

# INTAKE CHECKLIST

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## *Physical Disabilities*

**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) and the Minimum Data Set – Home and Community.

## Eligibility Documents

### REQUIRED FOR EVERYONE

Form 1-1 Request for Determination of Eligibility for Services

Copy of Social Security Card

Copy of Birth Certificate

Medical Records  
(Relevant documentation of the diagnosis)

Form 3-1 Physical Disabilities Application  
(Part A completed by the applicant. Part B completed by a doctor of medicine, or a doctor of osteopathic medicine.)

### MAY BE NEEDED TO DETERMINE YOUR ELIGIBILITY

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

Form 1-2 Authorization to Furnish Information and Release from Liability

Form 18 Request for ICD Code  
(Completed by a doctor of medicine or a doctor of osteopathic medicine.)

### SEND DOCUMENTS BY EMAIL, MAIL, OR FAX.

**Email:** [cfiedel@utah.gov](mailto:cfiedel@utah.gov)

**Mail:** Division of Services  
for People with Disabilities  
Christina Fiedel, RN  
150 East Center Street  
Provo, UT 84606

**Fax:** 801-538-4279

# REQUEST FOR DETERMINATION OF ELIGIBILITY FOR SERVICES

Form 1-1 PD

Version Date: May 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 [cfiedel@utah.gov](mailto:cfiedel@utah.gov).

Mail completed forms to 150 East Center Street,  
Suite 5100 Provo, Utah 84606.

Contact Christina Fiedel by email or call 801-707-1298 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

# APPLICATION FOR PHYSICAL DISABILITIES SERVICES

## *Part A – Completed by the Applicant*

Form 3-1

Version: May 2021

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## Introduction

Physical disabilities services are only delivered through the self-administered services (SAS) model. The SAS model supports an individual with a disability in self-directing the personal assistance services they receive through the physical disabilities program. It is important to understand:

1. You are the employer. You are responsible for hiring and managing your own personal attendants, which includes employee selection, scheduling, termination, performance evaluations, arranging back-up coverage, and submitting time sheets. Talk to your Nurse Coordinator about using the Consumer Preparation Service to learn more about your employer responsibilities.
2. You will train your personal attendants on 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 barriers that may prevent you from operating the program safely and efficiently.

## Applicant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Over 18: Yes No

Address (Include Zip Code): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 your disability permanent? Yes No Date of Onset: \_\_\_\_\_

If your disability is temporary, what is the expected duration of the disability?: \_\_\_\_\_

Do you have a Medicaid card?      Yes              No              Pending

What is your gross monthly income? \$

Do you use home health aide services?              Yes              No

    If yes, how many visits?              per day or              per week

Do you currently have a personal attendant not from a home health agency?    Yes              No

    If yes, how many hours?              per day or              per week

What is the name of your personal attendant (if you indicated that you have one)?

Select all activities of daily living that you require assistance with:

- |   |  |                  |
|---|--|------------------|
| Dressing  | Ventilator, Catheter Care,<br>Suctioning | Laundry          |
| Eating  | Overnight Attention                      | Cooking          |
| Transfers to or from a bath/<br>shower or vehicle | Grooming                                 | Grocery Shopping |

Please describe your expectations of how this program will help you:

## Signature

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

Applicant Signature:

Date:

**SEND COMPLETED FORM BY EMAIL, MAIL, OR FAX.**

**Email:** [cfiedel@utah.gov](mailto:cfiedel@utah.gov)

**Mail:** Division of Services  
for People with Disabilities  
Christina Fiedel, RN  
150 East Center Street  
Provo, UT 84606

**Fax:** 801-538-4279

# APPLICATION FOR PHYSICAL DISABILITIES SERVICES

## *Part B – Completed by the Physician*

Form 3-1

Version: June 2021

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## Introduction

Your patient is applying for physical disabilities services available 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). The information you provide will assist the DSPD Nurse Coordinator with making a determination about your patient's eligibility for services.

