

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

<p>Citation</p> <p>42 CFR 431.51 AT-78-90 46 FR 48524 48 FR 23212 1902 (a) (23) of the Act P.L. 100-93 (Section 8(f)) P.L. 100-203 (Section 4113)</p> <p>Section 1902(a)(23) of the Act P.L. 105-33</p> <p>Section 1932(a)(1) Section 1905(t)</p>	<p><u>4.10 Free Choice of Providers</u></p> <p>(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.</p> <p>(b) Paragraph (a) does not apply to services furnished to an individual --</p> <p style="margin-left: 40px;">(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or</p> <p style="margin-left: 40px;">(2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or</p> <p style="margin-left: 40px;">(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act, or</p> <p style="margin-left: 40px;">(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or</p> <p style="margin-left: 40px;">(5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to limitations in paragraph (c).</p> <p>(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); a managed care organization, prepaid inpatient health plan, prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905(a)(4)(c).</p>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.11 Relations with Standard-Setting and Survey Agencies

42 CFR 431.610
AT-78-90
AT-80-34

- (a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is the UTAH STATE DEPARTMENT OF HEALTH.

- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is the UTAH STATE DEPARTMENT OF HEALTH.

- (c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.13 <u>Required Provider Agreement</u>
	With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:
42 CFR 431.107	(a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.
42 CFR Part 483 1919 of the Act	(b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.
42 CFR Part 483, Subpart D	(c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.
1920 of the Act	(d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.
	— Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.13 Required Provider Agreement (Continued)

1902 (a)(58) (e) For each provider receiving funds under the plan, all the
1902 (w) Requirements for advance directives of section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care, or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:
 - (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives;
 - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
 - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
 - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.13 Required Provider Agreement (Continued)

- (e) (1) (e) Ensure compliance with requirements of State Law (whether statutory or recognized by the courts) concerning advance directives; and
 - (f) Provide (individually or with others) for education of staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the times specified below:
- (a) Hospitals at the time an individual is admitted as an inpatient;
 - (b) Nursing facilities when the individual is admitted as a resident;
 - (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
 - (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
 - (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.14 Utilization/Quality Control

42 CFR 431.630
42 CFR 456.2
50 FR 15312
1902(a)(30)(C) and
1902(d) of the
Act, P.L. 99-509
(Section 9431)

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan, guards against excess payments, and assesses the quality of services. The requirements of 42 CFR Part 456 are met:

- Directly
- By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO).
The contract with the PRO--
 - (1) Meets the requirements of §434.6(a);
 - (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
 - (3) Identifies the services and providers subject to PRO review;
 - (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
 - (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

1932(c)(2) of the Act
42 CFR 438 Subpart E

A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E of each managed care organization, prepaid inpatient health plan, and health insuring organization under contract, except where exempted by the regulation.

T.N. # 05-006

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.14 Utilization/Quality Control (Continued)

42 CFR 456.2
50 FR 15312

(b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

All hospitals (other than mental hospitals).

Those specified in the waiver.

No waivers have been granted.

T.N. # 85-24

Approval Date 10-24-85

Supersedes T.N. # 81-07

Effective Date 7-1-85

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.14 Utilization/Quality Control (Continued)

42 CFR 456.2
50 FR 15312

(c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

- Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
- Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:
 - All mental hospitals.
 - Those specified in the waiver.
 - No waivers have been granted.
- Not applicable. Inpatient services in mental hospitals are not provided under this plan.

T.N. # 85-26

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.14 Utilization/Quality Control (Continued)

42 CFR 456.2
50 FR 15312

(d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

___ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

X Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

X All skilled nursing facilities.

___ Those specified in the waiver.

___ No waivers have been granted.

T.N. # _____ 85-24 _____

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.14 Utilization/Quality Control (Continued)

42 CFR 456.2
50 FR 15312

- X (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:
- Facility-based review.
 - X Direct review by personnel of the medical assistance unit of the State agency.
 - Personnel under contract to the medical assistance unit of the State agency.
 - Utilization and Quality Control Peer Review Organizations.
 - Another method as described in ATTACHMENT 4.14-A.
 - Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
 - Not applicable. Intermediate care facility services are not provided under this plan.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.14 Utilization/Quality Control (Continued)

42 CFR 438.356(e)
45 CFR Part 74

(f) For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR Part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354
42 CFR 438.356(b) and (d)

The State must ensure that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review-related activities, meets the competence and independence requirements found in 42 CFR 438 Subpart E.

