Citation

42 CFR 431.15
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

42 CFR 431.202 AT-79-29 AT-80-34

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

T.N. # 74-23 Approval Date 6-3-74

Supersedes T.N. # Effective Date 6-3-74
4.3 Safeguarding Information on Applicants and Recipients

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

All other requirements of 42 CFR Part 431, Subpart F are met.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.4 Medicaid Quality Control

42 CFR 431.800(c) (a) A system of quality control is implemented in accordance
50 FR 21839 with 42 CFR Part 431, Subpart P.
1903(u)(1)(D) of (b) The State operates a claims processing assessment
the Act, system that meets the requirements of 431.800(e), (g), (h),
P.L. 99-509 (j), and (k).
(Section 9407) Yes.

X Not applicable. The State has an approved Medicaid
Management Information System (MMIS).

T.N. # 87-32 Approval Date 7-9-87
Supersedes T.N. # 85-26 Effective Date 4-1-87
4.5 Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 455.23 for prevention and control of program fraud and abuse.
Citation

Section 1902(a)(64) of the Act
P.L. 105-33

4.5 **Medicaid Agency Fraud Detection and Investigation Program**

The Medicaid Agency has established a mechanism to receive reports from beneficiaries and others and compile data concerning alleged instances of waste, fraud, and abuse relating to the operation of this title.

T.N. # 99-07 Approval Date 9-02-99

Supersedes T.N. # New Effective Date 7-1-99
4.5 Medicaid Recovery Audit Contractor Program

<table>
<thead>
<tr>
<th>Citation</th>
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<tr>
<td>Subsection 1902(a)(42)(B)(i) of the Social Security Act</td>
<td>The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State Plan and under any waiver of the State Plan.</td>
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<tr>
<td>Subsection 1902(a)(42)(B)(ii)(I) of the Social Security Act</td>
<td>The State is seeking an exception to establishing such program for the following reasons: Utah is completing the procurement process for a new Recovery Audit Contractor (RAC). The statute requires that &quot;under such contracts, payment shall be made to such a contractor only from amounts recovered.&quot; Due to Utah's recent change in statute that requires the State to use a flat fee instead of a contingency fee, initial flat-fee payments may not come directly from recoveries. The State, however, has a plan to ensure that over time, flat-fee payments will not be higher than related recoveries. Within a given fiscal year, the State will compare the absolute value of RAC identified over or under payments to the flat fees paid to the RAC in order to demonstrate that the State is in compliance with the intent of this particular statute. In the event, that flat fees for a given fiscal year are larger than the absolute value of cumulative adjustments, the State will not seek federal financial participation for this difference.</td>
</tr>
<tr>
<td>Subsection 1902(a)(42)(B)(ii)(II)(aa) of the Social Security Act</td>
<td>Subsection 1902(a)(42)(B)(ii)(II)(aa) of the Social Security Act requires the State to make payments to the RAC on a contingent basis for collecting overpayments. The State requests an exception to this requirement due to a change in statute that prevents the State from paying on a contingency basis (See S.B. 61 of the 2015 General Session of the Utah Legislature). Regulation requires that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State also requests an exception this regulation, but is doing the following to comply with the intent of the law: Total yearly recoveries for the RAC (including the absolute value of underpayments) are expected to meet or exceed the target for the year. The target is based on the annual flat-fee amount being paid multiplied by 10. Every six months, formal monitoring of year-to-date RAC recoveries will take place where Medicaid will reserve the right after one year to renegotiate the annual flat fee if recoveries and adjustments are significantly higher or lower than expectations.</td>
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T.N. # 16-0027
Supersedes T.N. # 16-018
Approval Date 11-8-16
Effective Date 10-1-16
| Subsection 1902(a)(42)(B)(ii)(b) of the Act | X_ The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee): Payments to Utah's Medicaid RAC for identification and recovery of underpayments will be part of a monthly flat fee. This monthly flat fee will serve as payment for identification and recovery of overpayments as well. |
| Subsection 1902(a)(42)(B)(ii)(II) of the Act | X_ The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s). |
| Subsection 1902(a)(42)(B)(ii)(IV)(aa) of the Act | X_ The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State Plan or a waiver of the plan. |
| Subsection 1902(a)(42)(B)(ii)(IV)(bb) of the Act | X_ The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share. |
| Subsection 1902(a)(42)(B)(ii)(IV)(cc) of the Act | X_ Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State Plan or waiver in the State, and/or State and Federal Law enforcement entities and the CMS Medicaid Integrity Program. |

T.N. # 16-0027 Approval Date 11-8-16
Supersedes T.N. # 10-018 Effective Date 10-1-16
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation  4.6 Reports

42 CFR 431.16
AT-79-29

The Medicaid agency will submit all reports in the form and with
the content required by the Secretary, and will comply with
any provisions that the Secretary finds necessary to verify and
assure the correctness of the reports. All requirements of 42
CFR 431.16 are met.

T.N. # 77-34 Approval Date 1-11-78
Supersedes T.N. # Effective Date 10-1-77
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.7 Maintenance of Records

42 CFR 431.17 AT-79-29

The Medicaid agency maintains or supervises the maintenance
of records necessary for the proper and efficient operation of
the plan, including records regarding applications,
determination of eligibility, the provision of medical assistance,
and administrative costs, and statistical, fiscal and other
records necessary for reporting and accountability, and retains
these records in accordance with Federal requirements. All
requirements of 42 CFR 431.17 are met.

T.N. # 77-34 Approval Date 1-11-78
Supersedes T.N. # Effective Date 10-1-77
4.8 Availability of Agency Program Manuals

Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.18 are met.

T.N. # 74-20 Approval Date 6-13-74

Supersedes T.N. # Effective Date 4-15-74
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.9 Reporting Provider Payments to the Internal Revenue Service
42 CFR 433.37
AT-78-90

There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.10 Free Choice of Providers

42 CFR 431.51
AT-78-90
48 FR 48524

(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.

48 FR 23212
1902(a)(23)
of the Act
P.L. 100-93
(Section 8(f))
P.L. 100-203
(Section 4113)

(b) Paragraph (a) does not apply to services furnished to an individual --

(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or
(2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or
(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act, or
(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or

Section 1902(a)(23)
of the Act
P.L. 105-33

Section 1932(a)(1)
Section 1905(t)

(5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to limitations in paragraph (c).

(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); a managed care organization, prepaid inpatient health plan, prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905(a)(4)(c).

T.N. # 03-016 Approval Date 3-3-04
Supersedes T.N. # 59-007 Effective Date 10-1-03
4.11 Relations with Standard-Setting and Survey Agencies

(a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is the UTAH STATE DEPARTMENT OF HEALTH.

(b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is the UTAH STATE DEPARTMENT OF HEALTH.

(c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ____________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.11 Relations with Standard-Setting and Survey Agencies

42 CFR 431.610 (d) The UTAH STATE DEPARTMENT OF HEALTH, which is the State agency responsible for licensing health institutions, determines if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610(e), (f) and (g) are met.

T.N. # HOD-06 Approval Date 8-8-80

Supersedes T.N. # 74-20 Effective Date 5-8-79
Citation 4.12 Consultation to Medical Facilities

42 CFR 431.105(b)
AT-78-90

(a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105(b).

(b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105(b).

___ Yes, as listed below:

X Not applicable. Similar services are not provided to other types of medical facilities.

T.N. # HOD-06 Approval Date 8-8-80
Supersedes T.N. # 74-08 Effective Date 5-8-79
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

42 CFR 431.107 (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.

42 CFR Part 483, 1919 of the Act (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.

42 CFR Part 483, Subpart D (c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.

1920 of the Act (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.

Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

T.N. # 91-20 Approval Date 11-13-91
Supersedes T.N. # 87-32 Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.13 Required Provider Agreement (Continued)

1902 (a)(58) 1902 (w)

(e) For each provider receiving funds under the plan, all the
Requirements for advance directives of section 1902(w) are met:

(1) Hospitals, nursing facilities, providers of home health care, or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:

(a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives;

(b) Provide written information to all adult individuals on their policies concerning implementation of such rights;

(c) Document in the individual's medical records whether or not the individual has executed an advance directive;

(d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;

T.N. # 03-016 Approval Date 3-3-04

Supersedes T.N. # New Effective Date 10-1-03
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.13 Required Provider Agreement (Continued)

(e) (1) (e) Ensure compliance with requirements of State Law
(whether statutory or recognized by the courts)
concerning advance directives; and

(f) Provide (individually or with others) for education of
staff and the community on issues concerning
advance directives.

(2) Providers will furnish the written information described in
paragraph (1)(a) to all adult individuals at the times
specified below:

(a) Hospitals at the time an individual is admitted as an
inpatient;

(b) Nursing facilities when the individual is admitted as
a resident;

(c) Providers of home health care or personal care
services before the individual comes under the care
of the provider;

(d) Hospice program at the time of initial receipt of
hospice care by the individual from the program;

(e) Managed care organizations, health insuring
organizations, prepaid inpatient health plans, and
prepaid ambulatory health plans (as applicable) at
the time of enrollment of the individual with the
organization.

T.N. # 03-016 Approval Date 3-3-04
Supersedes T.N. # New Effective Date 10-1-03
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ________________________ UTAH ________________________

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.13 Required Provider Agreement (Continued)

(3) ATTACHMENT 4.34-A describes law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives.

____ Not applicable. No State laws or court decisions exist regarding advance directives.

T.N. # __________ 03-016 Approval Date __________ 3-3-04
Supersedes T.N. # __ New Effective Date __________ 10-1-03
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.14 Utilization/Quality Control

42 CFR 431.630
42 CFR 456.2
50 FR 15312
1902(a)(30)(C) and
1902(d) of the
Act, P.L. 99-509
(Section 9431)

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan, guards against excess payments, and assesses the quality of services. The requirements of 42 CFR Part 456 are met:

X Directly

By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO). The contract with the PRO--

(1) Meets the requirements of §434.6(a);
(2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
(3) Identifies the services and providers subject to PRO review;
(4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
(5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

X A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E of each managed care organization, prepaid inpatient health plan, and health insuring organization under contract, except where exempted by the regulation.

T.N. # 05-006 Approval Date 5-20-05
Supersedes T.N. # 91-028 Effective Date 1-1-05
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

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Citation 4.14 Utilization/Quality Control (Continued)

42 CFR 456.2  (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

_____ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

_____ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

_____ All hospitals (other than mental hospitals).

_____ Those specified in the waiver.

_____ No waivers have been granted.

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T.N. # 85-24 Approval Date 10-24-85
Supersedes T.N. # 81-07 Effective Date 7-1-85
Citation 4.14 Utilization/Quality Control (Continued)

42 CFR 456.2 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

___ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

___ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

___ All mental hospitals.

___ Those specified in the waiver.

X No waivers have been granted.

___ Not applicable. Inpatient services in mental hospitals are not provided under this plan.

T.N. # 85-26 Approval Date 10-21-85

Supersedes T.N. # 85-24 Effective Date 8-1-85
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ________________________ UTAH ________________________

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation
42 CFR 456.2
50 FR 15312

4.14 Utilization/Quality Control (Continued)

(d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

_____ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

X Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

X All skilled nursing facilities.

_____ Those specified in the waiver.

_____ No waivers have been granted.

T.N. # ______ 85-24 Approval Date 10-24-85
Supersedes T.N. # ______ 81-07 Effective Date 7-1-85
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.14 Utilization/Quality Control (Continued)

42 CFR 456.2 x (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

___ Facility-based review.

x Direct review by personnel of the medical assistance unit of the State agency.

___ Personnel under contract to the medical assistance unit of the State agency.

___ Utilization and Quality Control Peer Review Organizations.

___ Another method as described in ATTACHMENT 4.14-A.

___ Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.

___ Not applicable. Intermediate care facility services are not provided under this plan.

T.N. # 85-24 Approval Date 10-24-85
Supersedes T.N. # 81-07 Effective Date 7-1-85
42 CFR 438.356(e) 
45 CFR Part 74
(f) For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR Part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354
42 CFR 438.356(b) and (d) 
The State must ensure that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review-related activities, meets the competence and independence requirements found in 42 CFR 438 Subpart E.

Not Applicable
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ______________ UTAH ______________

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.15 Inspection of Care in Intermediate Care Facilities for the Mentally Retarded, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals

42 CFR Part 456 Subpart I, and 1902(a)(31) and 1903(g) of the Act

— The State has contracted with a Peer Review Organization (PRO) to perform inspection of care for:

— ICFs/MR;

— Inpatient psychiatric facilities for recipients under age 21; and

— Mental Hospitals.

42 CFR Part 456 Subpart A and 1902(a)(30) of the Act

X All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services.

— Not applicable with respect to intermediate care facilities for the mentally retarded services; such services are not provided under this plan.

— Not applicable with respect to services for individuals age 65 or over in institutions for mental disease; such services are not provided under this plan.

— Not applicable with respect to inpatient psychiatric services for individuals under age 21; such services are not provided under this plan.

T.N. # 93-35 Approval Date 12-6-93

Supersedes T.N. # 76-18 Effective Date 10-1-93
Citation 42 CFR 431.615(c) AT-78-90

4.16 Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with title V grantees, that meet the requirements of 42 CFR 431.615.

ATTACHMENT 4.16-A describes the cooperative arrangements with the health and vocational rehabilitation agencies.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

Citation 4.17 Liens and Adjustments or Recoveries

42 CFR 433.36(c)
1902(a)(18) and
1917(a) and (b) of
the Act

(a) Liens

___ The state imposes liens against an individual's real
property on account of medical assistance paid or to be paid.

The State complies with the requirements of section 1917(a) of the Act
and regulations at 42 CFR 433.36(c)(g) with respect to any lien
imposed against the property of any individual prior to her death on
account of medical assistance paid or to be paid on his or her behalf.

___ The State imposes liens on real property on account of benefits
incorrectly paid.

X The State imposes TEFRA liens 1917(a)(1)(B) on real property of an
individual who is an inpatient of a nursing facility, ICF/MR, or other
medical institution, where the individual is required to contribute toward
the cost of institutional care all but a minimal amount of income
required for personal needs.

The procedures by the State for determining that an institutionalized
individual cannot reasonably be expected to be discharged are
specified in Attachment 4.17-A. (NOTE: If the State indicates in its
State plan that it is required to determine whether an institutionalized
individual is permanently institutionalized and afford these individuals
notice, hearing procedures, and due process requirements).

X The State imposes liens on both real and personal property of an
individual after the individual's death.

T.N. # 19-0009 Approval Date 8-16-19
Supersedes T.N. # 19-0009 Effective Date 7-1-19
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.17 Liens and Adjustments or Recoveries (Continued)

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36(h)(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

(1) The permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

X Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

(2) The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917(a)(1)(B) (even if it does not impose those liens).

(3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

X In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

All services received and health premiums paid under the State plan.

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Supersedes T.N. # 95-017

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(c) Limitations on Estate Recovery - Medicare Cost Sharing

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost co-payments applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of dual eligibles referenced above.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.17 Liens and Adjustments or Recoveries (Continued)

1917(b)(1)(c) (b) (4) X If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6-A, Supplement 8c (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual’s estate for the amount of assets or resources disregarded.

T.N. # 14-034 Approval Date 9-10-14

Supersedes T.N. # 95-017 Effective Date 10-1-14
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.17 Liens and Adjustments or Recoveries (Continued)

(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b)(2) of the Act and regulations at 42 CFR §433.36(h).

(1) Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individual’s surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.

(2) With respect to liens on the home of any individual who the State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to the cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual’s home:

(a) a sibling of the individual (who was residing in the individual’s home for at least one year immediately before the date that the individual was institutionalized), or

(b) a child of the individual (who was residing in the individual’s home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.

