

UTAH MEDICAID NURSING FACILITY
State Fiscal Year 2016
QUALITY IMPROVEMENT INCENTIVE (2)(i) APPLICATION
Improve Nurse Call System, Rule R414-504-4

This form and all supporting documentation must be postmarked or faxed on or before May 31, 2016

Facility Name: _____

Medicaid Provider I.D. _____ Administrator: _____

Please mark all that are complete:

- This facility paid for a new nurse call system or enhancements to its existing nurse call system by May 31, 2016 and installed or enhanced it between July 1, 2014 and May 31, 2016.
- The nurse call system is compliant with approved "Guidelines for Design and Construction of Health Care Facilities."
 - The nurse call system does not primarily use overhead paging; rather a different type of paging system is used. The paging system could include pagers, cell phones, Personal Digital Assistant devices, hand-held radio, etc. If radio frequency systems are used, consideration has been given to electromagnetic compatibility between internal and external sources.
 - The nurse call system is designed so that a call activated by a resident will initiate a signal distinct from the regular staff call system and that can be turned off only at the resident's location.
 - The signal activates an annunciator panel or screen at the staff work area or other appropriate location, and either a visual signal in the corridor at the resident's door or other appropriate location, or staff pager indicating the calling resident's name and/or room location, and at other areas as defined by the functional program.
 - The nurse call system is capable of tracking and reporting response times, such as the length of time from the initiation of the call to the time a nurse enters the room and answers the call.
- All of the following documentation is attached:
- A signed statement by the facility administrator stating that the nurse call system is compliant with approved "Guidelines for Design and Construction of Health Care Facilities."
 - A detailed description of the functionality of the nurse call system, attesting to its meeting all of the above criteria;
 - Detailed supporting documentation of the facility's nurse call system costs, installation and training costs; and
 - Proof of purchase that includes receipts and invoices. This includes proof of payment, i.e. cancelled check(s), financial debt instrument, etc.

Qualifying facilities may receive up to \$391 per Medicaid Certified bed (count as at 7/1/2015) under this incentive. This incentive is part of incentive (2). The maximum a facility may receive from all incentives in incentive (2) combined, is \$589.78 per Medicaid Certified bed (count as at 7/1/2015). Facilities will not receive more than was expended under this incentive.

Attach Spreadsheet for detail expenditures

Total Reimbursement Requested (should match spreadsheet): \$ _____

Please ensure that all the supporting documentation is included. Failure to include all of the above detailed information will prevent the facility from qualifying.

By submitting this application I certify that all of the above criteria have been met.

Administrator Signature: _____ Date: _____

Note: Division staff will not request additional information relating to this submission. Please be sure to include all necessary information in order to qualify. Fax to: 801-323-1597 <or> Mail instructions: <http://health.utah.gov/medicaid/stplan/longtermcare.htm>