Caregiver compensation overview

April 18, 2024



Caregiver compensation service delivery models

- SAS
 - The administrator cannot be the caregiver.
 - Being both was always only a temporary solution.
 - Support coordinators agreed to review and approve timesheets during the public health emergency.
 - Please be working with your fiscal agent as needed.
- Provider model

Waivers Waiting List

- Physical Disabilities
- Acquired Brain Injury
- Intellectual and Developmental Disabilities
- Waiting List

Four categories

- 1) Category 1 Up to 10 hours weekly
- 1) Category 2 Up to 20 hours weekly
- 1) Category 3 Up to 30 hours weekly
- 1) Category 4 Up to 40 hours weekly

Caregiver compensation:

- Can convert already existing ongoing funding in a person's budget to caregiver compensation by an increase of one level as long as caregiver burnout and individual preference have been taken into account.
- There is an exception process based on need.

Exceptions

- People new to services who are not able to gather the needed information before their initial budget is set.
- People over the age of 18 who continue to live at home full time and would like to use caregiver compensation in place of other day services.
- People who are not able to find other providers.
- People who have had significant concerns or issues in the past with using other service models.

Considerations

- Burnout
- Capacity
- Choice

UCANS use in caregiver compensation

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Category 1

0-10 hours a week

UCANS score of 1-3 in the following core areas:

- Activities of Daily Living (Ages 3+)
- Independent Living Skills (Ages 16+)
- Or additional UCANS scores will be taken into consideration.
- Complete a caregiver addendum. Items rated 2 or 3 require supporting documentation.

Category 2 (0-20 hours per week)

- Meet criteria for Category 1
- Evidence of medical and/or behavioral need
- Medical need is determined by UCANS scores including medical, physical, and medication.
- Behavioral need is determined by UCANS scores including behavior, emotional, and risk.
- A combination of medical and behavioral needs may also be considered.

Categories 3 & 4

- Meet criteria for category 2
 Medical and/or behavioral needs that require total assistance.
- Medical need determined by;
 - Verification from a healthcare provider of at least 2 prescribed medical treatments that require total assistance weekly to manage the person's medical condition.
 - Additional documentation requested by the waiver manager or the RFS committee.

Categories 3 & 4

- Behavioral need determined by;
 - Verification from a healthcare provider of at least 2 behavioral conditions or treatments that require total intervention weekly.
 - A behavioral assessment of the person's target behavior(s) or;
 - A behavioral support plan (BSP) must be developed or;
 - Verification of behavioral treatment that requires total assistance from one of the following: psychologist, psychologist, Board Certified Behavior Analyst (BCBA), or a therapist/clinician who holds a Master's Degree.

Categories 3 & 4

- Medical and/or behavior needs;
 - Qualification may be determined by a combination of medical and behavioral needs if there are two conditions or interventions that require total assistance weekly.
- Category 3 Person receives over 29 hours of any other service weekly.
- Category 4 Person receives less than 29 hours of any other service weekly.

Comprehensive Brain Injury Assessment (CBIA) use in caregiver compensation

Rolf Halbfell



Category 1

0-10 hours a week

- CBIA score of 1-3 in Activities of Daily Living
- CBIA score of 1-3 in Instrumental Activities of Daily Living (18+)
- Additional CBIA scores will be taken into consideration.
- Waiver/program manager may request additional documentation to make a determination.

Category 1

Continued

• A caregiver addendum will be completed and reviewed.

• Any scores of 2 or 3 need supporting information.

Category 2 up to 20 hours

- Evidence of medical and/or behavioral need
- Medical need determined by corresponding CBIA scores
- Behavioral need determined by CBIA control of emotion or judgment score of 3 core items.

Categories 3 and 4

- Meet criteria for category 2
- Medical and/or behavioral needs that require total assistance.
- Medical need determined by:
 - Verification from a healthcare provider of at least 2 prescribed medical treatments that require total assistance weekly to manage the person's medical condition.
 - Additional documentation requested by the waiver manager or the RFS committee.

Categories 3 and 4, cont.

- Behavioral need determined by:
 - Verification from a healthcare provider of at least 2 behavioral conditions or treatments that require total intervention weekly.
 - A behavioral assessment of the person's target behavior(s), or
 - A behavioral support plan (BSP) must be developed, or
 - Verification of behavioral treatment that requires total assistance from one of the following: psychologist, psychologist, Board Certified Behavior Analyst (BCBA), or a therapist/clinician who holds a master's degree.
- Medical and/or behavior needs:
 - Qualification may be determined by a combination of medical and behavioral needs if there are 2 conditions or interventions that require total assistance weekly.

