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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-16-0008

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294

Region VIII

May 12, 2016

Joseph K. Miner, M.D., MSPH, Executive Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

RE: Utah #16-0008

Dear Dr. Miner:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0008. This State Plan Amendment updates the hospice program to include the service intensity add-on payment as an available reimbursement in addition to the existing payment already outlined in the State Plan.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2016. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Mandy Strom at (303) 844-7068.

Sincerely,

[redacted]

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Nathan Checketts, Acting Medicaid Director, UT
Craig Devashrayee, UT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTHCARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 16-0008-UT
2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTHCARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2016

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.120

7. FEDERAL BUDGET IMPACT:
a. SFY 2016 +$19,700
b. SFY 2017 +$39,300

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 28a of ATTACHMENT 4.19-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Page 28a of ATTACHMENT 4.19-B

10. SUBJECT OF AMENDMENT: Payment for Hospice Services

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME: Joseph K. Miner, M.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: March 31, 2016

16. RETURN TO:
Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Heath
PO Box 143102
Salt Lake City, UT 84114-3102

17. DATE RECEIVED:
March 31, 2016

18. DATE APPROVED:
May 12, 2016

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME:
Richard C. Allen

22. TITLE:
ARA, DMCHO

PLAN APPROVED – ONE COPY ATTACHED

23. REMARKS:

FORM HCFA-179 (07-92)

PAYMENT FOR HOSPICE SERVICES (Continued)

Service Intensity Add-On

Effective for dates of service on and after January 1, 2016, Medicaid hospice providers may receive a Service Intensity Add-On payment (SIA) for client's receiving routine home care by the registered nurse and the clinical social worker during the last seven days of the recipient's life.

The SIA payment is provided under the following conditions:

1) SIA payment is provided in addition to the routine home care rate.
2) To qualify for SIA payment, the SIA visit must be a minimum of 15 minutes but not more than four hours combined for both nurse and social worker per day.
3) SIA rates will be equal to the rates established by CMS for each geographical area of the State. The SIA payment amount is calculated by multiplying the Continuous Home Care (CHC) rate per 15 minutes by the number of units for the combined visits for the day (payment not to exceed 16 units) and adjusted for geographic differences in wages.

Limitation for Inpatient Care

Payments to a hospice for inpatient care must be limited according to the number of days of inpatient care furnished to Medicaid patients. During the 12-month period beginning November 1 of each year and ending October 31 (cap period), the aggregate number of inpatient days (both for general inpatient care and inpatient respite care may not exceed 20 percent of the aggregate total number of days of hospice care provided to all Medicaid recipients during that same period. This limitation is applied on an agency-wide basis and is not applied to individual patient stay services. At the end of each cap period, the Department calculates a limitation on payment of inpatient care for each hospice, to ensure that Medicaid payment is not made for days of inpatient care (including inpatient respite and general inpatient care) that exceed 20 percent of the total number of days of hospice care furnished to Medicaid recipients. The hospice agency then repays the Medicaid program a "prorated" share of total inpatient payment. This repayment will be computed as follows: [("Excess" Medicaid inpatient days/total paid Medicaid inpatient days) X (payment rate per diem)].

The inpatient care limitation does not apply to individuals with AIDS or to individuals who are under 21 years of age and receiving life-prolonging treatment for a terminal illness.