

Section	1	Section	26R_3_31	11 ic	amended	to read:
Section	Ι.	Section	20D-3-3	I I IS	amended	to read:

26B-3-311. Authorization to renew, transfer, or increase Medicaid certified programs -- Reimbursement methodology.

- (1) (a) The division may renew Medicaid certification of a certified program if the program, without lapse in service to Medicaid recipients, has its nursing care facility program certified by the division at the same physical facility as long as the licensed and certified bed capacity at the facility has not been expanded, unless the director has approved additional beds in accordance with Subsection (5).
- (b) The division may renew Medicaid certification of a nursing care facility program that is not currently certified if:
 - (i) since the day on which the program last operated with Medicaid certification:
- (A) the physical facility where the program operated has functioned solely and continuously as a nursing care facility; and
- (B) the owner of the program has not, under this section or Section 26B-3-313, transferred to another nursing care facility program the license for any of the Medicaid beds in the program; and
- (ii) except as provided in Subsection 26B-3-310(4), the number of beds granted renewed Medicaid certification does not exceed the number of beds certified at the time the program last operated with Medicaid certification, excluding a period of time where the program operated with temporary certification under Subsection 26B-3-312(3).
- (2) (a) The division may issue a Medicaid certification for a new nursing care facility program if a current owner of the Medicaid certified program transfers its ownership of the Medicaid certification to the new nursing care facility program and the new nursing care facility program meets all of the following conditions:
- (i) the new nursing care facility program operates at the same physical facility as the previous Medicaid certified program;
- (ii) the new nursing care facility program gives a written assurance to the director in accordance with Subsection (4);
- (iii) the new nursing care facility program receives the Medicaid certification within one year of the date the previously certified program ceased to provide medical assistance to a Medicaid recipient; and

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physical facility; and

57 (iv) the licensed and certified bed capacity at the facility has not been expanded, unless 58 the director has approved additional beds in accordance with Subsection (5). 59 (b) A nursing care facility program that receives Medicaid certification under the 60 provisions of Subsection (2)(a) does not assume the Medicaid liabilities of the previous nursing 61 care facility program if the new nursing care facility program: (i) is not owned in whole or in part by the previous nursing care facility program; or 62 63 (ii) is not a successor in interest of the previous nursing care facility program. 64 (3) The division may issue a Medicaid certification to a nursing care facility program 65 that was previously a certified program but now resides in a new or renovated physical facility if the nursing care facility program meets all of the following: 66 67 (a) the nursing care facility program met all applicable requirements for Medicaid 68 certification at the time of closure; 69 (b) the new or renovated physical facility is in the same county or within a five-mile 70 radius of the original physical facility; 71 (c) the time between which the certified program ceased to operate in the original 72 facility and will begin to operate in the new physical facility is not more than three years, 73 unless: 74 (i) an emergency is declared by the president of the United States or the governor. 75 affecting the building or renovation of the physical facility; 76 (ii) the director approves an exception to the three-year requirement for any nursing 77 care facility program within the three-year requirement; 78 (iii) the provider submits documentation supporting a request for an extension to the 79 director that demonstrates a need for an extension; and 80 (iv) the exception does not extend for more than two years beyond the three-year 81 requirement; 82 (d) if Subsection (3)(c) applies, the certified program notifies the department within 90 83 days after ceasing operations in its original facility, of its intent to retain its Medicaid 84 certification;

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(e) the provider gives written assurance to the director in accordance with Subsection

(4) that no third party has a legitimate claim to operate a certified program at the previous

