

## DMHF Rules Matrix 6-15-23

Rule Summary	Bulletin Publication	Effective
<b>R414-519 Settings for Home and Community-Based Services (Five-Year Review);</b> The Department will continue this rule because it implements requirements that allow an individual to thrive in a home and community-based services setting. The Department will file an amendment to update citations and make other technical changes.	6-15-23	5-22-23
<b>R414-508 Requirements for Transfer of Bed Licenses (Five-Year Review);</b> The Department will continue this rule because it implements bed transfer requirements in accordance with state law, and will file an amendment to update citations for recodification and for merger purposes.	6-15-23	5-23-23
<b>R414-19A; Coverage for Dialysis Services by an End Stage Renal Disease Facility;</b> The purpose of this change is to update and clarify the rule text as needed. This amendment, therefore, updates and clarifies authority, definitions, eligibility, program access, services, care, limitations, prior authorization, and reimbursement for dialysis services in an end-stage renal disease facility.	5-31-23	7-24-23

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

**FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION**

**Title No. - Rule No.**

<b>Rule Number:</b>	R414-519	<b>Filing ID: Office Use Only</b>
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<b>Effective Date:</b>	Office Use Only
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**Agency Information**

<b>1. Department:</b>	Department of Health and Human Services	
<b>Agency:</b>	Division of Integrated Healthcare	
<b>Room number:</b>		
<b>Building:</b>	Cannon Health Building	
<b>Street address:</b>	288 North 1460 West	
<b>City, state and zip:</b>	Salt Lake City, UT 84116	
<b>Mailing address:</b>	PO Box 143102	
<b>City, state and zip:</b>	Salt Lake City, UT 84114-3102	
<b>Contact persons:</b>		
<b>Name:</b>	<b>Phone:</b>	<b>Email:</b>
Craig Devashrayee	(801) 538-6641	cdevashrayee@utah.gov
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**Please address questions regarding information on this notice to the agency.**

**General Information**

**2. Rule catchline:**

Settings for Home and Community-Based Services

**3. A concise explanation of the particular statutory provisions under which the rule is enacted and how these provisions authorize or require this rule:**

Section 26B-1-213 grants the Department the power to adopt, amend, or rescind rules, and Section 26B-3-108 requires the Department to administer the Medicaid program through administrative rules.

**4. A summary of written comments received during and since the last five-year review of this rule from interested persons supporting or opposing this rule:**

The Department did not receive any written comments regarding this rule.

**5. A reasoned justification for continuation of this rule, including reasons why the agency disagrees with comments in opposition to this rule, if any:**

The Department will continue this rule because it implements requirements that allow an individual to thrive in a home and community-based services setting. The Department will file an amendment to update citations and make other technical changes.

**Agency Authorization Information**

**To the agency:** Information requested on this form is required by Section 63G-3-305. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the *Utah State Bulletin*.

<b>Agency head or designee and title:</b>	Tracy S. Gruber, Executive Director	<b>Date:</b>	05/22/2023
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**Reminder:** Text changes cannot be made with this type of rule filing. To change any text, please file an amendment or a nonsubstantive change.

**R414. Health, Health Care Financing, Coverage and Reimbursement Policy.**

**R414-519. Settings for Home and Community-Based Services.**

**R414-519-1. Introduction and Authority.**

Settings for home and community-based services (HCBS) must include all the qualities defined in 42 CFR 441.301(c)(4)(5), based on the needs specified in an individual's person-centered service plan. For purposes of this rule, "individual" shall also refer to the individual's legal representative or guardian if the individual has one.

