

DMHF Rules Matrix 2-15-24

Rule Summary	Bulletin Publication	Effective
R414-90 Diabetes Self-Management Training; The purpose of this change is to clarify policy for diabetes self-management training. This amendment, therefore, clarifies eligibility, access, coverage, and reimbursement. It also makes other technical changes.	1-15-24	2-21-24

The public may access proposed rules published in the State Bulletin at <https://rules.utah.gov/publications/utah-state-bull/>

State of Utah
Administrative Rule Analysis
Revised May 2023

NOTICE OF PROPOSED RULE

TYPE OF FILING: Amendment

Title No. - Rule No. - Section No.

Rule or Section Number:

R414-90

Filing ID: 56258

Agency Information

1. Department:	Health and Human Services	
Agency:	Integrated Healthcare	
Building:	Cannon Health Building	
Street address:	288 N. 1460 W.	
City, state and zip:	Salt Lake City, UT 84116	
Mailing address:	PO Box 143102	
City, state and zip:	Salt Lake City, UT 84114-3102	
Contact persons:		
Name:	Phone:	Email:
Craig Devashrayee	801-538-6641	cdevashrayee@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:
R414-90. Diabetes Self-Management Training
3. Purpose of the new rule or reason for the change:
The purpose of this change is to clarify policy for diabetes self-management training.
4. Summary of the new rule or change:
This amendment clarifies eligibility, access, coverage, and reimbursement for diabetes self-management training. It also makes other technical changes.

Fiscal Information

5. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:
A) State budget:
There is no impact to the state budget as this change solely clarifies existing Medicaid policy.
B) Local governments:
There is no impact on local governments as this change solely clarifies existing Medicaid policy.
C) Small businesses ("small business" means a business employing 1-49 persons):
There is no impact on small businesses as this change solely clarifies existing Medicaid policy.
D) Non-small businesses ("non-small business" means a business employing 50 or more persons):
There is no impact on non-small businesses as this change solely clarifies existing Medicaid policy.
E) Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency):
There is no impact to other persons or entities as this change solely clarifies existing Medicaid policy.
F) Compliance costs for affected persons (How much will it cost an impacted entity to adhere to this rule or its changes?):

There are no compliance costs to a single person or entity as this change solely clarifies existing Medicaid policy.

G) Regulatory Impact Summary Table (This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts will be included in narratives above.)

Regulatory Impact Table			
Fiscal Cost	FY2024	FY2025	FY2026
State Government	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Cost	\$0	\$0	\$0
Fiscal Benefits	FY2024	FY2025	FY2026
State Government	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0
Total Fiscal Benefits	\$0	\$0	\$0
Net Fiscal Benefits	\$0	\$0	\$0

H) Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this fiscal analysis. Businesses will see no fiscal impact as this change solely clarifies existing Medicaid policy.

Citation Information

6. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-1-213	Section 26B-3-108	
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Public Notice Information

8. The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. See Section 63G-3-302 and Rule R15-1 for more information.)

A) Comments will be accepted until:	02/14/2024
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9. This rule change MAY become effective on:	02/21/2024
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NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.

Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.

Agency head or designee and title:	Tracy S. Gruber, Executive Director	Date:	12/13/2023
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R414. Health and Human Services, [Health Care Financing, Coverage and Reimbursement Policy]Integrated Healthcare.

R414-90. Diabetes Self-Management Training.

R414-90-1. Introduction and Authority.

[Diabetes self-management training is an educational program that teaches individuals how to successfully manage and control diabetes.]Diabetes self-management training, as outlined in this rule, is a component of the [Utah]Medicaid State Plan and is authorized by 42 CFR 440.130[and Section 26-18-3].

R414-90-2. Definitions.

"Diabetes self-management training or (DSMT)" means an educational program that teaches individuals how to manage and control diabetes successfully.

R414-90-[2]3. [Client]Member Eligibility Requirements.

[Diabetes self-management training]DSMT services are available to categorically and medically needy individuals.[is available to

~~Traditional Medicaid clients, Non-Traditional Medicaid clients, and Primary Care Network (PCN) clients who are diabetic and receive a physician referral for services.]~~

R414-90-~~3~~4. Program Access Requirements.

(1) ~~[Diabetes self-management training]DSMT~~ is limited to services approved by a physician, under a comprehensive plan ~~[that is]~~ essential to ensure successful diabetes self-management by the individual ~~[patient]member~~.

