UT - Submission Package - UT2022MS0001O - (UT-22-0007) - Administration

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Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | UT2022MS0001O | UT-22-0007

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CMS-10434 OMB 0938-1188

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Package Header

Package ID	UT2022MS0001O	**SPA ID**	UT-22-0007
Submission Type	Official	**Initial Submission Date**	6/6/2022
Approval Date	12/22/2022	**Effective Date**	7/1/2022
Superseded SPA ID	UT-18-0001, UT-14-0004		
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VIEW ALL RESPONSES

A. Single State Agency

Collapse

1. State Name: Utah

☒ 2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

Utah Department of Health and Human Services

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

Collapse

☒ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
UT AG Certification	5/31/2022 4:51 PM EDT	
Signed-Section 7.4	6/6/2022 11:03 AM EDT	

C. Administration of the Medicaid Program

Collapse

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- ○ 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- ◉ 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.
  - ☐ a. The single state agency supervises the administration through counties or local government entities.
  - ☐ b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.
  - ☒ c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

D. Additional information (optional)

Collapse

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

ATTACHMENT 1.1-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MEDICAL ASSISTANCE PROGRAM

State: UTAH

ATTORNEY GENERAL'S CERTIFICATION

I certify that: THE UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES is the single State agency responsible for:

☒ administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is

Utah Code Annotated S 26-1-18
(statutory citation)

☐ supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in

_____
(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is

_____
(statutory citation)

Date: 05/31/2022

Sean D. Reyes /s/
(Signature)
ATTORNEY GENERAL
STATE OF UTAH
(Title)

Transmittal Number 22-0007 Approval Date 12-22-22

Supersedes T.N. # 97-008 Effective Date 7-1-22

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

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

State: UTAH

SECTION 7 - GENERAL PROVISIONS - (Continued)

Citation

42 CFR 430.12(b)

7.4 State Governor's Review

The Medicaid agency will provide opportunity for the Office of the Governor to review State Plan Amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare & Medicaid Services with such documents.

___ Not applicable. The Governor--

___ Does not wish to review any plan material.

___ Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES
(Designated Single State Agency)

Date: 5-31-2022

Tracy Gruber (May 27, 2022 07:25 MDT)

(Signature)
TRACY GRUBER
EXECUTIVE DIRECTOR
UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES
(Title)

T.N. # 22-0007 Approval Date 12-22-22

Supersedes T.N. # 18-0001 Effective Date 7-1-22

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⇐ All Reviewable Units

← Designation and Authority | Eligibility Determinations and Fair Hearings →

Medicaid State Plan Administration

Organization

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | UT2022MS0001O | UT-22-0007

Spell Check Instructions | Request System Help

CMS-10434 OMB 0938-1188

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VIEW ALL RESPONSES

A. Intergovernmental Cooperation Act Waivers

Collapse

The state has the following Intergovernmental Cooperation Act Waivers:

	State Agency	Delegated Responsibility	Date Waiver Granted	Date of Termination	Status	Vali
☒	Department of Workforce Services	Conducting fair hearings	12/20/2022		Active	

View Waiver Department of Workforce Services

1. Name of state agency to which responsibility is delegated:

Department of Workforce Services

2. Date waiver granted:

12/20/2022

3. The type of responsibility delegated is (check all that apply):

☒ a. Conducting fair hearings

☐ b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

The Department of Health and Human Services (DHHS), Division of Integrated Healthcare (DIH) delegates authority to the Department of Workforce Services (DWS), Office of Adjudications (also referred to as ALJ) to conduct fair hearings. DWS conducts hearings regarding all applicant and member appeals for medical assistance eligibility cases as defined in the Memorandum of Understanding with DIH. Decisions about disability status, issues regarding services or benefits, and foster care and subsidized adoption medical assistance eligibility are managed by DHHS as noted in the last paragraph below. DWS agrees to conduct hearings in compliance with 42 C.F.R. section 431, subpart E, and to comply with all applicable federal and state laws, rules, regulations, policies, and guidance governing the medical assistance programs.

