

HCBS Settings Transition Crosswalk

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R501-19-7, R501-20-7, R501-22-7	Human Services, Administration, Administrative Services, Licensing: Residential Treatment Programs; Human Services, Administration, Administrative Services, Licensing: Day Treatment Programs: Physical Environment; Human Services, Administration, Administrative Services, Licensing: Residential Support Programs- Physical Environment	<p>A. The program shall provide written documentation of compliance with the following items as applicable:</p> <ol style="list-style-type: none"> 1. local zoning ordinances, 2. local business license requirements, 3. local building codes, 4. local fire safety regulations, 5. local health codes, and 6. local approval from the appropriate government agency for new program services or increased consumer capacity. <p>B. Building and Grounds</p> <ol style="list-style-type: none"> 1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained. 2. The program shall take reasonable measures to ensure a safe physical environment for consumers and staff. 	<p>(2) Home and community-based settings do not include the following:</p> <ol style="list-style-type: none"> (i) A nursing facility; (ii) An institution for mental diseases; (iii) An intermediate care facility for individuals with intellectual disabilities; (iv) A hospital providing long-term care services; or (v) Any other locations that have qualities of an institutional setting, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings. 	Silent on the Regulation
Utah Administrative Code	R501-13-14	Human Services: Administration, Administrative Services, Licensing-Adult Day Care: Physical Facility	<p>A. The governing body shall provide written documentation of compliance with the following: 1. local zoning, 2. local business license, 3. local building codes, 4. local fire safety regulations, and 5. local health codes, as applicable, including but not limited to Utah Food Service and Sanitation Act. B. In the event of ownership change, structural remodeling or a change in category of service, the Office and other regulatory agencies shall be immediately notified. C. Building and Grounds</p> <ol style="list-style-type: none"> 1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained. 2. The program shall take reasonable measures to ensure a safe physical environment for its consumers and staff. 	<p>(2) Home and community-based settings do not include the following:</p> <ol style="list-style-type: none"> (i) A nursing facility; (ii) An institution for mental diseases; (iii) An intermediate care facility for individuals with intellectual disabilities; (iv) A hospital providing long-term care services; or (v) Any other locations that have qualities of an institutional setting, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings. 	Silent on the Regulation

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ABI Waiver SIP	8	Attachment #2: Home and Community-Based Settings Waiver Transition Plan-Additional Needed Information	The State conducted its preliminary categorization by describing settings as either “presumed to be compliant” or “requires additional review.” The State only identified settings as “presumed to be compliant” when the services are not dependent on the setting and that are direct services provided to the waiver participant. In addition, providers that offer multiple types of services, were categorized as “requires additional review” if the provider had any possibility of providing a service that may not be compliant. Settings Requiring Additional Review: Day Support Services (14 Providers), Residential Facility / Supported Living (101 Providers, Supported Employment (10 Providers) The state will conduct additional evaluations of each provider and setting to determine whether the setting is compliant with new regulations, and identify what (if any) remediation steps will be required to bring the setting into compliance. Utah assures that the settings transition plan included with this waiver renewal will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan. Utah will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to its waiver when it submits the next amendment or renewal.	Section 441.530 Home and Community-Based Setting (a)(1)(i) through (v)	Remedial Action Required
Aging Waiver SIP	8	Attachment #2: Home and Community-Based Settings Waiver Transition Plan-Additional Needed Information	The State conducted its preliminary categorization by describing settings as either “presumed to be compliant” or “requires additional review.” The State only identified settings as “presumed to be compliant” when the services are not dependent on the setting and that are direct services provided to the waiver participant. In addition, providers that offer multiple types of services, were categorized as “requires additional review” if the provider had any possibility of providing a service that may not be compliant. Settings Requiring Additional Review: Adult Day Care (16 Providers)These services may be provided in settings that are not yet compliant. The state will conduct additional evaluations of each provider and setting to determine whether the setting is compliant with new regulations, and identify what (if any) remediation steps will be required to bring the setting into compliance. Utah assures that the settings transition plan included with this waiver renewal will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan. Utah will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to its waiver when it submits the next amendment or renewal.	Section 441.530 Home and Community-Based Setting (a)(1)(i) through (v)	Remedial Action Required
New Choices Waiver SIP	8	Attachment #2: Home and Community-Based Settings Waiver Transition Plan	The State conducted its preliminary categorization by describing settings as either “presumed to be compliant” or “requires additional review.” The State only identified settings as “presumed to be compliant” when the services are not dependent on the setting and that are direct services provided to the waiver participant. In addition, providers that offer multiple types of services, were categorized as “requires additional review” if the provider had any possibility of providing a service that may not be compliant. Settings Requiring Additional Review: Adult Residential / Day Health (185 Providers) These services may be provided in settings that are not yet compliant. The state will conduct additional evaluations of each provider and setting to determine whether the setting is compliant with new regulations, and identify what (if any) remediation steps will be required to bring the setting into compliance. Utah assures that the settings transition plan included with this waiver renewal will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan. Utah will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to its waiver when it submits the next amendment or renewal.”	Section 441.530 Home and Community-Based Setting (a)(1)(i) through (v)	Remedial Action Required
RFP # DHS90548, DHS, DSPD		Supported Living Quarter Hourly PART II, Residential Habilitation Supports PART II, Supported Living Natural PART II, Host Home Supports PART II, Companion Services PART II, Extended Living Supports PART II	5. Nutritional Requirements: The Contractor or its direct-care or direct-care supervisor staff shall: a. Ensure Persons have kitchen privileges with access to food and ingredients. Kitchen privileges may be limited if approved by the Human Rights Committee, in the interest of the Person's health. b. Assist Persons in planning meals to meet basic nutritional standards, special diets, food preferences, customs, and appetites.	(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan: (1) Identify a specific and individualized assessed need. (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (3) Document less intrusive methods of meeting the need that have been tried but did not work. (4) Include a clear description of the condition that is directly proportionate to the specific assessed need. (5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification. (6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (7) Include the informed consent of the individual. (8) Include an assurance that interventions and supports will cause no harm to the individual.	Remedial Action Required

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RFP # DHS90548, DHS, DSPD		Supported Employment in a Group PART II	A. General Description: Supported Employment in a Group (SED) supports work groups made up of between two to eight Persons in their efforts to obtain, maintain, and advance in competitive employment in integrated work settings. Work groups are trained and supervised amongst employees who are not disabled at the host company or at self-contained business locations. SED is provided under the direction of a job coach. The Person can be provided SED services whether the Person is employed a full or part-time basis, during traditional or non-traditional workdays, and in settings where the Person is afforded the opportunity to work with others the majority of whom are without disabilities. SED may occur anytime during a 24-hour day. SED services include the provision of transportation to and from the Person's home or living facility and his/her place of employment.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Remedial Action Required
RFP # DHS90548, DHS, DSPD		Behavior Consultation 1 PART II, Behavior Consultation 2 PART II, Behavior Consultation 3 PART II	F. Contractor's Service Requirements: The Contractor shall: 1. Provide behavioral intervention procedures that are in accordance with DHS/DSPD Administrative Code, Rule R539-4. 2. In all BSPs, emphasize a positive approach with effective treatment designed to acquire and maintain adaptive behaviors and prevent problem behaviors. 3. Conduct and submit a Functional Behavioral Assessment. Prior to creating a BSP, the Contractor shall conduct and submit a summary of the Functional Behavioral Assessment to the Person's Support Coordinator. The Contractor's written Functional Behavior Assessment shall include a description of the assessment process or name of a published validated assessment tool, the date the assessment was conducted, the name of the staff member completing the assessment and the names of the respondents or others involved if applicable. The Contractor shall use different validated assessment tools and processes depending on the individual needs of the Person; however, all of the Contractor's assessments shall result in the following information being clearly documented: a. Description of the problem behavior(s) including an operational definition for each target behavior; b. Prediction of the circumstances in which the problem behavior is most likely to occur; c. Identification of the function of the problem behavior(s); and 4. Ensure all BSPs are in writing and include the following information: a. Summary or hypothesis statement(s) that clarify the antecedent-behavior-consequence relationships: (1) Describing the critical problem behavior; (2) Predicting the circumstances in which the problem behavior is most likely to occur; and (3) Identifying the function of the problem behavior. b. Baseline data with the date the data was collected. c. Behavioral objectives written in measurable and observable terms. d. Data collection procedures that measure progress toward the BSP objectives that decrease problem behavior and increase replacement behavior. e. Behavioral intervention procedures clearly written in detail to ensure consistent implementation by staff/supporters addressing the following areas: (1) Prevention procedures designed to decrease the need for the problem behavior. (2) Planned responses and consequences for when the problem behavior occurs, this includes safety issues and efforts to minimize reinforcement for the problem behavior. (3) Teaching or increasing replacement behaviors. (4) When appropriate, the BSP shall also address generalization, maintenance, and fading procedures. f. When Level II and Level III intrusive procedures are used, list all specific Level II and III procedures used, and include a rationale for the use of intrusive procedures and a plan to discontinue the intrusive intervention over time. g. Name and title of the Contractor/staff who developed the BSP and name of the staff member(s) responsible for supervising the implementation of the BSP. h. Graphed data of the primary problem behavior(s) updated at least every 3 months for visual analysis. i. The written approved BSP shall be available to	(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan: (1) Identify a specific and individualized assessed need. (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (3) Document less intrusive methods of meeting the need that have been tried but did not work. (4) Include a clear description of the condition that is directly proportionate to the specific assessed need. (5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification. (6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (7) Include the informed consent of the individual. (8) Include an assurance that interventions and supports will cause no harm to the individual.	Remedial Action Required
RFP # DHS90548, DHS, DSPD		Residential Habilitation Supports PART II	C. Contractor's Administrative Requirements: 1. Policies and Procedures: The Contractor shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall: a. Establish the amount of time family or friends may stay as overnight guests.	Residential: (D) Individuals are able to have visitors of their choosing at any time.	Remedial Action Required

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Utah Administrative Code	R539-4-5	Human Services, Services for People with Disabilities- Behavior Interventions: Review and Approval Process	<p>(1) The Behavior Peer Review Committee shall review and approve the Behavior Support Plan annually. The plan may be implemented prior to the Behavior Peer Review Committee's review; however the review and approval must be completed within 60 calendar days of implementation.</p> <p>(2) The Behavior Peer Review Committee's review and approval process shall include the following:</p> <p>(a) A confirmation that appropriate Positive Behavior Supports, including Level I Interventions, were fully implemented/revised as needed prior to implementation of Level II or Level III Interventions.</p> <p>(b) Ensure the technical adequacy of the Functional Behavior Assessment and Behavior Support Plan based on principles from the fields of Positive Behavior Supports and applied behavior analysis.</p> <p>(c) Ensure plans are in place to attempt reducing the use of intrusive interventions.</p> <p>(d) Ensure that staff training and plan implementation are adequate.</p> <p>(3) The Provider Human Rights Committee shall approve Behavior Support Plans with Level II and Level III Interventions annually. Review and approval shall focus on rights issues, including consent and justification for the use of intrusive interventions.</p> <p>(4) The State Behavior Review Committee must consist of at least three members, including representatives from the Division, Provider, and an independent professional having a recognized expertise in Positive Behavior Supports. The Committee shall review and approve the following:</p> <p>(a) Behavior Support Plans that include Time-out Rooms, Mechanical Restraints or Highly Noxious Stimuli.</p> <p>(b) Behavior Support Plans that include forms of Manual Restraint or Exclusionary Time-out used for long-term behavior change and not used in response to an emergency situation.</p> <p>(c) Behavior Support Plans that include manual restraint not outlined in Mandt, PART, SOAR, Safety Care, or CPI training programs.</p> <p>(5) The Committee shall determine the time-frame for follow-up review.</p> <p>(6) Behavior Support Plans shall be submitted to the Division's state office for temporary approval prior to implementation pending the State Behavior Review Committee's review of the plan.</p> <p>(7) Families participating in Self-Administered Services may seek State Behavior Review Committee recommendations, if desired.</p>	<p>(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <p>(1) Identify a specific and individualized assessed need.</p> <p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p> <p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p> <p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p> <p>(5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification.</p> <p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p> <p>(7) Include the informed consent of the individual.</p> <p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>	Remedial Action Required
Utah Administrative Code	R539-4-4	Human Services, Services for People with Disabilities- Behavior Interventions: Levels of Behavior Interventions	<p>(1) The remainder of this rule applies to all Division staff and Providers, but does not apply to employees hired for Self-Administered Services.</p> <p>(2) All Behavior Support Plans shall be implemented only after the Person or Guardian gives consent and the Behavior Support Plan is approved by the Team.</p> <p>(3) All Behavior Support Plans shall incorporate Positive Behavior Supports with the least intrusive, effective treatment designed to assist the Person in acquiring and maintaining skills, and preventing problems.</p> <p>(4) Behavior Support Plans must:</p> <p>(a) Be based on a Functional Behavior Assessment.</p> <p>(b) Focus on prevention and teach replacement behaviors.</p> <p>(c) Include planned responses to problems.</p> <p>(d) Outline a data collection system for evaluating the effectiveness of the plan.</p> <p>(5) All Provider staff involved in implementing procedures outlined in the Behavior Support Plan shall be trained and demonstrate competency prior to implementing the plan.</p> <p>(a) Completion of training shall be documented by the Provider.</p> <p>(b) The Behavior Support Plan shall be available to all staff involved in implementing or supervising the plan.</p> <p>(6) Level I interventions may be used informally, in written support strategies, or in Behavior Support Plans without approval.</p>	<p>(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <p>(1) Identify a specific and individualized assessed need.</p> <p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p> <p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p> <p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p> <p>(5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification.</p> <p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p> <p>(7) Include the informed consent of the individual.</p> <p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>	Remedial Action Required

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Utah Administrative Code	R539-4-4	Human Services, Services for People with Disabilities- Behavior Interventions: Levels of Behavior Interventions	<p>(13) Mechanical restraints shall ensure the Person's safety in breathing, circulation, and prevent skin irritation.</p> <p>(a) Persons shall be placed in Mechanical Restraints immediately following the identified problem. Time delays are not allowed.</p> <p>(b) Persons shall not be transported to another location for Mechanical Restraints.</p> <p>(14) Mechanical Restraints shall be used only upon the occurrence of problems previously identified in the Behavior Support Plan.</p> <p>(a) Behavior Support Plans must outline specific release criteria that may include time and behavior components. Time asleep must count toward time-release criteria. The plan shall also specify maximum time limits for single application and multiple use.</p> <p>(b) Behavior Support Plans shall include specific requirements for monitoring the Person, before, during, and after application of the restraint to ensure health and safety.</p> <p>(c) Provider staff shall document their observation of the Person as specified in the Behavior Support Plan.</p> <p>(15) Manual restraints shall ensure the Person's safety in breathing and circulation. Manual restraint procedures are limited to the Mandt System (Mandt), the Professional Assault Response Training (PART), or Supports Options and Actions for Respect (SOAR) training programs. Procedures not outlined in the programs listed above may only be used if pre-approved by the State Behavior Review Committee.</p> <p>(16) Behavior Support Plans that include Manual Restraints shall provide information on the method of restraint, release criteria, and time limitations on use.</p>	<p>(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <p>(1) Identify a specific and individualized assessed need.</p> <p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p> <p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p> <p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p> <p>(5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification.</p> <p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p> <p>(7) Include the informed consent of the individual.</p> <p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>	Remedial Action Required
Utah Administrative Code	R539-4-4	Human Services, Services for People with Disabilities- Behavior Interventions: Levels of Behavior Interventions	<p>(7) Behavior Support Plans that only include Level I Interventions do not require approval or review by the Behavior Peer Review Committee or Provider Human Rights Committee.</p> <p>(8) Level II Interventions may be used in pre-approved Behavior Support Plans or emergency situations.</p> <p>(9) Level III Interventions may only be used in pre-approved Behavior Support Plans.</p> <p>(10) Behavior Support Plans that utilize Level II or Level III Interventions shall be implemented only after Positive Behavior Supports, including Level I Interventions, are fully implemented and shown to be ineffective. A rationale on the necessity for the use of intrusive procedures shall be included in the Behavior Support Plan.</p> <p>(11) Time-out Rooms shall be designed to protect Persons from hazardous conditions, including sharp corners and objects, uncovered light fixtures, and unprotected electrical outlets. The rooms shall have adequate lighting and ventilation.</p> <p>(a) Doors to the Time-out Room may be held shut by Provider staff, but not locked at any time.</p> <p>(b) Persons shall remain in Time-out Rooms no more than 2 hours per occurrence.</p> <p>(c) Provider staff shall monitor Persons in a Time-out Room visually and auditorially on a continual basis. Staff shall document ongoing observation of the Person while in the Time-out Room at least every fifteen minutes.</p> <p>(12) Time-out Rooms shall be used only upon the occurrence of problems previously identified in the Behavior Support Plan.</p> <p>(a) Persons shall be placed in the Time-out Room immediately following a previously identified problem. Time delays are not allowed.</p> <p>(b) Persons shall not be transported to another location for placement in a Time-out Room.</p> <p>(c) Behavior Support Plans must outline specific release criteria that may include time and behavior components. Time asleep must count toward time-release criteria.</p>	<p>(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <p>(1) Identify a specific and individualized assessed need.</p> <p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p> <p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p> <p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p> <p>(5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification.</p> <p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p> <p>(7) Include the informed consent of the individual.</p> <p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>	Remedial Action Required