**R414-519-2. HCBS Setting Requirements.**

- (1) An HCBS setting must be integrated and support community access to services that include opportunities for an individual to:
  - (a) seek employment and to work in competitive integrated settings;
  - (b) engage in aspects of community life;
  - (c) control personal resources; and

- (d) receive community services with the same degree of access afforded to individuals who do not receive HCBS.
- (2) An individual shall select the setting from among setting options that include non-disability specific settings and an option for a private unit in a residential setting.
- (3) Setting options are identified and documented in the person-centered service plan based on the following:
  - (a) Individual need and preference; and
  - (b) Resources available for room and board in residential settings.
- (4) An HCBS setting must ensure the following:
  - (a) Individual rights of privacy;
  - (b) Dignity and respect; and
  - (c) Freedom from coercion and restraint.
- (5) An HCBS setting must optimize, but not regiment, individual initiative, autonomy, and independence through life choices that include daily activities, physical environment, and personal interaction.
- (6) An HCBS setting must facilitate individual choice in relation to services and support.
- (7) In addition to the qualities described in 42 CFR 441.301(c)(4)(i) through (v), a provider-owned or controlled residential setting must meet the following conditions:
  - (a) The unit or dwelling must be owned, rented, or occupied under a legally enforceable agreement by an individual who receives HCBS;
  - (b) An individual must possess the same responsibilities and protections from eviction that tenants have under the landlord and tenant law of the state, county, city, or other designated entity; and
  - (c) For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement, or other form of written agreement is in place for each HCBS participant, and that the document provides protections which address eviction processes and appeals comparable to those provided under the landlord tenant law within the jurisdiction.
  - (8) An HCBS setting must afford privacy to each individual in a sleeping or living unit and the following provisions shall apply:
    - (a) Units must have lockable entrance doors and only authorized staff may possess the keys;
    - (b) An individual who shares a unit may have a choice of roommates in that setting;
    - (c) An individual may furnish and decorate his sleeping or living unit within the lease or other agreement;
    - (d) An individual may control his own schedule and activities, and access food at any time;
    - (e) An individual may have his choice of visitors at any time;
    - (f) An individual must be able to physically access the setting;
    - (g) Any modification of the additional conditions, under 42 CFR 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. HCBS providers shall document that the plan meets the following requirements:
      - (i) The plan identifies a specific and individualized assessed need;
      - (ii) The plan documents the positive interventions and supports used before any modifications to the person-centered service plan;
      - (iii) The plan documents less intrusive, but unsuccessful methods of meeting an individual need;
      - (iv) The plan includes a clear description of the condition that is directly proportionate to the specific assessed need;
      - (v) The plan includes a regular collection and review of data to measure the ongoing effectiveness of the modification;
      - (vi) The plan includes established time limits for periodic reviews to determine whether the modification is still necessary or may be terminated;
      - (vii) The plan includes the informed consent of the individual; and
      - (viii) The plan includes an assurance that interventions and supports will cause no individual harm.

**R414-519-3. Limitations.**

- (1) Home and community-based settings do not include the following:
  - (a) A nursing facility;
  - (b) An institution for mental diseases;
  - (c) An intermediate care facility for individuals with intellectual disabilities;
  - (d) A hospital; or
  - (e) Any other locations that have qualities of an institutional setting, as determined by the Centers for Medicare and Medicaid Services (CMS). Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless CMS determines through heightened scrutiny, based on information presented by the Department or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings.
- (2) If, upon initial assessment, or any time thereafter, the Department determines that a setting does not comply with 42 CFR 441.301(c)(4)(5), the Department, or its designee, shall utilize an approved method to inform the individual of alternative settings that would comply with these requirements. If the individual elects to remain in, or receive services at a setting that does not meet these requirements, and the provider has not demonstrated compliance with the Department's corrective action plan for meeting such requirements, the individual shall not receive services under Utah home and community-based waiver programs.

(3) The Department shall assess compliance with 42 CFR 441.301(c)(4)(5) as part of its process for credentialing and re-credentialing providers.

**KEY: Medicaid**

**Date of Enactment or Last Substantive Amendment: May 25, 2018**

**Authorizing, and Implemented or Interpreted Law: 26-1-5; 26-18-3**

**State of Utah**  
**Administrative Rule Analysis**  
Revised June 2022

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION		
Title No. - Rule No.		
Rule Number:	R414-508	Filing ID: Office Use Only
Effective Date:	Office Use Only	
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	
Mailing address:	PO Box 143102	
City, state and zip:	Salt Lake City, UT 84114-3102	
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Craig Devashrayee	(801) 538-6641	cdevashrayee@utah.gov
Jonah Shaw	(385) 310-2389	jshaw@utah.gov
Please address questions regarding information on this notice to the agency.		

