

Table of Contents

State/Territory Name: Utah

State Plan Amendment (SPA) #: UT 24-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

May 27, 2025

Jennifer Strohecker
State Medicaid Director
Utah Department of Health
P.O. Box 143101
Salt Lake City, UT 84114-3101

RE: TN 24-0023

Dear Director Strohecker:

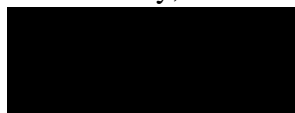
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Utah state plan amendment (SPA) to Attachment 4.19-C. UT-24-0023, which was submitted to CMS on December 31, 2024. This plan amendment updates the bed hold days methodology.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Tom Caughey at 517-487-8598 or via email at Tom.caughey@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 3

2. STATE

UTAH3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 20255. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.40

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025\$ 0b. FFY 2026\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Pages 1, 2, and 3 of ATTACHMENT 4.19-C8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Pages 1, 2, and 3 of ATTACHMENT 4.19-C
(T.N 84-19, T.N. 84-07)

9. SUBJECT OF AMENDMENT

Leaves of Absence

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Tracy S. Gruber

13. TITLE

Executive Director, Utah Dept of Health & Human Services

14. DATE SUBMITTED

December 31, 2024

15. RETURN TO

Craig DevashrayeeUtah Department of Health & Human ServicesDivision of Integrated Healthcarecdevashrayee@utah.gov**FOR CMS USE ONLY**

16. DATE RECEIVED

December 31, 2024

17. DATE APPROVED

May 27, 2025**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, FMG

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

RESERVE BED PAYMENT POLICY -- LEAVE OF ABSENCE

A. NURSING FACILITY OR INTERMEDIATE CARE FACILITY FOR INDIVIDUAL WITH INTELLECTUAL DISABILITIES RESIDENTS TEMPORARILY ADMITTED TO A HOSPITAL

Nursing facility (NF) or intermediate care facility for individuals with intellectual disabilities (ICF/IID) certified under Title XIX will not receive payment for any day or days on which a bed is held while the resident is temporarily in a hospital. The facility will receive payment for the day of admission to the NF or ICF/IID, but not the day of discharge to the hospital.

B. TEMPORARY LEAVE OF ABSENCE

1. Definition: A Leave of Absence Day is defined as a day during which the resident is absent from an inpatient facility for therapeutic or rehabilitative purposes, or hospitalizations and does not return by midnight on the same day. If a leave of absence is for a purpose other than required hospitalization (which cannot be anticipated and planned), it must be documented in and consistent with the resident's plan of care.

2. Limitations:

- a. Hospitals

Under the diagnosis-related group (DRG) reimbursement methodology, it should seldom be necessary to consider leaves of absence. When a resident is granted leave of absence days, it must be documented with a written physician's order and included in progress notes within the resident's medical record.

- b. Nursing Facilities

- i. Payment for therapeutic or rehabilitative leave of absence will be limited to 12 days per calendar year for each resident of a NF.

T.N. # 24-0023

Approval Date 5-27-25

Supersedes T.N. # 84-19

Effective Date 1-1-25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

RESERVE BED PAYMENT POLICY -- LEAVE OF ABSENCE

B. TEMPORARY LEAVE OF ABSENCE (Continued)

ii. Payment for additional leave of absence days may be authorized only with prior approval from the Division of Integrated Healthcare. The facility's request for prior approval must be accompanied by appropriate and adequate documentation and must include approval of the additional leave days by the resident's physician and/or the interdisciplinary team, as appropriate, to meet and support the individual resident's plan of care.

c. Intermediate Care Facilities for Individuals with Intellectual Disabilities

i. Payment for therapeutic or rehabilitative leave of absence shall be limited to 100 days per calendar year for each resident of an ICF/IID.

ii. Payment for additional leave of absence days may be authorized only with prior approval from the Division of Integrated Healthcare. The facility's request for prior approval must be accompanied by appropriate and adequate documentation and must include written approval of the additional leave days by the resident's physician and/or the interdisciplinary team, as appropriate, to meet and support the individual resident's plan of care.

3. Any therapeutic or rehabilitative leave of absence must be pursuant to a written order by the resident's physician, appropriately and adequately documented in the progress notes of the resident's chart, and identified as rehabilitative leave by the physician and/or the interdisciplinary team as meeting and supporting the resident's plan of care.
4. All leave of absence days must be reported on the claim.

T.N. # 24-0023

Approval Date 5-27-25

Supersedes T.N. # 84-07

Effective Date 1-1-25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

RESERVE BED PAYMENT POLICY -- LEAVE OF ABSENCE

B. TEMPORARY LEAVE OF ABSENCE (Continued)

5. A NF or ICF/IID may not use the fact that it will not receive payment for a leave of absence day to prevent a resident from taking such leave, notwithstanding the fact that the leave cannot be justified as therapeutic or rehabilitative if the resident wishes to take such leave for personal or family reasons and the physician agrees. However, the resident and/or family must be advised in advance that the Medicaid program cannot pay for unauthorized leave days. Any agreements regarding such leaves shall be between the resident and/or the family and the facility. All such agreements must be in writing, and must demonstrate the knowing, informed and voluntary consent of the resident and/or the resident's family to the agreement and must be available at all times in the resident's chart for audit purposes.
6. The Department of Health and Human Services may review resident records of those residing in NF and ICF/IID. If, as a result of a review, excessive leaves of absence come to the attention of the Department of Health and Human Services, the facility will be required to return to the Department of Health and Human Services the payments made for those days of leave determined to be excessive.

T.N. # 24-0023

Approval Date 5-27-25

Supersedes T.N. # 84-07

Effective Date 1-1-25