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State/Territory Name: Utah

State Plan Amendment (SPA) #: 19-0003

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



Financial Management Group

July 10, 2019

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

Re: Utah 19-0003

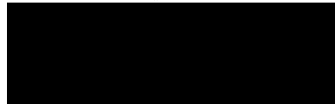
Dear Mr. Checketts:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 19-0003. Effective for services on or after July 1, 2019, this amendment updates the methodology for Nursing Facilities and Intermediate Care Facility providers to qualify for the quality and capital Improvement incentive payment 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 19-0003 is approved effective July 1, 2019. The CMS-179 and the amended plan pages 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: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER U T — 19 00 03	2. STATE Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		4. PROPOSED EFFECTIVE DATE: July 1, 2019	
5. REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES			
6. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(30)(A) of the Social Security Act		7. FEDERAL BUDGET IMPACT a. FFY 2019 \$0 b. FFY 2020 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 3 of Section 927 (ATTACHMENT 4.19-D); Section 1195 of ATTACHMENT 4.19-D.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Page 3 of Section 927 (ATTACHMENT 4.19-D); Section 1195 of ATTACHMENT 4.19-D.	
10. SUBJECT OF AMENDMENT: Quality Improvement and Capital Improvement Incentives			
11. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Craig Devashrayee, Manager Technical Writing Unit Utah Department of Health PO Box 143102 Salt Lake City, UT 84114-3102	
13. TYPED NAME: Joseph K. Miner, M.D.			
14. TITLE: Executive Director, Utah Department of Health			
15. DATE SUBMITTED: April 17, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED JUL 10 2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL JUL 01 2019		20. SIGNATURE OF REGIONAL OFFICIAL 	

Kristin Fan

Director, FMG

900 RATE SETTING FOR NFs (Continued)

- (A) A new side-entry bathing system that allows the resident to enter the bathing system without having to step over or be lifted into the bathing area;
 - (B) Heat lamps or warmers (e.g. blanket or towel);
 - (C) Bariatric equipment (e.g. shower chair, shower gurney; and
 - (D) General improvements to the patient bathing/shower area(s).
- (iv) Incentive for facilities to purchase or enhance patient life enhancing devices. Qualifying Medicaid providers may receive the QI12 limit amount for each Medicaid-certified bed. Patient life enhancing devices are restricted to:
- (A) Telecommunication enhancements primarily for patient use. This may include land lines, wireless telephones, voice mail, and push-to-talk devices. Overhead paging, if any, must be reduced;
 - (B) Wander management systems and patient security enhancement devices (e.g., cameras, access control systems, access doors, etc.);
 - (C) Computers, game consoles, or personal music system for patient use;
 - (D) Garden enhancements;
 - (E) Furniture enhancements for patients;
 - (F) Wheelchair washers;
 - (G) Automatic doors;
 - (H) Flooring enhancements;
 - (I) Automatic Electronic Defibrillators (AED devices);
 - (J) Energy efficient windows with a U-factor rating of 0.35 or less;
 - (K) Exercise equipment for group fitness classes (e.g., weights, exercise balls, exercise bikes, etc.);
 - (L) Water management programs; and
 - (M) Fall-reduction beds.
- (v) Incentive for facilities to educate staff as specified on the application form. Qualifying Medicaid providers may receive \$110 for each Medicaid-certified bed.
- (vi) Incentive for facilities to purchase or make improvements to van and van equipment for patient use. Qualifying Medicaid providers may receive \$320 for each Medicaid-certified bed.
- (vii) Incentive for facilities to purchase or lease new or enhance existing clinical information systems or software or hardware or backup power. Qualifying Medicaid providers may receive the QI12 limit amount for each Medicaid-certified bed.
- (A) The software must incorporate advanced technology into improved patient care that includes better integration, captures more information at the point of care, and includes more automated reminders, etc. A facility must include the following tracking requirements in the software:
 - (I) Care plans;
 - (II) Current conditions;
 - (III) Medical orders;
 - (IV) Activities of daily living;
 - (V) Medication administration records;
 - (VI) Timing of medications;
 - (VII) Medical notes; and
 - (VIII) Point of care tracking.
 - (B) The hardware must facilitate the tracking of patient care and integrate the collection of data into clinical information systems software that meets the tracking criteria in Subsection A above.
- (viii) Incentive for facilities to purchase a new or enhance its existing heating, ventilating, and air conditioning system (HVAC). Qualifying Medicaid providers may receive \$162 for each Medicaid-certified bed.
- (ix) Incentive for facilities to use innovative means to improve the residents' dining experience. These changes may include meal ordering, dining times or hours, atmosphere, more food choices, etc. Qualifying Medicaid providers may receive \$200 for each Medicaid-certified bed.
- (x) Incentive for facilities to achieve outcome proven awards defined by either the American Health Care Association Quality First Award program or the Malcolm Baldrige Award. Qualifying Medicaid providers may receive \$100 per Medicaid-certified bed.
- (xi) Incentive for facilities to provide flu or pneumonia immunizations for its employees at no cost to the workers. Qualifying Medicaid providers may receive \$15 per Medicaid-certified bed. The application must include a signature list of employees who receive the free vaccinations.
- (xii) Incentive for facilities to purchase new patient dignity devices. Qualifying Medicaid providers may receive \$100 for each Medicaid-certified bed. Patient dignity devices are restricted to:
- (A) Bladder scanner.
 - (B) Bariatric scale capable of weighing patients up to at least 600 pounds.