(3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

(4) The State will recover from personal effects only if there are no surviving heirs.

T.N. # 19-0099 Approval Date 8-16-19

Supersedes T.N. # 95-017 Effective Date 7-1-19
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

4.17 Liens and Adjustments or Recoveries (Continued)

(d) Attachment 4.17-A

(1) Specifies the procedures for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the procedure meets the requirements of 42 CFR 433.36(d).

(2) Specifies the criteria by which a son or a daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36(f).

(3) Defines the following terms:

- estate (at a minimum, estate as defined under State probate law). Except for the grandfathered States listed in section 4.17(b)(3), if the State provides a disregard for assets or resources for any individual who received or is entitled to receive benefits under a long term care insurance policy, the definition of estate must include all real, personal property, and assets of an individual (including any property or assets in which the individual had any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life estate, living trust, or other arrangement),
- individual's home,
- equity interest in the home,
- residing in the home for at least 1 or 2 years,
- on a continuous basis,
- discharge from the medical institution and return home, and
- lawfully residing.

T.N. # 95-017

Approval Date 1-11-96

Supersedes T.N. # New

Effective Date 10-1-95
Citation 4.17 Liens and Adjustments or Recoveries (Continued)

(d) (4) Describes the standards and procedures for waiving estate recovery when it would cause undue hardship.

(5) Defines when adjustment or recovery is not cost-effective. Defines cost-effective and includes methodology or thresholds used to determine cost-effectiveness.

(6) Describes collection procedures. Includes advance notice requirements, specifies the method for applying for a waiver, hearing and appeals procedures, and the time frames involved.
4.18 Recipient Cost Sharing and Similar Charges

Deleted 7-1-17
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.18 Recipient Cost Sharing and Similar Charges (Continued)

Deleted 7-1-17

T.N. # 17-0001 Approval Date 8-18-17
Supersedes T.N. # 03-016 Effective Date 7-1-17
4.18 Recipient Cost Sharing and Similar Charges (Continued)

Deleted 7-1-17

T.N. # 17-0001  Approval Date 8-18-17

Supersedes T.N. # 03-016  Effective Date 7-1-17
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________________ UTAH ___________________

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.18 Recipient Cost Sharing and Similar Charges (Continued)

Deleted 7-1-17

T.N. # 17-0001

Approval Date 8-18-17

Supersedes T.N. # 94-01

Effective Date 7-1-17
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.18 Recipient Cost Sharing and Similar Charges (Continued)

Deleted 7-1-17

T.N. # 17-0001 Approval Date 8-18-17
Supersedes T.N. # 94-01 Effective Date 7-1-17
4.18 Recipient Cost Sharing and Similar Charges (Continued)

(b) (4) A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.

(5) For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.

(6) A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

T.N. # 91-20
Supersedes T.N. # 90-15
Approval Date 11-13-91
Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.18 Recipient Cost Sharing and Similar Charges (Continued)

Deleted 7-1-17

T.N. # 17-0001 Approval Date 8-18-17
Supersedes T.N. # 91-20 Effective Date 7-1-17
4.18 **Recipient Cost Sharing and Similar Charges** (Continued)

Deleted 7-1-17

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Supersedes T.N. # 91-20

Effective Date 7-1-17
4.18 Recipient Cost Sharing and Similar Charges (Continued)

Deleted 7-1-17

T.N. # 17-0001  Approval Date 8-18-17
Supersedes T.N. # 94-01  Effective Date 7-1-17
4.18  
Recipiept Cost Sharing and Similar Charges (Continued)

Deleted 7-1-17

T.N. # 17-0001
Approval Date 8-18-17
Supersedes T.N. # 94-01
Effective Date 7-1-17
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ________________ UTAH ________________

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

<table>
<thead>
<tr>
<th>Citation</th>
<th>4.19 Payment for Services</th>
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</thead>
<tbody>
<tr>
<td>42 CFR 447.252 1902(a)(13) 1902(e)(7) and 1923 of the Act</td>
<td>(a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services. ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services. Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act. Inappropriate level of care days are not covered.</td>
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T.N. # ___________ 93-22 ___________ Approval Date ___________ 7-19-93 ___________
Supersedes T.N. # ___________ 91-20 ___________ Effective Date ___________ 4-1-93 ___________
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.19 Payment for Services (Continued)

42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902(a)(13)(E)
1903(a)(1) and (n), 1920, and 1926 of the Act

(b) In addition to the services specified in paragraphs 4.19(a)(d)(k)(l) and (m), the Medicaid agency meets the following requirements:

(1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).

(2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

Sections 13606, 13631 OBRA ‘93

The definition of Federally Qualified Health Centers is treated in accordance with §1905(1)(2)(B) of the Act.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and 1902(a)(30) of the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

T.N. # 94-015
Supersedes T.N. # 93-030

Approval Date 7-13-94
Effective Date 4-1-94
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ____________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.19 Payment for Services (Continued)

42 CFR 447.40
AT-78-90

(c) Payment is made to reserve a bed during a recipient's
temporary absence from an inpatient facility.

X Yes. The State's policy is described in
ATTACHMENT 4.19-C.

No.

T.N. # 77-33 Approval Date 2-1-78
Supersedes T.N. # Effective Date 12-1-77
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation
42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

4.19 Payment for Services (Continued)

(d) (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

(2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

X At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

— At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

— Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

(3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

X At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

— At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

— Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

(4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

T.N. # 06-011
Supersedes T.N. # 87-41

Approval Date 10-31-06
Effective Date 7-1-06
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.19 Payment for Services (Continued)

42 CFR 447.45(c) (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

T.N. # 80-07 Approval Date 3-11-80

Supersedes T.N. # New Effective Date 1-1-80
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.19 Payment for Services (Continued)

42 CFR 447.15  (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.
AT-78-90
AT-80-34
48 FR 5730

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

T.N. # 87-32  Approval Date 7-9-87
Supersedes T.N. # 83-39  Effective Date 4-1-87
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ____________________________________________________________________
UTAH

SECTION 4 - GFNFRAI PROGRAM ADMINISTRATION (Continued)

Citation
42 CFR 447.201
42 CFR 447.202
AT-78-90

4.19 Payment for Services (Continued)

(g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

T.N. # ___________ HOD-07 Approval Date 11-7-79
Supersedes T.N. # ______________ Effective Date 8-6-79
**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**MEDICAL ASSISTANCE PROGRAM**

State: ___________________________ UTÁH

**SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)**

<table>
<thead>
<tr>
<th>Citation</th>
<th>4.19 Payment for Services (Continued)</th>
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<tbody>
<tr>
<td>42 CFR 447.201</td>
<td>(h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.</td>
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<tr>
<td>42 CFR 447.203</td>
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<td>AT-78-90</td>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

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<tr>
<th>Citation</th>
<th>4.19 Payment for Services (Continued)</th>
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<tbody>
<tr>
<td>42 CFR 447.201</td>
<td>(i) The Medicaid agency's payments are sufficient to enlist</td>
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<td>42 CFR 447.204</td>
<td>enough providers so that services under the plan are</td>
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<td>AT-78-90</td>
<td>available to recipients at least to the extent that those</td>
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<td>services are available to the general population.</td>
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T.N. # ___________ HOD-07

Approval Date 11-7-79

Supersedes T.N. # ___________

Effective Date 8-6-79
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.19 Payment for Services (Continued)

42 CFR 447.201 and 447.205

j) The Medicaid agency meets the requirements of CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(v) of the Act

k) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

T.N. # 91-20 Approval Date 11-13-91

Supersedes T.N. # 87-41 Effective Date 10-1-91
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<th>Citation</th>
<th>4.19 Payment for Services (Continued)</th>
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<tbody>
<tr>
<td>1903 (i)(14) of the Act</td>
<td>() The Medicaid agency meets the requirements of section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.</td>
</tr>
<tr>
<td>Section 13624 OBRA '03</td>
<td>Limitation on payment for designated health services is treated in accordance with §1903(s) of the Act.</td>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________ UTHER

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.19 Payment for Services (Continued)

(m) Medicaid Reimbursement for Administration of Vaccines Under the Pediatric Immunization Program.