General Information
<b>2. Rule catchline:</b> Requirements for Transfer of Bed Licenses
<b>3. A concise explanation of the particular statutory provisions under which the rule is enacted and how these provisions authorize or require this rule:</b> Section 26B-1-213 grants the Department the power to adopt, amend, or rescind rules, and Section 26B-3-313 sets forth licensed-bed transfer requirements for nursing care facility programs.
<b>4. A summary of written comments received during and since the last five-year review of this rule from interested persons supporting or opposing this rule:</b> The Department did not receive any written comments regarding this rule.
<b>5. A reasoned justification for continuation of this rule, including reasons why the agency disagrees with comments in opposition to this rule, if any:</b> The Department will continue this rule because it implements bed transfer requirements in accordance with state law, and will file an amendment to update citations for recodification and for merger purposes.

Agency Authorization Information		
<b>To the agency:</b> Information requested on this form is required by Section 63G-3-305. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the <i>Utah State Bulletin</i> .		
Agency head or designee and title:	Tracy S. Gruber, Executive Director	Date: 05/22/2023
<b>Reminder:</b> Text changes cannot be made with this type of rule filing. To change any text, please file an amendment or a nonsubstantive change.		

**R414. Health, Health Care Financing, Coverage and Reimbursement Policy.**

**R414-508. Requirements for Transfer of Bed Licenses.**

**R414-508-1. Introduction and Authority.**

(1) This rule implements requirements that a Medicaid certified nursing care facility program must meet to transfer licensed bed capacity for Medicaid certified beds to another entity.

(2) Sections 26-18-3, 26-18-5, and 26-18-505 authorize this rule.

**R414-508-2. Definitions.**

As used in this rule:

(1) "Bureau of Health Facility Licensing, Certification and Resident Assessment" (BHFLCRA) within the Department of Health is the entity that evaluates nursing care facilities to comply with state and federal regulations.

(2) "Bed License" is the state authorization given by BHFLCRA to provide nursing care facility services to an individual resident.

BHFLCRA only issues licenses to a nursing care facility program to provide services for several individuals. The number of individuals for which a nursing care facility program can provide service equals the total licensed beds held by the licensee.

(3) "Current Owner" is any one of or combination of the following: owner of a building from which a nursing care facility program operates, owner of land on which a nursing care facility program operates, owner of a nursing care facility program licensed by the BHFLCRA, owner of Medicaid certification, lessor of the building, lessor of the land, mortgagor of the building, mortgagor of the land, the management team responsible for executing the operations of a nursing care facility program, a holder of a lien security interest in the land, a holder of a lien security interest in the building, and a holder of a lien security interest in the business operation.

(4) "Medicaid Certification" is the authorization to provide services outlined in the Medicaid State Plan in accordance with Section R414-27-1;

(5) "Transfer" is a change of ownership due to sale, lease, or mortgage.

(6) "Transfer Agreement" is a contract for a transfer of bed licenses.

(7) "Transferor" is the entity or nursing care facility program transferring one or more Medicaid beds to another entity or nursing care facility program.

(8) "Transferee" is the entity or nursing care facility program receiving one or more Medicaid beds from the Transferor.

#### **R414-508-3. Bed License Transfer Requirements for the Transferor.**

(1) A nursing care facility program shall meet the requirements of Rule R414-27 to fulfill the transfer requirements found in Subsection 26-18-505(2).

(2) Pursuant to Subsection 26-18-505(2), a nursing care facility program shall demonstrate its intent to transfer bed licenses by providing written notice to the Division of Medicaid and Health Financing in accordance with timing specified in Section 26-18-505. The transferring nursing care facility program or entity shall use the "Notice of Medicaid Bed Transfer" form to request the transfer.

(3) The nursing care facility program shall include all necessary information on the "Notice of Medicaid Bed Transfer" form. If the form or supporting documentation is deficient, the incomplete notice shall be returned to the requestor.

