

Technology Dependent Waiver

Waiver Services

- Extended Private Duty Nursing
- Family Directed Support
- Family Support Services
- Financial Management Services
- In-Home Feeding Therapy
- Home Health Certified Nursing Assistant
- Skilled Nursing Respite Care

Purpose and Eligibility

Purpose

This waiver provides services statewide to help technology dependent, medically fragile individuals remain in their homes or other community based settings. Individuals receive services through this waiver program in order to prevent institutionalization and relieve primary caregivers from continuous care. It is designed to be consistent with a service delivery system that promotes and supports participant/family self-determination.

Eligibility

Requirements

- Be under 21 years of age at the time of admission.
- Require nursing facility level of care.
- Meet financial eligibility requirements for Medicaid.
- Have at least one caregiver trained and available to provide authorized waiver services.
- Require skilled nursing and/or rehabilitative services at least five days per week and be dependent upon one or more of the following:
 - Mechanical ventilator,
 - Tracheostomy based respiratory support,
 - Continuous or intermittent positive airway pressure support (C-PAP or Bi-PAP), or
 - Intravenous administration of nutritional therapy or medication through a central line.

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

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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.