



**UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES  
 POLICY AND PROCEDURES**

**Policy: 1.49**

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**REQUEST FOR SERVICES**

**RATIONALE:**

This policy is intended to establish consistent standards for division staff to follow when reviewing and making determinations on RFS.

Authorizing Code: 26B-6-403

Rule: R539-12

Forms: NA

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**NA**

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**I. DESCRIPTION**

This policy establishes guidelines for the Request for Services team (RFS team), or a voting member of the RFS team (voting RFS team member), to review and make determinations for Requests for Services (RFS). RFS include person-centered budget adjustments, initial budgets, closed plan review requests, and emergency requests for services received by the division.

**II. DEFINITIONS**

The following terms are defined for this policy as:

- A. **Approve:** means the final state of a service code in the RFS, including the final rate and units, and the effective start date. An approval authorizes the division to allocate the requested funds to the Person’s pro forma budget.
- B. **Defer:** means a temporary state for a RFS during which the RFS team, or a voting RFS team member, may request additional information, clarification, or other details from the assigned support coordinator.
- C. **Deny:** means a final state for a service code in the RFS that indicates the RFS team, or a voting RFS team member, determined the RFS does not adequately support the service criteria, rate, or units that were requested.
- D. **Division:** means the Division of Services for People with Disabilities as defined in Section 26B-6-401.

- E. **Emergency request for services (emergency RFS):** means a process integrated into USTEPS that allows a division support coordinator to request an expedited service change if the Person in services is at imminent risk and needs the service change to take place within 72 hours of the RFS submission date. An emergency RFS is not a request to the Emergency Services Management Committee (ESMC).
- F. **Individual budget specialist:** means a division staff on the Individual Budgets team who serves in an advisory role in RFS meetings. Individual budget specialists may not be voting RFS team members in RFS meetings.
- G. **Modified approval:** means a temporary state for the service code within the RFS that is used by the RFS team or a voting RFS team member to adjust the rate, units, or dates of a requested service that otherwise meets the service criteria.
- H. **Notice of Agency Action (NAA):** means a completed Form 522-I.
- I. **Non-voting RFS team member:** means a division budget specialist or administrator that provides subject matter expertise or consultation. They do not vote in RFS meetings.
- J. **Plan cycle:** means the period between the person-centered support plan effective start date and effective end date.
- K. **Pro forma budget:** means a USTEPS specific screen managed by division budget specialists authorizing the client's maximum plan total.
- L. **Request for services (RFS):** means a process integrated into USTEPS that facilitates the creation of a person-centered budget through an initial budget, and then any budget adjustments that are made by submitting the following to the RFS team for review: proposed service codes; units; rates; designated start and end dates; and evidence of need.
- M. **Request for services team (RFS team):** means the team who reviews and makes determinations about RFS. The team consists of all requests for services team members and the request for services program administrator. All members of the request for services team serve as voting members in RFS meetings.
- N. **RFS meeting:** means a meeting to make RFS determinations. RFS meetings must include at least three RFS team members, or other voting members designated by the division director, and one individual budget specialist who serves as a non-voting RFS team member.
- O. **Support coordinator:** means an employee of the division (division support coordinator) or an individual contracted with the division who assists with:
  - 1. assessing the need of a Person receiving division funding;
  - 2. completing written documentation of support;
  - 3. developing a service and support plan for a Person receiving division funding;
  - 4. monitoring the appropriate spending of a Person's annual budget;
  - 5. monitoring the health and welfare of the Person; and
  - 6. monitoring the quality of each service used by a Person receiving division funding.

- P. **Utah System for Tracking Eligibility, Planning, and Services (USTEPS):** means the secure, web-based case management system used by the division to track eligibility, manage individualized support plans, and monitor service data for persons in services with the division.
- Q. **Voting RFS team member:** means a member of the RFS team who reviews and makes decisions about a RFS. A voting member is any member of the RFS team, the request for services program administrator or their designee, or anyone designated by the division director.

### III. **POLICY**

- A. The RFS team shall review and make determinations on each RFS received by the division including initial budgets, person-centered budget adjustments, closed payment requests, and emergency requests for services.
1. The RFS team shall review and make a determination on any RFS whose budget adjustment amount is \$5,000 or more and/or includes:
    - a) a change from in-home services to out-of-home services;
    - b) an initial budget request;
    - c) a request for adaptive equipment; or
    - d) an emergency RFS.
  2. A voting RFS team member may review and make a determination on any individual RFS whose budget adjustment amount is less than \$5,000 and does not include:
    - a) a change from in-home services to out-of-home services;
    - b) an initial budget request;
    - c) a request for adaptive equipment; or
    - d) an emergency RFS.
- B. A voting RFS team member, at their discretion, may refer a RFS to the RFS team for review if the voting RFS team member determines that it requires a higher level of review.
- C. The RFS team or a voting RFS team member, if applicable, shall review and make a determination or formally defer the decision on each RFS within 14 days of submission. A decision may be deferred no more than twice before it is denied or approved.
- D. A RFS meeting shall be held at least once a week.
- E. The RFS program administrator, or their designee, shall prioritize and respond to emergency RFS within 72 hours of the submission.
- F. The RFS program administrator shall assign RFS to individual voting RFS team members to make determinations.
- G. Voting RFS team members shall refer any RFS that cannot be resolved by an individual voting RFS team member as described in (III)(C) to a RFS team meeting.
- H. RFS determinations are made by a majority vote from the RFS team.
- I. The RFS team, or a voting RFS team member if applicable, may approve, defer, or deny each service code included in a RFS.

