

## **Table of Contents**

**State/Territory Name: Utah**

**State Plan Amendment (SPA) #: UT 26-0001**

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



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**Financial Management Group**

April 2, 2026

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

RE: TN 26-0001

Dear Director Ewing:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Utah state plan amendment (SPA) to Attachment 4.19-D UT 26-0001, which was submitted to CMS on January 7, 2026. This plan amendment allows for an add-on rate for residents in nursing homes who meet specific behaviorally complex requirements.

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 March 1, 2026. 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](mailto: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. STATE

3. 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

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_

b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

(TN: 23-0006)

9. SUBJECT OF AMENDMENT

In accordance with HB 347 and appropriations passed during the 2025 Session of the Utah Legislature, this amendment updates provisions that require the state to pay an add-on rate to nursing facilities which document residents who have behaviorally challenging problems.

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

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

**FOR CMS USE ONLY**

16. DATE RECEIVED

January 7, 2026

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

March 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, FMG

22. REMARKS

900 RATE SETTING FOR NFs (Continued)

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921 Case Mix Component

Minimum Data Set (MDS) data is used in calculating each facility's case mix index. This information is submitted by each facility and, as such, each facility is responsible for the accuracy of its data. (Inaccurate or incomplete data will be excluded from the calculation.) Case Mix is determined by establishing a Case Mix weight for each Medicaid resident. Available case mix scores for each resident are combined with the scores of all other residents to establish a facility-wide case mix for all Medicaid residents in the facility. The facility-wide Case Mix is multiplied by a dollar conversion factor to arrive at a per diem amount for the facility payment rate. The "dollar conversion factor" is defined as the rate is established quarterly by the state. Raw food is considered to be included in this component.

The per patient day base rate, on average, for all facilities is composed of the three components; property component, case mix component and the flat rate component. An example of these components is as follows:

Component Amounts for July 1, 2022 (illustrative purposes only)

Property component:	\$21.80
Case Mix Component:	\$103.10
Flat Rate Component:	\$92.67
Total Average Rate:	\$217.57

Rates will be adjusted each July 1, based on the inflation factors, as set forth in Section 900, and FRV, as set forth in Section 634.

In addition to the base rate, the following add-on payments will be applied to qualifying facility payment rates in the proportion that the facility qualifies for the add-on factor. Effective for services on or after March 1, 2026:

SRS	\$21.88
Behavioral Complex	
Tier 1	\$63.40
Tier 2	\$185.95

Note: A resident may only be eligible for one add-on amount at any particular time. The facility case mix and resulting rate change will be computed quarterly.

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T.N. # 26-0001

Approval Date 4-2-26

Supersedes T.N. # 23-0006

Effective Date 3-1-26

900 RATE SETTING FOR NFs (Continued)

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930 BEHAVIORALLY COMPLEX ADD-ON

Non ICF/IID nursing facilities that document residents who have behaviorally challenging problems will be paid an "add-on" rate.

A resident who qualifies for the Behaviorally Complex add-on rate shall not receive any other add-on amount (i.e., Specialized Rehabilitation Services, etc.). The resident must also meet the criteria for nursing facility level of care and have an approved nursing facility admission record prior to the add-on rate being approved. The add-on rate will be reimbursed at a tiered rate determined by the department after the application and documentation have been reviewed. Behaviors, their frequency of occurrence, and need for psychiatric inpatient stay will assist in establishing the appropriate tier level.

It is the responsibility of the provider to notify the department if the individual has a change in condition and may no longer qualify for this add-on rate. The department will conduct reviews of the behavioral intervention programs at least every six months and if the department finds that the individual no longer qualifies for the add-on rate and the nursing facility fails to notify the department timely, a recapture of funds will occur for any dates that were paid incorrectly.

To qualify for this add-on, a nursing facility must:

- 1) Demonstrate that the resident has a history of persistent disruptive behavior that is ongoing and not easily altered and requires an increase in resources from nursing facility staff as documented by one or more of the following behaviors:
  - a) The resident engages in consistent wandering behavior with no rational purpose, is oblivious to their needs or safety, and places them self and others at significant risk of physical illness or injury (the presence of elopement or wandering behaviors alone, not in conjunction with aggressive or assaultive behaviors exhibiting a danger to self or others, does not qualify for the add-on rate);
  - b) The resident engages in verbally abusive behavior where they threaten, scream or curse at others;
  - c) The resident presents a threat of hitting, shoving, scratching, or sexually abusing other residents or staff; and/or
  - d) The resident engages in socially inappropriate and disruptive behavior by doing one of the following:
    - i) Makes disruptive sounds, noises and screams;
    - ii) Engages in self-abusive acts;
    - iii) Inappropriate sexual behavior;
    - iv) Disrobes in public;
    - v) Smears or throws food or feces;
    - vi) Hoards; or
    - vii) Rummages through others' belongings.
  - e) The resident consistently refuses assistance with medication administration or activities of daily living; or
  - f) The resident's behavior interferes significantly with the stability of the living environment and interferes with other residents' ability to participate in activities or engage in social interactions.