(4) The notice date shall be the postmark date of a complete "Notice of Medicaid Bed Transfer" form mailed to the Division of Medicaid and Health Financing.

#### **R414-508-4. Bed License Transfer Requirements for the Transferee.**

Pursuant to Subsection 26-18-505(3), an entity that receives bed licenses from a nursing care facility program must provide written notice to the Division of Medicaid and Health Financing in accordance with timing specified in Section 26-18-505. The receiving nursing care facility program or entity shall use the "Request for Medicaid Certification of Transferred Beds" form.

(1) The nursing care facility program shall include all necessary information on the "Request for Medicaid Certification of Transferred Beds" form. If the form or supporting documentation is deficient, the incomplete notice shall be returned to the requestor.

(2) The notice date shall be the postmark date of a complete "Request for Medicaid Certification of Transferred Beds" form mailed to the Division of Medicaid and Health Financing.

(3) If the receiving nursing care facility or entity receives bed licenses from more than one nursing care facility or entity and wants to have the multiple beds certified at the same time, the transferee shall complete a request form for each different transferring entity and submit the request forms at the same time.

#### **R414-508-5. Expiration and Forfeiture of Bed Licenses.**

Pursuant to Subsection 26-18-505(3), if the receiving entity does not obtain Medicaid certification within three years of the effective date of the transfer, the transferred bed licenses expire and the receiving entity forfeits the bed licenses available through the transfer. The transferring nursing care facility program does not regain any right to the transferred beds that have expired.

#### **KEY: Medicaid**

**Date of Enactment or Last Substantive Amendment: December 7, 2016**

**Notice of Continuation: May 25, 2018**

**Authorizing, and Implemented or Interpreted Law: 26-1-3; 26-18-505**

**State of Utah**  
**Administrative Rule Analysis**  
Revised May 2023

<b>NOTICE OF PROPOSED RULE</b>		
<b>TYPE OF FILING:</b> Amendment		
<b>Title No. - Rule No. - Section No.</b>		
<b>Rule or Section Number:</b>	<b>R414-19A</b>	<b>Filing ID: 55446</b>

**Agency Information**

<b>1. Department:</b>	Department of Health and Human Services	
<b>Agency:</b>	Division of Integrated Healthcare	
<b>Building:</b>	Cannon Health Building	
<b>Street address:</b>	288 North 1460 West	
<b>City, state and zip:</b>	Salt Lake City, UT 84116	
<b>Mailing address:</b>	PO Box 143102	
<b>City, state and zip:</b>	Salt Lake City, UT 84114-3102	
<b>Contact persons:</b>		
<b>Name:</b>	<b>Phone:</b>	<b>Email:</b>
Craig Devashrayee	(801) 538-6641	cdevashrayee@utah.gov
Jonah Shaw	(385) 310-2389	jshaw@utah.gov
<b>Please address questions regarding information on this notice to the persons listed above.</b>		

**General Information**

<b>2. Rule or section catchline:</b>
R414-19A. Coverage for Dialysis Services by an End Stage Renal Disease Facility
<b>3. Purpose of the new rule or reason for the change (Why is the agency submitting this filing?):</b>
The purpose of this change is to update and clarify the rule text as needed.
<b>4. Summary of the new rule or change (What does this filing do? If this is a repeal and reenact, explain the substantive differences between the repealed rule and the reenacted rule):</b>
This amendment updates and clarifies authority, definitions, eligibility, program access, services, care, limitations, prior authorization, and reimbursement for dialysis services in an end-stage renal disease facility.

