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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-13-025

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 & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

November 20, 2013

W. David Patton, Ph.D.
Utah Department of Health
288 North 1460 West
PO Box 143102
Salt Lake City, UT 84114

RE: Utah #13-025

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-025. This State Plan Amendment updates the definition of home health services, clarifies services and limitations, updates references, and reorganizes home health information. It also updates the date of rates for home health services.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2013. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Mandy Strom at (303) 844-7068.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid and Children's Health

CC: Michael Hales, Medicaid Director, UT
Craig Devashrayee, UT

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

1. TRANSMITTAL NUMBER: 13-025-UT	2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2013	

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)

3. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.70

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 \$0
b. FFY 2014 \$0

3. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 1 of Attachment #7a in ATTACHMENTS 3.1-A and 3.1-B
Page 2 of Attachment #7a in ATTACHMENTS 3.1-A and 3.1-B
Attachment #7c of ATTACHMENTS 3.1-A and 3.1-B
Page 1 of Attachment #7d in ATTACHMENTS 3.1-A and 3.1-B
Page 2 of Attachment #7d in ATTACHMENTS 3.1-A and 3.1-B is removed
Page 10 of ATTACHMENT 4.19-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 1 of Attachment #7a in ATTACHMENTS 3.1-A and 3.1-B
Page 2 of Attachment #7a in ATTACHMENTS 3.1-A and 3.1-B
Attachment #7c of ATTACHMENTS 3.1-A and 3.1-B
Page 1 of Attachment #7d in ATTACHMENTS 3.1-A and 3.1-B
Page 2 of Attachment #7d in ATTACHMENTS 3.1-A and 3.1-B removed
Page 10 of ATTACHMENT 4.19-B

10. SUBJECT OF AMENDMENT: Home Health Services

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:


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: Michael Hales

14. TITLE: Deputy Director, Utah Department of Health

15. DATE SUBMITTED: September 30, 2013

16.

17. DATE RECEIVED:
9/30/13

18. DATE APPROVED:
11/20/13 

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

HOME HEALTH SERVICES

DEFINITION

Home health services are part-time or intermittent medical and non-medical services ordered by an attending physician. These services are based on medical necessity for the diagnosis or treatment of illness, injury, or to improve the function of a malformed body member. A patient may receive home health services when the patient demonstrates the need and potential to restore or improve lost or impaired functions, and when the physician determines that the home is the most appropriate and cost effective setting that is consistent with the patient's medical needs.

Home health services include home health aide services, nursing services as defined in the State Nurse Practice Act, and medical supplies, equipment and appliances suitable for use in the home.

1. Skilled home health Services

- a. The expert application of nursing theory, practice and techniques by a registered nurse (RN) to meet patient needs in the home, through application of professional judgment, standardized procedures, medically delegated techniques, and by independently solving patient care problems.
- b. Home health aide services include assistance of the direct provision of routine care that does not require specialized nursing skill. The assistant works under written instruction and close supervision by the RN.
- c. IV therapy, enteral and parenteral nutrition therapies are provided as home health services in conjunction with skilled home health services, supportive maintenance home health services, or as a standalone service. Home Health Program requirements apply to the therapy policies outlined in the Medical Supplies Program.
- d. Physical therapy services are available and are arranged by the home health agency through a physician order, and must be provided by a qualified, licensed therapist in accordance with the written plan of care.

2. Supportive, Maintenance Home Health Care

Supportive maintenance home health services are available for patients with stabilized medical conditions who require minimal assistance, observation, teaching, or follow-up. A certified home health agency may provide these services through an RN, a licensed practical nurse (LPN), or through a home health aide supervised by an RN under the direction of a physician.

T.N. # 13-025

Approval Date 11/20/13

Supersedes T.N. # 00-015

Effective Date 7-1-13

HOME HEALTH SERVICES (Continued)

LIMITATIONS

The following services are excluded from coverage:

1. Services not ordered and directed by a physician and written in an approved plan of care. A written plan must be reviewed and signed at least every 60 days.
2. Home health services not provided by an RN, LPN, physician assistant, or home health aide, and not supervised by an RN who is employed by a home health agency.
3. Home health services provided to a patient capable of self-care.
4. Housekeeping or homemaking services.
5. Respite Care.
6. Medical supplies neither suitable for home use nor for providing home health care in accordance with physician orders and as part of the written plan of care.

Medical supplies used during the initial visit to establish the plan of care do not require a prior authorization, but are limited to:

- a. supplies consistent with the plan of care; and
 - b. non-durable medical equipment.
7. Occupational therapy.
 8. Speech pathology services.
 9. Physical therapy not included in the plan of care, and not provided by a qualified, licensed therapist.
 10. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.

