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State/Territory Name: Utah

State Plan Amendment (SPA) #: 22-0008

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

November 1, 2022

Tracy S. Gruber, Executive Director
Division of Health Care Financing
Utah Department of Health
P.O. Box 143101
Salt Lake City, UT 84114-3101

Re: Utah 22-0008

Dear Ms. Gruber:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 22-0008. Effective for services on or July 1, 2022, this amendment updates the methodology for quality improvement incentives for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Specifically, it updates funds available for the existing Quality Improvement Incentive (QII2) provision for ICF/IIDs, clarifies the number of Medicaid certified beds and reimbursement available, clarifies incentive priorities provided to facilities, updates the timing for submitting applications and clarifies payment incentives for COVID-19 staff vaccinations.

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 22-0008 is approved effective July 1, 2022. The CMS-179 and the amended plan pages are attached.

If you have any questions, please contact Christine Storey at Christine.storey@cms.hhs.gov or (303) 844-7044.

Sincerely,



Rory Howe
Director

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 8

2. STATE

UTAH

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

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(30)(A) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

ATTACHMENT 4.19-D, Section 1195, Pages 1 through 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

ATTACHMENT 4.19-D, Section 1195, Pages 1 through 3

9. SUBJECT OF AMENDMENT

Quality Improvement Incentives

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

[Redacted Signature]

12. TYPED NAME
Tracy S. Gruber

13. TITLE
Executive Director, Utah Dept of Health and Human Services

14. DATE SUBMITTED
August 8, 2022

15. RETURN TO

Craig Devashrayee
Technical Writing Unit
Utah Department of Health and Human Services
Division of Integrated Healthcare
cdevashrayee@utah.gov

FOR CMS USE ONLY

16. DATE RECEIVED
August 8, 2022

17. DATE APPROVED
November 1, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. APPROVING OFFICIAL

[Redacted Name]

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

1100 ICF/ID FACILITIES (Continued)

1195 QUALITY IMPROVEMENT INCENTIVE

- 3) Quality Improvement Incentive 2 (QII2)
- a) In addition to the above incentives, funds in the amount of \$1,500,000 have been allocated to fund the QII2 for facility improvements in State Fiscal Year 2023.
 - b) This QII2 period is for incentive programs completed from July 1, 2022, until May 31, 2023.
 - c) In order to qualify for the QII2:
 - i) A facility must demonstrate proof of completing the incentive by the end of the defined period;
 - ii) The facility's proposal and execution documentation must include a detailed description demonstrating how the selected categories were successfully implemented during the time period for which payment is being requested.
 - d) Each Medicaid provider may apply for the following quality improvement incentives:
 - i) Incentive for facilities to enhance resident dignity. Qualifying ICF/ID facilities may receive \$30,000 for each Medicaid-certified bed that is de-licensed and de-certified to better resident dignity, privacy, autonomy, and choice. Qualifying criteria are as follows:
 - (A) The incentive will be available for a total of no more than 20 Medicaid-certified beds. The 20-bed potential shall be available for allocation based upon the order in which complete applications are received.
 - (B) In no case shall the incentive be paid for a facility to reduce its beds to fewer than 6 Medicaid-certified beds.
 - (C) The facility shall provide a proposal, no more than once per quarter, to the Department detailing how the QII(2)(i) payments will be utilized to enhance resident dignity as well as the specific timing for de-licensing/de-certifying beds throughout the incentive period. The proposal shall be submitted on, or before the last day of the first month of the quarter or within 30 days after this State Plan amendment's (T.N. #22-0008) approval date;
 - (D) The proposal shall include the following elements:
 - I. Resident privacy;
 - II. Resident choice surrounding furnishings and environment; and
 - III. Resident choice with awake, bed, and relaxation times and environmental preferences for those times.
 - (E) When reviewing applications, priority will be given to comprehensive submissions received, in order of receipt date (not time), which address safe discharge of residents to another facility or to home and community-based settings. Partial approval or denial may be necessary for some applications depending on the availability of funding. If applications are received in excess of the 20 total available in this incentive, priority will be given to reducing facilities having 50 or more total beds, then the other applications will be reduced proportionately based on the requested reduction for patient dignity.
 - (F) Incomplete applications will be returned to the provider and the provider will need to resubmit its application which will be reviewed based on received date.
 - (G) The facility shall submit an execution application detailing how each proposal, or portion of a proposal, was successfully implemented. If the proposal noted bed de-licensing/de-certifying throughout the incentive period, an execution application should be submitted to coordinate with the timing of the proposal or portion of the proposal. The application must address all elements of Subsection (d)(i)(D). The execution application for each proposal shall be submitted no later than May 31, 2023. Upon approval of the execution application, the ICF/ID shall receive \$30,000 for each qualifying resident dignity bed that was de-licensed and de-certified.
 - ii) Incentive for facilities to implement, for each resident, based upon the ability of the individual served, employment opportunity, work assessment, community integration or staff education programs. Qualifying ICF/ID facilities may receive a per bed amount calculated by dividing \$900,000 by the sum of the ICF/ID Medicaid-certified beds as of July 1, 2022. An ICF/ID facility is limited to no more than 50 beds for this incentive. The sum of beds will not use more than 50 beds for any facility. The following qualifying criteria shall apply:
 - (A) The facility shall select two programs under this Subsection (ii)(D), (E), (F), (G) or (H) to complete during the SFY;
 - (B) The facility shall provide a proposal, no later than September 30 or within 30 days of approval of this State Plan amendment's (T.N. #22-0008) approval date, to the Department detailing how the QII(2)(d)(ii) payments will be utilized to establish and execute the selected programs during the SFY (25%);
 - (C) The facility shall submit an application detailing the implementation of the proposal to the Department 30 days before the end of quarters 2, 3 and 4 or within 30 days of approval of this State Plan amendment's (T.N. #22-0008) approval date. The detail should denote how the selected QII(2)(ii) programs were successfully implemented during the quarter (25% for each quarter);