**Fiscal Information**

<b>5. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:</b>
<b>A) State budget:</b>
There is no impact to the state budget as there are only minor changes and technical updates.
<b>B) Local governments:</b>
There is no impact on local governments as they neither fund nor provide dialysis services under the Medicaid program.
<b>C) Small businesses ("small business" means a business employing 1-49 persons):</b>
There is no impact on small businesses as there are only minor changes and technical updates.
<b>D) Non-small businesses ("non-small business" means a business employing 50 or more persons):</b>
There is no impact on non-small businesses as there are only minor changes and technical updates.
<b>E) Persons other than small businesses, non-small businesses, 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 <i>agency</i>):</b>
There is no impact to other persons or entities as there are only minor changes and technical updates.
<b>F) Compliance costs for affected persons (How much will it cost an impacted entity to adhere to this rule or its changes?):</b>
There are no compliance costs to a single person or entity as there are only minor changes and technical updates.

<b>G) Regulatory Impact Summary Table</b> (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.)			
<b>Regulatory Impact Table</b>			
<b>Fiscal Cost</b>	<b>FY2024</b>	<b>FY2025</b>	<b>FY2026</b>
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
<b>Total Fiscal Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Fiscal Benefits</b>	<b>FY2024</b>	<b>FY2025</b>	<b>FY2026</b>
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
<b>Total Fiscal Benefits</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net Fiscal Benefits</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>H) Department head comments on fiscal impact and approval of regulatory impact analysis:</b>			
The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this fiscal analysis. Businesses will see neither costs nor revenue as there are only minor changes and technical updates.			

**Citation Information**

<b>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:</b>		
Section 26B-1-213	Section 26B-3-108	

**Public Notice Information**

<b>8. The public may submit written or oral comments to the agency identified in box 1.</b> (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.)	
<b>A) Comments will be accepted until:</b>	07/17/2023

<b>9. This rule change MAY become effective on:</b>	07/25/2023
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**

<b>To the agency:</b> Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the <i>Utah State Bulletin</i> and delaying the first possible effective date.			
<b>Agency head or designee and title:</b>	Tracy S. Gruber, Executive Director	<b>Date:</b>	03/27/2023

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

**R414-19A. Coverage for Dialysis Services by an End[-]Stage Renal Disease Facility.**

**R414-19A-0. Policy Statement.**

Dialysis services are provided under the Medicaid State Plan to cover Medicaid [recipients]members principally for the 90-day period between the first dialysis service and commencement of Medicare benefits for [E]nd-[S]tage [R]enal [D]isease [ESRD] benefits. The [S]tate [P]lan also covers dialysis services for Medicaid [recipients]members who do not qualify for Medicare coverage.

**R414-19A-1. Authority.**

The provision of clinic services for outpatient dialysis is authorized under [the authority of] 42 CFR 440.20, 440.90, and Attachments 3.1-A and 3.1-B of the Medicaid State Plan[under Clinic Services].

**R414-19A-2. Definitions.**

(1) "Composite [P]ayment" means [a-per]each treatment unit of payment that applies to [all]-claims for dialysis services. The composite payment rate includes payment for [all]-training, services, evaluations, laboratory tests, items, supplies, medications, and equipment necessary to treat ESRD or perform dialysis.

(2) "Dialysis" means the type of care or service furnished to an ESRD patient and includes [all]-training, services, evaluations, laboratory tests, items, supplies, medications, and equipment necessary to perform dialysis in a facility, outpatient, or



home setting.

(3) "End[-][S]stage [R]renal [D]disease" or [{"ESRD"}]" means that stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life.

(4) "ESRD facility" means a facility [~~which is~~]enrolled with [~~Utah~~]Medicaid and Medicare to furnish at least one specific dialysis service. [~~Such~~]These facilities include:

(a) A [R]renal transplantation center[~~:- A hospital unit which is~~] approved to furnish [~~directly~~]transplantation directly, and other medical and surgical specialty services required for the care of [~~the~~]ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement. A renal transplantation center may also be a renal dialysis center.

(b) A [R]renal dialysis center[~~:- A hospital unit which is~~] approved to furnish the [~~full~~]spectrum of diagnostic, therapeutic, and rehabilitative services required for the care of ESRD dialysis patients, [~~{~~]including inpatient dialysis furnished directly or under arrangement[~~}]~~. A hospital need not provide renal transplantation to qualify as a renal dialysis center.

(c) A [R]renal dialysis facility[~~:- A unit which is~~] approved to furnish dialysis services directly to ESRD patients.