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R501-19-9, R501-20-9, R501-22-9	Human Services, Administration, Administrative Services, Licensing: Food Service; Human Services, Administration, Administrative Services, Licensing: Day Treatment Programs: Food Service; Human Services, Administration, Administrative Services, Licensing: Residential Support Programs- Food Service	<p>A. One staff shall be responsible for food service. If this person is not a professionally qualified dietitian, regularly scheduled consultation with a professionally qualified dietitian shall be obtained. Meals served shall be from dietitian approved menus.</p> <p>B. The staff responsible for food service shall maintain a current list of consumers with special nutritional needs and record in the consumers service record information relating to special nutritional needs and provide for nutrition counseling where indicated.</p> <p>C. The program shall establish and post kitchen rules and privileges according to consumer needs.</p> <p>D. Consumers present in the facility for four or more consecutive hours shall be provided nutritious food.</p> <p>E. Meals may be prepared at the facility or catered.</p> <p>F. Kitchens shall have clean, safe, and operational equipment for the preparation, storage, serving, and clean up of all meals.</p> <p>G. Adequate dining space shall be provided for consumers. The dining space shall be maintained in a clean and safe condition.</p> <p>H. When meals are prepared by consumers there shall be a written policy to include the following:</p> <ol style="list-style-type: none"> 1. rules of kitchen privileges 2. menu planning and procedures, 3. nutritional and sanitation requirements, and 4. schedule of responsibilities. 	Residential: (C) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	Remedial Action Required
Utah Administrative Code	R539-9-2	Human Services, Services for People with Disabilities-State Supported Employment Program: Definitions	(4) "Integrated Work" means job sites where most employees are not disabled, where a client interacts on a regular basis, in the performance of job duties, with employees who are not disabled. If a client is part of a distinct work group of only individuals with disabilities, the work group should consist of no more than eight individuals.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Remedial Action Required
Utah Administrative Code	R501-13-8	Human Services: Administration, Administrative Services, Licensing-Adult Day Care: Direct Service Management	A program staff member in collaboration with the Director, shall be assigned to each consumer and have responsibility and authority for development, implementation, and review of the individual consumer service plan which must include an individualized program plan to enhance consumer well-being and specification of daily activities and services.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Remedial Action Required

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R501-17-7	Human Services, Administration, Administrative Services, Licensing: Adult Foster Care- Nutrition	<p>A. Daily meals and snacks shall meet the component, quality, and quantity of the Recommended Daily Allowance for adults.</p> <p>B. The provider shall provide for specialized diet needs as required by the consumer.</p> <p>C. Sanitary drinking water shall be available at all times.</p>	Residential: (C) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	Remedial Action Required
Utah Administrative Code	R501-20-6	Human Services, Administration, Administrative Services, Licensing: Day Treatment Programs: Direct Service	<p>A. Day treatment activity plans shall be prepared to meet individual consumer needs. Daily activity plans may include behavioral training, community living skills, work activity, work adjustment, recreation, self-feeding, self-care, toilet training, social appropriateness, development of gross and fine motor skills, interpersonal adjustment, mobility training, self-sufficiency training, and to encourage optimal mental or physical function, speech, audiology, physical therapy, and psychological services, counseling, and socialization.</p> <p>B. A daily activity or service schedule shall be designed and implemented.</p> <p>C. While on-site, consumers shall be supervised as necessary and encouraged to participate in activities.</p> <p>D. All consumers shall be afforded the same quality of care.</p>	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Remedial Action Required
Utah Administrative Code	R501-13-15	Human Services: Administration, Administrative Services, Licensing- Adult Day Care: Physical Environment- Food Service	<p>a. Kitchens used for meal preparation shall be provided with the necessary equipment for the preparation, storage, serving and clean up of all meals. All equipment shall be maintained in working order. Food preparation areas shall be maintained in a clean and safe condition. b. One person shall be responsible for food service. c. The person responsible for food service shall maintain a current list of consumers with special nutritional needs or allergies. Records of consumer special nutritional needs shall be kept in the consumer's service records. Food shall be prepared and served in accordance with special nutritional needs. ...4. Dining space shall be designated and maintained in a clean and safe condition.5. Menus shall be approved by a registered dietitian unless the program is participating in the Federal Adult and Child Nutrition program administrated through the State Office of Education. 6. Consumers shall receive meals or snacks according to the following: 8 or more hours in care- 1 meal and 2 snacks or 2 meals and 1 snack; 4 hours in care but less than 8- 1 meal and 2 snacks; 4 hours in care or less- 1 snack. 7. Sufficient food shall be available for second servings. 8. There shall be no more than three hours between snack or meal service.</p>	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Remedial Action Required

