level of care need.

Physical Disabilities Waiver

89 people

Serves people who are 18 years of age or older, have a physical disability that results in the functional loss of two or more limbs, and meet Skilled Nursing Facility (SNF) level of care need.

Community Transitions Waiver

181 people

A comprehensive lifespan waiver that serves people with an intellectual disability or a related condition who move out of an Intermediate Care Facility (ICF).

Limited Support Services

41 people

Lifespan assistance that serves people with an intellectual disability or a related condition. This waiver serves people whose needs are less than those required for the comprehensive services waiver, who meet DSPD eligibility requirements, and do not require out-of-home residential supports.

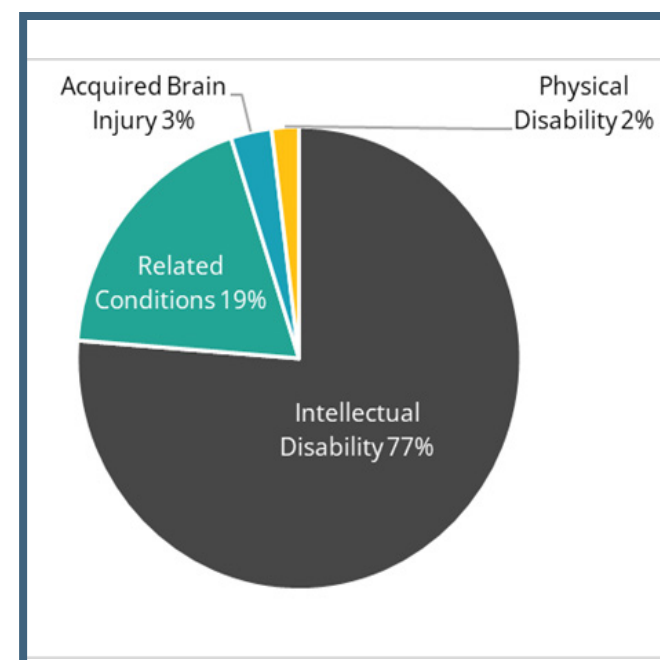
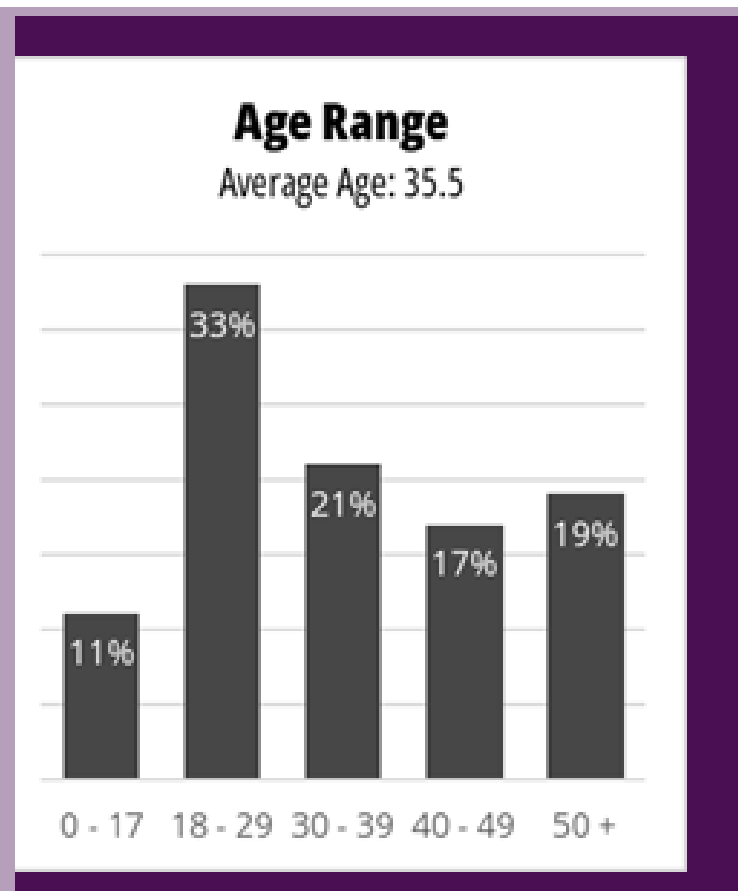
Non-Medicaid Waiver Services

65 people

Lifespan assistance for people who meet DSPD eligibility requirements, but are not eligible for Medicaid funding.

