

Physical Disabilities Waiver

Waiver Services

- Consumer Preparation Services
- Financial Management Services
- Local Area Support Coordination Liaison
- Personal Assistance Services
- Personal Emergency Response System

Purpose and Eligibility

Purpose

This waiver is designed to provide services statewide to help people with physical disabilities remain in their homes or other community based settings. Individuals are able to live as independently as possible with supportive services provided through this waiver program. It is designed to be consistent with a service delivery system that promotes and supports participant self-determination.

Eligibility Requirements

- Be 18 years of age or older
- Have a physician certify the physical disability of the individual
- Have a physical impairment resulting in the functional loss of 2 or more limbs, and requiring at least 14 hours per week of personal assistance
- Be capable of supervising, training, and managing his/her attendant
- Be capable of managing his/her own financial and legal matters
- Require nursing facility level of care
- Meet financial eligibility requirements for Medicaid
- Have at least one personal attendant trained (or willing to be trained) and available to provide the authorized waiver services in a residence that is safe and adequately equipped for care of the individual

Limitations and Contact Info

Limitations

- Serves a limited number of individuals
- There is a waiting list to get on this waiver
- Individuals can use only those services they are assessed as needing

Contact Information

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General Information

Utah Has Six Medicaid 1915(c) HCBS Waivers

- Waiver for Individuals Age 65 or Older
- Acquired Brain Injury Waiver
- Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions
- Physical Disabilities Waiver
- New Choices Waiver
- Waiver for Technologically Dependent Children

What is a Medicaid Waiver?

- In 1981, Congress passed legislation allowing states greater flexibility in providing services to people living in community settings.
- This legislation, Section 1915(c) of the Social Security Act, authorized the "waiver" of certain Medicaid statutory requirements.
- The waiving of these mandatory

statutory requirements allowed for the development of joint federal and state funded programs called Medicaid 1915(c) Home and Community Based Services Waivers.

How does the 1915(c) HCBS Waiver work?

- The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) has a contract with the Centers for Medicare and Medicaid Services (CMS - the federal Medicaid regulating agency) that allows the state to have a Medicaid 1915(c) HCBS Waiver.
- The contract is called the State Implementation Plan and there is a separate plan for each waiver program.
- The State Implementation Plan defines exactly how each waiver program will be operated.
- All State Implementation Plans include assurances that promote the health and welfare of waiver recipients and insure financial accountability.

What are the characteristics of a waiver?

- States may develop programs that provide home and community based services to a limited, targeted group of individuals (example: people with brain injuries, people with physical disabilities, or people over age 65)
- Individuals may participate in a waiver only if they require the level of care provided in a hospital nursing facility (NF) or an intermediate care facility for people with mental retardation (ICF/MR).
- States are required to maintain cost neutrality which means the cost of providing services to people at home or in the community has to be the same or less than if they lived in a nursing facility.
- Services provided cannot duplicate services provided by Medicaid under the Medicaid State Plan
- States must provide assurances to the Center for Medicare & Medicaid Services (CMS) that necessary safeguards are taken to protect the health and welfare of the recipients of a waiver program.