

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

UTAH

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- Utah's 60+ population was 344,758 in 2008 (12.6% of the state's total population), with 5.0% below the federal poverty level.¹
- The 60+ population is projected to be 539,790 in 2025 (16.7% of the state's total population).¹
- About 18.8% of all households in 2007 had one or more persons age 65 years and older and 38.8% of persons age 65 years and older had a disability.²
- Of the 285,370 Medicaid beneficiaries in the state in 2003, 4.1% were aged, 10.0% were blind and disabled, 8.1% were Dual Eligible, and 1.8% were HCBS waiver beneficiaries.¹
- Medicaid expenditures for institutional long-term care were 61.4% of total long-term-care expenditures, compared to 38.6% for HCBS in fiscal year 2007.³

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *AGing statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over (R1104) and Percent of people 65 years and over with a disability (R1803)*.

⁵ Burwell, B., Sredl, K., & Eiken, S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS Assessment Process

- **SUA:** Division of Aging and Adult Services (DAAS). www.hsdaas.utah.gov/
- **State Medicaid Agency:** Department of Health (DOH). health.utah.gov/medicaid
- Utah does not have a consolidated agency for long-term-care programs. The Utah DOH oversees licensing, survey and certification of nursing facilities, home health agencies and assisted living facilities. The DOH has final administrative authority for Utah's six HCBS waiver programs, and serves as the operating agency for two of the waivers. The Department of Human Services serves as the operating agency for four HCBS waivers, the Division of Services for People with Disabilities (DSPD) operates three waivers, and DAAS operates one.
- The director of Utah's SUA reports to the executive director of the Department of Human Services, who reports to the Governor.
- Utah has 12 Area Agencies on Aging.

Single Point of Entry (SPE)/Aging and Disability Resource Center (ADRC)

- Utah has an SPE that is in the process of becoming statewide.
- All SPE sites will have a physical (bricks and mortar) infrastructure, and all SPE sites will operate under a virtual model.
- In addition to serving older adults, Utah's SPE will serve those with MRDD and physical disabilities.
- Utah's SPE is a similar concept to the ADRC. Called E-Rep, it ties together, via computer, all Medicaid eligibility functions of the Workforce Services of the DOH and the Department of Human Services, as well as both physical and virtual sites that provide information and referral, regardless of type of program. The Department of Workforce Services contracted with IBM to create this program. If Utah obtains an ADRC grant in the future, it will be combined with E-Rep.

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Utah does not require an in-person assessment by someone other than nursing home staff.
- Pre-assessment for nursing home admissions is conducted by the DOH, although nursing home staff may complete the initial assessment. The Minimum Data Set (MDS) and other clinical data are submitted to the DOH Resident Assessment Unit, and are reviewed by a registered nurse (RN), who makes a determination of need for nursing facility care.

Non-Medicaid

- For non-Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Utah does not require an in-person assessment by someone other than nursing home staff, with the exception of Preadmission Screening and Resident Review (PASRR), a federal requirement to assure that people with mental illness or MRDD are appropriately served.
- A nursing facility RN initiates a PASRR Level One Screen. If the applicant is found to have a serious mental illness or MRDD, the state's mental health authority or Division of Services for People with Disabilities (DSPD) would perform the Level Two Screening to assure appropriate placement and services.

State Medicaid Plan

- Utah provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Utah has no PACE sites but has private entities interested in creating a PACE-like program using private funding.

Medicaid Waivers

- Utah has three waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Aging Waiver, New Choices, and Physical Disabilities.

- **Aging Waiver:** This program provides services to participants age 65 and older who are determined to be Medicaid-eligible. The Department of Workforce Services completes the financial assessment to determine eligibility for the program. The functional assessment is conducted by an RN who completes an in-home assessment Minimum Data Set- Home Care (MDS-HC) of ADLs and IADLs, determines nursing home level- of-care need, and initiates screening to determine Medicaid medical eligibility. This information is shared with the Medicaid eligibility specialist who makes the final eligibility determination. Individuals and couples must meet Utah's Medicaid income and asset eligibility standards. Asset limits for this program are \$2,000 for individuals and \$3,000 for couples. Consumer-directed options are used primarily in rural areas. Participants have the option of hiring providers, who may include family members, neighbors or others.
- **New Choices:** This program, which serves approximately 600 participants, is designed to deinstitutionalize skilled nursing residents who have resided in a nursing facility for at least 90 days. In determining services for this program, the nursing facility staff completes the MDS and other clinical data and submits them to the DOH Resident Assessment Unit. RNs review the clinical data to determine medical eligibility for nursing facility level of care. Upon application to the New Choices waiver, an RN from a New Choices waiver case management agency will complete a clinical assessment (MDS-HC) to confirm that the original determination made in the nursing facility remains unchanged. While services provided are very broad, they do not include room and board. Asset limits for this program are \$2,000 for individuals and \$3,000 for couples. Consumer-directed options are available in this program. Participants have the option of hiring providers, who may include family members, neighbors or others.
- **Physical Disabilities:** This program targets applicants who are age 18 and older with physical disabilities. Participants must have the cognitive ability to direct their own services and must have the functional loss of two or more limbs. DSPD administrative case managers complete the clinical assessment (MDS-HC)

in order to determine eligibility and confirm nursing facility level-of-care requirements. Asset limits for this program are \$2,000 for individuals and \$3,000 for couples. Consumer-directed options are available, and this program is entirely self-directed. Providers may include family member, neighbors or others.

- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- Utah does not have CMS-funded programs or grants that provide HCBS to older adults and/or adults with physical disabilities.

State-funded HCBS Programs

- Utah has one state-funded HCBS program that provides HCBS to older adults and/or adults with physical disabilities. This is: TAP.
- **TAP (The Alternative Program):** Utilizing a risk assessment tool, this program provides services to applicants who are in danger of spending down resources to Medicaid eligibility, have been classified as high-risk, and need assistance to remain in their homes and in the community. IADLs and ADLs are fully reviewed by assessment personnel at the time of application, resulting in a risk score that is used to determine eligibility and preference rank. The program is intended to postpone participants' becoming Medicaid eligible. In addition to the general range of supportive services, assistive devices are purchased, (e.g., grab bars, raised toilet seats, hardwood flooring), allowing for increased safety throughout the home. The cost of services provided can be no greater than \$750 per month; however, exceptions can be made on a limited basis to cover other costs (e.g., medications). Individual applicants and couples are allowed to own their home and a vehicle but must have incomes no greater than the federal poverty level (FPL). There are no value limits on the home or vehicle assets as long as they are owned at the time of the application for service. A sliding fee scale is used to determine the cost of services to participants. An annual in-person reassessment

is completed to determine program eligibility and service need. Consumer direction is limited to provider choice (especially in rural areas).

- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Utah uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Local funds are used as the required match for TAP. In some instances, local entities exceed this match requirement.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Utah does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Utah has two other OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer's Demonstration Grant and National Family Caregiver Program.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- Utah does not use SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- Utah does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Utah offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: Aging Waiver, New Choices, Physical Disabilities (PD) Waiver, and TAP.
- Models of consumer direction available in the state include a modified Cash and Counseling model and lim-

ited voucher options for transportation. These options are marketed to those in rural communities; otherwise consumer direction generally consists of provider choice. The PD waiver is entirely consumer-directed, and the New Choices waiver and Aging Waiver offer consumer direction of some services to participants who are interested and capable of self-directing.

- Those permitted to provide services under consumer direction in Utah are: provider agencies, adult children of the consumer, other family members, and friends.
- The provider of consumer-directed options cannot be a spouse; the provider is required to obtain a business license in the state of Utah.
- Utah uses fiscal intermediary services in connection with consumer direction; there are two in the state.

Managed Care

- Utah does not have HCBS programs run by managed care health plans; however, managed care entities are allowed to participate in waiver programs.

Major Accomplishments and Initiatives

- Two years ago, Utah created a legislative group called the Medicaid Interim Committee whose charge was to examine all Medicaid programs and Medicaid spending. The group found that Medicaid waivers for providing HCBS are a more efficient way to provide care to Medicaid-eligible beneficiaries. The state is now examining the options available for the Long Term Care Continuum to further reduce Medicaid costs.
- In 2007, Utah's pilot project known as the Long Term Care – Managed Care Program (FlexCare) became an ongoing program, the New Choices Waiver. The purpose of the waiver is to give individuals who are residing in nursing facilities the option to move into an HCBS setting. The program became available statewide in 2008.

Table 1: Types of Home- and Community-based Services Provided Under Utah’s Programs for Older Adults and Adults with Physical Disabilities

Types of Services	Program Type / Funding Source					
	Medicaid Waivers			State-funded Programs	State Medicaid Plan	OAA Title III
	Aging Waiver	New Choices	Physical Disabilities	TAP		
Adult Day Care / Adult Day Health	X	X				
Assisted Living		X				
Caregiver Services / Respite / Education	X	X	X	X		
Case Management / Care Coordination	X	X	X			X
Chore / Homemaking	X	X	X	X		X
Companion Services / Socialization Activities	X			X		
Employment						
Equipment / Supplies / Modifications / Assistive Technology	X	X	X	X	X	
Health Promotion Activities	X		X			
Home Health / Personal Care	X	X	X		X	
Information / Assistance / Referral	X	X	X			X
Legal Assistance / Financial Advice						X
Medical / Dental / Medication Care					X	
Mental and Behavioral Health Services					X	
Nursing					X	
Nutrition / Meals	X	X	X	X	X	X
Personal Supports for Community Living / Transitioning		X				
Rehabilitation / Therapy					X	
Residential Services		X				
Transportation	X	X	X	X	X	X
Other/Unspecified HCBS						

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in Utah

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Aging Waiver	65 +	Yes	State agency: Department of Human Services; Division of Aging and Adult Services; Area Agency on Aging	State agency: Department of Workforce Services	Area Agency on Aging; Private Case Management Providers	No	Yes
	New Choices	21+	Yes	State Agency: Department of Health	State Agency: Department of Workforce Services	Private Case Management Providers	No	Yes
	Physical Disabilities	18 +	Yes	State Agency: Department of Human Services, Division of Services for People with Disabilities	State Agency: Department of Workforce Services	Information not reported	Yes (200)	Yes
State-funded Programs	TAP	18+	No	Area Agency on Aging	State Agency: Department of Health Area; Agency on Aging	State Agency: Department of Health; Area Agency on Aging	Yes (550-650)	Yes