

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: Utah

B. Waiver Title(s):

- Utah Community Supports Waiver;
- Aging Waiver;
- Acquired Brain Injury Waiver;
- Physical Disabilities Waiver;
- New Choices Waiver;
- Medically Complex Children’s Waiver;
- Technology Dependent Waiver
- Community Transitions Waiver

C. Control Number(s):

¹ Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.

UT.0158.R07.01
 UT.0247.R06.01
 UT.0292.R05.02
 UT.0331.R04.03
 UT.0439.R03.01
 UT.1246.R01.04
 UT.40183.R05.03
 UT.1666.R00.01

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. Brief Description of Emergency. *In no more than one paragraph each, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.*

This Appendix K is additive to the Appendix K approved April 17, 2020. The amendment includes the following:

- Clarification on the use of multiple retainer payment periods
- Addition of Personal Attendant Services to the Medically Complex Children’s Waiver (1246) and Technology Dependent Waiver (40183) for the purposes of facilitating Caregiver Compensation
- Additional information added to Specialized Medical Equipment pertaining to the Community Supports (0158), Acquired Brain Injury (0292), and Physical Disabilities (0331) Waivers on the procurement of PPE by the Operating Agency
- Addition of Intense Personal Care- Community Integration Service to the Community Supports (0158) and Community Transition (1666) Waivers

F. Proposed Effective Date: Start Date: January 27, 2020 Anticipated End Date: January 26, 2021.

G. Description of Transition Plan.

H. Geographic Areas Affected:

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state’s response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ Access and Eligibility:

i. ___ Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. ___ Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency. [Explanation of changes]

iii. Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. ___ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included: [Explanation of modification, and advisement if room and board is included in the respite rate]:

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. ___ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

i. ___ Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii. ___ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

e. ___ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

f. ___ Temporarily increase payment rates.

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

g. ___ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

i. ___ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

j. ___ Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

-Retainer payments may be provided for Intense Personal Care - Community Integration Service (IPC-CIS). The state confirms that retainer payments are for direct care providers who normally provide intense personal care community integration but are currently unable to deliver services due to COVID-19 pandemic. IPC-CIS includes personal care as a component of service delivery.

-A maximum of 3 episodes, of up to 30 consecutive days may be considered during the public health emergency for personal assistance retainer payments. This is evaluated by individual waiver participant and the state assures a retainer payment will not exceed the payment for the applicable service.

The State will determine the use of retainer payments by evaluating the impact to enrolled providers related to the effect of COVID-19 on service utilization and revenue as well state funding available for this purpose. A provider may be paid up to 100% of their pre-COVID expected revenue, per individual, when the inability to attend services is due to COVID-19.

The state will collect an attestation from the provider acknowledging that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred or duplicate uses of available funding streams, as identified in a state or federal audit or any other authorized third-party review. The state will require an attestation from the provider that it will not lay off staff and will maintain wages at existing levels for the entirety of the calendar period in which the retainer payment was received. The state will require an attestation from the provider that they had not received funding from any other sources, including but not limited to, unemployment benefits and Small Business Administration loans, that would exceed their revenue for the last full quarter prior to the PHE, or that the retainer payments at the level provided by the state would not result in their revenue exceeding that of the quarter prior to the PHE. If a provider had not already received revenues in excess of the pre-PHE level but receipt of the retainer payment in addition to those prior sources of funding results in the provider exceeding the pre-PHE level, any retainer payment amounts in excess would be recouped. If a provider had already received revenues in excess of the pre-PHE level, retainer payments are not available.

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Post Eligibility Treatment of Income for Special Income Group (42 CFR 435.217). The State elects to provide an allowance of up to 300% of the SSI federal benefit rate for the basic personal needs allowance.