Note: 25 people were transitioning into services and not included in waiver counts.

Demographics & diagnoses



83.0% White

9.3% Hispanic/Latin-X

1.9% American Indian

2.2% Black or African American

2.1% Asian or Pacific Islander

1.5% Other

Eligibility for division services requires that a person have a minimum of one qualifying diagnosis.

A qualifying diagnosis must give rise to mental or physical impairments that cause, at least, three substantial functional limitations in a major life activity, such as: self-care, language, mobility, capacity for independent living, and economic self-sufficiency.

The four disability types are broken down by the percentage of each qualifying diagnosis. Tables may not add to 100% due to rounding.

Intellectual Disability

Diagnosis	Percentage
Mild	43.9%
Moderate	28.8%
Profound	8.9%
Severe	15.9%
Unspecified	2.6%

Acquired Brain Injury

Diagnosis	Percentage
Concussion	15.6%
Head Injury	31.7%
Hemorrhage	16.6%
Laceration	4.5%
Other	29.1%
Stroke	2.5%

Related Conditions

Diagnosis	Percentage
Autism	64.0%
Cerebral Palsy	13.8%
Chromosomal Abnormality	9.5%
Congenital Anomalies	1.5%
Epilepsy	3.6%
Other	3.6%
PDD	2.6%
Spina Bifida	1.3%

Physical Disability

Diagnosis	Percentage
Cerebral Palsy	64.5%
Multiple Sclerosis	2.3%
Muscular Dystrophy	5.8%
Other	7.7%
Paraplegia	1.9%
Quadriplegia	17.8%

New service recipients

A person's state budget is the amount of General Funds allocated for their services. The total budget includes the amount of federal matching funds received for waiver services.



Appropriation funding

The legislature allocates funding to DSPD from the General Fund every year to support services.

The ICF Transition Program moved 74 people into HCBS with an average state budget of \$30,855 and an average total budget of \$95,487. DSPD provided limited support services to 13 people with an average state budget of \$5,299 and an average total budget of \$16,400.



Attrition funding

Every year some people leave DSPD services, and DSPD reinvests the money used for their services into the waiting list. Attrition funding allows DSPD to enroll people who qualify for emergency services and people court ordered into services.

The court ordered one person into services. Budgets typically have an average state budget of \$34,289, and an average total budget of \$113,719.



Transfer funding

DSPD collaborates with other divisions in the Department of Health and Human Services (DHHS) and ICFs to enroll people in HCBS.

Through DHHS transfer funding, DSPD enrolled 13 people with an average state budget of \$29,600, and an average total budget of \$89,700. ICF transfer funds brought 81 people into HCBS with an average state budget of \$36,200, and an average total budget of \$109,800.

151
people enrolled

Contracted providers

226

Provider companies offer direct support staff and structured programming designed to maintain health and safety in integrated, educational, and self-determined settings.

68

Support coordination companies are a network of Qualified Intellectual Disability Professionals. Support coordinators assist people and their families with coordination of care through Medicaid waiver services and other community resources.

4

Fiscal agents provide fiscal management services as part of the self-administered service model. Fiscal agents assist people and their support team with fulfilling employer requirements, including: hiring, payroll, and taxes.

Service categories

DSPD uses validated assessments, self-reporting, and provider experience to tailor a person-centered service plan (PCSP). Person-centered planning offers the person and their planning team choice from an array of community integrated programs in order to promote and foster self-determination. The resulting PCSP organizes available services to meet the person's needs, preferences, and goals by annually identifying

the person's changing strengths and priorities. Individual budgets within each service category vary based on need.

Category counts do not include individuals that did not bill a service during fiscal year 2022.

2,333
people

Residential support

Average age: 40.7 years

As an alternative to institutional settings, residential habilitation offers 24-hour support in supervised apartments and group homes. Individualized assistance helps the person to obtain and maintain independent living skills in their chosen community. Medication monitoring, behavior consultation, employment, and day support are some of the services that often accompany residential support.

666
people

Host home & professional parent

Average age: 32.7 years

Host family residential services offer a shared living experience for youth and adults with exceptional care needs who want a family environment, but cannot live with immediate family members. The host family provides assistance with independent living skills and supervision that helps the person engage in their community and avoid isolation.



