



<b>UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES      DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES      POLICY AND PROCEDURES</b>		
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<b>PERSON-CENTERED BUDGET INACTIVITY REVIEW</b>		
<p><b>RATIONALE:</b>          The intent of this policy is to provide procedures for reviewing the waiver status of people who are not receiving adequate amounts of service to qualify for the waiver they are served under</p> <p>Authorizing Code: 26B-6-403          Rule: R539-12          Forms: NA</p>		
<b>Original Effective:</b> NA	<b>Revision:</b> 3/9/2026	<b>Next Review Due:</b> 3/1/2028

**I. DESCRIPTION**

This policy provides guidance for reviewing a Person’s waiver inactivity and actions that may be taken when inactivity is identified. The Centers for Medicare and Medicaid Services (CMS) prohibit a Person from enrolling in a waiver for the sole purpose of securing Medicaid eligibility as a member of the §435.217 group. Enrollment in a waiver is contingent upon the Person needing one or more of the services offered in that waiver, in addition to support coordination, to avoid institutionalization.

**II. DEFINITIONS**

The following terms are defined for this policy as:

- A. Division:** means the Division of Services for People with Disabilities as defined in Section 26B-6-401.
- B. HCBS waiver (waiver):** means home and community-based services, which are long term services and supports provided to individuals in their homes or other community settings that satisfy the requirements of *42 CFR 441.301(c)(4) (2025)*. The division’s HCBS waivers include: Acquired Brain Injury Waiver; Community Supports Waiver; Community Transitions Waiver; Limited Supports Waiver; and Physical Disabilities Waiver.
- C. Payment inactivity report:** means a USTEPS report that identifies individuals in services who have not had a service payment made for a specified number of days that is selected in the report by the staff who runs the report.

- D. Person:** means an eligible individual receiving a division service, or on the waiting list.
- E. Person-centered support plan (PCSP):** means the support plan developed through the PCP process that complies with 42 CFR 441-301(c)(2) (2024).
- F. Service transition team administrator:** means the supervisor of the service transition team.
- G. Support coordinator:** means an employee of the division (division support coordinator) or an individual contracted with the division who assists with:
  - a) assessing the need of a Person receiving division funding;
  - b) completing written documentation of support;
  - c) developing a service and support plan for a Person receiving division funding;
  - d) monitoring the appropriate spending of a Person's annual budget;
  - e) monitoring the health and welfare of the Person; and
  - f) monitoring the quality of each service used by a Person receiving division funding.
- H. 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.
- I. Waiver manager (WM):** means a division staff who is responsible for the operation of a specific waiver or waivers, who may delegate certain responsibilities to a designee.

### III. POLICY

- A. In order to be determined eligible (initially, or ongoing) for an HCBS waiver program or for non-Medicaid funding, the division shall determine that a Person:
  - 1. requires at least one service in addition to support coordination and Utah Transit Authority (UTA); and
  - 2. requires the provision of a service at least monthly, or requires the provision of services less than monthly but requires monthly monitoring to assure health and welfare.
- B. Division staff shall document the need for a service and for monthly monitoring in the Person's PCSP.
- C. If the Person is on a waiver and does not use any service (excluding SCE and UTA) for a period of 90 days or more, the division shall conduct a re-evaluation of the Person's level-of-care to reassess their need for waiver services.

### IV. PROCEDURE

- A. The service transition team shall review any budgets that bill only for the SCE service code.
- B. At the beginning of each quarter the service transition team administrator shall:
  - 1. review all Persons who have already been added to the list and then add the next review date that is during the current quarter; and
  - 2. add new Persons to the list by generating the Payment Inactivity Report to review each person-centered budget that has had no payment activity for 90 days or longer.
- C. The service transition team administrator shall determine whether the Person requires and intends to use at least one service in addition to support coordination and UTA. A team member shall make this determination by:
  - 1. reviewing the payment inactivity report in USTEPS;
  - 2. reviewing USTEPS log notes for any information that explains why a service is not being used;
  - 3. reviewing the Person's need for monitoring as specified in the PCSP;

4. reviewing any log notes in USTEPS regarding the documentation of monthly monitoring; and
  5. consulting with the waiver manager, the support coordinator, the Person, and their family, for any other necessary information.
- D. The service transition team shall make a determination, as follows.
1. If the Person requires a service, and intends to use the service, a team member shall document the reason(s) why the Person did not use any service during the previous 90 days.
  2. If the Person does not require a service, or does not intend to use a service, the service transition team shall document that determination and consult with the waiver manager pursuant to Policy 1.30 "HCBS Disenrollment Protocols."
- E. The service transition team member shall identify any documentation, or lack of documentation, that supports their belief that the support coordinator failed to:
1. perform an annual and timely reevaluation of the PCSP with the person-centered support team during the calendar month that it was due;
  2. ensure service delivery and expenditures consistent with the prescription of services and budget contained within the PCSP; or
  3. ensure service delivery as described in the PCSP and per approved CAPS rates.
- F. The service transition team member shall make a referral to the Office of Service Review (OSR) for any contract compliance matters identified during the course of this review.
- G. The service transition team member shall record the outcome for each Person who appeared on the report.