



UTAH DEPARTMENT OF
HEALTH

PHYSICAL DISABILITIES WAIVER

Renewal Executive Summary, February 2016

Introduction

Utah's 1915 (c) Medicaid Home and Community Based Services (HCBS) Physical Disabilities Waiver (PD Waiver) expires June 30, 2016. In order to continue operations of this waiver, the Department of Health acting as the State Medicaid Agency (SMA) must submit a waiver renewal application to the Centers for Medicare and Medicaid Services (CMS) by March 31, 2016.

The SMA is the single state agency that retains administrative authority of the PD Waiver. This waiver allows for the provision of HCBS to individuals meeting a Nursing Facility level of care. The PD Waiver served 128 individuals with an annual average cost per participant of \$23,610 in Waiver Year Three (Fiscal Year 2014).

Drafting Process

The SMA together with the Division of Services for People with Disabilities (DSPD) prepared an initial draft of the waiver renewal in the summer of 2015. A workgroup comprised of waiver participants, the families of participants, advocates, providers and State staff from both the SMA and DSPD was then convened to review the initial draft and provide input. A final draft was then created as a result of the feedback provided.

Public Input

Initial public input was sought by utilizing the workgroup process described above as well as additional public input in the following ways:

- Presenting to the following groups: Medical Care Advisory Committee (MCAC), Disabilities Advisory Council (DAC) and the Utah Indian Health Advisory Board (UIHAB) in February 2016.
- Posting the draft online and providing a 30-day public comment period. Notification of public comment was also completed in the newspaper.
- Reviewing and responding to comments after the 30-day public comment period and making decisions about further amending the waiver to incorporate additional comments received.

The final draft will be completed by mid-March. Final review, approval and submission of the waiver application will be completed by the State Medicaid Director.

Overview of Proposed Changes

- Service Modifications
 - There will be no new services added to the waiver program and no services will be removed.
 - The existing Personal Attendant Service description was updated to further detail how the service is to be provisioned with added clarification that transportation costs associated with this service are not covered.
- Change to General Service Specifications
 - Waiver language was altered to reflect changes as a result of R501-14 which was recently amended. All providers under the Self-Administered Service Model are now required to receive a criminal background check, including the family members of waiver participants.
- Quality Improvement
 - Incident reporting requirements were updated to reflect current SMA protocol. Incidents are grouped by severity into three distinct categories and investigated accordingly.

Questions and comments about the draft waiver application are welcome and can be submitted to:

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