**State of Utah**

GARY R. HERBERT
*Governor*

SPENCER J. COX
*Lieutenant Governor*

**Department of Human Services**

ANN SILVERBERG WILLIAMSON
*Executive Director*

**Division of Services for People with Disabilities**
ANGELLA D. PINNA
*Interim Director*

Thank you for making contact with us. We are looking forward to getting to know you. We hope we can help you get the services that you need. We provide services for people with intellectual disabilities and closely related conditions, acquired brain injury, and physical disabilities.

We have enclosed the following documents with this letter:

- Physical Disabilities Intake Checklist
- Form 1-1 Request for Determination of Eligibility for Services
- Form 3-1 Application for Physical Disabilities Services
- Physical Disabilities Waiver Fact Sheet (English)
- Physical Disabilities Fact Sheet (Spanish)
- Family to Family Network

Please complete the items on the Intake Checklist and return them to us using the information below:

Email: pamiller@utah.gov

Mail: Division of Services to People with Disabilities, 3rd
Floor Multi Agency State Office Building
195 North 1950 West
Salt Lake City, Utah 84116

Be sure to complete the Form 1-1 with your name and contact information so we will be able to follow up on the information you have submitted. If you have any questions or concerns do not hesitate to contact us. You can either contact us by phone (801-386-0886) or request us to call you through the DSPD Webpage (dspd.utah.gov)

Angella D. Pinna, Interim Director
Division of Services for People with Disabilities

# Division of Services for People with Disabilities
# Physical Disabilities Intake Checklist

____ Form 1-1 - Request for Determination of Eligibility for Services

____ Form 3-1 - Physical Disabilities Application

____ Copy of Social Security

____ Card Copy of Birth Certificate

____ Copy of Medicaid Card - If not applicable, please indicate in the Social History

Please return as many of the above documents as possible:

Email: pamiller@utah.gov

Mail: Division of Services to People with Disabilities, 3rd
Floor Multi Agency State Office Building
195 North 1950 West
Salt Lake City, Utah 84116

If you have any question, do not hesitate to call:

Patty Miller,RN
801-386-0886

If you are interested in registering to vote, go to: https://secure.utah.gov/voterreg/index.html?formtype=dis

# Form 1-1 REQUEST FOR DETERMINATION OF ELIGIBILITY FOR SERVICES

| Information on APPLICANT (Person with Disabilities): [Please print the following information] | | | |
|---|---|---|---|
| First Name | Middle Name | | Last Name |
| Home Phone | Work Phone | | Cell Phone |
| Date of Birth | Gender<br>Male Female | | Social Security No |
| Address | | | City |
| County | State | Zip Code | e-mail |

I, the Applicant, understand that by signing below and returning this form I am officially requesting the Division of Services for People with Disabilities to collect information about me to see if I am eligible for services.

_____ and/or _____ _____

*Applicant's signature* *Parent/Guardian's signature* *Date*

| CONTACT PERSON (if different than applicant): | | |
|---|---|---|
| Name | Phone Number | Relationship to Applicant |

Please return this form to start the eligibility process. If you need help completing this form, please contact Patty Miller, RN at 801-386-0886 from 8:00 a.m. to 5:00 p.m., Monday through Friday.
The completed form can be submitted: Division of Services to People with Disabilities, 3rd Floor, Multi Agency State Office Building, 195 North 1950 West, Salt Lake City, Utah 84116.