1928(c)(2) (C)(ii) of the Act

(i) A provider may impose a charge for the Administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows:

(ii) The State:

sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

X sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State. $11.01, plus any authorized rate adjustments for physicians,

but no higher than the maximum regional VFC cap. State developed reimbursement rates are the same for both public and private providers, with the fee schedule and any annual or periodic adjustments to the rates published prior to implementation.

1926 of the Act

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

(1) The State may do a comparison of the Medicaid fees for administration of pediatric vaccines to the administration fees paid by a major insurance company. In order for the State to use this guideline as an equal access assurance, the Medicaid rates for the administration of pediatric vaccines would have to be set at a rate equal to or greater than the private insurance company's rates up to the established State Maximum fee. Also;

T.N. # 05-011 Approval Date 3-15-06
Supersedes T.N. # 94-028 Effective Date 10-1-05
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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State: ____________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.19 Payment for Services (Continued)

(m) (3) (ii) The State may compare the number of Medicaid pediatric practitioners (which includes practitioners listed in section 1925(a)(14)(B) of the Act, who are Medicaid program-registered providers and who have submitted pediatric immunization claims, and the total number of pediatric practitioners providing immunizations to children. The program-registered providers must have at least one Medicaid pediatric immunization claim per month or an average of 12 such claims during the year. The State would need 50 percent participation to show equal access through the use of this guideline.

T.N. # 94-28 Approval Date 12-27-94
Supersedes T.N. # New Effective Date 10-1-94
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ____________________________ UTAH ____________________________

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.20 Direct Payments to Certain Recipients for
          Physicians' or Dentists' Services

42 CFR 447.25(b) AT-78-90

Direct payments are made to certain recipients as specified by, and in accordance with, the
requirements of 42 CFR 447.25.

Yes, for physicians' services

Yes, for dentists' services

ATTACHMENT 4.20-A specifies the conditions under which such payments are made.

X Not applicable. No direct payments are made to recipients.

T.N. # 77-33 Approval Date 2-1-78

Supersedes T.N. # Effective Date 12-1-77
Prohibition Against Reassignment of Provider Claims

42 CFR 447.10(c) Payment for Medicaid services furnished by any provider AT-78-90 under this plan is made only in accordance with the 46 FR 42699 requirements of 42 CFR 447.10.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation                          | 4.22 Third Party Liability |
-----------------------------------|----------------------------|
433.137(a)                        | (a) The Medicaid agency meets all requirements of 42 CFR 433.138 and 433.139. |
50 FR 46652                        |                            | (b) ATTACHMENT 4.22-A -- |
55 FR 1423                         |                            | (1) Specifies the frequency with which the |
                                   |                            | data exchanges required in |
433.138(f)                        |                            | §433.138(d)(1), (d)(3) and (d)(4) and the |
52 FR 5967                         |                            | diagnosis and trauma code edits required |
                                   |                            | in §433.138(e) are conducted; |
433.138(g)(1)(ii)                  | (2) Describes the methods the agency uses for |
52 FR 5967                         |                            | meeting and (2)(ii) the followup requirements |
                                   |                            | contained in §433.138(g)(1)(i) and (g)(2)(i); |
433.138(g)(3)(i) and (ii)          | (3) Describes the methods the agency uses for |
52 FR 5967                         |                            | following up on information obtained through the |
                                   |                            | State motor vehicle accident report file data |
                                   |                            | exchange required under §433.138(d)(4)(ii) and |
                                   |                            | specifies the time frames for incorporation into the |
                                   |                            | eligibility case file and into its third party data base |
                                   |                            | and third party recovery unit of all information |
                                   |                            | obtained through the followup that identifies legally |
                                   |                            | liable third party resources; and |
433.138(g)(4)(i) through (iii)    | (4) Describes the methods the agency uses for |
52 FR 5967                         |                            | following up on paid claims identified under |
                                   |                            | under §433.138(e) (methods include a procedure |
                                   |                            | for periodically identifying those trauma codes that |
                                   |                            | yield the highest third party collections and giving |
                                   |                            | priority to following up on those codes) and |
                                   |                            | specifies the time frames for incorporation into the |
                                   |                            | eligibility case file and into its third party data base |
                                   |                            | and third party recovery unit of all information |
                                   |                            | obtained through the followup that identifies legally |
                                   |                            | liable third party resources. |

T.N. # 60-06                      | Approval Date 4-17-90      |
Supersedes T.N. # 87-41           | Effective Date 4-1-90      |
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.22 Third Party Liability (Continued)

433.139(b)(3) (ii) (A) X (c) Providers are required to bill liable third parties when
services covered under the plan are furnished on an individual
on whose behalf child support enforcement is being carried by
the State IV-D agency.

55 FR 1423

(d) ATTACHMENT 4.22-B specifies the following:

433.139(b)(3) (ii) (C) FR 1423

433.139(f)(2) 50 FR 46652 (1) The method used in determining a
provider’s compliance with the third party billing
requirements at 433.139(b)(3)(ii)(C).

433.139(f)(3) 50 FR 46652 (2) The threshold amount or other guideline
used in determining whether to seek
reimbursement from a liable
third party, or the process by which the
agency determines that seeking recovery of
reimbursement would not be cost effective.

42 CFR 447.20 55 FR 1423 (e) The Medicaid agency ensures that the provider
furnishing a service for which a third party is liable
follows the restrictions specified in 42 CFR 447.20

1902(a) of the Act (f) The Medicaid agency prohibits insurers from
denying or reducing benefits otherwise payable
in behalf of a person because that person is Medicaid
eligible.

1902(a) of the Act (g) The Medicaid agency provides that to the extent
that other parties are legally liable to pay for medical
services for a Medicaid recipient, those parties must
repay the State for expenditures it has made in behalf
of the recipient.

1902(a) of the Act (h) The Medicaid agency ascertains the liability of third
parties, including service benefit plans, HMOs, and
group health plans under ERISA.

1903(c) of the Act (i) FFP is not available for expenditures that would
otherwise, but for limiting contract provisions, be paid by
service benefit plans, HMOs, and group health plans under
ERISA.

T.N. # 93-40 Approval Date 2-22-94
Supersedes T.N. # 93-06 Effective Date 10-1-93
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ____________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

<table>
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<tr>
<th>Citation</th>
<th>422</th>
<th>Third Party Liability (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR 433.151(a)</td>
<td></td>
<td>(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with at least one of the following: (Check as appropriate.)</td>
</tr>
<tr>
<td>50 FR 46652</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>— State title IV-D agency The requirements of 42 CFR 433.152(b) are met.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X Other appropriate State agency(s)— Office of Recovery Services, Department of Human Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>— Other appropriate agency(s) of another State—</td>
</tr>
<tr>
<td></td>
<td></td>
<td>— Courts and law enforcement officials.</td>
</tr>
<tr>
<td>42 CFR 433.151(b)</td>
<td></td>
<td>(g) The Medicaid agency meets the requirements of 42 CFR 433.153 and 433.154 for making incentive payments and for distributing third party collections.</td>
</tr>
<tr>
<td>50 FR 46652</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1906 of the Act</td>
<td></td>
<td>(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>— The Secretary's method as provided in the State Medicaid Manual, Section 3910.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X The State provides methods for determining cost effectiveness on Att.4.22-C</td>
</tr>
</tbody>
</table>

T.N. # __________ 91-025  Approval Date __________ 7-10-92

Supersedes T.N. # __________ $7-7  Effective Date __________ 12-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________________________ UTAH ___________________________

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.23 Use of Contracts

42 CFR Part 434.4
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

48 FR 54013

[ ] Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. The contracts are with:

[ ] A Managed Care organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2.