During the COVID-19 emergency, due to insufficient supply and inability of providers to procure Personal Protective Equipment (PPE), PPE may also be furnished by the Operating Agency in order to ensure waiver participants have access to necessary supplies. The total reimbursement received will only be sufficient to ensure that the cost to the OA may be recovered and will not include additional compensation. To meet immediate health and safety needs, gloves normally received through an individual's State Plan benefit may be provided through the waiver service should traditional suppliers not be able to meet demand, or if delays in ordering/procurement would lead to care concerns.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. Case management
 - ii. Personal care services that only require verbal cueing
 - iii. In-home habilitation
 - iv. Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
 - v. Other [Describe]:

- b. Add home-delivered meals
- c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. Current safeguards authorized in the approved waiver will apply to these entities.
- b. Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

- a. Allow spouses and parents of minor children to provide personal care services
- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver.
[Indicate the providers and their qualifications]

- d. Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. Adjust prior approval/authorization elements approved in waiver.
- d. Adjust assessment requirements
- e. Add an electronic method of signing off on required documents such as the person-centered service plan.

Contact Person(s)

- A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name:	Bagley
Last Name	Kevin
Title:	Director, Bureau of Long Term Services and Supports
Agency:	Utah Department of Health, Division Director, Division of Medicaid and Health Financing
Address 1:	288 n 1460 w
Address 2:	PO Box 143101
City	Salt Lake
State	Utah
Zip Code	84114
Telephone:	(801) 538-9144
E-mail	klbagley@utah.gov
Fax Number	(801) 538-6412

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name:	Click or tap here to enter text.
Last Name	Click or tap here to enter text.
Title:	Click or tap here to enter text.
Agency:	Click or tap here to enter text.
Address 1:	Click or tap here to enter text.
Address 2:	Click or tap here to enter text.
City	Click or tap here to enter text.
State	Click or tap here to enter text.
Zip Code	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
E-mail	Click or tap here to enter text.
Fax Number	Click or tap here to enter text.

8. Authorizing Signature

Signature: /S/ Tonya Hales Assistant Director, Division of Medicaid and Health Financing <hr style="width: 30%; margin-left: 0;"/>	Date: July 1, 2020
State Medicaid Director or Designee	

First Name:	Nate
Last Name	Checketts
Title:	Deputy Director
Agency:	Utah Department of Health, Division Director, Division of Medicaid and Health Financing
Address 1:	288 n 1460 w
Address 2:	Click or tap here to enter text.
City	Salt Lake
State	Utah
Zip Code	84114
Telephone:	(801) 538-6043
E-mail	nchecketts@utah.gov
Fax Number	(801) 538-6860

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification

Service Title: Personal Attendant Services (Addition of Service for 40183: Technology Dependent Waiver & 1246: Medically Complex Children's Waiver)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Personal Attendant Services are essential to help the waiver participant achieve maximum independence and may vary depending on the needs of the individual and their daily schedule. Services may include: (a) hands-on care consisting of both a non-skilled medical and non-medical supportive nature specific to the needs of a medically stable individual with physical disabilities. Such support may involve assistance to the participant in performing all Activities of Daily Living (ADLs) including: bathing, dressing (upper/lower body), toileting, transferring, maintaining continence, positioning while in bed, eating, personal hygiene and locomotion in and out of the home. Any skilled medical care and health maintenance required as part of the participant's ADLs may also be provided but only as permitted by State law and as certified by the participant's physician; (b) assistance with all Instrumental Activities of Daily Living (IADLs) to include housekeeping, chore services, meal preparation, grocery shopping, using the telephone and all other reasonable and necessary activities which are incidental to the performance of the participant's care may additionally be furnished as part of this service when agreed upon by the participant, personal attendant and the case manager, as outlined in the Person Centered Support Plan (PCSP).

Personal Attendant Services are not duplicative of State plan Personal Care as those services do not allow for an option to self-direct care while this service requires it.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Limitations: Limits on the amount, frequency and/or duration are specified in the PCSP and based upon assessed need. Personal Attendant services are rendered in 15 minute units.

Transportation costs associated with the provision of care as outlined above through this service may not be included in the scope of Personal Attendant Services.

During PCSP planning meetings, RN Case Managers will work with waiver participants to determine if State plan Personal Care, or Waiver Personal Attendant Services are most appropriate to meet the participant's needs. To avoid duplication, participants will be asked to select one option unless the RN Case Manager is able to document a specific reason for the individual to receive both. The RN Case Manager will monitor the utilization of both services and verify its continued necessity.

