

UNDERSTANDING UTAH'S DSPD WAITLIST

An informational brief on disability services in Utah, the current demand for services, and recent legislative and agency responses.

Abstract

This brief provides an overview of Utah's Division of Services for People with Disabilities (DSPD) waitlist, including its purpose, who it affects, and the types of services involved. It summarizes recent legislative and agency actions that have expanded access to Home- and Community-Based Services (HCBS) and outlines ongoing efforts to improve service coordination, workforce capacity, and long-term planning.

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December 16, 2025

KEY FINDINGS

- Utah's Division of Services for People with Disabilities (DSPD) has received steady, incremental legislative investments in recent years, including ongoing appropriations, new waiver options, and initiatives to strengthen HCBS provider capacity.
- As of July 2025, DSPD provided HCBS services to 7,284 individuals and maintained a waitlist of approximately 6,000 individuals.
- The Department of Health and Human Services (DHHS) and DSPD have undertaken several initiatives to expand access to services, including implementing new waivers, increasing provider reimbursement rates, enhancing crisis and housing supports, and conducting research and rate studies to inform future planning.
- Recent advisory committee recommendations and system assessments have identified opportunities for further action, including strengthening statewide planning, supporting the direct support workforce, refining waitlist management practices, and exploring options for sustainable, long-term funding.

Introduction

The Utah Division of Services for People with Disabilities (DSPD), a division within the Department of Health and Human Services (DHHS), is responsible for creating opportunities and providing support for individuals with intellectual and developmental disabilities (I/DD) to lead self-determined lives. These services are primarily delivered through Medicaid Home and Community-Based Services (HCBS) waivers¹, which allow individuals to receive support in community settings as an alternative to institutional care. The U.S. Supreme Court's 1999 *Olmstead v. L.C.* decision affirmed that individuals with disabilities have the right to receive services in the most integrated setting appropriate, reinforcing the importance of HCBS programs in states' service systems. DSPD services are funded by a combination of state funds and federal (Medicaid) matching dollars. Due to the demand for HCBS services being greater than the funds available, a waitlist for services has been established. This brief aims to provide legislators with an overview of the DSPD waitlist, including its nature, causes, available services, and characteristics of those waiting, and efforts undertaken by Utah to address HCBS wait lists.

Olmstead v. L.C. (1999) was a U.S. Supreme Court case interpreting the Americans with Disabilities Act (ADA). The Court determined that, when appropriate and with available resources, states are required to provide services for individuals with disabilities in community settings rather than institutions, in order to ensure access to care in the least restrictive environment."

What is the DSPD Waitlist?

The delivery of services to individuals with disabilities in Utah is primarily funded through a combination of state and federal dollars, predominantly managed through HCBS waivers. The DSPD waitlist is a mechanism used to manage access when the demand for HCBS services exceeds available funding or waiver slots. This practice is common across the nation, with 40 states reporting waitlists for Medicaid Section 1915(c) or Section 1115 HCBS waiver programs, affecting an estimated 710,000 individuals nationally in 2024.ⁱ

In Utah, the waitlist has more than doubled over the last 10 years, despite additional funding being received most years.ⁱⁱ As of July 2025, **7,284 individuals were receiving HCBS services through DSPD, while**

¹ A **Medicaid waiver** is a way for states to provide services that wouldn't normally be covered under the standard Medicaid program. The federal government "waives" certain Medicaid rules so that states can design programs tailored to specific populations or needs.

6,006 individuals were on the waitlist, with an average wait time of 5.4 years.

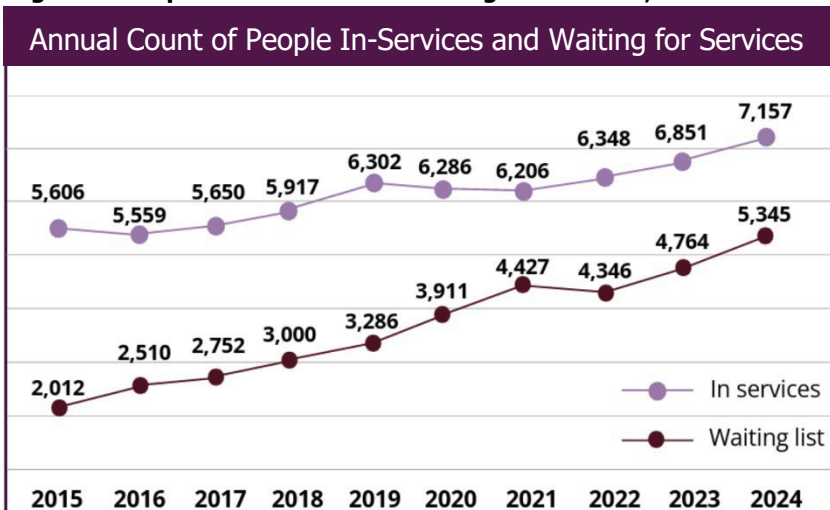
Figure 1 shows the annual count of people in-services and waiting for services over the last 10 years, as of 2024. Figure 2 breaks down that same list into age groups and Figure 3 breaks down the waitlist into number of years that individuals have been on the list.

