

INTAKE CHECKLIST

Intellectual Disability & Related Conditions

**Contact the Intake Help Desk at 1-844-275-3773
to ask questions and get help filling out intake forms.**

Intake Steps

1. Send DSPD Intake all applicable eligibility documents.
2. Intake specialist reviews your documents.
3. Intake specialist contacts you to schedule an appointment to complete the Needs Assessment Questionnaire (NAQ).

Eligibility Documents

REQUIRED FOR EVERYONE

Form 1-1 Request for Determination of Eligibility for Services

Social History

Copy of Social Security Card

Copy of Birth Certificate

Psychological Evaluation
(For anyone older than 7 years old and completed within the last 5 years. Evaluation must include diagnosis and testing.)

Developmental Assessment
(For children younger than 7 years old and completed within the last 5 years.)

MAY BE NEEDED TO DETERMINE YOUR ELIGIBILITY

Copy of Medicaid Card
(If not applicable, note in the Social History.)

Release of Information

Medical Records
(Relevant documentation of the diagnosis)

Form 18 Request for ICD Code
(Completed by a physician)

Guardianship Papers
(If a guardian is appointed by the court.)

SEND DOCUMENTS BY EMAIL, MAIL, OR FAX.

Email: dspdintake@utah.gov

Mail: Division of Services
for People with Disabilities
Intake Unit 3rd Floor
195 North 1950 West
Salt Lake City, UT 84116

Fax: 801-538-4279

REQUEST FOR DETERMINATION OF ELIGIBILITY FOR SERVICES

Form 1-1

Version Date: February 2021

Instructions

Complete and return this form to start the eligibility process. This form requires a signature. It can be filled out and signed electronically. Return completed forms by email or mail. If you print the form, it must be scanned before returning by email.

Email completed forms to DSPDIntake@utah.gov.

Mail completed forms to 475 W Price River Dr #262
Price, UT 84501.

Contact DSPD Intake by email or call 1-844-275-3773 for help completing the Form 1-1.

Applicant Information

Legal Name (First, Middle, and Last):

Phone Number:

Email:

Date of Birth:

Legal Sex:

Social Security Number:

County:

Address (include Zip Code):

CONTACT PERSON

Same as Applicant

Name:

Phone Number:

Relationship:

Signature

I, the Applicant, understand that by signing and returning this form that I am officially requesting the Utah Division of Services for People with Disabilities to determine my eligibility for services. To determine eligibility, DSPD will collect and review medical and psychological information about me.

Signature

Date

Signer is the: Applicant

Parent

Legal Guardian

AUTHORIZATION TO FURNISH INFORMATION AND RELEASE FROM LIABILITY

Form 1-2

Version Date: March 2021

Name:

Date of Birth:

The following have my permission to disclose my protected health information:

School District:

Vocational Rehabilitation

Mental Health Provider:

Physician:

Other:

You are hereby authorized to release to the **Department of Human Services Division of Services for People with Disabilities (DSPD)** or its authorized representatives, verbally or in any written form, any information you have regarding the following subjects:

Developmental Testing

Inpatient Records

Vocational Testing

Psychological/Cognitive Tests

Brain Injury Records

IEP/Educational Testing

Outpatient Records

Physical Examination Records

Other

Please include records from

to

(Recipient Information: If the information released relates to drug or alcohol abuse, the records are protected by federal confidentiality laws and you are prohibited from making further disclosures of this information without the specific written authorization of the person of whom it pertains or as permitted by 42 CFR Part 2. A general authorization for the release of information is NOT sufficient for this purpose. Federal law restricts using drug or alcohol abuse information for criminal investigation or prosecution.)

The purpose of this disclosure is to establish eligibility for DSPD services. Disclosure Expiration Date:

- I understand that I may refuse to sign this Authorization, and my health care provider cannot refuse to provide treatment, payment or deny eligibility for benefits based upon my refusal.
- I understand that I may revoke this authorization in writing at any time. I understand that my revocation is not effective until received by the health care provider. My revocation is not effective to the extent the health care provider already released information in reliance on this authorization.
- I understand that federal privacy laws may no longer protect information released to DSPD and the information may be re-disclosed.
- I understand that this information is required by the Department of Human Services Division of Services for People with Disabilities.

