



State of Utah

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Long Term Care Bureau

Tonya Keller
Director

December 5, 2006

Dear Assisted Living Providers:

As you know, the Long Term Care Managed Care Program (i.e. FlexCare, WeberMACS, and Molina Independence Care) is undergoing some important changes in which the program will cease to operate under a managed care arrangement and will begin operating under a fee-for-service, home and community-based waiver program, *The New Choices Waiver*.

This transition is required in order to meet Federal requirements. Without these changes, the State Medicaid Agency (SMA) would not be able to continue to run the Program. Enclosed is a copy of the Medicaid Information Bulletin which provides additional information on why this change is necessary. The SMA appreciates the services your facilities have provided to Program participants to this point in time and looks forward to your continued participation in the Program as the New Choices Waiver is implemented.

As discussed in recent Medicaid Agency meetings with Assisted Living Providers, this letter is being sent to assist facilities to enroll as Medicaid Providers for the New Choices Waiver.

The following steps must be completed in order for facilities to successfully enroll as Medicaid Providers:

1. Complete National Provider Identifier Application
2. Complete Standard Medicaid Provider Agreement
3. Complete Attachments A & B (Special Provisions)



Promote Prevent Protect

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The SMA asks that those of you who would like to continue to provide services to waiver participants in your facility complete applications for a National Provider Identifier (NPI) as well as an application to become a State Medicaid Provider.

The NPI Application may be applied for on line at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

The Medicaid Provider Application is located at <http://health.utah.gov/medicaid/pdfs/providerapplication.pdf> and may be printed and faxed or mailed to:

The New Choices Waiver
Long Term Care Bureau
Department of Health
PO Box 143101
Salt Lake City Utah 84114
Fax: 801-323-1586
Email: newchoiceswaiver@utah.gov

The SMA requests that you fill out "Attachment A" and "Attachment B" that are located at http://health.utah.gov/medicaid/st_plan/bltc/bltc.htm, and submit these forms with your Medicaid Provider Agreement. Attachment A identifies the service that you will be providing. Attachment B stipulates additional provider requirements that are service specific. Please remember that you can only bill for services that you have designated in Attachment A and for which you have submitted licensing verification.

It takes approximately ten days to process your Medicaid Provider application once necessary information has been received. In order to insure that your application is processed prior to the anticipated transition date, applications should be received by the SMA on or before December 18, 2006.

A copy of the State Medicaid Provider Manual can be located at <http://health.utah.gov/medicaid> and gives you general Medicaid provider information. A Program specific Provider Manual will be added to the Long Term Care Bureau's website upon final approval of the waiver application by the Center for Medicare and Medicaid Services.

The SMA anticipates beginning to transition waiver participants from the current program to the New Choices Waiver in January 2007. This date may change based on when final approval from CMS is received. Participants will be transitioned based on where they live. All Program participants in a facility will be transitioned at the same time. This will prevent facilities from having to utilize two different billing methods during the same month. The SMA will be scheduling meetings in the future to provide you with specific information regarding waiver participants residing in your facilities. Unfortunately, some of these participants may no longer be able to afford to remain in their current living arrangements.

The SMA appreciates those of you who submitted a Room and Board Survey. The Survey provided us with a lot of helpful information. After much discussion, it has been decided there will be only one daily reimbursement rate for the assisted living facilities. The SMA understands that there is a broad range of services provided in an assisted living and that utilization of these services varies depending on

participants' needs. Some participants will need more services and some will need less. The Residential Services' rate that we anticipate CMS will approve is \$69.75 per day. In aggregate, this daily rate will compensate for the variation in services provided.

The Room and Board Survey remains available at our website located at http://health.utah.gov/medicaid/st_plan/bltc/bltc.htm . If after reviewing your previous survey responses you would like to resubmit your room and board costs, you are welcome to do so at this time.

If you have any questions, please feel free to contact Kathleen Bowman 1-801-538-6497 or Vicki Ruesch 1-801-538-6148 at the Long Term Care Bureau.

Sincerely,



Tonya Keller, Director
Long Term Care Bureau
Division of Health Care Financing