

DMHF Rules Matrix 3-16-23

Rule Summary	Bulletin Publication	Effective
R414-520 Admission Criteria for Medically Complex Children's Waiver (Change in Proposed Rule); The purpose of this change is to clarify access requirements to become eligible for the Medically Complex Children's Waiver. This amendment, therefore, removes unnecessary provisions for the Department to make waiver eligibility determinations.	3-15-23	4-21-23

The public may access proposed rules published in the State Bulletin at <https://rules.utah.gov/publications/utah-state-bull/>

State of Utah
Administrative Rule Analysis
 Revised June 2022

NOTICE OF CHANGE IN PROPOSED RULE		
Title No. - Rule No. - Section No.		
Rule or Section Number:	R414-520	Filing ID: Office Use Only
Date of Previous Publication:	11/15/2023	

Agency Information

1. Department:	Department of Health and Human Services	
Agency:	Division of Integrated Healthcare	
Room number:		
Building:	Cannon Health Building	
Street address:	288 North 1460 West	
City, state and zip:	Salt Lake City, UT 84116	
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City, state and zip:	Salt Lake City, UT 84114-3102	
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Please address questions regarding information on this notice to the agency.

General Information

2. Rule or section catchline:
Admission Criteria for Medically Complex Children's Waiver
3. Reason for this change (Why is the agency submitting this filing?):
The purpose of this change is to clarify access requirements to become eligible for the Medically Complex Children's Waiver.
4. Summary of this change (What does this filing do?):
This amendment removes unnecessary provisions for the Department to make waiver eligibility determinations.

Fiscal Information

5. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:
A) State budget:
There is no impact as the original filing of this rule already accounts for appropriations that affect the state budget.
B) Local government:
There is no impact as the original filing of this rule already accounts for appropriations that affect local governments.
C) Small businesses ("small business" means a business employing 1-49 persons):
There is no impact on small businesses as this change does not result in additional costs, fees, taxes, or revenue.
D) Non-small businesses ("non-small business" means a business employing 50 or more persons):
There is no impact on non-small businesses as this change does not result in additional costs, fees, taxes, or revenue.
E) Persons other than small businesses, non-small businesses, or state or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency):
There is no impact as the original filing of this rule already accounts for appropriations that affect children who qualify for the waiver along with their families.
F) Compliance costs for affected persons:
There are no compliance costs to a single person or entity as this change does not result in additional costs, fees, taxes, or revenue.

G) Regulatory Impact Summary Table (This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts will be included in narratives above.)

Regulatory Impact Table

Fiscal Cost	FY2023	FY2024	FY2025
State Government	\$0	\$0	\$0

Local Governments	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Cost	\$0	\$0	\$0
Fiscal Benefits	FY2023	FY2024	FY2025
State Government	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Benefits	\$0	\$0	\$0
Net Fiscal Benefits	\$0	\$0	\$0

H) Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this fiscal analysis. Businesses will not see additional costs, fees, taxes, or revenue.

Citation Information

6. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-1-213	Section 26-18-3	Section 26-18-410
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Incorporations by Reference Information

7. Incorporations by Reference (if this rule incorporates more than two items by reference, please include additional tables):

A) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

B) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*):

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

Public Notice Information

8. The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. See Section 63G-3-302 and Rule R15-1 for more information.)

A) Comments will be accepted until: 04/14/2023

B) A public hearing (optional) will be held:

On (mm/dd/yyyy):	At (hh:mm AM/PM):	At (place):

9. This rule change MAY become effective on: 04/21/2023

NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.

Agency Authorization Information

To the agency: Information requested on this form is required by Section 63G-3-303. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.

Agency head or designee and title:

Date:

R414. Health and Human Services, Health Care Financing, Coverage and Reimbursement Policy.

R414-520. Admission Criteria for Medically Complex Children's Waiver.

R414-520-1. Introduction and Authority.

- (1) This rule outlines the criteria used to evaluate initial and ongoing eligibility for the Medically Complex Children's Waiver.
- (2) Section 26-18-3 authorizes this rule. Waiver services are optional and provided in accordance with 42 CFR 440.225.

R414-520-2. Definitions.

"Waiver" means the Medically Complex Children's Waiver.

R414-520-3. Eligibility Requirements.

- (1) The Department uses the following criteria to determine waiver eligibility:
 - (a) an assessment of a child's ability to perform age-appropriate activities of daily living and that child's level of independence in the performance of the activity; and
 - (b) an evaluation to determine whether a child meets nursing facility level-of-care in accordance with Section R414-502-3.
- (2) For a child who meets the criteria in Subsection (1), a point value is attributed to the initial application and annual re-evaluation that includes the following:
 - (a) current medical providers;
 - (b) condition or diagnosis;
 - (c) date of last medical visit;
 - (d) documentation of more than three months of dependence on medical devices, treatments, therapies, or subspecialty services to reach a minimum medical score; and
 - (e) an evaluation of the impact on the parent or guardian who has provided care to the child with complex medical needs during the last 12 months.

R414-520-4. Waiver Access.

- (1) The Department periodically assesses funding for the waiver to determine the number of children it may serve. ~~[The Department also derives a point value associated with the criteria found in Subsections R414-520(2)(d) through (e) to determine which children to enroll. In the event of multiple applications with the same point value, the Department uses the point value derived from Subsection R414-520-3(2)(d) to make its determination.]~~
- (2) The Department enrolls applicants who meet the level-of-care requirements using the scoring process described in Subsection (1) until the waiver reaches the maximum number of children it may serve. Once the waiver reaches the maximum number of children it may serve, the Department uses a waitlist to monitor interest in the program and to enroll additional children when attrition creates vacancies. The Department attributes a score to children who are enrolled and on the waitlist in accordance with Subsections R414-520-3(2)(d) through (e), and enrolls children based on the highest scores. In the event of multiple enrollees or applicants with the same point value derived from Subsection R414-520-3(2)(d), the Department enrolls children based on the order in which it receives applications until the maximum number of children the waiver may serve is reached.
- (3) Each calendar quarter, the Department reviews level-of-care annual re-certifications of current enrollees that were completed in the preceding quarter to determine a new minimum qualifying score for entrance or continued enrollment in the waiver. Participants who no longer meet the minimum qualifying score are disenrolled from the waiver.
- (4) An applicant who is not admitted to the waiver, or a child who is disenrolled from the waiver, may appeal the decision in accordance with 42 CFR 431 Subpart E.

R414-520-5. Service Coverage.

Services and limitations are found in the State Implementation Plan for the Medically Complex Children's Waiver.

KEY: Medicaid

Date of Last Change: January 4, 2019

Authorizing, and Implemented or Interpreted Law: 26B-1-213; 26-18-3; 26-18-410