[ ] A Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2.

[ ] A Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.

[ ] Not applicable.

T.N. # 03-016 Approval Date 3-3-04
Supersedes T.N. # 84-04 Effective Date 10-1-03
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

42 CFR 442.10

With respect to nursing facilities and intermediate care facilities for the mentally retarded, all applicable requirements of 42 CFR Part 442, Subparts B and C are met.

and 442.100
AT-78-90
AT-79-18
AT-80-25
AT-80-34

52 FR 32544
P.L. 100-203
(Sec. 4211)
54 FR 5316
56 FR 48826

T.N. # ___________ 94-11

Approval Date __4-21-94__

Supersedes T.N. # __81-18__

Effective Date __4-1-94__
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation
42 CFR 431.702
AT-78-90

4.25 Program for Licensing Administrators of Nursing Homes
The State has a program that, except with respect to
Christian Science sanatoria, meets the requirements of 42
CFR Part 431, Subpart N, for the licensing of nursing
home administrators.

T.N. # 74-5
Approval Date 12-3-73

Supersedes T.N. #
Effective Date 12-3-73
**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**
**MEDICAL ASSISTANCE PROGRAM**

State: UTAH

**SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)**

<table>
<thead>
<tr>
<th>Citation</th>
<th>Drug Utilization Review Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1927(g)</td>
<td>(a)(1) The Medicaid agency meets the</td>
</tr>
<tr>
<td>42 CFR 456.700</td>
<td>requirements of Section 1927(g) of the Act</td>
</tr>
<tr>
<td>1902(a)(85) and Section 1004 of the</td>
<td>for a drug use review (DUR) program for</td>
</tr>
<tr>
<td>Substance Use-Disorder Prevention</td>
<td>outpatient drug claims and the provisions in</td>
</tr>
<tr>
<td>that Promotes Opioid Recovery and</td>
<td>Section 1004 of the Substance Use-</td>
</tr>
<tr>
<td>Treatment for Patients and Communities Act (SUPPORT Act)</td>
<td>Disorder Prevention that promotes Opioid</td>
</tr>
<tr>
<td></td>
<td>Recovery and Treatment for Patients and Communities Act (SUPPORT Act)</td>
</tr>
<tr>
<td>1927(g)(1)(A)</td>
<td>(2) The DUR program assures that</td>
</tr>
<tr>
<td>42 CFR 456.705(b) and</td>
<td>prescriptions for outpatient drugs are:</td>
</tr>
<tr>
<td>456.709(b)</td>
<td>- Appropriate</td>
</tr>
<tr>
<td>1902(a)(85) and Section 1004 of the</td>
<td>- Medically necessary</td>
</tr>
<tr>
<td>Substance Use-Disorder Prevention</td>
<td>- Are not likely to result in adverse medical</td>
</tr>
<tr>
<td>that Promotes Opioid Recovery and</td>
<td>results.</td>
</tr>
<tr>
<td>Treatment for Patients and Communities Act (SUPPORT Act)</td>
<td>(b)(1) The DUR program is designed to educate</td>
</tr>
<tr>
<td></td>
<td>physicians and pharmacists to identify and</td>
</tr>
<tr>
<td></td>
<td>reduce the frequency of patterns of fraud,</td>
</tr>
<tr>
<td></td>
<td>abuse, gross overuse, excessive utilization,</td>
</tr>
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<td></td>
<td>or inappropriate or medically unnecessary</td>
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<td></td>
<td>care, or prescribing or billing practices that</td>
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<td></td>
<td>indicate abuse or excessive utilization</td>
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<td>among physicians, pharmacists, and patients</td>
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<td></td>
<td>or associated with specific drugs as well as:</td>
</tr>
<tr>
<td></td>
<td>- Potential and actual adverse drug reactions</td>
</tr>
<tr>
<td></td>
<td>- Therapeutic appropriateness</td>
</tr>
<tr>
<td></td>
<td>- Overutilization and underutilization</td>
</tr>
<tr>
<td></td>
<td>- Appropriate use of generic products</td>
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<tr>
<td></td>
<td>- Therapeutic duplication</td>
</tr>
<tr>
<td></td>
<td>- Drug disease contraindications</td>
</tr>
<tr>
<td></td>
<td>- Drug-drug interactions</td>
</tr>
<tr>
<td></td>
<td>- Incorrect drug dosage or duration</td>
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<tr>
<td></td>
<td>- Drug treatment</td>
</tr>
<tr>
<td></td>
<td>- Drug-allergy interactions</td>
</tr>
<tr>
<td></td>
<td>- Clinical abuse/misuse</td>
</tr>
</tbody>
</table>

Approval Date: 2-11-2020
Effective Date: 10-1-19
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

1902(e)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

(2) The State meets Medicaid DUR provisions included in Section 1004 of the SUPPORT Act by implementing the following policies and oversight for Medicaid recipients:

Claims Review Limitations:
- Prospective safety edits on opioid prescriptions to address days’ supply, early refills, duplicate fills and quantity limitations for clinical appropriateness.
- Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalents (as recommended by clinical guidelines).
- Retroactive reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.
- Retroactive reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.

Programs to monitor antipsychotic medications to children: Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines.

Fraud and abuse identification: The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers, and pharmacies.

(3) The Medicaid agency has a pharmacy Lock-In program that limits pharmacy services to a single pharmacy for recipients who have shown patterns of abuse or misuse of controlled substances.

(c) The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:
  - American Hospital Formulary Service Drug Information
  - United States Pharmacopoeia-Drug Information
  - American Medical Association Drug Evaluations

T.N. 19-0018
Supersedes 93-13

Approval Date 2-11-2020
Effective Date 10-1-19
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

42 CFR 458.703(b) (d)
1927(g)(1)(D)
42 CFR 468.703(b)
1802(a)(85) and Section 1004 of the
Substance Use-Disorder Prevention that
Promotes Opioid Recovery and Treatment
for Patients and Communities Act
(SUPPORT Act)

42 CFR 468.703(b) (d)
1927(g)(2)(A)
42 CFR 468.705(b) (e)
1927(g)(2)(A)(I)
42 CFR 468.705(b), (1)-(7) (e)

Drug Utilization Review Program (Continued)

(d) DUR is not required for drugs dispensed to residents of
nursing facilities that are in compliance with drug regimen
review procedures set forth in 42 CFR 483.60. The State has
nevertheless chosen to include nursing home drugs in:

X Prospective DUR
X Retrospective DUR

(e) The DUR program includes prospective review of
drug therapy at the point of sale or point of
distribution before each prescription is filled or
delivered to the Medicaid recipient. Prospective DUR includes screening each
prescription filled or delivered to an individual
receiving benefits for potential drug therapy problems
receiving benefits for potential drug therapy problems
due to:

- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Drug-interactions with non-prescription or
over-the-counter drugs
- Incorrect drug dosage or duration
of drug treatment
- Drug allergy interactions
- Clinical abuse/misuse

(3) Prospective DUR includes counseling for Medicaid
recipients based on standards established by State
law and maintenance of patient profiles.

(4) Prospective DUR includes automated POS claims
review process that triggers alerts and rejects
claims based on predetermined standards.

T.N. # 19-0018
Supersedes T.N.# 93-13

Approval Date 2-11-2020
Effective Date 10-1-19
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL
ASSISTANCE PROGRAM

UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation  4.26  Drug Utilization Review Program (Continued)

1227(g)(2)(B)
42 CFR 456.709(b)

(g) (1) The DUR program includes retrospective DUR through its mechanismed drug claims processing and information retrieval system or otherwise which undertakes to identify:
- Patterns of fraud and abuse
- Gross overuse
- Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

1227(g)(2)(C)
42 CFR 466.711

(g) (2) The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:
- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Incorrect drug dosage/duration of drug treatment
- Clinical abuse/insufficiency

1227(g)(2)(D)
42 CFR 456.711

(g) (3) The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.