(2) Only qualified providers may provide DSMT. Qualified providers for the ~~[diabetes self-management training]DSMT~~ program include registered nurses, registered pharmacists, and ~~[certified]registered~~ dietitians licensed by the state. These providers are required to be ~~[certified]accredited~~ or recognized by the American Diabetes Association (ADA) ~~[of Diabetes Educators (AADE)]~~ or Association of Diabetes Care and Education Specialists (ADCES) ~~[approved through the Utah Department of Health as diabetes instructors].~~

(3) ~~[Diabetes self-management training]A home health agency (HHA) may only provide DSMT [services provided by a home health agency, may only be provided by]through a licensed health care provider who is [certified]accredited or recognized by an [American Diabetes Association (ADA)] program [or approved through the Utah Department of Health] or ADCES program.~~

(4) ~~[Home Health Agency]HHA~~ participation in ~~[diabetes self-management training]DSMT~~ is limited to ~~[providing services to the patient]members~~ who ~~[is] receive[ing]~~ other skilled services in the home based on a physician order and plan of care ~~[, when the home is the most appropriate site for the care provided].~~

R414-90-~~4~~5. Service Coverage.

(1) Patient assessment for the ~~[diabetes self-management]DSMT~~ program shall include[s]:

~~_____~~ (a) a review of medical history[;];

~~_____~~ (b) risk factors[;];

~~_____~~ (c) health status[;];

~~_____~~ (d) resource utilization[;];

~~_____~~ (e) knowledge and skill level[;]; and

~~_____~~ (f) cultural barriers to effective diabetes self-management.

(2) ~~[Diabetes self-management training]DSMT~~ is limited to a maximum of ~~[40 hours]ten sessions~~ of outpatient services as ordered by a physician.

(3) ~~[Diabetes self-management training]DSMT~~ is limited to training presented by a qualified provider within an ~~[certified-]accredited or recognized~~ program that meets ~~[all of]the~~ standards of the National Diabetes Advisory Board covering ~~[the 15 ADA]seven ADA and ADCES self-care~~ core curriculum content areas. The program must also be ~~[recognized by the American Association of Diabetes Educators]accredited by the ADA or recognized by the ADCES[or be certified by the Utah Department of Health].~~

(4) ~~[Diabetes self-management training]DSMT [includes group sessions, but must]shall~~ allow for direct, face-to-face interaction between the educator and the ~~[patient]member~~.

(5) Diabetes self-management training must be sufficient in length to meet the goals of the member's basic comprehensive plan of care. Individual sessions must be sufficient in number and designed to meet the individual's cultural and learning needs.

~~_____~~ (6) ~~A maximum of 10 sessions per year may be approved by a physician and through prior authorization.]~~

~~_____~~ (7) ~~[Repeating any or all of a diabetes self-management program.]A member who repeats any part of a DSMT program may only be treated for new conditions that arise or changes in health status[is limited to new conditions or a change in the health status of the client that warrants the need for new training].~~

~~_____~~ (8) ~~Medicaid also covers. [F]the following DSMT services[-are also covered]:~~

~~_____~~ (a) annual eye examination that includes dilation;

~~_____~~ (b) annual physical;

~~_____~~ (c) glycosylated hemoglobin laboratory test with foot examination;

~~_____~~ (d) blood sugar review; and

~~_____~~ (e) blood pressure reading every ~~[3]three to [4]four~~ months.

~~_____~~ (9) ~~Medicaid[Diabetes self-management training] does not cover charges for facility use.~~

R414-90-~~5~~6. Reimbursement Methodology.

(1) Medicaid payments for approved ~~[diabetes self-management training]DSMT~~ are based on the established Medicaid fee schedule, unless a DSMT provider bills for a lower amount ~~[is billed]. The fee schedule was established after internal and external consultation with diabetes experts. Adjustments to the schedule are made in accordance with appropriations and to produce efficient and effective services].~~

~~_____~~ (2) Diabetic glucose monitoring is part of the global maternity payment. Providers may not submit additional billing for:

~~_____~~ (a) an office visit;

~~_____~~ (b) DSMT; or

~~_____~~ (c) nutritional medical counseling for diabetic glucose monitoring during a member's pregnancy.

KEY: Medicaid

Date of Last Change: January 19, 2005

Notice of Continuation: November 7, 2023

Authorizing, and Implemented or Interpreted Law: 26B-1-~~5~~213; 26B-~~18~~3-~~3~~108