Rates, etc.
• Appropriations
  – Assessment Increase of $2,586,600
  – Equals $8,671,100 Total Funds
  – Watch for 7/1/17 assessment rate update to R414-401
• Dental for Blind or Disabled
  – Effective 7/1/2017
  – Ages 18-64
  – Similar coverage as pregnant women
  – Watch Medicaid Information Bulletin for more details.
  – This will impact spend down
• Impact to spend down
  – If a covered service, then not available for spend down (providers should bill Medicaid directly)
  – Providers must be enrolled with Utah Medicaid
NF NSGO UPL
(AKA, Acronym Soup)
• What it is?
  – Non-State Government Owned only
  – Supplemental payments up to the UPL (Medicare) as noted in State Plan, Attachment 4.19-D
  – Seed/admin from NSGE
• What is needed to participate?
  – See R414-505
  • Notice of Intent to Participate
  • Contract with Medicaid
  • IGT Certification with each IGT
Friendly Reminders…
Remember

In order to participate in the quality incentive program(s) (QII), applications must be submitted by May 31st using:

1. Fax
2. Mail
3. Email
4. Hand Delivery

FYI: Applications submitted close to or on May 31st that are missing documentation will not have a chance to re-submit for reimbursement for that year. See UAC R414-504-4 for more detail.
Remember

• All facilities may request a Case Mix Report!
  Q: Why is this important?
  A: It is the largest component in your rate calculation (~55%)

• Nursing facility rates are posted January, April, July, and October.

• When completing MDS, the Utah Medicaid member IDs are 10 digits. (Also, watch the SSNs.)
According to UAC R414-504-4:

(1) Reimbursement for Nursing Home Quality Improvement Incentives is in accordance with Attachment 4.19-D of the Utah Medicaid State Plan, which is incorporated by reference in Rule R414-1.

(2) Division staff are not required to request additional information relating to any application submission.

(3) Providers shall ensure all necessary information is included in the application in order to qualify.
(4) For applications received and reviewed by division staff prior to the annual submission deadline, if the application is incorrect or lacks sufficient supporting documentation, then the application shall be denied. If it is received prior to the annual submission deadline, the provider may submit a subsequent application that includes all needed supporting documentation for consideration.
(5) For applications received prior to the annual submission deadline and reviewed by division staff after the annual submission deadline, then the provider's application may be considered for qualification of a reduced amount, where possible, based on the submitted documentation.

(6) In all cases, no additional applications, documentation or explanation will be accepted if submitted after the annual submission deadline.
According to UAC R414-504-3(12):
(a) The Department may withhold Title XIX payments from providers if:
(i) there is a shortage in a resident trust account managed by the facility;
(ii) the facility fails to submit a complete and accurate FCP as required by Utah State Plan Attachment 4.19-D, Section 332;
(iii) the facility fails to submit timely, accurate Minimum Data Set (MDS) data;
Remember

According to UAC R414-504-3(12):

... 

(iv) the facility owes money to the Division of Health Care Financing because of an overpayment, nursing care facility assessment, civil money penalty, or other offset; or

(v) the facility fails to respond within ten business days to requests for information relating to desk review or audit findings relating to the facility's submitted FCP or FRV Data Report.
Medicaid Moratorium Update (House Bill 113)
• Multiple changes!
• You should review H.B. 113 if planning a future transfer or exception request.
• Effective July 1, 2017
Moratorium Changes

• 26-18-503 (5)(c) added subsection
  - Purpose: Encourage renovation and clarification to adding beds as part of a renovation project.

• (c) “Any request for additional beds as part of a renovation project are limited to the maximum number of beds allowed in Subsection (7).”
  - < 90 beds,
  - meets quality of care,
  - not exceed 10% of current beds, etc.

(Subsection 7 outlines bed additions for facilities renovating over 50% of its square footage or moving to a new physical location.)
• 26-18-503(5)(d)(v)(A) and (B) are added subsections
  – Purpose: Encourage increased quality of care with existing programs in a county (group) prior to adding beds.

