

1. The SMA NCW Unit will include a waiver fact sheet with all NCW applications that are sent to interested applicants. The waiver fact sheet provides a complete listing of all services available within the New Choices Waiver program.
2. As part of the application process, the applicant or the applicant's legal representative completes and signs the Freedom of Choice Consent Form which is designed to:
 - a. Inform the applicant of any feasible alternatives under the waiver; and
 - b. Offer the choice of either institutional or home and community-based services.
3. The individual is informed that the State Medicaid Agency provides an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to individuals who are not given the choice of home or community-based services as an alternative to nursing facility institutional care.

- b. Maintenance of Forms.** Per 45 CFR §92.42, written copies or electronically retrievable facsimiles of Freedom of Choice forms are maintained for a minimum of three years. Specify the locations where copies of these forms are maintained.

Freedom of Choice Consent forms will be maintained in the participant's waiver case record maintained by the case management provider and also in the records maintained by the SMA NCW Unit.

Appendix B: Participant Access and Eligibility

B-8: Access to Services by Limited English Proficiency Persons

Access to Services by Limited English Proficient Persons. Specify the methods that the state uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003):

Information regarding access to Medicaid Translation Services is included in the Medicaid information booklet, "Exploring Medicaid" distributed to all Utah Medicaid recipients. Eligible individual may access translation services by calling the Medicaid Helpline.

This information is also provided on the Utah Medicaid website: <https://medicaid.utah.gov/programs-and-services>

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

- a. Waiver Services Summary.** List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service		
Statutory Service	Adult Day Care		
Statutory Service	Case Management		
Statutory Service	Habilitation		
Statutory Service	Homemaker		
Statutory Service	Respite		
Extended State Plan Service	Supportive Maintenance Services		
Supports for Participant Direction	Consumer Preparation Services		
Supports for Participant Direction	Financial Management Services		
Other Service	Adult Residential Services		
Other Service	Assistive Technology Devices		
Other Service	Attendant Care Services		

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Service Type	Service		
Other Service	Caregiver Training		
Other Service	Chore Services		
Other Service	Community Living Services		
Other Service	Environmental Accessibility Adaptations		
Other Service	Home Delivered Meals		
Other Service	Medication Administration Assistance Services		
Other Service	Personal Budget Assistance		
Other Service	Personal Emergency Response System		
Other Service	Specialized Medical Equipment, Supplies and Supplements		
Other Service	Transportation - Non-Medical		

WVR_SRVCS

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Adult Day Health

Alternate Service Title (if any):

Adult Day Care

HCBS Taxonomy:

Category 1:

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Service Definition (Scope):

Category 4:

Sub-Category 4:

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:**HCBS Taxonomy:****Category 1:****Sub-Category 1:****Category 2:****Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (*Scope*):**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

WVR_SRVC_LMTS_DESC

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E WVR_SRVC_PTCPNT_DIR

Provider managed

Specify whether the service may be provided by (*check each that applies*):

Legally Responsible Person WVR_LGLY_RESP

Relative WVR_SRVC_RLTVE

Legal Guardian WVR_SRVC_LGL_GRDN

WVR_SRVC_PRVDRS

Provider Specifications:

Provider Category	Provider Type Title
Individual	General Business Provider



Provider Category	Provider Type Title
Individual	Self-employed Registered Nurse
Agency	In Home Care Agency (ORS 443.305)
Agency	Home Health Agency (ORS 443.005)

WVR_SRVC_PRVDRS



Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Transition Services

Provider Category:



WVR_SRVC_PRVDR_GRP_1

Provider Type:

WVR_SRVC_PRVDR_TYPE_1

Provider Qualifications

License (specify):

WVR_SRVC_PRVDR_LCNSE_DESC_1

Certificate (specify):

WVR_SRVC_PRVDR_CRTFCT_DESC_1

Other Standard (specify):

WVR_SRVC_PRVDR_OTHR_STD_DESC_1

Verification of Provider Qualifications

Entity Responsible for Verification:

Frequency of Verification:

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Transition Services

Provider Category:



WVR_SRVC_PRVDR_GRP_2

Provider Type:

WVR_SRVC_PRVDR_TYPE_2

Provider Qualifications**License (specify):**

WVR_SRVC_PRVDR_LCNSE_DESC_2

Certificate (specify):

WVR_SRVC_PRVDR_CRTFCT_DESC_2

Other Standard (specify):

WVR_SRVC_PRVDR_OTHR_STD_DESC_2

Verification of Provider Qualifications**Entity Responsible for Verification:****Frequency of Verification:****Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Transition Services****Provider Category:**

WVR_SRVC_PRVDR_GRP_3

Provider Type:

WVR_SRVC_PRVDR_TYPE_3

Provider Qualifications**License (specify):**

WVR_SRVC_PRVDR_LCNSE_DESC_3

Certificate (specify):

WVR_SRVC_PRVDR_CRTFCT_DESC_3

Other Standard (specify):

WVR_SRVC_PRVDR_OTHR_STD_DESC_3

Verification of Provider Qualifications**Entity Responsible for Verification:**

Frequency of Verification:

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service**Service Name: Transition Services****Provider Category:**

← WVR_SRVC_PRVDR_GRP_4

Provider Type:**Provider Qualifications****License (specify):****Certificate (specify):****Other Standard (specify):****Verification of Provider Qualifications****Entity Responsible for Verification:****Frequency of Verification:**