___ Not Applicable

T.N. # 05-006

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.15 <u>Inspection of Care in Intermediate Care Facilities for the Mentally Retarded, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals</u>
42 CFR Part	<input type="checkbox"/> The State has contracted with a Peer Review Organization
456 Subpart I, and 1902(a)(31) and 1903(g) of the Act	(PRO) to perform inspection of care for: <input type="checkbox"/> ICFs/MR; <input type="checkbox"/> Inpatient psychiatric facilities for recipients under age 21; and <input type="checkbox"/> Mental Hospitals.
42 CFR Part 456 Subpart A and 1902(a)(30) of the Act	<input checked="" type="checkbox"/> All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services. <input type="checkbox"/> Not applicable with respect to intermediate care facilities for the mentally retarded services; such services are not provided under this plan. <input type="checkbox"/> Not applicable with respect to services for individuals age 65 or over in institutions for mental disease; such services are not provided under this plan. <input type="checkbox"/> Not applicable with respect to inpatient psychiatric services for individuals under age 21; such services are not provided under this plan.

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Effective Date 10-1-93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

Citation 4.17 Liens and Adjustments or Recoveries

42 CFR 433.36(c) (a) Liens

1902(a)(18) and
1917(a) and (b) of
the Act

— The state imposes liens against an individual's real property on account of medical assistance paid or to be paid.

The State complies with the requirements of section 1917(a) of the Act and regulations at 42 CFR 433.36(c)(g) with respect to any lien imposed against the property of any individual prior to her death on account of medical assistance paid or to be paid on his or her behalf.

— The State imposes liens on real property on account of benefits incorrectly paid.

— The State imposes TEFRA liens 1917(a)(1)(B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.

The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (NOTE: If the State indicates in its State plan that it is required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedures, and due process requirements).

X The State imposes liens on both real and personal property of an individual after the individual's death.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.17 Liens and Adjustments or Recoveries (Continued)

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36(h)(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) The permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.
___ Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.
- (2) ___ The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917(a)(1)(B) (even if it does not impose those liens).
- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.
X In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

All services received and health premiums paid under the State plan.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

(c) Limitations on Estate Recovery - Medicare Cost Sharing

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of dual eligibles referenced above.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.17 Liens and Adjustments or Recoveries (Continued)

(b) (4) N/A The State disregards assets or resources for individuals who receive or are entitled to receive benefits under a long term care insurance policy as provided for in Attachment 2.6-A, Supplement 8b.

— The State adjusts or recovers from the individual's estate on account of all medical assistance paid for nursing facility and other long term care services provided on behalf of the individual. (States other than California, Connecticut, Indiana, Iowa, and New York which provide long term care insurance policy-based asset or resource disregard must select this entry. These five States may either check this entry or one of the following entries.)

— The State does not adjust or recover from the individual's estate on account of any medical assistance paid for nursing facility or other long term care services provided on behalf of the individual.

— The State adjusts or recovers from the assets or resources on account of medical assistance paid for nursing facility or other long term care services provided on behalf of the individual to the extent described below:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.17 Liens and Adjustments or Recoveries (Continued)

(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b)(2) of the Act and regulations at 42 CFR §433.36(h)(i).

- (1) Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individual's surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.
- (2) With respect to liens on the home of any individual who the State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to the cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:
 - (a) a sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized), or
 - (b) a child of the individual (who was residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.
- (3) No money payments under another program are reduces as a means of adjusting or recovering Medicaid claims incorrectly paid.
- (4) The State will recover from personal effects only if there are no surviving heirs.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.17 Liens and Adjustments or Recoveries (Continued)

(d) Attachment 4.17-A

- (1) Specifies the procedures for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the procedure meets the requirements of 42 CFR 433.36(d).
- (2) Specifies the criteria by which a son or a daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36(f).
- (3) Defines the following terms:
 - estate (at a minimum, estate as defined under State probate law). Except for the grandfathered States listed in section 4.17(b)(3), if the State provides a disregard for assets or resources for any individual who received or is entitled to receive benefits under a long term care insurance policy, the definition of estate must include all real, personal property, and assets of an individual (including any property or assets in which the individual had any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life estate, living trust, or other arrangement),
 - individual's home,
 - equity interest in the home,
 - residing in the home for at least 1 or 2 years,
 - on a continuous basis,
 - discharge from the medical institution and return home, and
 - lawfully residing.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.17 Liens and Adjustments or Recoveries (Continued)

- (d) (4) Describes the standards and procedures for waiving estate recovery when it would cause undue hardship.
- (5) Defines when adjustment or recovery is not cost-effective. Defines cost-effective and includes methodology or thresholds used to determine cost-effectiveness.
- (6) Describes collection procedures. Includes advance notice requirements, specifies the method for applying for a waiver, hearing and appeals procedures, and the time frames involved.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.18 Recipient Cost Sharing and Similar Charges

42 CFR 447.51
through 447.58

(a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.

1916(a) and (b)
of the Act

(b) Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

(1) No enrollment fee, premium, or similar charge is imposed under the plan.

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

- __ Age 19
- __ Age 20
- __ Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.18 Recipient Cost Sharing and Similar Charges (Continued)

- 42 CFR 447.51 through 447.58
- (b) (2) (iii) All services furnished to pregnant women.
 - Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
 - (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
 - (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
 - (vi) Family planning services and supplies furnished to individuals of childbearing age.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.18 Recipient Cost Sharing and Similar Charges (Continued)

(b) (2) (vii) Services furnished by a primary care case management system, managed care organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.