- (f) the bed capacity in the physical facility has not been expanded unless the director has approved additional beds in accordance with Subsection (5).
- (4) (a) The entity requesting Medicaid certification under Subsections (2) and (3) shall give written assurances satisfactory to the director or the director's designee that:
 - (i) no third party has a legitimate claim to operate the certified program;
- (ii) the requesting entity agrees to defend and indemnify the department against any claims by a third party who may assert a right to operate the certified program; and
- (iii) if a third party is found, by final agency action of the department after exhaustion of all administrative and judicial appeal rights, to be entitled to operate a certified program at the physical facility the certified program shall voluntarily comply with Subsection (4)(b).
 - (b) If a finding is made under the provisions of Subsection (4)(a)(iii):
- (i) the certified program shall immediately surrender its Medicaid certification and comply with division rules regarding billing for Medicaid and the provision of services to Medicaid patients; and
- (ii) the department shall transfer the surrendered Medicaid certification to the third party who prevailed under Subsection (4)(a)(iii).
- (5) (a) The director may approve additional nursing care facility programs for Medicaid certification, or additional beds for Medicaid certification within an existing nursing care facility program, if a nursing care facility or other interested party requests Medicaid certification for a nursing care facility program or additional beds within an existing nursing care facility program, and the nursing care facility program or other interested party complies with this section.
- (b) [The] Except as provided under Subsection (5)(e), a nursing care facility or other interested party requesting Medicaid certification for a nursing care facility program or additional beds within an existing nursing care facility program under Subsection (5)(a) shall submit to the director:
- (i) proof of the following as reasonable evidence that bed capacity provided by Medicaid certified programs within the county or group of counties impacted by the requested additional Medicaid certification is insufficient:
- (A) nursing care facility occupancy levels for all existing and proposed facilities will be at least 90% for the next three years;

119	(B) current nursing care facility occupancy is 90% or more; or
120	(C) there is no other nursing care facility within a 35-mile radius of the nursing care
121	facility requesting the additional certification; and
122	(ii) an independent analysis demonstrating that at projected occupancy rates the nursing
123	care facility's after-tax net income is sufficient for the facility to be financially viable.
124	(c) Any request for additional beds as part of a renovation project are limited to the
125	maximum number of beds allowed in Subsection (7).
126	(d) The director shall determine whether to issue additional Medicaid certification by
127	considering:
128	(i) whether bed capacity provided by certified programs within the county or group of
129	counties impacted by the requested additional Medicaid certification is insufficient, based on
130	the information submitted to the director under Subsection (5)(b);
131	(ii) whether the county or group of counties impacted by the requested additional
132	Medicaid certification is underserved by specialized or unique services that would be provided
133	by the nursing care facility;
134	(iii) whether any Medicaid certified beds are subject to a claim by a previous certified
135	program that may reopen under the provisions of Subsections (2) and (3);
136	(iv) how additional bed capacity should be added to the long-term care delivery system
137	to best meet the needs of Medicaid recipients; and
138	(v) (A) whether the existing certified programs within the county or group of counties
139	have provided services of sufficient quality to merit at least a two-star rating in the Medicare
140	Five-Star Quality Rating System over the previous three-year period; [and]
141	(B) information obtained under Subsection (9)[-]; and
142	(vi) subject to Subsection (5)(e), for a state-owned veterans nursing care facility,
143	whether the facility has previously been approved for a Medicaid certified bed increase under
144	this Subsection (5).
145	(e) For a state-owned veterans nursing care facility that has not previously been
146	approved for a Medicaid certified bed increase under this Subsection (5):
147	(i) the facility is exempt from the requirements under Subsection (5)(b); and
148	(ii) the director may approve, for that facility location only, up to five total Medicaid
149	certified beds.