The DWS Adjudication Office conducts fair hearings when an applicant or member requests a hearing because the individual disagrees with the DWS decision about eligibility for medical assistance. Hearings are informal and most hearings are done via telephone, unless an individual requests to have an in-person hearing. Individuals

have the opportunity to present their position, and can have someone assist them in the hearing process. DWS prepares a written hearing decision that is sent to the applicant or member, the DWS eligibility worker, and to the Office of Eligibility Policy (OEP) within DIH. The decision becomes final 30 days after the date the ALJ signs the decision to allow either the applicant/member or OEP to request an agency review during that 30-day time period. DWS conducts agency reviews when the applicant, member or DIH disagree with the initial hearing decision. Beneficiaries are allowed to continue with benefits pending the outcome of the hearing. In circumstances where an ALJ makes a favorable determination to the beneficiary, the State will implement a policy that the decision is effectuated immediately.

DIH retains oversight of the fair hearing process and the State Plan. DIH will monitor the entire appeals process, including the quality and accuracy of the final decisions made by DWS. DWS will ensure access to reports related to hearing requests and agency review requests made. DIH will meet regularly with DWS and address any concerns with hearings, including the hearing process itself. As a party to all hearings under state law, DIH will only intervene to ensure that DWS is following Medicaid and CHIP rules and regulations. DIH will ensure that every applicant and member is informed in writing of the fair hearing process, how to contact DWS and how to obtain information about fair hearings from that agency.

The DHHS Office of Administrative Hearings conducts all fair hearings regarding denials of disability status, hearings about foster care or subsidized adoption Medicaid cases and hearings regarding services or benefits. All of these hearings are de novo hearings. DHHS staff attend hearings concerning foster care or subsidized adoption Medicaid cases to provide policy and regulation expertise or case specific information.

5. Methods for coordinating responsibilities between the agencies include:

- [X] a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- [X] b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- [X] c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- [X] d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- [X] e.The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
    - [X] i. A written agreement between the agencies.
    - [ ] ii. State statutory and/or regulatory provisions.

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- (•) Yes
- ( ) No

- [X] The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

7. Additional methods for coordinating responsibilities among the agencies (optional):

DWS' recommended hearing decisions are sent to the OEP Office within DHHS. The applicant or member receives a notice of the DWS hearing decision. All hearing decisions on medical assistance cases made by the Adjudication Office at DWS are reviewed by DHHS. OEP Program specialists review fair hearing decisions made by DWS Adjudications Officers for correct application and interpretation of rules and policy. The specialists also determine if the DWS hearing decision considered all the available information to make an accurate decision.

DHHS reviews are not de novo hearings; they are a review of DWS' decision, but the applicant or member may submit a statement or additional information to the ALJ for DWS for consideration. The final decision is sent to the applicant/member, DWS, and OEP. If an applicant or member still disagrees with the decision, they may file an appeal in court.

B. Additional information (optional)

Expand

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Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | UT2022MS0001O | UT-22-0007

Spell Check Instructions | Request System Help

CMS-10434 OMB 0938-1188

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Package Header

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VIEW ALL RESPONSES

A. Eligibility Determinations (including any delegations)

Collapse

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- [X] a. The Medicaid agency
- [X] b. Delegated governmental agency
  - [X] i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
  - [ ] ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
  - [ ] iii. Other

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- [X] a. The Medicaid agency
- [X] b. Delegated governmental agency
  - [X] i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
  - [ ] ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
  - [ ] iii. The Social Security Administration determines Medicaid eligibility for:
    - [ ] (1) SSI beneficiaries
    - [ ] (2) Optional state supplement recipients
  - [ ] iv. Other

3. Assurances:

- [X] a. The Medicaid agency is responsible for all Medicaid eligibility determinations.

- [X] b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- [X] c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- [X] d. The delegated entity is capable of performing the delegated functions.

B. Fair Hearings (including any delegations)

Collapse

- [X] The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- [X] The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

- [X] a. Medicaid agency
- [X] b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.
- [ ] d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- [X] All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

C. Evidentiary Hearings

Collapse

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- ○ Yes
- ◉ No

D. Additional information (optional)

Collapse

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⇐ All Reviewable Units

← Eligibility Determinations and Fair Hearings | Single State Agency Assurances →

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | UT2022MS0001O | UT-22-0007

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VIEW ALL RESPONSES

A. Description of the Organization and Functions of the Single State Agency

Collapse

1. The single state agency is:

- ○ a. A stand-alone agency, separate from every other state agency
- ○ b. Also the Title IV-A (TANF) agency
- ◉ c. Also the state health department
- ○ d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

The Utah Department of Workforce Services conducts eligibility determinations for the Utah Department of Health and Human Services.

