

Caregiver Compensation Frequently Asked Questions

General Questions

Where can I access the forms I need?

Individuals and families will work with their support coordinator in accessing the caregiver compensation worksheet in USTEPS (Support Coordinators have access). The medical and behavioral justification form and monthly summary form are available on DSPD's website under the forms section for both support coordinators and providers. Families should download the form from the website and have it completed by a clinician or doctor.

<https://dspd.utah.gov/providers/forms/>

What are the rates paid for this program?

DSPD will reimburse fiscal agencies \$6.23/quarter hour. DSPD will reimburse providers \$6.85/quarter hour. The rate paid to families will vary based on the fiscal agency or provider the family uses.

Can caregiver compensation be requested in addition to current services?

Caregiver compensation should generally be a replacement of services already in the budget and not considered an add on service.

How will this affect my taxes?

Please consult with your tax advisor on issues surrounding the difficulty of care laws.

If someone requests a certain number of hours per week, do they have to use that number of hours every week?

In general, the family should be using the hours per week that are approved. Please check with the Fiscal Management Service (FMS) agency or provider the family is using to discuss individual adaptations. Each FMS agency or provider may structure this differently.

Employer/Administrator Questions

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

DSPD recommends that an employer is 18 or older.

Who can be an employer/administrator?

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

Can a support coordinator be the employer?

No.

Can an employer live out of state?

The employer needs to be involved in the household to the extent needed to manage the SAS program. This could be very challenging for someone living outside of Utah. It is recommended that all employers live within Utah. Individual FMS agencies may also limit whether the employer can live out of state.

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

Yes. A parent can still serve in the administrator/employer role as long as they are not also being paid for caregiver services.

Can I share the administrator duties with someone?

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

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

A family can use the SAS model and provider model. They can use SAS for staff, and the provider for the caregiver to be paid.

Is the administrator a paid position?

No.

How do I change my administrator/employer?

You need to contact your fiscal agent and ask for the paperwork to get the SAS administrator changed.

Can another staff providing SAS for the person be the administrator for the parent providing caregiver compensation?

No. No one receiving payment through SAS can be the administrator.

Who approves timesheets?

Your timesheets would be approved by the person you choose to be the administrator of your SAS program.

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

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

How do I contact a Fiscal Management Agency/What is an FMS?

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

The currently contracted FMS agencies are:

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

Provider Model

What is the provider model option?

Under the provider model, parents, guardians or spouses can still be the paid caregiver. The difference is that the provider is the administrator of the program. The compensated caregiver will be under the same requirements that other employees of the provider need to follow, including training requirements and timesheet submission. The payments the family receives will vary depending on the agency or provider the family uses.

How can I find a provider that offers this service?

An Invitation to Submit Offer (ISO) will be sent out for any individual and family who would like to use the provider model for caregiver compensation.

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

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

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

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

Service Codes

Will we continue using SLN and SL3?

There will be new service codes for caregiver compensation starting July 1. SLN and SL3 will no longer be used. There will be separate codes for the SAS model and the provider model. The support coordinator will be able to request the units in the model the family is using and will no longer need to transfer funding between codes.

CM2 is for caregiver compensation- spouse (SAS). CM3 is caregiver compensation- parent/guardian(SAS). SL3 will no longer be valid starting July 1, 2024.

Will overtime be allowed on the new caregiver compensation codes?

No.

Are caregiver compensation codes restricted?

Yes. Caregiver compensation will be a restricted service code. Funding should not be moved to other services without request for services (RFS) review.

School

Can clients have tier 3 during the school year and tier 4 during the summer?

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

Can parents qualify for more paid hours if they homeschool?

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

Can families receiving adoption subsidies have caregiver compensation?

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

Request for Services (RFS)

Who needs to complete an RFS request?

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

Will the RFS process be streamlined?

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

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

The budget worksheet will support the RFS request.

When can we start submitting RFS requests?

Requests can now be submitted. We encourage people to submit these as soon as possible. Anything submitted after Jun 3, 2024 may not be reviewed in time for the new program to start July 1.

Does the authorization form need approved before the RFS is submitted?

For individuals in services who are on the Community Supports Waiver (CSW), Acquired Brain Injury Waiver (ABI) or Community Transitions Waiver (CTW), the authorization form will be filled out and attached to the RFS request. There is not a separate process for approval of the authorization form.

I already have medical letters from doctor's. Do I need to get the certification statement completed as well?

As long as it is recent and documents the current need as well as the letters are on letterhead citing the doctor's information, then the letters are acceptable documentation.

Is this authorization form and RFS required annually or just the first time?

All worksheets have to be redone as a component of creating / activating the "New, Pending" PCSP for a new plan cycle. The worksheet has a "renewal" process that makes setting up the new worksheet for the new plan cycle simple to do where the service's prescription is not changing. However, if the prescription is changing, then a brand new worksheet would have to be created and submitted for a decision like all worksheet services would.

Aside from the UCANS, what other documentation should be gathered to show which tier a person should be in?

Everyone will need to submit a schedule of services. If applying for a higher category based on medical or behavioral needs they will need to submit the justification form or other relevant documentation. If applying as a guardian, guardianship papers will be needed. If applying for a rural exemption proof of address and information about not being able to find providers will be needed.

Timecards/Timekeeping

Will families be required to do EVV?

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

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

The caregiver compensation will be in units and will have some flexibility.

UCANS

Can a support coordinator update the UCANS?

Yes, all support coordinators are certified to do UCANS and can update scores as long as they document the changes that the person has experienced.

Medical/Behavioral

What is considered “total assistance”

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

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

No, you do not need to have BC units, however a behaviorist would be beneficial to the client and their family.

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

Yes, as long as the doctor can certify they have clinical experience working with the individual. Physician is one of the professionals listed on the form under behavioral assessments as someone able to sign the form.

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

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

For behavioral assessment, Master’s level or higher credentials are required (for example social worker, physician, psychologist, board certified behavior analyst). Other behavior credentials may be accepted as necessary on a case by case basis.

Can I submit pre-existing psychological documentation to show behavioral needs?

Please ensure that all documentation is current and relevant to the situation. In general a psychological assessment that is over a year old may not be accurate representation of the current need.

Frontier County

What is considered a frontier county?

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

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

Monthly Summaries

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

Families need to submit the summaries every month. Support coordinators can upload those quarterly, but should enter a log note every month.