Revision: HCFA-PM-94-5 (MB) April 1994

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

State: UTAH SECTION 3 - SERVICES: GENERAL PROVISIONS Citation 3.1 Amount, Duration, and Scope of Services 42 CFR (a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), Part 440. 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Subpart B 1902(a), 1902(e), Act. 1905(a), 1905(p), 1915, 1920, and (1) Categorically Needy 1925 of the Act Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include: 1902(a)(10)(A) and (i) Each item or service listed in section 1905(a)(1)through (5) and (21) of the Act, is provided as 1905(a) of the Act defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B. (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider. Not applicable. Nurse-midwives are not authorized to practice in this State. Approval Date 8-1-94 T.N. # 94-16 Effective Date 4-1-94 Supersedes T.N. # 91-20

Revision: HCFA-PM-91-4 (BPD)

August 1991

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

State: UTAH

SECTION 3 - SERVICES: GENERAL PROVISIONS (Continued)

Citation	3.I	<u>Am</u>	ount.	Dura	tion, and Scope of Services (Continued)
		(a)	(1)	<u>Cate</u>	gorically Needy (Continued)
1902(e)(5) of the Act			(iii)	servi day o perio ends enrol	nancy-related, including family planning ces, and postpartum services through the last of the month in which a 12-month postpartum od (beginning on the last day of the pregnancy) are provided to women who were eligible and lled under the state plan on the day the nancy ends.
			<u>X</u>		Services for medical conditions that may complicate the pregnancy (other than pregnancy- related or postpartum services) are provided to pregnant women.
1902(a)(10), clause (VII) of the matter following (F) of the Act					Services related to pregnancy (including prenatal delivery, postpartum, and family planning services) and to other conditions that may complicate other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

T.N. # _____23-0016

Approval Date 3-25-24

Supersedes T.N. # <u>93-05</u>

Effective Date <u>1-1-24</u>

Revision:	HCFA-PM-92-7 October 1992	(MB) Page 19
		DER TITLE XIX OF THE SOCIAL SECURITY ACT EDICAL ASSISTANCE PROGRAM
	State:	UTAH
	SECTION 3 - S	ERVICES: GENERAL PROVISIONS (Continued)
Citation	3.1	Amount, Duration, and Scope of Services (Continued)
		(a) (1) Categorically Needy (Continued)
1901(a)(10) the Act	(D) of	 (vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.
1902(e)(7) c the Act	f	 (vii) Inpatient services that are being furnished to infants and children described in section 1902(1)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.
1902(e)(9) c Act	f the	(viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.
1902(a)(52) and 1925 of Act	the	 (ix) Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan.
1905(a)(23) and 1929		(x) Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.
		<u>ATTACHMENT 3.1-A</u> identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.
T.N. #	93-06	Approval Date <u>4-6-93</u>
Supersedes	T.N. # <u>93-05</u>	Effective Date <u>1-1-93</u>

Revision:	HCFA-PM-91-4 August 1991	4 (B	PD)			Page 20
	STATE PLAN				IX OF THE SOCIAL SECURITY ACT STANCE PROGRAM	
	State:				UTAH	
	SECTION 3	- SER	VICES	S: GE	ENERAL PROVISIONS (Continued)	
Citation	3	3.1 <u>Ar</u>	nount,	Dura	ation, and Scope of Services (Continued)	
42 CFR Part Subpart B	440,	(a) (2)	Med	lically Needy	
Subpart D			<u>X</u>	ser	State plan covers the medically needy. ⁻ vices described below and in ATTACHMEI provided.	
				Ser	vices for the medically needy include:	
42 CFR 440. 1902(a)(10)(of the Act				(i)	If services in an institution for mental dise (42 CFR 440.140 and 440.160) or an intermediate care facility for the mentally retarded (or both) are provided to any me needy group, then each medically needy provided either the services listed in sect 1905(a)(1) through (5) and (17) of the Ac seven of the services listed in section 1905(a)(1)through (20). The services are provided as defined in 42 CFR Part 440, A and in sections 1902, 1905, and 1915 of Act.	edically group is ion t, or Subpart of the
					Not applicable with respect to nurse- services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.	
1902(e)(5) of the Act	f			(ii)	Prenatal care and delivery services for pr women.	regnant

