

Waiver for Individuals Age 65 or Older

Waiver Services

- Adult Companion Services
- Adult Day Health Services
- Case Management
- Chore Services
- Community Living Services
- Emergency Response Systems
- Environmental Accessibility Adaptations
- Fiscal Management Services
- Homemaker Services
- Medication Reminder Systems
- Non-medical Transportation
- Personal Attendant Services
- Personal Budget Assistance
- Respite Care Services
- Specialized Medical Equipment
- Supplemental Meals
- Supportive Maintenance Home Health Aide

Purpose and Eligibility

Purpose

This waiver is designed to provide services statewide to help older adults 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.

Eligibility

Requirements

- Be 65 years of age or older.
- Require nursing facility level of care.
- Meet financial eligibility requirements for Medicaid.

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 Eight Medicaid 1915(c) HCBS Waivers

- Acquired Brain Injury Waiver
- Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions
- Community Transitions Waiver
- Medically Complex Children's Waiver
- New Choices Waiver
- Physical Disabilities Waiver
- Waiver for Individuals Age 65 or Older
- 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.