In 2023, Utah served 201 individuals per 100,000 population, compared to a national average of 283. Differences in service models, state demographics, and waiver design contribute to variation among states.ⁱⁱⁱ

DSPD manages a prioritization system that serves individuals in urgent situations first—such as those with critical health or safety concerns or at risk of losing family support. Rankings on the waitlist are based on a dynamic Needs Assessment Questionnaire (NAQ) score, which considers the individual’s severity of need (50%), caregiver support (30%), time on the waiting list (20%), and urgency of need. To keep rankings current, a DSPD caseworker attempts to contact each individual annually to update their assessment, though individuals may request a reassessment at any time if their needs change.

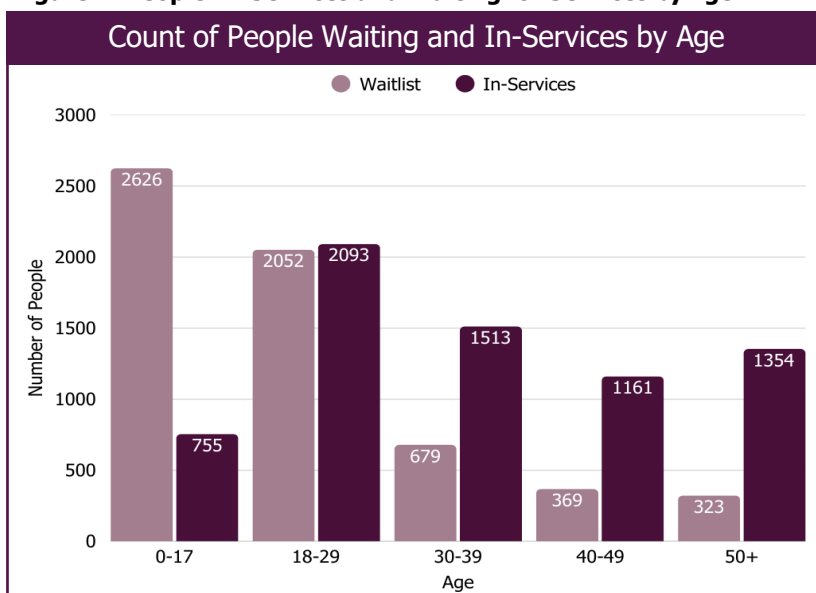
Individuals on the HCBS waitlist may continue to receive Medicaid state plan services, such as doctor visits, medications, limited nursing, or personal care, but these services often do not provide the full range of supports needed for independent community living. For example, a child with cerebral palsy might receive some in-home care hours but have limited access to extended respite or adaptive equipment; an adult with autism may receive basic therapy but not supported employment or job coaching; and a young adult with a brain injury might qualify for rehabilitation services but face institutional placement without access to waiver-funded housing or transportation supports. In each case, state plan services address immediate medical needs, while broader long-term supports are less readily available.