- (6) The department shall adopt administrative rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to adjust the Medicaid nursing care facility property reimbursement methodology to:
 - (a) only pay that portion of the property component of rates, representing actual bed usage by Medicaid clients as a percentage of the greater of:
 - (i) actual occupancy; or
- (ii) (A) for a nursing care facility other than a facility described in Subsection (6)(a)(ii)(B), 85% of total bed capacity; or
 - (B) for a rural nursing care facility, 65% of total bed capacity; and
- (b) not allow for increases in reimbursement for property values without major renovation or replacement projects as defined by the department by rule.
- (7) (a) Except as provided in Subsection 26B-3-310(3), if a nursing care facility does not seek Medicaid certification for a bed under Subsections (1) through (6), the department shall, notwithstanding Subsections 26B-3-312(3)(a) and (b), grant Medicaid certification for additional beds in an existing Medicaid certified nursing care facility that has 90 or fewer licensed beds, including Medicaid certified beds, in the facility if:
- (i) the nursing care facility program was previously a certified program for all beds but now resides in a new facility or in a facility that underwent major renovations involving major structural changes, with 50% or greater facility square footage design changes, requiring review and approval by the department;
 - (ii) the nursing care facility meets the quality of care regulations issued by CMS; and
- (iii) the total number of additional beds in the facility granted Medicaid certification under this section does not exceed 10% of the number of licensed beds in the facility.
- (b) The department may not revoke the Medicaid certification of a bed under this Subsection (7) as long as the provisions of Subsection (7)(a)(ii) are met.
- (8) (a) If a nursing care facility or other interested party indicates in its request for additional Medicaid certification under Subsection (5)(a) that the facility will offer specialized or unique services, but the facility does not offer those services after receiving additional Medicaid certification, the director shall revoke the additional Medicaid certification.
- (b) The nursing care facility program shall obtain Medicaid certification for any additional Medicaid beds approved under Subsection (5) or (7) within three years of the date of

- the director's approval, or the approval is void.
 - (9) (a) If the director makes an initial determination that quality standards under Subsection (5)(d)(v) have not been met in a rural county or group of rural counties over the previous three-year period, the director shall, before approving certification of additional Medicaid beds in the rural county or group of counties:
 - (i) notify the certified program that has not met the quality standards in Subsection (5)(d)(v) that the director intends to certify additional Medicaid beds under the provisions of Subsection (5)(d)(v); and
 - (ii) consider additional information submitted to the director by the certified program in a rural county that has not met the quality standards under Subsection (5)(d)(v).
 - (b) The notice under Subsection (9)(a) does not give the certified program that has not met the quality standards under Subsection (5)(d)(v), the right to legally challenge or appeal the director's decision to certify additional Medicaid beds under Subsection (5)(d)(v).
 - Section 2. Section **26B-3-313** is amended to read:

26B-3-313. Authorization to sell or transfer licensed Medicaid beds -- Duties of transferor -- Duties of transferee -- Duties of division.

- (1) This section provides a method to transfer or sell the license for a Medicaid bed from a nursing care facility program to another entity that is in addition to the authorization to transfer under Section 26B-3-311.
- (2) (a) A nursing care facility program may transfer or sell one or more of its licenses for Medicaid beds in accordance with Subsection (2)(b) if:
- (i) at the time of the transfer, and with respect to the license for the Medicaid bed that will be transferred, the nursing care facility program that will transfer the Medicaid license meets all applicable regulations for Medicaid certification;
- (ii) the nursing care facility program gives a written assurance, which is postmarked or has proof of delivery 30 days before the transfer, to the director and to the transferee in accordance with Subsection 26B-3-311(4);
- (iii) the nursing care facility program that will transfer the license for a Medicaid bed notifies the division in writing, which is postmarked or has proof of delivery 30 days before the transfer, of:
 - (A) the number of bed licenses that will be transferred;