T.N. # _____ 92-01

Approval Date 2-11-92

Supersedes T.N. # 91-20

Effective Date <u>1-1-92</u>

Revision: HCFA-PM-91-4 (BPD)

August 1991

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

State: UTAH

SECTION 3 - SERVICES: GENERAL PROVISIONS (Continued)

Citation	3.1	<u>Am</u>	ount,	Durat	tion, and Scope of Services (Continued)
		(a)	(2)	Med	lically Needy (Continued)
				(iii)	Pregnancy-related, including family planning services, and postpartum services through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends are provided to women who were eligible and enrolled under the state plan on the day the pregnancy ends.
			<u>X</u>	(iv)	Services for any other medical condition that may complicate the pregnancy (other than pregnancy- related and postpartum services) are provided to pregnant women.
				(v)	Ambulatory services, as defined in ATTACHMENTS 3.1-A and 3.1-B, for recipients under age 18 and recipients entitled to institutional services.
					Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.
				(vi)	Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.
42 CFR 440.140, 440.150, 440.160, Subpart B, 442.441, Subpart C			<u>X</u>	(vii)	Services in an institution for mental diseases for individuals over age 65.
			<u>X</u>		(viii) Services in an intermediate care facility for the mentally retarded.
1902(a)(10)(C) and (21) of the Act.			<u>X</u>		(ix) Inpatient psychiatric services for individuals under age 21.

T.N. # _____ 23-0016

Approval Date 3-25-24

Supersedes T.N. # <u>93-05</u>

Effective Date <u>1-1-24</u>

Revision:	HCFA-PM-93-5	(MB)
	May 1993	

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

State: UTAH

SECTION 3 - SERVICES: GENERAL PROVISIONS (Continued)

Citation	3.1 Amount, Duration, and Scope of Services (Continued)
	(a) (2) <u>Medically Needy</u> (Continued)
1902(e)(9) of the Act	 (x) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.
1905(a)(23) and 1929 of the Act	(xi) Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.
	<u>ATTACHMENT 3.1-B</u> identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

T.N. # _____ 93-22

Approval Date 7-19-93

Supersedes T.N. # <u>93-06</u>

Effective Date <u>4-1-93</u>

Revision:	HCFA-PM-98- April 1998	1	(CN	ISO)		Page 21
	STATE PLAN					IX OF THE SOCIAL SECURITY ACT STANCE PROGRAM
	State:					UTAH
	SECTION 3	- SE	ERVI	CES	: Ge	ENERAL PROVISIONS (Continued)
Citation	:	3.1	<u>Amc</u>	ount, I	Durat	ion, and Scope of Services (Continued)
1902(a)(10)(E clause (VIII) of following (F), of the Act			(a)		<u>Ben</u> Med eficial	er Required Special Groups: Qualified Medicare eficiaries icare cost sharing for qualified Medicare ries described in Section 1905(p) of the Act ovided only as indicated in item 3.2 of this plan.
1902(a)(10) (E)(ii) and 1905(s) of the	e Act		(a)	(4)	(i)	<u>Other Required Special Groups: Qualified</u> <u>Disabled and Working Individuals</u> Medicare Part A premiums for qualified disabled and working individuals described in Section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.
1902(a)(10) (E)(iii) and 1905(p)(e)(A))(ii)of the Act				(ii)	Other Required Special Groups: Specified Low-Income Medicare Beneficiaries Medicare Part B premiums for specified low-income Medicare beneficiaries described in Section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.
1902(a)(10) (E)(iv)(l) 1909 (A)(ii), and 19	5(p)(3) 933 of the Act				(iii)	Other Required Special Groups: Qualifying Individuals - 1 Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

