



State of Utah

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Governor

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Lieutenant Governor

Utah Department of Health

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Division of Medicaid and Health Financing

NATE CHECKETTS
Deputy Director, Utah Department of Health
Director, Division of Medicaid and Health Financing

September 30, 2017

Members of the Social Services Appropriations Subcommittee
State Capitol
Salt Lake City, Utah 84114

Dear Subcommittee Member:

The Centers for Medicare and Medicaid Services (CMS) requires the Department of Health to update its State Plan and existing waivers for Medicaid when the State makes changes to the program. In accordance with these changes and reporting requirements of Subsection 26-18-3(3)(a), the following is a summary of recent changes:

State Plan Amendments

Ambulance Rates

The Department transmitted a State Plan Amendment to implement a new effective date of rates (July 10, 2017) for ambulance services. The effective date of this change coincides with the effective date of the amendment to *Rule R426-8 Emergency Medical Services Ground Ambulance Rates and Charges*.

This amendment only updates an effective date and does not affect annual appropriations. There is no cost shift to more expensive services for Medicaid members and their families.

Peer Support Services

The Department transmitted an amendment to remove duplicative information from the State Plan. This amendment removes the reimbursement page for peer support services because reimbursement for these services already falls under the category of rehabilitative mental health.



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This update to the State Plan does not affect annual appropriations and there is no cost shift to more expensive services for Medicaid members and their families.

Waivers

1115 Primary Care Network Demonstration Waiver

On August 15, 2017, the Division submitted additional amendments to CMS for this waiver which included the following requests:

1. Enrollment limits for the Targeted Adults without Dependent Children group;
2. Limitations on the number of eligible months an individual can received PCN or Medicaid under the Targeted Adults without Dependent Children Group;
3. A work requirement for individuals receiving PCN;
4. A higher copay for non –emergent use of the emergency department for parents (known as Current Eligibles under the waiver)
5. No presumptive eligibility for Current Eligibles and Targeted Adults without Dependent Children;
6. The ability to change eligibility criteria for the Targeted Adults without Dependent Children through state administrative rule; and
7. Applying the Early and Period Screening, Diagnostic and Treatment (EPSDT) waiver for Targeted Adults without Dependent Children, as well as withdrawing our 2016 request to add EPSDT services for Current Eligibles age 19 and 20 years old.

Please let me know if you have any questions.

Sincerely,

Nate Checketts
Deputy Director, Department of Health
Director, Medicaid and Health Financing