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

**Application for Physical Disabilities Services**

# Part A - To be Completed by the Applicant

**Applicant's Personal Information**

| | | | |
|---|---|---|---|
| Name: | Date of Birth: Over 18: Δ Yes Δ No | | |
| Address: | City: | State: | Zip: |
| Social Security #: | Home Phone: ( ) - <br> Cell Phone: ( ) - | Work Phone: ( ) - <br> e-mail: | |
| Present living situation: Δ House Δ Apartment Δ Nursing home Δ Other (explain): | | | |
| **Description of Disability:** <br> In order to qualify for Physical Disabilities Services, you must have a physical impairment that has resulted in the functional loss of two or more limbs. Please describe the nature of your disability: | | | |
| Is this condition: ΔTemporary ΔPermanent | Date of onset: | | |
| If your disability is temporary, what is the expected duration of the disability?: | | | |
| Do you have a Medicaid Card? ΔYes ΔNo ΔPending | What is your gross monthly income? $ | | |
| Do you currently receive home health aide services? ΔYes ΔNo If yes, how many visits?____/day or____/week <br> Do you currently have a personal attendant not from a home health agency? ΔYes ΔNo If yes, how many hours?____/day or____/week <br> What is the name of your personal attendant (if you indicated that you have one)? _____ | | | |

**Please indicate the activities of daily living you require assistance with (check all that apply):**

| | | |
|---|---|---|
| ☐ **Dressing** | ☐ **Grooming** | ☐ **Cooking** |
| ☐ **Eating** | ☐ **Laundry** | ☐ **Grocery Shopping** |
| ☐ **Assistance/Support to Transfer to or from a Bath/Shower or a Transportation Vehicle** | | |
| ☐ **Assistance with Tasks/Services such as Ventilator, Catheter Care, Suctioning or Overnight Attention** | | |
| Please describe your expectations of how this program will help you: | | |

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

**Application for Physical Disabilities Services**

# Part A (Continued) - To be Completed by the Applicant

**Applicant's Verification**

**Dear applicant:** Physical Disabilities Services may only be delivered through the self-administration method. This method supports an individual with a disability in self-directing the personal assistance services they receive through the Physical Disabilities program.

This means that you need to be aware that:

a) You are the employer, taking responsibility for hiring and managing your own personal attendants which includes responsibility for employee selection, scheduling, termination, performance evaluations, arranging back-up coverage, and submitting time sheets. Consumer Preparation Service, a preparatory service providing instructions for these tasks, is available through your Nurse Coordinator.

b) You must be able to instruct your personal attendants on many levels including how and when you need assistance, changing levels in personal needs, grievance procedures, emergency coverage, exploitation, and abuse.

This application is intended to point out any issues of concern or deficits that may prevent you from operating the program safely and efficiently.

**I certify that the information provided in this application is true and accurate. I also agree to comply with all program requirements.**

| **Applicant's Signature:** | **Date:** |
|---|---|
| Comments:_____ | |

**Return Completed Form to:**
Division of Services for People with Disabilities
Attn: Nurse Coordinator
195 North 1950 West
Salt Lake City, UT 84116

**FOR DIVISION OFFICE STAFF ONLY**
**STAMP DATE RECEIVED IN BOX**

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

**Application for Physical Disabilities Services**

# Part B - To be Completed by the Physician

| Physician's Name: | Phone: | | |
|---|---|---|---|
| Address: | City: | State: | Zip: |

**Physician's Recommendations**

**SECTION I: DIAGNOSTIC INFORMATION**

**Dear Physician:** Your patient is applying for Physical Disabilities Services through the Division of Services for People with Disabilities (DSPD). Physical Disabilities Services means hands-on care, of both a medical (to the extent permitted by State law) and non-medical services of a supportive nature, specific to the needs of an adult with a physical disability (assistance with activities of daily living and personal care). Please take a few minutes to complete this page. The information you provide will assist the DSPD Nurse Coordinator in making a determination of whether your patient is eligible for service.

**Name of patient:**

**Patient's diagnosis:**
**ICD 10 Code:_____ Definition:_____**

In order to qualify for Physical Disabilities services, the applicant must meet all of the following criteria. Please mark yes or no to each of these statements based on your professional judgment.

