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State/Territory Name: Utah

State Plan Amendment (SPA) #: 20-0002

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



Financial Management Group

July 2, 2020

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

Re: Utah 20-0002

Dear Mr. Checketts:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 20-0002. Effective for services on or July 1, 2020, this amendment updates the reimbursement methodology for capital improvement incentive payments for intermediate care facilities for individuals with intellectual disabilities (ICF/IID).

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 20-0002 is approved effective July 1, 2020. The CMS-179 and the amended plan page are attached.

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

Sincerely,

A solid black rectangular box redacting the signature of Karen Shields.

Karen Shields
Acting Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
U T 20 00 02

2. STATE
Utah

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: July 1, 2020

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)(30)(A) of the Social Security Act

7. FEDERAL BUDGET IMPACT
a. FFY 2020 \$0
b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 1195 of ATTACHMENT 4.19-D

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Section 1195 of ATTACHMENT 4.19-D

10. SUBJECT OF AMENDMENT: Capital Improvement Incentive

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

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

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: April 15, 2020

16. RETURN TO

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


FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED
7/2/20

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/20

20. SIGNATURE OF REGIONAL OFFICIAL


21. TYPED NAME

Karen Shields

22. TITLE

Acting Director, FMG

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 and continuing through State Fiscal Year 2021.
 - 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 during the period of July 1, 2018, through June 30, 2021.
 - 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 beginning October 1, 2018, and ending on or before June 30, 2021;
 - 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. # 20-0002

Approval Date 7/2/20

Supersedes 19-0003

Effective Date 7-1-20