323
people

Supported living

Average age: 48.7 years

A variety of supported living options offer hourly, intermittent care for people who live in their own home. Services are designed to maintain health and safety and avoid isolation. These include transportation, personal care, homemaking, chores, medication monitoring, advocacy, communication assistance, and other activities of daily living.

1,958
people

In-home provider-based

Average age: 28.6 years

An enrolled person and their family can access respite, companion, homemaker, chore, and personal assistance through a contracted provider agency. The person and provider agency collaborate to design a service plan that maintains health and safety, and avoids isolation.

937
people

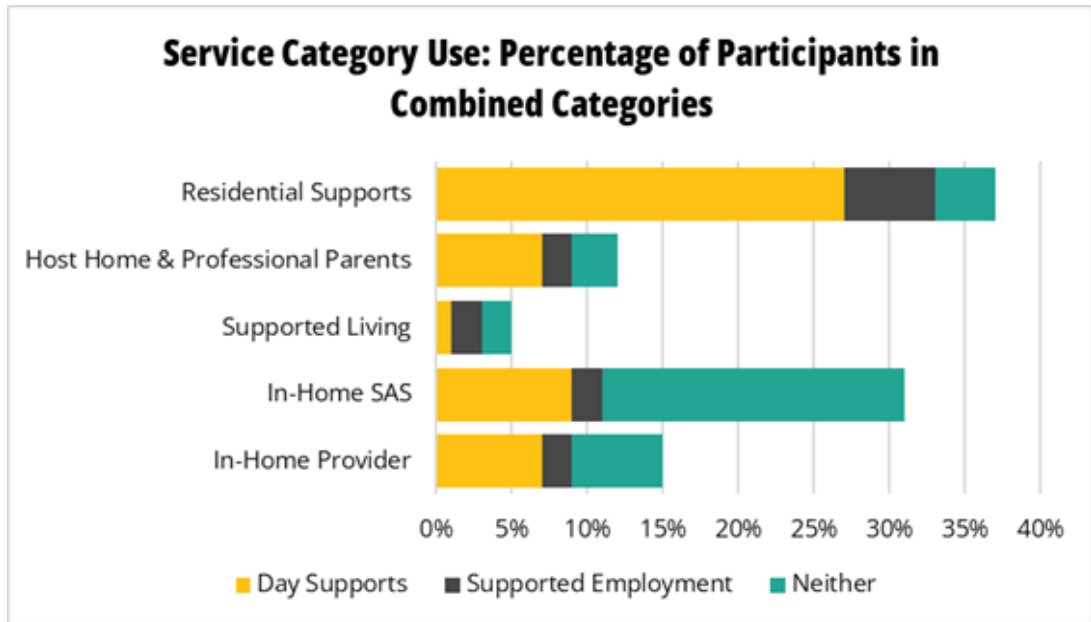
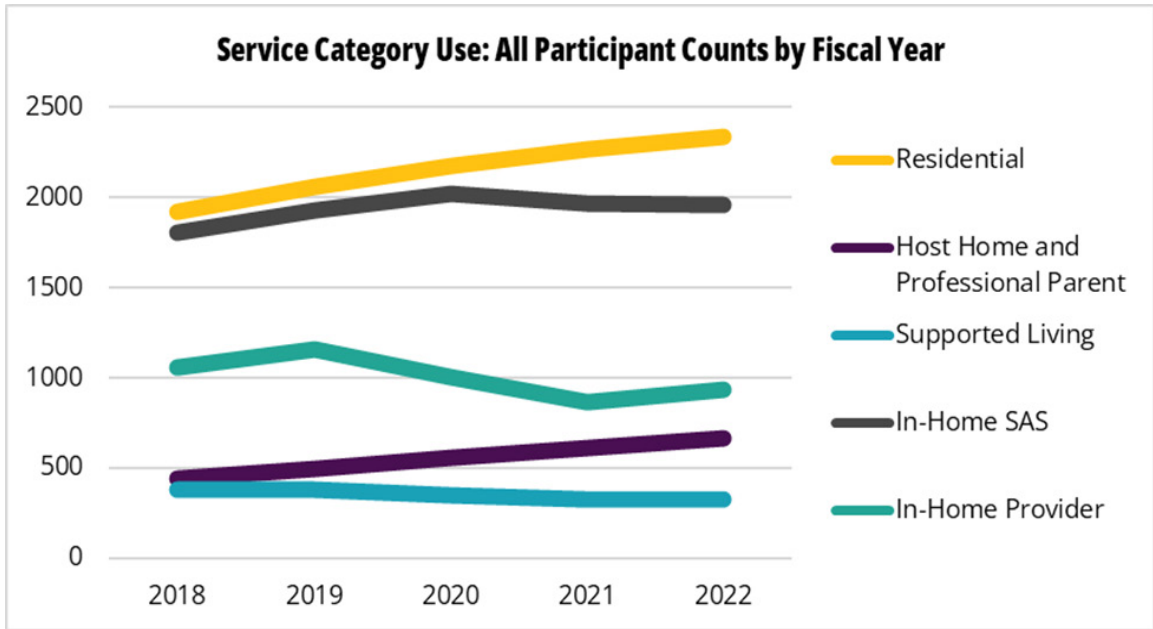
In-home self-administered

