

DMHF Rules Matrix 5-19-16

Rule; (What It Does); Comments.	File	Effective
R382-10-17 Effective Date of Enrollment and Renewal; The purpose of this change is to extend the reporting requirement for the Children's Health Insurance Program (CHIP) when adding a newborn or newly adopted child, to eliminate gaps in coverage for individuals who transfer from the Federally Facilitated Marketplace (FFM).	4-4-16	6-7-16
R414-310-6 Creditable Health Coverage; The purpose of this change is to eliminate the sanction period for the Primary Care Network (PCN) when terminating health coverage through the Federally Facilitated Marketplace (FFM).	4-4-16	6-7-16
R414-320-6 Creditable Health Coverage; The purpose of this change is to eliminate the sanction period for Utah's Premium Partnership for Health Insurance (UPP) when terminating health coverage through the Federally Facilitated Marketplace (FFM). This amendment also clarifies that adults are not eligible for UPP if they are eligible for Refugee Medicaid.	4-4-16	6-7-16
R414-505 Participation in the Nursing Facility Non-State Government-Owned Upper Payment Limit Program (Emergency Rule); The purpose of this rule is to ensure agency compliance with reporting requirements found in 42 CFR 433.74, and to define participation requirements in the Nursing Facility Non-State Government-Owned Upper Payment Limit (NF NSGO UPL) program.	4-15-16	4-15-16
R414-513 Intergovernmental Transfers (Emergency Rule); The purpose of this rule is to specify source-of-seed payment requirements for all Intergovernmental Transfers (IGTs) to comply with reporting requirements found in 42 CFR 433.74(c).	4-15-16	4-15-16
R414-1-5 Incorporations by Reference; Subsection 26-18-3(2)(a) requires the Medicaid program to implement policy through administrative rules. This change, therefore, incorporates the most current Medicaid state plan and provider manuals by reference to April 1, 2016.	4-15-16	6-7-16
R382-10-6 Citizenship and Alienage; The purpose of this change is to provide coverage under the Children's Health Insurance Program (CHIP) to lawfully present alien children. This amendment, therefore, allows alien children who are lawfully present and under 19 years of age to receive CHIP coverage.	5-2-16	7-1-16
R414-302-3 Citizenship and Alienage; The purpose of this change is to provide Medicaid coverage to lawfully present alien children. This amendment , therefore, allows alien children who are lawfully present and under 19 years of age to receive Medicaid coverage.	5-2-16	7-1-16
R414-303 Coverage Groups; This amendment allows alien children who are lawfully present and under 19 years of age to receive Medicaid coverage. It also clarifies that coverage for these individuals, who may be pregnant, continues only through the month in which they turn 19 years old.	5-2-16	7-1-16
R414-304 Income and Budgeting; The purpose of this change is to provide Medicaid coverage to lawfully present alien children. This amendment, therefore, allows alien children who are lawfully present and under 19 years of age to receive Medicaid coverage. It also clarifies income-determination procedures for the Department of Workforce Services.	5-2-16	7-1-16

<p>R414-305 Resources; The purpose of this change is to implement a resource exemption through an Achieving a Better Life Experience (ABLE) account. This amendment, therefore, allows an individual's assets to be held as an exempt resource under an ABLE account. An individual may set up an ABLE account in Utah or any other state.</p>	<p>5-2-16</p>	<p>7-1-16</p>
<p>R414-401-3 Assessment; The purpose of this change is to update the annual assessment amounts for nursing care facilities and Intermediate Care Facilities for Persons with Intellectual Disabilities (ICFs/ID) for State Fiscal Year (SFY) 2017.</p>	<p>5-2-16</p>	<p>7-1-16</p>