b. Fair Hearings (including expedited fair hearings)

The Utah Department of Workforce Services (DWS) conducts fair hearings for the Utah Department of Health and Human Services (DHHS). The Division of Integrated Healthcare (DIH) within DHHS delegates authority to the DWS Office of Adjudications to conduct fair hearings. DWS conducts hearings regarding all applicant and member appeals for medical assistance eligibility cases as defined in the Memorandum of Understanding with DIH, except for decisions about disability status, issues regarding services or benefits, and foster care and subsidized adoption medical assistance eligibility. The Department of Health and Human Services, Office of Administrative Hearings (OAH) conducts all fair hearings regarding denial of disability status, hearings about foster care or subsidized adoption Medicaid cases, and hearings regarding services of benefits. All of these hearings are de novo hearings. Staff from the DHHS attend hearings concerning foster care or subsidized adoption Medicaid cases to provide policy and regulation expertise or case specific information.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The Office of Managed Healthcare develops and oversees contracts with managed health care providers, determines areas of coverage for managed care, and oversees the CHIP State Plan, EPSDT requirements, and service provisions. It provides education to participants about their health care coverage under Medicaid and CHIP, and assists participants in selecting a managed care provider along with other access issues.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

The Office of Eligibility Policy (OEP) is responsible for the State Plan provisions relating to eligibility coverage groups and eligibility criteria for Medicaid. It is also responsible for all the state administrative rules relating to eligibility for Medicaid and CHIP. It develops and publishes a Medicaid Eligibility Policy manual and a CHIP

Eligibility Policy manual to be used by the eligibility staff at DWS as well as being available to the public. DHHS works closely with DWS and the IT staff in charge of the member information computer system to make changes that support the eligibility determination process. OEP provides oversight to the MEQC process. It also assures compliance with policies by reviewing DWS' training and procedure manuals. OEP also has a medical review board that makes disability determinations for Medicaid applicants. OEP Program specialists review fair hearing decisions made by DWS Adjudications Officers for correct application and interpretation of rules and policy to determine if an agency review is necessary, which is conducted by the DWS Executive Director or designee.

e. Administration, including budget, legal counsel

The State Executive Branch is responsible for setting up departments within state government to carry out the various services and functions of state government. The Executive Department designated the Department of Health and Human Services as the Single State Medicaid Agency. As a department in state government, DHHS is responsible for producing and updating the State Medicaid Plan, administrative rules, and policies for the implementation of Medicaid and CHIP, and is the state's Title IV-E agency. DHHS is responsible for producing provider manuals and managing claims and reporting functions for Medicaid and CHIP. The Executive Director of the Department is appointed by the Governor of Utah, and is responsible for reporting to the Governor's office about the activities and responsibilities of the DHHS. DHHS is also responsible for working with other governmental departments providing social services and public assistance programs. This includes DWS, which is the Title IV-A agency. DHHS receives legal counsel from an assigned Assistant Attorney General. The budget is controlled and monitored by the Governor's Office of Management and Budget.

f. Financial management, including processing of provider claims and other health care financing

The Office of Medicaid Operations is in charge of provider enrollment, processing provider claims on behalf of eligible beneficiaries. It provides training to providers about allowable Medicaid expenditures and billing practices. It publishes provider manuals and is the single point of phone contact for information about client eligibility, claims processing and general Medicaid program questions. The Office of Financial Services monitors, coordinates and facilitates the Division's efforts to operate economical and cost effective medical assistance programs. It performs budget forecasting and preparation, appropriation requests, legislative reports, administration expenditures, and federal fiscal reports.

g. Systems administration, including MMIS, eligibility systems

Medicaid Management Information System, Medicaid Managed Care System, and eRep.

h. Other functions, e.g., TPL, utilization management (optional)

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
DHHS Org Structure	8/12/2022 11:38 AM EDT	
DWS Org Structure	8/12/2022 11:38 AM EDT	
DWS Hearings Org Chart	8/12/2022 7:22 PM EDT	

B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Collapse

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
Single state agency under Title IV-A (TANF)	The Department of Workforce Services (DWS) Adjudication Office conducts fair hearings when an applicant or member requests a hearing because the individual disagrees with the DWS decision about eligibility for medical assistance. Hearings are informal and most hearings are done via telephone, unless an individual requests to have an in-person hearing. Individuals have the opportunity to present their position, and can have someone assist them in the hearing process. DWS prepares a written recommended hearing decision that is sent to the applicant and member, the DWS eligibility worker and to the Department of Health and Human Services, Office of Eligibility Policy (OEP). The recommended decision does not become final for 30 days, allowing either the applicant/member, or OEP to request an agency review. The agency review is conducted by the DWS Executive Director or designee.