1227(g)(3)(A)
466.710(a)

(a) (1) The DUR program has established a State DUR Board either:
- Under contract with a private organization

1227(g)(3)(B)
42 CFR 466.710

(A) AND (B)

(a) (2) The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 91 percent licensed and actively practicing physicians) with knowledge and experience in one or more the following:
- Clinically appropriate prescribing of covered outpatient drugs.
- Clinically appropriate dispensing and monitoring of covered outpatient drugs.
- Drug use review, evaluation and intervention.
- Medical quality assurance.

1227(g)(3)(C)
42 CFR 466.710(d)

(a) (3) The activities of the DUR Board include:
- Retrospective DUR,
- Application of Standards as defined in Section 1227(g)(2)(C), and
- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

T.N. # 19-0018
Supersedes T.N. # 93-13

Approval Date 2-11-2020
Effective Date 10-1-19
4.27 Disclosure of Survey Information and Provider or Contractor Evaluation

The Medicaid Agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

T.N. # 80-6
Approval Date 5-22-80
Supersedes T.N. #
Effective Date 1-1-80
Citation 4.28 Appeals Process

42 CFR 431.152;

AT-79-18
52 FR 22444;
Secs.
1902(a)(28)(D)(i)

and 1919(e)(7) of
the Act; P.L.

100-203 (Sec. 4211(c));

(a) The Medicaid agency has established appeals procedures for the NFs as specified in 42 CFR 431.153 and 431.154.

(b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

T.N. # 93-12 Approval Date 4-30-93
Supersedes T.N. # 88-19 Effective Date 4-1-93
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.29 Conflict of Interest Provisions

Sec. 1902(a)(4)(C) The Medicaid agency meets the requirements of Section of the Act 1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that are prohibited by Section 207 of Title 18, United States Code.

P.L. 105-33

1902(a)(4)(D) The Medicaid agency meets the requirements of Section of the Act 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under Section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

P.L. 105-33

1932(d)(3) 42 CFR 438.58

T.N. # 03-016 Approval Date 3-3-04

Supersedes T.N. # 99-007 Effective Date 10-1-03
4.30 Exclusion of Providers and Suspension of Practitioners and Other Individuals

(a) All requirements of 42 CFR Part 1002, Subpart B are met.

The agency, under the authority of State law, imposes broader sanctions.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.30    Exclusion of Providers and Suspension of Practitioners and Other Individuals (Continued)

1902(p) of the Act
P.L. 100-93
(Secs. 7)    (b)    The Medicaid agency meets the requirements of--

(1) Section 1902(p) of the Act by excluding from participation--

(i) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

(ii) Any MCO (as defined in section 1903(m) of the Act) or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that--

(A) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or

(B) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(3)(B) of the Act.

1932(d)(1)
42 CFR 438.610    (2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance the State will comply with the requirements of 42 CFR 438.610 (c).

T.N. # 03-016    Approval Date 3-3-04

Supersedes T.N. # 87-42    Effective Date 10-1-03
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: __________________________  UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation
1902(a)(39) of the Act (2)
Section 1902(a)(39) of the Act by--
P.L. 100-93
(Sec. 8(f))

(A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and

(B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.

(c) The Medicaid agency meets the requirements of --

1902(a)(41)
of the Act
P.L. 96-272
(sec. 308(c))

1. Section 1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State plan; and

2. Section 1902(a)(49) of the Act with respect providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

T.N. # ___________ 87-42 Approval Date __12-29-87____

Supersedes T.N. # ___________ Effective Date __10-1-87____
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ____________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.31 Disclosure of Information by Providers and Fiscal Agents

455.103
44 FR 41644
1902(a)(38)
of the Act
P.L. 100-93
(Sec. 8(f))

435.940 through 435.960
52 FR 5967
54 FR 8738

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

4.32 Income and Eligibility Verification System

(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.

(b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

(c) The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other States. The information that is requested will be exchanged with States and other entities legally entitled to verify Title XIX applicants and individuals eligible for covered Title XIX services consistent with applicable PARIS agreements.

T.N. # 10-019 Approval Date 12-17-10

Supersedes T.N. # 87-42 Effective Date 10-1-10
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.33 Medicaid Eligibility Cards for Homeless Individuals

1902(a)(48) of the Act,
P.L. 99-570 (Section 11005)
P.L. 100-93 (Sec. 5(a)(3))

(a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.

(b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

T.N. # 87-42 Approval Date 12-29-87
Supersedes T.N. # 87-32 Effective Date 10-1-87
4.34 Systematic Alien Verification for Entitlements

The State Medicaid agency has established procedures for the verification of alien status through the Immigration & Naturalization Service (INS) designated system, Systematic Alien Verification for Entitlements (SAVE), effective October 1, 1988.

___ The State Medicaid agency has elected to participate in the option period of October 1, 1987 to September 30, 1988, to verify alien status through the INS designated system (SAVE).

___ The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.

   ___ Total waiver
   ___ Alternative system
   ___ Partial implementation

T.N. # 88-19  Approval Date 11-22-88
Supersedes T.N. #                Effective Date 10-1-88
Enforcement of Compliance for Nursing Facilities

(a) Notification of Enforcement Remedies

When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR 488.402(f).

(i) The notice (except for civil money penalties and State monitoring) specifies the:
   (1) nature of noncompliance,
   (2) which remedy is imposed,
   (3) effective date of the remedy, and
   (4) right to appeal the determination leading to the remedy.

(ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434.

(iii) Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.

(iv) Notification of termination is given to the facility and

(b) Factors to be Considered in Selecting Remedies

(1) In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR 488.404(b)(1) & (2).

(2) The State considers additional factors. Attachment 4.35-A describes the State’s other factors.

T.N. # 95-13
Supersedes T.N. # New

Approval Date 9-28-95
Effective Date 7-1-95
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

<table>
<thead>
<tr>
<th>Citation</th>
<th>Enforcement of Compliance for Nursing Facilities (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR §488.410</td>
<td>(c) Application of Remedies</td>
</tr>
<tr>
<td>42 CFR §488.417(b)</td>
<td>(i) If there is immediate jeopardy to resident health or safety, the State terminates the NF’s provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.</td>
</tr>
<tr>
<td>§1919(h)(2)(C) of the Act</td>
<td>(ii) The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.</td>
</tr>
<tr>
<td>42 CFR §488.414</td>
<td>(iii) The State imposes the denial of payment for new admissions remedy as specified in §488.417 (or its approved alternative) and a State monitor as specified at §488.422, when a admissions remedy as specified in §488.417 or when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.</td>
</tr>
<tr>
<td>§1919(h)(2)(D) of the Act</td>
<td>(iv) The State follows the criteria specified at 42 CFR §488.408(c)(2), §488.408(d)(2), and §488.408(e)(2), when it imposes remedies in place of or in addition to termination.</td>
</tr>
<tr>
<td>42 CFR §488.408</td>
<td>(v) When immediate jeopardy does not exist, the State terminates an NF’s provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR §488.412(a) are not met.</td>
</tr>
<tr>
<td>1919(h)(2)(A) of the Act</td>
<td>(d) Available Remedies</td>
</tr>
<tr>
<td>42 CFR §488.412(a)</td>
<td>(1) The State has established the remedies defined in 42 CFR §488.408(b).</td>
</tr>
<tr>
<td>42 CFR §488.408(b)</td>
<td>X (1) Termination</td>
</tr>
<tr>
<td>§1919(h)(2)(A) of the Act</td>
<td>X (2) Temporary Management</td>
</tr>
<tr>
<td>§488.408(e)(2)</td>
<td>X (3) Denial of Payment for New Admissions</td>
</tr>
<tr>
<td>(4) Civil Money Penalties</td>
<td>X (4) Transfer of Residents;</td>
</tr>
<tr>
<td>(5) Transfer of Residents with Closure of Facility</td>
<td>X (6) State Monitoring</td>
</tr>
</tbody>
</table>

Attachments 4.35-B through 4.35-G describe the criteria for applying the above remedies.

