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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-15-0020

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

SEP 14 2015

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

Re: Utah 15-0020

Dear Mr. Hales:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 15-0020. Effective for services on or after October 1, 2015, this amendment updates the medical conditions and diagnosis codes to ICD-10-CM and trauma codes to ICD-10-CM for third party claims for nursing facilities.

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 15-0020 is approved effective October 1, 2015. The HCFA-179 and the amended plan pages are attached.

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

Sincerely,

A large black rectangular redaction box covers the signature area of the letter.

Timothy Hill
Director

A small black rectangular redaction box covers the name of the sender, Timothy Hill.

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

1. TRANSMITTAL NUMBER:
15-0020-UT
2. STATE:
Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE
October 1, 2015

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)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 433.138(g)(1)(2)

7. FEDERAL BUDGET IMPACT:

- a. SFY 2016 \$0
b. SFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 920b of Attachment 4.19-D;
Pages 1 and 2 of Attachment 4.22-A.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Section 920b of Attachment 4.19-D;
Pages 1 and 2 of Attachment 4.22-A.

10. SUBJECT OF AMENDMENT: ICD-10-CM Code Updates

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, MD, MSPH

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: July 1, 2015

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: **SEP 14 2015**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **OCT 01 2015**

20. SIGNATURE OF STATE AGENCY OFFICIAL:

21. TYPED NAME: **Kristin Fan**

22. TITLE: **Deputy Director, FMG**

23. REMARKS:

900 RATE SETTING FOR NFs (Continued)

920b BEHAVIORALLY CHALLENGING PATIENT ADD-ON

This "add on" which was effective July 1, 2003, was designed to recognize and compensate providers for patients that require an inordinate amount of resources due to the intensive labor involved in their care.

Behaviorally challenging patients are defined as follows:

Behaviorally complex resident means a Long Term Care resident with a severe medically based behavior disorder (including but not limited to Traumatic Brain Injury, Dementia, Alzheimer, Huntington's Chorea) which causes diminished capacity for judgment, retention of information and/or decision making skills, or a resident, who meets the Medicaid criteria for Nursing facility level of care, and who has a medically based mental health disorder or diagnosis and has a high level resource use in the Nursing facility not currently recognized in the case mix system.

To qualify for a behaviorally challenging patient "add on" the provider must document that the patient involved meets the following criteria:

- The resident meets the criteria for Nursing facility level of care as found in the Utah Administrative Rule: Nursing Facility Levels of Care, R414-502,
- The resident has a primary diagnosis which is identified with the appropriate ICD-10-CM code on the MDS for one of the following conditions:
 - Alzheimer's disease;
 - Organic brain syndrome;
 - Senile dementia;
 - Chronic brain syndrome;
 - Multi-infarct syndrome;
 - Dementia related to neurological disease (e.g., Picks, Creutzfeld-Jacob/ Huntington's); or Traumatic brain injury.
- And, the resident has a history of regular/recurrent persistent disruptive behavior which is not easily altered evidenced by one or more of the following which requires an increased resource use from Nursing facility staff:
 - The resident engages in wandering behavior moving with no rational purpose, seemingly oblivious to their needs or safety,
 - The resident engages in verbally abusive behavioral symptoms where others are threatened, screamed at, cursed at,
 - The resident engages in physically abusive behavioral symptoms where other residents are hit, shoved, scratched, and sexually abused,
 - The resident engages in socially inappropriate/disruptive behavioral symptoms by making disruptive sounds, noises, screaming, self-abusive acts, sexual behavior or disrobing in public, smearing/throwing food/feces, hoarding, rummaging through others belongings,
 - The resident engages in behavior that resists care by resisting medications/ injections, Activities of Daily Living (ADL) assistance, or eating.

T.N. # 15-0020

Approval Date SEP 14 2015

Supersedes T.N. # 04-005

Effective Date 10-1-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

REQUIREMENTS FOR THIRD PARTY LIABILITY -
IDENTIFYING LIABLE RESOURCES

1. Data exchanges are conducted quarterly with the State Wage Collection Agency - Utah State Employment Security (USES), Social Security Administration (SSA), and the 4-A Agency via the States Income Eligibility Verification System (IEVS).

Paid claims diagnosed with the appropriate ICD-CM trauma codes are reported monthly by the MMIS to the Third Party Liability (TPL) Recovery Unit.

Data exchanges are conducted quarterly with the State Workers Compensation Agency.

2. The State Agency follows up on information as specified in 42 CFR 433.138 (g)(1) within 30 days and follows up on information as specified in 42 CFR 433.138 (g)(2) within 60 days to determine legally liable Third Party sources. The Third Party information is then assimilated as follows:

- a. Entered into the MMIS TPL Data Base by the Cost Avoidance Unit.
- b. Reported to the TPL Recovery Unit on MMIS generated paid claims reports whenever thresholds are exceeded. Then a case file is opened and the data entered in the Social Services Data Base for collection.
- c. Reported to the APA Intake/Eligibility Unit via the MMIS/APA (PACMIS) Interface where it can be integrated into the eligibility case file.

Claims are thereby processed under procedures specified in 433.139 (b-f).

3. The agency conducts a data exchange between Motor Vehicle files of accident reports and the Medicaid recipient files each month. The information is entered into a case file (Social Services TPL Data Base) by the TPL Recovery Unit within 60 days following a match for the purpose of determining liability. Upon confirmation that a Third Party will pay for treatment related to an accident, a claim is submitted for recovery to the Third Party Payor. The Third Party information is entered in the MMIS TPL Data Base whereby future claims related to the specific injury can be denied (cost avoided) by MMIS edits.

T.N. # 15-0020

Approval Date SEP 14 2015

Supersedes T.N. # 90-08

Effective Date 10-1-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____ UTAH

REQUIREMENTS FOR THIRD PARTY LIABILITY -
IDENTIFYING LIABLE RESOURCES (Continued)

4. Paid claims and ICD-CM trauma codes are matched by the MMIS and reported monthly to the TPL Collection Unit. The information is entered in a case file (Social Services TPL Data Base) by the TPL Recovery Unit within sixty days following a match on the report. Follow up is prioritized according to ICD-CM codes selected for their history of yielding higher Third Party recoveries. Periodic reviews (6-12 months) are conducted on ICD-CM trauma codes as previously reported to assess the potential for recovery on specific codes.

T.N. # _____ 15-0020

Approval Date **SEP 14 2015**

Supersedes T.N. # 87-41

Effective Date 10-1-15