E. Coordination with Other Executive Agencies

Collapse

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

- ○ Yes
- ◉ No

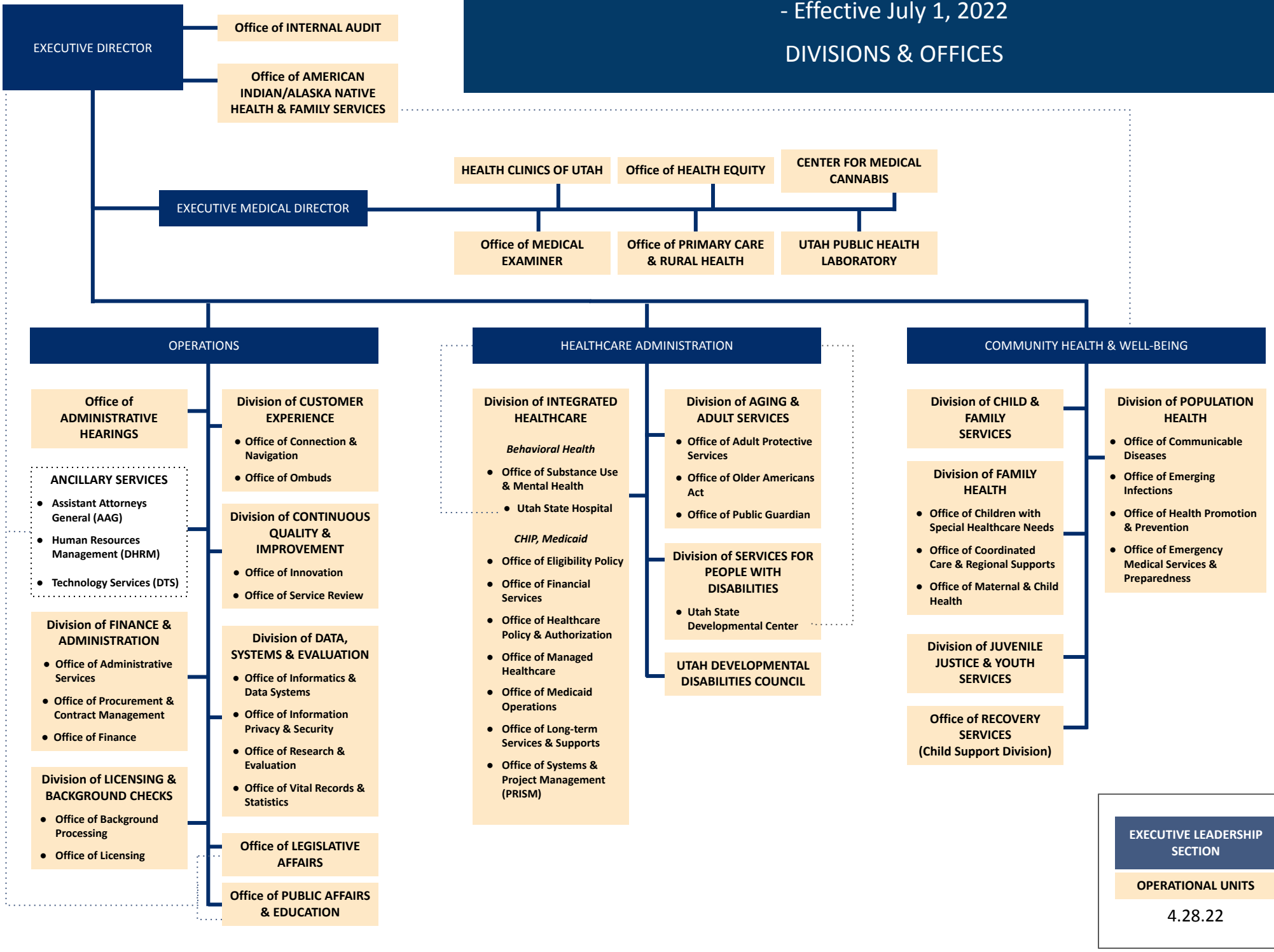
F. Additional information (optional)

Collapse

Other references to the former single state agency within the state plan will, as of the effective date of the SPA, refer to the new agency – the Department of Health and Human Services.

