

Physical Disabilities Waiver

Purpose & 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

Limitations & Contact Information

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.

Waiver Services

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

Contact Information

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General Information

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 and Human Services, Division of Integrated Healthcare 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 (examples include: people with brain injuries, people with physical disabilities, or people over the age of 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.
- The services provided cannot duplicate services provided by Medicaid under the Medicaid State Plan.
- States must provide assurances to CMS that necessary safeguards are taken to protect the health and welfare of the recipients of a waiver program.

Utah Has Eight Medicaid 1915(c) HCBS Waivers

- Acquired Brain Injury Waiver
- Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions
- Limited Supports Waiver
- Medically Complex Children’s Waiver
- New Choices Waiver
- Physical Disabilities Waiver
- Aging Waiver
- Technology Dependent Waiver