42 CFR 438.108
42 CFR 447.60

X Managed care enrollees are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing.

 Managed care enrollees are not charged deductibles, coinsurance rates, and copayments.

1916 of the Act,
P.L. 99-272
(Section 9505)

(viii) Services furnished to an individual receiving Hospice care, as defined in section 1905(o) of the Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.18 <u>Recipient Cost Sharing and Similar Charges</u> (Continued)
1916(c) of the Act	(b) (4) A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.
1902(a)(52) and 1925(b) of the Act	(5) For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.
1916(d) of the Act	(6) A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.18 <u>Recipient Cost Sharing and Similar Charges</u> (Continued)
42 CFR 447.51 through 447.58	<input checked="" type="checkbox"/> (c) Individuals are covered as medically needy under the plan. (1) An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.
447.51 through 447.58	(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following: (i) Services to individuals under age 18, or under-- __ Age 19 __ Age 20 __ Age 21 Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.18 <u>Recipient Cost Sharing and Similar Charges</u> (Continued)
42 CFR 447.51 through 447.58	<ul style="list-style-type: none"> (c) (2) (ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy. (iii) All services furnished to pregnant women. <ul style="list-style-type: none"> <input type="checkbox"/> Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy. (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs. (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4). (vi) Family planning services and supplies furnished to individuals of childbearing age. (vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act. (viii) Services provided by a health maintenance organization (HMO) to enrolled individuals. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not applicable. No such charges are imposed.
1916 of the Act, P.L. 99-272 (Section 9505)	
447.51 through 447.58	

T.N. # <u>91-20</u>		Approval Date <u>11-13-91</u>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.18 Recipient Cost Sharing and Similar Charges (Continued)

42 CFR 447.51
through 447.58

(c) (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

 Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

 X 18 or older

 19 or older

 20 or older

 21 or older

Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.18 <u>Recipient Cost Sharing and Similar Charges</u> (Continued)
42 CFR 447.51 through through 447.58	(c) (3) (iii) For the medically needy, and other optional groups, ATTACHMENT 4.18-C specifies the: (A) Service(s) for which charge(s) is applied; (B) Nature of the charge imposed on each service; (C) Amount(s) of and basis for determining the charge(s); (D) Method used to collect the charge(s); (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers; (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period. <u>X</u> Not applicable. There is no maximum.

T.N. # 94-01

Approval Date 2-28-94

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Effective Date 1-1-94

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.19 Payment for Services

42 CFR 447.252
1902(a)(13)
1902(e)(7)
and 1923 of
the Act

(a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

- Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

- Inappropriate level of care days are not covered.

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Approval Date 7-19-93

Supersedes T.N. # 91-20

Effective Date 4-1-93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.19 <u>Payment for Services</u> (Continued)
42 CFR 447.201 42 CFR 447.302 52 FR 28648 1902(a)(13)(E) 1903(a)(1) and (n), 1920, and 1926 of the Act	(b) In addition to the services specified in paragraphs 4.19(a)(d)(k)(l) and (m), the Medicaid agency meets the following requirements: (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys). (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.
Sections 13606, 13631 OBRA '93	The definition of Federally Qualified Health Centers is treated in accordance with §1905(1)(2)(B) of the Act. ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.
1902(a)(10) and 1902(a)(30) of the Act	SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

T.N. # 94-15

Approval Date 7-13-94

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Effective Date 4-1-94

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

Page 59

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.19 Payment for Services (Continued)

42 CFR 447.40
AT-78-90

(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

Yes. The State's policy is described in ATTACHMENT 4.19-C.

No.

T.N. # 77-33

Approval Date 2-1-78

Supersedes T.N. #

Effective Date 12-1-77

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.19 Payment for Services (Continued)

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

- (d) (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.
ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.
- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.
 At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.
 At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.
 Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.
- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.
 At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.
 At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.
 Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.
- (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

T.N. # 87-41

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May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.19 Payment for Services (Continued)

42 CFR 447.45(c)
AT-79-50

- (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

T.N. # 80-07

Approval Date 3-11-80

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Effective Date 1-1-80

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May 22, 1980

Page 63

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.19 Payment for Services (Continued)

42 CFR 447.201
42 CFR 447.202
AT-78-90

(g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

T.N. # HOD-07

Approval Date 11-7-79

Supersedes T.N. #

Effective Date 8-6-79

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August 12, 1980

Page 64

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.19 Payment for Services (Continued)

42 CFR 447.201
42 CFR 447.203
AT-78-90

(h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

T.N. # 80-30

Approval Date 10-3-80

Supersedes T.N. # HOD-07

Effective Date 10-1-80

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May 22, 1980

Page 65

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.19 Payment for Services (Continued)

42 CFR 447.201
42 CFR 447.204
AT-78-90

- (i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

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Approval Date 11-7-79

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Effective Date 8-6-79

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.19 Payment for Services (Continued)

42 CFR
447.201
and 447.205

(j) The Medicaid agency meets the requirements of CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(v) of the
Act

(k) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

T.N. # 91-20

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Effective Date 10-1-91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.19 Payment for Services (Continued)

1903 (i)(14)
of the Act

- (l) The Medicaid agency meets the requirements of section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

Section 13624
OBRA '03

Limitation on payment for designated health services is treated in accordance with §1903(s) of the Act.

