



State of Utah

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*Governor*

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*Lieutenant Governor*

## Utah Department of Health

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### Division of Medicaid and Health Financing

NATE CHECKETTS  
*Deputy Director, Utah Department of Health*  
*Director, Division of Medicaid and Health Financing*

December 29, 2017

Members of the Social Services Appropriations Subcommittee  
State Capitol  
Salt Lake City, Utah 84114

Dear Subcommittee Member:

The Centers for Medicare and Medicaid Services (CMS) requires the Department of Health to update its State Plan and existing waivers for Medicaid when the State makes changes to the program. In accordance with these changes and reporting requirements of Subsection 26-18-3(3)(a), the following is a summary of recent changes:

### State Plan Amendments

#### Quality Improvement Incentive

The Department has transmitted a State Plan Amendment to update application procedures for the Quality Improvement Incentive program.

This change requires nursing facilities to submit applications by email rather than by fax to improve quality and efficiency. Nevertheless, submissions through the United States Postal Service, United Parcel Service, or Federal Express shall remain acceptable options.

This amendment does not affect annual appropriations and there is no cost shift to more expensive services for Medicaid members and their families.



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## Long Term Acute Care

The Department has transmitted a State Plan Amendment to update inpatient hospital procedures as they relate to long term acute care.

This change, therefore, removes language that no longer applies and updates citations for state administrative rules and statutes.

This amendment does not affect annual appropriations and there is no cost shift to more expensive services for Medicaid members and their families.

## WAIVERS

### Acquired Brain Injury Waiver

The Department transmitted a 1915 (c) waiver amendment to the Acquired Brain Injury Waiver. The purpose of this amendment is to adjust the eligible scoring range of the Comprehensive Brain Injury Assessment (CBIA) tool that demonstrates a waiver participant meets level of care. The scoring range that previously demonstrated level of care was between 40 and 120. That range has now been adjusted to between 36 and 136, reflecting a revision to the current CBIA.

This amendment does not affect annual appropriations and there is no cost shift to more expensive services for Medicaid members and their families.

Sincerely,



Nate Checketts  
Deputy Director, Department of Health  
Director, Medicaid and Health Financing