I, the Individual and/or Authorized Personal Representative, understand that by signing below am requesting the Division of Services for People with Disabilities to collect information about me to see if I am eligible for services.

Signature:

Date:

Signer is: the individual named above the individual's legally authorized personal representative

Authorized Personal Representative's Name:

INTAKE SOCIAL HISTORY

Form 824-I

Version Date: March 2021

Date:

Completed by:

Applicant's Personal Information

Legal Name (First, Middle, Last):

Preferred Name:

Date of Birth:

Primary Language:

Communication Assistance:

None required

Spoken Language

Signed Language

AAC

TTY

DSPD asks for the following information in order to help our staff use the most respectful language when talking to you. We want to understand who you are. Please help us serve you better by selecting each item that describes you. Thank you.

Race and Ethnicity:

American Indian or Alaska Native

Black or African American

Asian

Hawaiian Native or Other Pacific Islander

Hispanic, Latino/a/x, or Spanish Origin

Multi-Race

Middle Eastern or North African

Non Hispanic, Latino/a/x, or Spanish Origin

White

Prefer not to say

Prefer to self-describe

Gender Identity:

Female

Male

Non-binary

Transgender

Cisgender

Prefer not to say

Prefer to self-describe

Sexual Orientation:

Heterosexual

Gay or Lesbian

Bisexual

Queer

Asexual

Prefer not to say

Prefer to self-describe

Pronoun:	She/Her	He/Him	They/Them	Other	
Guardianship Status:	Own Guardian	Biological Parent	Adoptive Parent	Youth in Care	Guardian
Marital Status:	Single	Married	Divorced	Domestic Partnership	Widowed

Applicant’s Contact Information

Physical Address: City: UT Zip Code:

Mailing Address: City: UT Zip Code:

Phone Number: Email:

Is the Applicant the primary contact for information? Yes No

IMPORTANT PEOPLE TO CONTACT

Please list no more than 3 people to act as primary and emergency contacts. Include parents and legal guardians if applicable, and at least one person who does not live with the Applicant. Legal guardians must provide a copy of their guardianship papers.

Contact One

Lives with Applicant? Yes No Primary contact

Name: Pronoun: Relationship to Applicant:

Address: City: State: Zip Code:

Phone Number: Email: Primary Language:

Communication Assistance: None required Spoken Language Signed Language AAC TTY

Contact Two

Lives with Applicant? Yes No Primary contact

Name: Pronoun: Relationship to Applicant:

Address: City: State: Zip Code:

Phone Number: Email: Primary Language:

Communication Assistance: None required Spoken Language Signed Language AAC TTY

Contact Three

Lives with Applicant? Yes No Primary contact

Name: Pronoun: Relationship to Applicant:

Address: City: State: Zip Code:

Phone Number: Email: Primary Language:

Communication Assistance: None required Spoken Language Signed Language AAC TTY

Applicant’s Education History

Please list the current or last school attended.

Name of School: Type of School:

School Contact Information:

Does/did the Applicant receive early intervention services? Yes No

Does/did the Applicant receive special education services? Yes No

If still in school, what date will the Applicant graduate or transition out?

Applicant's Employment History

For Applicants aged 16 years and older, please list their most recent job.

Employer:		Part-time	Full-time
Start Date:	End Date:	Hours per week:	Hourly Wage:

Job Title/Description:

Type of Employment (please check one):

Integrated Individual Employment (e.g. Applicant has/had own job in the community)

Integrated Work Crew (e.g. Applicant works/worked in the community on a work crew)

Facility-Based (i.e. participated in a sheltered workshop, work activity, etc.)

Work Related Issues (i.e. any difficulties that affected job performance):

Work Related Successes, Special Skills, etc.:

Previously received Supported Employment through Vocational Rehabilitation?	Yes	No
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If yes, what year did the Applicant receive employment services?

Is the Applicant seeking employment that requires ongoing support?	Yes	No
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Does the Applicant currently have an open case with Vocational Rehabilitation?	Yes	No
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If yes, which office:

Office phone number:

Areas of Concern

List any major health (physical, psychological, substance abuse, etc.) concerns, and the related diagnoses that affect the Applicant's life.