T.N. # 94-15

Approval Date 7-1-94

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Effective Date 4-1-94

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.19 Payment for Services (Continued)

(m) Medicaid Reimbursement for Administration of Vaccines
Under the Pediatric Immunization Program

1928(c)(2)
(C)(ii) of the Act

(1) A provider may impose a charge for the Administration of a qualified pediatric vaccine as stated in 1928(c)(2)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows:

(2) The State:

- ___ sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
- ___ is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
- X sets a payment rate below the level of the regional maximum established by the DHHS Secretary.
- ___ is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

1926 of
the Act

(3) Medicaid beneficiary access to immunizations is assured through the following methodology:
(i) The State may do a comparison of the Medicaid fees for administration of pediatric vaccines to the administration fees paid by a major insurance company. In order for the State to use this guideline as an equal access assurance, the Medicaid rates for the administration of pediatric vaccines would have to be set at a rate equal to or greater than the private insurance company's rates up to the established State Maximum fee.

T.N. # _____ 94-28 _____

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Effective Date 10-1-94

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.19 Payment for Services (Continued)

- (m) (3) (ii) The State may compare the number of Medicaid pediatric practitioners (which includes practitioners listed in section 1926(a)(14)(B) of the Act, who are Medicaid program-registered providers and who have submitted pediatric immunization claims, and the total number of pediatric practitioners providing immunizations to children. The program-registered providers must have at least one Medicaid pediatric immunization claim per month or an average of 12 such claims during the year. The State would need 50 percent participation to show equal access through the use of this guideline.

T.N. # 94-28

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Effective Date 10-1-94

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.20 Direct Payments to Certain Recipients for Physicians' or
Dentists' Services

42 CFR 447.25(b)
AT-78-90

Direct payments are made to certain recipients as specified
by, and in accordance with, the requirements of 42 CFR
447.25.

Yes, for physicians' services
 dentists' services

ATTACHMENT 4.20-A specifies the conditions under
which such payments are made.

Not applicable. No direct payments are made to
recipients.

T.N. # 77-33

Approval Date 2-1-78

Supersedes T.N. #

Effective Date 12-1-77

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.21 Prohibition Against Reassignment of Provider Claims

42 CFR 447.10(c)
AT-78-90
46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

T.N. # 81-28

Approval Date 12-17-81

Supersedes T.N. # 78-08

Effective Date 12-1-81

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.22 <u>Third Party Liability</u>
433.137(a) 50 FR 46652 55 FR 1423	(a) The Medicaid agency meets all requirements of 42 CFR 433.138 and 433.139.
433.138(f) 52 FR 5967	(b) ATTACHMENT 4.22-A -- (1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;
433.138(g)(1)(ii) and (2)(ii) 52 FR 5967	(2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);
433.138(g)(3)(i) and (iii) 52 FR 5967	(3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and
433.138(g)(4)(i) through (iii) 52 FR 5967	(4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.

T.N. # <u>90-06</u>	Approval Date <u>4-17-90</u>
Supersedes T.N. # <u>87-41</u>	Effective Date <u>4-1-90</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.22 <u>Third Party Liability</u> (Continued)
1902(a) of the Act	(f) The Medicaid agency prohibits insurers from denying or reducing benefits otherwise payable in behalf of a person because that person is Medicaid eligible.
1902(a) of the Act	(g) The Medicaid agency provides that to the extent that other parties are legally liable to pay for medical services for a Medicaid recipient, those parties must repay the State for expenditures it has made in behalf of the recipient.
1902(a) of the Act.	(h) The Medicaid agency ascertains the liability of third parties, including service benefit plans, HMOs, and group health plans under ERISA.
1903(o) of the Act	(i) FFP is not available for expenditures that would otherwise, but for limiting contract provisions, be paid by service benefit plans, HMOs, and group health plans under ERISA.

T.N. # <u> 93-40 </u>	Approval Date <u> 2-22-94 </u>
Supersedes T.N. # <u> 90-06 </u>	Effective Date <u> 10-1-93 </u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.23 Use of Contracts

42 CFR Part 434.4
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. The contracts are with:

A Managed Care organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2.

A Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2.

A Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.

Not applicable.

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Approval Date 3-3-04

Supersedes T.N. # 84-04

Effective Date 10-1-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.24 Standards for Payments for Nursing Facility and Intermediate
Care Facility Services for the Mentally Retarded Services

42 CFR 442.10
and 442.100
AT-78-90
AT-79-18
AT-80-25
AT-80-34
52 FR 32544
P.L. 100-203
(Sec. 4211)
54 FR 5316
56 FR 48826

With respect to nursing facilities and intermediate care
facilities for the mentally retarded, all applicable requirements
of 42 CFR Part 442, Subparts B and C are met.