Our state statute Section 26-18-3, UCA, and Utah Administrative Rule R414-7C give Utah the authority to impose the remedies as outlined in our State Plan.

T.N. # 95-13
Supersedes T.N. # New

Approval Date 9-28-95
Effective Date 7-1-95
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State: ________________________  UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

<table>
<thead>
<tr>
<th>Citation</th>
<th>4.35</th>
<th>Enforcement of Compliance for Nursing Facilities (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR §488.406(b)</td>
<td>(d) (i)</td>
<td>The State uses alternative remedies. The State has established alternative remedies that the State will impose in place of a remedy specified in 42 CFR §488.406(b).</td>
</tr>
<tr>
<td>§1919(h)(2)(B)(ii) of the Act</td>
<td>(1) Temporary Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Denial of Payment for New Admissions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) Civil Money Penalties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(4) Transfer of Residents; Transfer of Residents with Closure of Facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(5) State Monitoring</td>
<td></td>
</tr>
</tbody>
</table>

Attachments 4.35-B through 4.35-G describe the alternative remedies and the criteria for applying them.

| 42 CFR §488.303(b) | (e) State Incentive Programs |
| 1910(h)(2)(F) of the Act | (1) Public Recognition |
| | (2) Incentive Payments |

N/A

T.N. # 95-13  Approval Date 9-28-95

Supersedes T.N. # New  Effective Date 7-1-95
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________________________ UTAH ___________________________

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.36 Required Coordination Between the Medicaid and WIC Programs

1902(a)(11)(C)

The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a)(53) of the Act.

T.N. # 91-20 Approval Date 11-13-91

Supersedes T.N. # New Effective Date 10-1-91
### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
#### MEDICAL ASSISTANCE PROGRAM

**State:** UTAH

**SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)**

<table>
<thead>
<tr>
<th>Citation</th>
<th>4.38</th>
<th>Nurse Aide Training and Competency Evaluation for Nursing Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR 483.75; 42</td>
<td>(a)</td>
<td>The State assures that the requirements of 42 CFR 483.150(a), which relate to individuals deemed to meet nurse aide training and competency evaluation requirements, are met.</td>
</tr>
<tr>
<td>CFR 483 Subpart D; Secs. 1902(a)(28), 1919(e)(1) and (2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and 4211(a)(3)); P.L. 101-508 (Sec. 4801(a))</td>
<td>(b)</td>
<td>The State waives the competency evaluation requirements for individuals who meet the requirements of 42 CFR 483.150(b)(1).</td>
</tr>
<tr>
<td>X (c)</td>
<td>The State deems individuals who meet the requirements of 42 CFR 483.150(b)(2) to have met the nurse aide training and competency evaluation requirements.</td>
<td></td>
</tr>
<tr>
<td>X (d)</td>
<td>The State specifies any nurse aide training and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.152 and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.154.</td>
<td></td>
</tr>
<tr>
<td>X (e)</td>
<td>The State offers a nurse aide training and competency evaluation program that meets the requirements of 42 CFR 483.152.</td>
<td></td>
</tr>
<tr>
<td>X (f)</td>
<td>The State offers a nurse aide competency evaluation program that meets the requirements of 42 CFR 483.154.</td>
<td></td>
</tr>
</tbody>
</table>

**T.N. #** 91-026  
**Approval Date** 4-15-92  
**Supersedes T.N. #** New  
**Effective Date** 1-1-92
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ____________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

<table>
<thead>
<tr>
<th>Citation</th>
<th>4.38 Nurse Aide Training and Competency Evaluation for Facilities (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR 483.75; 42 CFR 483 Subpart D;</td>
<td>(g) If the State does not choose to offer a nurse aide training and competency evaluation program or nurse aide competency evaluation program, the State reviews all nurse aide training and competency evaluation programs upon request. It reviews all nurse aide training and competency evaluation programs upon request.</td>
</tr>
<tr>
<td>Secs. 1902(a)(28), 1919(e)(1) and (2), and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs 6901(b)(3) and (4)); P.L. 101-508 (Sec.4801(a)).</td>
<td>(h) The State survey agency determines, during the course of all surveys, whether the requirements of 483.75(e) are met.</td>
</tr>
<tr>
<td>(i) Before approving a nurse aide training and competency evaluation program, the State determines whether the requirements of 42 CFR 483.152 are met.</td>
<td></td>
</tr>
<tr>
<td>(j) Before approving a nurse aide competency evaluation program, the State determines whether the requirements of 42 CFR 483.154 are met.</td>
<td></td>
</tr>
<tr>
<td>(k) For program reviews other than the initial review, the State visits the entity providing the program.</td>
<td></td>
</tr>
<tr>
<td>(l) The State does not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in certain facilities as described in 42 CFR 483.151(b)(2) and (3).</td>
<td></td>
</tr>
</tbody>
</table>

T.N. # ____________ 91-028 Approval Date 4-15-92
Supersedes T.N. # ____________ New Effective Date 1-1-92
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

<table>
<thead>
<tr>
<th>Citation</th>
<th>4.38 Nurse Aide Training and Competency Evaluation for Nursing Facilities (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 CFR 483.75; 42</td>
<td>The State, within 90 days of receiving a request for approval of a nurse aide training and competency evaluation program or competency evaluation program, either advises the requestor whether or not the program has been approved or requests additional information from the requestor.</td>
</tr>
<tr>
<td>CFR 483 Subpart D; Secs. 1902(a)(28) 1919(e)(1) and (2) and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec.4801(a))</td>
<td>(n) The State does not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years. training and competency evaluation program for a period longer than 2 years.</td>
</tr>
<tr>
<td>(o)</td>
<td>The State reviews programs when notified of substantive changes (e.g., extensive curriculum modification).</td>
</tr>
<tr>
<td>(p)</td>
<td>The State withdraws approval from nurse aide training and competency evaluation programs and competency evaluation programs when the program is described in 42 CFR 483.151(b)(2) or (3).</td>
</tr>
<tr>
<td>4</td>
<td>The State withdraws approval of nurse aide training and competency evaluation programs that cease to meet the requirements of 42 CFR 483.152 and competency evaluation programs that cease to meet the requirements of 42 CFR 483.154.</td>
</tr>
<tr>
<td>(r)</td>
<td>The State withdraws approval of nurse aide training and competency evaluation programs and competency evaluation programs that do not permit unannounced visits by the State.</td>
</tr>
</tbody>
</table>

T.N. # 91-028  
Approval Date 4-15-92  
Supersedes T.N. # New  
Effective Date 1-1-92
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

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<th>Nurse Aide Training and Competency Evaluation for Nursing Facilities (Continued)</th>
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<tr>
<td>42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902(a)(28) 1919(a)(1)(2) and 1919(b)(2) P.L. 100-203 (Sec 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec. 4801(a)).</td>
<td></td>
<td>(s) When the State withdraws approval from a nurse aide training and competency evaluation program or, the State notifies the program in writing, indicating the reasons for withdrawal of approval.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(l) The State permits students who have started a training and competency evaluation program from which approval is withdrawn to finish the program.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(u) The State provides for the reimbursement of costs incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(v) The State provides advance notice that a record of successful completion of competency evaluation will be included in the State's nurse aide registry.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(w) Competency evaluation programs are administered by the State or by a State-approved entity which is neither a skilled nursing facility participating in Medicare nor a nursing facility participating in Medicaid.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(x) The State permits proctoring of the competency evaluation in accordance with 42 CFR 483.154(d).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(y) The State has a standard for successful completion of competency evaluation programs.</td>
</tr>
</tbody>
</table>

T.N. # 91-328

Approval Date 4-15-92

Supersedes T.N. # New

Effective Date 1-1-92
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation
42 CFR 483.75; 42 CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2).