Average age: 35.1 years

Self-Administered Services (SAS) allows a person and their family to employ their own direct service staff. SAS includes access to a fiscal management agent that provides payroll and budget management services. Waiver services offered under SAS include: respite, companion, homemaker, chore, and personal assistance.

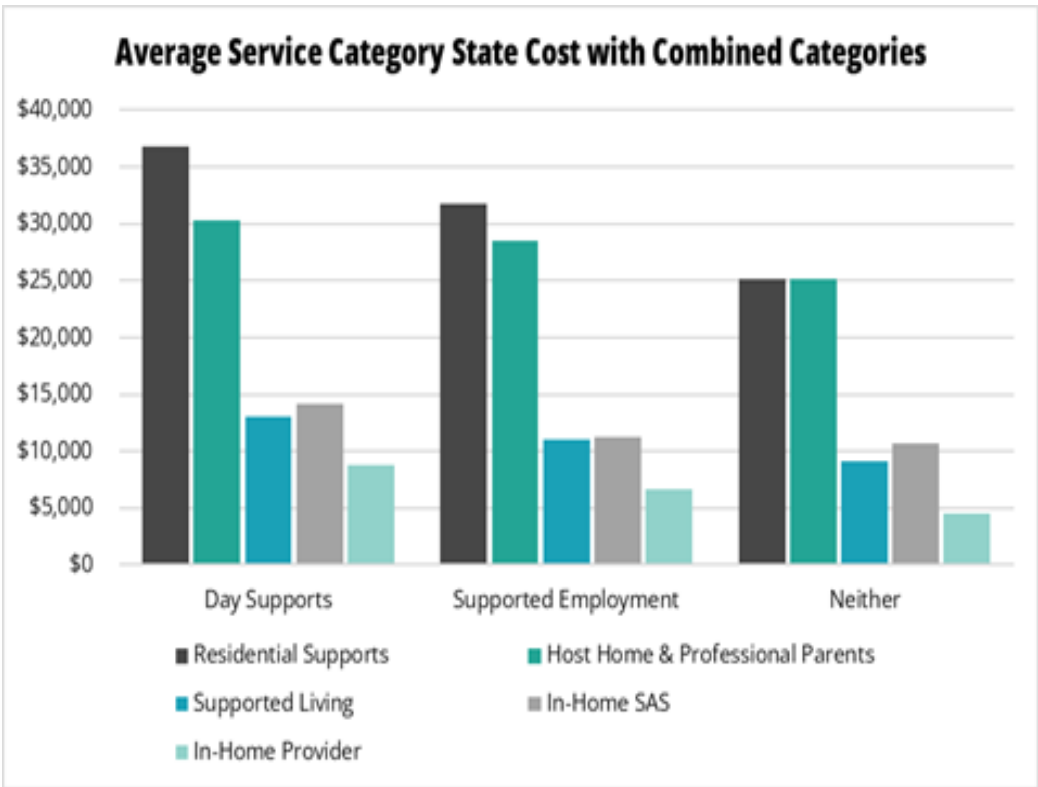
Service spending

DSPD may offer many similar services within a service category. Tracking category usage and spending helps DSPD evaluate service access and trends. Service data informs strategic planning and improvement efforts. The following graphs and data identify how many people use a category; how categories are combined with each other; and what spending looks like in each category.



