



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

Caregiver compensation: Frequently asked questions

State of Utah

Division of Services for People With Disabilities (DSPD)

Fiscal Year 2024

The following frequently asked questions apply to the Community Supports Waiver (CSW), Acquired Brain Injury Waiver (ABIW), and the Community Transitions Waiver (CTW)

General questions

Where can I access the forms I need?

Individuals and families will work with their support coordinator in accessing the caregiver compensation worksheet in USTEPS. The medical and behavioral justification form and monthly summary form are available on [DSPD's website](#) on the caregiver compensation page. This is linked to by a banner on our homepage as well so it's easy to find.

What are the rates DSPD pays for caregiver compensation?

DSPD will reimburse fiscal agencies for caregiver compensation delivered through self-administered services at \$6.23/quarter hour. DSPD will reimburse traditional providers, where the family member is employed by the provider, at \$6.85/quarter hour. The amount paid to families will vary based on the fiscal agency or provider the family uses.

Can caregiver compensation be requested in addition to current services?

Caregiver compensation should be a replacement for services already in the budget. If there is a need for additional services, the support coordinator may request caregiver compensation through the RFS process for consideration.

How will caregiver compensation payments affect my taxes?

DSPD is not able to provide advice on tax issues. Please consult with your tax advisor.

If DSPD has approved a certain number of caregiver compensation hours per week, does the caregiver/family have to use that number of hours every week?

The number of hours approved by DSPD is based on the assessed need of the individual, so the family will typically use up to the approved number of hours per week. We acknowledge that variations may occur from week to week. As long as the monthly maximum is not exceeded, and you remain within your total annual budget, families may adjust the hours used in a given week. Check with the FMS agency or provider the family is using to discuss individual adaptations.

Employer

Does an employer need to be over the age of 18?

Yes

Who can be an employer?

Anyone who meets all the requirements and responsibilities of an employer defined in the SAS handbook can be an employer. The employer does not have to live in the same home as the person receiving services. This could be a friend, relative, community member, or neighbor. You can find more [information on employer qualifications in this document](#) or on pages 19-23 of the SAS handbook. If you can't find someone to fulfill that role, the provider model may be the better option.

Why can't I continue to be an employer and employee?

Our Medicaid requirements prohibit an employer from being an employee. However, the public health emergency allowed us to make temporary exceptions that are no longer permitted.

Can a support coordinator be the employer?

No.

Can an employer live out of state?

The employer needs to be involved in the household to the extent needed to manage the SAS program. It is recommended that employers live within reasonable proximity to the person's residence. Individual FMS agencies may limit whether the employer can live out of state.

Can one parent be the employer and the other parent be the compensated caregiver?

Yes. A parent can serve in the employer role as long as they are not also being paid to deliver caregiver services.

Can I share the employer duties with someone?

No. You can only have one employer. The identified employer will need to oversee all administration needs.

If I'm using the traditional provider model for caregiver compensation, can I still use the SAS model for other services?

Yes. A family can use the SAS model and the traditional provider model. A family can use the SAS model to pay staff to provide services, other than caregiver compensation, and use the traditional provider model to pay a caregiver under the caregiver compensation program.

Is the employer a paid position?

No.

How do I change my employer?

Contact your fiscal agent to complete the paperwork to get the SAS employer changed.

Can another staff person providing other services through the SAS model be the employer for the parent providing caregiver compensation?

No. A person receiving payment through SAS may not be the employer.

Who approves timesheets under the SAS program?

Timesheets will be approved by the employer of your SAS program.

Does the compensated caregiver (employee) need to complete a new SAS employee packet?

If the employer is changing, the fiscal agent may require a new employee packet that links the person to the new employer. Please contact your fiscal agent for more information.

How do I contact a fiscal management services agency? What is an FMS?

FMS is the fiscal management service that is provided by a fiscal agency. FMS agencies provide essential services in support of SAS model programs, ensuring the employer is in compliance with employment laws and waiver rules. Fiscal agents issue payroll, process and monitor employee background screenings, and assist with managing the service budget. Use of a fiscal agent is required for SAS.

The currently contracted FMS agencies are:

- 1) Acumen Fiscal Agent, LLC (435-228-5249)
- 2) Morning Sun Financial Services of Utah LLC (763-450-5000)
- 3) Premier Financial Management Services, LLC (602-803-7735)
- 4) Valentine CPA, A Professional Corporation (801-444-3710)

Traditional provider model

What is the traditional provider model option?

Under the traditional provider model; parents, guardians, or spouses are employees of a provider. The compensated caregiver is under the same requirements that other employees of the provider need to follow, including training requirements and timesheet submission.

How can I find a traditional provider that offers this service?

An Invitation to Submit Offer (ISO) can be sent out for any individual and family who would like to use the traditional provider model for caregiver compensation. Your support coordinator can initiate the ISO.

Will caregiver hours stay the same for someone who switches from SAS to the traditional provider model?

The hours will be the same regardless of the model used.

What is the rate a caregiver will be paid through the traditional provider model?

Caregivers working through the traditional provider model will be considered employees of that traditional provider. The traditional provider will have the flexibility to set the wage they pay employees, similar to how they set wages for the rest of their employees.

Service codes

Will caregiver compensation continue using SLN and SL3?

No. Starting July 1, 2024, there are new service codes for caregiver compensation. There will be different codes for the SAS model and the traditional provider model. The support coordinator will request the units in the model the family chooses and will no longer need to transfer funding between codes.

CM2 is for caregiver compensation- spouse (SAS).

CM3 is caregiver compensation- parent/guardian(SAS).

CMS is for caregiver compensation- spouse (Provider)

CMP is for caregiver compensation-parent/guardian (Provider)

Will overtime be allowed on the new caregiver compensation codes?