Figure 1: People In-Services and Waiting for Services, 2015-2024



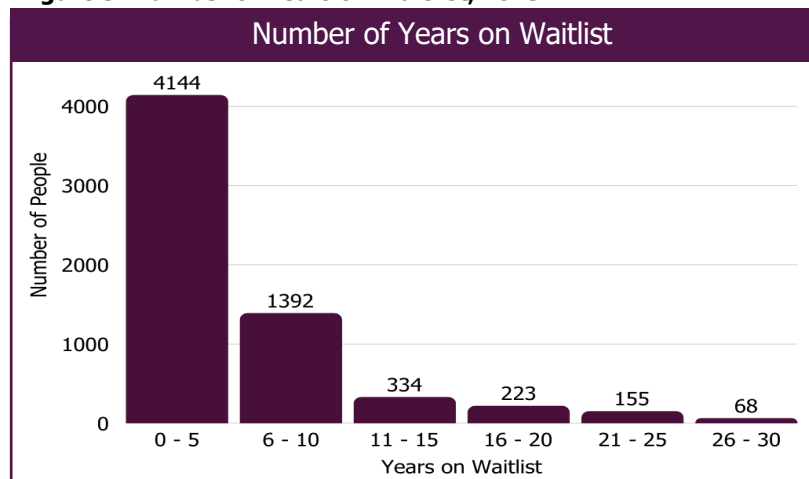
Source: *DPSD 2024 Annual Report*

Figure 2: People In-Services and Waiting for Services by Age



Source: *OLRGC generated chart based on data provided by DSPD*

Figure 3: Number of Years on Waitlist, 2025



Source: *OLRGC generated chart based on data provided by DSPD*

Services Provided Through Waivers

DSPD offers a range of services, both comprehensive ongoing supports, for those "in service" and limited short-term supports for those on the waitlist. The primary funding for community services for people with disabilities in Utah comes from Medicaid HCBS waivers. Table 1 below summarizes five Medicaid HCBS waivers administered by DSPD and the number of individuals served under each program. These waivers provide the primary framework for delivering community-based supports in Utah.

Table 1: HCBS Waivers, 2025

Type of Waiver	Type of Support Service	How Many People Supported (as of FY 2024)
Community Supports Waiver (CSW)	This waiver provides comprehensive services for individuals with I/DD to live in their homes or other community settings, supporting independence and self-determination.	6,168 people ^{iv}
Community Transitions Waiver (CTW)	This waiver adds nursing services to support individuals with complex medical needs transitioning safely into the community from Intermediate Care Facilities (ICFs). A provision allows 25 people to move from the Community Supports Waiver to the CTW annually if they meet nursing service criteria.	486 people ^v
Acquired Brain Injury Waiver (ABIW)	This waiver provides comprehensive services to individuals with acquired brain injuries to live as independently as possible.	162 people ^{vi}
Physical Disabilities Waiver (PDW)	This waiver offers comprehensive services, particularly nursing, for individuals with physical disabilities to remain in their homes and communities.	91 people ^{vii}
Limited Supports Waiver (LSW)	This waiver provides a targeted set of services with capped individual budgets for eligible individuals with I/DD or acquired brain injuries who do not require the full scope of services from comprehensive waivers.	124 people <i>* Most LSW recipients choose to remain on the waiting list for more expansive services.^{viii}</i>

Source: DSPD Medicaid Waivers

The target population for these services is primarily individuals with I/DD. The goal is to reduce the institutionalized population in ICFs and serve more individuals in the community, as required by a settlement agreement following the *Christensen v. Miner* lawsuit.

In 2018, a class-action lawsuit challenged Utah's reliance on institutional placements for individuals with disabilities, citing the federal Olmstead v. L.C. decision. The 2019 settlement required the state to expand community-based service options, reduce the number of private institutional beds, and provide information to individuals about less restrictive living arrangements."

Legislative and Agency Actions

The Legislature has provided additional funding each year since 2022 to address the DSPD waitlist.^{ix} Recent legislative actions to expand capacity include the following appropriations:

- **2025 General Session:** \$6.0 million ongoing from the General Fund.
- **2024 General Session:** \$5 million ongoing, which funded approximately 250 individuals off the waitlist.
- **2023 General Session:** \$3.0 million one-time and \$3.5 million ongoing.
- **2022 General Session:** \$6 million ongoing.

DHHS has also implemented initiatives designed to expand services. The 2019 Christensen v. Miner Settlement Agreement required the state to expand community-based service options, reduce the number of private institutional beds, and provide information to individuals about less restrictive living arrangements. In response, DHHS implemented the following initiatives:^x

- **Waiver Expansion:** Implemented the Limited Supports Waiver (LSW) and the Community Transitions Waiver (CTW) to support individuals with diverse needs and transitions from ICFs.
- **Provider Support:** Increased HCBS provider rates by 19.5% in 2022 to help direct support professionals (DSPs) earn \$16-17/hour and implemented Caregiver Compensation as an ongoing option to increase system capacity.
- **Data and Research:** Initiated a [long-term services and supports \(LTSS\) study](#)^{xi} and [HCBS services rate studies](#)^{xii} to identify needs, gaps, and inform future funding requests. They also conduct annual support coordination surveys and semi-annual cost reporting.
- **Housing and Crisis Services:** Employed two housing specialists and initiated state-funded housing assistance for those transitioning from ICFs. Developed strategies for emergency cases and prioritized funding to prevent youth from moving to ICFs.
- **Minors in ICFs:** Significantly reduced the number of minors living in ICFs from 43 in June 2021 to 11 in June 2023 and established a rebuttable presumption against admitting individuals under 22 to ICFs.

Additional Policy and Oversight Considerations^{xiii}

A number of legislative proposals, advisory committee recommendations, and recent research initiatives continue to inform Utah's approach to the DSPD waitlist. These efforts highlight the importance of considerations beyond annual appropriations, including broader system considerations such as funding stability, workforce capacity, and coordination across service systems.