BEHAVIORAL HEALTH

Receiving support? Yes No

Need Support? Yes No

If Need Support, please describe.

SUBSTANCE MISUSE

Receiving support? Yes No

Need Support? Yes No

If Need Support, please describe.

MENTAL HEALTH

Receiving support? Yes No

Need Support? Yes No

If Need Support, please describe.

SAFETY

Receiving support? Yes No

Need Support? Yes No

If Need Support, please describe.

PHYSICAL HEALTH

Receiving support? Yes No

Need Support? Yes No

If Need Support, please describe.

OTHER

Receiving support? Yes No

Need Support? Yes No

If Need Support, please describe.

Brain Injury

Does the Applicant have a brain injury? Yes No

Did the brain injury occur pre or post birth? Pre Post

Date the brain injury occurred:

Describe the cause of the brain injury.

Applicant's Medical/Specialized Equipment

Does the Applicant use any specialized equipment (e.g. wheel chair, walker, g-tube, ventilator, etc.)? Yes No

If Yes, please describe the specialized equipment used.

Applicant's Recent Hospitalizations

List any hospitalizations within the last year, including psychiatric care and in-patient residential treatment.

Facility Name	Facility Name		
Reason for Admission	Reason for Admission		
Admission Date	Discharge Date	Admission Date	Discharge Date

Nursing Facility or Intermediate Care Facility (ICF)

Is the Applicant now, or have they ever been a resident of a Nursing Facility? Yes No

Facility Name Admission Date Discharge Date

Is the Applicant now, or have they ever been a resident of an ICF?

Yes

No

Facility Name

Admission Date

Discharge Date

Other Agency Involvement

If the Applicant is involved with any other city, state, or federal agencies, fill out the following information.

Agency Name

Agency Name

Contact Person

Contact Person

Phone Number

Phone Number

Email

Email

Applicant's Professional Relationships

List any significant professionals (e.g. doctors, school representatives, therapists, service providers, etc.).

Type of Professional

Type of Professional

Name

Name

Phone Number

Phone Number

Email

Email

Court Orders

If the Applicant is currently affected by any court orders, list the Order below and provide a copy.

Order Type:

Date Signed:

Applicant's Benefits

If the Applicant receives any financial benefits, fill out the following information.

Benefit Type

Benefit Type

Amount

Amount

Frequency received

Frequency received

Applicant's Health Insurance

Choose all that apply.

Medicaid Identification Number:

Medicare Identification Number:

Private Insurance

INTAKE FREQUENTLY ASKED QUESTIONS

Intellectual Disability and Related Conditions (ID/RC)

Question: How does DSPD determine if my case is eligible for DSPD services?

Answer: DSPD uses your documents to decide if you are eligible for services. To be eligible for services, you must have a disability that DSPD serves and also meet functional limitations. Your intake worker will look for an eligible disability in your documents. They will also review documentation and ask you questions to determine if you meet at least 3 of 7 functional limitations: Self-Care, Expressive and/or Receptive language, Learning, Mobility, Self-Direction, Capacity for Independent Living, and Economic Self-Sufficiency

The Intake Checklist lists the documents that we need to review. The Checklist is included in your intake packet. DSPD may ask you for more or different documents.

Question: How long do I have to turn in the documents to DSPD?

Answer: You have 90 days to complete the intake packet and send in the eligibility documents. The 90 days begins when your intake worker sends you the intake packet or you start intake through MySTEPS. Your intake worker can help you gather documents.

Question: What happens if I don't turn in all of the documents within 90 days?

Answer: DSPD switches your case to 'inactive' if we don't have the documents that we need. Your intake worker will send a letter that tells you that the 90 days passed. Contact your intake worker to change your case back to 'active'.

Question: What documents are needed?

Answer: Here is a list and explanation of the documents that DSPD needs for eligibility. The Intake Checklist lists the documents that we need to review. The Checklist is included in your intake packet.

- Social History

—The social history is included in the intake packet and available in MySTEPS. DSPD needs the social history to decide if you are eligible.

