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**State/Territory Name: Utah**

**State Plan Amendment (SPA) #: 17-0023**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

**JAN 30 2018**

Nate Checketts, Director  
Division of Health Care Financing  
Utah Department of Health  
P.O. Box 143101  
Salt Lake City, UT 84114-3101

Re: Utah 17-0023

Dear Mr. Checketts:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 17-0023. Effective for services on or after November 1, 2017, this amendment clarifies application procedures for the Quality Improvement Incentive Program.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 17-0023 is approved effective November 1, 2017. The HCFA-179 and the amended plan page are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.

Sincerely,



Kristin Fan  
Director

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

1. TRANSMITTAL NUMBER:  
17-0023-UT

2. STATE:  
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
November 1, 2017

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

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:

Section 1902(a)(13)(A) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2018 \$0  
b. FFY 2019 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 927, Page 1 of ATTACHMENT4.19-D

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Section 927, Page 1 of ATTACHMENT4.19-D

10. SUBJECT OF AMENDMENT: Quality Improvement Incentive

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:

13. TYPED NAME: [Redacted]

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: November 15, 2017

16. RETURN TO:

Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
PO Box 143102  
Salt Lake City, UT 84114-3102

17. DATE RECEIVED:

18. DATE APPROVED:

JAN 30 2018

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

NOV 01 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Kristin Fan

22. TITLE:

Director, Finance

PLAN APPROVED - ONE COPY ATTACHED

3. REMARKS

900 RATE SETTING FOR NFs (Continued)

927 QUALITY IMPROVEMENT INCENTIVE

In order for a facility to qualify for any Quality Improvement Incentive or Initiative in Subsections (1) or (2) or (3):

- The facility must submit all required documentation;
- The facility must clearly mark and organize all supporting documentation to facilitate review by Department staff;
- The facility must submit the application form and all supporting documentation for that incentive or initiative via email, to [gii\\_dmhf@utah.gov](mailto:gii_dmhf@utah.gov), or U.S. mail with a timestamp during the incentive period.
- Facilities that choose to mail in applications and supporting documentation are responsible to ensure that they submit the documents to the correct address, as follows:

Via United States Postal Service  
Utah Department of Health  
DMHF, BCRP  
Attn: Reimbursement Unit  
P.O. Box 143102  
Salt Lake City, UT 84114-3102

Via United Parcel Service or Federal Express  
Utah Department of Health  
DMHF, BCRP  
Attn: Reimbursement Unit  
288 North 1460 West  
Salt Lake City, UT 84116-3231

(1) Quality Improvement Incentive 1 (QII1):

- (a) Funds in the amount of \$1,000,000 shall be set aside from the base rate budget annually to reimburse current Medicaid-certified non-ICF/ID facilities that have:
- (i) A meaningful quality improvement plan that includes the involvement of residents and family, which includes the following (weighting of 50%);
    - 1) A demonstrated process of assessing and measuring that plan; and
    - 2) Four quarterly customer satisfaction surveys conducted by an independent third party with the final quarter ending on March 31 of the incentive period, along with an action plan that addresses survey items rated below average for the year;
  - (ii) A plan for culture change along with an example of how the facility has implemented culture change (weighting of 25%);
  - (iii) An employee satisfaction program (weighting of 25%);
  - (iv) No violations that are at an "immediate jeopardy" level as determined by the Department at the most recent re-certification survey and during the incentive period; and
  - (v) A facility that receives a substandard quality of care level F, H, I, J, K, or L during the incentive period is eligible for only 50% of the possible reimbursement. A facility that receives substandard quality of care in F, H, I, J, K, or L in more than one survey during the incentive period is ineligible for reimbursement under this incentive.
- (b) The Department shall distribute incentive payments to qualifying, current Medicaid-certified facilities based on the proportionate share of the total Medicaid patient days in qualifying facilities.
- (c) If a facility seeks administrative review of the determination of a survey violation, the incentive payment will be withheld pending the final administrative adjudication. If violations are found not to have occurred, the Department will pay the incentive to the facility. If the survey findings are upheld, the Department will distribute the remaining incentive payments to all qualifying facilities.
- (d) This QII1 period is from July 1<sup>st</sup> through May 31<sup>st</sup> of each State Fiscal Year for that State Fiscal Year.

T.N. # 17-0023

Approval Date JAN 30 2018

Supersedes T.N. # 13-019

Effective Date 11-1-17