

DMHF Rules Matrix 9-17-15

Rule; (What It Does); Comments.	File	Effective
R414-40 Private Duty Nursing Service (Five-Year Review); The Department will continue this rule because it sets forth eligibility, access, and service coverage for Medicaid clients who need private duty nursing service, and informs providers of reimbursement.	7-16-15	7-16-15
R414-59 Audiology Services (Five-Year Review); The Department will continue this rule because it allows Medicaid clients to receive audiology services as described in the Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual.	7-16-15	7-16-15
R414-506 Hospital Provider Assessments (Five-Year Review); The Department will continue this rule because it defines the scope of hospital provider assessment, which improves patient access to quality hospital care.	7-16-15	7-16-15
R414-7C Alternative Remedies for Nursing Facilities (Rule Repeal); This rule repeal is necessary because the rule should reside with the Division of Family Health and Preparedness (DFHP). DFHP will file a new rule to keep provisions ongoing and effective.	7-27-15	9-21-15
R414-510 Intermediate Care Facility for Persons with Intellectual Disabilities Transition Program; The purpose of this change is to update and clarify eligibility requirements for individuals who wish to transfer to the Community Supports Waiver. This amendment, therefore, updates and clarifies access requirements for the Transition Program, which include an open application process and a selection process for both Program applicants and eligible individuals. It also specifies public notice requirements for the agency, includes new definitions to clarify the text, and makes other technical changes.	7-29-15	9-21-15
R414-55 Medicaid Policy for Hospital Emergency Department Copayment Procedures; The purpose of this change is to implement codes for the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) that become effective October 1, 2015, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and under the direction of Congress.	7-31-15	10-1-15
R414-307-13 Home and Community-Based Services Waiver for Medically Complex Children; This amendment complies with House Bill 199 passed during the 2015 General Session, which requires the Department to create a new Home and Community-Based Services (HCBS) waiver for children with disabilities and complex medical conditions for a three-year pilot program. This waiver serves children under 19 years of age who meet disability criteria.	7-31-15	10-1-15
R414-307 Eligibility for Home and Community-Based Services Waivers; This change is based on guidance from the Centers for Medicare and Medicaid Services (CMS) to clarify post-eligibility treatment of income for individuals who become eligible for the Medically Needy Waiver Group, the New Choices Waiver, and the Home and Community-Based Services (HCBS) Waiver for Individuals with Physical Disabilities. The other purpose is to update the age requirement for Autism Waiver eligibility.	8-31-15	11-1-15

DOH 5-YEAR REVIEW ELECTRONIC FORM

I. General Information

A. Rule Number:	R414-40
B. Title of Rule or Section	Private Duty Nursing Service
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Room no., building:	Cannon Health Building
E. Street address:	288 North 1460 West
F. Mailing address:	PO Box 143102
G. City, state ZIP:	SLC, UT 84114-3012
H. Contact person:	Kayla Strong
I. Telephone:	(801) 538-6149
J. FAX:	(801) 538-6412
K. Internet E-mail for contact person:	kaylastrong@utah.gov

II. FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

1. Last date 5-Year Review can be submitted: 10-14-2015

2. Title of rule (catchline):

Private Duty Nursing Service

3. A concise explanation of the particular statutory provisions under which the rule is enacted and how these provisions authorize or require the rule:

Subsection 26-18-3(2)(a) requires the Department to implement the Medicaid program through administrative rules. In addition, Section 26-1-5 grants the Department the authority to adopt, amend, or rescind rules as necessary to implement the Medicaid program.

4. A summary of written comments received during and since the last five-year review of the rule from interested persons supporting or opposing the rule:

The Department did not receive any written or oral comments regarding this rule.

5. A reasoned justification for continuation of the rule, including reasons why the agency disagrees with comments in opposition to the rule, if any:

The Department will continue this rule because it sets forth eligibility, access, and service coverage for Medicaid clients who need private duty nursing service, and informs providers of reimbursement.