ΔYes ΔNo **Patient is medically stable.**

**If No, please explain:**

ΔYes ΔNo **Patient has a functional loss of two or more limbs.**

**If No, please explain:**

ΔYes ΔNo **Applicant's functional loss of two or more limbs is permanent.**

**If No, please answer the next question below.**

ΔYes ΔNo **Applicant's functional loss of two or more limbs is expected to last at least 12 months or more.**

**If No, please explain:**

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

**Application for Physical Disabilities Services**

# Part B (Continued) - To be Completed by the Physician

**SECTION II: SELF-ADMINISTERED ASSESSMENT**

**Note to Physician:** Self-administration is a service delivery method that supports an individual with a disability in self-directing the personal assistance services they receive through the Physical Disabilities program. Physical Disabilities Services may only be delivered through the self-administration method.

This means that in order to be eligible for Physical Disabilities Services, your patient must be able to:

a) Direct certain aspects of the patient's care. For example, they must have the ability to hire, train and supervise their own personal attendant(s) and determine how and when services are provided; and
b) Self-administer, which means being aware of his/her needs and having the ability to instruct the personal attendant as to how and when assistance is needed.

If you have concerns about your patient's ability to complete these tasks, please state them in the "Comments" section below. This assessment is intended to determine any issues of concern or deficits that may interfere with the patient's ability to self-direct the Physical Disabilities Services needed. Feel free to engage your patient in an open dialogue while going through parts (a) and (b) directly above.

I certify that the patient, based on the assessment above:

☐ **Is able to self-administer his/her program.**

☐ **Is not able to self-administer his/her program.**

Comments: _____

_____

_____

**I certify that the information I have provided under sections I and II in this application is true and accurate to the best of my knowledge.**

| **Physician's Signature:** | **Date:** |
|---|---|
| Additional Comments: _____ | |

**Return Completed Form to:**
Division of Services for People with Disabilities
Attn: Nurse Coordinator
195 North 1950 West
Salt Lake City, Utah 84116

**STAMP DATE RECEIVED IN BOX**

# Physical Disabilities Waiver

**Waiver Services**

- Financial Management Services
- Personal Attendant Services
- Personal Emergency Response Systems (PERS)
- Specialized Medical Equipment and Supplies (associated with medication disbursement)

## 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.
- Be capable of selecting, training and supervising his/her own attendant(s).
- 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**
- A limited number of individuals are served.
- There is a waiting list for this waiver program.
- Individuals can use only those services they are assessed as needing.

**Contact Information**
Division of Services for People with Disabilities
195 North 1950 West
SLC, UT 84116
(801) 538-4200
dspd@utah.gov

UTAH DEPARTMENT OF HEALTH

# General Information

**Utah Has Eight Medicaid 1915(c) HCBS Waivers**

- Acquired Brain Injury Waiver
- Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions
- Medicaid Autism Waiver
- Medically Complex Children's Waiver
- New Choices Waiver
- Physical Disabilities Waiver
- Waiver for Individuals Age 65 or Older
- Waiver for Technology Dependent, Medically Fragile Individuals

## 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 - Medicaid) 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 skilled nursing facility (SNF) or an intermediate care facility for people with intellectual disabilities (ICF/ID).
- 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.

# Programa de Renuncia al Envejecimiento para personas con Disabilidades Físicas

**Servicios del Programa**

- Servicios de Preparación de Consumidor
- Servicios de Manejos Financieros
- Enlace de Coordinación de Apoyo Local del Área.
- Servicios de Asistencia Personal
- Sistema de Respuesta de Emergencia Personal

## Proposito y Elegibilidad

**Proposito**

Este programa esta diseñado para proveer servicios a lo largo del estado para ayudar a personas con disabilidades físicas a que continúen en sus hogares u otras comunidades de la tercera edad. Las personas son capaces de tener una vida más independiente y evitan el tener que vivir en un sitio especial. Esta designado para ser consistente con un sistema de servicios de entrega y apoyar la auto determinación del participante.