There could be any number of examples why a person would utilize both state plan personal care and personal attendant services through the waiver.

1. The personal care state plan service is a similar but not exactly the same service as the personal attendant services in the waiver. Personal care state plan service does not allow for some of the assistance with IADLs and it is limited to 60 hours per month. Many times a client will avail themselves of the state plan personal care up to the maximum of 60 hours per month to provide specific ADL cares and will use attendant care through the waiver as an adjunct to provide assistance with shopping and paying bills and other IADLs.

2. A combination of state plan (traditional home health agency) services and self-directed services are provided to best meet the person's needs and preferences. For example – you may have a client who uses state plan services during the weekdays, but then the client prefers to have a self-directed service worker on the weekends due to the ability to have more flexible scheduling. Or the person may be willing to have personal care state plan for some services, but may prefer to have bathing completed 3 times a week by a trusted sibling etc.

The state believes this type of flexibility is in line with the intent of person-center planning that is focused on the needs, preferences and cultural sensitivity of the individual's circumstances. In all cases, the care plan indicates when both services are being used.

To the extent that any listed services are covered under the state plan, including EPSDT, the services under Personal Attendant Services are limited to additional services not otherwise covered under the state plan, but consistent with waiver objectives of avoiding institutionalization

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
	Qualified individual selected by the participant			
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	

Individual		Home Health Aide Certificate of Completion (R432-700-22) OR OTHER STANDARD	Be at least 18 years of age; have a Social Security Number and provide verification of such; agree to have a Criminal Background Check (if individual is not the parent/legal guardian); have the ability to read, understand and carry out written and verbal instructions, write simple clinical notes and record messages; be oriented and trained in all aspects of care to be provided to the participant including medical care and health maintenance; and be able to demonstrate competency in all areas of responsibility.

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	Division of Medicaid and Health Financing	Annually

Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/> Provider managed

Service Specification

Service Title: Specialized Medical Equipment/Supplies/Assistive Technology - Purchase (0158: Community Supports Waiver; 0292: Acquired Brain Injury Waiver; 0331: Physical Disabilities Waiver; 1666: Community Transitions Waiver)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope – Taken from 0158):

Specialized Medical Equipment/Supplies/Assistive Technology - Purchase includes the purchase of devices, controls, or appliances, specified in the individual support plan, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies necessary for the operations of that equipment furnished under the State plan and shall exclude those items that are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation.

Automated medication dispensary devices are also included under this service description. Automated medication dispensary devices consist of timed alarmed monitoring systems that have the ability to store and dispense proper dosages of medications at scheduled times as prescribed by the person's medical practitioner(s). Use of medication dispensary devices shall only be an option when more simple methods of medication reminders are determined to be ineffective by the operating agency. The need for such devices must also be specified in the individual's PCSP.

Elements of Specialized Medical Equipment & Supplies:

The Specialized Medical Equipment & Supplies category includes elements for purchase, installation, removal, replacement, repair and for an ongoing service fee.

During the COVID-19 emergency, due to insufficient supply and inability of providers to procure Personal Protective Equipment (PPE), PPE may also be furnished by the Operating Agency in order to ensure waiver participants have access to necessary supplies. The total reimbursement received will only be sufficient to ensure that the cost to the OA may be recovered and will not include additional compensation. To meet immediate health and safety needs, gloves normally received through an individual's State Plan benefit may be provided through the waiver service should traditional suppliers not be able to meet demand, or if delays in ordering/procurement would lead to care concerns.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Limitations: Expenditures for specialized medical equipment and the supplies necessary to operate that equipment will be in accordance with the Division of Services for People with Disabilities policy and all purchases will comply with State procurement requirements. Each item of specialized medical equipment and supplies necessary for the operation of that equipment must be approved prior to purchase by a DHS/DSPD Administrative Program Manager based on a determination of medical necessity by a physician or an advanced practice registered nurse with prescriptive privileges and a determination that the item is not available as a Medicaid State Plan service.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Medical Equipment and Supply Suppliers
				Automated Medication Dispensary Equipment and Supply Suppliers