6. Indexing information - keywords (maximum of four, in lower case):

Medicaid

7. Attach an RTF document containing the text of this rule change (filename):

Division approvals for publication (insert comment with date):	Michael Hales	7-13-15
Legal approvals for publication:	Stephanie M. Saperstein. AAG	7/14.15
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 7-14-15

DOH 5-YEAR REVIEW ELECTRONIC FORM

I. General Information

A. Rule Number:	R414-59
B. Title of Rule or Section	Audiology Services
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Room no., building:	Cannon Health Building
E. Street address:	288 North 1460 West
F. Mailing address:	PO Box 143102
G. City, state ZIP:	SLC, UT 84114-3012
H. Contact person:	Kayla Strong
I. Telephone:	(801) 538-6149
J. FAX:	(801) 538-6412
K. Internet E-mail for contact person:	kaylastrong@utah.gov

II. FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

1. Last date 5-Year Review can be submitted: 10-13-2015

2. Title of rule (catchline):
Audiology Services

3. A concise explanation of the particular statutory provisions under which the rule is enacted and how these provisions authorize or require the rule:
Subsection 26-18-3(2)(a) requires the Department to implement the Medicaid program through administrative rules. In addition, Section 26-1-5 grants the Department the authority to adopt, amend, or rescind rules as necessary to implement the Medicaid program.

4. A summary of written comments received during and since the last five-year review of the rule from interested persons supporting or opposing the rule:
The Department did not receive any written or oral comments regarding this rule.

5. A reasoned justification for continuation of the rule, including reasons why the agency disagrees with comments in opposition to the rule, if any:
The Department will continue this rule because it allows Medicaid clients to receive audiology services as described in the Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual.

6. Indexing information - keywords (maximum of four, in lower case):
Medicaid, audiology

7. Attach an RTF document containing the text of this rule change (filename):

Division approvals for publication (insert comment with date):	Michael Hales	7-13-15
Legal approvals for publication:	Stephanie M. Saperstein, AAG	7/14/15
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 7-14-15

DOH 5-YEAR REVIEW ELECTRONIC FORM

I. General Information

A. Rule Number:	R414-506
B. Title of Rule or Section	Hospital Provider Assessments
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Room no., building:	Cannon Health Building
E. Street address:	288 North 1460 West
F. Mailing address:	PO Box 143102
G. City, state ZIP:	SLC, UT 84114-3012
H. Contact person:	Kayla Strong
I. Telephone:	(801) 538-6149
J. FAX:	(801) 538-6412
K. Internet E-mail for contact person:	kaylastrong@utah.gov

II. FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

1. Last date 5-Year Review can be submitted: 10-13-2015

2. Title of rule (catchline):

Hospital Provider Assessments

3. A concise explanation of the particular statutory provisions under which the rule is enacted and how these provisions authorize or require the rule:

Subsection 26-18-3(2)(a) requires the Department to implement the Medicaid program through administrative rules, and Section 26-1-5 grants the Department the authority to adopt, amend, or rescind rules as necessary to implement the Medicaid program. In addition, Title 26, Chapter 36a authorizes hospital provider assessments to improve patient access to quality care with limited revenues.

4. A summary of written comments received during and since the last five-year review of the rule from interested persons supporting or opposing the rule:

The Department did not receive any written or oral comments regarding this rule.

5. A reasoned justification for continuation of the rule, including reasons why the agency disagrees with comments in opposition to the rule, if any:

The Department will continue this rule because it defines the scope of hospital provider assessment, which improves patient access to quality hospital care.

6. Indexing information - keywords (maximum of four, in lower case):

Medicaid

7. Attach an RTF document containing the text of this rule change (filename):

Division approvals for publication (insert comment with date):	Michael Hales	7-13-15
Legal approvals for publication:	Stephanie M. Saperstein, AAG	7/14/15
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 7-14-15

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-7C
B. Title of Rule or Section	Alternative Remedies for Nursing Facilities
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Craig Devashrayee
E. Telephone:	(801) 538-6641

II. Notice of Proposed Rule or Change

3. Type of notice:			
Proposed rules	<input type="checkbox"/> New	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Repeal
	<input type="checkbox"/> Repeal and reenact		
Other rule types	Change in proposed rule (changes original proposed rule file no.: _____)		
4. Purpose of the rule or reason for the change: This rule repeal is necessary because the rule should reside with the Division of Family Health and Preparedness (DFHP). DFHP will file a new rule to keep provisions ongoing and effective.			
5. This rule or change is a response to comments by the Administrative Rules Review Committee.		Yes	<input checked="" type="checkbox"/> No
6. Summary of the rule or change: This rule is repealed in its entirety.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	This rule repeal does not affect the state budget because a new rule will continue to implement current provisions.		
Local government:	This rule repeal does not affect local governments because a new rule will continue to implement current provisions.		
Small businesses (fewer than 50 employees)	This rule repeal does not affect small businesses because a new rule will continue to implement current provisions.		
Businesses, individuals, local governments, and persons that are not small businesses:	This rule repeal does not affect Medicaid providers and Medicaid recipients because a new rule will continue to implement current provisions.		
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): This rule repeal does not affect a single Medicaid provider or a Medicaid recipient because a new rule will continue to implement current provisions.			
9. Comments by department head on the fiscal impact the rule may have on businesses: There is no fiscal impact to business because no requirement has been added or deleted pursuant to this rule renumbering. – W. David Patton, Ph.D., Executive Director			
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.			
State code or constitution citations (required):	Sections 26-1-5 and 26-18-3		
Federal citations (optional):			
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):		Yes	<input checked="" type="checkbox"/> No
Reference title and date of issue or edition:			
12. The public may submit written or oral comments to the agency identified in I. General Information:			
Comments will be accepted until 5:00 p.m. on	09/14/2015		
(mm/dd/yyyy):			
A public hearing (optional) will be held on (mm/dd/yyyy):		at (time):	
at (place):			