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1100 ICF/ID FACILITIES (Continued)

1195 QUALITY IMPROVEMENT INCENTIVE

- (D) The proposal and execution applications for implementing an employment, vocational, or life skills training opportunity program, uniquely tailored to each individual, shall include the following elements:
- I. Employment opportunity (unless the individual is in school or of retirement age);
 - II. Vocational opportunity as required through the state vocational rehabilitation office (unless the individual is of retirement age); or
 - III. Life skills training or, for individuals of retirement age, retirement activities and outings
- (E) The proposal and execution applications for implementing a work assessment program shall address cognitive, physical, social, behavioral appropriateness, and communication abilities appropriate for the work environment.
- (F) The proposal and execution applications for implementing a community integration program shall address how the facility facilitates a community integration process with membership, community opportunity, normalized errands, housing, adaptive equipment, financial services, healthcare services, individualized interests and transportation services.
- (G) The proposal and execution application for implementing a staff education program shall include the following elements:
- I. Resident rights; and
 - II. Community opportunity and integration resources;
- (H) The proposal and execution application for implementing a COVID-19 staff vaccination program including payment incentives of at least \$50 for staff receiving the required dosage at the interval recommended by the manufacturer and booster or annual doses within 3 months of becoming eligible based on the most current CDC and ACIP recommendations. This includes staff who were fully vaccinated against COVID-19 prior to the start of SFY 2023. The application must include a list of employees who received the required dosage, verification the employee received the incentive and each employee's signature attesting to each person's having met the parameters.
- (I) If COVID-19 restrictions interfere with the execution of the QII2(ii) program proposed for any given period, the ICF/ID may qualify for funds by demonstrating execution of the program with modifications appropriate during the national public health emergency as declared by the President of the United States for the program.
- iii) Any funds having not been disbursed for the QII(2)(d)(ii) program are available to reimburse qualifying ICF/ID facilities having achieved 100% of eligible payment in QII(2)(d)(ii). The Department shall distribute incentive payments to qualifying ICF/ID facilities based on the proportionate share of unused funds divided by the number of Medicaid-certified beds as of July 1, 2022, not to exceed 50.
- e) The Department shall distribute incentive payments to qualifying, current Medicaid-certified ICF/ID facilities based on the following example which is for illustrative purposes only:

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1100 ICF/ID FACILITIES (Continued)

1195 QUALITY IMPROVEMENT INCENTIVE

ICF/ID QII(2)	
	Per Bed
QII Total	\$1,500,000
QII(2)(i)	\$600,000 \$30,000
QII(2)(ii)	\$900,000 \$2,117.65
QII(2)(iii)	\$230,294 \$822.48