212 (B) the date of the transfer; and 213 (C) the identity and location of the entity receiving the transferred licenses; and 214 (iv) if the nursing care facility program for which the license will be transferred or 215 purchased is located in an urban county with a nursing care facility average annual occupancy 216 rate over the previous two years less than or equal to 75%, the nursing care facility program 217 transferring or selling the license demonstrates to the satisfaction of the director that the sale or 218 transfer: 219 (A) will not result in an excessive number of Medicaid certified beds within the county 220 or group of counties that would be impacted by the transfer or sale; and 221 (B) best meets the needs of Medicaid recipients. 222 (b) Except as provided in Subsection (2)(c), a nursing care facility program may 223 transfer or sell one or more of its licenses for Medicaid beds to: 224 (i) a nursing care facility program that has the same owner or successor in interest of the same owner; 225 226 (ii) a nursing care facility program that has a different owner; or 227 (iii) a related-party nonnursing-care-facility entity that wants to hold one or more of the 228 licenses for a nursing care facility program not yet identified, as long as: 229 (A) the licenses are subsequently transferred or sold to a nursing care facility program 230 within three years; and 231 (B) the nursing care facility program notifies the director of the transfer or sale in 232 accordance with Subsection (2)(a)(iii). 233 $\left[\frac{(c)}{A}\right]$ 234 (c) (i) Subject to Subsection (2)(c)(ii), a nursing care facility program may not transfer 235 or sell one or more of its licenses for Medicaid beds to an entity under Subsection (2)(b)(i), (ii), 236 or (iii) that is located in a rural county unless the entity requests, and the director issues, 237 Medicaid certification for the beds under Subsection 26B-3-311(5). 238 (ii) A veterans nursing care facility that has been approved for a Medicaid certified bed 239 increase under Subsection 26B-3-311(5) may not transfer or sell any of the veterans nursing 240 care facility's Medicaid certified beds. 241 (3) A nursing care facility program or entity under Subsection (2)(b)(i), (ii), or (iii) that

receives or purchases a license for a Medicaid bed under Subsection (2)(b):

243 (a) may receive a license for a Medicaid bed from more than one nursing care facility 244 program; (b) shall give the division notice, which is postmarked or has proof of delivery within 245 14 days of the nursing care facility program or entity seeking Medicaid certification of beds in 246 247 the nursing care facility program or entity, of the total number of licenses for Medicaid beds that the entity received and who it received the licenses from: 248 249 (c) may only seek Medicaid certification for the number of licensed beds in the nursing care facility program equal to the total number of licenses for Medicaid beds received by the 250 251 entity; 252 (d) does not have to demonstrate need or seek approval for the Medicaid licensed bed 253 under Subsection 26B-3-311(5), except as provided in Subsections (2)(a)(iv) and (2)(c); 254 (e) shall meet the standards for Medicaid certification other than those in Subsection 255 26B-3-311(5), including personnel, services, contracts, and licensing of facilities under Chapter 2, Part 2, Health Care Facility Licensing and Inspection; and 256 257 (f) shall obtain Medicaid certification for the licensed Medicaid beds within three years 258 of the date of transfer as documented under Subsection (2)(a)(iii)(B). 259 (4) (a) When the division receives notice of a transfer of a license for a Medicaid bed 260 under Subsection (2)(a)(iii)(A), the department shall reduce the number of licenses for 261 Medicaid beds at the transferring nursing care facility: (i) equal to the number of licenses transferred; and 262 263 (ii) effective on the date of the transfer as reported under Subsection (2)(a)(iii)(B). (b) For purposes of Section 26B-3-310, the division shall approve Medicaid 264 265 certification for the receiving nursing care facility program or entity: 266 (i) in accordance with the formula established in Subsection (3)(c); and 267 (ii) if: 268 (A) the nursing care facility seeks Medicaid certification for the transferred licenses 269 within the time limit required by Subsection (3)(f); and 270 (B) the nursing care facility program meets other requirements for Medicaid 271 certification under Subsection (3)(e). 272 (c) A license for a Medicaid bed may not be approved for Medicaid certification

without meeting the requirements of Sections 26B-3-310 and 26B-3-311 if:

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274	(i) the license for a Medicaid bed is transferred under this section but the receiving
275	entity does not obtain Medicaid certification for the licensed bed within the time required by
276	Subsection (3)(f); or
277	(ii) the license for a Medicaid bed is transferred under this section but the license is no
278	longer eligible for Medicaid certification.
279	Section 3. Effective date.
280	This bill takes effect on May 1, 2024.