## Physician Information

Name:

Phone Number:

Address (Include Zip Code):

## Patient Information

Patient Name:

ICD 10 Code:

Definition:

Patient is medically stable.	Yes	No
Patient has a functional loss of two or more limbs.	Yes	No
Patient's functional loss of two or more limbs is permanent.	Yes	No
Patient's functional loss of two or more limbs is expected to last at least 12 months.	Yes	No

# Self-Administered Assessment

Self-Administered Services (SAS) is a service delivery model 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 self-administered services.

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

1. hire, train and supervise their own personal attendant(s);
2. determine how and when services are provided; and
3. 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 identify 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 filling out the form.

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

Is able to self-administer their program.

Is not able to self-administer their program.

## COMMENTS

Include any additional information or concerns.

## Signature

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Physician Signature:

Date:

## SEND COMPLETED FORM BY EMAIL, MAIL, OR FAX.

**Email:** [cfiedel@utah.gov](mailto:cfiedel@utah.gov)

**Mail:** Division of Services  
for People with Disabilities  
Christina Fiedel, RN  
150 East Center Street  
Provo, UT 84606

**Fax:** 801-538-4279

# INTAKE FREQUENTLY ASKED QUESTIONS

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## *Physical Disabilities (PD)*

### **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. Your nurse coordinator looks for an eligible disability in your documents.

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 nurse coordinator sends you the intake packet or you start intake through MySTEPS. Your nurse coordinator 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 nurse coordinator will send a letter that tells you that the 90 days passed. Contact your nurse coordinator 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 can review other documents before you finish the social history. 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.
- Medical Records
  - DSPD only needs records and information related to the disability. We do not require every record that your doctor has on file.
- Form 3-1 Physical Disabilities Application
  - Part A is filled out by you.
  - Part B is completed by your physician. A physician is a doctor of medicine (MD), or a doctor of osteopathic medicine (DO).
- Release of Information
  - The Release of Information allows your nurse coordinator 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 nurse coordinator if you need another copy of the form.

- Please list the name and phone number of each place that your nurse coordinator can ask for information.
- Needs Assessment Questionnaire (NAQ)
  - The NAQ is a DSPD assessment that is done with your nurse coordinator. DSPD needs to review all of your documents before we complete the NAQ. Your nurse coordinator 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: Does the person applying need to register to vote to be eligible for DSPD Services?**

Answer: No. DSPD does not use voter registration to decide eligibility.

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

Answer: First, your nurse coordinator 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 nurse coordinator 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 and the annual waiting list survey. Funding is offered to people with the most critical needs, not on a first-come-first-serve basis. Contact your nurse coordinator 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 call you every year. When we call, we will ask you survey questions and update your 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. Call intake at 1-877-568-0084 if you are no longer on the waiting list.

You can contact your nurse coordinator at any time to update your need 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 nurse coordinator 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 nurse coordinator will tell you if DSPD needs new documents from you. Tell your nurse coordinator 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**

- Visit [medicaid.utah.gov](https://medicaid.utah.gov).

### **SKILLED NURSING FACILITY (SNF) INFORMATION**

- Visit <https://medicaid.utah.gov/medicaid-long-term-care-and-waiver-programs/>.

### **DSPD INFORMATION**

- Visit [dspd.utah.gov](https://dspd.utah.gov).
- Contact your nurse coordinator.

# Physical Disabilities Waiver

## Waiver Services

- Consumer Preparation Services
- Financial Management Services
- Local Area Support Coordination Liaison
- Personal Attendant Services
- Personal Emergency Response Systems (PERS)

## 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 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



# 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 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 discapacidades 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 discapacidad 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



# 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

Family to Family Network



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](mailto:FtoFN@utahparentcenter.org)

Online at:

[www.utahfamilytofamilynetwork.org](http://www.utahfamilytofamilynetwork.org)  
[www.facebook.com/utahfamilytofamilynetwork](https://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.



**Utah Parent Center**  
Special needs, extraordinary potential

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.



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[www.utahfamilytofamilynetwork.org](http://www.utahfamilytofamilynetwork.org)