- Social Security Card and Birth Certificate

—DSPD can review other documents before we have your social security card and birth certificate. DSPD needs both documents to decide if you are eligible. DSPD can help you ask for a new card or certificate if you cannot find them.

- Psychological Evaluation or Developmental Assessment

—DSPD needs the diagnosis and testing record from a licensed psychologist. The diagnosis and testing date must be within the last five years. We require a psychological evaluation for everyone 7 years of age and older. We accept a developmental assessment or a psychological assessment for children younger than 7 years old.

—School Testing may meet this requirement. The school testing must be done by a psychologist. DSPD needs the diagnosis and the testing tools used.

- Medical Records

–DSPD only needs records and information related to the disability. We do not require every record that your doctor has on file.

–Sometimes DSPD needs specific information about your disability. We will send you a Form 18 to document your diagnosis. The Form 18 is completed by your physician. A licensed psychologist can diagnose Intellectual Disability or Autism. All other diagnoses should come from an MD or DO.

–We can use a letter from your physician if it has the information that we need. We need to know the patient’s name, a diagnosis, a current ICD diagnosis code, and a description of functional limitations. Your physician will know what the ICD diagnosis code is. The letter must be signed and dated.

- Release of Information

–The Release of Information allows your intake worker to ask for your protected school and medical information. Send us this form if you want help gathering your documents. The Release of Information form is included in the intake packet. We cannot ask your school, physician, or service provider for your protected information without a signed form. Contact your intake worker if you need another copy of the form.

–Please list the name and phone number of each place that your intake worker can ask for information.

- Needs Assessment Questionnaire (NAQ)

–The NAQ is a DSPD assessment that is done with your intake worker. DSPD needs to review all of your documents before we complete the NAQ. Your intake worker will contact you about the NAQ.

–DSPD uses the NAQ results for two purposes. First, to identify your functional limitations. And, second, to calculate your critical need score.

Question: What happens after all of the documents are submitted?

Answer: First, your intake worker reviews all of your documents. Then, they contact you to schedule a DSPD assessment. The Needs Assessment Questionnaire (NAQ) is part of the eligibility process.

Question: How will I know when a decision has been made?

Answer: DSPD will send you a letter called the Notice of Agency Action (NOAA). The NOAA tells you if you are eligible or not eligible for DSPD services.

Question: What happens if I am not eligible?

Answer: You will be sent a letter called the Notice of Agency Action (NOAA). The NOAA tells you that you are not eligible for services. If you want to, you can appeal DSPD’s decision. An appeal tells DSPD that you do not agree with the decision. Attached to the NOAA is a Hearing Request form. Follow the directions on the Hearing Request form to begin the appeal process. The Hearing Request form must be returned to DSPD within 30 days of the postmark on the letter envelope. Contact your intake worker if you have questions about the Hearing Request form or the appeal process.

Question: What happens if I am eligible?

Answer: You will be sent a letter called the Notice of Agency Action (NOAA). The NOAA tells you that you are eligible for services. The NOAA always includes a Hearing Request form. The Hearing Request form starts a process to appeal DSPD’s decision. An appeal tells DSPD that you do not agree with the decision. DSPD does not expect you to appeal a decision that you agree with.

Question: How long will I be on the waiting list?

Answer: Wait times vary based on each person's assessed need and available funds. The waiting list ranks people by their critical need score. Your critical need score comes from the NAQ. Funding is offered to people with the most critical needs, not on a first-come-first-serve basis. Contact your intake worker or visit the DSPD website for more information about the waiting list.

Question: How does DSPD follow-up with people on the waiting list?

Answer: DSPD will contact you to update the NAQ and Waiting List Survey every year. When we call, we will ask you survey questions and review the latest NAQ. We use the survey to confirm that you still want our services. If DSPD cannot complete your survey, we will remove you from the waiting list. If you have been removed from the waiting list and want to reactivate your case please call intake at 1-844-275-3773. You can contact your waiting list worker at any time to update your needs assessment or check on your case.

Question: What happens when I come off of the waiting list?

Answer: DSPD will tell you that funding is available for your case. Your waiting list worker will look at all of your eligibility documents. You may need to update your documents. Updating your eligibility documents can be a lot like the intake process. Your waiting list worker will tell you if DSPD needs new documents from you. Tell your waiting list worker if you need help getting new documents.