13. This rule or change may become effective on (mm/dd/yyyy): 09/21/2015

14. Indexing information - keywords (maximum of four, in lower case):
Medicaid

Division approvals for publication (insert comment with date):	Michael Hales	7-15-15
Legal approvals for publication:	Stephanie M. Saperstein, AAG	7/22/15
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 7-24-15

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-510
B. Title of Rule or Section	Intermediate Care Facility for Persons with Intellectual Disabilities Transition Program
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Glen Larsen
E. Telephone:	(801) 538-9294

II. Notice of Proposed Rule or Change

3. Type of notice:				
Proposed rules	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Repeal <input type="checkbox"/> Repeal and reenact			
Other rule types	<input type="checkbox"/> Change in proposed rule (changes original proposed rule file no.: _____)			
4. Purpose of the rule or reason for the change: The purpose of this change is to update and clarify eligibility requirements for individuals who wish to transfer to the Community Supports Waiver.				
5. This rule or change is a response to comments by the Administrative Rules Review Committee.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">X</td> <td style="width: 20px;">No</td> </tr> </table>	Yes	X	No
Yes	X	No		
6. Summary of the rule or change: This amendment updates and clarifies access requirements for the Transition Program, which include an open application process and a selection process for both Program applicants and eligible individuals. It also specifies public notice requirements for the agency, includes new definitions to clarify the text, and makes other technical changes.				
7. AGGREGATE anticipated cost or savings to:				
State budget:	There is no impact to the state budget because any services affected by this change are within the allocation of funds set forth by the Legislature for the Transition Program in State Fiscal Year 2016.			
Local government:	There is no impact to local governments because they neither fund nor provide waiver services to Medicaid recipients.			
Small businesses (fewer than 50 employees)	There is no impact to small businesses because any services affected by this change are within the allocation of funds set forth by the Legislature for the Transition Program in State Fiscal Year 2016.			
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid providers and to Medicaid recipients because any services affected by this change are within the allocation of funds set forth by the Legislature for the Transition Program in State Fiscal Year 2016.			
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): There are no compliance costs to a single Medicaid provider or to Medicaid recipient because any services affected by this change are within the allocation of funds set forth by the Legislature for the Transition Program in State Fiscal Year 2016.				
9. Comments by department head on the fiscal impact the rule may have on businesses: There is no fiscal impact to business because any services affected by this change fall within funds allocated to the Medicaid program. – W. David Patton, Ph.D., Executive Director				
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.				
State code or constitution citations (required):	Sections 26-1-5 and 26-18-3			
Federal citations (optional):	42 CFR 440.225			
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">X</td> <td style="width: 20px;">No</td> </tr> </table>	Yes	X	No
Yes	X	No		
Reference title and date of issue or edition:				
12. The public may submit written or oral comments to the agency identified in I. General Information:				

Comments will be accepted until 5:00 p.m. on 09/14/2015 (mm/dd/yyyy):		
A public hearing (optional) will be held on (mm/dd/yyyy):		at (time):
at (place):		
13. This rule or change may become effective on (mm/dd/yyyy):	09/21/2015	
14. Indexing information - keywords (maximum of four, in lower case): Medicaid		
Division approvals for publication (insert comment with date):	Michael Hales	7-20-15
Legal approvals for publication:	Stephanie M. Saperstein, AAG	7/28/15
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 7-28-15

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-55
B. Title of Rule or Section	Medicaid Policy for Hospital Emergency Department Copayment Procedures
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Matthew Ash
E. Telephone:	(801) 538-6587

II. Notice of Proposed Rule or Change

3. Type of notice:				
Proposed rules	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Repeal <input type="checkbox"/> Repeal and reenact			
Other rule types	Change in proposed rule (changes original proposed rule file no.: _____)			
4. Purpose of the rule or reason for the change: The purpose of this change is to direct providers to use appropriate International Classification of Diseases, Clinical Modification (ICD-CM) codes in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and under the direction of Congress.				
5. This rule or change is a response to comments by the Administrative Rules Review Committee.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">X</td> <td style="width: 20px;">No</td> </tr> </table>	Yes	X	No
Yes	X	No		
6. Summary of the rule or change: This amendment directs providers to use appropriate ICD-CM codes in accordance with HIPAA and under the direction of Congress.				
7. AGGREGATE anticipated cost or savings to:				
State budget:	There is no impact to the state budget because this amendment neither affects Medicaid services nor rates for reimbursement.			
Local government:	There is no impact to local governments because this amendment neither affects Medicaid services nor rates for reimbursement.			
Small businesses (fewer than 50 employees)	There is no impact to small businesses because this amendment neither affects Medicaid services nor rates for reimbursement.			
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid recipients and to Medicaid providers because this amendment neither affects Medicaid services nor rates for reimbursement.			
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): There are no compliance costs to a single Medicaid recipient or to a Medicaid provider because this amendment neither affects Medicaid services nor rates for reimbursement.				
9. Comments by department head on the fiscal impact the rule may have on businesses: This amendment has no fiscal impact on businesses since it does not make any additional requirements of business. – W. David Patton, Ph.D., Executive Director				
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.				
State code or constitution citations (required):	Sections 26-1-5 and 26-18-3			
Federal citations (optional):	45 CFR 162.1002			
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">X</td> <td style="width: 20px;">No</td> </tr> </table>	Yes	X	No
Yes	X	No		
12. The public may submit written or oral comments to the agency identified in I. General Information: <div style="text-align: center;"> Comments will be accepted until 5:00 p.m. on 09/14/2015 (mm/dd/yyyy): _____ </div>				

A public hearing (optional) will be held on (mm/dd/yyyy):			at (time):		
at (place):					
13. This rule or change may become effective on (mm/dd/yyyy):		10/01/2015			
14. Indexing information - keywords (maximum of four, in lower case): Medicaid					
Division approvals for publication (insert comment with date):		Michael Hales		7-14-15	
Legal approvals for publication:		Stephanie M. Saperstein, AAG		7/22/15	
Executive Director approval for publication:		W. David Patton, Ph.D.		Date:	7-24-15

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-307-13
B. Title of Rule or Section	Home and Community-Based Services Waiver for Medically Complex Children
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Dave Baldwin
E. Telephone:	(801) 538-7020

II. Notice of Proposed Rule or Change

3. Type of notice:							
Proposed rules	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>	Repeal	
	<input type="checkbox"/>	Repeal and reenact					
Other rule types	<input type="checkbox"/>	Change in proposed rule	(changes original proposed rule file no.:		<input type="text"/>)	
4. Purpose of the rule or reason for the change: This amendment complies with House Bill 199 passed during the 2015 General Session, which requires the Department to create a new Home and Community-Based Services (HCBS) waiver for children with disabilities and complex medical conditions for a three-year pilot program.							
5. This rule or change is a response to comments by the Administrative Rules Review Committee.				<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
6. Summary of the rule or change: This amendment implements the HCBS Waiver for Medically Complex Children, which serves children under 19 years of age who meet disability criteria described in Section R414-303-3.							
7. AGGREGATE anticipated cost or savings to:							
State budget:	There is an annual cost to the General Fund of about \$1,072,000 with matching federal funds of about \$2,539,867.						
Local government:	There is no impact to local governments because they do not fund or provide waiver services to Medicaid recipients.						
Small businesses (fewer than 50 employees)	Small businesses may see a portion of the total revenue generated by this new waiver that could reach about \$3,611,867.						
Businesses, individuals, local governments, and persons that are not small businesses:	Medicaid providers may see a portion of the total revenue generated by this new waiver that could reach about \$3,611,867. Eligible Medicaid recipients will also see out-of-pocket savings.						
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): There are no compliance costs to a single Medicaid provider who will see only potential revenue. Likewise, an eligible Medicaid recipient will see only out-of-pocket savings.							
9. Comments by department head on the fiscal impact the rule may have on businesses:							
This proposed rule will fiscally impact business in that up to \$3,611,867 in funds will be available to pay Medicaid providers for medical care services provided to children eligible under the waiver. – W. David Patton, Ph.D., Executive Director							
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.							
State code or constitution citations (required):			Sections 26-1-5 and 26-18-3				
Federal citations (optional):							
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):				<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12. The public may submit written or oral comments to the agency identified in I. General Information:							

Comments will be accepted until 5:00 p.m. on 09/14/2015 (mm/dd/yyyy):		
A public hearing (optional) will be held on (mm/dd/yyyy):		at (time):
at (place):		
13. This rule or change may become effective on (mm/dd/yyyy):	10/01/2015	
14. Indexing information - keywords (maximum of four, in lower case): eligibility, waivers, special income group		
Division approvals for publication (insert comment with date):	Michael Hales	7-30-15
Legal approvals for publication:	Stephanie M. Saperstein, AAG	7/30/15
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 7-31-15

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-307
B. Title of Rule or Section	Eligibility for Home and Community-Based Services Waivers
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Dave Baldwin
E. Telephone:	(801) 538-7020

II. Notice of Proposed Rule or Change

3. Type of notice:			
Proposed rules	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Repeal
	<input type="checkbox"/> Repeal and reenact		
Other rule types	<input type="checkbox"/> Change in proposed rule	(changes original proposed rule file no.:	<input type="text"/>)
4. Purpose of the rule or reason for the change: This change is based on guidance from the Centers for Medicare and Medicaid Services (CMS) to clarify post-eligibility treatment of income for individuals who become eligible for the Medically Needy Waiver Group, the New Choices Waiver, and the Home and Community-Based Services (HCBS) Waiver for Individuals with Physical Disabilities. The other purpose is to update the age requirement for Autism Waiver eligibility.			
5. This rule or change is a response to comments by the Administrative Rules Review Committee.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Summary of the rule or change: This amendment clarifies post-eligibility treatment of income for individuals who become eligible for the New Choices Waiver under the Special Income Group. It also updates the age requirement for Autism Waiver eligibility.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	The Department estimates annual savings of \$100,000 based on a few individuals who will have to pay more for services under the Medically Needy Waiver Group, the New Choices Waiver, and the HCBS Waiver for Individuals with Physical Disabilities. The update to the Autism Waiver, however, does not affect the state budget because it is within appropriations previously approved for the Autism Waiver program.		
Local government:	There is no impact to local governments because they do not fund or provide waiver services to Medicaid recipients.		
Small businesses (fewer than 50 employees)	Small businesses may lose a portion of \$100,000 in total annual revenue based on a few individuals who will have to pay more for services under the Medically Needy Waiver Group, the New Choices Waiver, and the HCBS Waiver for Individuals with Physical Disabilities. The update to the Autism Waiver, however, does not affect business revenue because it is within appropriations previously approved for the Autism Waiver program.		
Businesses, individuals, local governments, and persons that are not small businesses:	Medicaid providers may lose a portion of \$100,000 in total annual revenue based on a few individuals who will have to pay more for services under the Medically Needy Waiver Group, the New Choices Waiver, and the HCBS Waiver for Individuals with Physical Disabilities. Additionally, a few Medicaid recipients may have to pay this aggregate amount in out-of-pocket expenses. The update to the Autism Waiver, however, neither affects providers nor recipients because it is within appropriations previously approved for the Autism Waiver program.		
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): This amendment requires a few recipients to pay more for services under the Medically Needy Waiver Group, the New Choices Waiver, and the HCBS Waiver for Individuals with Physical Disabilities. The annual out-of-pocket expense to a single Medicaid recipient is about \$7,200.			
9. Comments by department head on the fiscal impact the rule may have on businesses: The proposed changes may fiscally impact businesses who are medical care providers because they may lose a portion of the estimated \$100,000 in annual revenue from program savings based on the few individuals who will pay more for services under the waiver programs. - Joseph K. Miner, MD, Executive Director			

10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.			
State code or constitution citations (required):		Sections 26-1-5 and 26-18-3	
Federal citations (optional):		Pub. L. No. 111-148	
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
12. The public may submit written or oral comments to the agency identified in I. General Information: Comments will be accepted until 5:00 p.m. on 10/15/2015 (mm/dd/yyyy): A public hearing (optional) will be held on (mm/dd/yyyy): at (time): at (place):			
13. This rule or change may become effective on (mm/dd/yyyy):		11/01/2015	
14. Indexing information - keywords (maximum of four, in lower case): eligibility, waivers, special income group			
Division approvals for publication (insert comment with date):	Michael Hales	8-26-15	
Legal approvals for publication:	Stephanie M. Saperstein, AAG	8/27/15	
Executive Director approval for publication:	Joseph K. Miner, MD	Date:	8-31-15