Categories 3 and 4, cont.

Category 3 - Person receives over 29 hours of any other service weekly.

Category 4 - Person receives less than 29 hours of any other service weekly.

Caregiver Compensation

Worksheet Calculator



Caregiver Compensation

Worksheet Overview



Before Creating The New Caregiver Worksheet:

In all cases: Make sure the affected Person Centered Support Plan (PCSP) exists in either "New, Pending" or "Active" statuses.

Program-specific steps:

Community Supports Waiver (CSW), Community Transitions Waiver (CTW) and Limited Supports Waiver (LSW):

• Complete an appropriate UCANS assessment

Acquired Brain Injury (ABI) Waiver:

• Complete an appropriate CBIA assessment

Waiting List (WL):

• No pre-assessment is required to create the caregiver worksheet.

Worksheet Calculator Overview

The worksheet manager

The worksheet manager is the place where all service code worksheet calculators will eventually go (e.g. the RHS, PPS, HHS, DSG, etc.). Caregiver compensation is the first worksheet calculator built directly into USTEPS.

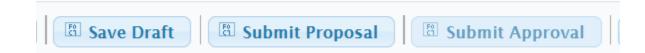
Norksheet Type		(Select.	-				
			[<u>[</u>]		C	reate New Ve	rsion	

Worksheet Calculator Overview

The worksheet manager

The worksheet process follows a workflow.

- First, the support coordinator enters the data.
- Next, the support coordinator submits the worksheet for approval.
- Finally, the worksheet is reviewed and either approved or denied.
 - For the CTW, CSW and ABI waiver programs, the decision is made through the RFS process.



Caregiver Compensation

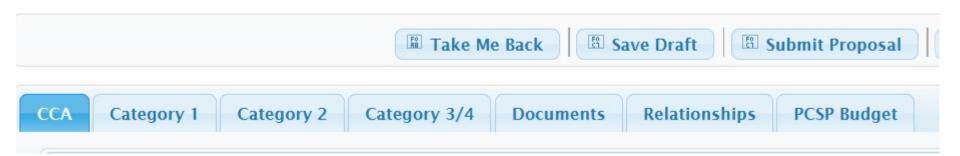
Worksheet Calculator Details



- 4 service codes are available for caregiver compensation.
 - CMS Caregiver Compensation Spouse
 - **CMP** Caregiver Compensation Parent/Guardian
 - CM2 Caregiver Compensation (SAS) Spouse
 - CM3 Caregiver Compensation (SAS) Parent/Guardian



- Quarter-hour is the unit type for all 4 caregiver compensation service codes (the rate is not variable).
- The worksheet is used to determine the number of units (hours) that can be prescribed for the service. The units are defined by categories 1 through 4.
 - **Category 1 –** up to 10 hours (40 quarter-hours) per week.
 - **Category 2 –** up to 20 hours (80 quarter-hours) per week.
 - **Category 3 –** up to 30 hours (120 quarter-hours) per week.
 - **Category 4 –** up to 40 hours (160 quarter-hours) per week.



- For CSW, CTW and LSW:
 - Categories 1 and 2 are automatically determined by UCANS data.
 - Categories 3 and 4 are conditional and require the support coordinator to provide additional documentation that helps explain / justify the person's need.



- For ABI and WL:
 - Categories 1 and 2 are not pre-populated with any data.
 - Categories 3 and 4 are conditional and require the support coordinator to provide additional documentation that helps explain / justify the person's need.



Caregiver compensation worksheet details

The "CCA Status" bar shows general information about the worksheet's content.

CCA Category 1 (Category 2 Category	3/4 Documents Relationships	PCSP Budget
CCA Status (Draft)			
Assessed Category	Category1	Proposal Category	CCA Category
		Proposal Funding Type	CCA Funding Type
UCANS Date	04/20/2023	CCA Proposed On	CCA Completed On

Caregiver compensation worksheet details

Use the "CCA Data" bar to enter the worksheet's start date, end date, service code and PCSP.