T.N. # 19-0003

Approval Date JUL 10 2019

Supersedes T.N. # 16-0007

Effective Date 7-1-19

1100 ICF/IDs (Continued)

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- 2) Capital Improvement Incentive (CII)
- a) In addition to the above incentive, funds in the amount of \$2,116,209 have been allocated to fund the CII for improvements made in State Fiscal Year 2019 or State Fiscal Year 2020.
 - b) Qualifying, current Medicaid-certified providers may receive an upper bound limit amount called CII limit amount which is equal to the CII total funds divided by the total number of qualifying Medicaid-certified beds as of July 1, 2018.
 - c) This CII period is for improvements made from July 1, 2018, until June 30, 2020.
 - d) In order to qualify for the CII:
 - i) An ICF/ID must demonstrate proof of purchase and installation of the capital asset by June 30, 2020;
 - ii) Applications, except the ICF/ID's final application, must be for at least 25% of the ICF/ID's base maximum allowable reimbursement.
 - iii) An ICF/ID may submit applications between October 1, 2018, and June 30, 2020;
 - iv) The ICF/ID's application must include a detailed description of how the capital improvement may support an individual's rights to privacy, dignity, respect, or autonomy;
 - v) The ICF/ID's applications must include a detailed description of the capital item(s) purchased, attesting to its meeting the criteria for the initiative. Capital items must meet the ICF/ID company policy for capital, are as defined in CMS Publication 15-1, and include the following:
 - (1) Buildings;
 - (2) Building Equipment;
 - (3) Major Movable Equipment;
 - (4) Land Improvements; or
 - (5) Leasehold Improvements;
 - vi) An ICF/ID, with its application, must submit detailed documentation that supports all purchases and installation of the capital item. This documentation must include invoices and proof of purchase (i.e. copies of cancelled checks, credit card slips, etc.). If proof of purchase and invoice amounts differ, the ICF/ID must provide detail to indicate the other purchases that were made with the payment, or that only a partial payment was made;
 - vii) An ICF/ID must clearly mark and organize all supporting documentation to facilitate review by Department staff.
 - viii) A facility may not receive more for this initiative than its documented costs for this initiative.
 - e) Any funds that have not been disbursed for the CII are available to reimburse qualifying ICF/IDs that spent more than the base maximum allowable reimbursement noted in Subsection (2)(b) above.
 - f) The Department shall distribute incentive payments to qualifying, current Medicaid-certified ICF/IDs based on the following example which is for illustrative purposes only:

T.N. # 19-0003Approval Date JUL 10 2019Supersedes 18-0004Effective Date 7-1-19