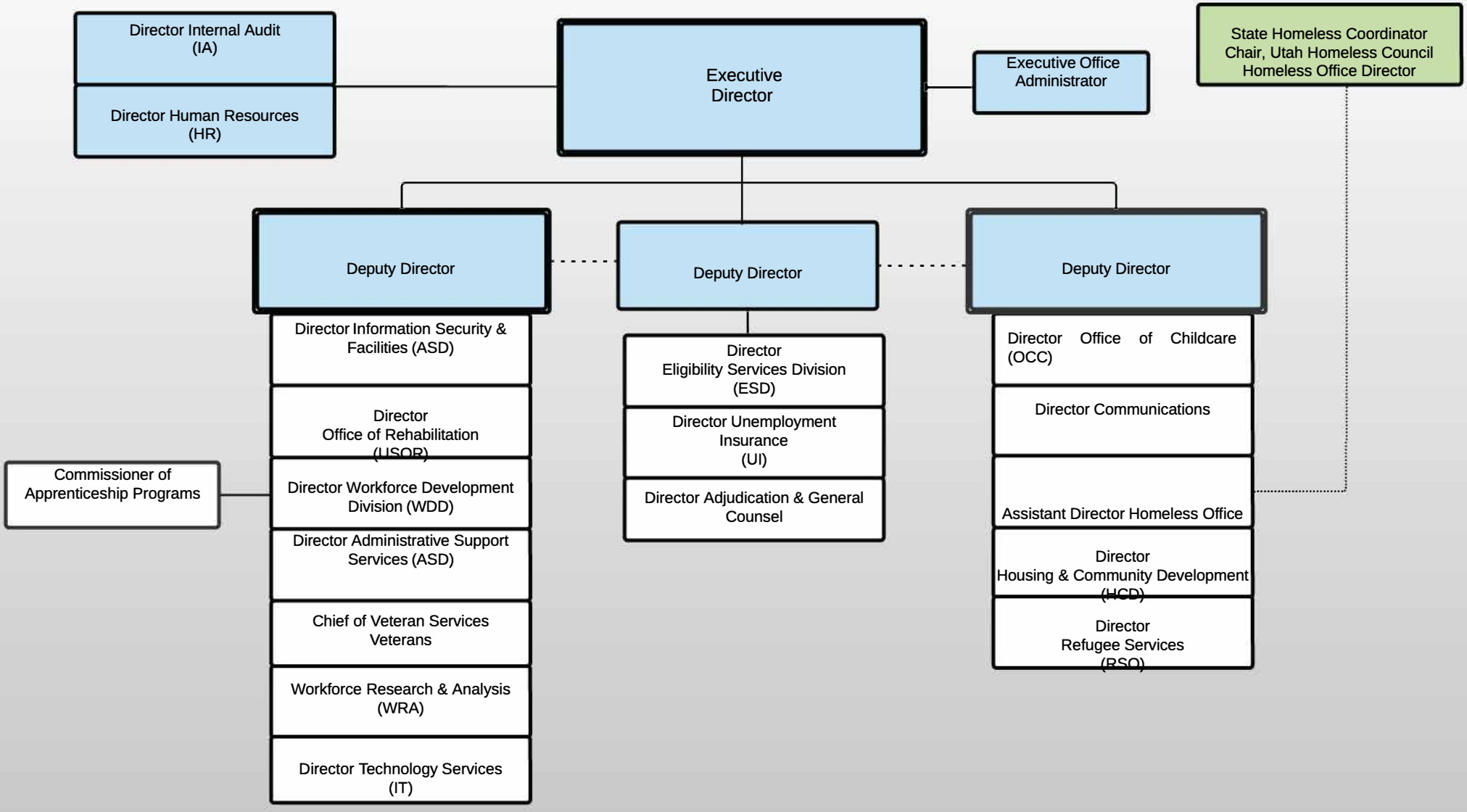
Utah Department of Health & Human Services Organizational Structure - Effective July 1, 2022