— Not applicable to intermediate care facilities for the
mentally retarded; such services are not provided under
this plan.

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Effective Date 4-1-94

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May 22, 1980

Page 73

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.25 Program for Licensing Administrators of Nursing Homes

42 CFR 431.702
AT-78-90

The State has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

T.N. # 74-5

Approval Date 12-3-73

Supersedes T.N. #

Effective Date 12-3-73

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAMState: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.26 <u>Drug Utilization Review Program</u>
1927(g) 42 CFR 456.700	(a) (1) The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.
1927(g)(1)(A)	(2) The DUR program assures that prescriptions for outpatient drugs are: <ul style="list-style-type: none"> - Appropriate - Medically necessary - Are not likely to result in adverse medical results
1927(g)(1)(a) 42 CFR 456.705(b) and 456.709(b)	(b) The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and patients or associated with specific drugs as well as: <ul style="list-style-type: none"> - Potential and actual adverse drug reactions - Therapeutic appropriateness - Overutilization and underutilization - Appropriate use of generic products - Therapeutic duplication - Drug disease contraindications - Drug-drug interactions - Incorrect drug dosage or duration of drug treatment - Drug-allergy interactions - Clinical abuse/misuse
1927(g)(1)(B) 42 CFR 456.703 (d)and(f)	(c) The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia: <ul style="list-style-type: none"> - American Hospital Formulary Service Drug Information - United States Pharmacopeia-Drug Information - American Medical Association Drug Evaluations

T.N. # <u>93-13</u>	Approval Date <u>7-13-93</u>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.26 <u>Drug Utilization Review Program</u> (Continued)
1927(g)(1)(D) 42 CFR 456.703(b)	(d) DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chosen to include nursing home drugs in: <u> X</u> Prospective DUR <u> X</u> Retrospective DUR
1927(g)(2)(A) 42 CFR 456.705(b) 1927(g)(2)(A)(i) 42 CFR 456.705(b), (1)-(7)	(e) (1) The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient. (2) Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to: - Therapeutic duplication - Drug-disease contraindications - Drug-drug interactions - Drug-interactions with non-prescription or over-the-counter drugs - Incorrect drug dosage or duration of drug treatment - Drug allergy interactions - Clinical abuse/misuse (3) Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.
1927(g)(2)(A)(ii) 42 CFR 456.705 (c) and (d)	(f) (1) The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify: - Patterns of fraud and abuse - Gross overuse - Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.
1927(g)(2)(B) 42 CFR 456.709(a)	

T.N. # 93-13

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.26 <u>Drug Utilization Review Program</u> (Continued)
927(g)(2)(C) 42 CFR 456.709(b)	(f) (2) The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for: <ul style="list-style-type: none">- Therapeutic appropriateness- Overutilization and underutilization- Appropriate use of generic products- Therapeutic duplication- Drug-disease contraindications- Drug-drug interactions- Incorrect drug dosage/duration of drug treatment- Clinical abuse/misuse
1927(g)(2)(D) 42 CFR 456.711	(3) The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.
1927(g)(3)(A) 42 CFR 456.716(a)	(g) (1) The DUR program has established a State DUR Board either: <ul style="list-style-type: none"><u> X </u> Directly, or<u> </u> Under contract with a private organization
1927(g)(3)(B) 42 CFR 456.716 (A) AND (B)	(2) The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following: <ul style="list-style-type: none">- Clinically appropriate prescribing of covered outpatient drugs.- Clinically appropriate dispensing and monitoring of covered outpatient drugs.- Drug use review, evaluation and intervention.- Medical quality assurance.
927(g)(3)(C) 42 CFR 456.716(d)	(3) The activities of the DUR Board include: <ul style="list-style-type: none">- Retrospective DUR,- Application of Standards as defined in section 1927(g)(2)(C), and- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

T.N. # 93-13 Approval Date 7-13-93

Supersedes T.N. # New Effective Date 4-1-93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.26 <u>Drug Utilization Review Program</u> (Continued)
1927(g)(3)(C) 42 CFR 456.711 (a)-(d)	(g) (4) The interventions include in appropriate instances: <ul style="list-style-type: none">- Information dissemination- Written, oral, and electronic reminders- Face-to-Face discussions- Intensified monitoring/review of prescribers/ dispensers
1927(g)(3)(D) 42 CFR 456.712 (A) and (B)	(h) The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, procedures as described in the report.
1927(h)(1) 42 CFR 456.722	(i) (1) The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line: <ul style="list-style-type: none">- real time eligibility verification- claims data capture- adjudication of claims- assistance to pharmacists, etc., applying for and receiving payment.
1927(g)(2)(A)(i) 42 CFR 456.705(b)	(2) Prospective DUR is performed using an electronic point of sale drug claims processing system.
1927(j)(2) 42 CFR 456.703(c)	(j) Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

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Page 75

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.27 Disclosure of Survey Information and Provider or Contractor
Evaluation

42 CFR 431.115(c)
AT-78-90
AT-79-74

The Medicaid Agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

T.N. # _____ 80-12 _____

Approval Date _____ 5-22-80 _____

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Effective Date _____ 1-1-80 _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.28 Appeals Process

42 CFR 431.152;
AT-79-18
52 FR 22444;
Secs.

1902(a)(28)(D)(i)
and 1919(e)(7) of
the Act; P.L.
100-203 (Sec. 4211(c)).

- (a) The Medicaid agency has established appeals procedures for the NFs as specified in 42 CFR 431.153 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

T.N. # 93-12

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.29 Conflict of Interest Provisions

Sec. 1902(a)(4)(C)
of the Act
P.L. 105-33

The Medicaid agency meets the requirements of Section 1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that are prohibited by Section 207 or 208 of Title 18, United States Code.

1902(a)(4)(D)
of the Act
P.L. 105-33
1932(d)(3)
42 CFR 438.58

The Medicaid agency meets the requirements of Section 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under Section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

T.N. # 03-016

Approval Date 3-3-04

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Effective Date 10-1-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.30 <u>Exclusion of Providers and Suspension of Practitioners and Other Individuals</u>
42 CFR 1002.203 AT-79-54 48 FR 3742 51 FR 34772	(a) All requirements of 42 CFR Part 1002, Subpart B are met. ___ The agency, under the authority of State law, imposes broader sanctions.

T.N. # _____ 87-42 _____

Approval Date 12-29-87

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Effective Date 10-1-87

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

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- | | |
|--|--|
| Citation | 4.30 <u>Exclusion of Providers and Suspension of Practitioners and Other Individuals</u> (Continued) |
| 1902(p) of the Act
P.L. 100-93
(Secs. 7) | <p>(b) The Medicaid agency meets the requirements of--</p> <p>(1) Section 1902(p) of the Act by excluding from participation --</p> <p>(i) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).</p> <p>(ii) Any MCO (as defined in section 1903(m) of the Act) or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that --</p> <p>(A) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or</p> <p>(B) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.</p> |
| 1932(d)(1)
42 CFR 438.610 | <p>(2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance the State will comply with the requirements of 42 CFR 438.610 (c).</p> |

T.N. # _____ 03-016 _____	Approval Date _____ 3-3-04 _____
Supersedes T.N. # _____ 87-42 _____	Effective Date _____ 10-1-03 _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.30 <u>Exclusion of Providers and Suspension of Practitioners and Other Individuals (Continued)</u>
1902(a)(39) of the Act P.L. 100-93 (Sec. 8(f))	(b) (2) Section 1902(a)(39) of the Act by -- (i) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and (ii) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.
	(c) The Medicaid agency meets the requirements of --
1902(a)(41) of the Act P.L. 96-272 (Sec 308(c))	(1) Section 1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State plan; and
1902(a)(49) of the Act P.L. 100-93 (Sec.5(a)(4))	(2) Section 1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

T.N. # 87-42

Approval Date 12-29-87

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Effective Date 10-1-87

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.33 Medicaid Eligibility Cards for Homeless Individuals

1902(a)(48)
of the Act,
P.L. 99-570
(Section 11005)
P.L. 100-93
(Sec. 5(a)(3))

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.

- (b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.35 <u>Enforcement of Compliance for Nursing Facilities</u>
42 CFR §488.402(f)	(a) <u>Notification of Enforcement Remedies</u> When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR 488.402(f). (i) The notice (except for civil money penalties and State monitoring) specifies the: (1) nature of noncompliance, (2) which remedy is imposed, (3) effective date of the remedy, and (4) right to appeal the determination leading to the remedy.
42 CFR §488.434	(ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434.
42 CFR §488.402(f)(2)	(iii) Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.
42 CFR §488.456(c)(d)	(iv) Notification of termination is given to the facility and To the public at least 2 calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in parts 431 and 442.
42 CFR §488.404(b)(1)	(b) <u>Factors to be Considered in Selecting Remedies</u> (1) In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR 488.404(b)(1) & (2). — The State considers additional factors. Attachment 4.35-A describes the State's other factors.

