

UTAH MEDICAID ICF/ID NURSING FACILITY
Quality Improvement Incentive (2)(d)(i)(B)
PROPOSAL Rule R414-504-5

This form and all supporting documentation must be emailed according to State Plan.

Facility Name: _____

National Provider ID: _____ Administrator: _____

To qualify, facilities must complete 2 of the 5 programs. Select the programs your facility is proposing to complete for the SFY.

Program D: Employment, vocational, or life skills training opportunity program

Please mark all that are complete:

- This facility is proposing an employment, vocational, or life skills training opportunity program.
- The facility is proposing to execute the following element(s) (Mark all that apply).
- Employment opportunity (unless the individual is in school or retirement age).
 - Vocational opportunity as required through the state vocational rehabilitation office (unless the individual is of retirement age).
 - Life skills training (for individuals of retirement age, retirement activities and outings).

Please attach a document describing how your facility proposes to execute the employment, vocational, or life skills training opportunity program, uniquely tailored to each individual.

Program E: Work assessment program

Please mark all that are complete:

- This facility is proposing a work assessment program.
- The facility is proposing to execute the following elements as required for the work assessment program for each resident which include:
- Cognitive,
 - Physical,
 - Social,
 - Behavioral appropriateness, and
 - Communication abilities

Please attach documentation of how your facility proposes to execute the work assessment program in preparation for the work environment.

Program F: Community integration program

Please mark all that are complete:

- This facility is proposing a community integration program.
- The facility is proposing to execute the program utilizing the following elements (all are required):
- Membership,
 - Community opportunity,
 - Normalized errands,
 - Housing,
 - Adaptive equipment,
 - Financial services,
 - Healthcare services,
 - Individualized interests, and
 - Transportation services

Please attach documentation of how your facility proposes to execute the community integration program.

Program G: Staff education program

Please mark all that are complete:

- This facility is proposing a staff education program.
- The facility is proposing to execute the following element(s) (all are required):
- Resident rights and
 - Community opportunity and integration resources

Please attach documentation of how your facility proposes to execute the staff education program.

Program H: COVID-19 vaccination program

- Please mark all that are complete:
This facility is proposing a COVID-19 vaccination program.
- The facility is proposing to execute the following required elements (all are required):
- List of Employees who received the full vaccination regimen (includes those who were fully vaccinated prior to the start of SFY 2023),
 - Verification the employee received the incentive, and
 - Employee signatures attesting to each employee having met the parameters.

Please attach documentation of how your facility proposes to execute the COVID-19 staff vaccination program for all staff members who have or will elect to receive the full regimen of the vaccine.

Qualifying facilities may, overall, receive up to the amount on the website per Medicaid Certified bed (count as of 7/1) under this incentive (2)(d)(i)(B). This incentive is part of incentive (2)(d)(i) which requires completion of two programs (D, E, F, G, or H).

*****The initial proposal may qualify for 25% of the facility's base maximum allowable incentive payment (amount x Medicaid Certified bed count). *****

Amount Requested: \$ _____

Please ensure that all the supporting documentation is included. Failure to include all of the above detailed information will prevent the facility from qualifying.

By submitting this proposal, I certify that all of the above criteria have been met.

Administrator Signature: _____ Date: _____

Email to: qii@utah.gov

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