- **Statewide Planning and Coordination:**

The Strategy Report Advisory Committee, a committee created under the *Christensen v. Miner* settlement to guide Utah's efforts to reduce reliance on ICFs for people with I/DD, has recommended that Utah develop a statewide Olmstead Plan^{xiv} with action steps and measurable outcomes. Such a plan could help guide long-term strategies to expand community-based services, reduce reliance on institutional care, and address the DSPD waitlist in a coordinated manner.

- **Workforce Development:**

The same committee also emphasized the importance of strengthening the direct support workforce that provides HCBS. Recommendations included creating a career ladder for Direct Support Professionals (DSPs), reviewing reimbursement rates, and expanding nursing services to ensure system capacity aligns with demand.

- **Research and System Improvement Efforts:**

As part of the Department of Health and Human Services' *Long-Term Services and Supports (LTSS) Project*, recent analysis by the Human Services Research Institute identified several opportunities to enhance Utah's approach to the DSPD waitlist. These opportunities focus on developing a comprehensive strategic plan, refining waitlist management processes, and identifying sustainable funding approaches to strengthen service access and continuity.

- **Waitlist Needs Analysis and Strategic Plan:**

Conducting a detailed assessment of individuals currently on the waitlist could clarify the types of supports and services needed statewide. This information would allow DSPD to better estimate costs, evaluate provider capacity, and inform a long-term strategic plan. Such a plan could include specific action steps, timelines, and coordination strategies to align state, legislative, and community partners around shared goals.

- **Waitlist Management:**

Utah's current Needs Assessment Questionnaire ranks individuals based on need, caregiver support, and time on the list. Exploring alternative models, such as tiered or two-pronged systems used in other states, could improve predictability and transparency for families while maintaining flexibility to address urgent needs.

- **Sustainable Funding Sources:**

Reducing or eliminating the DSPD waitlist will require stable, ongoing funding. In addition to annual appropriations, Utah could explore options such as a permanent trust fund or other dedicated revenue sources to support consistent service expansion.

Conclusion

Utah continues to make progress in expanding community-based supports and improving service delivery for individuals with disabilities. The DSPD waitlist reflects both the state's growing demand for these services and its ongoing efforts to balance resources, workforce capacity, and individual needs.

Endnotes

- ⁱ KFF. (2024). *Number of people waiting for Medicaid home care (HCBS), by target population and whether states screen for eligibility*. State Health Facts.
<https://www.kff.org/medicaid/state-indicator/number-of-people-waiting-for-hcbs-by-target-population-and-whether-states-screen-for-eligibility/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- ⁱⁱ Advisory Committee Strategy Report, November 2024
<https://dspd.utah.gov/wp-content/uploads/Advisory-Committee-Strategy-Report-November-2024.docx.pdf>
- ⁱⁱⁱ Human Services Research Institute, *Utah LTSS Project: Addressing/Eliminating the DSPD Waitlist*, Brief #3, prepared for Utah Department of Health and Human Services (DHHS), July 2024
https://dspd.utah.gov/wp-content/uploads/waitlist_research-brief-3/ut_final_240701.pdf
- ^{iv} U.S. Department of Justice, Civil Rights Division, "United States' Investigation Under Title II of the Americans with Disabilities Act of Utah's Employment and Day Services for Youth and Adults with Intellectual and Developmental Disabilities," letter to Governor Spencer J. Cox, June 18, 2024. <https://www.justice.gov/crt/media/1356101/dl>
- ^v Utah Division of Services for People with Disabilities Annual Report 2024.
<https://dspd.utah.gov/wp-content/uploads/Annual-Report-2024.pdf>
- ^{vi} Utah Division of Services for People with Disabilities Annual Report 2024.
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- ^{ix} "Utah's Division of Services for People with Disabilities: Understanding the Waitlist." August, 29. 2025.
<https://budget.utah.gov/understanding-the-waitlist/>
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<https://dspd.utah.gov/wp-content/uploads/Advisory-Committee-Strategy-Report-November-2024.docx.pdf>
- ^{xi} Utah Department of Health and Human Services. (n.d.). *Long-Term Services and Supports Research Study*. Retrieved September 18, 2025, from <https://dspd.utah.gov/hsri/>
- ^{xii} Utah Department of Health and Human Services. (n.d.) *Provider Rate Study*. Retrieved September 10, 2025, from <https://dspd.utah.gov/provider-rate-study/>
- ^{xiii} Advisory Committee Strategy Report, November 2024
<https://dspd.utah.gov/wp-content/uploads/Advisory-Committee-Strategy-Report-November-2024.docx.pdf>
- ^{xiv} Advisory Committee Strategy Report, November 2024
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