

Medicaid Waivers Chart

Created in 1965, Medicaid is a public insurance program that provides health coverage to low-income families and individuals, including children, parents, pregnant women, seniors, and people with disabilities; it is funded jointly by the federal government and the states. Each state operates its own Medicaid program within federal guidelines. ⁱ

Types of Medicaid Waivers			
	1115ⁱⁱ	1915cⁱⁱⁱ	1915i^{iv}
Type	Demonstration Waivers	Home and Community- Based Services Waiver	State Plan Amendment
Authority	Can Expand Eligibility to individuals who are not otherwise Medicaid or CHIP eligible	States can offer a variety of unlimited services under an HCBS Waiver Program. Programs can provide a combination of standard medical services and non-medical services.	Allow states to offer services and supports to individuals before they need institutional care.
Goal	<p>Provide services not typically covered by Medicaid</p> <p>Using Innovative service delivery systems that improve care, increase efficiency, and reduce cost</p>	<p>States can waive certain Medicaid program requirements under HCBS Waivers, including:</p> <ul style="list-style-type: none"> ○ State Wideness: Allow states to target waivers to area of the state where the need is the greatest, 	<p>1915i existed before the ACA but with the ACA there were some notable changes:</p> <ul style="list-style-type: none"> ○ Expanded coverable services to include any of the HCBS permitted under section 1915c ○ States cannot limit eligibility

		<p>or where certain types of providers are available</p> <ul style="list-style-type: none"> ○ Comparability of Services: States make waiver services available only to certain groups of people who are at risk of institutionalization ○ Income and resource rules applicable in the community: Allow states to provide Medicaid to people who would otherwise be eligible only in an institutional setting, often due to the income and resources of a spouse or parent. 	<p>based on geographical area</p> <ul style="list-style-type: none"> ○ After eligible population is determined, states cannot set a cap on the individuals enrolled.
Criteria for Eligibility	Is used to expand the eligibility requirement, so it depends on the state. ^v	For individuals to be considered eligible for 1915c waiver, they must demonstrate the need of level of care that would meet the state’s eligibility requirements for services in an institutional setting.	Does not require individuals to meet an institutional level of care in order to qualify for HCBS
Cost Neutrality	Yes: The federal cost under a waiver must not exceed what the federal costs would have been for that state	Yes: States must provide assurances that the average per capita expenditures for covered	Does not require cost neutrality to the federal government.

	without the waiver.	HCBS services will not exceed 100 percent of the average per capita expenditures that would have been made for the level of care provided in an institution. If states' aggregate spending exceeds their projections, however, the Secretary cannot limit federal Medicaid payments or deny a waiver renewal, so long as the waiver is still cost neutral on a per capita basis	
Time Limit	Are Approved for an initial five-year period and can be extended for an additional three to five year.	Waivers are initially approved for three years, with renewals up to five years.	Enhanced federal match, at a 90 percent rate, is available for two years to cover such services as care management, care coordination, health promotion, transition management, individual and family support, referral to community and social supports, and the use of health technology to provide linkages. ^{vi}

Medicaid Waivers – Utah Specific

1115	1915c	1915i
Utah's 1115 Demonstration Waivers have been used to	Utah Has Eight Medicaid 1915(c) HCBS Waivers: ^{viii}	Utah does not currently have a 1915i

implement the following Utah-specific programs and benefits:^{vii}

- Medicaid Expansion
 - The Centers for Medicare and Medicaid Services (CMS) authorized the Utah Department of Health (UDOH) to expand its Medicaid program. This new waiver called the “Bridge Plan” allows the state to expand Medicaid benefits to parents and adults without dependent children earning up to 100% FPL, about \$12,492 for an individual or \$25,752 for a family of four
- Utah’s Premium Partnership for Health Insurance
 - UPP (pronounced ‘up’) helps make health insurance more affordable for individuals and families by helping them pay their monthly premium
- Targeted Adult Medicaid program
 - [House Bill 437](#) (2016 General Session) established a plan for a Utah-specific approach to reduce the number of uninsured adults in the state. The bill directed the Utah Department of Health (UDOH) to expand Medicaid coverage and created three new eligibility groups of adults without dependent children earning up to 5% of the federal poverty level who are:
 - Chronically homeless
 - Involved in the justice system

- Acquired Brain Injury Waiver
 - This waiver is designed to provide services statewide to help people with an acquired brain injury to remain in their homes or other community-based settings
- Aging Waiver (For Individuals Age 65 or Older)
 - This waiver is designed to provide services statewide to help older adults remain in their homes or other community-based settings.
- Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions
 - This waiver is designed to provide services statewide to help persons with intellectual disabilities or persons with conditions related to intellectual disabilities remain in their homes or other community-based settings
- Medically Complex Children's Waiver
 - This program provides medical assistance to children who are medically complex. This waiver is based only on the child’s income without regard to the mother’s income.

waiver in place.

through probation, parole, or court ordered treatment needing substance abuse or mental health treatment

- Needing substance abuse treatment or mental health treatment
- Non-Traditional Medicaid benefits
 - For eligible individuals, Medicaid will pay for many medical services. Services available to a member will vary based on the program for which the member qualifies
- Substance use disorder (SUD) treatment
 - The Centers for Medicare and Medicaid Services (CMS) has authorized the Utah Department of Health (UDOH) to use federal Medicaid funds to cover individuals receiving residential treatment as part of their care for substance use disorders
- Dental benefits for adults with disabilities or blindness
 - The Utah Department of Health, Division of Medicaid and Health Financing will submit a request to amend the 1115 Primary Care Network Demonstration Waiver to cover dental services for Medicaid eligible adults with disabilities or with blindness.
- Primary Care Network
 - The **Primary Care Network (PCN)** is a **health plan** offered by the **Utah Department of Health**. It covers

- New Choices Waiver
 - The New Choices Waiver program is designed to serve individuals who are residing long term in a nursing facility, licensed assisted living facility, licensed small health care (Type N) facility or another type of Utah licensed medical institution (except institutions for mental disease)
- Physical Disabilities Waiver
 - This waiver is designed to provide services statewide to help people with physical disabilities remain in their homes or other community-based settings
- Waiver for Technology Dependent Children
 - The **Technology Dependent Waiver** program is responsible for the Medicaid delegated administrative activities for children and families served under the home and community-based waiver program to ensure services and supports are available to safely care for participants at home.

services administered by a primary care provider.		
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ⁱ <https://www.cbpp.org/research/health/policy-basics-introduction-to-medicaid>

ⁱⁱ <https://www.medicaid.gov/medicaid/section-1115-demo/about-1115/index.html>

ⁱⁱⁱ <https://www.medicaid.gov/medicaid/hcbs/authorities/1915-c/index.html>

^{iv} <https://www.medicaid.gov/medicaid/hcbs/authorities/1915-i/index.html>

^v <https://www.commonwealthfund.org/publications/explainer/2018/apr/1115-medicaid-waivers-care-delivery-innovations-work-requirements>

^{vii} <https://aspe.hhs.gov/basic-report/use-1915i-medicaid-plan-option-individuals-mental-health-and-substance-use-disorders>

^{viii} <https://medicaid.utah.gov/about-utahs-1115-waiver/>

^{viii} health.utah.gov/ltc/NC/NCHome.htm