

DMHF Rules Matrix 3-17-16

| Rule; (What It Does); Comments. | File | Effective |
|--|-----------------|---------------|
| R414-303-8 Foster Care, Former Foster Care Youth and Independent Foster Care Adolescents; This amendment expands coverage to foster care youth who reside in Utah, and were in foster care in any state, at the time they turned 18 years old. Coverage continues for these individuals through the month in which they turn 26 years of age. | 12-30-15 | 3-8-16 |
| R414-1-5 Incorporations by Reference; This amendment incorporates by reference the Medicaid State Plan and all Medicaid provider manuals to January 1, 2016. | 12-31-15 | 3-8-16 |
| R414-320 Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver (Five-Year Review); The Department will continue this rule because it defines coverage and eligibility for Utah's Premium Partnership for Health Insurance (UPP) program, and because it spells out application requirements, notice requirements, and reimbursement policy. | 2-1-16 | 2-1-16 |
| R414-2B Inpatient Hospital Intensive Physical Rehabilitation Services; The purpose of this change is to consolidate the scope of inpatient intensive physical rehabilitation services to the Medicaid provider manual. | 2-1-16 | 4-1-16 |
| R414-307-3 General Requirements for Home and Community-Based Services Waivers; This amendment clarifies the eligibility start date for the Home and Community-Based Services (HCBS) Waiver. It also updates a citation in the rule text and makes other technical changes. | 3-8-16 | 5-9-16 |

DOH ELECTRONIC RULEMAKING

I. General Information

| | |
|---------------------------------|---|
| A. Rule Number: | R414-303-8 |
| B. Title of Rule or Section | Foster Care, Former Foster Care Youth and Independent Foster Care Adolescents |
| 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: The purpose of this change is to comply with a mandate from the Centers for Medicare and Medicaid Services, which specifies who may become eligible for the Former Foster Care Medicaid 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 | <input type="checkbox"/> |
| 6. Summary of the rule or change: This amendment expands coverage to foster care youth who reside in Utah, and were in foster care in any state, at the time they turned 18 years old. Coverage continues for these individuals through the month in which they turn 26 years of age. | | | |
| 7. AGGREGATE anticipated cost or savings to: | | | |
| State budget: | The Department estimates an annual cost of about \$124,800 to the state budget, regardless of which state is responsible for foster care payment. | | |
| Local government: | There is no impact to local governments because they neither fund nor make eligibility determinations for Medicaid programs. | | |
| Small businesses (fewer than 50 employees) | Small businesses may see a portion of \$124,800 in annual revenue with the additional youth who will qualify for the Former Foster Care Medicaid program. | | |
| Businesses, individuals, local governments, and persons that are not small businesses: | Medicaid providers may see a portion of \$124,800 in annual revenue with the additional youth who will qualify for the Former Foster Care Medicaid program. Individuals who qualify for this program may also see a portion of this amount in total 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): A single Medicaid provider may see a portion of \$2,400 in annual revenue with the additional youth who will qualify for the Former Foster Care Medicaid program. An individual who qualifies for this program may also see a portion of this amount in out-of-pocket savings. | | | |
| 9. Comments by department head on the fiscal impact the rule may have on businesses: | | | |
| | | | |
| 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): | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| | 42 CFR 435.115(e)(2), October 1, 2015 ed; Subsection 1902(a)(10)(A)(ii)(XVII) of the Social Security Act, effective January 1, 2016. | | |
| 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 02/01/2016 (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): | 02/08/2016 | |
| 14. Indexing information - keywords (maximum of four, in lower case): MAGI-based, coverage groups, former foster care youth, presumptive eligibility | | |
| Division approvals for publication (insert comment with date): | Michael Hales | 12-18-15 |
| Legal approvals for publication: | Stephanie Saperstein | 12/22/15 |
| Executive Director approval for publication: | Joseph K. Miner, MD | Date: 12-24-15 |

7/28/09 revision

UDOH ELECTRONIC RULEMAKING

I. General Information

| | |
|------------------------------|---|
| Rule Number: | R414-1-5 |
| Title of Rule or Section | Incorporations by Reference |
| Originating Division/Office: | Division of Medicaid and Health Financing |
| Contact person: | Craig Devashrayee |
| Telephone: | (801) 538-6641 |

II. Notice of Proposed Rule or Change

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|---|---|---|---------------------------------|
| 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 | |) |
| 4. Purpose of the rule or reason for the change: | Subsection 26-18-3(2)(a) requires the Medicaid program to implement policy through administrative rules. The Department, in order to draw down federal funds, must have an approved state plan with the Centers for Medicare and Medicaid Services (CMS). The purpose of this change, therefore, is to incorporate the most current Medicaid state plan by reference. | | |
| 5. This rule or change is a response to comments by the Administrative Rules Review Committee | Yes | X | No |
| 6. Summary of the rule or change: | | | |

The Department incorporates by reference the Utah Medicaid State Plan and approved State Plan Amendments (SPAs) to 01/01/2016. Specifically, the Department incorporates by reference SPA 15-0004-UT Targeted Case Management for the Homeless, which removes obsolete language from the State Plan regarding Targeted Case Management (TCM) for individuals who are homeless. Individuals who are homeless, eligible for Medicaid under the State Plan, and are seriously mentally ill, receive TCM services based on a different section of the State Plan. The Department also incorporates by reference SPA 15-0022-UT Reimbursement for Chiropractic Services, which updates the effective date of rates for chiropractic services to October 1, 2015, to implement an 8 percent rate increase for chiropractic providers. This proposed rule also incorporates by reference the Medical Supplies Utah Medicaid Provider Manual, and the manual's attachment for Donor Human Milk Request Form, effective 01/01/2016; incorporates by reference the Hospital Services Utah Medicaid Provider Manual with its attachments, effective 01/01/2016; incorporates by reference the Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid, effective 01/01/2016; incorporates by reference the Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Hospice Care Utah Medicaid Provider Manual, and the manual's attachment for the Utah Medicaid Prior Authorization Request for Hospice Services, effective 01/01/2016; incorporates by reference the Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual, with its attachments, effective 01/01/2016; incorporates by reference the Utah Home and Community-Based Waiver Services for Individuals Age 65 or Older Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Personal Care Utah Medicaid Provider Manual, and the manual's attachment for the Request for Prior Authorization: Personal Care and Capitated Programs effective 01/01/2016; incorporates by reference the Utah Home and Community-Based Waiver Services for Individuals with an Acquired Brain Injury Utah Medicaid Provider Manual, effective 01/01/2016; Utah Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Utah Home and Community-Based Services Waiver for Individuals with Physical Disabilities Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Utah Home and Community-Based Services Waiver for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Utah Home and Community-Based Waiver Services Medicaid Autism Waiver Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Office of Inspector General (OIG) Administrative Hearings Procedures Manual, effective 01/01/2016; incorporates by reference the Pharmacy Services Utah Medicaid Provider Manual with its attachments, effective 01/01/2016; incorporates by reference the Coverage and Reimbursement Code Look-up Tool, effective 01/01/2016; incorporates by reference the CHEC Services Utah Medicaid Provider Manual with its attachments, effective 01/01/2016; incorporates by reference the Chiropractic Medicine Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the General Attachments (All Providers) for the Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Indian Health Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Laboratory Services Utah Medicaid Provider Manual with its attachments, effective 01/01/2016; incorporates by reference the Medical Transportation Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Non-Traditional Medicaid Plan Utah Medicaid Provider Manual with its attachments, effective 01/01/2016; incorporates by reference the Licensed Nurse Practitioner Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual, and the manual's attachment for Physical Therapy and Occupational Therapy Decision Tables, effective 01/01/2016; incorporates by reference the Physician Services, Anesthesiology and Laboratory Services Utah Medicaid Provider Manual with its attachments, effective 01/01/2016; incorporates by reference the Podiatric Services Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Primary Care Network Utah Medicaid Provider Manual with its attachments, effective 01/01/2016; incorporates by reference the Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the School-Based Skills Development Services Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference Section I: General Information Utah Medicaid Provider Manual, effective 01/01/2016; incorporates by reference the Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual, effective 01/01/2016; Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual, effective 01/01/2016; Vision Care Services Utah Medicaid Provider Manual, effective 01/01/2016; Women's Services Utah Medicaid Provider Manual, effective 01/01/2016; Medically Complex Children's Waiver Utah Medicaid Provider Manual, effective 01/01/2016; and Autism Spectrum Disorder Related Services for EPSDT Eligible Individuals Utah Medicaid Provider Manual, effective 01/01/2016.

7. **AGGREGATE** anticipated cost or savings to:

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| State budget: | There is no budget impact because this change only fulfills the requirement to incorporate the State Plan by reference. Implementation of the State Plan is within legislative budget allotments. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and in the Look-up Tool, and hearings procedures described in the OIG manual do not create costs or savings to the Department or other state agencies. |
| Local government: | There is no budget impact because this change only fulfills the requirement to incorporate the State Plan by reference. Implementation of the State Plan is within legislative budget allotments. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and in the Look-up Tool, and hearings procedures described in the OIG manual do not create costs or savings to local governments. |
| Small businesses (fewer than 50 employees) | There is no budget impact because this change only fulfills the requirement to incorporate the State Plan by reference. Implementation of the State Plan is within legislative budget allotments. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and in the Look-up Tool, and hearings procedures described in the OIG manual do not create costs or savings to small businesses. |

Businesses, individuals, local governments, and persons that are not small businesses: There is no budget impact because this change only fulfills the requirement to incorporate the State Plan by reference. Implementation of the State Plan is within legislative budget allotments. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and in the Look-up Tool, and hearings procedures described in the OIG manual do not create costs or savings to Medicaid recipients and to Medicaid providers.

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 because this change only fulfills the requirement to incorporate the State Plan by reference. Implementation of the State Plan is within legislative budget allotments. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and in the Look-up Tool, and hearings procedures described in the OIG manual do not create costs or savings to a single Medicaid recipient or to a Medicaid provider.

9. Comments by department head on the fiscal impact the rule may have on businesses:

There is no fiscal impact on business because all changes are already in the State Plan. – Dr. Joseph K. Miner, M.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

No

Reference title and date of issue or edition:

Utah Medicaid State Plan, 01/01/2016; Medical Supplies Utah Medicaid Provider Manual, and the manual's attachment for Donor Human Milk Request Form, 01/01/2016; Hospital Services Utah Medicaid Provider Manual with its attachments, 01/01/2016; Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid, 01/01/2016; Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual, 01/01/2016; Hospice Care Utah Medicaid Provider Manual, and the manual's attachment for the Utah Medicaid Prior Authorization Request for Hospice Services, 01/01/2016; Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual, with its attachments, 01/01/2016; Utah Home and Community-Based Waiver Services for Individuals Age 65 or Older Utah Medicaid Provider Manual, 01/01/2016; Personal Care Utah Medicaid Provider Manual, and the manual's attachment for the Request for Prior Authorization: Personal Care and Capitated Programs effective, 01/01/2016; Utah Home and Community-Based Waiver Services for Individuals with an Acquired Brain Injury Utah Medicaid Provider Manual, 01/01/2016; Utah Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual, 01/01/2016; Utah Home and Community-Based Services Waiver for Individuals with Physical Disabilities Utah Medicaid Provider Manual, 01/01/2016; Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual, 01/01/2016; Utah Home and Community-Based Services Waiver for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual, 01/01/2016; Utah Home and Community-Based Waiver Services Medicaid Autism Waiver Utah Medicaid Provider Manual, 01/01/2016; Office of Inspector General Administrative Hearings Procedures Manual, 01/01/2016; Pharmacy Services Utah Medicaid Provider Manual with its attachments, 01/01/2016; Coverage and Reimbursement Code Look-up Tool, 01/01/2016; CHEC Services Utah Medicaid Provider Manual with its attachments, 01/01/2016; Chiropractic Medicine Utah Medicaid Provider Manual, 01/01/2016; Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual, 01/01/2016; General Attachments (All Providers) for the Utah Medicaid Provider Manual, 01/01/2016; Indian Health Utah Medicaid Provider Manual, 01/01/2016; Laboratory Services Utah Medicaid Provider Manual with its attachments, 01/01/2016; Medical Transportation Utah Medicaid Provider Manual, 01/01/2016; Non-Traditional Medicaid Plan Utah Medicaid Provider Manual with its attachments, 01/01/2016; Licensed Nurse Practitioner Utah Medicaid Provider Manual, 01/01/2016; Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual, and the manual's attachment for Physical Therapy and Occupational Therapy Decision Tables, 01/01/2016; Physician Services, Anesthesiology and Laboratory Services Utah Medicaid Provider Manual with its attachments, 01/01/2016; Podiatric Services Utah Medicaid Provider Manual, 01/01/2016; Primary Care Network Utah Medicaid Provider Manual with its attachments, 01/01/2016; Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual, 01/01/2016; Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual, 01/01/2016; School-Based Skills Development Services Utah Medicaid Provider Manual, 01/01/2016; Section I: General Information Utah Medicaid Provider Manual, 01/01/2016; Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual, 01/01/2016; Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual, 01/01/2016; Vision Care Services Utah Medicaid Provider Manual, 01/01/2016; Women's Services Utah Medicaid Provider Manual, effective 01/01/2016; Medically Complex Children's Waiver Utah Medicaid Provider Manual, effective 01/01/2016; and Autism Spectrum Disorder Related Services for EPSDT Eligible Individuals Utah Medicaid Provider Manual, effective 01/01/2016.

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:

02/16/2016

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

02/23/2016

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|--|------------------------------|----------|
| Division approvals for publication: | Michael Hales | 12-28-15 |
| Legal approvals for publication: | Stephanie M. Saperstein, AAG | 12/30/15 |
| Executive Director Approval for Publication: | Joseph K. Miner, MD | 12-31-15 |

DOH 5-YEAR REVIEW ELECTRONIC FORM

I. General Information

| | |
|--|---|
| A. Rule Number: | R414-320 |
| B. Title of Rule or Section | Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver |
| 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: | Salt Lake City, Utah, 84114-3102 |
| H. Contact person: | Gayle Six |
| I. Telephone: | (801) 538-6895 |
| J. FAX: | (801) 538-6952 |
| K. Internet E-mail for contact person: | cdevashrayee@utah.gov |

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

1. Last date 5-Year Review can be submitted: 10/13/2016

2. Title of rule (catchline):

Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver

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

Section 26-18-3 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 these rules for the provision of Medicaid services. Additionally, Section 1115 of the Social Security Act allows the Department to implement demonstration waivers to verify cost effectiveness.

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 coverage and eligibility for Utah's Premium Partnership for Health Insurance (UPP) program, and because it spells out application requirements, notice requirements, and reimbursement policy.

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

CHIP, Medicaid, PCN, UPP

7. Attach a Rich Text Format (.rtf) document containing the rule's full text (filename):

| | | |
|--|-------------------------|---------------|
| Division Concept Summary approvals publication (insert comment with date): | Nate Checketts | 1-28-16 |
| Legal Concept Summary approvals: | Stephanie M. Saperstein | 1/29/16 |
| Executive Director Concept Summary approval: | Joseph K. Miner, MD | Date: 1-31-16 |

DOH ELECTRONIC RULEMAKING

I. General Information

| | |
|---------------------------------|---|
| A. Rule Number: | R414-2B |
| B. Title of Rule or Section | Inpatient Hospital Intensive Physical Rehabilitation Services |
| C. Originating Division/Office: | Division of Medicaid and Health and Financing |
| D. Contact person: | Susan Rugg |
| E. Telephone: | (801) 538-6982 |

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 consolidate the scope of inpatient intensive physical rehabilitation services to the Medicaid provider manual. | | | |
| 5. This rule or change is a response to comments by the Administrative Rules Review Committee. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> X | <input type="checkbox"/> No |
| 6. Summary of the rule or change: This amendment removes all provisions in the rule text and defers to the scope of services found in the Hospital Services Provider Manual. | | | |
| 7. AGGREGATE anticipated cost or savings to: | | | |
| State budget: | There is no impact to the state budget because services provided to Medicaid recipients remain unaffected by this change. | | |
| Local government: | There is no impact to local governments because services provided to Medicaid recipients remain unaffected by this change. | | |
| Small businesses (fewer than 50 employees) | There is no impact to small businesses because services provided to Medicaid recipients remain unaffected by this change. | | |
| Businesses, individuals, local governments, and persons that are not small businesses: | There is no impact to Medicaid providers and to Medicaid recipients because services provided to Medicaid recipients remain unaffected by this change. | | |
| 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 a Medicaid recipient because services provided remain unaffected by this change. | | | |
| 9. Comments by department head on the fiscal impact the rule may have on businesses: There is no fiscal impact to business because the amendment does not affect any services provided to Medicaid recipients. – 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): | | | |
| 11. This rule or change adds or updates an incorporated reference (submit a copy to DAR): | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> X | <input 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 (mm/dd/yyyy): | 03/16/2016 | | |
| A public hearing (optional) will be held on (mm/dd/yyyy): | | at (time): | |

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|---|---------------------------|---------|---------|
| at (place): | | | |
| 13. This rule or change may become effective on (mm/dd/yyyy): | 04/01/2016 | | |
| 14. Indexing information - keywords (maximum of four, in lower case): Medicaid | | | |
| Division approvals for publication (insert comment with date): | Nate Checketts | 1-28-16 | |
| Legal approvals for publication: | Stephanie Saperstein, AAG | 1/28/16 | |
| Executive Director approval for publication: | Joseph K. Miner, MD | Date: | 1-31-16 |

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

| | |
|---------------------------------|--|
| A. Rule Number: | R414-307-3 |
| B. Title of Rule or Section | General Requirements 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: The purpose of this change is to clarify the time frame for the eligibility start date for the Home and Community-Based Services (HCBS) Waiver. | | | |
| 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 | <input type="checkbox"/> |
| 6. Summary of the rule or change: This amendment clarifies the eligibility start date for the HCBS Waiver. It also updates a citation and makes other technical changes. | | | |
| 7. AGGREGATE anticipated cost or savings to: | | | |
| State budget: | There is no impact to the state budget because this amendment only clarifies the eligibility start date for the HCBS Waiver and makes other technical changes. It does not affect ongoing waiver services. | | |
| 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) | There is no impact to small businesses because this amendment only clarifies the eligibility start date for the HCBS Waiver and makes other technical changes. It does not affect ongoing waiver services. | | |
| Businesses, individuals, local governments, and persons that are not small businesses: | There is no impact to Medicaid providers and to Medicaid recipients because this amendment only clarifies the eligibility start date for the HCBS Waiver and makes other technical changes. It does not affect ongoing waiver services. | | |
| 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 is no impact to a single Medicaid provider or to a Medicaid recipient because this amendment only clarifies the eligibility start date for the HCBS Waiver and makes other technical changes. It does not affect ongoing waiver services. | | | |
| 9. Comments by department head on the fiscal impact the rule may have on businesses: There is no fiscal impact to business because it does not affect ongoing waiver services. – Joseph K. Miner, M.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): | Pub. L. No. 111-148 | | |
| 11. This rule or change adds or updates an incorporated reference (submit a copy to DAR): | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| | 42 U.S.C. 1396p(f), in effect February 7, 2016 | | |
| 12. The public may submit written or oral comments to the agency identified in I. General Information: | | | |

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|--|-------------------------|--------------|
| Comments will be accepted until 5:00 p.m. on 05/02/2016 (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): | 05/09/2016 | |
| 14. Indexing information - keywords (maximum of four, in lower case): eligibility, waivers, special income group eligibility, waivers, special income group | | |
| Division approvals for publication (insert comment with date): | Nate Checketts | 3-1-16 |
| Legal approvals for publication: | Stephanie M. Saperstein | 3/7/16 |
| Executive Director approval for publication: | Joseph K. Miner, M.D. | Date: 3-7-16 |

7/28/09 revision