(d) “The director shall determine whether to issue additional Medicaid certification by considering:”

(i), (ii), (iii), (iv) and

(v)(A) “whether the existing certified programs within the county or group of counties have provided services of sufficient quality to merit at least a two-star rating in the Medicare Five-Star Quality Rating System over the previous three-year period; and

(B) information obtained under Subsection (9).”
• 26-18-503(8)(b) replaces previous subsection b
  – Purpose: Previous language stated the nursing care facility program should obtain Medicaid certification for Subsection (5). New language adds Subsection (7) and simplifies.

• (8)(b) “The nursing care facility program shall obtain Medicaid certification for any additional Medicaid beds approved under Subsection (5) or (7) within three years of the date of the director’s approval, or the approval is void.”

  [If you add beds based on subsection (5) (moratorium exception) or subsection (7) (renovation or a move) but do not certify those beds within three years, the approval is void.]
• 26-18-503(9) added
  – Purpose: Outlines how NF programs in a rural county who have not met quality standards can submit information to the director prior to the addition of a new program/Medicaid beds in that county.
  – Read the statute…
Moratorium Changes

- 26-18-505(2)(a)(ii) and (iii)
  - Purpose: Clarifies timelines for transferor to submit written notification for a Medicaid bed transfer.

- (a)(ii) “the nursing care facility programs gives a written assurance, which is postmarked or has proof of delivery 30 days before the transfer, to the director and to the transferee …”

- (a)(iii) “the nursing care facility program that will transfer the license for Medicaid beds notifies the division in writing, which is postmarked or has proof of delivery 30 days before the transfer, of…”
Moratorium Changes

- 26-18-505(2)(b)
  
  - Purpose: The modifications remove ability to use transferred beds to “establish a nursing care facility program”
26-18-505(3)(b)

– Purpose: Clarifies timelines for transferee when obtaining Medicaid beds from multiple programs or entities.

(3)(b) “shall give the division notice, which is postmarked or has proof of delivery within 14 days of the nursing care facility program or entity seeking Medicaid certification of beds in the nursing care facility program or entity, of the total number of licenses for Medicaid beds that the entity received and who it received licenses from;”
Moratorium Changes

- 26-18-505(4)(c)(ii)
  
  - Purpose: Removes outdated language ("conversion factor")
• A form has been created when applying for an exception to the moratorium (similar to the bed transfer form).

  • This form is available at: http://health.utah.gov/medicaid/stplan/moratorium.htm

  • A new rule will also be proposed requiring use of the “Moratorium Exception Application” form for all exception requests. (You may use it now as it will help you ensure your documentation is properly submitted.)

  • The form walks you through UCA § 26-18-503(5).
Utah Medicaid Nursing Facility Moratorium Exception Application

Request shall be made in accordance with UCA § 26-18-503(5).

1. Applicant Name:  
   Applicant Address:  
   Applicant Phone:

2. What type of long-term care facility is being requested?  
   - [ ] NF/SNF  
   - [ ] ICF/ID

3. Describe the number of Medicaid certified beds requested for the nursing facility.

4. List the address of the proposed nursing facility location:

5. List the county or group of counties impacted by the requested additional Medicaid certification:

6. Provide evidence that current bed capacity is insufficient under applicable statutory language in UCA 26-18-503(5)(i). (Supporting documentation shall be attached as exhibit A.)
7. Select the applicable reason for the requested exception to the moratorium as stated in UCA 26-18-503(5)(i)(A)(B) and (C). (Supporting documentation shall be attached as exhibit B.)

- [ ] Nursing care facility occupancy levels for all existing and proposed facilities will be at least 90% for the next 3 years.

- [ ] Current nursing care facility occupancy is 90% or more.

- [ ] There is no other nursing care facility within a 35-mile radius of the nursing care facility requesting the additional certification.

- [ ] None (See reasoning noted in #8 below)
8. Mark all applicable additional considerations to determine whether to issue additional Medicaid certification as identified under statutory language in UCA 26-18-503(5)(c). Provide evidence for each marked reason. (Supporting documentation shall be attached as exhibit C.)