98-006

age	21	

Effective Date <u>4-1-98</u>

Revision: HCFA-PM-98-1 (CMSO) April 1998

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

State: UTAH

SECTION 3 - SERVICES: GENERAL PROVISIONS (Continued)

1902(a)(10) (E)(iv)(II), 1905(p)(3) (A)(iv)(II), 1905 (p)(3) of the Act			 (iv) Other Required Special Groups: Qualifying Individuals - 2 The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health Provisions for qualifying individuals described in 1902(A)(10)(E)(iv)(II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.
1925 of the Act	(a)	(5)	Other Required Special Groups: Families Receiving Extended Medicaid Benefits Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

T.N. # 98-006

Page 21

Supersedes T.N. # _____98-001___

Effective Date 4-1-98

Revision:	HCFA-PM-98-1 April 1998	(CMSO)	Page 2 ⁻	1a
		IX OF THE SOCIAL SECURITY ACT STANCE PROGRAM	ACT		
	State:			UTAH	
	SECTION 3 - S	SERVICES	6: GI	ENERAL PROVISIONS (Continued)	
Citation	3.1	Amount	, Dur	ation, and Scope of Services (Continued)	
Sec. 245A(h of the)	(a) (6)	<u>Lim</u>	ited Coverage for Certain Aliens	
Immigration Nationality A			(i)	 Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they (A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act; (B) Are children under 18 years of age; or (C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 effect on April 1, 1983. 	
			(ii)	Except for emergency services and pregnancy-related services, as defined in 42 CF 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.	er

T.N. # _____ 98-006

Approval Date 6-8-98

Supersedes T.N. # 94-15

Effective Date 4-1-98

Revision:	HCFA-PM-91-4 August 1991	(BPD)	Page 21b							
			DER TITLE XIX OF THE SOCIAL SECURITY ACT EDICAL ASSISTANCE PROGRAM							
	State:		UTAH							
	SECTION 3 - S	SERVICES	S: GENERAL PROVISIONS (Continued)							
Citation	3.1	<u>Amount</u>	, Duration, and Scope of Services (Continued)							
		(a) (6)	Limited Coverage for Certain Aliens (Continued)							
1902(a) and of the Act			 (iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act. 							
Section 136 of OBRA '93			Exclusion of organ transplant procedures from the definition of emergency medical conditions is treated in accordance with § 1903(v)(3) of the Act.							
1905(a)(9) c the Act	of	Clir res hor	Homeless Individuals nic services furnished to eligible individuals who do not ide in a permanent dwelling or do not have a fixed me or mailing address are provided without restrictions arding the site at which the services are furnished.							
1902(a)(47) and 1920 of the Act		<u>X</u> (8)	<u>Presumptively Eligible Pregnant Women</u> Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.							
42 CFR 441 50 FR 4365		(9)	EPSDT Services							
1902(a)(43) 1905(a)(4)(E and 1905(r) of the Act	, 3),		The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.							
T.N. #	94-15		Approval Date <u>7-13-94</u>							
Supersedes	T.N. # <u>91-20</u>		Effective Date <u>4-1-94</u>							