- J. The RFS team, or a voting RFS team member, shall complete the person-centered budget review as described in R539-12-7.
- K. The division shall maintain at least three staff who can act as voting RFS team members in RFS meetings in the event of an emergency situation, or when the division has received a high volume of RFS. These staff must attend at least one RFS meeting quarterly to maintain their status as voting RFS team members.
  - Emergency situations include:
    - 1. a declared public health emergency or natural disaster;
    - 2. vacancies in staff positions that report to the RFS program administrator; or
    - 3. a sudden increase in the volume of RFS.
- L. A division staff member, or a member of the Division of Finance Administration staff, may act as a voting RFS team member in the event of an emergency or an increased volume of RFS, but only after completion of:
  - 1. 32 hours of RFS meeting attendance as a non-voting RFS team member;
  - 2. review of training materials;
  - 3. consultation with, and approval by, the RFS program administrator; and
  - 4. approval by the division director or designee.

#### IV. **PROCEDURE**

##### RFS meeting.

- A. A RFS meeting shall be held at least once a week to review RFS. The RFS program administrator may hold additional RFS meetings as determined necessary, and may reschedule RFS meetings to the preceding or following week if a state holiday or the lack of sufficient voting RFS team members interferes with holding a RFS meeting.
- B. The RFS team shall prioritize RFS review in the following order:
  - 1. first, any RFS identified by the RFS program administrator as time sensitive;
  - 2. second, any initial budget that was submitted by the Emergency Services Management Committee (ESMC);
  - 3. third, any initial budget requests; and
  - 4. fourth, all other RFS that require RFS team review. These shall be prioritized by the date in which they were received.
- C. An individual budget specialist serving in a RFS meeting shall review the RFS and ensure:
  - 1. the units and rates for each service have been entered correctly;
  - 2. the worksheets have been completed correctly;
  - 3. the dates have been entered correctly; and
  - 4. the financial eligibility and cohort screens in USTEPS have been entered correctly.
- D. A RFS shall not be brought to the RFS meeting if any of the following apply:
  - 1. required documentation is missing;
  - 2. outstanding questions have not been sufficiently answered; or
  - 3. the RFS has been incorrectly entered into USTEPS.
- E. Information that does not directly impact the decision about the request shall

not be presented in the RFS meeting to ensure the decision is based on relevant facts. The focus of the presentation should be on what the Person's specific needs are that justify requested services for a new request; what has changed in the Person's needs that warrant an adjustment to an existing budget; or what was unknown in an initial request that would have changed the Person's budget had it been known.

RFS determinations.

- F. The RFS team, or a voting RFS team member if applicable, shall make a determination on a RFS based on the information and documentation provided for each service code included in the RFS.
- G. The RFS team, or a voting RFS team member if applicable, shall ensure each of the following are included in the RFS:
  - 1. the requested changes, including changes to service codes, rates, and units;
  - 2. for initial plans, a brief description of how the proposed services would meet the Person's health and safety needs, support community integration, and promote independence;
  - 3. for ongoing services, a description of any changes in the Person's situation that would support the need to modify the current service plan;
  - 4. the current services the Person receives and a description of how these services are, or are not, meeting health and safety needs and promoting community integration, and the independence of the Person; and
  - 5. the voting RFS team members' recommendations.
- H. The RFS team, or a voting RFS team member if applicable, shall review the documentation attached to each service code criterion.
  - 1. Each service code criterion specifies what type of documentation is required or recommended.
  - 2. Each service code criterion has its own document specifications. For some criteria, any document will suffice, while other criteria require a specific document type.
- I. The RFS team, or a voting RFS team member if applicable, shall review the RFS in accordance with the internal RFS file review guidance document and ensure all applicable questions have been answered.
- J. The RFS team, or a voting RFS team member if applicable, shall approve the RFS if:
  - 1. the RFS team, or a voting RFS team member if applicable, determines the documentation substantiates the criteria, rate, and units being requested; and
  - 2. the described use of service codes, number of units, and reimbursement rates comply with Federal Medicaid statute; Utah Code; Utah Administrative Rule; the 1915(c) Medicaid Waiver State Implementation Plan (SIP) language; the contract's scope of work; and service description requirements.
- K. If the RFS team, or a voting RFS team member if applicable, determines that the provided documentation does not substantiate the criteria, rate, or units being requested, they may defer, render a modified approval, or deny the request.

