

# DSPD Support Coordination Report

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## Social Services Appropriations Interim Subcommittee Request

### Support Coordinator Roles and Responsibilities

Medicaid Home and Community-Based Services waiver programs require Support Coordination services to be provided to participants enrolled in the program. This may be provided either as an administrative function or as a waiver service. Support coordinators provide value to DSPD by acting as an objective third party advocate for the person. For some, they provide continuity in the person's life. Support coordinators provide critical oversight of health and safety. The support coordinator is also valuable to DSPD in their role of the development and implementation of person-centered goals. Support coordinators are necessary to meet DSPD's mission of self-direction and to meet Medicaid waiver requirements of ensuring health and safety.

Support coordinators have the responsibility to ensure the health and safety of people receiving DSPD supports. They are largely responsible for helping connect people with the providers who deliver the direct support. A major duty for support coordinators is holding the annual person centered support plan meeting. This meeting, and resulting planning document, includes individuals within the person's circle of support and is facilitated by the support coordinator. Another critical piece of support coordination is through face to face visits with the person and through the documentation of log notes. The support coordinator also reviews monthly summaries from providers and follows up on services as needed. As reportable critical incidents occur, the support coordinator completes the documentation requirements and follows up with providers. The support coordinator's role is dictated by DHS contract and Medicaid Waiver language.

### Support Coordinators as External Contractors

Support coordinators are reimbursed at a rate of \$207.96 per person per month (FY18). The maximum number of people they are contractually allowed to support is 46. Assuming all support coordinators are full time employees working 40 hours a week and have a full caseload, this equates to .9 hours per client each week. The average number of clients supported by an individual support coordinator is 30 statewide. Note this figure does not account for time spent on training requirements, travel time, or other administrative functions.

Currently (as of 06/04/2018) there are 176 external support coordinators and eight state support coordinators. Additionally, five state nurse coordinators are responsible for managing clients who qualify for DSPD services with a physical disability. Excluding support coordination services delivered

through the Physical Disabilities waiver, state support coordinators are responsible for transitioning people with intellectual disabilities or related conditions, or acquired brain injuries from the waiting list into services. Typically the state support coordinator will manage these cases for a short (1-2 month) period to assure eligibility is in place, and support the person in selecting a contracted support coordinator. There are occasionally individuals who receive state support coordination during a transition period when a new external support coordinator is being selected. In addition to case management responsibilities, state support coordinators are responsible for assessment and eligibility functions that are not included on the external support coordinator contract. Specifically, these duties include completing the Supports Intensity Scale assessment every five years, and DSPD eligibility and Level of Care determinations annually. For a person who has a brain injury the Comprehensive Brain Injury Assessment is completed annually. Given the variation in job duties between external and state support coordinators, it is difficult to make a comparison between caseload sizes.

Additionally, state support coordinators provide ongoing support coordination for people who are not Medicaid eligible and are receiving non-waiver DSPD supports. In FY17, 78 people received non-Medicaid waiver services from state support coordinators.

## Oversight and Accountability

Support coordinators are largely responsible for ensuring quality of service to clients. DSPD has oversight of the support coordinators by monitoring contract compliance. DSPD monitors contract compliance by reviewing a random sample of clients. Each person selected in the random sample is reviewed using a contract compliance tool. When issues of non-compliance are identified the support coordination company must address this in the development and implementation of a corrective action plan. If the compliance issue persists, the contract can be terminated.

DSPD also utilizes national satisfaction survey data to monitor the quality of support coordination services statewide. Table 1 shows support coordination satisfaction data from the National Core Indicators (NCI) Adult Consumer Survey for adults in services over time. There are between 33 (FY2013) and 46 (FY2017) NCI participating states, depending on the survey cycle year. Indicators of statistical significance are based on the results of a one sample T-test.