After we update your documents, DSPD will move you to a state support coordinator. A support coordinator helps you pick services and track your budget. Your state support coordinator will help you set-up a service plan

Other Information

MEDICAID INFORMATION

- medicaid.utah.gov.

INTERMEDIATE CARE FACILITY (ICF) INFORMATION

- <https://medicaid.utah.gov/ltc-2/trs/>

DSPD INFORMATION

- dspd.utah.gov
- MySTEPS
<https://mysteps.utah.gov/mysteps/ui/index.html>

Waiver Services

- Behavioral Consultation
- Chore Services
- Companion Services
- Day Supports
- Emergency Response Systems
- Environmental Adaptations
- Extended Living Supports
- Family/Ind. Training and Preparation
- Financial Management Services
- Homemaker Services
- Living Start-up Costs
- Massage Therapy
- Medication Monitoring
- Non-medical Transportation
- Personal Assistance
- Personal Budget Assistance
- Residential Habilitation
- Respite Care
- Service Animal
- Specialized Medical Equipment
- Supported Employment
- Supported Living
- Waiver Support Coordination

Community Supports Waiver

What is the Community Supports Waiver?

- This is a program for individuals with intellectual disabilities or other related conditions.
- It is designed to provide services throughout the state which help people with intellectual disabilities, or conditions related to intellectual disabilities, to remain in their own homes or other community settings.
- Individuals are able to live as independently as possible with supportive services provided through this program.

Who is eligible for services through this program?

To be eligible, individuals must:

- Demonstrate functional impairment in 3 or more of the major areas of life activities,
- Have onset of their disability occur before age 18 for intellectual disabilities or before age 22 for other related conditions,
- Not have a primary condition attributable to a mental illness,
- Meet level of care criteria for admission to an intermediate care facility for persons with intellectual disabilities (ICF/ID),
- Meet the financial eligibility requirements for Medicaid, and
- Be able to live safely in the community once waiver supports and services are in place.

What else should I know about this program?

- A limited number of individuals are served.
- There is a waiting list for this program.
- Individuals can use only those services they are assessed as needing.

For more information, contact:

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



ICF/ID Providers:

Bungalow Care Center
Salt Lake City, Utah
(801) 582-8097

East Side Center
Salt Lake City, Utah
(801) 582-8097

Hidden Hollow Care Center
Orem, Utah
(801) 225-2145

Hillcrest Care Center
Sandy, Utah
(801) 566-4191

Lindon Care Center
Lindon, Utah
(801) 785-2179

Medallion Manor
Provo, Utah
(801) 375-2710

Medallion Supported Living
Lehi, Utah
(801) 768-0471

Medallion Supported Living
Payson, Utah
(801) 465-8414

Medallion Supported Living
Springville, Utah
(801) 491-2208

Mesa Vista
Orem, Utah
(801) 225-9292

North Side Center
Bountiful, Utah
(801) 292-6797

Provo Care Center
Provo, Utah
(801) 373-8771

Syracuse Supported Living
Syracuse, Utah
(801) 776-1380

Topham's Tiny Tots
Orem, Utah
(801) 225-0323

West Jordan Care Center
West Jordan, Utah
(801) 282-0686

West Side Center
West Valley City, Utah
(801) 968-8122

Trinity Mission Wide Horizons
Residential Care of Ogden
Ogden, Utah
(801) 399-5876

ICF/ID

What is an Intermediate Care Facility for Persons with Intellectual Disabilities or ICF/ID?

An ICF/ID:

- Is specifically geared to assist persons with intellectual disabilities;
- Provides 24-hour care and is required to maintain a home-like environment. Each individual is assessed and programs are then designed to assist each individual in their specific areas of need and to accommodate their interests;
- Provides a variety of services to assist each individual to reach their full potential. With supports offered, individuals are provided vast opportunities to excel. Such supports include assistance with the following: general life skills, behavioral support, recreation and social interaction through active involvement in the community;
- Has medical, psychological and nutritional (dietary) supports available; and
- Supports individuals who are of school age to remain in the education system and supports older individuals to explore and participate in vocational opportunities through supported employment and vocational workshops.

