7. Transportation to meet the medical needs of the patient, except for emergency ambulance.

8. Medical supplies and non-prescription pharmacy items. Supplies include, but are not limited to: syringes, ostomy supplies, irrigation equipment, routine dressings (i.e., band-aid, gauze, etc. - does not include specialized dressings such as negative pressure wound therapy dressings), catheters, elastic stockings, test tape, IV set-up colostomy bags, oxygen tubing /masks, CPAP/BI-PAP supplies, etc.

9. Medical consultants.

10. *All other services and supplies that are normally provided by long-term care providers except for* the non-routine services in Section 430.

11. ICF/MR patients only:
    a. Annual dental examination.
    b. Physical therapy, occupational therapy, speech therapy and audiology examinations.

430 NON-ROUTINE SERVICES

These services are considered ancillary for Medicaid payment. The costs of these services should *not be included on the FCP. Non-Routine services may be billed by either the nursing facility or the* direct service provider. These services are:

1. Physical therapy, speech therapy, and audiology examinations (nursing facility patients only).

2. Dental services (except annual examinations for ICF/MR patients).

3. Oxygen.

4. Prescription drugs (legend drugs) plus antacids, insulin and total nutrition, parenteral or enteral diet given through gastrostomy, jejunostomy, IV or stomach tube. In addition, antilipemic agents and hepatic agents or high nitrogen agents are billed by pharmacies directly to Medicaid.

5. *Prosthetic devices to include (a) artificial legs, arms, and eyes and (b) special braces for the leg,* arm, back, and neck.

6. Physician services for direct patient care.

7. Laboratory and radiology.

8. Emergency ambulance for life threatening or emergency situations.

9. Other professional services for direct patient care, including psychologists, podiatrists, *optometrists, and audiologists.*

927 QUALITY IMPROVEMENT INCENTIVE

In order for a facility to qualify for any Quality Improvement Incentive or Initiative in Subsections (3) or (4):

- 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 fax or 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) Upon federal approval of the Nursing Care Facilities State Plan Amendment for the quality program outlined in this subsection (1), 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/MR facilities that have:

(i) A meaningful quality improvement plan that includes the involvement of residents and family;

(ii) A demonstrated process of assessing and measuring that plan;

(iii) Customer satisfaction surveys conducted by an independent third party in each quarter of the incentive period, along with an action plan that addresses survey items rated below average for the year;

(iv) A plan for culture change along with an example of how the facility has implemented culture change;

(v) An employee satisfaction program;

(vi) 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;

(vii) 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) The QII1 period is from July 1st through May 31st of each State Fiscal Year for that State Fiscal Year.

(2) Quality Improvement Incentive (QII2):

(a) Upon federal approval of the Nursing Care Facilities State Plan Amendment for the quality program outlined in this subsection (2) and in addition to the above incentive, funds in the amount of $4,275,900 shall be set aside from the base rate budget in each State Fiscal Year to fund the quality improvement incentive for that state fiscal year.

(b) Qualifying, current Medicaid-certified providers may receive an upper bound limit dollar amount called QII2 limit amount, which is equal to the QII2 total funds divided by the total number of qualifying Medicaid-certified beds at the beginning of that State Fiscal Year, across all initiatives in this subsection (2), for each Medicaid-certified bed. The Medicaid-certified bed count used for each facility for this incentive and for each initiative in this incentive is the count in the facility at the beginning of the incentive period.

(c) A facility may not receive more for any initiative than its documented costs for that initiative.

(d) This QII2 period is from July 1st of one year prior to the current State Fiscal Year through May 31st of the current State Fiscal Year.

(e) In order to qualify for any of the quality improvement initiatives in this subsection:

(i) A facility must purchase each item by the end of the incentive period, and install each item during the incentive period;

(ii) Applications must include a detailed description of the functionality of each item that the facility purchases, attesting to its meeting all of the criteria for that initiative;

(iii) A facility, with its application, must submit detailed documentation that supports all purchase, installation and training costs for that initiative. 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 facility must provide detail to indicate the other purchases that were made with the payment, or that only a partial payment was made;

(iv) A facility must clearly mark and organize all supporting documentation to facilitate review by Department staff.

