

UTAH HOME AND COMMUNITY BASED WAIVER FOR ADULTS WHO ARE AGED OR DISABLED LEAVING INSTITUTIONAL, NON-IMD SETTINGS (NEW CHOICES WAIVER) RENEWAL

Executive Summary

October 2009

Introduction

The Utah Home and Community Based Waiver for Adults who are Aged or Disabled Leaving Institutional, Non-IMD Settings (New Choices Waiver) expires March 31, 2010. In order to obtain continuing approval of this waiver, the State Medicaid Agency must submit a waiver renewal application to the Centers for Medicare and Medicaid Services (CMS) by December 31, 2009.

Drafting Process

The State recognized that it wanted to propose some changes to the waiver. In addition, CMS is now requiring states to submit waiver applications using a new, more comprehensive and complex, on-line format. Preparations for submission commenced in May 2009 and the activities involved in drafting the application included:

- Meeting with providers and case management agencies to identify any waiver modifications
- Amending service definitions, provider specifications and rates
- Completing the first draft of the waiver application document

Public Input

To obtain public input into the development of the waiver renewal that State has completed the following:

- Sought input from providers of services
- Utilized feedback from the group resulting in amendments to the first draft

Activities left to be completed:

- Present to the Medical Care Advisory Committee
- Present to the Utah Indian Health Advisory Board
- Distribute an electronic copy of the “final working draft” to:
 - Case Management Agencies
 - Disability Law Center
 - Utah Statewide Independent Living Council
 - Any other party requesting a copy
- Provide a 30-day comment period after distribution of the “final working draft”
- Review and respond to comments and make decisions about amending the waiver further to incorporate additional comments received

The State intends to have a final draft completed by December 31, 2009.

Final review, approval and submission of the waiver application will be completed by the State Medicaid Director.

Proposed Changes from Current Waiver

- Unduplicated Number of Participants
 - Increasing the number of participants the waiver can serve from 1000 to 1200 participants
- Service modifications:
 - Chore Services
 - Adding carpet cleaning and pest eradication to the services description
 - Institutional Transition Services
 - Rename Institutional Transition Services to Community Transition Services
 - Adding moving expenses to the services description
 - Limitations section changed to set the maximum allowable cost to \$1,000.00. At the point a waiver participant reaches the service limit, the operating agency will conduct an evaluation to determine authorization of any additional service.
 - Case Management
 - Limitations section changed to allow up to 12 units per month without providing additional documentation to support the utilization

Application Format Changes

- The HCBS Waiver Application has changed from the previous version.
 - The States are now required to thoroughly explain quality improvement strategies in each segment of the application
 - On-line submission
 - States are required to submit waiver applications on-line. The State has been working on the draft in a “Word” document format. Once a final version is completed, State staff will need to enter the application into the on-line format.

Conclusion

The proposed modification of services will result in improvements to the New Choices Waiver. Input received from stakeholders will further enrich the final product. Providing additional detail about the quality management strategies employed will further enhance the operations of the waiver.

Questions and comment about the draft waiver application are welcome and can be submitted to:

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