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Utah Administrative Code	R501-13-9	Human Services: Administration, Administrative Services, Licensing-Adult Day Care: Direct Service	R501-13-9. A. Adult day care activity plans shall be prepared to meet individual consumer and group needs and preferences. Daily activity plans may include, community living skills, work activity, recreation, nutrition, personal hygiene, social appropriateness, and recreational activities that facilitate physical, social, psychological, and emotional development. B. Activity plans shall be written, staff shall be oriented to their use, and shall be maintained on file at the program. C. There shall be a daily schedule, posted and implemented as designed. D. Each consumer shall have the opportunity to use at least four of the following activity areas each day: general activities, sedentary activities, specialized activities, rest area, self care area, appointed outdoor area, kitchen and nutrition area, and reality orientation area. E. A sufficient amount of equipment and materials shall be provided so that consumers can participate in a variety of activities simultaneously F. Consumers shall receive direct supervision at all times and be encouraged to participate in activities. G. All consumers shall receive the same standard of care regardless of funding source.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Remedial Action Required
Utah Administrative Code	R501-13-15	Human Services: Administration, Administrative Services, Licensing-Adult Day Care: Physical Environment-Bathrooms	There shall be at least one bathroom exclusively for consumers use during business hours. For facilities serving more than ten consumers there shall be separate male and female bathrooms exclusively for consumer use. Bathrooms shall accommodate physically disabled consumers. Each toilet shall be individually stalled with closing doors for privacy.	Residential: (B) Each individual has privacy in their sleeping or living unit: (1) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.	Remedial Action Required
Waiver for Individuals with Intellectual Disabilities or Other Related Conditions SIP	8	Attachment #2: Home and Community-Based Settings Waiver Transition Plan-Additional Needed Information	The State conducted its preliminary categorization by describing settings as either "presumed to be compliant" or "requires additional review." The State only identified settings as "presumed to be compliant" when the services are not dependent on the setting and that are direct services provided to the waiver participant. In addition, providers that offer multiple types of services, were categorized as "requires additional review" if the provider had any possibility of providing a service that may not be compliant. Settings Requiring Additional Review: The state will conduct additional evaluations of each setting to determine whether the setting is compliant with new regulations, and identify what (if any) remediation steps will be required to bring the setting into compliance. Day Support Services (14 Providers), Residential Facility / Supported Living (101 Providers), Supported Employment (10 Providers)Utah assures that the settings transition plan included with this waiver renewal will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan. Utah will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to its waiver when it submits the next amendment or renewal."	Section 441.530 Home and Community-Based Setting (a)(1)(i) through (v)	Remedial Action Required
ABI Waiver Provider Manual	2-5	Fair Hearings	A. An individual and the individual's legal representative will receive a written Notice of Action (NOA), Form 522 and a Hearing Request Form 490S, from the waiver support coordinator if the individual is: 1. Denied a choice of institutional or waiver program, 2. Found ineligible for the waiver program, 3. Denied access to the provider of choice for a covered waiver service, or 4. Experiences a denial, reduction, suspension, or termination in waiver services in accordance with R539-2-5. B. The NOA delineates the individual's right to appeal the decision through an informal hearing process at the Department of Human Services or an administrative hearing process at the Department of Health, or both. The individual is encouraged to utilize an informal dispute resolution process to expedite equitable solutions.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
ABI Waiver Provider Manual	2-2	Applicant Freedom of Choice of NF or Waiver	<p>A. When an individual is determined eligible for ABI Waiver services, the individual and the individual’s legal representative if applicable will be offered the choice of NF or HCBS care.</p> <p>B. A copy of the DSPD publication AN INTRODUCTORY GUIDE—Division of Services for People with Disabilities (Guide), which describes the array of services and supports available in Utah through both NFs and the Home and Community Based Services (HCBS) waiver programs, is given to each individual applying for waiver services.</p> <p>1. Choice of waiver services will only be offered if:</p> <p>i. The individual's needs assessment indicates the services the individual requires, including waiver services, are available in the community;</p> <p>ii. The PCSP has been agreed to by all parties; and</p> <p>iii. The health and safety of the individual can be adequately protected in relation to the delivery of waiver services and supports.</p> <p>C. Once the individual has received a copy of the Guide, chosen HCBS waiver services and the choice has been documented by the support coordinator, subsequent review of choice of program will only be required at the time a substantial change in their condition results in a change in the PCSP. It is the individual’s option to choose NF care at any time during the period they are enrolled in a waiver.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
ABI Waiver Provider Manual	2-4	Termination of Home and Community Based Waiver Services	<p>A. When the need arises, participants are separated from the Home and Community Based waiver program through a disenrollment process.</p> <p>1. The disenrollment process is a coordinated effort between DMHF and DSPD that is expected to facilitate the following:</p> <p>i. Appropriate disenrollment and movement among waiver programs when applicable;</p> <p>ii. Effective utilization of waiver program potential;</p> <p>iii. Effective discharge and transition planning;</p> <p>iv. Provision of information, affording participants the opportunity to exercise all applicable waiver rights; and</p> <p>v. Program quality assurance/quality improvement measures.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
ABI Waiver Provider Manual	4-2	Support Coordination and the PCSP	<p>A. The PCSP is the mechanism through which all necessary ABI Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives.</p> <p>B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant’s needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.</p>	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
ABI Waiver Provider Manual	4-2	Support Coordination and the PCSP	<p>A. The PCSP is the mechanism through which all necessary ABI Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives.</p> <p>B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant’s needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.</p>	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
ABI Waiver Provider Manual	4-2	Support Coordination and the PCSP	<p>A. The PCSP is the mechanism through which all necessary ABI Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives.</p> <p>B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant’s needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
ABI Waiver Provider Manual	4-2	Support Coordination and the PCSP	<p>A. The PCSP is the mechanism through which all necessary ABI Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives.</p> <p>B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant’s needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.</p>	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
ABI Waiver Provider Manual	4-2	Support Coordination and the PCSP	<p>A. The PCSP is the mechanism through which all necessary ABI Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives.</p> <p>B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant's needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
ABI Waiver Provider Manual	8	Incident Reporting Protocols	<p>Waiver programs must provide adequate and appropriate services that safeguard the health and welfare of all enrolled recipients. Waiver programs must also assure financial accountability for funds expended for HCBS services. While these responsibilities are delegated to the Operating Agencies (OA), the SMA retains final authority and has the final responsibility to: 1) assure that appropriate actions have taken place when a critical incident or event occurs; and 2) in cases where appropriate safeguards were not in place, that an analysis is conducted and appropriate strategies have been implemented to safeguard recipients. The Critical Incidents and Events Program is a collaborative effort between the OAs for each of the 1915(c) Waivers and the SMA. The program has two levels. Level one describes the critical incidents/events that are required to be reported by the OA to the SMA for investigation, resolution and closure. Level two describes the critical incidents/events that are required to be reported to the OA for investigation, resolution and closure.</p> <p>This Standard Operating Procedure stipulates:</p> <ul style="list-style-type: none"> ☑ Level One incidents and events required to be reported to the SMA; ☑ Level Two incidents and events that are required to be reported to the OA; ☑ The agency responsible for completing the review; and ☑ Associated reporting requirements. 	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
ABI Waiver Provider Manual	2-3	Waiver Participant Freedom of Choice	<p>Upon enrollment in the ABI Waiver, the ABI Waiver enrollee, and the individual's legal guardian if applicable, will be given the opportunity to choose the providers of ABI Waiver services identified on the PCSP if more than one qualified provider is available to render the services. The individual's choice of providers will be documented in the individual's PCSP.</p> <p>B. The ABI Waiver support coordination agency will review the contents of the written PCSP with the participant prior to implementation. If the participant is not given the choice of HCBS as an alternative to NF care, is denied the ABI Waiver service(s) of their choice, or is denied the waiver provider(s) of their choice, the agency will provide an opportunity for a fair hearing, under 42 CFR Part 431.</p> <p>C. Subsequent revision of the PCSP as a result of annual re-assessment or significant change in health, welfare, or safety requires proper notice to the participant as described in item B above.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Aging Waiver Provider Manual	5-1	Case Management-Case Management Encounters	<p>A. To better focus primary attention on providing the specific level of case management intervention needed on an individualized basis, as determined during the initial and ongoing comprehensive needs assessment process, the individual Comprehensive Care Plan will be the vehicle through which the level of assessed need for case management will be detailed in terms of the amount, duration and frequency of intervention to be provided. This approach will also promote case managers having specific information about their expected roles and responsibilities on an individualized Waiver participant basis. Program performance reviews will assess the accuracy and effectiveness of the link between the determination of need, the Comprehensive Care Plan and the implementation of case management services.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Aging Waiver Provider Manual	5-1	Case Management-Case Management Encounters	<p>A. To better focus primary attention on providing the specific level of case management intervention needed on an individualized basis, as determined during the initial and ongoing comprehensive needs assessment process, the individual Comprehensive Care Plan will be the vehicle through which the level of assessed need for case management will be detailed in terms of the amount, duration and frequency of intervention to be provided. This approach will also promote case managers having specific information about their expected roles and responsibilities on an individualized Waiver participant basis. Program performance reviews will assess the accuracy and effectiveness of the link between the determination of need, the Comprehensive Care Plan and the implementation of case management services.</p>	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Aging Waiver Provider Manual	12-3	Incident Reporting and Protocol	3. Human Rights Violations Human rights violations such as the unauthorized use of restraints (physical, mechanical or chemical), seclusion rooms or infringement of personal privacy rights experienced by the participant. (Infringement of personal privacy rights is defined as an unwanted restriction imposed upon the participant.) Reporting is not required for Emergency Behavioral Interventions as defined in R539-4-6.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Aging Waiver Provider Manual	12	Incident Reporting and Protocol	Waiver programs must provide adequate and appropriate services that safeguard the health and welfare of all enrolled recipients. Waiver programs must also assure financial accountability for funds expended for HCBS services. While these responsibilities are delegated to the Operating Agencies (OA), the SMA retains final authority and has the final responsibility to: 1) assure that appropriate actions have taken place when a critical incident or event occurs; and 2) in cases where appropriate safeguards were not in place, that an analysis is conducted and appropriate strategies have been implemented to safeguard recipients. The Critical Incidents and Events Program is a collaborative effort between the OAs for each of the 1915(c) Waivers and the SMA. The program has two levels. Level one describes the critical incidents/events that are required to be reported by the OA to the SMA for investigation, resolution and closure. Level two describes the critical incidents/events that are required to be reported to the OA for investigation, resolution and closure. This Standard Operating Procedure stipulates: ☑ Level One incidents and events required to be reported to the SMA; ☑ Level Two incidents and events that are required to be reported to the OA; ☑ The agency responsible for completing the review; and ☑ Associated reporting requirements.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Aging Waiver Provider Manual	11	Mandatory Adult Protective Services Reporting Requirements	A. All suspected incidents of abuse, neglect or exploitation must be reported in accordance with Utah State Law 76- 5-111, Utah Code annotated 62A-3-305 and State Rule R510-302. 1. Any person who has reason to believe that any vulnerable adult has been the subject of abuse, neglect, or exploitation shall immediately notify Adult Protective Services intake or the nearest law enforcement agency. When the initial report is made to law enforcement, law enforcement shall immediately notify Adult Protective Services intake. Adult Protective Services and law enforcement shall coordinate, as appropriate, their efforts to provide protection to the vulnerable adult.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Aging Waiver Provider Manual	5-1	Case Management-Case Management Encounters	A. To better focus primary attention on providing the specific level of case management intervention needed on an individualized basis, as determined during the initial and ongoing comprehensive needs assessment process, the individual Comprehensive Care Plan will be the vehicle through which the level of assessed need for case management will be detailed in terms of the amount, duration and frequency of intervention to be provided. This approach will also promote case managers having specific information about their expected roles and responsibilities on an individualized Waiver participant basis. Program performance reviews will assess the accuracy and effectiveness of the link between the determination of need, the Comprehensive Care Plan and the implementation of case management services.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
Aging Waiver Provider Manual	2-1	Eligibility for Aging Waiver Services	2. Freedom of Choice Activities (performed at the time an individual is determined to be eligible for the Aging Waiver): a. Identify the general service needs of the individual. b. Inform the individual of the services the Waiver program can provide and the services a Medicaid NF can provide to meet the identified general needs. c. Offer the individual choice of the Waiver program or the Medicaid NF program and document the choice selected. d. Assist the individual to request a fair hearing if choice of the Waiver program is denied.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Aging Waiver Provider Manual	2-5	Fair Hearing	<p>A. The DMHF provides a participant, applying for or receiving Aging Waiver services, an opportunity for a hearing upon written request, if the participant is:</p> <ol style="list-style-type: none"> 1. Not given the choice between facility-based (NF) care and Aging Waiver services. 2. Denied the Waiver provider(s) of choice if more than one provider is available to render service(s). 3. Denied access to Waiver services identified as necessary to prevent facility placement. 4. Experiences a reduction, suspension or termination of Waiver services identified as necessary to prevent facility placement. <p>B. A participant, or their legal representative when applicable, will receive a written Notice of Agency Action from DAAS or their designee if the participant is denied a choice between facility-based (NF) care and Aging Waiver services, found ineligible for the Waiver program or denied access to the provider of choice for a covered Waiver service. The Notice of Agency Action delineates the participant's right to appeal the decision.</p> <p>C. An aggrieved participant may request a formal hearing within 30 calendar days from the date written notice is issued or mailed, whichever is later. The DMHF may reinstate services for the participant or suspend any adverse action for providers if the aggrieved person requests a formal hearing not more than ten calendar days after the date of action.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Aging Waiver Provider Manual	2-4	Termination of Aging Waiver Services	<p>A. When the need arises, participants are separated from the Home and Community Based waiver program through a disenrollment process.</p> <ol style="list-style-type: none"> 1. The disenrollment process is a coordinated effort between DMHF and DAAS that is expected to facilitate the following: <ol style="list-style-type: none"> i. Verification that the disenrollment is appropriate for the waiver participant; ii. Movement among waiver programs (when applicable); iii. Ensuring effective utilization of waiver program services; iv. Effective discharge and transition planning; v. Distribution of information to participants describing all applicable waiver rights; and vi. Program quality assurance. 	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Aging Waiver Provider Manual	2-3	Aging Waiver Participant Freedom of Choice	<p>E. Subsequent revisions to the participant's Comprehensive Care Plan may occur as a result of the annual re-assessment, or a result of a significant change in the participant's health, welfare or safety and as otherwise warranted.</p> <p>...F. During the review of the written care plan, the participant will be informed in writing of any decision to deny, suspend, reduce, or terminate a waiver service listed in the service plan and will be informed of the right to a fair hearing.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Aging Waiver Provider Manual	2-3	Aging Waiver Participant Freedom of Choice	<p>E. Subsequent revisions to the participant's Comprehensive Care Plan may occur as a result of the annual re-assessment, or a result of a significant change in the participant's health, welfare or safety and as otherwise warranted.</p> <p>...F. During the review of the written care plan, the participant will be informed in writing of any decision to deny, suspend, reduce, or terminate a waiver service listed in the service plan and will be informed of the right to a fair hearing.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Aging Waiver Provider Manual	2-3	Aging Waiver Participant Freedom of Choice	<p>Upon enrollment in the Aging Waiver, the individual now becomes a participant on the waiver. The participant will be given choice among available Waiver case management agencies (CMAs). The participant's choice will be documented in the case record.</p> <ol style="list-style-type: none"> A. Upon completion of a comprehensive needs assessment by DAAS or their designee, the participant will participate in the development of the Comprehensive Care Plan to address identified needs. B. The participant will be given a choice of services to meet an identified need if more than one costeffective option exists. C. The participant will be given a choice of available qualified providers of Aging Waiver services identified in the Comprehensive Care Plan. D. DAAS or their designee will review the contents of the written Comprehensive Care Plan with the participant prior to implementation. The written Comprehensive Care Plan is signed by the participant and constitutes a formal notice of the agency's decision regarding authorized services to be provided to the participant. 	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Aging Waiver Provider Manual	2-2	Applicant Freedom of Choice of NF or Aging Waiver	<p>Medicaid recipients who meet the eligibility requirements of the AW may choose to receive services in a NF or the AW if available capacity exists to address health, welfare and safety needs.</p> <p>B. If no available capacity exists in the Aging Waiver, the applicant will be advised in writing that he or she may access services through an NF or may wait for open capacity in the Aging Waiver.</p> <p>C. If available capacity exists in the Aging Waiver, a pre-enrollment screen of health, welfare and safety needs will be completed by DAAS or their designee. The applicant will be advised of the preliminary needs identified and given the opportunity to choose to receive services to meet the identified needs through an NF or the Aging Waiver. The applicant's choice will be documented in writing, signed by the applicant, and maintained as part of the applicant's record.</p> <p>D. Once the applicant has chosen to enroll and become a participant in the Aging Waiver and the choice has been documented, subsequent review of choice of program will only be required at the time of a substantial change in the participant's condition resulting in a change in the Comprehensive Care Plan. It is, however, an Aging Waiver participant's option to choose facility-based care at any time and voluntarily disenroll from the Aging Waiver.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Aging Waiver Provider Manual	5-1	Case Management-Case Management Encounters	<p>A. To better focus primary attention on providing the specific level of case management intervention needed on an individualized basis, as determined during the initial and ongoing comprehensive needs assessment process, the individual Comprehensive Care Plan will be the vehicle through which the level of assessed need for case management will be detailed in terms of the amount, duration and frequency of intervention to be provided. This approach will also promote case managers having specific information about their expected roles and responsibilities on an individualized Waiver participant basis. Program performance reviews will assess the accuracy and effectiveness of the link between the determination of need, the Comprehensive Care Plan and the implementation of case management services.</p>	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
Aging Waiver Provider Manual	5-1	Case Management-Case Management Encounters	<p>A. To better focus primary attention on providing the specific level of case management intervention needed on an individualized basis, as determined during the initial and ongoing comprehensive needs assessment process, the individual Comprehensive Care Plan will be the vehicle through which the level of assessed need for case management will be detailed in terms of the amount, duration and frequency of intervention to be provided. This approach will also promote case managers having specific information about their expected roles and responsibilities on an individualized Waiver participant basis. Program performance reviews will assess the accuracy and effectiveness of the link between the determination of need, the Comprehensive Care Plan and the implementation of case management services.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Medicaid Autism Waiver Provider Manual	2-2	Applicant Freedom of Choice of ICF/ID or Waiver	<p>A. When an individual is determined eligible for waiver services, the individual and the individual's legal representative if applicable, will be informed of the alternatives available under the waiver and offered the choice of institutional care (ICF/ID) or home and community-based care.</p> <p>B. A copy of the DSPD publication AN INTRODUCTORY GUIDE—Division of Services for People with Disabilities (hereafter referred to as the Guide), which describes the array of services and supports available in Utah including intermediate care facilities for persons with intellectual disabilities and the HCBS Waiver program, is given to each individual applying for waiver services. In addition, individuals will be given a 2-sided Informational Fact Sheet (Form IFS-10) which describes the eligibility criteria and services available through both the waiver program and through ICFs/ID.</p> <p>C. If no available capacity exists in the Waiver, the applicant will be advised that he or she may access services through an ICF/ID or may re-apply when new applications are being accepted.</p> <p>D. If available capacity exists in the Waiver, a pre-enrollment screening of health, welfare, and safety needs will be completed by a Waiver representative. The applicant will be advised of the preliminary needs identified and given the opportunity to choose to receive services to meet the identified needs through an ICF/ID or the Waiver. The applicant's choice will be documented in writing, signed by the applicant, and maintained as part of the individual record.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Medicaid Autism Waiver Provider Manual	2-2	Applicant Freedom of Choice of ICF/ID or Waiver	<p>1. Choice of waiver services will only be offered if:</p> <p>i. The individual's needs assessment indicates the services the individual requires, including waiver services, are available in the community;</p> <p>ii. The individual support plan has been agreed to by all parties; and Page 4 of 17 Section 2 Utah Medicaid Provider Manual Home and Community Based Services Medicaid Autism Waiver Division of Medicaid and Health Financing Updated January 2015</p> <p>iii. The health and safety of the individual can be adequately protected in relation to the delivery of waiver services and supports.</p> <p>E. Once the individual has chosen home and community-based waiver services, the choice has been documented on Form 818 by the Support Coordinator and the individual has received a copy of the Guide and the Informational Fact Sheet, subsequent review of choice of program will only be required at the time a substantial change in the enrollee's condition results in a change in the individual support plan. It is, however, the individual's option to choose institutional (ICF/ID) care at any time during the period they are in the waiver.</p> <p>F. If the participant is not given the choice of home and community-based services as an alternative to institutional care, the participant will be given an opportunity for a fair hearing as described in Section 2-5 of this provider manual.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Medicaid Autism Waiver Provider Manual	2-3	Waiver Participant Freedom of Choice	<p>A. The individual and the individual's legal representatives if applicable, in conjunction with the support coordinator and any others that the individual wishes to invite, will participate in the development of the Participant Centered Support Plan (PCSP) to address the individual's identified needs.</p> <p>B. The waiver participant, and the individual's legal representative if applicable, will be given the opportunity to choose the providers of waiver services identified on the PCSP if more than one qualified provider is available to render the services. The individual's choice of providers will be documented in the PCSP. The individual may also choose to change providers at any time.</p> <p>C. The waiver support coordinator will review the contents of the written PCSP with the participant prior to implementation. If the participant is denied the waiver service(s) or their choice or the waiver provider(s) of their choice, they will be given an opportunity in writing for a fair hearing as described in Section 2-5 of this provider manual.</p> <p>D. Subsequent revision of the participant's PCSP as a result of annual re-assessment or significant change in the participant's health, welfare, or safety requires proper notice to the participant as described in item D above, plus notice that the participant has the right to select to receive services in a Medicaid ICF/ID in lieu of continued participation in the waiver.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Medicaid Autism Waiver Provider Manual	2-4	Termination of Home and Community Based Waiver Services	<p>A. When the need arises, participants are separated from the Home and Community Based waiver program through a disenrollment process.</p> <p>1. The disenrollment process is a coordinated effort between DMHF and DSPD that is expected to facilitate the following:</p> <p>i. Appropriate disenrollment and movement among waiver programs when applicable;</p> <p>ii. Effective utilization of waiver program potential;</p> <p>iii. Effective discharge and transition planning;</p> <p>iv. Provision of information, affording participants the opportunity to exercise all applicable waiver rights; and</p> <p>v. Program quality assurance/quality improvement measures.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Medicaid Autism Waiver Provider Manual	2-5	Fair Hearings	<p>A. An individual and the individual's legal representative will receive a written Notice of Action (NOA), Form 522 and a Hearing Request Form 490S, from the waiver support coordinator if the individual is:</p> <p>1. Denied a choice of institutional or waiver program,</p> <p>2. Found ineligible for the waiver program,</p> <p>3. Denied access to the provider of choice for a covered waiver service, or</p> <p>4. Experiences a denial, reduction, suspension, or termination in waiver services in accordance with R539-2-5.</p> <p>B. The NOA delineates the individual's right to appeal the decision through an informal hearing process at the Department of Human Services or an administrative hearing process at the Department of Health, or both. The individual is encouraged to utilize an informal dispute resolution process to expedite equitable solutions.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Medicaid Autism Waiver Provider Manual	6-3	Incident Reporting Protocols	3. Human Rights Violations Human rights violations such as the unauthorized use of restraints (physical, mechanical or chemical), seclusion rooms or infringement of personal privacy rights experienced by the recipient. (Infringement of personal privacy rights is defined as an unwanted restriction imposed upon the recipient.) Reporting is not required for Emergency Behavioral Interventions as defined in R539-4-6.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Medicaid Autism Waiver Provider Manual	6	Incident Reporting Protocols	Waiver programs must provide adequate and appropriate services that safeguard the health and welfare of all enrolled recipients. Waiver programs must also assure financial accountability for funds expended for HCBS services. While these responsibilities are delegated to the Operating Agencies (OA), the SMA retains final authority and has the final responsibility to: 1) assure that appropriate actions have taken place when a critical incident or event occurs; and 2) in cases where appropriate safeguards were not in place, that an analysis is conducted and appropriate strategies have been implemented to safeguard recipients. The Critical Incidents and Events Program is a collaborative effort between the OAs for each of the 1915(c) Waivers and the SMA. The program has two levels. Level one describes the critical incidents/events that are required to be reported by the OA to the SMA for investigation, resolution and closure. Level two describes the critical incidents/events that are required to be reported to the OA for investigation, resolution and closure. This Standard Operating Procedure stipulates: ☐ Level One incidents and events required to be reported to the SMA; ☐ Level Two incidents and events that are required to be reported to the OA; ☐ The agency responsible for completing the review; and ☐ Associated reporting requirements.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Medicaid Autism Waiver SIP	8	Attachment #2: Home and Community-Based Settings Waiver Transition Plan	All Medicaid Autism Waiver settings were "presumed to be compliant" with the Preliminary Compliance Report. The SMA will complete the HCBS Settings Transition Plan for the Medicaid Autism Waiver in a manner consistent with the overall approach developed and submitted to CMS in the Statewide HCBS Transition Plan. The Statewide HCBS Transition Plan was submitted to CMS on March 17, 2015. An overview of this plan is as follows: Public Notice and Comment Process, Assessment Process, and Remediation Strategies. Utah assures that the settings transition plan included with this waiver renewal will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan. Utah will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to its waiver when it submits the next amendment or renewal."	Section 441.530 Home and Community-Based Setting (a)(1)(i) through (v)	Complies with the Regulation
Medically Complex Children's Waiver SIP	C-1/C-3	Appendix C: Participant Services-Respite	Skilled Nursing Respite is provided in a private residence or other setting(s) in the community, outside of the participant's home, but only when the participant, the RN cases manager and the respite care provider (individual or agency) have agreed and stipulated in the care plan that the alternative setting(s) is safe and can accommodate the necessary medical equipment and personnel needed to safely care for the participant. The provision of respite service could also occur in settings such as parks, libraries, the home of the participant, respite worker or another family member, etc. Understanding the medical complexity of the waiver participants, it is believed the service provision will mainly be in-home. Respite services may not be provided in institutional settings, or in settings that are not compliant with the HCBS settings requirements found in 42 CFR 441.301(c).	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
Medically Complex Children's Waiver SIP	C-5	Appendix C: Participant Services-Home and Community Based Settings	The MCCW is fully compliant with HCBS setting requirements. MCCW Respite services are primarily provided in the participant's private residence. The provision of respite service could also occur in naturally occurring settings outside of the participant's home such as parks, libraries, the home of the respite worker or another family member, etc. Respite services may not be provided in institutional settings, or in settings that are not compliant with the HCBS settings requirements found in 42 CFR 441.301(c). Understanding the medical complexity of the waiver participants, it is believed the service provision will mainly be in-home. Case managers will be responsible for oversight and ongoing monitoring of the settings in which waiver services are being provided. The FMS service is provided in support of Self- Directed Services.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Medically Complex Children's Waiver SIP	B-7	Appendix B: Participant Access and Eligibility-Freedom of Choice	Applicants and participants are informed of the choice between waiver services and nursing facility based care during their initial evaluation and each annual reevaluation thereafter. In addition, the individual is informed of feasible alternatives and offered the choice among waiver services and providers. The Initial and Annual Freedom of Choice Certification form is used to document the individual's choices.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Medically Complex Children's Waiver SIP	D-1	Appendix D: Participant-Centered Planning and Service Delivery	The Person-Centered Care Plan (PCCP) is developed in conjunction with the participant, parents, family members, or their legal representatives and other individuals of the participant's choosing. RN case managers describe the waiver services and offer the choice between/among waiver services and providers. The waiver participant and those in their chosen circle of support are given a waiver information sheet for future reference. If the participant has chosen self-directed services, information to assist in the planning process will also be provided. The RN case manager reviews waiver services with the participant and their chosen circle of support each time the PCCP is updated.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
Medically Complex Children's Waiver SIP	5	5. Assurances D. Choice of Alternatives	Choice of Alternatives: The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in Appendix B, the individual (or, legal representative, if applicable) is: Informed of any feasible alternatives under the waiver; and, Given the choice of either institutional or home and community-based waiver services. Appendix B specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
Medically Complex Children's Waiver SIP	3	Appendix F: Participant Rights, Appendix G: Participant Safeguards	Participant Rights. Appendix F specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints. Participant Safeguards. Appendix G describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
New Choices Waiver Provider Manual	7-3	Participant-Centered Planning	The care plan is driven by the NCW participant. It is developed based upon the assessed needs, strengths, goals, preferences and desired outcomes of the participant. The participant, representative, primary paid care givers, the participant's case management agency and any other individuals of the waiver participant's choosing including family, friends and/or other caregivers are involved throughout the assessment and planning process and work together as a Person Centered Care Planning (PCCP) team. The case management agency completes the formal assessment process along with the PCCP team and the results are shared with all parties included in this process. The participant or legal representative will be advised of any needs identified during the assessment process and given the opportunity to accept or decline services that would address those needs.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
New Choices Waiver Provider Manual	9	Incident Reporting Protocols	Waiver programs must provide adequate and appropriate services that safeguard the health and welfare of all enrolled participants. Waiver programs must also assure financial accountability for funds expended for waiver services. Systematic incident reporting provides a mechanism to assure ongoing monitoring of serious incidents, the provider's response to incidents and the interventions implemented to prevent recurrence. This protocol outlines the responsibilities of New Choices Waiver providers regarding adverse incidents.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
New Choices Waiver Provider Manual	7-3	Participant-Centered Planning	The care plan is driven by the NCW participant. It is developed based upon the assessed needs, strengths, goals, preferences and desired outcomes of the participant. The participant, representative, primary paid care givers, the participant's case management agency and any other individuals of the waiver participant's choosing including family, friends and/or other caregivers are involved throughout the assessment and planning process and work together as a Person Centered Care Planning (PCCP) team. The case management agency completes the formal assessment process along with the PCCP team and the results are shared with all parties included in this process. The participant or legal representative will be advised of any needs identified during the assessment process and given the opportunity to accept or decline services that would address those needs.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
New Choices Waiver Provider Manual	7-3	Participant-Centered Planning	The care plan is driven by the NCW participant. It is developed based upon the assessed needs, strengths, goals, preferences and desired outcomes of the participant. The participant, representative, primary paid care givers, the participant's case management agency and any other individuals of the waiver participant's choosing including family, friends and/or other caregivers are involved throughout the assessment and planning process and work together as a Person Centered Care Planning (PCCP) team. The case management agency completes the formal assessment process along with the PCCP team and the results are shared with all parties included in this process. The participant or legal representative will be advised of any needs identified during the assessment process and given the opportunity to accept or decline services that would address those needs.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
New Choices Waiver Provider Manual	7-3	Participant-Centered Planning	The care plan is driven by the NCW participant. It is developed based upon the assessed needs, strengths, goals, preferences and desired outcomes of the participant. The participant, representative, primary paid care givers, the participant's case management agency and any other individuals of the waiver participant's choosing including family, friends and/or other caregivers are involved throughout the assessment and planning process and work together as a Person Centered Care Planning (PCCP) team. The case management agency completes the formal assessment process along with the PCCP team and the results are shared with all parties included in this process. The participant or legal representative will be advised of any needs identified during the assessment process and given the opportunity to accept or decline services that would address those needs.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
New Choices Waiver Provider Manual	7-3	Participant-Centered Planning	The care plan is driven by the NCW participant. It is developed based upon the assessed needs, strengths, goals, preferences and desired outcomes of the participant. The participant, representative, primary paid care givers, the participant's case management agency and any other individuals of the waiver participant's choosing including family, friends and/or other caregivers are involved throughout the assessment and planning process and work together as a Person Centered Care Planning (PCCP) team. The case management agency completes the formal assessment process along with the PCCP team and the results are shared with all parties included in this process. The participant or legal representative will be advised of any needs identified during the assessment process and given the opportunity to accept or decline services that would address those needs.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
New Choices Waiver Provider Manual	7-2	Participant-Centered Planning	As a component of the NCW application process, each applicant or designated representative will be provided with a list of rights and responsibilities, including protections related to abuse, neglect and exploitation. Furthermore, during the assessment and care planning process, the waiver case management agency will review participant rights and responsibilities with each participant and/or their representative and will provide avenues through which to notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation. Each participant and/or representative will be provided with a copy of their rights and responsibilities and with contact information to notify appropriate authorities or entities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
New Choices Waiver Provider Manual	4-3	Grievances and Appeals	At any time for any reason, waiver applicants, waiver participants and/or their chosen representatives may file a grievance or complaint with their case management agency, the NCW program or with the Constituent Services Office within the Division of Medicaid and Health Financing. 1. If a waiver applicant, a waiver participant or their chosen representatives disagree with a decision that has been made regarding their NCW application or regarding their services, providers or any other aspect of their care, they may elect to engage in an informal dispute resolution process by contacting the NCW program. 2. The Division of Medicaid and Health Financing provides an opportunity for a formal Medicaid Fair Hearing upon written request, if an individual is: A. Not given the choice of institutional (NF) care or HCBS waiver services; B. Denied waiver provider(s) of choice if more than one is available to provide the service(s); C. Denied access to the waiver program or to waiver services identified as necessary to prevent institutionalization or given services that are insufficient in amount, duration or frequency to meet the identified need; or D. Experiences a reduction, suspension, or termination of waiver services identified as necessary to prevent institutionalization. 3. The NCW program office will notify the applicant/participant and/or their chosen representative with a Notice of Decision (NOD) if any of the above decisions are made. The NOD will provide instructions for how to request a Medicaid Fair Hearing.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
New Choices Waiver Provider Manual	4-2	Termination of Home and Community Based Waiver Services	<p>1. When the need arises, participants are separated from the Home and Community Based waiver program through a disenrollment process.</p> <p>A. The disenrollment process is a coordinated effort between NCW staff and case management agencies that are expected to facilitate the following:</p> <p>a. Verification that the disenrollment is appropriate for the waiver participant;</p> <p>b. Movement among waiver programs (when applicable);</p> <p>c. Ensuring effective utilization of waiver program services;</p> <p>d. Effective discharge and transition planning;</p> <p>e. Distribution of information to participants describing all applicable waiver rights; and</p> <p>f. Program quality assurance.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
New Choices Waiver Provider Manual	4-1	Freedom of Choice and Conflict Free Case Management	<p>1. Case management services are expected to be provided without conflict of interest. During the care planning process, case managers must counsel their clients and their representatives in this area and assist them to fill out the Conflict Free Case Management Disclosure Form. This form must be completed upon initial enrollment, any time there is a change to the individual case managers that have been assigned to the participant's case, and at every annual care plan review. During this process if any conflicts of interest are identified, a new case manager and/or a new case management agency must be selected.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
New Choices Waiver Provider Manual	4-1	Participant's Freedom of Choice of Providers	<p>Each NCW participant will be presented with a Freedom of Choice of Providers form that clearly lists all available services and service providers in their county of residence. The participant will indicate in writing his or her choice of waiver service providers for the services they have been assessed to need and will sign the form to acknowledge that they were given a choice. The case management agency will be responsible for presenting this form and offering choice of providers each time a new service is added to the care plan, anytime the participant requests a different provider, and at each annual care plan review. The case management agency will maintain signed copies of this form in the individual case records.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
New Choices Waiver Provider Manual	4	Applicant Freedom of Choice of Nursing Facility of New Choices Waiver	<p>1. The NCW program is a voluntary home and community-based program that's intended to be one option among others in the range of long term care services. Utah Medicaid recipients meeting the nursing facility level of care criteria and all other New Choices Waiver criteria are afforded the choice of which long term care service delivery system they would like to access. Prior to enrollment in the NCW, applicants are advised of their right to choose to receive care provided in a NF or NCW.</p> <p>2. As part of the application packet, the applicant and/or their chosen representative will be advised in writing of all available services and given the opportunity to state which long term care service delivery option they choose to access. The applicant's choice will be documented in writing on the Freedom of Choice Consent Form, signed by the applicant or their representative, and maintained as part of the individual record. A member of the NCW program office staff will verify that this form has been completed and that the applicant has chosen to receive HCBS through the NCW program before processing the application to the next step in the process.</p> <p>3. NCW participants are reminded at least annually during their annual comprehensive care plan review that they maintain the right to choose which LTC service delivery option they wish to access and that they have the right to voluntarily disenroll from NCW and enter a nursing facility at any time.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
New Choices Waiver Provider Manual	4-1	Freedom of Choice and Conflict Free Case Management	<p>1. Case management services are expected to be provided without conflict of interest. During the care planning process, case managers must counsel their clients and their representatives in this area and assist them to fill out the Conflict Free Case Management Disclosure Form. This form must be completed upon initial enrollment, any time there is a change to the individual case managers that have been assigned to the participant's case, and at every annual care plan review. During this process if any conflicts of interest are identified, a new case manager and/or a new case management agency must be selected.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