T.N. # 13-025

Approval Date 11/20/13

Supersedes T.N. # 98-003

Effective Date 7-1-13

HOME HEALTH SERVICES - MEDICAL SUPPLIES, EQUIPMENT, AND APPLIANCES

LIMITATIONS

Supplies, equipment (durable or disposable), and appliances are provided to Medicaid recipients who reside at home. Services are provided in accordance with 42 CFR 440.70(b)(3) and with established Medicaid policy covering medical supplies.

The following items are excluded from coverage as benefits of the Medicaid program:

1. First aid supplies with the exception of supplies used for post- surgical need, accidents, decubitus treatment, and long-term dressing.
2. Surgical stocking if ordered by a non-physician.
3. Syringes in excess of 100 per month.
4. Beds, when the recipient is not bed-confined.
5. Variable height beds.
6. Two oxygen systems unless the physician has specifically ordered portable oxygen for travel to practitioners.
7. Oxygen systems provided more frequently than monthly.
8. Spring-loaded traction equipment.
9. Wheelchairs, unless the recipient would be bed or chair confined without the equipment.
 - a. Wheelchairs, attachments, and other adaptive equipment for addition to wheelchairs require prior authorization and review.
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T.N. # 13-025

Approval Date 11/20/13

Supersedes T.N. # 98-003

Effective Date 7-1-13

HOME HEALTH SERVICES - PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND
SPEECH PATHOLOGY SERVICES

LIMITATIONS

1. Occupational therapy (OT) and speech pathology services in the home are not covered.
2. Physical therapy (PT) services must be prescribed by a physician and included in the plan of care.
3. PT services must be provided by a qualified, licensed therapist and must follow all regulations that govern these services.
4. PT services must follow a written plan of care, and include an expectation that the patient's medical condition under treatment, will improve in a predictable period.
5. PT services must be provided in accordance with 42 CFR 440.110.
6. All home health services require prior authorization.
7. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
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T.N. # 13-025

Approval Date 11/20/13

Supersedes T.N. # 09-003

Effective Date 7-1-13

42 CFR
440.70

ATTACHMENT 3.1-A
Attachment #7d
Page 2

HOME HEALTH SERVICES - SPEECH PATHOLOGY SERVICE

Deleted July 1, 2013

T.N. # 13-025

Approval Date 11/20/13

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T.N. # 13-025

Approval Date 11/20/13

Supersedes T.N. # 98-003

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T.N. # 13-025

Approval Date 11/20/13

Supersedes T.N. # 09-003

Effective Date 7-1-13

42 CFR
440.70

ATTACHMENT 3.1-B
Attachment #7d
Page 2

HOME HEALTH SERVICES - SPEECH PATHOLOGY SERVICE

Deleted July 1, 2013

T.N. # 13-025

Approval Date 11/20/13

Supersedes T.N. # 07-003

Effective Date 7-1-13

J. HOME HEALTH SERVICES

Home Health services are paid a uniform fee per visit unless either a lower amount is billed. The fee schedule is developed with consideration given to the following factors: Professional input from Medicaid staff, prevailing usual and customary charges, Medicare reimbursement for services, reimbursement rates required to obtain provider participation. The uniform fee is established statewide and will be the same for all governmental and private providers. The agency's rates were set as of July 1, 2013, and are effective for services delivered on or after that date. Providers may access fee schedules at the Utah Medicaid website located at <http://health.utah.gov/medicaid/>.

RURAL AREA EXCEPTIONS

Where travel distances to provide service are extensive, enhancements in the home health reimbursement rates are provided. These enhancements are available only in rural counties where one way travel distances from the provider's base of operations are in excess of 25 miles. Rural counties are defined as counties other than Weber, Davis, Salt Lake, and Utah counties. In instances of travel of 50 miles or more, the Home Health fee schedule is multiplied by 1.75 to calculate the payment rate for applicable service codes.

SAN JUAN and GRAND COUNTIES EXCEPTION

To assure continued access to home health services for residents of San Juan County and Grand County, enhancements in home health reimbursement rates are provided. Effective July 1, 2007, for services provided in San Juan County and Grand County, the home health fee schedule is multiplied by 4.08 and 2.95, respectively, to calculate the payment rate for applicable service codes. These enhancement factors are applied irrespective of the distances traveled to provide these services and are in lieu of the rural area exceptions provided for other rural counties. Additionally, to compensate providers for delivering home health services in more remote areas, Medicaid payment is based upon a modifier for the two following zones:

Zone 1: For Aneth and Hatch Trading Posts, and Mexican Hat and Montezuma Creek residents or eligibles, Home Health Agency (HHA) services are billed under Modifier "UA" and mean that a factor or multiplier of 7.12 is applied (multiplied) by the existing HHA fee schedule.

Zone 2: For Monument Valley residents or eligibles, HHA services are billed under Modifier "UB" and mean that a factor or multiplier of 15.02 is applied (multiplied) by the existing HHA fee schedule.

T.N. # 13-025

Approval Date 11/20/13

Supersedes T.N. # 12-012

Effective Date 7-1-13