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R382-10-17
B. Title of Rule or Section	Effective Date of Enrollment and Renewal
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 extend the reporting requirement for the Children's Health Insurance Program (CHIP) when adding a newborn or newly adopted child, to eliminate gaps in coverage for individuals who transfer from the Federally Facilitated Marketplace (FFM).			
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 extends the reporting requirement for CHIP when adding a newborn or newly adopted child when the change report comes from FFM.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	There is no impact to the state budget because this amendment neither increases nor decreases the number of individuals who become eligible for CHIP.		
Local government:	There is no impact to local governments because they neither fund nor provide CHIP services to CHIP recipients.		
Small businesses (fewer than 50 employees)	There is no impact to small businesses because this amendment neither increases nor decreases the number of individuals who become eligible for CHIP.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to CHIP providers and to CHIP recipients because this amendment neither increases nor decreases the number of individuals who become eligible for CHIP.		
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 CHIP provider or to a CHIP recipient because this amendment neither increases nor decreases the number of individuals who become eligible for CHIP.			
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 type="checkbox"/> 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 <input type="text" value="05/31/2016"/> (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):		06/07/2016			
14. Indexing information - keywords (maximum of four, in lower case): children's health benefits					
Division approvals for publication (insert comment with date):	Nate Checketts		3-31-16		
Legal approvals for publication:	Stephanie M. Saperstein		4/1/16		
Executive Director approval for publication:	Joseph K. Miner, M.D.		Date:	4-1-16	

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-310-6
B. Title of Rule or Section	Creditable Health Coverage
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 eliminate the sanction period for the Primary Care Network (PCN) when terminating health coverage through the Federally Facilitated Marketplace (FFM).			
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 aligns PCN with the Children's Health Insurance Program and Utah's Premium Partnership for Health Insurance when PCN eliminates the sanction period for terminating health coverage through FFM.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	There is no impact to the state budget because this amendment neither increases nor decreases the number of individuals who become eligible for PCN.		
Local government:	There is no impact to local governments because they neither fund nor provide PCN services to PCN recipients.		
Small businesses (fewer than 50 employees)	There is no impact to small businesses because this amendment neither increases nor decreases the number of individuals who become eligible for PCN.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to PCN providers and to PCN recipients because this amendment neither increases nor decreases the number of individuals who become eligible for PCN.		
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 PCN provider or to a PCN recipient because this amendment neither increases nor decreases the number of individuals who become eligible for PCN.			
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 433.138(b) and 435.610, October 1, 2015 ed; and Section 1915(b) of the Compilation of the Social Security Laws, in effect 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 05/31/2016 (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):		06/07/2016			
14. Indexing information - keywords (maximum of four, in lower case): Medicaid, primary care, demonstration					
Division approvals for publication (insert comment with date):	Nate Checketts		3-31-16		
Legal approvals for publication:	Stephanie Saperstein		4/1/16		
Executive Director approval for publication:	Joseph K. Miner, M.D.		Date:	4-1-16	

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-320-6
B. Title of Rule or Section	Creditable Health Coverage
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	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 eliminate the sanction period for Utah's Premium Partnership for Health Insurance (UPP) when terminating health coverage through the Federally Facilitated Marketplace (FFM).			
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 aligns UPP with the Children's Health Insurance Program and the Primary Care Network when UPP eliminates the sanction period for terminating health coverage through FFM. This amendment also clarifies that adults are not eligible for UPP if they are eligible for Refugee Medicaid.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	There is no impact to the state budget because this amendment neither increases nor decreases the number of individuals who become eligible for UPP.		
Local government:	There is no impact to local governments because they neither fund nor provide UPP services to UPP recipients.		
Small businesses (fewer than 50 employees)	There is no impact to small businesses because this amendment neither increases nor decreases the number of individuals who become eligible for UPP.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to UPP providers and to UPP recipients because this amendment neither increases nor decreases the number of individuals who become eligible for UPP.		
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 UPP provider or to an UPP recipient because this amendment neither increases nor decreases the number of individuals who become eligible for UPP.			
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
		29 CFR 2590.701-4, July 1, 2015 ed.	
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 05/31/2016 (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):		06/07/2016			
14. Indexing information - keywords (maximum of four, in lower case): CHIP, Medicaid, PCN, UPP					
Division approvals for publication (insert comment with date):		Nate Checketts		3-31-16	
Legal approvals for publication:		Stephanie Saperstein		4/1/16	
Executive Director approval for publication:		Joseph K. Miner, M.D.		Date:	4-1-16