Specify whether the service may be provided by *(check each that applies)*: Legally Responsible Person Relative

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Medical Equipment and Supply Suppliers	Current business license		Enrolled with DSPD as an authorized provider of services and supports to people with disabilities in accordance with 62A-5-103, UCA. Enrolled as a Medicaid provider.
Automated Medication Dispensary Equipment and Supply Suppliers	Current business license		FCC registration of equipment placed in individual's home. Enrolled with DSPD as an authorized provider of services and supports to people with disabilities in accordance with 62A-5-103, UCA. Enrolled as a Medicaid provider. Automated Medication Dispensary Device Installer - Demonstrated ability to properly install and test specific equipment being handled.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Medical Equipment and Supply Suppliers	Division of Services for People with Disabilities	Annually

Automated Medication Dispensary Equipment and Supply Suppliers	Division of Services for People with Disabilities	Annually		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Service Specification

Service Title: Intense Personal Care- Community Integration Service (0158: Community Supports Waiver; 1666: Community Transitions Waiver)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Goal oriented service designed to promote a healthy lifestyle for individuals with physical and/or cognitive disabilities, utilizing education and Therapeutic Recreation. The service addresses waiver participant's needs directly related to their disability and contributes to the individual's community functioning and integration. Participants will have opportunities to build relationships, increase independence, and gain more self-confidence.

Individuals may have the opportunity to participate in hippotherapy, engage in physical activities such as climbing/obstacle courses, explore and learn about nature, swim, canoe, hike, create arts & crafts, play sports, engage in team building initiatives, etc.

Programs supply more than 100 hours of service per individual per week. A typical week runs from Monday morning to Friday afternoon. Individuals spend four overnights and are provided nutritious meals throughout the week. All individuals receive 24-hour assistance, care, and supervision from trained staff members, with a maximum staffing ratio of 1:6, with 1:1 care when needed. Staff are trained and will support those who need assistance with activities of daily living (restroom needs, feeding, mobility, etc.) when required.

At the start of the week, individuals are given an intake assessment used to establish potential goals which are discussed with the individual and parent or guardian supporting the completion of the assessment. The individual's PCSP is also referred to when establishing their goals. Progress notes are written at the end of each day by the assigned counselor.

Some goal examples are increasing concentration/attention span, increasing physical strength, increasing social skills, improving attitudes leading to a healthy lifestyle, etc. Objectives then translate into specific actions that the participant will take (with any needed assistance) to achieve their goals and demonstrate that they have gained a new skill. Objectives are specific, measurable, and achievable.

This service is provided in a camp-like environment/campus which allows for the activities described above and may include offsite events in community-based locations in line with established goals.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Intense Personal Care- Community Integration Service shall not be provided in a waiver participant's or immediate family's normal place of residence. Session rates will not exceed the quarter hour maximum payment for 1-24 hours and 1-7 days.

With the exception of specialized therapeutic respite camps, this service is not available to children in the custody of the State of Utah: Department of Human Services, Division of Child and Family Services.

To the extent that any listed services are covered under the state plan, including EPSDT, the services under Intense Personal Care- Community Integration Service are limited to additional services not otherwise covered under the state plan, but consistent with waiver objectives of avoiding institutionalization.

The rate for Intense Personal Care- Community Integration Service does not include room and board.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Agency-Based IPC-CIS Provider
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Agency-Based IPC-CIS Provider	Licensed by the State of Utah as a specific category of facility/agency as follows: Licensed Residential Treatment Programs R501-19, UAC Licensed Residential Support Programs R501-22, UAC Nursing Facility: R432-150, UAC Assisted Living Facility: R432-270, UAC	Certified by DSPD as an authorized provider of services and supports to people with disabilities in accordance with 62A-5-103, UCA.	Under state contract with DSPD as an authorized provider of services and supports to people with disabilities in accordance with 62A-5-103, UCA. Enrolled as a Medicaid provider.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification		
Agency-Based IPC-CIS Provider	Division of Services for People with Disabilities	Annually		
Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed