

New Choices Waiver

Waiver Services

- Adult Day Care
- Adult Residential Services
- Assistive Technology Devices
- Attendant Care
- Caregiver Training
- Chore Services
- Consumer Preparation Services
- Environmental Accessibility Adaptations
- Financial Management
- Homemaker Services
- Institutional Transition Services
- Medication Assistance Services
- Non-medical Transportation
- Emergency Response Systems
- Respite Care
- Specialized Behavioral Health Services
- Specialized Medical Equipment

Purpose and Eligibility

Purpose

This waiver helps qualifying individuals move out of nursing facility settings. Services include those designed to help people transition out of a nursing facility and re-establish themselves back in the community.

Eligibility

Requirements

- Reached the month after their 21st birthday
- Are receiving Medicaid reimbursed nursing facility care

on an extended stay basis of 90 days or more

- Are currently receiving Medicare or Medicaid reimbursed care in a licensed Utah medical institution other than a Medicaid certified nursing facility, on an extended stay of at least 30 days, and will discharge to a nursing facility for an extended stay of at least 60 days
- Primary condition must not be attributable to a mental illness
- Are receiving Medicaid

reimbursed services through another of Utah's 1915(c) waivers and have been identified as in need of immediate or impending nursing facility care

- Does not meet 'Intensive Skilled' level of care criteria
- Does not meet level of care criteria for admission to an intermediate care facility for people with mental retardation (ICF/MR)

Limitations and Contact Info

Limitations

- Will serve a limited number of individuals (1000)
- Will start in limited areas in Spring of 2007 and expand statewide by Spring 2008.
- 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 Technologically Dependent Children (only waiver managed by UDOH Bureau of Managed Care)

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 Health Care Financing (HCF - 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 this waiver?

- States may develop programs that provide home and community based services to a limited, targeted group of individuals (example: people with brain injuries or people with physical disabilities)
- Individuals may participate in a waiver only if they require the level of care provided in a hospital nursing facility (NF) or an intermediate care facility for people with mental retardation (ICF/MR).
- 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.