7/28/09 revision

DOH ELECTRONIC RULEMAKING 120-DAY EMERGENCY RULE

I. General Information

A. Rule Number:	R414-505
B. Title of Rule or Section	Participation in the Nursing Facility Non-State Government-Owned Upper Payment Limit Program
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:	Steven Jones
I. Telephone:	801-538-6862
J. FAX:	801-323-1595
K. Internet E-mail for contact person:	stjones@utah.gov

III. NOTICE OF 120-DAY RULE

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|--|---|---|--------------------------|---|-------------------------------------|--|
| 2. Title of rule or section (catchline): Participation in the Nursing Facility Non-State Government-Owned Upper Payment Limit Program | | | | | | |
| 3. Effective date: 04/15/2016 | | | | | | |
| 4. Purpose of the rule or reason for the change: The purpose of this rule is to ensure agency compliance with reporting requirements found in 42 CFR 433.74, and to define participation requirements in the Nursing Facility Non-State Government-Owned Upper Payment Limit (NF NSGO UPL) program. | | | | | | |
| 5. Summary of the rule or change: This rule specifies source-of-seed payment requirements that comply with 42 CFR 433.74(c). It also specifies how to notify the Division of Medicaid and Health Financing (DMHF) with the intent to participate in the NF NSGO UPL program, and includes participation requirements. | | | | | | |
| 6. Regular rulemaking would:
<table border="0"><tr><td><input type="checkbox"/></td><td>cause an imminent peril to the public health, safety, or welfare;</td></tr><tr><td><input type="checkbox"/></td><td>cause an imminent budget reduction because of budget restraints or federal requirements; or</td></tr><tr><td><input checked="" type="checkbox"/></td><td>place the agency in violation of federal or state law.</td></tr></table> <p>Specific reason and justification: This rule is necessary to comply with 42 CFR 433.74(c). The Department needs the rule to specify source-of-seed payments for the program.</p> | <input type="checkbox"/> | cause an imminent peril to the public health, safety, or welfare; | <input type="checkbox"/> | cause an imminent budget reduction because of budget restraints or federal requirements; or | <input checked="" type="checkbox"/> | place the agency in violation of federal or state law. |
| <input type="checkbox"/> | cause an imminent peril to the public health, safety, or welfare; | | | | | |
| <input type="checkbox"/> | cause an imminent budget reduction because of budget restraints or federal requirements; or | | | | | |
| <input checked="" type="checkbox"/> | place the agency in violation of federal or state law. | | | | | |
| 7. Aggregate anticipated cost or savings to: | | | | | | |

State Budget	There is no impact to the state budget because this rule only complies with reporting requirements found in the Code of Federal Regulations (CFR). It neither affects Medicaid services nor provider reimbursement.
Local government	There is no impact to local governments because this rule only complies with reporting requirements found in the CFR. It neither affects Medicaid services nor provider reimbursement.
Small business	There is no impact to small businesses because this rule only complies with reporting requirements found in the CFR. It neither affects Medicaid services nor provider reimbursement.
Other Persons	There is no impact to Medicaid providers and to Medicaid recipients because this rule only complies with reporting requirements found in the CFR. It neither affects Medicaid services nor provider reimbursement.

8. Compliance costs for affected persons ("person" means any 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 Medicaid recipient because this rule only complies with reporting requirements found in the CFR. It neither affects Medicaid services nor provider reimbursement.

9. There is no fiscal impact on business because the rule does not change any existing requirements or add any additional requirements for Medicaid providers or participants. – 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): 42 CFR 433.74(c)

11. This rule or change adds or updates an incorporated reference (submit a copy to DAR): No

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

Medicaid

Division approval to make effective (insert comment with date):	Emma Chacon for Nate Checketts	4-14-16
Legal approval to make effective:	Stephanie Saperstein	4/14/16
Executive Director approval to make effective:	Joseph K. Miner, M.D.	Date: 4-14-16

DOH ELECTRONIC RULEMAKING 120-DAY EMERGENCY RULE

I. General Information

A. Rule Number:	R414-513
B. Title of Rule or Section	Intergovernmental Transfers
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:	Steven Jones
I. Telephone:	801-538-6862
J. FAX:	801-323-1595
K. Internet E-mail for contact person:	stjones@utah.gov

III. NOTICE OF 120-DAY RULE

2. Title of rule or section (catchline): Intergovernmental Transfers

3. Effective date: 04/15/2016

4. Purpose of the rule or reason for the change: The purpose of this rule is to specify source-of-seed payment requirements for all Intergovernmental Transfers (IGTs) to comply with reporting requirements found in 42 CFR 433.74(c).

5. Summary of the rule or change: This rule specifies source-of-seed payment requirements for all IGTs to comply with reporting requirements found in 42 CFR 433.74(c).

6. Regular rulemaking would:

cause an imminent peril to the public health, safety, or welfare;

cause an imminent budget reduction because of budget restraints or federal requirements; or

place the agency in violation of federal or state law.

Specific reason and justification: This rule is necessary to comply with reporting requirements found in 42 CFR 433.74(c).

7. Aggregate anticipated cost or savings to:

State Budget	There is no impact to the state budget because this rule only complies with reporting requirements found in the Code of Federal Regulations (CFR). It neither affects Medicaid services nor provider reimbursement.
Local government	There is no impact to local governments because this rule only complies with reporting requirements found in the CFR. It neither affects Medicaid services nor provider reimbursement.
Small business	There is no impact to small businesses because this rule only complies with reporting requirements found in the CFR. It neither affects Medicaid services nor provider reimbursement.
Other Persons	There is no impact to Medicaid providers and to Medicaid recipients because this rule only complies with reporting requirements found in the CFR. It neither affects Medicaid services nor provider reimbursement.

8. Compliance costs for affected persons ("person" means any 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 Medicaid recipient because this rule only complies with reporting requirements found in the CFR. It neither affects Medicaid services nor provider reimbursement.

9. There is no fiscal impact on business because the rule does not change any existing requirements or add any additional requirements for Medicaid providers or participants. - 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): 42 CFR 433.74(c)

11. This rule or change adds or updates an incorporated reference (submit a copy to DAR): No

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

Medicaid

Division approval to make effective (insert comment with date):	Emma Chacon for Nate Checketts	4-14-16
Legal approval to make effective:	Stephanie Saperstein	4/14/16
Executive Director approval to make effective:	Joseph K. Miner, M.D.	Date: 4-14-16

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

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 04/01/2016. Specifically, the Department incorporates by reference [SPA 15-0013-UT Reimbursement for Clinic Services](#), which updates the effective date of rates for clinic services to July 1, 2015, and removes from the State Plan unnecessary provisions for physical and occupational therapy, alcohol and drug centers, and maternal and child health clinics. The Department also incorporates by reference [SPA 16-0001-UT Licensed Psychologists](#), which removes provisions for psychology services already described in the Rehabilitative section of the State Plan. 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 04/01/2016; incorporates by reference the Hospital Services Utah Medicaid Provider Manual with its attachments, effective 04/01/2016; incorporates by reference the Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid, effective 04/01/2016; incorporates by reference the Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual, effective 04/01/2016; 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 04/01/2016; incorporates by reference the Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual, with its attachments, effective 04/01/2016; incorporates by reference the Utah Home and Community-Based Waiver Services for Individuals Age 65 or Older Utah Medicaid Provider Manual, effective 04/01/2016; 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 04/01/2016; incorporates by reference the Utah Home and Community-Based Waiver Services for Individuals with an Acquired Brain Injury Utah Medicaid Provider Manual, effective 04/01/2016; Utah Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the Utah Home and Community-Based Services Waiver for Individuals with Physical Disabilities Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the Utah Home and Community-Based Services Waiver for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the Utah Home and Community-Based Waiver Services Medicaid Autism Waiver Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the Office of Inspector General (OIG) Administrative Hearings Procedures Manual, effective 04/01/2016; incorporates by reference the Pharmacy Services Utah Medicaid Provider Manual with its attachments, effective 04/01/2016; incorporates by reference the Coverage and Reimbursement Code Look-up Tool, effective 04/01/2016; incorporates by reference the CHEC Services Utah Medicaid Provider Manual with its attachments, effective 04/01/2016; incorporates by reference the Chiropractic Medicine Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the General Attachments (All Providers) for the Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the Indian Health Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the Laboratory Services Utah Medicaid Provider Manual with its attachments, effective 04/01/2016; incorporates by reference the Medical Transportation Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the Non-Traditional Medicaid Plan Utah Medicaid Provider Manual with attachment, effective 04/01/2016; incorporates by reference the Licensed Nurse Practitioner Utah Medicaid Provider Manual, effective 04/01/2016; 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 04/01/2016; incorporates by reference the Physician Services, Anesthesiology and Laboratory Services Utah Medicaid Provider Manual with its attachments, effective 04/01/2016; incorporates by reference the Podiatric Services Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the Primary Care Network Utah Medicaid Provider Manual with its attachments, effective 04/01/2016; incorporates by reference the Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the School-Based Skills Development Services Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference Section I: General Information Utah Medicaid Provider Manual, effective 04/01/2016; incorporates by reference the Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual, effective 04/01/2016; Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual, effective 04/01/2016; Vision Care Services Utah Medicaid Provider Manual, effective 04/01/2016; Women's Services Utah Medicaid Provider Manual, effective 04/01/2016; Medically Complex Children's Waiver Utah Medicaid Provider Manual, effective 04/01/2016; and Autism Spectrum Disorder Related Services for EPSDT Eligible Individuals Utah Medicaid Provider Manual, effective 04/01/2016.

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

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. – 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, 04/01/2016; Medical Supplies Utah Medicaid Provider Manual, and the manual's attachment for Donor Human Milk Request Form, 04/01/2016; Hospital Services Utah Medicaid Provider Manual with its attachments, 04/01/2016; Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid, 04/01/2016; Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual, 04/01/2016; Hospice Care Utah Medicaid Provider Manual, and the manual's attachment for the Utah Medicaid Prior Authorization Request for Hospice Services, 04/01/2016; Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual, with its attachments, 04/01/2016; Utah Home and Community-Based Waiver Services for Individuals Age 65 or Older Utah Medicaid Provider Manual, 04/01/2016; Personal Care Utah Medicaid Provider Manual, and the manual's attachment for the Request for Prior Authorization: Personal Care and Capitated Programs effective, 04/01/2016; Utah Home and Community-Based Waiver Services for Individuals with an Acquired Brain Injury Utah Medicaid Provider Manual, 04/01/2016; Utah Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual, 04/01/2016; Utah Home and Community-Based Services Waiver for Individuals with Physical Disabilities Utah Medicaid Provider Manual, 04/01/2016; Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual, 04/01/2016; Utah Home and Community-Based Services Waiver for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual, 04/01/2016; Utah Home and Community-Based Waiver Services Medicaid Autism Waiver Utah Medicaid Provider Manual, 04/01/2016; Office of Inspector General Administrative Hearings Procedures Manual, 04/01/2016; Pharmacy Services Utah Medicaid Provider Manual with its attachments, 04/01/2016; Coverage and Reimbursement Code Look-up Tool, 04/01/2016; CHEC Services Utah Medicaid Provider Manual with its attachments, 04/01/2016; Chiropractic Medicine Utah Medicaid Provider Manual, 04/01/2016; Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual, 04/01/2016; General Attachments (All Providers) for the Utah Medicaid Provider Manual, 04/01/2016; Indian Health Utah Medicaid Provider Manual, 04/01/2016; Laboratory Services Utah Medicaid Provider Manual with its attachments, 04/01/2016; Medical Transportation Utah Medicaid Provider Manual, 04/01/2016; Non-Traditional Medicaid Plan Utah Medicaid Provider Manual with attachment, 04/01/2016; Licensed Nurse Practitioner Utah Medicaid Provider Manual, 04/01/2016; Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual, and the manual's attachment for Physical Therapy and Occupational Therapy Decision Tables, 04/01/2016; Physician Services, Anesthesiology and Laboratory Services Utah Medicaid Provider Manual with its attachments, 04/01/2016; Podiatric Services Utah Medicaid Provider Manual, 04/01/2016; Primary Care Network Utah Medicaid Provider Manual with its attachments, 04/01/2016; Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual, 04/01/2016; Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual, 04/01/2016; School-Based Skills Development Services Utah Medicaid Provider Manual, 04/01/2016; Section I: General Information Utah Medicaid Provider Manual, 04/01/2016; Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual, 04/01/2016; Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual, 04/01/2016; Vision Care Services Utah Medicaid Provider Manual, 04/01/2016; Women's Services Utah Medicaid Provider Manual, effective 04/01/2016; Medically Complex Children's Waiver Utah Medicaid Provider Manual, effective 04/01/2016; and Autism Spectrum Disorder Related Services for EPSDT Eligible Individuals Utah Medicaid Provider Manual, effective 04/01/2016.

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:

05/31/2016

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

06/07/2016

Division approvals for publication:	Nate Checketts	4-5-16
Legal approvals for publication:	Stephanie Saperstein	4/14/16
Executive Director Approval for Publication:	Joseph K. Miner, M.D.	4-14-16

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R382-10-6
B. Title of Rule or Section	Citizenship and Alienage
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 provide coverage under the Children's Health Insurance Program (CHIP) to lawfully present alien children.			
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 allows alien children who are lawfully present and under 19 years of age to receive CHIP coverage.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	There is no impact to the state budget because funding for this coverage is 100% federal match.		
Local government:	There is no impact to local governments because they neither fund nor make CHIP eligibility determinations.		
Small businesses (fewer than 50 employees)	Small businesses may see a nominal increase in annual revenue, but there is no data to estimate a total amount.		
Businesses, individuals, local governments, and persons that are not small businesses:	CHIP providers may see a nominal increase in annual revenue, but there is no data to estimate a total amount. CHIP recipients who qualify under this provision may also see minimal out-of-pocket savings, but there is no data to estimate how much those savings would be.		
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 CHIP provider may see a nominal increase in annual revenue, but there is no data to estimate a total amount. A CHIP recipient who qualifies under this provision may also see minimal out-of-pocket savings, but there is no data to estimate how much those savings would be.			
9. Comments by department head on the fiscal impact the rule may have on businesses: There will be a slight fiscal impact on business in that CHIP providers may see a small increase in revenue for provision of additional 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> X	<input 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 06/14/2016 (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):	07/01/2016			
14. Indexing information - keywords (maximum of four, in lower case): children's health benefits				
Division approvals for publication (insert comment with date):	Nate Checketts	4-28-16		
Legal approvals for publication:	Stephanie Saperstein	4/29/16		
Executive Director approval for publication:	Joseph K. Miner, M.D.	Date:	5-2-16	

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-302-3
B. Title of Rule or Section	Citizenship and Alienage
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	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 provide Medicaid coverage to lawfully present alien children.			
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 allows alien children who are lawfully present and under 19 years of age to receive Medicaid coverage.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	There is no impact to the state budget because funding for this coverage is 100% federal match.		
Local government:	There is no impact to local governments because they neither fund nor make Medicaid eligibility determinations.		
Small businesses (fewer than 50 employees)	Small businesses may see a nominal increase in annual revenue, but there is no data to estimate a total amount.		
Businesses, individuals, local governments, and persons that are not small businesses:	Medicaid providers may see a nominal increase in annual revenue, but there is no data to estimate a total amount. Medicaid recipients who qualify under this provision may also see minimal out-of-pocket savings, but there is no data to estimate how much those savings would be.		
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 nominal increase in annual revenue, but there is no data to estimate a total amount. A Medicaid recipient who qualifies under this provision may also see minimal out-of-pocket savings, but there is no data to estimate how much those savings would be.			
9. Comments by department head on the fiscal impact the rule may have on businesses: There will be a slight fiscal impact on business in that Medicaid providers may see a small increase in revenue for provision of additional 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> X	<input 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 06/14/2016 (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):		07/01/2016		
14. Indexing information - keywords (maximum of four, in lower case): state residency, citizenship, third party liability, Medicaid				
Division approvals for publication (insert comment with date):		Nate Checketts		4-28-16
Legal approvals for publication:		Stephanie Saperstein		4/29/16
Executive Director approval for publication:		Joseph K. Miner, M.D.		Date: 5-2-16

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-303
B. Title of Rule or Section	Coverage Groups
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	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 provide Medicaid coverage to lawfully present alien children.			
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 amendment allows alien children who are lawfully present and under 19 years of age to receive Medicaid coverage. It also clarifies that coverage for these individuals, who may be pregnant, continues only through the month in which they turn 19 years old.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	There is no impact to the state budget because funding for this coverage is 100% federal match.		
Local government:	There is no impact to local governments because they neither fund nor make Medicaid eligibility determinations.		
Small businesses (fewer than 50 employees)	Small businesses may see a nominal increase in annual revenue, but there is no data to estimate a total amount.		
Businesses, individuals, local governments, and persons that are not small businesses:	Medicaid providers may see a nominal increase in annual revenue, but there is no data to estimate a total amount. Medicaid recipients who qualify under this provision may also see minimal out-of-pocket savings, but there is no data to estimate how much those savings would be.		
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 nominal increase in annual revenue, but there is no data to estimate a total amount. A Medicaid recipient who qualifies under this provision may also see minimal out-of-pocket savings, but there is no data to estimate how much those savings would be.			
9. Comments by department head on the fiscal impact the rule may have on businesses: There will be a slight fiscal impact on business in that Medicaid providers may see a small increase in revenue for provision of additional 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):		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 06/14/2016 (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):	07/01/2016
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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):	Nate Checketts	4-28-16
Legal approvals for publication:	Stephanie Saperstein	4/29/16
Executive Director approval for publication:	Joseph K. Miner, M.D.	Date: 5-2-16

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-304
B. Title of Rule or Section	Income and Budgeting
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 provide Medicaid coverage to lawfully present alien children.						
5. This rule or change is a response to comments by the Administrative Rules Review Committee.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="width: 25%; text-align: center;">No</td> </tr> </table>	Yes	<input checked="" type="checkbox"/> X	No
Yes	<input checked="" type="checkbox"/> X	No				
6. Summary of the rule or change:						
This amendment, through its reference to Subsection R414-302-3(2), allows alien children who are lawfully present and under 19 years of age to receive Medicaid coverage. It also clarifies income-determination procedures for the Department of Workforce Services.						
7. AGGREGATE anticipated cost or savings to:						
State budget:	There is no impact to the state budget because funding for this coverage is 100% federal match.					
Local government:	There is no impact to local governments because they neither fund nor make Medicaid eligibility determinations.					
Small businesses (fewer than 50 employees)	Small businesses may see a nominal increase in annual revenue, but there is no data to estimate a total amount.					
Businesses, individuals, local governments, and persons that are not small businesses:	Medicaid providers may see a nominal increase in annual revenue, but there is no data to estimate a total amount. Medicaid recipients who qualify under this provision may also see minimal out-of-pocket savings, but there is no data to estimate how much those savings would be.					
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 nominal increase in annual revenue, but there is no data to estimate a total amount. A Medicaid recipient who qualifies under this provision may also see minimal out-of-pocket savings, but there is no data to estimate how much those savings would be.						
9. Comments by department head on the fiscal impact the rule may have on businesses:						
There will be a slight fiscal impact on business in that Medicaid providers may see a small increase in revenue for provision of additional 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):			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;"><input checked="" type="checkbox"/> X</td> <td style="width: 25%; text-align: center;">No</td> </tr> </table>	Yes	<input checked="" type="checkbox"/> X	No
Yes	<input checked="" type="checkbox"/> X	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 06/14/2016 (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):	07/01/2016
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14. Indexing information - keywords (maximum of four, in lower case):
financial disclosures, income, budgeting

Division approvals for publication (insert comment with date):	Nate Checketts	4-28-16
Legal approvals for publication:	Stephanie Saperstein	4/29/16
Executive Director approval for publication:	Joseph K. Miner, M.D.	Date: 5-2-16

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-305
B. Title of Rule or Section	Resources
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 implement a resource exemption through an Achieving a Better Life Experience (ABLE) account, in accordance with 80 FR 35611.			
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 allows an individual's assets to be held as an exempt resource under an ABLE account. An individual may set up an ABLE account in Utah or any other state.			
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 the number of individuals who become eligible for Medicaid. It does not affect current or future appropriations for eligibility in Medicaid programs.		
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)	There is no impact to small businesses because this amendment neither affects Medicaid services nor the number of individuals who become eligible for Medicaid.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid providers because this amendment neither affects Medicaid services nor the number of individuals who become eligible for Medicaid. Additionally, there are no costs or savings to Medicaid recipients because the exemption only allows them to meet their disability expenses.		
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 neither affects Medicaid services nor the number of individuals who become eligible for Medicaid. Additionally, there are no costs or savings to a single Medicaid recipient because the exemption only allows the recipient to meet his disability expenses.			
9. Comments by department head on the fiscal impact the rule may have on businesses:			
There is no fiscal impact on business because the amendment does not affect services provided to Medicaid recipients or payments made to providers. - 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 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	06/14/2016	
(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):	07/01/2016	
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14. Indexing information - keywords (maximum of four, in lower case):
 Medicaid, resources