Revision:	HCFA-PM-91-4 August 1991	(BPD)	Page 22
		IDER TITLE XIX OF THE SOCIAL SECURITY ACT IEDICAL ASSISTANCE PROGRAM	
	State:	UTAH	
	SECTION 3 - S	ERVICES: GENERAL PROVISIONS (Continued)	
Citation	3.1	Amount, Duration, and Scope of Services (Continued	1)
		(a) (9) EPSDT Services (Continued)	
42 CFR 441	.60	X The Medicaid agency has in effect agreeme continuing care providers. Described below methods employed to assure the providers' compliance with their agreements:	
		The agency will conduct semiannual review random sample of all children, both open ar cases. The review will be based on a moni- instrument developed by the agency and m available to the continuing care providers.	nd closed toring
42 CFR 440 and 440.250		(a) (10) Comparability of Services	
1902(a) and 1902(a)(52) 1903(v), 19 1925(b)(4) a	,	Except for those items or services for whic 1902(a), 1902(a)(10), 1903(v), 1915, 1925 and 2 of the Act, 42 CFR 440.250 and section 25 Immigration and Nationality Act, permit exc (i) Services made available to the categor	1932 64A of the ceptions:
		needy are equal in amount, duration, a for each categorically needy person.	•
		 (ii) The amount, duration, and scope of se made available to the categorically nee equal to or greater than those made av the medically needy. 	edy are
		 (iii) Services made available to the medica are equal in amount, duration, and sco 	
		<u>X</u> (iv) Additional coverage for pregnancy-rela services and services for conditions that complicate the pregnancy are equal for categorically and medically needy.	group. ted at may
T.N. #	03-016	Approval Date	03-03-04
Supersedes	5 T.N. # <u>92-01</u>	Effective Date	10-1-03

Revision:	HCFA-AT-80-38	(BPP)
	May 22, 1980	

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

State: UTAH

SECTION 3 - SERVICES: GENERAL PROVISIONS (Continued)

Citation	3.1	<u>Am</u>	ount	, Dur	ration, and Scope of Services (Continued)		
42 CFR Part 440, Subpart B 42 CFR 441.15 AT-78-90 AT-80-34		(b)		Home health services are provided in accordance with the requirements of 42 CFR 441.15.			
			(1)		me health services are provided to all egorically needy individuals 21 years of age or er.		
			(2)		me health services are provided to all categorically edy individuals under 21 years of age.		
				<u>X</u>	Yes		
					Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.		
			(3)	Hor nee	me health services are provided to the medically edy:		
				<u>X</u>	Yes, to all		
				<u>X</u>	Yes, to individuals age 21 or over; SNF services are provided		
				<u>X</u>	Yes, to individuals under age 21; SNF services are provided		
					No; SNF services are not provided		
					Not applicable; the medically needy are not included under this plan		

T.N. # _____ 81-02

Approval Date <u>3-23-81</u>

Supersedes T.N. # <u>76-41</u>

Effective Date 1-1-81

Revision:	HCFA-PM-93-8	(BPD)
	December 1993	

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

State: UTAH

SECTION 3 - SERVICES: GENERAL PROVISIONS (Continued)

Citation	3.1	<u>Am</u>	ount,	Duration, and Scope of Services (Continued)
42 CFR 431.53		(c)	(1)	Assurance of Transportation
				Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.
42 CFR 483.10			(2)	Payment for Nursing Facility Services
				The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10(c)(8)(i).

T.N. # _____ 94-02___

Approval Date <u>1-24-94</u>

Supersedes T.N. # 91-20

Effective Date <u>10-1-93</u>

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

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

 State:
 UTAH

 SECTION 3 - SERVICES:
 GENERAL PROVISIONS (Continued)

 Citation
 3.1 Amount, Duration, and Scope of Services (Continued)

 42 CFR 440.260
 (d) Methods and Standards to Assure Quality of Services

 AT-78-90
 The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

T.N. # ______76-41___

Approval Date 3-21-76

Supersedes T.N. # _____

Effective Date <u>11-23-76</u>

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

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

State: UTAH

SECTION 3 - SERVICES: GENERAL PROVISIONS (Continued)

Citation	3.1	Amount, Duration, and Scope of Services (Continued)
42 CFR 441.20 AT-78-90		(e) Family Planning Services
		The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