Facility	# of Beds	Bed Dignity QII(2)(i)		Quality Improvement QII(2)(ii)							Remaining Balance QII(2)(iii)	
		Proposed Dignity Beds	Beds (Max of 50 per facility)	Execution Dignity	QII(2)(ii) Maximum Potential	QII(2)(ii) Proposal	QII(2)(ii)Q2	QII(2)(ii)Q3	QII(2)(ii)Q4	Not earned	Qualifying Bed Count	Total Award
A	12		12	\$ -	\$ 25,411.76	\$ 6,352.94	\$ -	\$ -	\$ -	\$ 19,058.82		\$ -
B	15		15	\$ -	\$ 31,764.71	\$ 7,941.18	\$ 7,941.18	\$ 7,941.18	\$ 7,941.18	\$ -	15	\$ 12,337.18
C	16		16	\$ -	\$ 33,882.35	\$ 8,470.59	\$ 8,470.59	\$ 8,470.59	\$ 8,470.59	\$ -	16	\$ 13,159.66
D	16		16	\$ -	\$ 33,882.35	\$ 8,470.59	\$ 8,470.59	\$ 8,470.59	\$ 8,470.59	\$ -	16	\$ 13,159.66
E	16		16	\$ -	\$ 33,882.35	\$ 8,470.59	\$ 8,470.59	\$ 8,470.59	\$ 8,470.59	\$ -	16	\$ 13,159.66
F	35		35	\$ -	\$ 74,117.65	\$ 18,529.41	\$ 18,529.41	\$ 18,529.41	\$ 18,529.41	\$ -	35	\$ 28,786.76
G	35	10	25	\$ 300,000.00	\$ 74,117.65	\$ 18,529.41	\$ -	\$ -	\$ -	\$ 55,588.24		\$ -
H	41		41	\$ -	\$ 86,823.53	\$ 21,705.88	\$ 21,705.88	\$ 21,705.88	\$ 21,705.88	\$ -	41	\$ 33,721.64
I	41	10	31	\$ 300,000.00	\$ 86,823.53	\$ 21,705.88	\$ 21,705.88	\$ 21,705.88	\$ 21,705.88	\$ -	41	\$ 33,721.64
J	50		50	\$ -	\$ 105,882.35	\$ 26,470.59	\$ 26,470.59	\$ 26,470.59	\$ 26,470.59	\$ -	50	\$ 41,123.95
K	48		48	\$ -	\$ 101,647.06	\$ 25,411.76	\$ -	\$ -	\$ -	\$ 76,235.29		\$ -
L	82		82	\$ -	\$ 105,882.35	\$ 26,470.59	\$ -	\$ -	\$ -	\$ 79,411.76		\$ -
M	65		65	\$ -	\$ 105,882.35	\$ 26,470.59	\$ 26,470.59	\$ 26,470.59	\$ 26,470.59	\$ -	50	\$ 41,123.95
TOTALS	472	20	452	\$ 600,000.00	\$ 900,000.00	\$ 225,000.00	\$ 148,235.29	\$ 148,235.29	\$ 148,235.29	\$ 230,294.12	280	\$ 230,294.12

Example Narrative

- Column 1: This represents the distinct ICF/ID.
- Column 2: This represents the number of Medicaid-certified beds in the distinct ICF/ID as of July 1, 2022.
- Column 3: This represents the number of Medicaid-certified beds reduced to enhance resident dignity.
- Column 4: This represents the number of Medicaid-certified beds in the distinct ICF/ID period at the end of the SFY.
- Column 5: This represents the amount of money earned by the distinct ICF/ID facility by successfully executing a dignity program.
- Column 6: This represents the amount of money allowed for the distinct ICF/ID facility in QII(2)(ii).
- Column 7: This represents the amount of money earned by the distinct ICF/ID facility by successfully completing a proposal (25% of column 6).
- Column 8: This represents the amount of money earned by the distinct ICF/ID facility by successfully executing the proposal during quarter 2 (25% of column 6).
- Column 9: This represents the amount of money earned by the distinct ICF/ID facility by successfully executing the proposal during quarter 3 (25% of column 6).
- Column 10: This represents the amount of money earned by the distinct ICF/ID facility by successfully executing the proposal during quarter 4 (25% of column 6).
- Column 11: This represents the amount of money not earned in QII(2)(ii) by the distinct ICF/ID facility to be used in QII(2)(iii).
- Column 12: This represents the number of Medicaid-certified beds to be used as the denominator to calculate the QII(2)(iii) amount awarded to the distinct ICF/ID facility.
- Column 13: This represents the money awarded to the distinct ICF/ID facilities qualifying for QII(2)(iii).

T.N. # 22-0008

Approval Date November 1, 2022

Supersedes T.N. # 21-0005

Effective Date 7-1-22