P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec.4801(a))

(z) The State includes a record of successful completion
of a competency evaluation within 30 days of the date
an individual is found competent.

(aa) The State imposes a maximum upon the number of
times an individual may take a competency evaluation
program (any maximum imposed is not less than 3).

(bb) The State maintains a nurse aide registry that meets
the requirements in 42 CFR 483.156.

(cc) The State includes home health aides on the registry.

(dd) The State contracts the operation of the registry to a
non State entity.

(ee) ATTACHMENT 4.38 contains the State's description of
registry information to be disclosed in addition to that
required in 42 CFR 483.156(c)(1)(iii) and (iv).

(ff) ATTACHMENT 4.38-A contains the State's description
of information included on the registry in addition to the
information required by 42 CFR 483.156(c).

T.N. # 91-028

Approval Date 4-15-92

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Effective Date 1-1-92
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.39 Preadmission Screening and Annual Resident Review in Nursing Facilities

Secs. 1902(a)(28)(D)(i) and 1919(e)(7) of the Act;
P.L. 100-203 (Sec. 4211(c));
P.L. 101-508 (Sec. 4801(b)).

(a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 CFR 431.621(c).

(b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.

(c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.

(d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.

(e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

T.N. # 93-12 Approval Date 4-30-93
Supersedes T.N. # New Effective Date 4-1-93
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation 4.39 Preadmission Screening and Annual Resident Review in Nursing Facilities (Continued)

(f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.

(g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

T.N. # 93-12 Approval Date 4-30-93

Supersedes T.N. # New Effective Date 4-1-93
4.41 Resident Assessment for Nursing Facilities

Sections 1919(b)(3) and 1919(e)(5) of the Act

(a) The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919(b)(3)(A) of the Act.

(b) The State is using:

X the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal #241 of the State Operations Manual) [§1919(e)(5)(A)]; or

— a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the State Medicaid Manual for the Secretary's approval criteria) [§1919(e)(5)(B)].

T.N. # 93-35 Approval Date 12-6-93

Supersedes T.N. # New Effective Date 10-1-93
4.42 Employee Education About False Claims Recoveries

(a) The Medicaid agency meets the requirements regarding establishment of policies and procedures for the education of employees of entities covered by section 1902(a)(68) of the Social Security Act (the Act) regarding false claims recoveries and methodologies for oversight of entities' compliance with these requirements.

(1) Definitions.

(A) An "entity" includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for profit or not for profit, which receives or makes payments under a State Plan approved under Title XIX or under any waiver of such plan totaling at least $5,000,000 annually.

If an entity furnishes items or services at more than a single location or under more than one contractual or other payment arrangement, the provisions of section 1902(a)(68) apply if the aggregate payments to that entity meet the $5,000,000 annual threshold. This applies whether the entity submits claims for payments using one or more provider identification or tax identification numbers.

A governmental component providing Medicaid health care items or services for which Medicaid payments are made would qualify as an "entity" (e.g., a state mental...
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.42 Employee Education About False Claims Recoveries
(Continued)

health facility or school district providing school-based health
services). A government agency which merely administers the
Medicaid program, in whole or part (e.g., managing the
claims processing system or determining beneficiary
eligibility), is not, for these purposes, considered to be an entity.

An entity will have met the $5,000,000 annual threshold as
of January 1, 2007, if it received or made payments in that
amount in federal fiscal year 2006. Future determinations
regarding an entity's responsibility stemming from the
requirements of section 1902(a)(68) will be made by
January 1 of each subsequent year, based upon the amount
of payments an entity either received or made under the
State Plan during the preceding federal fiscal year.

(B) An "employee" includes any officer or employee of the
entity.

(C) "A contractor" or "agent" includes any contractor,
subcontractor, agent, or other person which or who, on
behalf of the entity, furnishes or otherwise
authorizes the furnishing of Medicaid health care items or
services, performs billing or coding functions, or is
involved in the monitoring of health care provided by the
entity.

(2) The entity must establish and disseminate written
policies, which must also be adopted by its contractors or
agents. Written policies may be on paper or in
electronic form, but must be readily available to all
employees, contractors, or agents. The entity need not
create an employee handbook if none already exists.
4.42 Employee Education About False Claims Recoveries
(Continued)

(3) An entity shall establish written policies for all employees (including management), and of any contractor or agent of the entity, that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). The entity shall include in those written policies detailed information about the entity’s policies and procedures for detecting and preventing waste, fraud, and abuse. The entity shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers, and a specific discussion of the entity’s policies and procedures for detecting and preventing fraud, waste, and abuse.

(4) The requirements of this law should be incorporated into each state’s provider enrollment agreements.

(5) The State will implement this State Plan Amendment on January 1, 2007.

(b) ATTACHMENT 4.42-A describes, in accordance with section 1902(a)(68) of the Act, the methodology of compliance oversight and the frequency with which the State will re-assess compliance on an ongoing basis.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ____________________________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation
1902(a)(69) of
the Act,

<table>
<thead>
<tr>
<th>T.N. #</th>
<th>Approval Date</th>
<th>Supersedes T.N. #</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08-008</td>
<td>6-26-08</td>
<td>New</td>
<td>4-1-08</td>
</tr>
</tbody>
</table>

Cooperation with Medicaid Integrity Program Efforts. The Medicaid agency assures it complies with such requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936 of the Act.
SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States

The State shall not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside of the United States.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _______________ UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.46 Provider Screening and Enrollment

Citation
1902(a)(77)
1902(a)(39)
1902(kk)
P.L. 111-148 and
P.L. 111-152
42 CFR 455
Subpart E

The State Medicaid Agency gives the following assurances:

Provider Screening

☑ Assures that the State Medicaid agency complies with the process
  for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk)
  of the Act.

Enrollment and Screening of Providers

☑ Assures enrolled providers will be screened in accordance with 42 CFR 455.400
  et seq.

☑ Assures that the State Medicaid Agency requires all ordering or
  referring physicians or other professionals to be enrolled under the State
  plan or under a waiver of the Plan as a participating provider.

Verification of Provider Licenses

☑ Assures that the State Medicaid Agency has a method for verifying
  providers licensed by a State and that such providers licenses have not
  expired or have no current limitations.

Revalidation of Enrollment

☑ Assures that providers will be revalidated regardless of provider

Termination or Denial of Enrollment

☑ Assures that the State Medicaid Agency will comply with section 1902(a)(39) of
  the Act and with the requirements outlined in 42 CFR 455.416 for all
  terminations or denials of provider enrollment.

Reactivation of Provider Enrollment

☑ Assures that any reactivation of a provider will include re-screening
  and payment of application fees as required by 42 CFR 455.460.

T.N. # 12-008 Approval Date 6-26-12

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.48 Provider Screening and Enrollment (Continued)

42 CFR 455.422

APPEAL RIGHTS
× Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.

42 CFR 455.432

SITE VISITS
× Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur.

42 CFR 455.434

CRIMINAL BACKGROUND CHECKS
× Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by level of screening based on risk of fraud, waste or abuse for that category of provider.

42 CFR 455.436

FEDERAL DATABASE CHECKS
× Assures that the State Medicaid agency will perform Federal database checks on all Providers or any person with an ownership or controlling interest or who is an agent or Managing employee of the provider.

42 CFR 455.440

NATIONAL PROVIDER IDENTIFIER
× Assures that the State Medicaid Agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

42 CFR 455.450

SCREENING LEVELS FOR MEDICAID PROVIDERS
× Assures that the State Medicaid Agency complies 1902(a)(77) and 1902(kk) of the Act and with the requirement outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

42 CFR 455.460

APPLICATION FEE
× Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(c) of the Act and 42 CFR 455.460.

42 CFR 455.470

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS
× Assures that the State Medicaid Agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section (1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

T.N. # 12-308

Approval Date 6-26-12

Supersedes T.N. # New

Effective Date 4-1-12