CA Data				
CCA Start Date		CCA End Date		
CCA Service Code	Select	Plan	Select Plan	
County	Salt Lake	Frontier County	No	

Caregiver compensation worksheet details

Use the "CCA Proposal" bar to select the worksheet's funding type (one-time or ongoing) and its proposed category.

CA Proposal							
Assessed Category	Category1	Proposal Funding Type	Select	-	Proposal Category	Select	-
Proposal Notes							

Caregiver compensation worksheet details

The "CCA Approval" & "CCA Proposal-Approval History" bars record the worksheet's outcome / decision(s).

Approval Decision	Select		pproval Funding /pe	Select	Approved Ca	tegory Sele	ect
pproval Notes							
A PROPOSAL-APPI	ROVAL HISTORY						
			14 <4	E E			
		Proposal			Appro	oval	
	Category	Funding	Submit Date	Category	Funding	Decision	Submit Date

Caregiver compensation worksheet details

The "Category 1" tab shows the UCANS scores that apply to it.

ICANS Life Functioning/Cl	ient Strengths UCANS Care Giver Add	lendum
Ucans Domain	Ucans Category	Ucans Score
	ACTIVITIES OF DAILY LIVING	3
	INDEPENDENT LIVING SKILLS	3
	COMMUNICATION	0
	FUNCTIONAL COMMUNICATION	0
LIFE FUNCTIONING	ROUTINES	0
	DECISION-MAKING	0
	EMPLOYMENT FUNCTIONING	3
	RECREATION/PLAY	0
	COMMUNITY CONNECTION	0
CLIENT STRENGTHS	INVOLVEMENT WITH CARE	0
	TALENTS AND INTERESTS	0

Caregiver compensation worksheet details

The "Category 2" tab shows the UCANS scores that apply to it.

Ucans Domain	Ucans Category	Ucans Score
	MEDICAL/PHYSICAL	2
	MEDICATION	1
	ELIMINATION	0
LIFE FUNCTIONING	SLEEP	0
	SEXUAL DEVELOPMENT	0
	MOTOR	3
	SENSORY	0
	ANXIETY	1
	DEPRESSION	0
	EATING DISTURBANCE	0
	ADJUSTMENT TO TRAUMA	0
	REGULATORY	0
	ATYPICAL/REPETITIVE BEHAVIORS	0
	OPPOSITIONAL	N/A
BEHAVIORAL/EMOTIONAL NEEDS	OPPOSITIONAL	N/A
	ANGER CONTROL/FRUSTRATION TOLERANCE	0
	SUBSTANCE MISUSE	0
	PSYCHOSIS (THOUGHT DISORDER)	0
	CONDUCT/ANTISOCIAL BEHAVIOR	0
	INTERPERSONAL PROBLEMS	0
	MANIA	0

Worksheet Calculator Caregiver compensation worksheet details

To request categories 3 or 4, the support coordinator records the appropriate information on the "Category 3/4" tab.

dical Behavior	
Medical Issue Category	Select
Medical Care Details	
Add 🗄 Clear	
Add 🗄 Clear	

Caregiver compensation worksheet details

The "Documents" tab is where supporting documents are connected to the worksheet (which were previously uploaded to USTEPS) to justify requesting Categories 3 or 4.



Caregiver compensation worksheet details

The "Relationships" tab lists the person's caregivers.

						Add/U	Jpdate CCA Re	elationships
Name	Role	Gender	Lives with Consumer	Legal Guardian	Provides Natural Support	Backup/ Emergency Contact	Primary Contact	Remov

Caregiver compensation worksheet details

The "PCSP Budget" tab shows the services currently prescribed on the PCSP budget.

CA Plan B	udget					
Service	Provider Name	Start Date	End Date	Kind	Rate	Units
ctive Plan	Budget [06/01/2023 - 05/31/2024	4]				
	Budget [06/01/2023 - 05/31/202		Fod Date	Wied.	Dete	11-24
ctive Plan Service	Budget [06/01/2023 - 05/31/202 Provider Name	4] Start Date	End Date	Kind	Rate	Units
			End Date 06/30/2023	Kind D	Rate 22.83	Units 15
Service	Provider Name	Start Date				
Service UTP	Provider Name UTAU	Start Date 06/01/2023	06/30/2023	D	22.83	15

Live Demonstration

Request: We need your feedback about offering a live demonstration of the worksheet during the weeks of May 6th or May 13th.

Do you want the demo?

If so, what date/times would be practical for the demo?

