

Waiver Services

- Adult Day Care
- Adult Residential Services
- Assistive Technology Devices
- Attendant Care
- Caregiver Training
- Case Management
- Chore Services
- Consumer Preparation Services
- Community Transition Services
- Emergency Response Systems
- Environmental Accessibility Adaptations
- Financial Management Services
- Habilitation Services
- Home Delivered Meals
- Homemaker Services
- Medication Assistance Services
- Non-medical Transportation
- Personal Budget Assistance
- Respite Care
- Specialized Medical Equipment
- Supportive Maintenance

New Choices Waiver

Purpose

This waiver is designed to serve people who meet nursing facility level of care and who have been residing long term in a nursing facility or assisted living facility. The program provides supportive services to enable individuals to live in their own homes or in other community-based settings.

Eligibility

- Applicants must be at least 18 years old;
- Applicants must be Utah Medicaid recipients;
- The primary condition must not be attributable to a mental illness;
- The individual does not meet 'Intensive Skilled' level of care criteria; and
- The individual does not meet level of care criteria for admission to an intermediate care facility for people with intellectual disabilities (ICF/ID).

In addition to the above criteria, eligible individuals must be:

- Receiving Utah Medicaid reimbursed nursing facility care on an extended stay basis of 90 days or more; or
- Receiving Medicare reimbursed care in a licensed Utah medical institution (that is not an Institution for Mental Disease), on an extended stay of at least 30 days, and will discharge to a Medicaid certified nursing facility for an extended stay of at least 60 days; or
- 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; or
- Residing in a licensed assisted living facility on an extended stay basis of 180 days or more.

Limitations to the waiver

- Serves a limited number of individuals (1400).
- Individuals can receive only those services they are assessed to need.

Contact Information

Salt Lake City area: 801-538-6155 (option 6)
Outside of the Salt Lake City area and
in neighboring states: 1-800-662-9651 (option 6)
Fax 801-323-1586
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General Information

Utah has Six Medicaid 1915 (c) Waivers

- New Choices Waiver
- 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
- Waiver for Technologically Dependent Children

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) 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 living in nursing facilities on an extended stay basis, 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 nursing facility (NF) 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 and Medicaid Services (CMS) that necessary safeguards are taken to protect the health and welfare of the recipients of a waiver program.