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OPEN-ENDED REQUEST FOR PROPOSALS UTAH STATE DEPARTMENT OF HUMAN SERVICES Division of Services for People with Disabilities RFP # DHS90548		General Requirements (ID.RC and ABI)	The Contractor shall maintain a tracking system that ensures the following...general training area requirements and timeframes are met: (4) Legal Rights of Persons with Disabilities. (5) Abuse, Neglect, and Exploitation prevention and reporting....(6) Confidentiality. (17) Key elements of the Americans with Disabilities Act.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
PD Waiver Provider Manual	2-3	Waiver Participant Freedom of Choice	A. Upon completion of the comprehensive assessment instrument, the participant in participation with the administrative case manager will participate in the development of the PCSP to address the participant's identified needs. B. The waiver participant, and their legal representative if applicable, will be given the opportunity to choose the providers of waiver services identified on the PCSP if more than one qualified provider is available to render the services. The participant's choice of providers will be documented in the PCSP. C. The administrative case manager will review the contents of the written PCSP with the participant prior to implementation. If the participant is not given the choice of HCBS as an alternative to NF care, is denied the PD Waiver service(s) of their choice or is denied the waiver provider(s) of their choice, the administrative case manager will provide an opportunity for a fair hearing, under 42 CFR Part 431. D. Subsequent revision of the participant's PCSP as a result of annual re-assessment or significant change in the participant	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
PD Waiver Provider Manual	4-2	Administrative Case Management and the PCSP	A. The PCSP is the mechanism through which all necessary PD Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives. B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant's needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
PD Waiver Provider Manual	4-2	Administrative Case Management and the PCSP	A. The PCSP is the mechanism through which all necessary PD Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives. B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant's needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
PD Waiver Provider Manual	2-5	Fair Hearings	<p>A. A participant and their legal representative, if applicable, will receive a written NOA form 522 and hearing request form 490S, from the administrative case manager if the participant is:</p> <ol style="list-style-type: none"> 1. Denied a choice of institutional NF or waiver program, 2. Found ineligible for the waiver program, 3. Denied access to the provider of choice for a covered waiver service, or 4. Experiences a denial, reduction, suspension, or termination in waiver services in accordance with R539-2-5. <p>B. The NOA delineates the participant's right to appeal the decision through an informal hearing process at DHS or an administrative hearing process at the Department of Health (DOH), or both. The individual is encouraged to utilize an informal dispute resolution process to expedite equitable solutions.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
PD Waiver Provider Manual	2-2	Applicant Freedom of Choice of NF or Waiver	<p>A. Medicaid recipients who meet the eligibility requirements of the PD waiver may choose to receive services in an NF or through the PD Waiver if available capacity exists, to address health, welfare, and safety needs.</p> <p>B. If no available capacity exists in the PD Waiver, the applicant will be advised that he or she may access services through an NF or may wait for open capacity to develop in the PD Waiver.</p> <p>C. If available capacity exists in the PD Waiver, a pre-enrollment screen of health, welfare, and safety needs will be completed by a PD Waiver representative. The applicant will be advised of the preliminary needs identified and given the opportunity to choose to receive services to meet the identified needs through an NF or the PD Waiver. The applicant's choice will be documented in writing, signed by the applicant, and maintained as part of the individual record.</p> <p>D. Once the individual has chosen to enroll in the PD Waiver and the choice has been documented, subsequent review of choice of program will only be required at the time a substantial change in the participant's condition results in a change in the written PCSP. It is, however, a PD Waiver participant's option to choose institutional NF care at any time and voluntarily disenroll from the PD Waiver.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
PD Waiver Provider Manual	2-4	Termination of Home and Community Based Waiver Services	<p>A. When the need arises, participants are separated from the Home and Community Based waiver program through a disenrollment process.</p> <ol style="list-style-type: none"> 1. The disenrollment process is a coordinated effort between DMHF and DSPD that is expected to facilitate the following: <ol style="list-style-type: none"> i. Appropriate disenrollment and movement among waiver programs when applicable; ii. Effective utilization of waiver program potential; iii. Effective discharge and transition planning; iv. Provision of information, affording participants the opportunity to exercise all applicable waiver rights; and v. Program quality assurance/quality improvement measures. 	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
PD Waiver Provider Manual	4-2	Administrative Case Management and the PCSP	<p>A. The PCSP is the mechanism through which all necessary PD Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives.</p> <p>B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant's needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
PD Waiver Provider Manual	4-2	Administrative Case Management and the PCSP	<p>A. The PCSP is the mechanism through which all necessary PD Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives.</p> <p>B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant's needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.</p>	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
PD Waiver Provider Manual	8	Incident Reporting Protocols	<p>Waiver programs must provide adequate and appropriate services that safeguard the health and welfare of all enrolled recipients. Waiver programs must also assure financial accountability for funds expended for HCBS services. While these responsibilities are delegated to the Operating Agencies (OA), the SMA retains final authority and has the final responsibility to: 1) assure that appropriate actions have taken place when a critical incident or event occurs; and 2) in cases where appropriate safeguards were not in place, that an analysis is conducted and appropriate strategies have been implemented to safeguard recipients. The Critical Incidents and Events Program is a collaborative effort between the OAs for each of the 1915(c) Waivers and the SMA. The program has two levels. Level one describes the critical incidents/events that are required to be reported by the OA to the SMA for investigation, resolution and closure. Level two describes the critical incidents/events that are required to be reported to the OA for investigation, resolution and closure.</p> <p>This Standard Operating Procedure stipulates:</p> <ul style="list-style-type: none"> ☑ Level One incidents and events required to be reported to the SMA; ☑ Level Two incidents and events that are required to be reported to the OA; ☑ The agency responsible for completing the review; and ☑ Associated reporting requirements. 	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
PD Waiver Provider Manual	4-2	Administrative Case Management and the PCSP	<p>A. The PCSP is the mechanism through which all necessary PD Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives.</p> <p>B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant's needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
PD Waiver SIP	8	Attachment #2: Home and Community-Based Settings Waiver Transition Plan	<p>All PD Waiver settings were "presumed to be compliant" with the Preliminary Compliance Report. The SMA will complete the HCBS Settings Transition Plan for the PD Waiver in a manner consistent with the overall approach developed and submitted to CMS in the Statewide HCBS Transition Plan. The Statewide HCBS Transition Plan was submitted to CMS on March 17, 2015.</p> <p>An overview of this plan is as follows: Public Notice and Comment Process, Assessment Process, and Remediation Strategies. Utah assures that the settings transition plan included with this waiver renewal will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan. Utah will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to its waiver when it submits the next amendment or renewal."</p>	Section 441.530 Home and Community-Based Setting (a)(1)(i) through (v)	Complies with the Regulation
Provider Manual (ABI, Aging, MAW, PD, CSW, Tech, NCW)	8	Incident Reporting Protocols	<p>Waiver programs must provide adequate and appropriate services that safeguard the health and welfare of all enrolled recipients. Waiver programs must also assure financial accountability for funds expended for HCBS services. While these responsibilities are delegated to the Operating Agencies (OA), the SMA retains final authority and has the final responsibility to: 1) assure that appropriate actions have taken place when a critical incident or event occurs; and 2) in cases where appropriate safeguards were not in place, that an analysis is conducted and appropriate strategies have been implemented to safeguard recipients. The Critical Incidents and Events Program is a collaborative effort between the OAs for each of the 1915(c) Waivers and the SMA. The program has two levels. Level one describes the critical incidents/events that are required to be reported by the OA to the SMA for investigation, resolution and closure. Level two describes the critical incidents/events that are required to be reported to the OA for investigation, resolution and closure.</p> <p>This Standard Operating Procedure stipulates:</p> <ul style="list-style-type: none"> ☑ Level One incidents and events required to be reported to the SMA; ☑ Level Two incidents and events that are required to be reported to the OA; ☑ The agency responsible for completing the review; and ☑ Associated reporting requirements. 	<p>(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <ol style="list-style-type: none"> (1) Identify a specific and individualized assessed need. (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (3) Document less intrusive methods of meeting the need that have been tried but did not work. (4) Include a clear description of the condition that is directly proportionate to the specific assessed need. (5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification. (6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (7) Include the informed consent of the individual. (8) Include an assurance that interventions and supports will cause no harm to the individual. 	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Provider Manual (Aging, MAW)	12-3	Incident Reporting Protocols	<p>3. Human Rights Violations</p> <p>Human rights violations such as the unauthorized use of restraints (physical, mechanical or chemical), seclusion rooms or infringement of personal privacy rights experienced by the participant. (Infringement of personal privacy rights is defined as an unwanted restriction imposed upon the participant.) Reporting is not required for Emergency Behavioral Interventions as defined in R539-4-6.</p>	<p>(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <p>(1) Identify a specific and individualized assessed need.</p> <p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p> <p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p> <p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p> <p>(5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification.</p> <p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p> <p>(7) Include the informed consent of the individual.</p> <p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports Group PART II, Day Supports- Partial Day PART II	<p>B. Limitations: The Contractor shall not: 1. Provide DSG services in the Person's home or residence, as this service is primarily intended to be operated from a structured facility-based setting within the community. The Contractor may do so only with prior written approval from the Person's Support Coordinator and the DHS/DSPD Administrative Program Manager (APM) to operate in a non-facility based natural environment within the community such as a Person's residence...8. Bill DHS/DSPD for DSG provided on the same day that Extended Living Supports (ELS) are provided.</p>	<p>(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports for an Individual PART II	<p>A. General Description: Day Supports [for an] Individual (DSI) provides one-to-one support, supervision and training for a child or adult (Person). DSI may be provided as a daily or quarter-hour service. DSI provides a safe, non-residential, community habilitation program in a structured programmatic setting, other naturally occurring environment or community setting where a Person can receive supports during the day to avoid becoming isolated and to participate in and contribute to his or her community. DSI maintains or improves a Person's job-readiness skills, work abilities, dexterity, stamina, memory, personal safety, interpersonal relations, self-help, communication, mobility and other functional abilities and life skills. DSI contractors provide transportation associated with the provision of individual day supports. B. Limitations: The Contractor shall not: 1. Provide DSI services in the Person's home or residence, as this service is primarily intended to be operated from a structured facility-based setting within the community. The Contractor may do so only with prior written approval from the Person's Support Coordinator.</p>	<p>(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports- Partial Day PART II	<p>A. General Description: Day Supports- Partial Day (DSP) provides daily and quarter hour support, supervision and habilitation for Persons and groups of up to 20 children and adults with ID.RC in a single group, though multiple groups may be operated simultaneously. DSP provides a safe, non-residential, community habilitation program in a structured programmatic setting, other naturally occurring environment or community setting where people can gather in groups during the day after normally occurring school or training activities have ended for the day or week to avoid becoming isolated and participate in and contribute to their community. DSP maintains or improves a Person's dexterity, stamina, memory, personal safety, interpersonal relations, self-help, communication, mobility, hygiene and other functional abilities and life skills. Services may include assistance with feeding and toileting, and implementation of behavioral support plans. DSP may be used to provide appropriate staff to maintain the health and safety of Persons.</p>	<p>(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Day Supports Group PART II	A. General Description: Day Supports [set up on a] Group (DSG) provides daily and quarter hour support, supervision and training for groups of children or adults with ID.RC and ABI. DSG provides a safe, non-residential, community habilitation program in a structured programmatic setting, other naturally occurring environment, or community setting where people can gather in groups during the day to avoid becoming isolated and participate in and contribute to their community. DSG maintains or improves a Person's job-readiness skills, work abilities, dexterity, stamina, memory, personal safety, interpersonal relations, self-help, communication, mobility and other functional abilities and life skills. Daily DSG may be used to provide appropriate staff to maintain the health and safety of Persons during provision of Motor Transportation Payment (MTP) services so long as Persons in groups receiving daily DSG at the same time as MTP, receive an average of six hours of habilitative support a day.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		General Requirements (ID.RC and ABI)	b. The following situations are incidents that require the filing of a report: (1) When a reason to believe an incident of abuse, neglect, exploitation, or maltreatment has occurred per the DHS/DSPD Code of Conduct, Utah Code §§ 62A-03-301 through 321 for adults; or, Utah Code §§ 62A-04a-401 through 412 for children; (2) A Person's drug or alcohol abuse, medication overdoses, or medication errors requiring medical intervention; (3) Instances in which the whereabouts of a Person is unknown for at least two hours or longer; (4) Evidence of seizure in a Person with no existing seizure diagnosis; (5) Instances of significant property destruction (damage totaling \$500.00 or more); (6) Instances of physical injury to Person's requiring a medical intervention; (7) Instances of law enforcement involvement or charges filed surrounding a Person; (8) Any use of manual restraint mechanical restraints, or use of a time-out room, as defined in Utah Administrative Code Rule R539-4, whether outlined in the Person's BSP or not; and (9) Any use of level II emergency interventions as defined in Utah Administrative Code Rule R539-4. (10) Any other instances the Contractor determines should be reported.	(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan: (1) Identify a specific and individualized assessed need. (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (3) Document less intrusive methods of meeting the need that have been tried but did not work. (4) Include a clear description of the condition that is directly proportionate to the specific assessed need. (5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification. (6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (7) Include the informed consent of the individual. (8) Include an assurance that interventions and supports will cause no harm to the individual.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports- Partial Day PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Extended Living Supports PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Extended Living Supports PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Extended Living Supports PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports for an Individual PART II	F. Contractor's Direct Service Requirements: The Contractor shall: 1. Person-Centered Planning: Ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services and the Contractor shall. a. Implement the applicable portion of the Person's PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to that part of the plan that pertains to the Contractor and ensure that the Person is involved in its implementation. c. Develop Support Strategies for the Person and submit Support Strategies and Monthly Summaries to DHS/DSPD. d. Assist in assessments and meet at least annually (within 12 months of the last PCSP meeting) to review the Person's service/support requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports- Partial Day PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports for an Individual PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports- Partial Day PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Day Supports- Partial Day PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports- Partial Day PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Extended Living Supports PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports- Partial Day PART II	F. Contractor's Direct Service Requirements: The Contractor shall: 1. Person-Centered Planning: Ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services and the Contractor shall. a. Implement the applicable portion of the Person's PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to that part of the plan that pertains to the Contractor and ensure that the Person is involved in its implementation. c. Develop Support Strategies for the Person and submit Support Strategies and Monthly Summaries to DHS/DSPD. d. Assist in assessments and meet at least annually (within 12 months of the last PCSP meeting) to review the Person's service/support requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Host Home Supports PART II	A. General Description: Host Home Support (HHS) provides a home-like setting with a family that offers support, supervision, training, and assistance for adults with ID.RC or ABI in a certified residential setting or other certified private home. HHS services include daily supports to maintain individual health and safety, and assistance with activities. Services give Persons an alternative to institutional or community living settings. Services provided under the HHS service code afford Persons an opportunity to enhance their ability to live as independently as possible and fully participate in a community setting of their choosing, and to avoid isolation in their homes and communities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Host Home Supports PART II	A. General Description: Host Home Support (HHS) provides a home-like setting with a family that offers support, supervision, training, and assistance for adults with ID.RC or ABI in a certified residential setting or other certified private home. HHS services include daily supports to maintain individual health and safety, and assistance with activities. Services give Persons an alternative to institutional or community living settings. Services provided under the HHS service code afford Persons an opportunity to enhance their ability to live as independently as possible and fully participate in a community setting of their choosing, and to avoid isolation in their homes and communities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Host Home Supports PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Host Home Supports PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Host Home Supports PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Host Home Supports PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Host Home Supports PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Host Home Supports PART II	F. Contractor's Direct Service Requirements: The Contractor shall: 1. Person-Centered Planning: Ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services and the Contractor shall. a. Implement the applicable portion of the Person's PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to that part of the plan that pertains to the Contractor and ensure that the Person is involved in its implementation. c. Develop Support Strategies for the Person and submit Support Strategies and Monthly Summaries to DHS/DSPD. d. Assist in assessments and meet at least annually (within 12 months of the last PCSP meeting) to review the Person's service/support requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Personal Assistance Services PART III	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 9 PCSP Development 10. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports for an Individual PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Personal Assistance Services PART III	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 9 PCSP Development 10. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Behavior Consultation 1 PART II	3. The Contractor shall certify in writing that its staff providing ABI services has completed training and are qualified in the following areas:...f. PCSP and BSP supports;...G. Record Keeping and Written Documentation: The Contractor shall submit a copy of the following information to the Person's Support Coordinator within the time requirements listed below, and shall maintain a copy on file in the Person's records: 1. The Contractor's initial Functional Behavior Assessment shall be completed pursuant to the requirements of F. 3. above and forwarded to the Person's Support Coordinator within 30 days of receiving a referral from DHS/DSPD and as reflected on the Person's PCSP Action Plan. An update to an existing Functional Behavior Assessment shall be completed and forwarded to Person's Support Coordinator within 30 days of receiving a referral on the Person's PCSP Action Plan, written request from the Person's Support Coordinator following a team meeting, or as indicated by the Contractor's BC2 Monthly Summary recommendation. 2. The initial BSP shall be completed and forwarded to the Person's Support Coordinator within 30 days of completion of the initial Functional Behavior Assessment. An update to an existing BSP shall be completed within 30 days of completion of the updated Functional Behavior Assessment or within 30 days of receiving a referral on the Person's PCSP Action Plan, written request from the Person's Support Coordinator following a Person's team meeting, or as indicated by the Contractor's BC2 Monthly Summary recommendation.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Personal Assistance Services PART III	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 9 PCSP Development 10. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Personal Assistance Services PART III	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 9 PCSP Development 10. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Personal Assistance Services PART III	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 9 PCSP Development 10. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Companion Services PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor) in specific training areas ...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Extended Living Supports PART II	F. Contractor's Direct Service Requirements: The Contractor shall: 1. Person-Centered Planning: Ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services and the Contractor shall. a. Implement the applicable portion of the Person's PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to that part of the plan that pertains to the Contractor and ensure that the Person is involved in its implementation. c. Develop Support Strategies for the Person and submit Support Strategies and Monthly Summaries to DHS/DSPD. d. Assist in assessments and meet at least annually (within 12 months of the last PCSP meeting) to review the Person's service/support requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Personal Assistance Services PART III	F. Contractor's Direct Service Requirements: The Contractor shall: 1. Person-Centered Planning: Ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services and the Contractor shall. a. Implement the applicable portion of the Person's PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to that part of the plan that pertains to the Contractor and ensure that the Person is involved in its implementation. c. Develop Support Strategies for the Person and submit Support Strategies and Monthly Summaries to DHS/DSPD. d. Assist in assessments and meet at least annually (within 12 months of the last PCSP meeting) to review the Person's service/support requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation

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RFP # DHS90548, DHS, DSPD		General Requirements (ID.RC and ABI)	7. Human Rights Plan: The Contractor delivering direct services or supports to Persons pursuant to this Contract shall to ensure its Human Rights Plan is developed. The Contractor's Human Rights Plan shall specify that its ID.RC-ABI Human Rights Committee is established and maintained by the Contractor. The Contractor's Human Rights Plan shall identify: a. Procedures for training Persons and staff on Person's rights; b. Procedures for prevention of abuse and rights violations; c. Process for restricting rights when necessary; d. Process to review supports that have high risk for rights violations; e. Responsibilities of the Contractor's Human Rights Committee which shall include the review of rights issues related to the supports the Contractor provides; and recommendations to the Person and the Person's team regarding the Person's human rights. The Contractor's Human Rights Committee shall maintain minutes of its proceedings, and shall disclose those minutes to any State or Federal auditor/reviewer or DHS, DSPD representative within 24 hours of request. All Persons served by the Contractor and the Contractor's staff shall have the right to request a review by the Contractor's Human Rights Committee concerning supports or services to the Person.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		General Requirements (ID.RC and ABI)	11. DHS Provider Code of Conduct: The Contractor and the Contractor's staff are required to be familiar with and abide by the DHS Provider Code of Conduct, including but not limited to all provisions of the DHS Provider Code of Conduct prohibiting the abuse, neglect or exploitation of Persons with disabilities. Copies of this policy shall be maintained at each program site, and annually each of the Contractor's staff shall sign a statement acknowledging that they have read it and will abide by it. 12. DHS/DSPD Code of Conduct: The Contractor shall ensure it and its staff are familiar with and abide by the DHS/DSPD Code of Conduct prior to beginning employment. The Contractor shall ensure all of its staff review and sign the DHS/DSPD Code of Conduct at least once a year.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Behavior Consultation 1 PART II	A. General Description: Behavior Consultation I (BC1) services provide individually designed one-to-one interventions to replace the Person's targeted behaviors with socially acceptable appropriate behaviors that increase the Person's ability to be integrated into the community. BC1 services may be provided at the Person's home, a programmatic setting, or other naturally occurring environment in the community.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Behavior Consultation 1 PART II	B. Limitations: The Contractor shall not...3. Design a BSP that includes any of the following: a. Corporal punishment, examples: slapping, hitting, and pinching; b. Demeaning speech to a Person that ridicules or is abusive; c. Seclusion -- defined as locked confinement in a room; d. Use electric devices or other painful stimuli to manage behavior; e. Deny or restrict access to assistive technology; except where removal prevents injury to self, others, or property; or f. Withhold meals as a consequence or punishment for problem behavior.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Behavior Consultation 2 PART II	A. General Description: Behavior Consultation II (BC2) services provide individually designed one-to-one interventions to replace the Person's targeted behaviors with socially acceptable appropriate behaviors that increase the Person's ability to be integrated into the community. BC2 services may be provided at the Person's home, a programmatic setting, or other naturally occurring environment in the community.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Behavior Consultation 2 PART II	B. Limitations: The Contractor shall not...3. Design a BSP that includes any of the following: a. Corporal punishment, examples: slapping, hitting, and pinching; b. Demeaning speech to a Person that ridicules or is abusive; c. Seclusion -- defined as locked confinement in a room; d. Use electric devices or other painful stimuli to manage behavior; e. Deny or restrict access to assistive technology; except where removal prevents injury to self, others, or property; or f. Withhold meals as a consequence or punishment for problem behavior.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Behavior Consultation 3 PART II	A. General Description: Behavior Consultation III (BC3) services address or prevent crisis behavior problems for people with disabilities by providing one-to-one quarter hour behavior consultation with families and/or staff who support Persons with the most complex behavioral issues. BC3 services may be provided at the Person's home, a programmatic setting, or other naturally occurring environment in the community.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation

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RFP # DHS90548, DHS, DSPD		Behavior Consultation 3 PART II	B. Limitations: The Contractor shall not:...3. Design a BSP that includes any of the following: a. Corporal punishment, examples: slapping, hitting, and pinching; b. Demeaning speech to a Person that ridicules or is abusive; c. Seclusion -- defined as locked confinement in a room; d. Use electric devices or other painful stimuli to manage behavior; e. Deny or restrict access to assistive technology; except where removal prevents injury to self, others, or property; or f. Withhold meals as a consequence or punishment for problem behavior.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Companion Services PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor) in specific training areas ...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Behavior Consultation 3 PART II	3. The Contractor shall certify in writing that its staff providing ABI services has completed training and are qualified in the following areas:...f. PCSP and BSP supports;...G. Record Keeping and Written Documentation: The Contractor shall submit a copy of the following information to the Person's Support Coordinator within the time requirements listed below, and shall maintain a copy on file in the Person's records: 1. The Contractor's initial Functional Behavior Assessment shall be completed pursuant to the requirements of F. 3. above and forwarded to the Person's Support Coordinator within 30 days of receiving a referral from DHS/DSPD and as reflected on the Person's PCSP Action Plan. An update to an existing Functional Behavior Assessment shall be completed and forwarded to Person's Support Coordinator within 30 days of receiving a referral on the Person's PCSP Action Plan, written request from the Person's Support Coordinator following a team meeting, or as indicated by the Contractor's BC2 Monthly Summary recommendation. 2. The initial BSP shall be completed and forwarded to the Person's Support Coordinator within 30 days of completion of the initial Functional Behavior Assessment. An update to an existing BSP shall be completed within 30 days of completion of the updated Functional Behavior Assessment or within 30 days of receiving a referral on the Person's PCSP Action Plan, written request from the Person's Support Coordinator following a Person's team meeting, or as indicated by the Contractor's BC2 Monthly Summary recommendation.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Companion Services PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor) in specific training areas ...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports for an Individual PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

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RFP # DHS90548, DHS, DSPD		Companion Services PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor) in specific training areas ...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Behavior Consultation 2 PART II	3. The Contractor shall certify in writing that its staff providing ABL services has completed training and are qualified in the following areas:...f. PCSP and BSP supports;...G. Record Keeping and Written Documentation: The Contractor shall submit a copy of the following information to the Person's Support Coordinator within the time requirements listed below, and shall maintain a copy on file in the Person's records: 1. The Contractor's initial Functional Behavior Assessment shall be completed pursuant to the requirements of F. 3. above and forwarded to the Person's Support Coordinator within 30 days of receiving a referral from DHS/DSPD and as reflected on the Person's PCSP Action Plan. An update to an existing Functional Behavior Assessment shall be completed and forwarded to Person's Support Coordinator within 30 days of receiving a referral on the Person's PCSP Action Plan, written request from the Person's Support Coordinator following a team meeting, or as indicated by the Contractor's BC2 Monthly Summary recommendation. 2. The initial BSP shall be completed and forwarded to the Person's Support Coordinator within 30 days of completion of the initial Functional Behavior Assessment. An update to an existing BSP shall be completed within 30 days of completion of the updated Functional Behavior Assessment or within 30 days of receiving a referral on the Person's PCSP Action Plan, written request from the Person's Support Coordinator following a Person's team meeting, or as indicated by the Contractor's BC2 Monthly Summary recommendation.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Chore Services PART II	F. Contractor's Direct Service Requirements: 1. Person-Centered Planning: The Contractor shall participate in and comply with the requirements of the DHS/DSPD PCSP in providing services and shall: a. Implement the applicable portion of the Person's PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to that part of the plan that is applicable to the Contractor and ensure the Person is involved in its implementation. 2. Contractor shall provide typically occurring household maintenance and cleaning chores as specified in the Person's PCSP that may involve heavy lifting and moving of heavy items such as furniture, appliances, and equipment as well as snow removal and lawn care and maintenance.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Companion Services PART II	A. General Description:...COM is provided in accordance with the Person's PCSP and is not purely diversional in nature...1. Person-Centered Planning: The Contractor shall participate in and comply with the requirements of the DHS/DSPD PCSP in providing services and shall: a. Implement the applicable portion of the Person's PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to that part of the plan that is applicable to the Contractor and ensure the Person is involved in its implementation. c. Develop and implement Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD. d. Assist in assessments and meet at least annually (within 12 months of the last PCSP meeting) to review the Person's service/support requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports Group PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation

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RFP # DHS90548, DHS, DSPD		Day Supports Group PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports Group PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports Group PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports Group PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports Group PART II	G. Contractor's Direct Service Requirements: The Contractor shall: 1. Person-Centered Planning: Ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services and the Contractor shall. a. Implement the applicable portion of the Person's PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to that part of the plan that pertains to the Contractor and ensure that the Person is involved in its implementation. c. Develop Support Strategies for the Person and submit Support Strategies and Monthly Summaries to DHS/DSPD. d. Assist in assessments and meet at least annually (within 12 months of the last PCSP meeting) to review the Person's service/support requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Day Supports for an Individual PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Day Supports for an Individual PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Companion Services PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor) in specific training areas ...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Personal Budget Assistance PART III	4. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment for Individual PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment for Individual PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment for Individual PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Supported Employment for Individual PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment for Individual PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment for Individual PART II	A. General Description: Supported Employment for an Individual (SEI) provides ongoing one-to-one quarter hour and daily supports to Persons in the Person's efforts to obtain, maintain, and advance in competitive employment in integrated work settings. Employment that occurs as a part of SEI services can be on a full or part-time basis, during traditional or non-traditional workdays, and in settings where the Person is afforded the opportunity to work with others, the majority of whom are without disabilities. Supports may occur anytime during a 24-hour day. Persons are compensated at a wage commensurate with their level of training and development, and are always compensated at rates consistent with Federal vocational rehabilitation policies and regulations contained within the Fair Labor Standards Act. The nature of the Person's employment and services provided under this code are always consistent with the strengths, weaknesses and goals indicated in the Person's PCSP. SEI includes transportation to and from the Person's home or living facility and the Person's job site.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment Enterprise PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment Enterprise PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment Enterprise PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Supported Employment Enterprise PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment Enterprise PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Exceptional Care Respite with Room and Board Included PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment in a Group PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Living Quarter Hourly PART II	A. General Description: Supported Living Quarter hourly (SLH) provides one-to-one quarter hourly support, supervision, training and assistance for Persons to live as independently as possible. This service is available to those who live alone in their own homes, with roommates, or a spouse or for adults who live with their parents or other related caregivers when the Contractor is identified as the party with the primary responsibility for maintaining the Person's health and safety. SLH activities are prioritized based upon the Person's assessed needs but always include maintenance of the Person's health and safety, personal care services, homemaker, chore attendant care, medication observation and recording, advocacy, communication, assistance with activities of daily living and activities of daily living, transportation to access community activities and shopping, keeping track of money and bills and using the telephone; and indirect services such as socialization, self-help and adaptive/compensatory skills development necessary to reside successfully in the community.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment in a Group PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Supported Employment in a Group PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment in a Group PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment in a Group PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment with a Co-Worker PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment with a Co-Worker PART II	A. General Description: Supported Employment Co-Worker (SEC) services support Persons in their efforts to obtain, maintain, and advance in competitive employment in integrated work settings. Only current SEI contractors can provide SEC services. The Contractor arranges with private businesses to provide a co-worker as an additional support to the Person under the direction of the Person's supported employment job coach provided by the Contractor. Persons can be provided SEC services whether the Person is employed on a full or parttime basis, during traditional or non-traditional workdays, and in settings where the Person is afforded the opportunity to work with others the majority of whom are without disabilities. SEC services may occur anytime during a 24-hour day.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment with a Co-Worker PART II	A. General Description: Supported Employment Co-Worker (SEC) services support Persons in their efforts to obtain, maintain, and advance in competitive employment in integrated work settings. Only current SEI contractors can provide SEC services. The Contractor arranges with private businesses to provide a co-worker as an additional support to the Person under the direction of the Person's supported employment job coach provided by the Contractor. Persons can be provided SEC services whether the Person is employed on a full or parttime basis, during traditional or non-traditional workdays, and in settings where the Person is afforded the opportunity to work with others the majority of whom are without disabilities. SEC services may occur anytime during a 24-hour day.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Supported Employment with a Co-Worker PART II	A. General Description: Supported Employment Co-Worker (SEC) services support Persons in their efforts to obtain, maintain, and advance in competitive employment in integrated work settings. Only current SEI contractors can provide SEC services. The Contractor arranges with private businesses to provide a co-worker as an additional support to the Person under the direction of the Person's supported employment job coach provided by the Contractor. Persons can be provided SEC services whether the Person is employed on a full or parttime basis, during traditional or non-traditional workdays, and in settings where the Person is afforded the opportunity to work with others the majority of whom are without disabilities. SEC services may occur anytime during a 24-hour day.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment with a Co-Worker PART II	A. General Description: Supported Employment Co-Worker (SEC) services support Persons in their efforts to obtain, maintain, and advance in competitive employment in integrated work settings. Only current SEI contractors can provide SEC services. The Contractor arranges with private businesses to provide a co-worker as an additional support to the Person under the direction of the Person's supported employment job coach provided by the Contractor. Persons can be provided SEC services whether the Person is employed on a full or parttime basis, during traditional or non-traditional workdays, and in settings where the Person is afforded the opportunity to work with others the majority of whom are without disabilities. SEC services may occur anytime during a 24-hour day.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment with a Co-Worker PART II	A. General Description: Supported Employment Co-Worker (SEC) services support Persons in their efforts to obtain, maintain, and advance in competitive employment in integrated work settings. Only current SEI contractors can provide SEC services. The Contractor arranges with private businesses to provide a co-worker as an additional support to the Person under the direction of the Person's supported employment job coach provided by the Contractor. Persons can be provided SEC services whether the Person is employed on a full or parttime basis, during traditional or non-traditional workdays, and in settings where the Person is afforded the opportunity to work with others the majority of whom are without disabilities. SEC services may occur anytime during a 24-hour day.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Exceptional Care Respite with Room and Board Included PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Exceptional Care Respite with Room and Board Included PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Extended Living Supports PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Living Natural PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Companion Services PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Family and Individual Training and Preparation PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Family and Individual Training and Preparation PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Family and Individual Training and Preparation PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Family and Individual Training and Preparation PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Family and Individual Training and Preparation PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Family and Individual Training and Preparation PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Family Training and Preparation PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Family Training and Preparation PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Family Training and Preparation PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Family Training and Preparation PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Family Training and Preparation PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment for Individual PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Living Natural PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Living Quarter Hourly PART II	A. General Description: Supported Living Quarter hourly (SLH) provides one-to-one quarter hourly support, supervision, training and assistance for Persons to live as independently as possible. This service is available to those who live alone in their own homes, with roommates, or a spouse or for adults who live with their parents or other related caregivers when the Contractor is identified as the party with the primary responsibility for maintaining the Person's health and safety. SLH activities are prioritized based upon the Person's assessed needs but always include maintenance of the Person's health and safety, personal care services, homemaker, chore attendant care, medication observation and recording, advocacy, communication, assistance with activities of daily living and activities of daily living, transportation to access community activities and shopping, keeping track of money and bills and using the telephone; and indirect services such as socialization, self-help and adaptive/compensatory skills development necessary to reside successfully in the community.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Supported Living Natural PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Living Natural PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Living Natural PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Living Natural PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Living Natural PART II	A. General Description: Supported Living with Natural Supports (SLN) provides one-to-one quarter hour support, supervision, training and assistance to children and adults (Persons) who live with their parents or other relatives. Persons shall live in a separate living area within the home providing for independent living for Persons served. SLN is a reduced version of SLH and is used when the parents or other relatives take the primary responsibility for the Person's health and safety, management of benefits, medication observation and recording, and activities of daily life. This service is available to Persons who live in the home of their parents or other relatives and who need intermittent support to access community, avoid isolation and complete activities of daily living. SLN may include personal care services, homemaker, chore attendant care, advocacy, communication, assistance with activities of daily living and activities of daily living, transportation to access community activities and shopping, keeping track of money and bills and using the telephone; and indirect services such as socialization, self-help and adaptive/compensatory skills development necessary to reside successfully in the community.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Living Quarter Hourly PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Supported Living Quarter Hourly PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Living Quarter Hourly PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Living Quarter Hourly PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Living Quarter Hourly PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Living Quarter Hourly PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment in a Group PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Family Training and Preparation PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Professional Parent Supports PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Residential Habilitation Supports PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Residential Habilitation Supports PART II	F. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Residential Habilitation Supports PART II	F. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Residential Habilitation Supports PART II	F. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Exceptional Care Respite with Room and Board Included PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Residential Habilitation Supports PART II	F. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Supported Employment Enterprise PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Residential Habilitation Supports PART II	A. General Description: Residential Habilitation Supports (RHS) is a residential service designed to assist a Person to gain and/or maintain skills to live as independently as possible and fully participate in a community setting of their choosing based on the goal for community living contained in the Person's PCSP, and to avoid isolation in their homes or communities. RHS provides support, supervision, training and assistance for Persons to live in licensed and/or certified residential settings. RHS services include daily supports to maintain the Person's health and safety, and assistance with activities. Services give Persons with disabilities an alternative to institutional settings. The Person's PCSP identifies the type, frequency, and amount of support required by the Person based on the Person's requirements. Supports can include up to 24 hours of supervision, but the actual hours of direct-care staff support shall be indicated in the Person's PCSP. RHS is available to those Persons who live alone or with roommates. RHS includes maintenance of a Person's health and safety; and assistance with activities of daily living, such as eating, bathing, and dressing.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Residential Habilitation Supports PART II	A. General Description: Residential Habilitation Supports (RHS) is a residential service designed to assist a Person to gain and/or maintain skills to live as independently as possible and fully participate in a community setting of their choosing based on the goal for community living contained in the Person's PCSP, and to avoid isolation in their homes or communities. RHS provides support, supervision, training and assistance for Persons to live in licensed and/or certified residential settings. RHS services include daily supports to maintain the Person's health and safety, and assistance with activities. Services give Persons with disabilities an alternative to institutional settings. The Person's PCSP identifies the type, frequency, and amount of support required by the Person based on the Person's requirements. Supports can include up to 24 hours of supervision, but the actual hours of direct-care staff support shall be indicated in the Person's PCSP. RHS is available to those Persons who live alone or with roommates. RHS includes maintenance of a Person's health and safety; and assistance with activities of daily living, such as eating, bathing, and dressing.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Professional Parent Supports PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Professional Parent Supports PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Professional Parent Supports PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Routine Respite without Room and Board PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Professional Parent Supports PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Residential Habilitation Supports PART II	F. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		Professional Parent Supports PART II	A. General Description: Professional Parent Supports (PPS) provide a home-like setting with a family for children below the age of 22 (Persons). PPS provides habilitation, supervision, training and assistance in a certified private home or other certified residential setting. PPS services include daily supports to maintain individual health and safety, and assistance with activities of daily life. Services provided under the PPS service code afford Persons with exceptional care needs an alternative to institutional settings in order to enhance their ability to live as independently as possible and fully participate in a community setting of their choosing, and to avoid isolation in their homes and communities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Professional Parent Supports PART II	A. General Description: Professional Parent Supports (PPS) provide a home-like setting with a family for children below the age of 22 (Persons). PPS provides habilitation, supervision, training and assistance in a certified private home or other certified residential setting. PPS services include daily supports to maintain individual health and safety, and assistance with activities of daily life. Services provided under the PPS service code afford Persons with exceptional care needs an alternative to institutional settings in order to enhance their ability to live as independently as possible and fully participate in a community setting of their choosing, and to avoid isolation in their homes and communities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		PROFESSIONAL MEDICATION MONITORING BY A REGISTERED NURSE PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		PROFESSIONAL MEDICATION MONITORING BY A REGISTERED NURSE PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		PROFESSIONAL MEDICATION MONITORING BY A REGISTERED NURSE PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		PROFESSIONAL MEDICATION MONITORING BY A REGISTERED NURSE PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
RFP # DHS90548, DHS, DSPD		PROFESSIONAL MEDICATION MONITORING BY A REGISTERED NURSE PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		PROFESSIONAL MEDICATION MONITORING BY A LICENSED PRACTICAL NURSE PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		PROFESSIONAL MEDICATION MONITORING BY A LICENSED PRACTICAL NURSE PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		PROFESSIONAL MEDICATION MONITORING BY A LICENSED PRACTICAL NURSE PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		PROFESSIONAL MEDICATION MONITORING BY A LICENSED PRACTICAL NURSE PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		PROFESSIONAL MEDICATION MONITORING BY A LICENSED PRACTICAL NURSE PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation

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RFP # DHS90548, DHS, DSPD		Professional Parent Supports PART II	E. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Routine Respite without Room and Board PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Routine Respite with Room and Board Included Part II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Exceptional Care Respite with Room and Board Included PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Routine Respite with Room and Board Included Part II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
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RFP # DHS90548, DHS, DSPD		Exceptional Care Respite without Room and Board PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
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RFP # DHS90548, DHS, DSPD		Routine Respite with Room and Board Included Part II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Exceptional Care Respite without Room and Board PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Residential Habilitation Supports PART II	A. General Description: Residential Habilitation Supports (RHS) is a residential service designed to assist a Person to gain and/or maintain skills to live as independently as possible and fully participate in a community setting of their choosing based on the goal for community living contained in the Person's PCSP, and to avoid isolation in their homes or communities. RHS provides support, supervision, training and assistance for Persons to live in licensed and/or certified residential settings. RHS services include daily supports to maintain the Person's health and safety, and assistance with activities. Services give Persons with disabilities an alternative to institutional settings. The Person's PCSP identifies the type, frequency, and amount of support required by the Person based on the Person's requirements. Supports can include up to 24 hours of supervision, but the actual hours of direct-care staff support shall be indicated in the Person's PCSP. RHS is available to those Persons who live alone or with roommates. RHS includes maintenance of a Person's health and safety; and assistance with activities of daily living, such as eating, bathing, and dressing.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
RFP # DHS90548, DHS, DSPD		Exceptional Care Respite with Room and Board Included PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

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RFP # DHS90548, DHS, DSPD		Exceptional Care Respite with Room and Board Included PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation
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RFP # DHS90548, DHS, DSPD		Routine Respite without Room and Board PART II	1. Person-Centered Planning: The Contractor's shall ensure its staff participate in and comply with the requirements of the DHS/DSPD PCSP in providing services, and the Contractor shall a. Implement the applicable portion of the PCSP. The PCSP document may include the following separate documents: Action Plan, Support Strategies, including BSP, Psychotropic Medication Plan, staff instruction sheet, data collection and/or task analysis sheet. b. Once the PCSP has been developed, orient the Person to the plan and ensure the Person is involved in its implementation. c. Develop Support Strategies for the Person, and submit Support Strategies and Monthly Summaries to DHS/DSPD.d. Meet at least annually (within 12 months of the last PCSP meeting) to review the Person's PCSP requirements and to make adjustments as necessary based on the Person's needs. However, it may meet more often as determined by the Person or other members of the Person's team.	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation

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RFP # DHS90548, DHS, DSPD		Routine Respite without Room and Board PART II	D. Specific Training Requirements: The Contractor shall ensure its direct-care and direct care supervisory staff complete and achieve competency (as determined by the Contractor)...3. Receive training specific to the Person in the following areas: a. Identification of medications and medication side effects; b. Recognition of illness or symptoms of health deterioration; c. Dietary issues; d. Critical health care issues; e. Swallowing and eating difficulties; f. Principles of age appropriate community inclusion and natural support development; g. Preferences and non-negotiable routines; and h. Significant functional limitations and disabling conditions. 4. Key elements of the Americans with Disabilities Act. 5. PCSP development. 6. How to develop and support the Person's preferred recreational and leisure activities.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Technology Dependent Waiver Provider Manual	2-5	Individual's Freedom of Choice	A. Once an applicant has been certified by the RN Waiver coordinator to meet the certification criteria for the Waiver and the eligibility worker has determined the individual meets Medicaid categorical and financial eligibility requirements, the applicant or his or her legal representative will be: 1. Informed by the RN Waiver coordinator of feasible and available services under the Waiver; 2. Advised if there is a waiting list for admission to Waiver services (Refer to Chapter 2-6, Limit on Number of Tech Dependent Waiver Recipients; and 3. Offered the choice of NF or home and community based Waiver services.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Technology Dependent Waiver Provider Manual	6	Incident Reporting Protocols	The State Medicaid Agency (SMA) has the administrative authority over all 1915(c) Medicaid Home and Community Based Services (HCBS) Waivers (Waivers). Waiver programs must provide adequate and appropriate services that safeguard the health and welfare of all enrolled recipients. Waiver programs must also assure financial accountability for funds expended for HCBS services. While these responsibilities are delegated to the Operating Agencies (OA), the SMA retains final authority and has the final responsibility to: 1) assure that appropriate actions have taken place when a critical incident or event occurs; and 2) in cases where appropriate safeguards were not in place, that an analysis is conducted and appropriate strategies have been implemented to safeguard recipients. The Critical Incidents and Events Program is a collaborative effort between the OAs for each of the 1915(c) Waivers and the SMA. The program has two levels. Level one describes the critical incidents/events that are required to be reported by the OA to the SMA for investigation, resolution and closure. Level two describes the critical incidents/events that are required to be reported to the OA for investigation, resolution and closure. This Standard Operating Procedure stipulates: ☑ Level One incidents and events required to be reported to the SMA; ☑ Level Two incidents and events that are required to be reported to the OA; ☑ The agency responsible for completing the review; and ☑ Associated reporting requirements.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Technology Dependent Waiver Provider Manual	2-10	Reduction or Termination of Home and Community Based Waiver Services	The RN Waiver coordinator will provide written notices with appeal rights to the recipient or legal representative when taking an adverse action resulting in a denial, reduction, suspension or termination of home and community based Waiver services.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Technology Dependent Waiver Provider Manual	2-11	Fair Hearings	Waiver applicants and recipients will be given the opportunity for a hearing if: A. Determined eligible but not offered the choice of facility-based care or Waiver services; B. Denied the home and community-based Waiver services of their choice; C. Denied the Waiver provider(s) of their choice if more than one provider is available to render the service(s); or D. The RN Waiver coordinator takes an adverse action as described in Sections 2-9 and 2-10 of this provider manual;	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Technology Dependent Waiver SIP	8	Attachment #2: Home and Community-Based Settings Waiver Transition Plan	All Tech Waiver settings were "presumed to be compliant" with the Preliminary Compliance Report. The SMA will complete the HCBS Settings Transition Plan for the Tech Waiver in a manner consistent with the overall approach developed and submitted to CMS in the Statewide HCBS Transition Plan. The Statewide HCBS Transition Plan was submitted to CMS on March 17, 2015. An overview of this plan is as follows: Public Notice and Comment Process, Assessment Process, and Remediation Strategies. Utah assures that the settings transition plan included with this waiver renewal will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan. Utah will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to its waiver when it submits the next amendment or renewal."	Section 441.530 Home and Community-Based Setting (a)(1)(i) through (v)	Complies with the Regulation
Utah Administrative Code	R510-104-4	Human Services, Aging and Adult Services- Nutrition Programs for the Elderly: Definitions	(1) Congregate Meals -- Meals provided five or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide; which shall be provided in congregate settings, including adult day care facilities and multigenerational meal sites; and which may include nutrition education services and other appropriate nutrition services for older individuals.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
Utah Administrative Code	R501-13-10	Human Services: Administration, Administrative Services, Licensing- Adult Day Care: Behavior Management	A. There shall be a written policy and procedure for methods of behavior management to include the following: 1. definition of appropriate and inappropriate consumer behaviors, and 2. acceptable staff responses to inappropriate behaviors. B. The policy shall be provided to all staff prior to working with consumers and staff shall receive annual training relative to behavior management. C. No staff member shall use, nor permit the use of physical restraint, humiliating or frightening methods of punishment on consumers at any time. D. Passive physical restraint shall be used only in behavioral related situations as a temporary means of physical containment to protect the consumer, other persons, or property from harm. Passive physical restraint shall not be associated with punishment in any way.	(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan: (1) Identify a specific and individualized assessed need. (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (3) Document less intrusive methods of meeting the need that have been tried but did not work. (4) Include a clear description of the condition that is directly proportionate to the specific assessed need. (5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification. (6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (7) Include the informed consent of the individual. (8) Include an assurance that interventions and supports will cause no harm to the individual.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R539-4-6	Human Services, Services for People with Disabilities- Behavior Interventions: Emergency Behavior Interventions	<p>(1) Emergency Behavior Interventions may be necessary to prevent clear and imminent threat of injury or property destruction during emergency situations.</p> <p>(2) Level I Interventions shall be used first in emergency situations, if possible.</p> <p>(3) The least intrusive Level II Interventions shall be used in emergency situations. The length of time in which the intervention is implemented shall be limited to the minimum amount of time required to resolve the immediate emergency situation.</p> <p>(4) Each use of Emergency Behavior Interventions and a complete Emergency Behavior Intervention Review shall be documented by the Provider on Division Form 1-8 and forwarded to the Division, as outlined in the Provider's Service Contract with the Division.</p> <p>(a) The Emergency Behavior Intervention Review shall be conducted by the Provider supervisor or specialist and staff involved with the Emergency Behavior Intervention. The review shall include: (i) The circumstances leading up to and following the problem. (ii) If the Emergency Behavior Intervention was justified. (iii) Recommendations for preventing future occurrences, if applicable.</p> <p>(5) The Person's Support Coordinator shall review Form 1-8 received from Providers and document the follow-up action.</p> <p>(6) If Emergency Behavior Interventions are used three times, or for a total of 25 minutes, within 30 calendar days, the Team shall meet within ten business days of the date the above criteria are met to review the interventions and determine if: (a) A Behavior Support Plan is needed; (b) Level II or III Interventions are required in the Behavior Support Plan; (c) Technical assistance is needed; (d) Arrangements should be made with other agencies to prevent or respond to future crisis situations; or (e) Other solutions can be identified to prevent future use of Emergency Behavior Interventions.</p> <p>(7) Provider's Human Rights Committee shall review each use of Emergency Behavior Interventions.</p>	<p>(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <p>(1) Identify a specific and individualized assessed need.</p> <p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p> <p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p> <p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p> <p>(5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification.</p> <p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p> <p>(7) Include the informed consent of the individual.</p> <p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>	Complies with the Regulation
Utah Administrative Code	R539-3-7	Human Services, Services for People with Disabilities- Rights and Protections: Privacy	<p>(1) Persons shall have privacy, including private communications (mail, phone calls, private conversations), personal space, personal information, and self-care (dressing, bathing, and toileting).</p> <p>(2) Restrictions to privacy that are implemented by the Division or Provider shall be part of a written plan and approved by the Team and Provider Human Rights Committee. Circumstances that require assistance in self-care due to functional limitations do not require a written plan.</p> <p>(3) No Person shall be subject to electronic surveillance of any kind without: (a) express written consent from the Person to be under surveillance or the Person's guardian; (b) approval of both the Person's Team and the Provider Human Rights Committee; (c) certification by the Provider Human Rights Committee that the electronic surveillance meets a necessary health or safety concern and is done in the least intrusive manner possible; and (d) submission of Electronic Surveillance Certification to the Division Quality Manager (DQM).</p> <p>(4) Electronic surveillance shall not be placed in common areas without: (a) express written consent from all Persons who live at the site, or the guardians of those Persons; (b) approval of the Provider Human Rights Committee; (c) certification by the Provider Human Rights Committee that the electronic surveillance meets a necessary health or safety concern and is done in the least intrusive manner possible; (d) submission of Electronic Surveillance Certification to the DQM.</p> <p>(5) Under no circumstances shall electronic surveillance be used by administrative or supervisory staff as a substitute for supervision of employees providing direct care to Persons.</p> <p>(6) Visitors shall be provided with notice of electronic surveillance upon entering the premises.</p> <p>(a) Notice shall be provided by placing a sign of substantial size, in a conspicuous location, so as to attract the attention of visitors as they enter.</p> <p>(7) The Person's Team and the Provider Human Rights Committee shall conduct reviews of electronic surveillance: (a) at least annually; and (b) in response to specific requests for review from the Person under surveillance or that Person's guardian.</p>	<p>(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <p>(1) Identify a specific and individualized assessed need.</p> <p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p> <p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p> <p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p> <p>(5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification.</p> <p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p> <p>(7) Include the informed consent of the individual.</p> <p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>	Complies with the Regulation
Utah Administrative Code	R539-3-6	Human Services, Services for People with Disabilities- Rights and Protections: Personal Property	<p>(1) Restrictions to property that are implemented by the Division or Provider shall be part of a written plan or as an Emergency Behavior Intervention in accordance with Division Administrative Rule. Restrictions shall be approved by the Team and Provider Human Rights Committee.</p>	<p>(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R539-3-4	Human Services, Services for People with Disabilities- Rights and Protections: Human Rights Committee	<p>(1) This rule applies to the Division, Persons funded by the Division, Providers, Providers' Human Rights Committees, and the Division of Human Rights Council.</p> <p>(2) All Persons shall have access to a Provider Human Rights Committee with the exception of:</p> <p>(a) Persons receiving physical disabilities services.</p> <p>(b) Families using the Self-Administered Model.</p> <p>(c) Persons receiving only family supports or respite.</p> <p>(3) The Provider Human Rights Committee approves the services agencies provide relating to rights issues, such as rights restrictions and the use of intrusive behavior supports. In addition, the Committee provides recommendations relating to abuse and neglect prevention, rights training, and supporting people in exercising their rights.</p> <p>(4) Any interested party may request that the rights of a Person be reviewed by a Provider Human Rights Committee by contacting the Person's Provider agency verbally or in writing.</p> <p>(5) Any interested party may request an appeal of the Provider Human Rights Committee decision by sending a request to the Division, 195 North 1950 West, Salt Lake City, UT 84116. The Division shall make a decision whether there will be a review and shall notify the Person, Provider, and Support Coordinator concerning the decision within eight business days. The notification shall contain a statement of the issue to be reviewed and the process and timeline for completing the review.</p>	<p>(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <p>(1) Identify a specific and individualized assessed need.</p> <p>(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.</p> <p>(3) Document less intrusive methods of meeting the need that have been tried but did not work.</p> <p>(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.</p> <p>(5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification.</p> <p>(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.</p> <p>(7) Include the informed consent of the individual.</p> <p>(8) Include an assurance that interventions and supports will cause no harm to the individual.</p>	Complies with the Regulation
Utah Administrative Code	R501-19-13	Human Services, Administration, Administrative Services, Licensing: Specialized Services for Division of Services for People with Disabilities - Residential Treatment Programs	<p>A. Rules governing the daily operation and activities of the facility shall be available to all consumers and visitors, and shall apply to family members, consumers, and staff that come into the facility.</p> <p>B. The program shall have policy specifying the amount of time family or friends may stay as overnight guests.</p> <p>C. All consumers in residential programs shall have an individual plan that addresses appropriate day treatment.</p> <p>D. A monthly schedule of activities shall be shared with the consumer and available on request. Schedules shall be filed and maintained for review.</p> <p>E. A record of income, earned, unearned, and consumer service fees, shall be maintained by the provider.</p> <p>F. Residential facilities shall be located where school, church, recreation, and other community facilities are available.</p> <p>G. An accurate record shall be kept of all funds deposited with the residential facility for use by a consumer. This record shall contain a list of deposits and withdrawals. Consumer purchases of over \$20.00, per item, shall be substantiated by receipts signed by the consumer and professional staff. A record shall be kept of consumer petty cash funds...</p>	<p>Residential:</p> <p>(D) Individuals are able to have visitors of their choosing at any time.</p> <p>(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R501-2-7	Human Services, Administration, Administrative Services, Licensing: Behavior Management	<p>A. The program shall have on file for public inspection, a written policy and procedure for the methods of behavior management. These shall include the following:</p> <ol style="list-style-type: none"> 1. definition of appropriate and inappropriate behaviors of consumers, 2. acceptable staff responses to inappropriate behaviors, and 3. consequences. <p>B. The policy shall be provided to all staff, and staff shall receive training relative to behavior management at least annually.</p> <p>C. No management person shall authorize or use, and no staff member shall use, any method designed to humiliate or frighten a consumer.</p> <p>D. No management person shall authorize or use, and no staff member shall use nor permit the use of physical restraint with the exception of passive physical restraint. Passive physical restraint shall be used only as a temporary means of physical containment to protect the consumer, other persons, or property from harm. Passive physical restraint shall not be associated with punishment in any way.</p> <p>E. Staff involved in an emergency safety intervention that results in an injury to a resident or staff must meet with the clinical professional to evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.</p> <p>F. Programs using time out or seclusion methods shall comply with the following:</p> <ol style="list-style-type: none"> 1. The program will have a written policy and procedure which has been approved by the Office of Licensing to include: <ol style="list-style-type: none"> a. Time-out or seclusion is only used when a child's behavior is disruptive to the child's ability to learn to participate appropriately, or to function appropriately with other children or the activity. It shall not be used for punishment or as a substitute for other developmentally appropriate positive methods of behavior management. b. Time-out or seclusion shall be documented in detail and provide a clear understanding of the incident which resulted in the child being placed in that time-out or seclusion. c. If a child is placed in time out or seclusion more than twice in any twenty-four hour period, a review is conducted by the clinical professional to determine the suitability of the child remaining in the program. d. Any one time-out or seclusion shall not exceed 4 hours in duration. e. Staff is required to maintain a visual contact with a child in time-out or seclusion at all times. 	<p>(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:</p> <ol style="list-style-type: none"> (1) Identify a specific and individualized assessed need. (2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (3) Document less intrusive methods of meeting the need that have been tried but did not work. (4) Include a clear description of the condition that is directly proportionate to the specific assessed need. (5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification. (6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (7) Include the informed consent of the individual. (8) Include an assurance that interventions and supports will cause no harm to the individual. 	Complies with the Regulation
Utah Administrative Code	R501-13-15	Human Services: Administration, Administrative Services, Licensing-Adult Day Care: Physical Environment-General	<p>A. There shall be a minimum of fifty square feet of indoor floor space per consumer designated specifically for adult day care during program operational hours. Hallways, office, storage, kitchens, and bathrooms shall not be included in computation. B. Outdoor recreational space on or off site and compatible recreational equipment shall be available to facilitate activity plans. C. All indoor and outdoor areas shall be maintained in a clean, secure and safe condition. D. Areas determined to be unsafe, including steep grades, cliffs, open pits, swimming pools, high voltage boosters, or high speed roads, shall be fenced off. E. Space shall be used exclusively for adult day care during designated hours of operation.</p>	<p>(2) Home and community-based settings do not include the following:</p> <ol style="list-style-type: none"> (i) A nursing facility; (ii) An institution for mental diseases; (iii) An intermediate care facility for individuals with intellectual disabilities; (iv) A hospital providing long-term care services; or (v) Any other locations that have qualities of an institutional setting, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings. 	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R501-13-3	Human Services: Administration, Administrative Services, Licensing-Adult Day Care: Definition	Pursuant to 62A-2-101(1) adult day care means continuous care and supervision for three or more adults 18 years of age and over for at least four but less than 24 hours a day, that meets the needs of functionally impaired adults through a comprehensive program that provides a variety of health, social, recreational, and related support services in a protective setting.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
Utah Administrative Code	R510-400-16	Human Services, Aging and Adult Services- Home and Community Based Alternatives Program: Termination of Services	<p>(a) When a client terminates service, the Case Manager will document in the case file the circumstances that precipitated the termination.</p> <p>(b) Services may be terminated due to the following circumstances:</p> <p>(i) When health and safety needs can no longer be met.</p> <p>(ii) Death of the client.</p> <p>(iii) Program funding does not allow services to continue.</p> <p>(iv) The client transfers out of the original planning and service area. The client may re-apply at the new planning and service area and services may be provided as funds permit to eligible adults as determined by DAAS Policy and Procedures for the Home and Community Based Alternatives program services.</p> <p>(v) The client's financial situation improves beyond eligibility criteria, in which case agencies are encouraged to investigate options for transferring the client to other appropriate programs when discontinuing services. However, in this transfer, the client should not be given special preferences that would place them ahead of other potential clients in an applicant list situation.</p> <p>(vi) Client chooses to leave the program.</p> <p>(vii) Client refuses to comply with the care plan, exhibits inappropriate behaviors, or does not pay monthly fees.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Utah Administrative Code	R539-3-9	Human Services, Services for People with Disabilities- Rights and Protections: Participation in Hospice Services	<p>(1) Persons expected by their physicians to live fewer than six months have the right to pursue hospice services as their choice of end-of-life care. A Person who is expected by two physicians to live fewer than six months and who receives Division funding for services and supports may request to continue to receive their Division-funded services and supports while participating in hospice services.</p> <p>(2) If a Person has not executed a Durable Power of Attorney for Health Care and is incapable of making an informed decision about hospice services or signing a Hospice Agreement, choices related to end-of-life care shall be made on behalf of the Person by the Team upon approval of the Provider Human Rights Committee unless a guardian has been appointed by the Court with the legal authority to make end-of-life decisions for the Person.</p> <p>(3) If a Person receives Waiver services through the Division and elects the Medicaid hospice benefit and meets the program eligibility requirements in accordance with R414-14A-3, hospice shall become the primary service delivery program, including the primary case management program, for the care of the Person. All other Medicaid programs serving the Person at the time of hospice election, including Waivers, shall coordinate with the hospice case management team to determine the full scope of services that shall be provided from that point forward.</p> <p>(a) Pursuant to R414-14A-7(A), a Person can continue to receive Division services through the Waiver program that are necessary to prevent institutionalization, are not duplicative of services covered by the hospice benefit, and do not conflict with the hospice plan of treatment...</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R539-3-8	Human Services, Services for People with Disabilities- Rights and Protections: Notice of Agency Action and Administrative Hearings	<p>(1) Persons have the right to receive adequate written Notice of Agency Action (NOA) and to present grievances about agency action by requesting a formal or informal administrative hearing in accordance with R497-100 for non-Waiver services, and R410-14 for Waiver services.</p> <p>(2) Pursuant to Utah Code Annotated, Title 63G, Chapter 4, the Division shall notify a Person in writing before taking any agency action, such as changes in funding, eligibility, or services.</p> <p>(3) At least 30 calendar days before the Division terminates or reduces a Person's services or benefits, the Division shall send the Person a written NOA.</p> <p>(4) The NOA shall comply with Subsection 63G-4-201 and R497-100-4(2)(a).</p> <p>(5) To assist a Person in requesting an administrative hearing, the Division shall send the Person a Hearing Request Form 490S when the Division sends the Notice of Agency Action Form 522.</p> <p>(6) To request an informal hearing with the Department of Human Services for non-waiver services, the Person must file a Hearing Request Form 490S with the Division within 30 calendar days of the mailing date shown on the Notice of Agency Action Form 522.</p> <p>(7) To request a formal hearing with the Department of Health for Waiver services, the Person must file the Medicaid Standard Hearing Request Form with the Division and DOH, Division of Health Care Finance within 30 calendar days of the mailing date shown on the NOA Form 522.</p> <p>(8) This 30-day deadline for formal and informal hearings applies regardless of whether the Person also wishes to participate in the Division's conflict resolution process.</p> <p>(a) If the Person files the Hearing Request within ten calendar days of the mailing date of the NOA, the Person's services shall continue unchanged during the formal or informal hearing process.</p> <p>(b) If the Person files the Hearing Request Form between 11 and 30 calendar days after the mailing date of the NOA, the Person is entitled to an administrative hearing, but their services and benefits shall be discontinued or reduced according to the NOA during the formal or informal hearing process.</p> <p>(9) A Person may file a Request for Hearing Form for a formal or informal hearing and choose to still participate in the Division's conflict resolution process prior to the formal or informal hearing.</p> <p>(10) If the Person requests an informal hearing and also chooses the conflict resolution process, the conflict resolution</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Utah Administrative Code	R539-3-4	Human Services, Services for People with Disabilities- Rights and Protections: Human Rights Committee	<p>(1) This rule applies to the Division, Persons funded by the Division, Providers, Providers' Human Rights Committees, and the Division of Human Rights Council.</p> <p>(2) All Persons shall have access to a Provider Human Rights Committee with the exception of:</p> <p>(a) Persons receiving physical disabilities services.</p> <p>(b) Families using the Self-Administered Model.</p> <p>(c) Persons receiving only family supports or respite.</p> <p>(3) The Provider Human Rights Committee approves the services agencies provide relating to rights issues, such as rights restrictions and the use of intrusive behavior supports. In addition, the Committee provides recommendations relating to abuse and neglect prevention, rights training, and supporting people in exercising their rights.</p> <p>(4) Any interested party may request that the rights of a Person be reviewed by a Provider Human Rights Committee by contacting the Person's Provider agency verbally or in writing.</p> <p>(5) Any interested party may request an appeal of the Provider Human Rights Committee decision by sending a request to the Division, 195 North 1950 West, Salt Lake City, UT 84116. The Division shall make a decision whether there will be a review and shall notify the Person, Provider, and Support Coordinator concerning the decision within eight business days. The notification shall contain a statement of the issue to be reviewed and the process and timeline for completing the review.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R539-2-7	Human Services, Services for People with Disabilities-Service Coordination: Entry into and Movement within the Service System	<p>(1) The Division will oversee the three distinct functional roles of quality management, which are Quality Assurance, Quality Improvement, and Quality Enhancement.</p> <p>(a) Necessary quality assurances are specified by contract with the Division. The Division may work with other offices and bureaus of DHS and the DOH to assure quality.</p> <p>(b) Providers must develop and implement an internal quality management system, which shall:</p> <p>(i) Evaluate the Provider's programs; and</p> <p>(ii) Establish a system of self-correcting feedback.</p> <p>(c) The implementation of the Person's Action Plan shall be designed to enhance the Person's life. The Person and Person's Team shall:</p> <p>(i) Identify and document the Person's preferences;</p> <p>(ii) Plan how to support the Person's life satisfaction; and</p> <p>(iii) Implement the plan with supports from the Division, such as:</p> <p>(A) Technical Assistance (training, mentoring, consultation, and referral through Division staff).</p> <p>(B) Quality Enhancement Resource Brokerage (identification/compilation of community resources, including other consumers/families, and referral to and prior approval of payment for these supports.</p> <p>(C) Consumer empowerment, which involves rights education, leadership training.</p> <p>(D) Team and System Process Enhancement, which involves facilitation and negotiation training, community education, and consumer satisfaction surveys.</p> <p>(2) Evaluation of the Person's satisfaction and statewide system indicators of life enhancement.</p> <p>(3) Division staff shall promote enhancement of the Person's life; support improvement efforts undertaken by Providers, Persons, and families; and assure accountability.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Utah Administrative Code	R539-2-6	Human Services, Services for People with Disabilities-Service Coordination: Entry into and Movement within the Service System	<p>...(d) The Division shall provide Persons with a choice of Providers by:</p> <p>(i) sending Providers notice and invitation to submit offers to provide services via use of Division Form 1-6; and</p> <p>(ii) assisting the Person to make an informed choice of Provider.</p> <p>(e) Interested Providers may schedule and coordinate a service entry meeting that involves the Person, the Representative, Support Coordinator, and invited guests, (e.g., Developmental Center staff, school representative, and Division staff). The meeting should be held at the prospective site of placement whenever possible.</p> <p>...(3) Any Team Member may initiate a request to change Provider or Developmental Center residence by asking the Support Coordinator to arrange a meeting.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Utah Administrative Code	R539-2-5	Human Services, Services for People with Disabilities-Service Coordination: Person-Centered Process	(1) The Division supports Person-Centered Planning, which includes assessing, planning, implementing, and evaluating. This process shall have an individualized focus and incorporate the principles of Person-Centered Planning, self-determination, informed choice, and equity. Input from the Person and the Person's Team should guide and direct this process.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R510-401-3	Human Services, Aging and Adult Services-Utah Caregiver Support Program: Definitions	(18) "Respite or Respite Care" is temporary, substitute supports or living arrangements to provide a brief period of relief or rest for caregivers as outlined in the service plan developed by a case manager following a formal assessment. It can be in the form of in-home respite, adult day care respite, or institutional respite for an overnight stay on an intermittent, occasional, or emergency basis. Respite can be provided for a caregiver for no more than 12 consecutive months from the date of enrollment and shall not exceed the annual service expenditure limit per client, as established by the Division in consultation the AAA's annually. If either condition is met, the caregiver must come off of the program and then may reapply on the anniversary of the start of services.	(2) Home and community-based settings do not include the following: (i) A nursing facility; (ii) An institution for mental diseases; (iii) An intermediate care facility for individuals with intellectual disabilities; (iv) A hospital providing long-term care services; or (v) Any other locations that have qualities of an institutional setting, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings.	Complies with the Regulation
Utah Administrative Code	R501-19-8	Human Services, Administration, Administrative Services, Licensing: Physical Environment	...D. Provision shall be made for consumer privacy... 7. Consumers shall be allowed to decorate and personalize bedrooms with respect for other residents and property... 2. Bathrooms shall accommodate consumers with physical disabilities as required...6. There shall be toilets and baths or showers which allow for individual privacy...7. There shall be mirrors secured to the walls at convenient heights...8. Bathrooms shall be located as to allow access without disturbing other residents during sleeping hours...H. Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer needs...I. All furniture and equipment shall be maintained in a clean and safe condition.	Residential: (3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Complies with the Regulation
Utah Administrative Code	R510-400-14	Human Services, Aging and Adult Services- Home and Community Based Alternatives Program: Grievance Procedures	a) An eligible client or clients who has made application for Program Services, whose service has been denied, reduced, or terminated shall be given the opportunity to grieve through a fair hearing when he believes that their interests in laws, regulations, standards or criteria related to the program were violated. Grievance and Fair Hearing procedures shall follow the Agency's contractual agreement with the Division. (b) The Agency shall assist the client in following the correct procedures to grieve any adverse decision and request a fair hearing. (c) Any client shall be given the opportunity to appeal to the State level, when she believes that laws, regulations, standards or criteria related to the programs were violated and have not been resolved the Agency process.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R510-400-13	Human Services, Aging and Adult Services- Home and Community Based Alternatives Program: Client Rights and Responsibilities	<p>(1) The Agency shall have the responsibility to develop a method to inform all eligible clients of their rights and responsibilities. This shall be evidenced by a signed Clients Rights and Responsibilities Form in the case file.</p> <p>(2) PROCEDURES-Client Rights:</p> <p>(a) To be fully informed of their rights/responsibilities governing personal conduct while participating in the program. This shall be evidenced by a signed and dated form in the client's file.</p> <p>(b) To be fully informed of services and fees for which the Client may be responsible...</p> <p>(c) To be afforded self-determination through participation in the development of the Care Plan. This includes the right to refuse service(s), referrals to health care institutions or other agencies, and to refuse to participate in research studies.</p> <p>(d) Assured confidential treatment/maintenance of records...pursuant to GRAMA, § 63G-2-101, etseq.</p> <p>(e) To be treated w/ consideration, respect, dignity and individuality, including privacy in care.</p> <p>(f) To be assured that providers are either licensed, certified or registered with the appropriate governmental entity and that they have demonstrated the ability to correctly implement services.</p> <p>(g) To receive proper identification from the individual providing services.</p> <p>(3) PROCEDURES-Client Responsibilities:</p> <p>(a) The Client has the responsibility to report to the Case Manager any changes in eligibility or need.</p> <p>(b) The Client is responsible for keeping appointments or notifying the Case Manager or Provider.</p> <p>(c) The Client is responsible for their actions and consequences. If she refuses service or does not follow the Care Plan, service may be withheld until she agrees to correct any identified problem(s).</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Utah Administrative Code	R510-400-10	Human Services, Aging and Adult Services- Home and Community Based Alternatives Program: Care Planning	<p>(1) Care Plan shall be developed based on the current situation/needs in the approved Assessment.</p> <p>(a) A standardized Care Plan form designated by the Division shall be used.</p> <p>(b) The Care Plan will be developed with the client's input.</p> <p>(c) The Care Plan shall include methods, services to be provided, amount and frequency of services being authorized, together with the payment source.</p> <p>(d) The Care Plan will be signed and dated by the Client or their legal representative, the Case Manager and when applicable, the Registered Nurse.</p> <p>(e) The Care Plan shall be updated annually at the reassessment or more frequently w/ changes</p> <p>(f) All support systems, both formal and informal shall be included as part of the Care Plan.</p> <p>(g) A copy of the Care Plan shall be given to the client; the original maintained in the case file</p> <p>(h) Service(s) shall be authorized in the care Plan at the minimum level and for the least amount of service hours that will adequately meet the client's needs.</p> <p>(i) HCB Alternatives services shall supplement, but not replace or duplicate, other support systems</p> <p>(j) Case Managers should be aware of available agency and community services and should be responsible for coordination of services provided to the client.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Utah Administrative Code	R510-400-1	Human Services, Aging and Adult Services- Home and Community Based Alternatives Program: Purpose	(1) The Home and Community Based Alternatives program provides a comprehensive array of quality, client centered services. The services are delivered in a variety of community settings designed to provide a choice of service delivery options to the eligible client who can continue to live in their own home, if their needs for social and medical services can be met. Home and Community Based Alternatives services contribute to improving the quality of life and help to preserve the independence and dignity of the recipient. This rule is intended to clarify the obligations and options available to administrators of the program and to ensure compliance with state and federal regulations...	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Utah Administrative Code	R501-13-15	Human Services: Administration, Administrative Services, Licensing-Adult Day Care: Physical Environment- Safety	1. All furniture and equipment shall be maintained in a clean and safe condition. Equipment shall be operated and maintained as specified by manufacturer instructions. 2. Grade level entrance, approved ramps, handrails and other safety features shall be provided as determined by local, state and federal regulations and fire authorities in order to facilitate safe movement. 3. Provisions of the Utah Clean Air Act shall be followed if smoking is allowed in the building. 4. Use of restrictive barriers shall be approved by fire authorities. 5. Use of throw rugs is prohibited. 6. Hot water accessible to consumers shall be maintained at a temperature that does not exceed 110 Fahrenheit. 7. A secured storage area, inaccessible to consumers, shall be used for volatile and toxic substances. 8. Heating, ventilation, and lighting shall be adequate to protect the health of the consumers. Indoor temperature shall be maintained at a minimum of 70 Fahrenheit.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R501-13-6	Human Services: Administration, Administrative Services, Licensing-Adult Day Care: Program Administration	Program personnel shall not handle consumer finances.	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
Utah Administrative Code	R539-2-5	Human Services, Services for People with Disabilities-Service Coordination: Person-Centered Process	(1) The Division supports Person-Centered Planning, which includes assessing, planning, implementing, and evaluating. This process shall have an individualized focus and incorporate the principles of Person-Centered Planning, self-determination, informed choice, and equity. Input from the Person and the Person's Team should guide and direct this process.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Utah Administrative Code	R501-19-8	Human Services, Administration, Administrative Services, Licensing: Physical Environment	...D. Provision shall be made for consumer privacy... 7. Consumers shall be allowed to decorate and personalize bedrooms with respect for other residents and property... 2. Bathrooms shall accommodate consumers with physical disabilities as required...6. There shall be toilets and baths or showers which allow for individual privacy...7. There shall be mirrors secured to the walls at convenient heights...8. Bathrooms shall be located as to allow access without disturbing other residents during sleeping hours...H. Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer needs...I. All furniture and equipment shall be maintained in a clean and safe condition.	Residential: (E) The setting is physically accessible to the individual.	Complies with the Regulation
Utah Administrative Code	R501-22-8	Human Services, Administration, Administrative Services, Licensing: Residential Support Programs- Physical Facility	E. Sleeping Accommodations 1. A minimum of 60 square feet per consumer shall be provided in a multiple occupant bedroom and 80 square feet in a single occupant bedroom. Storage space shall not be counted. 2. Sleeping areas shall have a source of natural light, and shall be ventilated by mechanical means or equipped with a screened window that opens. 3. Each bed, none of which shall be portable, shall be solidly constructed and be provided with clean linens after each consumer stay and at least weekly. 4. Sleeping quarters serving male and female residents shall be structurally separated. 5. Consumers shall be allowed to decorate and personalize bedrooms with respect for other residents and property.	Residential: (3) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Complies with the Regulation
Utah Administrative Code	R501-17-13	Human Services, Administration, Administrative Services, Licensing: Adult Foster Care-Consumer Rights in Adult Foster Care	A. A description of the consumer's rights and responsibilities shall be provided and explained when the adult is admitted to the home. When appropriate, the adult shall be informed verbally of this policy to his or her understanding. B. The provider shall adhere to the following: 1. allow the consumer to eat meals with the family, and allow the consumer to eat the same food as the family unless the consumer has a special prescribed diet, 2. allow the consumer to participate in family activities, 3. protect confidentiality of information, 4. not make copies of consumer records, 5. explain consumer responsibilities, including household tasks, privileges, and rules of conduct, 6. not allow discrimination, 7. treat the consumer with dignity, 8. allow the right to communicate with family, attorney, physician, clergyman, and others, except where documented to be clinically contraindicated, 9. have a list of people whose visitation rights have been restricted by legal guardian or DAAS worker, 10. allow the right to send and receive mail, and 11. allow the consumer to manage his or her own fiscal affairs, unless the consumer has an approved representative, i.e., conservator to assist them with the management of his or her money.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R501-17-12	Human Services, Administration, Administrative Services, Licensing: Adult Foster Care-Behavior Management	A. The provider shall provide appropriate supervision at all times. B. The provider shall not use, nor permit the use of corporal punishment, physical or chemical restraint, infliction of bodily harm or discomfort, deprivation of meals, refuse rest or visits with family, humiliating or frightening methods to control the actions of consumers. C. The provider shall inform the DAAS worker of any extreme or repeated behavioral problems.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Utah Administrative Code	R501-2-8	Human Services, Administration, Administrative Services, Licensing: Rights of Consumers	A. The program shall have a written policy for consumer rights to include the following: 1. privacy of information and privacy for both current and closed records, 2. reasons for involuntary termination and criteria for re-admission to the program, 3. freedom from potential harm or acts of violence to consumer or others, 4. consumer responsibilities, including household tasks, privileges, and rules of conduct, 5. service fees and other costs, 6. grievance and complaint procedures, 7. freedom from discrimination, 8. the right to be treated with dignity, 9. the right to communicate by telephone or in writing with family, attorney, physician, clergyman, and counselor or case manager except when contraindicated by the licensed clinical professional, 10. a list of people, whose visitation rights have been restricted through the courts, 11. the right to send and receive mail providing that security and general health and safety requirements are met, 12. defined smoking policy in accordance with the Utah Clean Air Act, and 13. statement of maximum sanctions and consequences, reviewed and approved by the Office of Licensing. B. The consumer shall be informed of this policy to his or her understanding verbally and in writing. A signed copy shall be maintained in the consumer record.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Utah Administrative Code	R501-19-13	Human Services, Administration, Administrative Services, Licensing: Specialized Services for Division of Services for People with Disabilities	A. Rules governing the daily operation and activities of the facility shall be available to all consumers and visitors, and shall apply to family members, consumers, and staff that come into the facility. B. The program shall have policy specifying the amount of time family or friends may stay as overnight guests. C. All consumers in residential programs shall have an individual plan that addresses appropriate day treatment. D. A monthly schedule of activities shall be shared with the consumer and available on request. Schedules shall be filed and maintained for review. E. A record of income, earned, unearned, and consumer service fees, shall be maintained by the provider. F. Residential facilities shall be located where school, church, recreation, and other community facilities are available. G. An accurate record shall be kept of all funds deposited with the residential facility for use by a consumer. This record shall contain a list of deposits and withdrawals. Consumer purchases of over \$20.00, per item, shall be substantiated by receipts signed by the consumer and professional staff. A record shall be kept of consumer petty cash funds...	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
Utah Administrative Code	R501-19-8	Human Services, Administration, Administrative Services, Licensing: Physical Environment	...D. Provision shall be made for consumer privacy... 7. Consumers shall be allowed to decorate and personalize bedrooms with respect for other residents and property... 2. Bathrooms shall accommodate consumers with physical disabilities as required...6. There shall be toilets and baths or showers which allow for individual privacy...7. There shall be mirrors secured to the walls at convenient heights...8. Bathrooms shall be located as to allow access without disturbing other residents during sleeping hours...H. Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer needs...I. All furniture and equipment shall be maintained in a clean and safe condition.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Utah Administrative Code	R539-3-10	Human Services, Services for People with Disabilities- Rights and Protections: Prohibited Procedures	(1) The following procedures are prohibited for Division staff and Providers, including staff hired for Self-Administered Services, in all circumstances in supporting Persons receiving Division funding: (a) Physical punishment, such as slapping, hitting, and pinching. (b) Demeaning speech to a Person that ridicules or is abusive. (c) Locked confinement in a room. (d) Denial or restriction of access to assistive technology devices, except where removal prevents injury to self, others, or property as outlined in Section R539-3-6. (e) Withholding or denial of meals, or other supports for biological needs, as a consequence or punishment for problems. (f) Any Level II or Level III Intervention, as defined in R539-4-3(n) and R539-4-3(o), used as coercion, as convenience to staff, or in retaliation. (g) Any procedure in violation of R495-876, R512-202, R510-302, 62A-3-301 thru 62A-3-321, and 62A-4a-402 thru 62A-4a-412 prohibiting abuse.	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Manual	5-2	Support Coordination and the PCSP	A. The PCSP is the mechanism through which all necessary ABI Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives. B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant's needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.	(iv) Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Complies with the Regulation
Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Manual	2-2	Applicant Freedom of Choice of ICF/ID or Waiver	A. When an individual is determined eligible for waiver services, the individual and the individual's legal representative if applicable, will be informed of the alternatives available under the waiver and offered the choice of institutional care (ICF/ID) or home and community-based care. B. A copy of the DSPD publication AN INTRODUCTORY GUIDE—Division of Services for People with Disabilities (hereafter referred to as the Guide), which describes the array of services and supports available in Utah including intermediate care facilities for persons with intellectual disabilities and the HCBS Waiver program, is given to each individual applying for waiver services. In addition, individuals will be given a 2-sided Informational Fact Sheet (Form IFS-10) which describes the eligibility criteria and services available through both the waiver program and through ICFs/ID. C. If no available capacity exists in the Waiver, the applicant will be advised that he or she may access services through an ICF/ID or may re-apply when new applications are being accepted. D. If available capacity exists in the Waiver, a pre-enrollment screening of health, welfare, and safety needs will be completed by a Waiver representative. The applicant will be advised of the preliminary needs identified and given the opportunity to choose to receive services to meet the identified needs through an ICF/ID or the Waiver. The applicant's choice will be documented in writing, signed by the applicant, and maintained as part of the individual record.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Manual	2-3	Waiver Participant Freedom of Choice	Upon enrollment in the ABI Waiver, the ABI Waiver enrollee, and the individual's legal guardian if applicable, will be given the opportunity to choose the providers of ABI Waiver services identified on the PCSP if more than one qualified provider is available to render the services. The individual's choice of providers will be documented in the individual's PCSP. B. The ABI Waiver support coordination agency will review the contents of the written PCSP with the participant prior to implementation. If the participant is not given the choice of HCBS as an alternative to NF care, is denied the ABI Waiver service(s) of their choice, or is denied the waiver provider(s) of their choice, the agency will provide an opportunity for a fair hearing, under 42 CFR Part 431. C. Subsequent revision of the PCSP as a result of annual re-assessment or significant change in health, welfare, or safety requires proper notice to the participant as described in item B above.	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Manual	2-4	Termination of Home and Community Based Waiver Services	<p>A. When the need arises, participants are separated from the Home and Community Based waiver program through a disenrollment process.</p> <p>1. The disenrollment process is a coordinated effort between DMHF and DSPD that is expected to facilitate the following:</p> <p>i. Appropriate disenrollment and movement among waiver programs when applicable;</p> <p>ii. Effective utilization of waiver program potential;</p> <p>iii. Effective discharge and transition planning;</p> <p>iv. Provision of information, affording participants the opportunity to exercise all applicable waiver rights; and</p> <p>v. Program quality assurance/quality improvement measures.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Manual	2-5	Fair Hearings	<p>A. An individual and the individual's legal representative will receive a written Notice of Action (NOA), Form 522 and a Hearing Request Form 490S, from the waiver support coordinator if the individual is:</p> <p>1. Denied a choice of institutional or waiver program,</p> <p>2. Found ineligible for the waiver program,</p> <p>3. Denied access to the provider of choice for a covered waiver service, or</p> <p>4. Experiences a denial, reduction, suspension, or termination in waiver services in accordance with R539-2-5.</p> <p>B. The NOA delineates the individual's right to appeal the decision through an informal hearing process at the Department of Human Services or an administrative hearing process at the Department of Health, or both. The individual is encouraged to utilize an informal dispute resolution process to expedite equitable solutions.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Manual	5-2	Support Coordination and the PCSP	<p>A. The PCSP is the mechanism through which all necessary ABI Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives.</p> <p>B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant's needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.</p>	(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Complies with the Regulation
Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Manual	5-2	Support Coordination and the PCSP	<p>A. The PCSP is the mechanism through which all necessary ABI Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives.</p> <p>B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant's needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.</p>	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation

Utah Source	Rule or Section	Rule Name	Description of Current Rule	HCBS Settings Rule	Compliance Status
Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Manual	5-2	Support Coordination and the PCSP	<p>A. The PCSP is the mechanism through which all necessary ABI Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives.</p> <p>B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant's needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.</p>	(v) Facilitates individual choice regarding services and supports, and who provides them.	Complies with the Regulation
Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Manual	9	Incident Reporting Protocols	<p>Waiver programs must provide adequate and appropriate services that safeguard the health and welfare of all enrolled recipients. Waiver programs must also assure financial accountability for funds expended for HCBS services. While these responsibilities are delegated to the Operating Agencies (OA), the SMA retains final authority and has the final responsibility to: 1) assure that appropriate actions have taken place when a critical incident or event occurs; and 2) in cases where appropriate safeguards were not in place, that an analysis is conducted and appropriate strategies have been implemented to safeguard recipients. The Critical Incidents and Events Program is a collaborative effort between the OAs for each of the 1915(c) Waivers and the SMA. The program has two levels. Level one describes the critical incidents/events that are required to be reported by the OA to the SMA for investigation, resolution and closure. Level two describes the critical incidents/events that are required to be reported to the OA for investigation, resolution and closure.</p> <p>This Standard Operating Procedure stipulates:</p> <ul style="list-style-type: none"> ☑ Level One incidents and events required to be reported to the SMA; ☑ Level Two incidents and events that are required to be reported to the OA; ☑ The agency responsible for completing the review; and ☑ Associated reporting requirements. 	(iii) Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Complies with the Regulation
Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Manual	5-2	Support Coordination and the PCSP	<p>A. The PCSP is the mechanism through which all necessary ABI Waiver services (as determined during the initial and ongoing comprehensive needs assessment process) are detailed in terms of the amount, frequency, and duration of the intervention to be provided to meet identified objectives.</p> <p>B. The amount, frequency and duration of each service listed within the PCSP is intended to provide a budget estimate of the services required to meet the assessed needs of each participant over the course of a plan year. Utah Medicaid recognizes that a participant's needs may change periodically due to temporary or permanent conditions which may require changes to the annual PCSP budget.</p>	(ii) The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Complies with the Regulation