Service category spending

Category	Average annual total cost	Average annual state cost	Total cost	Total state cost
Residential Supports	\$104,984	\$34,632	\$244.9M	\$80.8M
Host Home and Professional Parents	\$82,756	\$27,300	\$55.1M	\$18.2M
Supported Living	\$31,835	\$10,502	\$10.3M	\$3.4M
In-Home Self-Administered Services	\$35,033	\$11,557	\$68.6M	\$22.6M
In-Home Provider-Based	\$20,456	\$6,748	\$19.2M	\$6.3M



Day activities

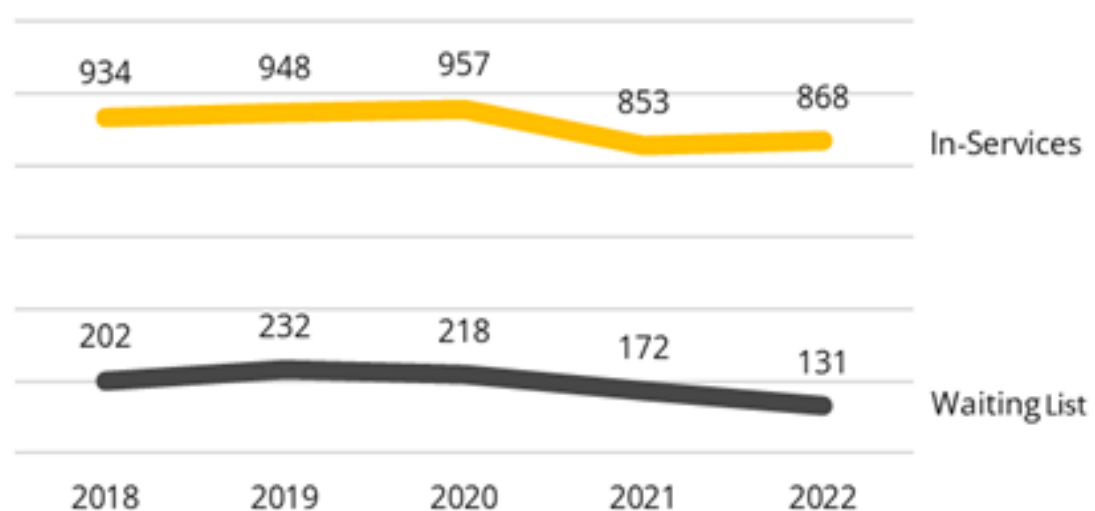
Committed to the Employment First initiative, DSPD recognizes the benefits of prioritizing meaningful, competitive employment opportunities for people enrolled in services.

Supported Employment Spending Five Year Trend

Fiscal year	State dollars	Total dollars
2022	\$2.2M	\$6.0M
2021	\$2.2M	\$6.0M
2020	\$2.6M	\$7.1M
2019	\$2.8M	\$8.0M
2018	\$2.7M	\$7.8M



Supported Employment Historical Counts



Day Support

Daytime supervision and support, in either an individual or group setting, designed to help develop and maintain habilitation skills, including: self-help, community living, and communication skills. Structured programs provide socialization, skill building, and leisure activities. During fiscal year 2022, 3,166 people with an average age of 36.8 years used day support.



Supported Employment

Supported employment provides assistance for adults who want to obtain, maintain, and advance in competitive integrated employment and entrepreneurship paying at least minimum wage, or in self-contained business locations. A job coach or co-worker supports either an individual or group. Employment support offers the flexibility to customize work hours and setting in order to follow the person's interests and achieve the person's goals. During fiscal year 2022, 868 people with an average age of 40.8 years used supported employment.

Supported Work Independence

SWI provides skill development and job coaching to adults waiting for ongoing services.

54%

Employed

\$8.38

Average hourly wage

14.1

Average hours worked per week

Utah State Developmental Center

Dedicated to providing evidence-based resources.

63.6%
Male



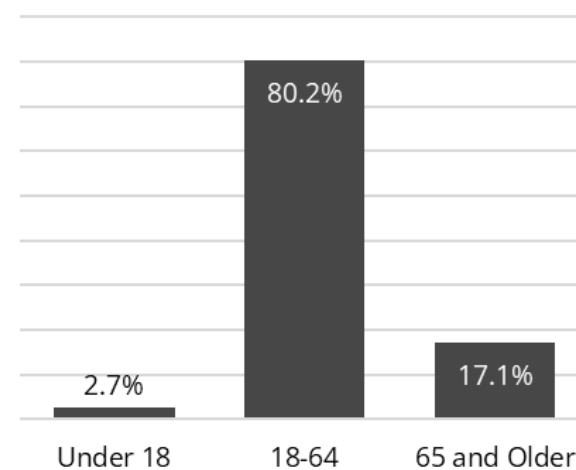
36.4%
Female

USDC serves all ages in a comprehensive residential setting. On-site services include: habilitation, medical, dental, employment, and recreation. Dormitory style living matches four to six people as roommates who share common areas. Staff assist with grocery shopping, cooking, and cleaning. During fiscal year 2022, USDC admitted 6 people and discharged 8 people.