☐ Bed capacity provided by certified programs within the county or group of counties impacted by the requested additional Medicaid certification is insufficient.

☐ The county or group of counties impacted by the requested additional Medicaid certification is underserved by specialized or unique services that would be provided by the nursing care facility.

☐ Additional bed capacity should be added to the long-term care delivery system to best meet the needs of Medicaid recipients, which may include the renovation of aging nursing care facilities, as permitted by UCA 26-18-503(7).
9. **Provide an independent analysis demonstrating that at projected occupancy rates the nursing care facility's after-tax net income is sufficient for the facility to be financially viable.** (See UCA 26-18-503(b)(ii)). (Supporting documentation shall be attached as exhibit D.)
10. The individual(s) signing for Moratorium request below hereby represent and warrant (a) that they individually hold and possess all requisite corporate, partnership, or company authority to sign on behalf of each of the entities that they represent and (b) that all necessary company action has been taken to secure such signing authority. The undersigned signatories are executing this request for and on behalf of their respective legal entities and in their capacity as an officer or representative of such entity and not in an individual capacity. Each representation, certification, warranty, and assurance provided herein is made to the best of the undersigned’s knowledge and understanding and limited thereto.

I certify under penalty of law, including but not limited to U.C.A. § 76-10-1801, § 76-6-412 and § 76-8-504, that the foregoing is true and correct and that by my signature I acknowledge and affirm that I executed this instrument in my own capacity or in an authorized capacity for the facility.

(Receiving Entity or Facility Name)

(Receiving Entity or Facility Name)

(Signatory Printed Name) (Signatory Signature)

(Signatory Title) (Signature Date)

**Jurat**

State of Utah, County of __________

Signed and sworn to before me on __________________________ (date) by

__________________________________________ (name of document signer and title); I further acknowledge that the signer was personally known to me or did prove on the basis of satisfactory evidence, has made in my presence a voluntary signature and taken an oath or affirmation vouching to the truthfulness of this document.

__________________________________________ (Signature of Notary Public) (Notary Seal)

(Commission Expires)
Bed Transfers
Bed Transfers

• Must comply with
  – UCA 26-18-505
  – UAC R414-508

• "Notice of Medicaid Bed Transfer" form

• "Request for Medicaid Certification of Transferred Beds" form

• Forms are on our website:
  http://health.utah.gov/medicaid/stplan/moratorium.htm
Case Mix

Minimum Data Set (MDS)
• We are developing a process to simplify the case mix request and destruction notice process.
• The new process will use be based on Google forms. Here is a link to the form:
  • [https://goo.gl/forms/KzKjet55VB6e6Wo03](https://goo.gl/forms/KzKjet55VB6e6Wo03)
Quality Improvement Incentive Programs

Trent…
NF Quality Improvement Incentive (QII) Programs

- QII(1) ensures that quality programs are implemented at the facilities

- QII(2) provides incentive for facilities to improve the environment for the patients
  - QII(1) and QII(2) are independent of each other.
  - You don’t have to qualify for (1) to qualify for (2)

- QII(3) ensures patient choices are available
  - QII(3) is dependent on QII(1) and QII(2)

- See State Plan and website for more info
• Same requirements as last year

  – Be sure to address:
    • Survey items rated below average for the year
    • Culture Change
    • Employee satisfaction program

  – Please pay careful attention to the application and ensure all items are addressed in your submission
NF QII(1): Requirements

• Same as previous year

• Process to assess and measure the plan
  – Describe the process
  – Give specific examples

• Customer Satisfaction Survey
  – Graphs of each quarter’s results
  – An action plan to address survey items rated below average for the year

• Employee satisfaction program – Be sure to note how it has been implemented.
### Submissions through March 31st