**Requisitos de Elegibilidad**

- Ser mayor de 18 años de edad
- Tener un certificado medico que demuestre la disabilidad física del individuo
- Tener un impedimento físico resultante en la perdida funcional de 2 o mas miembros, y requerir al menos 14 horas semanales o mas de asistencia personal
- Ser capaz de supervisar, entrenar y manejar su atención
- Ser capaz de manejar sus asuntos financieros o legales
- Requerir de niveles de cuidados de asistencia
- Cubrir los requerimientos de elegibilidad financiera de Medicaid
- Tener al menos una persona entrenada que lo asista (o dispuesta a ser entrenada) y disponible para proveer los servicios autorizados del programa en una residencia que es segura y adecuadamente equipada para el cuidado del individuo

## Limitaciones e Información de Contacto

**Limitaciones**

- Sirve a un número de individuos limitados (150)
- Hay una lista de espera para entrar a este programa
- Las personas pueden usar solo los servicios que son evaluados como necesarios

**Información de Contacto**

Division of Services for People with Disabilities
195 North 1950 West
SLC, UT 84116
(801) 538-4200
dspd@utah.gov

Promote ■ Prevent ■ Protect
Utah Department of Health

# Información General

**Utah tiene Seis programas de Renuncia a la Vejez de Medicaid 1915(c) HCBS**

- Programa de Renuncia para los Individuos mayores de 65 años
- Programa de Renuncia para personas con Lesión de Cerebro adquirida
- Programa de Renuncia de Soporte de la comunidad para los Individuos con Disbilidades Intelectuales o Otras Condiciones Relacionadas
- Programa de Renuncia de Disabilidades Físicas
- Programa de Renuncia de nuevas opciones
- Programa de Renuncia para los Niños Tecnológicamente Dependientes (solamente manejado por el Buró de Manejo de Cuidado de UDOH)

## ¿Que es el programa de Renuncia a la Vejez de Medicaid?

- En 1981, El congreso aprobó la ley que permite a los estados más flexibilidad en proveer servicios a los individuos que viven en comunidades de la tercera edad.
- Esta legislación, Sección 1915(c) del Acta del seguro social, autorizó el "la renuncia" de ciertos requisitos estatutarios de Medicaid.
- La Renuncia de estos requisitos estatutarios obligatorios permitieron el desarrollo de programas conjuntos federales y estatales y consolidó los programas llamados Medicaid 1915(c) Servicios de Renuncias basadas en el Hogar o Comunidades de la Tercera Edad.

## ¿Como trabaja este programa de la sección 1915(c)?

- El Departamento de Salud de Utah, División de Medicaid y Financiamiento de Salud (DMHF - Medicaid) tiene un contrato con los Centros para Medicare y Servicios de Medicaid (CMS – la agencia federal que regula el medicaid) que permite al estado tener el programa de renuncia Medicaid 1915(c) de HCBS.
- El contrato se llama el Plan de Aplicación Estatal y hay un plan separado para cada programa de renuncia.
- El Plan de Implementación Estatal define exactamente cómo cada programa de renuncia se operará.
- Todos los Planes de Implementación estatal incluyen convicciones que promueven la salud y bienestar de los destinatarios del programa y aseguran responsabilidad financiera

## ¿Cuales son las características de este programa?

- Los Estados pueden desarrollar programas que proporcionan servicios basados en el hogar o en una comunidad de la tercera edad a un grupo limitado de individuos (ejemplo: las personas con lesiones del cerebro o las personas con disabilidades físicas)
- Los individuos sólo pueden participar en el programa si ellos requieren el nivel de cuidado proporcionado en un asilo de ancianos hospitalario (NF) o una facilidad de cuidado de intermedio para las personas con retraso mental (ICF/MR).
- Se exigen a Estados que mantengan neutralidad del costo, lo que significa el costo de proporcionar servicios a las personas en casa o en la comunidad tiene que ser el mismo o menos de si ellos vivieran en un asilo de ancianos.
- Los servicios proporcionados no pueden reproducir servicios proporcionados por Medicaid bajo el Plan de Medicaid Estatal
- Los Estados deben proveer aseguramiento al Centro de Medicare & Servicios de Medicaid (CMS) que sea necesario para proteger la salud y bienestar de los destinatarios de un programa de renuncia a la vejez

