

## **Table of Contents**

**State/Territory Name: Arizona**

**State Plan Amendment (SPA) #: 19-0015**

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



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**Financial Management Group**

February 12, 2020

Jami Snyder, Director  
Arizona Health Care Cost Containment System  
801 E. Jefferson  
Phoenix, AZ 85034

RE: Arizona SPA 19-0015

Dear Ms. Snyder:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 19-0015. This amendment updates the nursing facility Differential Adjusted Payment (DAP) program effective October 1, 2019.

We conducted our review of your submittal according to the statutory requirements at sections 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. This is to inform you that Medicaid State plan amendment TN 19-0015 is approved effective October 1, 2019. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Mark Wong at (415) 744-3561.

Sincerely,

A black rectangular redaction box covers the signature of Kristin Fan.

Kristin Fan  
Director

Enclosures

|  |  |                     |
|--|--|---------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL<br/>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b> | 1. TRANSMITTAL NUMBER<br><u>1 9</u> — <u>0 1 5</u>                         | 2. STATE<br>Arizona |
|  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) |                     |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES          | 4. PROPOSED EFFECTIVE DATE<br>October 1, 2019                              |                     |

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<br>42 CFR Part 447                           | 7. FEDERAL BUDGET IMPACT<br>a. FFY 2020 \$ 395,400<br>b. FFY 2021 \$ 411,200                                   |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><br>Attachment 4.19-D, pg. 9(b) | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br><br>Attachment 4.19-D, pg. 9(b) |

10. SUBJECT OF AMENDMENT  
Updates the State Plan to update the NF DAP program.

11. GOVERNOR'S REVIEW (Check One)

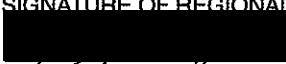
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

|  |  |
|--|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL<br> | 16. RETURN TO<br><br>Dana Hearn<br>801 E. Jefferson, MD#4200<br>Phoenix, Arizona 85034 |
| 13. TYPED NAME<br>Dana Hearn   |  |
| 14. TITLE<br>Assistant Director  |  |
| 15. DATE SUBMITTED<br>12/30/2019   |  |

**FOR REGIONAL OFFICE USE ONLY**

|                   |                                     |
|-------------------|-------------------------------------|
| 17. DATE RECEIVED | 18. DATE APPROVED February 12, 2020 |
|-------------------|-------------------------------------|

**PLAN APPROVED - ONE COPY ATTACHED**

|  |  |
|--|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL<br>October 1, 2019 | 20. SIGNATURE OF REGIONAL OFFICIAL<br> |
| 21. TYPED NAME<br>Kristin Fan                              | 22. TITLE<br>Director, FMG   |

23. REMARKS

STATE OF ARIZONA  
METHODS AND STANDARDS FOR ESTABLISHING FEE-FOR-SERVICE PAYMENT RATES  
FOR LONG TERM CARE FACILITIES

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**F. Nursing Facility Differential Adjusted Payment**

As of October 1, 2019 through September 30, 2020 (Contract Year Ending (CYE) 2020), Provider type 22 nursing facilities that are located in Arizona with Arizona Medicaid utilization that meet AHCCCS established value based performance metrics requirements below will receive one or both of the Differential Adjusted Payments described below. The Differential Adjusted Payment Schedule represents a positive adjustment to the AHCCCS Fee-For-Service rates. These payment adjustments will occur for all dates of service in CYE 2020 only. The purpose of the Differential Adjusted Payment is to distinguish facilities which have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth.

1. To qualify for the Differential Adjusted Payment, a nursing facility must meet the following criteria:
  - a) Must be an AHCCCS registered provider type 22; and
  - b) Must be at or below the Arizona average percent of High-Risk Residents with Pressure Ulcers (Long Stay) based on the facility's performance results for long-stay, high-risk residents with Stage II-IV pressure ulcers reported in MDS 3.0 for this CMS Nursing Home Quality Measure metric as of April 30, 2019.
  - c) On April 30, 2019, AHCCCS will download data from the Medicare Nursing Home Compare website for the percent of long-stay residents with a urinary tract infection (UTI). Facility results will be compared to the Arizona Average results for the measure. Facilities with percentages less than or equal to the state-wide average score will qualify for the DAP increase.
  
2. Nursing facilities that meet the requirements described in subsection 1 shall be eligible to receive a differential adjusted payment. Eligible nursing facilities as described in 1.b. will receive a 1% increase to its fee-for-service reimbursement rate for October 1, 2019 through September 30, 2020.  
Nursing facilities that meet the requirements described in subsection 1 shall be eligible to receive a differential adjusted payment. Eligible nursing facilities as described in 1.c. will receive a 1% increase to its fee-for-service reimbursement rate for October 1, 2019 through September 30, 2020.

**Exemptions:**

IHS and 638 tribally owned and/or operated facilities, including nursing facilities are exempt from this initiative based on payments primarily at the all-inclusive rate.

**Payment Methodology**

For Provider Type 22 nursing facilities, the fee-for-service payment rates will be increased by 1.0% if they meet the Pressure Ulcer requirements outlined in F.1.b and by 1.0% if they meet the UTI performance requirements outlined in F.1.c. A Provider Type 22 facility meeting both Pressure Ulcer and UTI requirements will receive a combined 2.0% increase. These increases do not apply to supplemental payments.

TN No. 19-015

Supersedes

TN No.

18-018

Approval Date: February 12, 2020

Effective Date: October 1, 2019