1. Defer the RFS.
  - a) If a RFS is deferred, the RFS team, or a voting RFS team member if applicable, shall grant the support coordinator 15 days to attach additional documentation or edit the narrative explanation.
  - b) A deferral must give complete instructions to the support coordinator about each additional documentation or edit that is required to make a final determination, including:
    - 1) a clear indication of all parts of the RFS that require additional documentation or editing;
    - 2) the type of document needed to substantiate the RFS; and
    - 3) an explanation of why the document or revision is needed.
  - c) The RFS team, or a voting RFS team member if applicable, shall conduct a thorough review of each RFS and include all required changes or additional information in the initial deferral.
  - d) A RFS may be deferred no more than twice before an approval or denial is made.
2. Modified approval of the RFS. A RFS may be answered with a modified approval that adjusts the units or rate for a requested service, or with a suggestion based on the RFS team's or voting RFS team member's assessment of the Person's needs and how to most appropriately meet those.
3. Deny the RFS.
  - a) A RFS may be denied for reasons including, but not limited to, those listed below.
    - 1) The RFS does not meet the service criteria.
    - 2) The amount of service is excessive.
    - 3) The RFS is beyond the assessed need as determined by the RFS team, or a voting RFS team member, if applicable.
    - 4) The amount of service requested is not supported by the attached documents.
    - 5) The RFS has been deferred twice and the requested information has not been provided by the requestor.
    - 6) The described use of a service code, number of units, or reimbursement rate does not comply with Federal Medicaid statute; Utah Code; Utah Administrative Rule; the 1915(c) Medicaid Waiver SIP language; the contract scope of work; and service description requirements.
  - b) If a RFS is denied, the RFS program administrator, or their designee, shall complete and send a NAA within 7 days of the decision. Information in the NAA shall include:
    - 1) the RFS number;
    - 2) the RFS service code and number of units requested;
    - 3) the RFS team, or a voting RFS team member decision; and
    - 4) the reason for the decision including reasons outlined in (IV)(K)(3)(a) citing relevant administrative rule or contract language as appropriate.
  - c) The RFS decision, description, and information in the NAA may not include informal guidelines or opinions.

#### Assisting support coordinators.

- L. The RFS team, or a voting RFS team member if applicable, may provide technical assistance to a support coordinator including:
  - 1. clarifying the narrative explanation in their RFS;
  - 2. requesting additional documentation; or
  - 3. clarifying the requested units or rates for a service code.
- M. The RFS team, or a voting RFS team member if applicable, may provide assistance to the support coordinator through the RFS submission, by email, or by phone.
- N. The RFS team, or a voting RFS team member if applicable, shall document any assistance provided in the RFS.

#### Emergency RFS

- O. The RFS program administrator, or their designee, shall prioritize and respond to each emergency RFS within 72 hours of the submission. An emergency RFS includes:
  - 1. homelessness;
  - 2. a loss of caregiver or deterioration of family capacity;
  - 3. an immediate threat to the health and safety of the Person;
  - 4. the Person has been released from a hospital, incarceration, nursing home, or other facility and does not have the needed supports to maintain their health and safety;
  - 5. other significant life changes, including abrupt changes in employment that require increased support in residential placement or day services, or increased supported employment is needed to retain employment; or
  - 6. other significant changes in health status (e.g. emergency medical treatment that keeps the Person home).
- P. Lack of monitoring of services or overuse of a Person's budget outside of the circumstances described in (IV)(O) above shall not qualify as an emergency submission.
- Q. The RFS program administrator or their designee, may approve or deny the RFS.
  - 1. If the requested services or rates do not meet the definition of an emergency outlined in (IV)(O) or would be denied based on the criteria outlined in (IV)(K)(3)(a), the emergency RFS shall be denied.
  - 2. If the RFS is approved, the RFS program administrator shall inform the support coordinator that a regular RFS must be submitted to continue the approved change(s) beyond 30 days.

#### Closed plan review request

- R. The RFS team, or a voting RFS team member if applicable, shall review closed plan review requests, and may approve or deny the creation of a RFS.
  - 1. A request shall be approved if funding is available in the current budget to authorize the change and the request does not require additional RFS review.
    - a) A voting RFS team member shall inform the support coordinator and the non-voting RFS team member if the request has been approved and the plan is reopened.

- b) A voting RFS team member shall enter a log note documenting that the request has been approved.
- 2. A request shall be approved to create a RFS if it requires a new service code be added to the plan, a change to a budget worksheet, or additional funding is added to the pro forma budget. Approval to create a RFS shall result in a draft RFS being created. If the division support coordinator finalizes and submits the RFS the review process shall follow the standard RFS review procedure.
- 3. A request shall be denied if it does not meet internal guidelines, including:
  - a) the request is submitted more than 90 days after the service provision;
  - b) the request is due exclusively to a lack of monitoring by the family, provider, or support coordinator; or
  - c) it does not comply with the 1915(c) Medicaid Waiver State Implementation Plan language, Federal Medicaid statute, Utah Code, Utah Administrative Rule, the contract scope of work, and service description requirements.