<table>
<thead>
<tr>
<th>Plan Year</th>
<th>QII2 Incentive</th>
<th>Application Amount</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>Patient Life Enhancing Devices</td>
<td>$506,389</td>
<td>33.4%</td>
</tr>
<tr>
<td>2017</td>
<td>Clinical Software/Hardware</td>
<td>$404,950</td>
<td>26.7%</td>
</tr>
<tr>
<td>2017</td>
<td>Vans and Van Equipment</td>
<td>$218,928</td>
<td>14.4%</td>
</tr>
<tr>
<td>2017</td>
<td>Nurse Call System</td>
<td>$112,495</td>
<td>7.4%</td>
</tr>
<tr>
<td>2017</td>
<td>Improved Dining Experience</td>
<td>$96,950</td>
<td>6.4%</td>
</tr>
<tr>
<td>2017</td>
<td>HVAC</td>
<td>$79,928</td>
<td>5.3%</td>
</tr>
<tr>
<td>2017</td>
<td>Patient Lifts</td>
<td>$38,744</td>
<td>2.6%</td>
</tr>
<tr>
<td>2017</td>
<td>Patient Bathing Systems</td>
<td>$32,061</td>
<td>2.1%</td>
</tr>
<tr>
<td>2017</td>
<td>Educating Staff on Quality</td>
<td>$20,518</td>
<td>1.4%</td>
</tr>
<tr>
<td>2017</td>
<td>Patient Dignity</td>
<td>$3,638</td>
<td>0.2%</td>
</tr>
<tr>
<td>2017</td>
<td>Worker Immunization</td>
<td>$1,371</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

**Total = $1,515,972 (last year at this time $1,926,359)**
The most commonly completed QII (2) program is the Patient Life Enhancement Program (iv).

The least commonly completed QII (2) program is the Outcome Proven Awards (x).
Quality Incentives
What Qualifies as **Furniture**?

Yes (if for patients)
- Desk
- Bed, mattress
- Dresser
- Night stand
- Wardrobe
- Couch
- Chair
- TVs

No
- Office furniture
- Bed covers
- Fish tanks
- Fireplaces
- Pictures
- Drapes
- Wallpaper
- Window treatment
- Etc.
“Perfect” Application Package

- Application
- Spreadsheet
- Invoice(s)
- Proof of Payment
- PDF for each incentive and email submission
The Key

Be Literal

What does the application say?
NF QII(3): Requirements

• Same as previous year

• Facility needs to:
  – Qualify for QII(1) (100%)
  – Qualify for at least one QII(2) sub-category
  – Demonstrate residents’ choice program

• Show options available to residents and document how the selections are implemented

• All qualified facilities will receive a percentage of remaining QII(2) amounts based on proportionate Medicaid patient days (like QII(1) distribution)
• Requirements
  – Be sure to document residents’ choice program:
    • Awake Time
    • Meal Time
    • Bath Time

  – Please pay careful attention to the application and ensure all items are addressed in your submission

• Payout dollars are dependent on remaining QII(2) amounts and calculated at the same time as the QII(1) payment
Quality Incentive Deadlines

• Applications must be faxed, emailed, or mailed with a postmark on or before May 31st each year

• **Address** applications as per the website

• The fax number is on the application

• Applications may also be delivered to our office on or before May 31st: 288 N 1460 W, Salt Lake City, Utah 84116

• Applications may be emailed to qii_dmhf@utah.gov on or before the due date
INTRODUCING
NF NSGO UPL
Quality Improvement Program (QI)
“Pending Approval”
• Proposed Program #1 (Mandatory)
  • **Arise, Bath, Eat, Snack and Sleep (ABESS)**

  • Surveys shall be completed for each resident asking about specific “arise”, “bathing”, “eating”, “snack”, and “sleep” times.

  • In addition, the survey shall ask each resident about rituals and preferences for these items (i.e. lights on/off to sleep, music on/off to sleep, an alarm clock to arise, shower/bath preference for bathing, etc.).

  • Each facility shall also develop a ninety (90) minute “open dining” option for each meal based on resident surveys allowing the residents to dine anytime during the “open dining” time.
• Proposed Program #2 (Optional)
  • **One-on-One Activity**
    • Each resident shall be offered a thirty (30) minute minimum “one-on-one activity” each month in addition to the regular activity or therapy schedule.
    • An “activity interest survey” shall be completed initially and annually thereafter to develop an one-on-one “activity plan of care (POC)” based on the preferences of the resident.