T.N. # ______76-41___

Approval Date 3-21-76

Supersedes T.N. # _____

Effective Date <u>11-23-76</u>

Revision:	HCFA-PM April 1987		(BE	RC)		Page 27					
	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM										
	State	e:				UTAH					
	SECTIO	N 3 - S	ERV	ICES	: Ge	ENERAL PROVISIONS (Continued)					
Citation		3.1	<u>Am</u>	ount,	Dura	ation, and Scope of Services (Continued)					
42 CFR 441 AT-78-90	.30		(f)	(1)	<u>Opt</u>	ometric Services					
					§§4 prev type spe und	ometric services (other than those provided under 35.531 and 436.531) are not now but were viously provided under the plan. Services of the an optometrist is legally authorized to perform are cifically included in the term "physicians' services" er this plan and are reimbursed whether furnished a physician or an optometrist.					
						Yes					
						No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.					
					<u>X</u>	Not applicable. The conditions in the first sentence do not apply.					
1903(i)(1)				(2)	<u>Org</u>	an Transplant Procedures					
of the Act, P.L. 99-272	17)				Org	an transplant procedures are provided.					
(Section 950	17)					No.					
					<u>x</u>	Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.					
T.N. #	8	7-31				Approval Date <u>7-24-87</u>					
Supersedes	T.N. # <u>7</u>	6-41				Effective Date <u>4-1-87</u>					

Revision:	HCFA-PM March 198		(BEI	RC)			Page 28				
	STATE PI	СТ									
	State):			UTAH						
	SECTIO	SECTION 3 - SERVICES: GENERAL PROVISIONS (Continued)									
Citation		3.1	Amo	ount,	Duration, and Scope of Services (Cont	inued)				
42 CFR 431.110(b) AT-78-90			(g)	<u>Par</u>	ticipation by Indian Health Service Facil	<u>ities</u>					
				Indian Health Service facilities are accepted as provid in accordance with 42 CFR 431.110(b), on the same bas other qualified providers.							
1902(e)(9) o the Act,	f		(h)		piratory Care Services for Ventilator-De	pend	<u>ent</u>				
P.L. 99-509 (Section 9408)	8)			190	piratory care services, as defined in sec 2(e)(9)(C) of the Act, are provided unde viduals who		plan to				
				(1)	Are medically dependent on a ventilato support at least six hours per day;	or for l	ife				
				(2)	Have been so dependent as inpatients stay or a continuous stay in one or mo SNFs or ICFs for the lesser of						
					 30 consecutive days; days (the maximum number of allowed under the State Plan) 	-	atient days				
				(3)	Except for home respiratory care, wou respiratory care on an inpatient basis i SNF, or ICF for which Medicaid payme made;	n a ho	ospital,				
				(4)	Have adequate social support services at home; and	s to be	e cared for				
				(5)	Wish to be cared for at home.						
				Yes. The requirements of section 1902(e)(9) of the Act are met.							
				<u>X</u>	Not applicable. These services are no plan.	t inclu	ided in the				
T.N. #	8	7-31			Approval Da	ate	7-24-87				
Supersedes	T.N. #	78-3			Effective Da	ate	4-1-87				

Revision:	HCFA-PM-93-5 May 1993	(MB)			Page 29
				OF THE SOCIAL SECURITY ACT ANCE PROGRAM	
	State:		U	ГАН	
	SECTION 3 - S	ERVICES:	GENE	RAL PROVISIONS (Continued)	
Citation	3.2	<u>Coordina</u>	tion of I	Medicaid with Medicare and Other Ins	surance
		(a) <u>Prer</u>	<u>niums</u>		
		(1)	<u>Medica</u>	re Part A and Part B	
1902(a)(10)			(i) <u>Qu</u>	alified Medicare Beneficiary (QMB)	
1905(p)(1) of the Act			pre inc of pre ag	e Medicaid agency pays Medicare Pa emiums (if applicable) and Part B prer dividuals in the QMB group defined in ATTACHMENT 2.2-A, through the gro emium payment arrangement, unless ency has a Buy-in agreement for such yment, as indicated below.	miums for Item A.25 oup the
			Bu	y-In agreement for:	
				Part A X Part B	
				The Medicaid agency pays premiur which the beneficiary would be liab enrollment in an MCO participating Medicare.	le, for