Who is eligible?

To be eligible, individuals must:

- Meet the level of care criteria as verified by dedicated nurses at the Utah Department of Health,
- Have a diagnosis of intellectual disability or other related condition and require at least weekly interventions by a health care professional, and
- Meet the financial eligibility requirements for Medicaid if funding for services is to be provided by Medicaid.

Anything else should I know?

- There is no waiting list.
- Skills are taught so that greater independence may be achieved. An individual can choose to remain in this environment for as long as they like.
- All age groups are served.
- Family involvement is strongly encouraged.

For more information, contact or visit any of the facilities to the left or contact:

The Utah Health Care Association
2180 South 1300 East, Suite #445
Salt Lake City, UT 84106
(801) 486-6100
info@uthca.org

Programa de Renuncia de Soporte a la Comunidad

Servicios del programa

- Consultas de Conductas
- Servicios de que hacer del hogar
- Servicios de compañía
- Apoyos diario
- Sistemas de Respuesta de Emergencia
- Adaptaciones medioambientales
- Apoyos Extendido de Vida
- Entrenamiento y Preparación Familiar/Individual
- Servicios de Manejo Financiero
- Servicio de Ama de Casa
- Actualización de los costos de vida
- Terapia de Masaje
- Monitoreo de las Medicinas
- Transporte no-médico
- Ayuda personal
- Asistencia con el Presupuesto Personal
- Habilitation residencial
- Servicios de Cuidados Temporales
- Equipo Médico especializado
- Empleo de Apoyo
- Apoyo para Vivir
- Coordinación de Apoyo del Programa

Propósito y Elegibilidad

Propósito

Este programa es para individuos con discapacidades intelectuales u otras condiciones relacionadas. Está diseñado para proveer servicios a lo largo del estado para ayudar a personas con discapacidades intelectuales (Retardo Mental) o personas con condiciones relacionadas con discapacidades intelectuales que permanecen en sus casas o comunidades de la tercera edad. Las personas son capaces de vivir más independientes y evitan tener que vivir en una facilidad de cuidado intermedio para personas con retardo mental (ICF/MR).

Requisitos de Elegibilidad

- Deba demostrar deterioro funcional en 3 o más de las 6 áreas mayores de actividades de la vida
 - El ataque de condición debe ocurrir antes de los 18 años de edad por retraso mental
 - El ataque de condición debe ocurrir antes de edad 22 por otras condiciones relacionadas
 - La condición primaria no debe ser atribuida a una enfermedad mental
 - Cumplir con el nivel de criterio del cuidado para la admisión a una facilidad de cuidado de intermedio para las personas con retraso mental (ICF/MR)
 - Reunir los requisitos de elegibilidad financiera para Medicaid
- No hay NINGUNA restricción de edad para este programa
 - Debe ser capaz de vivir en la comunidad de una manera segura

Limitaciones e Información de Contacto

Limitaciones

- Sirve a un número limitado de individuo (4050)
- Hay una lista de espera para obtener este programa
- Las personas pueden usar aquellos 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



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 Discapacidades Intelectuales o Otras Condiciones Relacionadas
- Programa de Renuncia de Discapacidades 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 discapacidades 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



The Family to Family Network is a statewide parent support network that is designed to educate, strengthen, and support families of persons with disabilities, especially those who are on the wait list or in DSPD services. Network leaders are parents of individuals with special needs and link families to local resources, services, and disability-friendly events.



Contact Us!

For more information, please call:
801-272-1051

Toll-Free in Utah 1-800-468-1160

Email: FtoFN@utahparentcenter.org

Online at:

www.utahfamilytofamilynetwork.org

www.facebook.com/utahfamilytofamilynetwork

Get Connected!

"This is the first time that we have ever gotten to fully enjoy any event like this. We usually end up dealing with major sensory overload. Today's event was perfect, no overload, and enjoyed by all."
- Amy W, Utah County

Get Involved!

Connect with other families in person, on social media, through listservs, and in local activities. We're also always looking for new leaders and volunteers! Please contact us if you would like to be involved in the Network.



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) and community sponsors.