**Table 1: NCI Support Coordinator Satisfaction Data**

Significantly Above National Average	Significantly Below National Average
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NCI Measure	FY2013	FY2014	FY2015	FY2016	FY2017
Person has met their support coordinator					
<i>Utah</i>	98%	99%	98%	98%	99%
<i>NCI Participating States</i>	94%	95%	95%	95%	95%
Support Coordinator asks them what they want					
<i>Utah</i>	90%	89%	84%	88%	89%
<i>NCI Participating States</i>	87%	88%	87%	88%	88%
Person is able to contact their support coordinator when they want					
<i>Utah</i>	-	-	-	88%	88%
<i>NCI Participating States</i>	-	-	-	87%	87%
Person likes their support coordinator					
<i>Utah</i>	95%	98%	95%	95%	93%
<i>NCI Participating States</i>	-	-	-	-	-
Person chose or could request to change their support coordinator					
<i>Utah</i>	80%	73%	74%	73%	87% <sup>1</sup>
<i>NCI Participating States</i>	60%	63%	67%	70%	87%

<sup>1</sup> Wording of measures was changed in FY2017 to read “Can change their support coordinator if wants to.”

Source: National Core Indicators, Adult Consumer Survey, 2013-2017

As illustrated in the table above, in FY17, 87% of adults receiving DSPD services reported they could change their support coordinator if they wanted. Ensuring person-driven choice is a critical component of assessing the quality of DSPD support coordination services. At the time of initial service entry, people have the opportunity to interview potential support coordinators and determine who best fits them.

While receiving DSPD supports, people have the opportunity to request a new support coordinator at anytime. Occasionally, people change support coordinators for reasons other than person-driven choice (e.g. support coordinator terminates employment or is on hiatus from employment for an extended period). In FY17, 7.9% of ongoing service recipients changed support coordinators at least once during the annual cycle.

Each support coordinator is required to sign and uphold the DHS and DSPD Code of Conduct, as it defines professional and ethical behavior, as well as, strictly comply with the Ethics Acts. Additional contract language restricts how support coordinators can solicit clients. Support Coordinators are required to submit a Conflict of Interest form disclosing conflicts or appearance of conflict relationships. Such conflicts are reviewed for approval or denial through DHS/Bureau of Internal Review and Audit (BIRA). In addition, as an enrolled Medicaid provider, support coordinators may be referred to the Utah Office of Inspector General for Medicaid or the Medicaid Fraud Control Unit if there is a suspicion of fraudulent behavior.

Support coordination services are reimbursed at a flat monthly rate per participant served. There is no financial incentive for the support coordinator to request services that are not needed. The legally-binding contract for support coordination services, signed by the owner of the support coordination company, requires the contractor to ensure the person is receiving services that meet the person's needs.

Support coordinators are responsible for submitting requests for additional services as the person's needs change over time. Each request for services is submitted by the support coordinator to the Division Request for Services (RFS) committee. Before the request is reviewed, the support coordinator must document the need for each service being requested. The support coordinator must attest that service-specific criteria is met and support this claim with documentation. Each request is reviewed by the RFS committee to determine whether the documentation is supportive. Once it has been established that the service is truly needed, the committee makes a determination as to how much service is required. The committee assesses the appropriate number of units (typically quarter hours or days) that are needed. For those services with a variable reimbursement rate, the committee also makes this determination. The committee is operated by the division in order to ensure another layer of fiscal oversight and management of the state budget.

## Quality Assurance

DSPD maintains a constituent services program to respond to concerns, complaints, service issues, and referrals to other programs or resources. Reached by email ([dspd@utah.gov](mailto:dspd@utah.gov)) or by phone 1.844.ASK.DSPD or 1.844.275.3773, the Division constituent representative acts as a point of first contact for any entity wishing to learn more about Division services, seek answers to service questions, seek assistance with resource provision, seek remedies to concerns, and/or provide notice of concerns

within the Division service system. The Division constituent representative serves a significant role in the Division's service system.

The constituent representative also works within the Division's quality management team, frequently being the first point of contact when stakeholders wish to notify the Division of concerns regarding participant health and safety, and contractual non-compliance concerns. Within the quality management team, the constituent representative works closely with contract reviewers to assist in the investigative processes, and follow-up with constituent representatives of other Divisions within the Department, such as Adult Protective Services and Child Protective Services, for dually-served participants.

When the constituent representative receives concerns from Division stakeholders, the first step in the process is typically to evaluate the current status of the health and safety of Division participants. Subsequent to that, the constituent representative works closely with the Division's quality management administrator to staff cases and evaluate if reported concerns are currently under review by other members of the quality management team. This ensures notification is provided to the proper authority and that systemic issues are being addressed collectively and efficiently.