Division approvals for publication (insert comment with date):	Nate Checketts	4-28-16
Legal approvals for publication:	Stephanie Saperstein	4/29/16
Executive Director approval for publication:	Joseph K. Miner, M.D.	Date: 5-2-16

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-401-3
B. Title of Rule or Section	Assessment
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Steven Jones
E. Telephone:	(801) 538-6862

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 update the annual assessment amounts for nursing care facilities and Intermediate Care Facilities for Persons with Intellectual Disabilities (ICFs/ID) for State Fiscal Year (SFY) 2017.			
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: In Subsection R414-401-3(2), every nursing facility is assessed at the uniform rate of \$18.74 per patient day, which is an increase from the previous \$18.32 per patient day assessment, based upon projected days. In Subsection R414-401-3(2), ICFs/ID are assessed at the uniform rate of \$8.45 per patient day, which is a decrease from the previous \$8.46 per patient day assessment, based upon projected days. These updates are based on estimates of patient days for SFY 2017 and the appropriation amounts.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	The update to the assessment rates is anticipated to be budget neutral as it updates the collection rate based on projected days in SFY 2017 and the appropriation amount.		
Local government:	Inasmuch as swing beds are variable, it is not possible to determine the cost or savings to local hospital and swing bed facilities.		
Small businesses (fewer than 50 employees)	Medicaid nursing facility providers will realize an increase in cost to non-Medicaid certified facilities as those facilities would be assessed the higher amount and would not realize any payments from Medicaid. Inasmuch as patient days are variable, it is not possible to determine the increased cost that will be realized by these facilities. ICFs/ID will realize a decreased cost based upon the decrease in the assessment rate. Inasmuch as patient days are variable, it is not possible to determine the decreased cost that will be realized by these facilities.		
Businesses, individuals, local governments, and persons that are not small businesses:	Medicaid nursing facility providers will realize an increase in cost to non-Medicaid certified facilities as those facilities would be assessed the higher amount and would not realize any payments from Medicaid. Inasmuch as patient days are variable, it is not possible to determine the increased cost that will be realized by these facilities. ICFs/ID will realize a decreased cost based upon the decrease in the assessment rate. Inasmuch as patient days are variable, it is not possible to determine the decreased cost that will be realized by these facilities.		
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): Compliance costs include an increased collection of \$0.76 per non-Medicare patient day from each nursing facility and decrease of \$0.01 per qualifying patient day for the ICF/ID providers. The assessment monies are used to draw down federal matching funds that result in higher reimbursement rates than would be possible without the assessment monies. All Medicaid certified nursing and swing bed facilities have benefitted from this process. The amount of overall gain or loss depends on the number of Medicaid patients in the facility. In addition, there would be an increase in cost to non-Medicaid-certified facilities as those facilities would be assessed the higher amount and would not realize any payments from Medicaid.			
9. Comments by department head on the fiscal impact the rule may have on businesses:			

This amendment will fiscally impact business because it increases the assessment rates for some types of nursing facilities and decreases assessment rates for others. While the individual per patient day assessment changes are small, an exact calculation of the impact on business is not possible because the number of days for individual patients is widely variable.
 - 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):

Federal citations (optional):

11. This rule or change adds or updates an incorporated reference (submit a copy to DAR): 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
 (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):

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

Medicaid, nursing facility

Division approvals for publication (insert comment with date):	Nate Checketts	4-28-16
Legal approvals for publication:	Stephanie Saperstein	4/29/16
Executive Director approval for publication:	Joseph K. Miner, M.D.	Date: 5-2-16