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Approval Date 9-28-95

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Effective Date 7-1-95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.35 <u>Enforcement of Compliance for Nursing Facilities</u> (Continued)
42 CFR §488.410	(c) <u>Application of Remedies</u> (i) If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.
42 CFR §488.417(b) §1919(h)(2)(C) of the Act	(ii) The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.
42 CFR §488.414 §1919(h)(2)(D) of the Act	(iii) The State imposes the denial of payment for new admissions remedy as specified in §488.417 (or its approved alternative) and a State monitor as specified at §488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.
42 CFR §488.408 §1919(h)(2)(A) of the Act	(iv) The State follows the criteria specified at 42 CFR §488.408(c)(2), §488.408(d)(2), and §488.408(e)(2), when it imposes remedies in place of or in addition to termination.
42 CFR §488.412(a)	(v) When immediate jeopardy does not exist, the State terminates an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR 488.412(a) are not met.
42 CFR §488.406(b) §1919(h)(2)(A) of the Act	(d) <u>Available Remedies</u> (1) The State has established the remedies defined in 42 CFR 488.406(b). <u>X</u> (1) Termination <u>X</u> (2) Temporary Management <u>X</u> (3) Denial of Payment for New Admissions <u>X</u> (4) Civil Money Penalties <u>X</u> (5) Transfer of Residents; Transfer of Residents with Closure of Facility <u>X</u> (6) State Monitoring

Attachments 4.35-B through 4.35-G describe the criteria for applying the above remedies.

Our state statute Section 26-18-3, UCA, and Utah Administrative Rule R414-7C give Utah the authority to impose the remedies as outlined in our State Plan.

T.N. # <u>95-13</u>	Approval Date <u>9-28-95</u>
Supersedes T.N. # <u>New</u>	Effective Date <u>7-1-95</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.35 Enforcement of Compliance for Nursing Facilities (Continued)

42 CFR
§488.406(b)
§1919(h)(2)(B)(ii)
of the Act

- (d) (ii) The State uses alternative remedies.
The State has established alternative remedies that
the State will impose in place of a remedy specified
in 42 CFR 488.406(b).
 - (1) Temporary Management
 - (2) Denial of Payment for New Admissions
 - (3) Civil Money Penalties
 - (4) Transfer of Residents; Transfer of
Residents with Closure of Facility
 - (5) State Monitoring

Attachments 4.35-B through 4.35-G describe the alternative
remedies and the criteria for applying them.

42 CFR
§488.303(b)
1910(h)(2)(F)
of the Act

- (e) State Incentive Programs
 - (1) Public Recognition
 - (2) Incentive Payments

N/A

T.N. # 95-13

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.36 Required Coordination Between the Medicaid and WIC Programs

1902(a)(11)(C)
and 1902(a)(53)
of the Act

The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a)(53) of the Act.

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Effective Date 10-1-91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.38 Nurse Aide Training and Competency Evaluation for Nursing Facilities

42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902(a)(28), 1919(e)(1) and (2), and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec.4801(a))

- (a) The State assures that the requirements of 42 CFR 483.150(a), which relate to individuals deemed to meet the nurse aide training and competency evaluation requirements, are met.
- (b) The State waives the competency evaluation requirements for individuals who meet the requirements of 42 CFR 483.150(b)(1).
- X (c) The State deems individuals who meet the requirements of 42 CFR 483.150(b)(2) to have met the nurse aide training and competency evaluation requirements.
- (d) The State specifies any nurse aide training and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.152 and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.154.
- X (e) The State offers a nurse aide training and competency evaluation program that meets the requirements of 42 CFR 483.152.
- X (f) The State offers a nurse aide competency evaluation program that meets the requirements of 42 CFR 483.154.

T.N. # 91-028

Approval Date 4-15-92

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Effective Date 1-1-92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.38 Nurse Aide Training and Competency Evaluation for Nursing
Facilities (Continued)

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec.4801(a)).

- (g) If the State does not choose to offer a nurse aide training and competency evaluation program or nurse aide competency evaluation program, the State reviews all nurse aide training and competency evaluation programs and competency evaluation programs upon request.
- (h) The State survey agency determines, during the course of all surveys, whether the requirements of 483.75(e) are met.
- (i) Before approving a nurse aide training and competency evaluation program, the State determines whether the requirements of 42 CFR 483.152 are met.
- (j) Before approving a nurse aide competency evaluation program, the State determines whether the requirements of 42 CFR 483.154 are met.
- (k) For program reviews other than the initial review, the State visits the entity providing the program.
- (l) The State does not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in certain facilities as described in 42 CFR 483.151(b)(2) and (3).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.38 Nurse Aide Training and Competency Evaluation for Nursing Facilities (Continued)

42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902(a)(28) 1919(e)(1) and (2) and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec.4801(a))

- (m) The State, within 90 days of receiving a request for approval of a nurse aide training and competency evaluation program or competency evaluation program, either advises the requestor whether or not the program has been approved or requests additional information from the requestor.
- (n) The State does not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years.
- (o) The State reviews programs when notified of substantive changes (e.g., extensive curriculum modification).
- (p) The State withdraws approval from nurse aide training and competency evaluation programs and competency evaluation programs when the program is described in 42 CFR 483.151(b)(2) or (3).
- X (q) The State withdraws approval of nurse aide training and competency evaluation programs that cease to meet the requirements of 42 CFR 483.152 and competency evaluation programs that cease to meet the requirements of 42 CFR 483.154.
- (r) The State withdraws approval of nurse aide training and competency evaluation programs and competency evaluation programs that do not permit unannounced visits by the State.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

<p>Citation</p> <p>42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902(a)(28) 1919(e)(1) and (2) and 1919(f)(2) P.L. 100-203 (Sec 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec. 4801(a)).</p>	<p>4.38 <u>Nurse Aide Training and Competency Evaluation for Nursing Facilities</u> (Continued)</p> <p>(s) When the State withdraws approval from a nurse aide training and competency evaluation program or competency evaluation program, the State notifies the program in writing, indicating the reasons for withdrawal of approval.</p> <p>(t) The State permits students who have started a training and competency evaluation program from which approval is withdrawn to finish the program.</p> <p>(u) The State provides for the reimbursement of costs incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.</p> <p>(v) The State provides advance notice that a record of successful completion of competency evaluation will be included in the State's nurse aide registry.</p> <p>(w) Competency evaluation programs are administered by the State or by a State-approved entity which is neither a skilled nursing facility participating in Medicare nor a nursing facility participating in Medicaid.</p> <p>(x) The State permits proctoring of the competency evaluation in accordance with 42 CFR 483.154(d).</p> <p>(y) The State has a standard for successful completion of competency evaluation programs.</p>
<p>T.N. # <u>91-028</u></p>	<p>Approval Date <u>4-15-92</u></p>
<p>Supersedes T.N. # <u>New</u></p>	<p>Effective Date <u>1-1-92</u></p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.41 Resident Assessment for Nursing Facilities

Sections
 1919(b)(3)
 and 1919(e)
 (5) of the Act

(a) The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919(b)(3)(A) of the Act.

1919(e)(5)
 (A) of the Act

(b) The State is using:

 X the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal #241 of the State Operations Manual) [§1919(e)(5)(A)]; or

1919(e)(5)
 (B) of the Act

 a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the State Medicaid Manual for the Secretary's approval criteria) [§1919(e)(5)(B)].

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation
1902(a)(68) of
the Act,
P.L. 109-171
(section 6032)

4.42 Employee Education About False Claims Recoveries

(a) The Medicaid agency meets the requirements regarding establishment of policies and procedures for the education of employees of entities covered by section 1902(a)(68) of the Social Security Act (the Act) regarding false claims recoveries and methodologies for oversight of entities' compliance with these requirements.

(1) Definitions.

(A) An "entity" includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for profit or not for profit, which receives or makes payments under a State Plan approved under Title XIX or under any waiver of such plan totaling at least \$5,000,000 annually.

If an entity furnishes items or services at more than a single location or under more than one contractual or other payment arrangement, the provisions of section 1902(a)(68) apply if the aggregate payments to that entity meet the \$5,000,000 annual threshold. This applies whether the entity submits claims for payments using one or more provider identification or tax identification numbers.

A governmental component providing Medicaid health care items or services for which Medicaid payments are made would qualify as an "entity" (e.g., a state mental

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation
1902(a)(68) of
the Act,
P.L. 109-171
(section 6032)

4.42 Employee Education About False Claims Recoveries
(Continued)

health facility or school district providing school-based health services). A government agency which merely administers the Medicaid program, in whole or part (e.g., managing the claims processing system or determining beneficiary eligibility), is not, for these purposes, considered to be an entity.

An entity will have met the \$5,000,000 annual threshold as of January 1, 2007, if it received or made payments in that amount in federal fiscal year 2006. Future determinations regarding an entity's responsibility stemming from the requirements of section 1902(a)(68) will be made by January 1 of each subsequent year, based upon the amount of payments an entity either received or made under the State Plan during the preceding federal fiscal year.

- (B) An "employee" includes any officer or employee of the entity.
- (C) "A contractor" or "agent" includes any contractor, subcontractor, agent, or other person which or who, on behalf of the entity, furnishes or otherwise authorizes the furnishing of Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.
- (2) The entity must establish and disseminate written policies, which must also be adopted by its contractors or agents. Written policies may be on paper or in electronic form, but must be readily available to all employees, contractors, or agents. The entity need not create an employee handbook if none already exists.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation
1902(a)(68) of
the Act,
P.L. 109-171
(section 6032)

4.42 Employee Education About False Claims Recoveries
(Continued)

- (3) An entity shall establish written policies for all employees (including management), and of any contractor or agent of the entity, that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). The entity shall include in those written policies detailed information about the entity's policies and procedures for detecting and preventing waste, fraud, and abuse. The entity shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers, and a specific discussion of the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.
- (4) The requirements of this law should be incorporated into each state's provider enrollment agreements.
- (5) The State will implement this State Plan Amendment on January 1, 2007.
- (b) ATTACHMENT 4.42-A describes, in accordance with section 1902(a)(68) of the Act, the methodology of compliance oversight and the frequency with which the State will re-assess compliance on an ongoing basis.

T.N. # _____ 07-002 _____

Approval Date _____ 6-29-07 _____

Supersedes T.N. # _____ New _____

Effective Date _____ 1-1-07 _____