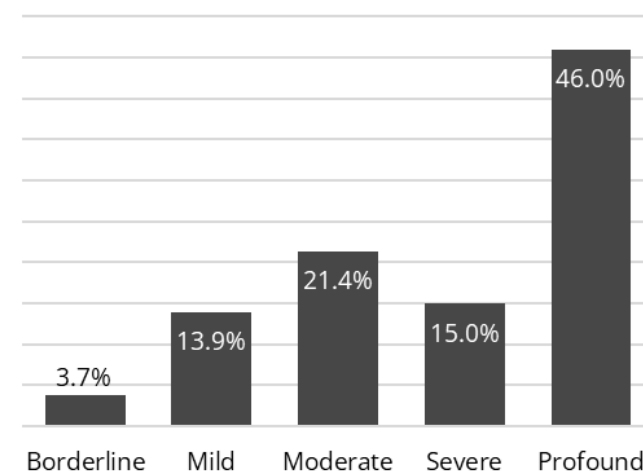
USDC typically offers respite support for people enrolled in DSPD services. Families report that this valuable service supports continued caregiving at home. COVID-19, however, added new challenges to supporting the health and safety of residents and staff. Risk of spreading the virus meant that USDC could not offer respite during fiscal year 2021.

187
people served

Age Range
Average Age: 47.8



Intellectual Disability



81 residents
moved into HCBS



ICF Transition Program

The ICF Transition Program provides an opportunity for individuals who live in an intermediate care facility to move into a home and community-based setting.

As part of the *Christensen v. Miner* settlement, the program will move 250 individuals who want to live in the community from an ICF into HCBS between fiscal years 2020 and 2024. Program Specialists educate ICF residents and individuals requesting admission to an ICF about HCBS. Interested ICF residents can visit HCBS providers and service sites to gain a better understanding of available services.

37
potential residents
received HCBS education

400
residents received
HCBS education

HCBS transition stories

A's story

A chose a home with a provider in Orem. She has made great improvements communicating her wants and needs. She now uses sentences instead of just answering yes or no. She now often gets out into the community, and has started vocational rehab (VR) in order to get a community job. She is currently working at a gas station through Employment

Preparation Services while she gets started with VR. A now does her activities of daily living (ADLs) independently, with reminders. She has also made progress on some socially inappropriate behaviors to the point where she is now making and keeping friends in the community.

D's story

D and his parents chose a residential home service provider for him to transition to in Layton. His parents are very supportive of this decision, and love seeing the steps D has made to become more involved and active in his community, as well as his progress with communication. He now verbalizes his wants/needs and asks for help when he needs it. He has become

independent with his morning routine and gets out in the community often. D has a visual impairment, and has learned how to get around in his home. D's behavioral challenges have decreased, and he began vocational rehab (VR) in order to get a community job.

M's story

M has been very successful after moving out of an ICF and into his new home in Logan. At first, he was shy and reserved, but now he is much more comfortable in his home and community. M has Type-1 Diabetes that wasn't well managed before transitioning into his new home, but now it's better managed in part by his choice to live a healthier lifestyle. He's

learning and mastering independent cooking skills and meal planning and is also learning about budgeting. He has opened up as a person and loves his newfound independence since choosing to transition to HCBS.