T.N. # _____03-016

Supersedes T.N. # <u>93-022</u>

Approval Date <u>3-3-04</u>

Effective Date <u>10-1-03</u>

Revision:	HCFA-PM-93-2 March 1993	(MB)	Page 29
			XIX OF THE SOCIAL SECURITY ACT SISTANCE PROGRAM
	State:		UTAH
	SECTION 3 - S	SERVICES: GI	ENERAL PROVISIONS (Continued)
Citation	3.2	Coordination (Continued)	n of Medicaid with Medicare and Other Insurance
		(a) (1)	Medicare Part A and Part B (Continued)
1902(a)(10) and 1905(s			 (ii) <u>Qualified Disabled and Working Individual</u> (QDWI) The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.
1902(a)(10) and 1905(p of the Act		(iii)	Specified Low-Income Medicare Beneficiary (SLMB) The Medicaid agency pays Medicare Part B premiums under the State buy-in process fo individuals in the SLMB group defined in iter A.27 of ATTACHMENT 2.2-A of this plan.
1902(a)(10) 1905(p)(3)(1933 of the	A)(ii), and		 (iv) <u>Qualifying Individual - 1 (QI - 1)</u> The Medicaid agency pays Medicare Part B premiums under the State buy-in process fo individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act.
1902(a)(10) 1905(p)(3)(1933 of the	A)(ii), and		(v) <u>Qualifying Individual - 2 (QI - 2)</u> The Medicaid agency pays the portion of the amount of increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in 1902(a)(10)(E)(iv)(II) and subject to 1933 of the Act.
T.N. #	98-001		Approval Date <u>3-13-98</u>

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Supersedes T.N. # _	93-007	Effective Date	1-1
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1-98

Revision:	HCFA-PM-93 March 1993	8-2 (ME	3)		Page 29b
	STATE PLAN				IX OF THE SOCIAL SECURITY ACT STANCE PROGRAM
	State:				UTAH
	SECTION	3 - SERV	ICES	S: GE	ENERAL PROVISIONS (Continued)
Citation			ordina ntinu		of Medicaid with Medicare and Other Insurance
		(a)	(1)	Med	dicare Part A and Part B (Continued)
1843(b) and				(vi	Other Medicaid Recipients
of the Act a 42 CFR 43 ²					The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:
					X All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); (b) receiving State supplements under title XVI; or (c) within a group listed at 42 CFR 431.625(d)(2).
					Individuals receiving title II or Railroad Retirement benefits.
					X Medically needy individuals (FFP is not available for this group).
1902(a)(30)			(2)	<u>Oth</u>	er Health Insurance
1905(a) of t	ne Act			<u>X</u>	The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).
T.N. #	98-0	1			Approval Date <u>3-13-98</u>