(d) A [S]self-dialysis unit[~~:- A unit that~~] that furnishes self-dialysis services and is part of an approved renal transplantation center, renal dialysis center, or renal dialysis facility[~~-and furnishes self dialysis services~~].

(e) A [S]special purpose renal dialysis facility[~~:- A renal dialysis facility which is~~] approved to furnish dialysis at special locations on a short[-]term basis to a group of dialysis patients [~~otherwise unable to~~]who cannot otherwise obtain treatment in the geographical area. The special locations, including vacation locations, must be either [~~special~~]rehabilitative [~~(including vacation) locations~~]and serve[ing] ESRD patients who reside there temporarily[~~-residing there~~], or locations in need of ESRD facilities under emergency circumstances.

### **R414-19A-3. Eligibility Requirements.**

Dialysis services are available to both categorically and medically needy Medicaid [~~recipients~~]members who are not enrolled in a managed care organization.

### **R414-19A-4. Program Access Requirements.**

[~~-----Dialysis services are available to Medicaid recipients when performed through a state licensed Medicare approved dialysis facility that is enrolled with Utah Medicaid.~~]A Medicaid member may access dialysis services if the member receives the services through a state-licensed Medicare-approved dialysis facility enrolled with Medicaid.

### **R414-19A-5. Service Coverage.**

(1) Medicaid covers [D]dialysis services, including hemodialysis and peritoneal dialysis treatments provided by an ESRD facility[~~,are a covered service~~] for categorically or medically needy Medicaid [~~recipients~~]members for three months pending the establishment of Medicare eligibility.

(a) Medicaid may cover dialysis services for longer than three months if a [~~recipient~~]member is not eligible for Medicare.

(b) Medicaid reimburses dialysis services through a composite payment.

(2) [~~Medicaid covers dialysis services, including hemodialysis and peritoneal dialysis treatments performed at home, when they are supervised by an enrolled ESRD facility and performed by an appropriately trained Medicaid~~] member for three months pending the establishment of Medicare eligibility. A member may receive dialysis services, including hemodialysis and peritoneal dialysis treatments performed at home, if:

(a) the services are supervised by an enrolled ESRD facility; and

(b) the services are performed by an appropriately trained Medicaid member for three months pending the establishment of Medicare eligibility.

(3) Medicare becomes the primary reimbursement source for individuals who meet Medicare\_ eligibility criteria. ESRD facilities must assist [~~patients~~]members in applying for and pursuing final Medicare eligibility.

### **R414-19A-6. Standards of Care.**

Medicare becomes the primary reimbursement source for individuals who meet Medicare\_ eligibility criteria. ESRD facilities must assist [~~patients~~]members in applying for and pursuing final Medicare eligibility.

### **R414-19A-7. Limitations.**

(1) [~~Payments for dialysis services are eligible only to ESRD facilities that have enrolled with Utah Medicaid and are also enrolled with Medicare as an ESRD provider.~~] An ESRD facility must be enrolled with Medicaid and enrolled with Medicare as an ESRD provider to receive Medicaid and Medicare payments for dialysis services.

(2) Medicaid reimburses dialysis services through a composite rate. Payment for services [~~which~~]that are part of the composite rate may not be reimbursed separately.

(3) Regardless of the dialysis method used, composite payments are limited to one unit [~~per~~]each session and no more than one unit [~~per~~]each day. Continuous cycling peritoneal dialysis, or any other dialysis services that occur overnight, are eligible for one composite payment.

### **R414-19A-8. Prior Authorization.**

Medicaid does not require [P]prior authorization for ESRD dialysis services[~~-is not required~~].

**R414-19A-9. Reimbursement for Services.**

Payment for renal dialysis is based on the established fee schedule unless a lower amount is billed. The amount billed cannot exceed usual and customary charges.

**KEY: Medicaid**

**Date of Last Change: August 10, 2016**

**Notice of Continuation: February 14, 2020**

**Authorizing, and Implemented or Interpreted Law: ~~26B-1-5~~213; ~~26-18-3~~26B-3-108**