K's story

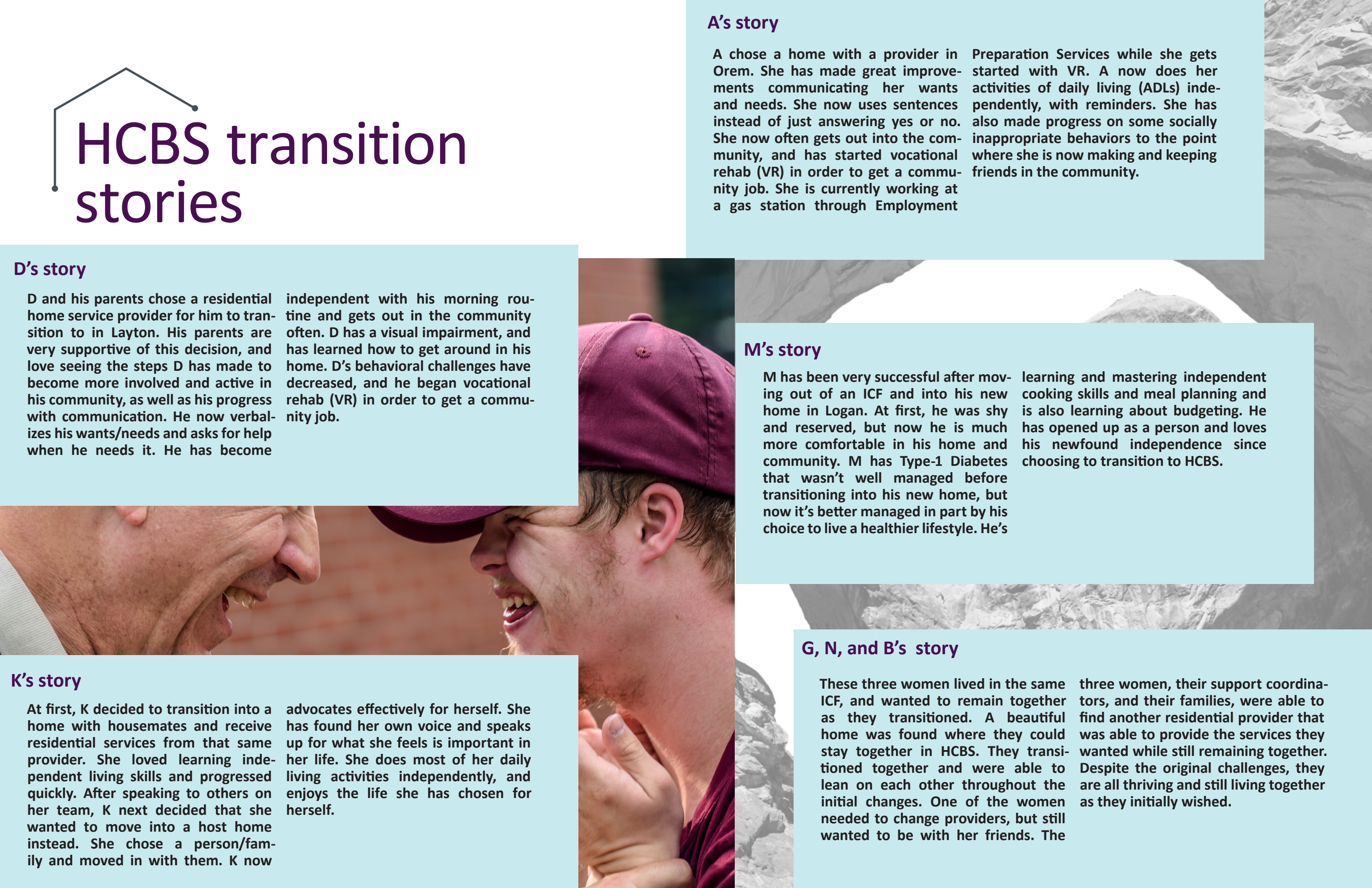
At first, K decided to transition into a home with housemates and receive residential services from that same provider. She loved learning independent living skills and progressed quickly. After speaking to others on her team, K next decided that she wanted to move into a host home instead. She chose a person/family and moved in with them. K now

advocates effectively for herself. She has found her own voice and speaks up for what she feels is important in her life. She does most of her daily living activities independently, and enjoys the life she has chosen for herself.

G, N, and B's story

These three women lived in the same ICF, and wanted to remain together as they transitioned. A beautiful home was found where they could stay together in HCBS. They transitioned together and were able to lean on each other throughout the initial changes. One of the women needed to change providers, but still wanted to be with her friends. The

three women, their support coordinators, and their families, were able to find another residential provider that was able to provide the services they wanted while still remaining together. Despite the original challenges, they are all thriving and still living together as they initially wished.



Additional information

Visit the [DSPD website](#) for more information about any of the topics in the 2022 Annual Report.

Visit the [USDC website](#) for more information about admission and services.



Utah Department of
Health & Human Services
Services for People with Disabilities