Supersedes T.N. # <u>93-07</u>

Effective Date <u>1-1-98</u>

Revision:	HCFA-PM-93-2 March 1993	(MB) Pa	age 29c
		IDER TITLE XIX OF THE SOCIAL SECURITY ACT IEDICAL ASSISTANCE PROGRAM	
	State:	UTAH	
	SECTION 3 - S	ERVICES: GENERAL PROVISIONS (Continued)	
Citation	3.2	Coordination of Medicaid with Medicare and Other Insuration (Continued)	<u>ance</u>
		(b) <u>Deductibles/Coinsurance</u>	
1902(a)(30 1905(a), ar), 1902(n), nd 1916 of the Act	(1) <u>Medicare Part A and B</u> Supplement 1 to ATTACHMENT 4.19-B describ methods and standards for establishing paymen for services covered under Medicare, and/or the methodology for payment of Medicare deductib coinsurance amounts, to the extent available fo of the following groups.	nt rates e le and
Sections 19 (a)(10)(E)(i 1905(p)(3)) and	 Qualified Medicare Beneficiaries (QMBS) The Medicaid agency pays Medicare Part A Part B deductible and coinsurance amount QMBs (subject to any nominal Medicaid copayment) for all services available under Medicare. 	s for
), 1902(a)(30), a) of the Act	 (ii) <u>Other Medicaid Recipients</u> The Medicaid agency pays for Medicaid service covered under Medicare and furnished to recipientitled to Medicare (subject to any nominal Mecopayment). For services furnished to individuationare described in section 3.2(a)(1)(iv), payment in the section 3.2(a)(1)(iv), payment i	ients edicaid als who
42 CFR 43	1.625	made as follows: <u>X</u> For the entire range of services availa under Medicare Part B. Only for the amount, duration, and sco services otherwise available under this	ope of
1902(a)(10 1905(a), ar of the Act), 1902(a)(30), nd 1905(p)	 (iii) <u>Dual EligibleQMB Plus</u> The Medicaid agency pays Medicare Part A Part B deductible and coinsurance amoun all services available under Medicare and p for all Medicaid services furnished to indivi- eligible both as QMBs and categorically or medically needy (subject to any nominal M copayment). 	A and its for pays duals
T.N. #	93-07	Approval Date 4-	12-93
Supersede	s T.N. # <u>93-05</u>	Effective Date1	-1-93

Revision:	HCFA-PM-91-8 October 1991	3 (MB))	Page 29d	
	STATE PLAN	-	INDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM		
	State:		UTAH		
	SECTION 3 -	SERVI	CES: GENERAL PROVISIONS (Continued)		
Citation	3		rdination of Medicaid with Medicare and Other Ins ntinued)	urance	
1906 of the Act		(c)	Premiums, Deductibles, Coinsurance and Other (Sharing Obligations	<u>Cost</u>	
			The Medicaid agency pays all premiums, deducti coinsurance and other cost sharing obligations fo and services covered under the State plan (subje nominal Medicaid copayment) for eligible individu employer-based cost-effective group health plans	r items ct to any als in	
			When coverage for eligible family members is not unless ineligible family members enroll, the Media agency pays premiums for enrollment of other far members when cost-effective. In addition, the eli individual is entitled to services covered by the St which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).	caid nily gible ate plan	
1902(a)(10)(of the Act	F)	(d)	The Medicaid agency pays premiums for ind described in item 19 of Attachment 2.2-A.	ividuals	

T.N. # _____ 91-25

Approval Date 7-10-92

Supersedes T.N. # <u>New</u>

Effective Date <u>12-1-91</u>

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

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

 State:
 UTAH

 SECTION 3 - SERVICES:
 GENERAL PROVISIONS (Continued)

 Citation
 3.3
 Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases

 42 CFR 441.101, 42 CFR 431.620(c) and (d) AT-79-29
 Medicaid is provided for individuals 65 years of age or older who are patients in institutions for mental diseases.

 X
 Yes. The requirements of 42 CFR Part 441, Subpart C, and 42 CFR 431.620(c) and (d) are met.

 Not applicable.

 Medicaid is not provided to aged individuals in such institutions under this plan.

T.N. # ______76-41

Approval Date <u>3-21-76</u>

Supersedes T.N. # _____

Effective Date 11-23-76

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

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

State: UTAH

SECTION 3 - SERVICES: GENERAL PROVISIONS (Continued)