• Proposed Program #3 (Optional)
  • **Range of Motion (ROM)**
    • Each resident shall receive a passive range of motion (PROM) and/or active range of motion (AROM) assessment by a qualified clinician quarterly to maintain the highest levels of mobility and independence.
    • If a reduction in ROM is found, the clinician shall document the limitation, the reduction in function or mobility caused by the limitation, and establish a plan of care (POC) to return the resident to the previous level of function.
NF NSGO UPL QI Program

- Proposed Program #4 (Optional)
  - **Consistent Assignment (CA)**
    - For a given Sunday through Saturday week, each resident shall have the same Nurse (RN/LPN) and the same certified nurse assistant (C.N.A.) four (4) of the days.
    - The assigned nurse and C.N.A. do not need to be assigned on the same days for the resident. The assigned nurse and C.N.A. for the resident shall be provided during regular waking hours for the resident.
• Proposed Program #5 (Optional)
  • Mobility and Exercise (ME)
    • Each resident shall be afforded a walking or exercise program based on admitting mobility, sit-stand, functional limitation range of motion, and one-step command survey scores.
      – A resident who qualifies, shall be provided a walking program following a POC developed by a nurse.
      – A resident who does not qualify for a walking program but does qualify for an exercise program shall be provided an exercise program executing a POC developed by a nurse.
• Feedback is welcome/encouraged

• Provide comments by the end of this month (April 2017) to trentbrown@utah.gov
Quiz Time!!!

Let’s have some fun!
Quiz Time
1. According to UAC R414-504 payments can be withheld for:

A. Liabilities to the State (overpayment)
B. A two (2) star rating or below according to the Five Star Quality Rating System
C. Untimely or inaccurate FCP or FRV reports
D. Shortages in Patient Trust Account
Answer

A, C, and D
2. T/F: Payment can be withheld from the State due to inaccurate MDS reporting?

   True
3. In order to participate in the quality incentive program(s) (QII), applications must be submitted by May 31st using what method(s)?

A. Fax
B. Email
C. Mailed
D. Hand Delivered
E. Submitted Online
**Answer**

**A, B, C, and D**

<table>
<thead>
<tr>
<th>To submit applications or forms</th>
<th>Via U.S. Post Office</th>
<th>Via UPS or FedEx</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><a href="mailto:qii_dmhf@utah.gov">qii_dmhf@utah.gov</a></em> Fax: 801-237-0788</td>
<td>Utah Department of Health DHCF, BCRP Attn: Reimbursement PO Box 143102 Salt Lake City, UT 84114-3102</td>
<td>Utah Department of Health DHCF, BCRP Attn: Reimbursement 288 North 1460 West Salt Lake City, UT 84116-3231</td>
</tr>
</tbody>
</table>

Applications can be hand delivered to 288 N 1460 W, Salt Lake City, Utah
4. What is the most commonly completed QII (2) program?

A. QII 2 (ii) Patient Lift
B. QII 2 (iv) Patient Life Enhancement
C. QII 2 (vi) Van
D. QII 2 (x) Outcome Proven Awards
Answer B
5. What is the least completed QII (2) program?

A. QII 2(ii) Patient Lift
B. QII 2 (iv) Patient Life Enhancement
C. QII 2 (vi) Van
D. QII 2 (x) Outcome Proven Awards
Answer

D
T/F: Applications to participate in a QII program received on or near the deadline that have missing or incomplete documentation will have the opportunity to re-submit the application for reimbursement?

False
7. How many facilities can request a Case Mix Report?

**All** (please request it every quarter)

http://health.utah.gov/medicaid/stplan/longtermcare/nfcmr.htm
8. What months are Nursing Facility Rates posted?

A. February, May, August, and November
B. January, April, July, and October
C. March, June, September, and December
Answer

B
Questions?