DIVISIONS & OFFICES



DEPARTMENT OF WORKFORCE SERVICES

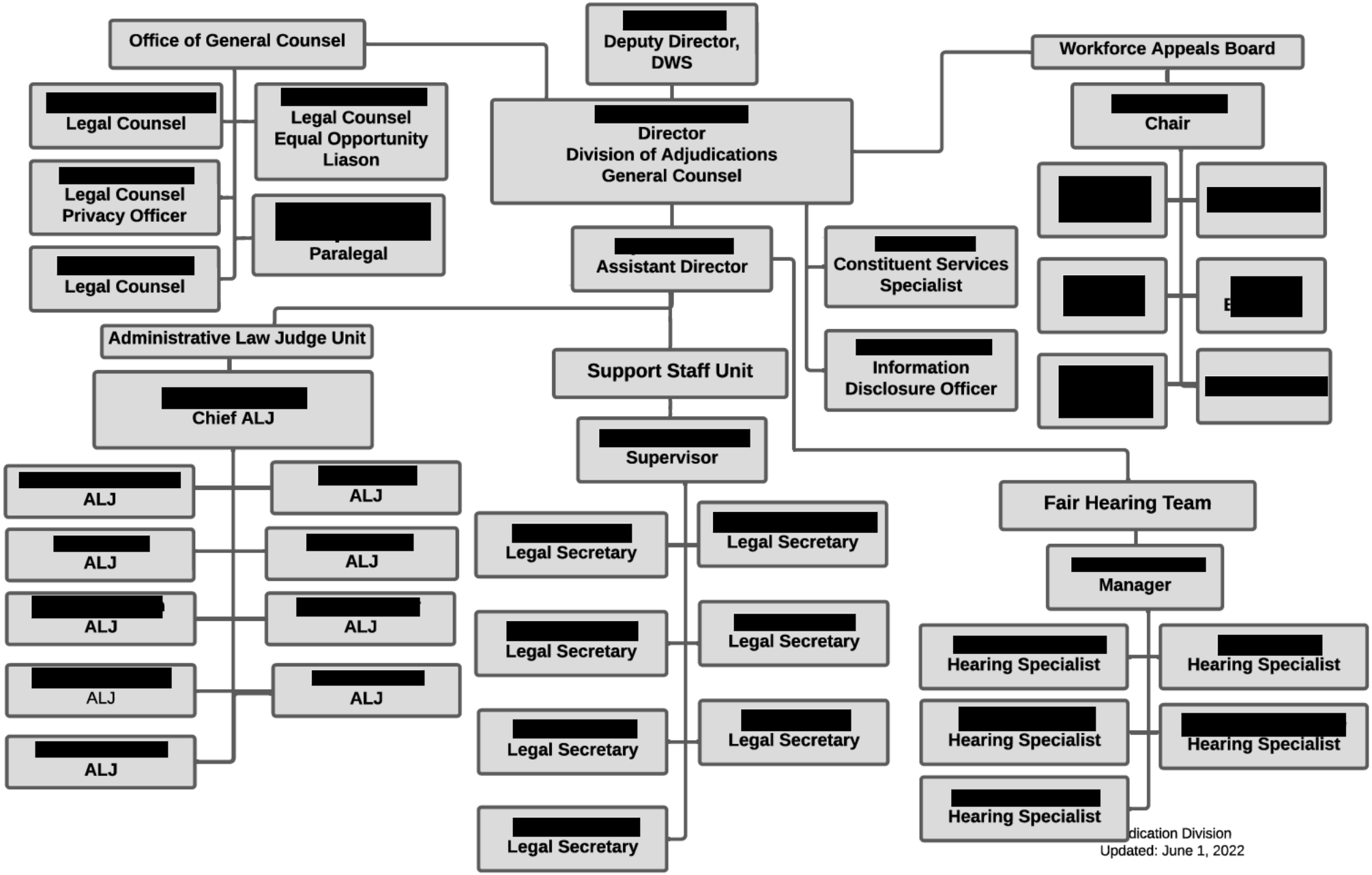
EXECUTIVE DIRECTOR'S OFFICE ORGANIZATION CHART



Executive Directors Office
Updated: 6/7/2022

DEPARTMENT OF WORKFORCE SERVICES

ADJUDICATION DIVISION ORGANIZATION CHART



dication Division
Updated: June 1, 2022

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⇐ All Reviewable Units

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Medicaid State Plan Administration

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Single State Agency Assurances

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A. Assurances

Collapse

[X] 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.

[X] 2. All requirements of 42 CFR 431.10 are met.

[X] 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.

[X] 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

[X] 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

[X] 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

Collapse

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