Citation

3.4 Special Requirements Applicable to Sterilization Procedures

42 CFR 441.252 AT-78-99 All requirements of 42 CFR Part 441, Subpart F are met.

T.N. # _____ 79-02___

Approval Date <u>4-10-79</u>

Supersedes T.N. # _____

Page 31

Effective Date <u>3-6-79</u>

Revision:	HCFA-PM-91-4 August 1991	(BPD)	Page 31a	
	STATE PLAN UN N	ACT		
	State:			
	SECTION 3 - S	RVICES: GE	NERAL PROVISIONS (Continue	ed)
Citation	3.5	Families Rece	iving Extended Medicaid Benef	its
1902(a)(52) and 1925 of the Act		period of of the Act services p as descril	provided to families during the f extended Medicaid benefits und are equal in amount, duration, provided to categorically needy bed in ATTACHMENT 3.1-A (or through a caretaker relative em plan).	der Section 1925 and scope to AFDC recipients may be greater if
			provided to families during the s extended Medicaid benefits und are	
		provi desc if pro	I in amount, duration, and scop ded to categorically needy AFD ribed in ATTACHMENT 3.1-A (o vided through a caretaker relati h insurance plan).	C recipients as or may be greater
		provi may empl	I in amount, duration, and scop ded to categorically needy AFD be greater if provided through a oyer's health insurance plan) m of the following acute services	C recipients, (or a caretaker relative inus any one or
			Nursing facility services (other t institution for mental diseases) f years of age or older.	
			Medical or remedial care provid practitioners.	ed by licensed
			Home health services.	
T.N. #	91-20		Approval	Date <u>11-13-91</u>
Supersedes	T.N. # <u>90-15</u>		Effective	Date 10-1-91

Revision:	HCFA-PM-91-4 August 1991	(BPD)	Page 31b		
		STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM			
	State:		UTAH		
	SECTION 3 - S	ERVICES: GI	ENERAL PROVISIONS (Continued)		
Citation	3.5	Families Rec	ceiving Extended Medicaid Benefits (Continued)		
		(b) (Continu	ied)		
		_	Private duty nursing services.		
		_	Physical therapy and related services.		
			Other diagnostic, screening, preventive, and rehabilitation services.		
		_	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.		
		—	Intermediate care facility services for the mentally retarded.		
		_	Inpatient psychiatric services for individuals under age 21.		
			Hospice services.		
			Respiratory care services.		
		_	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.		

T.N. # _____ 91-20

Approval Date <u>11-13-91</u>

Supersedes T.N. # 90-15

Effective Date 10-1-91

Revision:	HCFA-PM-91-4 August 1991	(BPD)		Page 31c
			KIX OF THE SOCIA	
	State:		UTAH	
	SECTION 3 - S	ERVICES: (ENERAL PROVISI	ONS (Continued)
Citation	3.5	Families Re	ceiving Extended M	ledicaid Benefits (Continued)
		fe he	es, deductibles, coir	family's premiums, enrollment nsurance, and similar costs for y the caretaker's employer as assistance
			1st 6 months 2nd 6 months	
			e agency requires o alth plans as a cono	caretakers to enroll in employers' dition of eligibility.
			1st 6 months 2nd 6 months	
		(d) (1	families during the	ency provides assistance to e second 6-month period of id benefits through the following ids:
			Enrollment ir employer's h	n the family option of an lealth plan.
			Enrollment ir employee he	n the family option of a State ealth plan.
			Enrollment ir uninsured.	n the State health plan for the
			organization enrollment of	n an eligible managed care (MCO) with a prepaid f less than 50 percent Medicaid xcept recipients of extended
T.N. #	03-016			Approval Date <u>3-3-04</u>
Supersede	s T.N. # <u>91-20</u>			Effective Date <u>10-1-03</u>

Revision:	HCFA-PM-91-4 August 1991	(BPD)			Page 31d	
	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM					
	State:			UTAH		
	SECTION 3 - S	ERVICES	: Ge	ENERAL PROVISIONS (Continued)		
Citation	3.5 Families Receiving Extended Medicaid Benefits (Continued)					
describes the alternative health o including requirements for assuri				plement 2 to ATTACHMENT 3.1-A spectribes the alternative health care plan(s uding requirements for assuring that rec e access to services of adequate quality) offered, cipients	
		(2)	The	agency		
			(i)	Pays all premiums and enrollment fees on the family for such plan(s).	s imposed	
			(ii)	Pays all deductibles and coinsurance i the family for such plan(s).	mposed on	

T.N. # _____ 91-20

Approval Date 11-13-91

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