

DMHF Rules Matrix 1-18-24

Rule Summary	Bulletin Publication	Effective
R414-520 Admission Criteria for Medically Complex Children's Waiver (Five-Year Review); The Department will continue this rule because it establishes eligibility requirements and allows access for children to enroll in the Medically Complex Children's Waiver.	1-15-24	12-29-23
R414-521 Accountable Care Organization Hospital Report (Five-Year Review); The Department will continue this rule as state law requires accountable care organizations to submit an annual hospital report for the most recent state fiscal year.	1-15-24	12-29-23

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 May 2023

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

Title No. - Rule No.

Rule Number:	R414-520	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	
Contact persons:		
Name:	Phone:	Email:
Craig Devashrayee	(801) 538-6641	cdevashrayee@utah.gov
Jonah Shaw	(385) 310-2389	jshaw@utah.gov
Jordan Miera	(801) 538-4171	jmiera@utah.gov

Please address questions regarding information on this notice to the persons listed above.

General Information

2. Rule catchline:
R 414-520. Admission Criteria for Medically Complex Children's Waiver.
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-3-108 requires the Department to implement Medicaid through administrative rules, and Section 26B-1-213 grants the Department the authority to adopt, amend, or rescind these rules. Additionally, 42 CFR 440.130 authorizes preventive services for Medicaid members.
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 establishes eligibility requirements and allows access for children to enroll in the Medically Complex Children's Waiver.

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*.

Agency head or designee and title:	Tracy S. Gruber, Executive Director	Date:	12/27/2023
---	-------------------------------------	--------------	------------

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 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 26B-3-108 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.
- (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: May 5, 2023

Authorizing, and Implemented or Interpreted Law: 26B-1-213; 26B-3-108; 26B-3-205

State of Utah
Administrative Rule Analysis
Revised May 2023

FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

Title No. - Rule No.

Rule Number:	R414-521	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	
Contact persons:		
Name:	Phone:	Email:
Craig Devashrayee	(801) 538-6641	cdevashrayee@utah.gov
Jonah Shaw	(385) 310-2389	jshaw@utah.gov
Jordan Miera	(801) 538-4171	jmiera@utah.gov

Please address questions regarding information on this notice to the persons listed above.

General Information

2. Rule catchline:

R414-521. Accountable Care Organization Hospital Report.

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-3-108 requires the Department to implement Medicaid through administrative rules, and Section 26B-1-213 grants the Department the authority to adopt, amend, or rescind these rules. Additionally, Section 26B-3-506 requires accountable care organizations (ACOs) to submit a hospital report annually.

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 as state law requires ACOs to submit an annual hospital report for the most recent state fiscal year.

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*.

Agency head or designee and title:	Tracy S. Gruber, Executive Director	Date:	12/27/2023
---	-------------------------------------	--------------	------------

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

R414-521. Accountable Care Organization Hospital Report.

R414-521-1. Reporting Requirements.

(1) In accordance with Section 26B-3-506, a Medicaid accountable care organization (ACO) shall submit by October 15 of each year, a completed ACO hospital report for the most recent state fiscal year.

(a) The ACO shall use the ACO hospital report spreadsheet template available on the Utah Medicaid website, and follow the specified instructions.

(b) The ACO shall return the completed template in its native file type and format to the specified email provided within the template.

(2) An ACO shall work with the state to resolve any questions the state may have regarding the report, and provide additional data within 15 days of a request or as specified by the state.

KEY: Medicaid, reporting requirements

Date of Last Change: August 17, 2023

Authorizing, and Implemented or Interpreted Law: 26B-1-202; 26B-3-108; 26B-3-506