Family to Family Network

***Get Connected!***

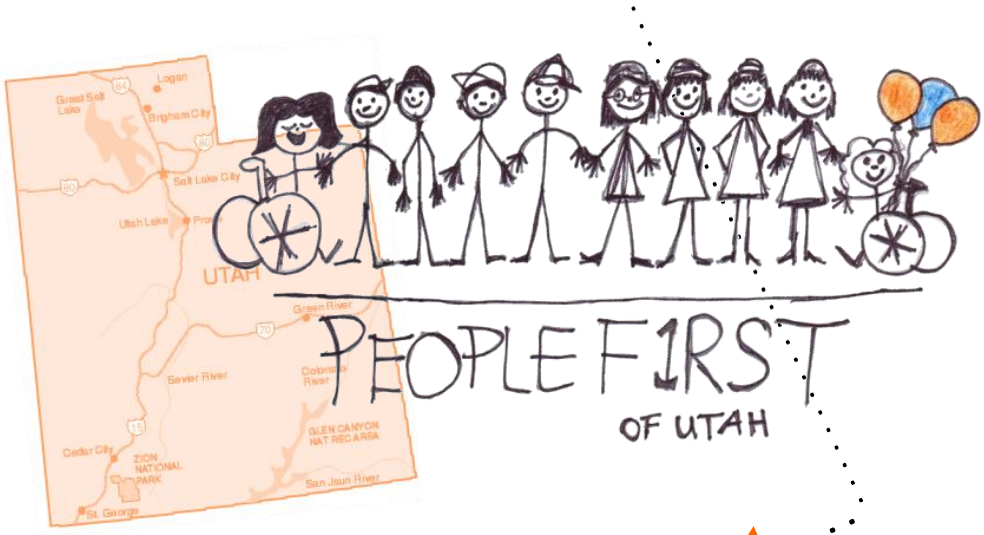
**The Family to Family Network is a statewide parent support group network, designed to educate, strengthen and support families who have loved ones with disabilities. Network Leaders link families, who are waiting for or receiving services from DSPD, to relevant local resources, services, and events.**

***Network Locations:***
***Cache County, Carbon/Emery County, Davis County Duchesne County, Iron County, Salt Lake County, West Utah County, Washington County***

**Find a Network near you!**
**Phone: (801) 272-1051 Toll-free in Utah: (800) 468-1160**
**Email: FtoFN@utahparentcenter.org**
**Website: www.utahfamilytofamilynetwork.org**
**Facebook: www.facebook.com/utahfamilytofamilynetwork**

Utah Parent Center

The Family to Family Network is a volunteer program of the Utah Parent Center funded by the Division of Services for People with Disabilities (DSPD).




## What we do...

People First of Utah groups meet regularly in their communities. Groups talk and learn about topics that are important to them. More importantly, People First of Utah members take action! Groups practice and use the skills they gain to make a positive difference for everyone.

## Who we are...

People First of Utah is part of the self-advocacy movement, an international civil rights progression for people with disabilities. People First of Utah members believe that **WE ARE PEOPLE FIRST AND WE CAN SPEAK FOR OURSELVES!** People First philosophy is that all people have gifts, talents and abilities and should not be identified by disability. By overcoming challenges and removing barriers, anyone can achieve their goals, individually or as a group.

## Contact Us!

155 S. 300 W. Suite 100
Salt Lake City, UT 84101
www.peoplefirstofutah.org

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Email: peoplefirstofutah@gmail.com

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