(f) Each Medicaid provider may apply for the following quality improvement initiatives:

(i) Incentive for facilities to purchase or enhance nurse call systems. Qualifying Medicaid providers may receive $391 for each Medicaid-certified bed. Qualifying criteria include the following:

(A) The nurse call system is compliant with approved "Guidelines for Design and Construction of Health Care Facilities;"

(B) The nurse call system does not primarily use overhead paging; rather a different type of paging is used. The paging system could include pagers, cellular phones, personal digital assistant devices, hand-held radio, etc. If radio frequency systems are used, consideration should be given to electromagnetic compatibility between internal and external sources;

(C) The nurse call system shall be designed so that a call activated by a resident will initiate a signal distinct from the regular staff call system, and can only be turned off at the resident's location;

(D) The signal shall activate an annunciator panel or screen at the staff work area or other appropriate location, and either a visual signal in the corridor at the resident's door or other appropriate location, or staff pager indicating the calling resident's name and/or room location, and at other areas as defined by the functional program;

(E) The nurse call system must be capable of tracking and reporting response times, such as the length of time from the initiation of the call to the time a nurse enters the room and answers the call.

(ii) Incentive for facilities to purchase new patient lift systems capable of lifting patients weighing up to 400 pounds each. Qualifying Medicaid providers may receive $45 for each Medicaid-certified bed per patient lift, with a maximum of $90 for each Medicaid-certified bed.

(iii) Incentive for facilities to purchase new patient bathing systems. Qualifying Medicaid providers may receive $110 for each Medicaid-certified bed. To qualify, a facility must purchase patient bathing improvements that may be one or more of the following:

(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 $495 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 and game consoles for patient use;
(D) Garden enhancements;
(E) Furniture enhancements for patients;
(F) Wheelchair washers;
(G) Automatic doors;
(H) Flooring enhancements;
(I) Automatic Electronic Defibrilators (AED devices); and
(J) Energy efficient windows with a U-factor rating of 0.35 or less.

(v) Incentive for facilities to educate staff on quality. Qualifying Medicaid providers may receive $110 for each Medicaid-certified bed. The education or training must:
(A) Be by an industry-recognized organization; and
(B) Have a patient-centered perspective focused on improving quality of life or care for the patients.

(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. Qualifying Medicaid providers may receive the QII2 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 Baldridge 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.*

1195 QUALITY IMPROVEMENT INCENTIVE

(1) The incentive period is from July 1st through May 31st of the current State Fiscal Year.

(2) (a) The Department shall set aside $200,000 annually from the base rate budget for incentives to current Medicaid certified facilities. In order for a facility to qualify for an incentive:

(i) *The application form and all supporting documentation for this incentive must be faxed in* or mailed with a postmark during the incentive period. Failure to include all required supporting documentation precludes a facility from qualification.

(ii) Facilities choosing to mail in applications and supporting documentation are in addition responsible to ensure that documents are mailed 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

(iii) The facility must clearly mark and organize all supporting documentation to facilitate review by Department staff.

(b) In order to qualify for an incentive, a facility must have:

(i) A meaningful quality improvement plan which includes the involvement of residents and family;

(ii) A demonstrated means to measure that plan;

(iii) Customer satisfaction surveys conducted by an independent third-party in each quarter of the incentive period along with an action plan that addresses survey items rated below average for the year;

(iv) An employee satisfaction program; and

(v) No violations, as determined by the Department, that are at an "immediate jeopardy" level at the most recent re-certification survey and during the incentive period.

(vi) A facility receiving a condition level deficiency during the incentive period is eligible for only 50% of the possible reimbursement.

(c) The Department shall distribute incentive payments to qualifying facilities based on the proportionate share of the total Medicaid patient days in qualifying facilities.

(d) If a facility seeks administrative review of a survey violation, the incentive payment will be withheld pending the final administrative determination. If violations are found not to have occurred at a severity level of immediate jeopardy or higher, the incentive payment will be paid to the facility. If the survey findings are upheld, the Department shall distribute the remaining incentive payments to all qualifying facilities.