Request for Services, annual reviews and monthly summaries



Caregiver compensation codes

- Caregiver compensation will have new codes starting in July. Everyone using the ongoing program needs to use 1 of the following codes:
 - **CM2** Caregiver compensation-Spouse (SAS)
 - **CM3** Caregiver compensation-Parent/Guardian (SAS)
 - **CMS** Caregiver compensation-Spouse (Provider)
 - **CMP-** Caregiver compensation-Parent/Guardian (Provider)
- The former codes including SL2, SL3 and SLN for caregiver compensation will no longer be used. SLN will still be used for supported living outside of caregiver compensation.

Request for Services (RFS) process

To change to the new program, the support coordinator needs to work with people and families to submit a request for services. A request must be submitted for each person who will use the program.

Steps to submit an RFS request

1) The person, their family, and the support coordinator (SCE):

- a) Meet to discuss the person's service needs and options.
- b) If they decide to use caregiver compensation as part of the service package, they complete the caregiver compensation authorization form and gather documentation.
- 2) The SCE submits the RFS request, including the authorization form and other documentation.
- **3)** The RFS committee reviews the request. They may approve the request, return a modified offer, or deny the request.

If the request is denied, the person and their family will receive a notice of agency action letter with instructions on how to appeal the decision.

If the request is approved the funding is adding to the person's budget and the caregiver can begin providing service under the new service codes starting July 1, 2024.

Caregiver compensation:

- Is intended to be 1 service option within the package of services available to meet the needs of the person.
- Is not intended to address all the time a caregiver spends caring for their loved one.
- **Should** be considered as a replacement to services already in the person's budget.
- **Should not** be approved as an add-on service to the current package.

Many families have been using one-time funding through the public health emergency to fund caregiver compensation services. This will be factored in when the RFS committee reviews the requests.

Other people with ongoing caregiver compensation funding in their budget, or who have been transferring funding from other approved service codes, are expected to transfer those funds to the new service codes if they would like to continue to use caregiver compensation as part of the service package.

Tips to ensure a smooth review

Make sure:

- Each request has an attached schedule of services. Work as a team to complete this. It should include all services a person is receiving support for, including DSPD paid services, Medicaid paid services like home health, school and time spent in employment. It should also include a general idea of when caregiver compensation will be provided.
- The guardianship papers are uploaded to USTEPS or a copy is attached to the request if a family requests caregiver compensation services for a guardian.
- A copy of the validated authorization form is attached to the request.
- **Relevant and current documentation is attached to the request** if you are requesting a higher category level due to medical or behavioral needs.
- The caregiver compensation medical/behavioral justification form or equivalent information is completed by a licensed medical or behavioral professional.

Annual reviews

DSPD finance staff will complete annual reviews of the program

- 20% of all caregiver compensation participants will be randomly chosen for review.
- Reviews include discussions with the support coordinator, the person, and caregivers, review of submitted level of care documentation, review of monthly summaries, and confirmation of the care received. DSPD will require payback of any funding for caregiver compensation that is improperly invoiced and paid.
- Staff will also review funding for the previous year to make sure funding levels in the person's budget matches the amount approved in the RFS request.

Families using the provider model for caregiver compensation and the selfadministered service model for additional services will be reviewed to make sure submitted timesheets for both programs do not overlap.

For any hours of caregiver compensation that overlap with paid hours for other in-home services, the family will be required to pay back the caregiver compensation hours. It is the family's responsibility to make sure timesheets are not submitted that overlap between services.

Monthly summary

Caregivers need to fill out a summary each month, regardless of whether they use the SAS model or provider model.

Submitting monthly summaries

- Submit monthly summaries to:
 - The support coordinators AND
 - **Either** the fiscal agency (if using SAS model) or the provider (if using the provider model).
- The support coordinator makes a log note verifying they have received and reviewed the monthly report.
- The caregiver needs to completely fill out the monthly summary inncluding details about the service provided and attestations.
- Attestations include:
 - The statements submitted in this report are true and accurate.
 - Services to the person have promoted the health and safety needs of the individual.
 - The services provided continue to meet the needs of the person.
 - Caregiver compensation services were provided by the approved caregiver.
 - No other services were provided or billed at the same time as caregiver compensation hours.
 - Submitting false information may be subject to criminal action, administrative sanctions and/or liability for repayment of funds received pursuant to submission of false information.