No.

Are caregiver compensation codes restricted?

Yes. Funding may not be moved to other services without RFS review.

School

Can people have category 3 during the school year and category 4 during the summer?

In general, an individual will be approved for up to a set number of hours for the full year. Individual needs may require some adaptations and will be considered on an individual basis.

Can parents qualify for more paid hours if they home school?

If a family chooses to homeschool, DSPD is not able to pay for additional paid services during the time they would otherwise be in school.

Can families receiving adoption subsidies have caregiver compensation?

Yes. Adoption subsidies will not be a factor in determining eligibility for caregiver compensation.

Request for services (RFS)

Who needs to complete an RFS request?

Everyone entering the new, ongoing caregiver compensation program needs to submit an RFS request.

Will the RFS process be streamlined?

The RFS process will be the same for caregiver compensation as for other services. There will be additional RFS meetings in May and June to review the anticipated increases in requests.

Will the caregiver compensation worksheet replace the need for an RFS, or be in addition to it?

The worksheet will support the RFS request.

When can we start submitting RFS requests?

Requests can now be submitted. We encourage support coordinators to submit these as soon as possible. Anything submitted after June 3, 2024, may not be reviewed in time for the new program to start July 1. More guidance will follow for plans that begin July 1, 2024.

Does the worksheet need to be approved before the RFS is submitted?

No. There is not a separate process for approval of the worksheet. The worksheet will be submitted and attached to the RFS.

Is the worksheet and RFS required annually or just one time?

The worksheet needs to be updated annually. The RFS will only need to be resubmitted if there's a change to the individual's worksheet or circumstances. If the service prescription changes, a new worksheet would need to be created and submitted for a decision.

In addition to the Utah Comprehensive Assessment of Needs and Strengths (UCANS), what other documentation should be gathered to determine which category a person should be in?

Support Coordinators will need to submit a schedule of services. If applying for a higher category based on medical or behavioral needs, families and support coordinators will need to submit the [medical/behavioral certification form](#) or other relevant clinical documentation. If applying as a guardian, guardianship papers will be needed. If applying for a rural exemption, proof of address and information about not being able to find providers will be needed.

Timecards/timekeeping

Will families be required to do EVV?

Electronic Visit Verification (EVV) is a requirement of all personal care and similar services, including Supported Living. However, an exemption may be provided in the case that the caregiver resides with the individual receiving services. This is referred to as a 'Live-in Caregiver Exemption'. Speak with your FMS or traditional provider agency to learn more. Also note that different agencies may have different requirements for timesheet entries, which may include using specific software. Please speak with your fiscal agent or provider to learn more about time data and how they document the use of the Live-in Caregiver Exemption.

Some families don't always want caregiver compensation, but have to replace hours when staff don't show up or cannot be found. Will there be flexibility for this?

Yes. Caregiver compensation is billed in quarter hour units and as long as it is already part of the person's plan, this will allow for some flexibility.

UCANS

Can a support coordinator update the UCANS?

Yes, all support coordinators are required to be certified to do the UCANS and can update scores. They must document the changes that the person has experienced to justify changing scores.

Can a child under the age of 3 years old be eligible for caregiver compensation?

Yes. Even though a child aged 1 or 2 years old may show as ineligible, they will automatically qualify for category 1, and other UCANS scores will be reviewed by the RFS team to determine additional levels of need.

Medical/behavioral certification

What is considered "total assistance" on the medical/behavioral certification form

If a person is unable to complete a task independently (feeding tube, insulin shots, toileting etc) and requires a caregiver to do it, that would be total assistance. For behavioral, if the person has self-harming behaviors, running/fleeing, PICA, and would not stop on their own, that would be considered total assistance.

If a person has behavioral needs, but no behavior plan, do we need to add behavior support services to qualify?

No, the person does not need to have formal behavior support services. However a behaviorist may be beneficial to the person and their family.

Can a medical professional fill out the behavior section of the medical/behavioral certification form if the person does not have a behaviorist or other professional?

Yes, as long as the medical professional can certify they have clinical experience working with the individual.

Who can sign off on my medical/behavioral justification form?

For the medical assessment, credentials must be one of the following: MD, DO, APRN. Other medical credentials may be accepted on a case by case basis.

For the behavioral assessment, a master level or higher credentials are required. For example, a social worker, medical professional, psychologist, or board certified behavior analyst. Other behavior credentials may be accepted on a case by case basis.

In both instances, the professional must have clinical experience working with the individual.

Can the person signing the Medical/Behavioral Assessment form be a parent of the person receiving the service?

No.

I already have medical or psychological documentation from professionals. Do I need to get the certification statement completed as well?

If the documentation is recent (within the past 6 months), addresses each of the questions in the certification, and is on letterhead citing the professional's information, then this documentation is acceptable, without the need for the medical/behavioral certification form.

Frontier county

What is considered a frontier county?

A frontier county is defined as an area which has 6 or fewer people per square mile and where services/providers are limited.

Current counties that qualify for this definition are Grand County, San Juan County, Juab County, Wayne County, Beaver County, Daggett County, Emery County, Piute County, Garfield County, Kane County, Millard County, Duchesne County, and Rich County.

Monthly summaries

How often do monthly summaries for caregiver compensation need to be submitted/uploaded?

Families providing caregiver compensation through the SAS model must submit monthly summaries to their support coordinator. Families should retain a copy of the monthly summary. Support coordinators must summarize the monthly report in a monthly log note. Uploading into USTEPS is an option for support coordinators, but not a requirement.

When families use the traditional provider model for caregiver compensation, the provider will complete the monthly summary and submit it to the support coordinator.