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900 RATE SETTING FOR NFs (Continued)

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- 2) Demonstrate that an appropriate behavioral intervention program has been developed specifically for the resident and must demonstrate competency to adequately address the individual's behavior. All behavior intervention programs shall:
  - a) Be a precisely planned systematic application of the methods and experimental findings of behavioral science with the intent to reduce observable negative behaviors;
  - b) Incorporate processes and methodologies that are the least restrictive alternatives available for producing the desired outcomes;
  - c) Be conducted following identification of and, if feasible, remediation of environmental and social factors that likely precipitate or reinforce the inappropriate behavior;
  - d) Incorporate a process for identifying and reinforcing a desirable replacement behavior; and
  - e) Include a program data sheet for each behavior, which must include a behavior baseline profile that consists of all the following:
    - i) Behavior tracking sheets that include the date, time, location, and specific description of the undesirable behavior;
    - ii) Persons and conditions present before and at the time of the undesirable behavior;
    - iii) The frequency and severity of the behavior;
    - iv) Interventions for the undesirable behavior and their results; and
    - v) Recommendations for future action.
  - f) The interdisciplinary team shall include a behavior intervention plan written by a licensed professional familiar with behavior plans that includes all of the following:
    - i) The applicant's name, the date the plan is prepared, and how the plan will be implemented;
    - ii) The objectives stated in terms of specific behaviors;
    - iii) The names, titles and signatures of persons responsible for conducting the plan;
    - iv) The methods and frequency of data collection and review, including ongoing behavior and intervention tracking sheets; and
    - v) The plan must be documented in the resident's comprehensive plan of care and reviewed quarterly by the nursing facility.
- 3) If the behaviors are a result of a serious mental illness or intellectual disability/related condition the resident must have a Preadmission Screening and Resident Review (PASRR) Level II Evaluation that outlines the behaviors and recommends this add-on rate program to qualify for tier 2.
- 4) Tiered rates have been established to cover the broad milieu of patient needs. The tier levels are based on behaviors and their frequency. In addition to the above requirements in 1) through 3), the following additional requirements must be met to qualify for reimbursement under one of the tiers:
  - a) **Tier 1:** Behaviors requiring a minimal/moderate amount of intervention or assistance that de-escalate quickly and the residents are easily redirected by nursing facility staff.

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900 RATE SETTING FOR NFs (Continued)

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- i) Must meet nursing facility level of care criteria and have an approved nursing facility admission record for the dates of service requested.
  - ii) Behavior(s) must be related to a chronic condition or diagnosis and cannot be related to an acute condition that clears quickly.
  - iii) Must include a consecutive 30-day long behavior identification period while admitted to the nursing facility. This period will allow for identification of behaviors and an opportunity to provide remediation of environmental and social factors that likely precipitate or reinforce the inappropriate behavior.
  - iv) Behavior(s) must require ongoing intervention. The behaviors or interventions must occur at least three days per week.
  - v) The nursing facility interdisciplinary team can write and implement the behavior intervention plan, per section 2.
- b) **Tier 2:** Serious behaviors requiring frequent intervention by specially trained staff.
- i) Must meet nursing facility level of care criteria and have an approved nursing facility admission record for the dates of service requested.
  - ii) Behavior(s) must be related to a chronic condition or diagnosis and cannot be related to an acute condition that clears quickly.
  - iii) Required training for staff in managing challenging behaviors, de-escalation techniques, and core mental/behavioral health topics as required through an annual contract.
  - iv) If the behaviors are related to a mental health condition or intellectual disability/related condition, the resident must have a PASRR Level II Evaluation outlining the behaviors and a recommendation for application to the Tier 2 program.
  - v) If the behaviors are a result of a medical condition, the behaviors must be clearly outlined by the treating psychiatrist/psychologist and include a recommendation for application to the Tier 2 program.
  - vi) The facility must be contracted with an independent entity providing behavioral supports services and psychiatry/psychological services. The entity will:
    - (A) Conduct comprehensive assessments;
    - (B) Assist in developing person-centered behavioral support plans;
    - (C) Deliver non-pharmacological interventions such as psychotherapy, peer support, and other therapeutic modalities; and
    - (D) Provide psychotropic medication management in coordination with the care team to ensure safe and effective use of medications.
  - vii) Must have access to a crisis team as needed.
  - viii) Initial assessments and behavioral support plans should be in place prior to admission if transferring from another facility to ensure a smooth transition and address behavior issues that may arise from the transfer.
  - ix) Behavior(s) must require ongoing intervention. The behaviors or interventions must occur four or more days per week.

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T.N. # 26-0001

Approval Date 4-2-26

Supersedes T.N. # New

Effective Date 3-1-26