

DIH SPA Summary 6-20-24	Public Notice Date	Proposed Effective Date	Target Date or Date Submitted to CMS	CMS Approval Date	CMS Approved Effective Date	MCAC Present Date
<p>UT-24-0012 Medical Education Payments; The purpose of this amendment is to update graduate medical education payment pool methodology. It specifies the annual payment pool amount, clarifies that payments will be distributed quarterly to the University of Utah Hospitals and Clinics, removes the payment pool example, removes the list of hospitals, and moves the section for upper payment limits to another page in the State Plan.</p>	5-26-24	7-1-24	6-30-24			6-20-24
<p>UT-24-0013 Graduate Medical Education in Managed Care; This amendment adds new direct and indirect medical education payments to the University of Utah Hospitals and Clinics (UUHC) for its managed care population for inpatient and outpatient services.</p>	5-26-24	7-1-24	6-30-24			6-20-24
<p>UT-24-0014 CHIP Non-Payment of Premiums; This amendment affirms that the non-payment of premiums or enrollment fees does not result in the loss of CHIP eligibility.</p>	N/A	1-1-24	6-30-24			6-20-24
<p>UT-24-0015 Supportive Living; This amendment covers costs incurred by licensed residential treatment programs or licensed residential support programs that do not qualify for bundled payments, and allows treatment for individuals with serious mental illness or a serious emotional disorder to be at their best functional level. It further includes the effective date and payment methodology for these services.</p>	6-23-24	7-1-24	6-30-24			6-20-24
<p>UT-24-0016 Outpatient Hospital Supplemental Payments; This amendment updates the utilization trend for the outpatient hospital upper payment limit in State Fiscal Year 2025.</p>	6-23-24	7-1-24	6-30-24			6-20-24
<p>UT-24-0031 Vaccines for the Children's Health Insurance Program; This amendment updates vaccine coverage in the CHIP State Plan to be in accordance with the Inflation Reduction Act (IRA). The IRA requires state Medicaid and CHIP programs to cover FDA vaccines and their administration for all members without cost sharing obligations.</p>	N/A	10-1-23	6-30-24			6-20-24

INPATIENT HOSPITAL
Section 700 Health Profession Education

701 General – Utah Department of Health shall support the education of health professionals through the use of Medicaid funds to make direct graduate medical education payments (DGME).

702 Payment Pool – The annual DGME payment pool will be \$4,000,000 total funds determined for each state fiscal year (SFY) and will be finalized prior to making any payments for the SFY. The payments will be calculated each year by using State Funds equal to \$1,836,000. That amount will be used to generate additional matching Federal Funds. The State Funds and the matching Federal Funds combined will equal the Total Amount that will be distributed. The matching Federal Funds will be determined by the FMAP Rate for the then current period. The calculation for the matching Federal Funds = (State Funds Amount / (1 – FMAP Rate)) X FMAP Rate). The following example is for illustrative purposes only:

Total State Fund Amount	-\$1,836,000	Quarterly Distribution (Total/4)	-\$459,000
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State Fiscal Quarter	Q1 (Jul—Sep)	Q2 (Oct—Dec)	Q3 (Jan—Mar)	Q4 (Apr—Jun)	Year Total
FMAP	71%	70%	70%	70%	-
State Funds	\$459,000.00	\$459,000.00	\$459,000.00	\$459,000.00	\$1,836,000.00
Federal Funds	\$1,123,758.62	\$1,071,000.00	\$1,071,000.00	\$1,071,000.00	\$4,336,758.62
Total Funds	\$1,582,758.62	\$1,530,000.00	\$1,530,000.00	\$1,530,000.00	\$6,172,758.62

DGME payments will be distributed quarterly, typically at the beginning of each quarter, in accordance with the calculated quarterly distribution amounts to the University of Utah Hospitals and Clinics.

703 Payment Pool Distribution – The FFS payment pool is distributed based upon allocation percentages for each eligible hospital as follows:

Hospital Name	Percentage
UNIVERSITY OF UTAH HOSP	74.45%
PRIMARY CHILDRENS MED CNTR	11.28%
LDS HOSPITAL	0.21%
INTERMOUNTAIN MEDICAL CENTER	8.23%
UTAH VALLEY REG MED CNTR	2.69%
MCKAY DEE HOSPITAL	1.96%
ST MARKS HOSPITAL	0.56%
SALT LAKE REG MED CNTR	0.11%
UNIVERSITY HOSPITAL PSYCH	0.51%
Total	100.00%

~~n no case shall total payments allocated exceed the annual DGME payment pool set for the SFY in accordance with Section 702.~~

7043 Upper Payment Limit – The aggregate FFS Medicaid hospital payments, including the DGME payments covered in this section, will not exceed the amount that would be paid for the services furnished under Medicare payment principles in compliance with the 42 CFR 447.272 upper payment limit regulations for each category of hospitals.

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T.N. # 13-01824-0012 Approval Date 6-21-13

Supersedes T.N. # 12-00413-018 Effective Date 7-1-1324

INPATIENT HOSPITAL
Section 700 Health Profession Education

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T.N. # 13-01824-0012

Approval Date 6-21-13

Supersedes T.N. # 10-00413-018

Effective Date 7-1-1324

INPATIENT HOSPITAL

Section 700 Health Profession Education

MANAGED CARE GRADUATE MEDICAL EDUCATION PAYMENTS**TO THE UNIVERSITY OF UTAH HOSPITALS AND CLINICS**

Effective July 1, 2024, Managed Care (MCO) graduate medical education (GME) payments shall be made to the University of Utah Hospitals and Clinics (UUHC) using the methodologies described in this section. These supplemental GME payments are in recognition of the Medicaid managed care share of direct and indirect GME costs. GME payments help offset the growing costs of physician training and allow for additional support and investment in future educational and clinical training activities of physicians. GME funding will support gaps in access to primary care, rural, and specialty physicians needed in the state. The funding will support the additional recruitment, training, and retention of critical providers needed to provide optimal and access to health care in all regions of Utah. Payments shall be made by the Utah Department of Health and Human Services (UDHHS) directly to the University of Utah Hospitals and Clinics and shall not be included in the actuarially sound capitation rates paid to Utah Medicaid MCO plans in accordance with provisions under 42 CFR 438.60, which permit Medicaid GME payments for MCO services to be made as direct payments to providers outside of MCO capitation rates. The annual computed direct and indirect GME payments will be paid to UUHC on a quarterly basis. The quarterly payments are considered final and shall not be reconciled.

A. MCO Direct GME Definitions.

1. Direct GME Cost - The current year interns and residents direct GME costs as reported on the most recent* CMS form 2552, worksheet B Part I, Line 21, column 21, and Line 22, column 22.
2. Medicaid MCO Utilization Rate - The quotient of Medicaid MCO inpatient days and total hospital inpatient days:
 - i. the numerator of which is the hospital's Medicaid MCO days as reported on the most recent* CMS Form 2552, Worksheet S-3 Part 1, sum of Lines 2-4, 14, 16-18 and 32, Column 7 and
 - ii. the denominator of which is the hospital's total days as reported on the most recent* CMS Form 2552, Worksheet S-3 Part I, sum of Lines 14 and 16-18, Column 8.

B. Determining MCO Direct GME Payments.

The amount of annual direct GME payment for UUHC will be determined as follows:

1. UUHC shall receive a payment that is the product of the results of the Hospital's Annualized Medicaid Intern Resident Cost as calculated in subsection (A.) (1.) and Medicaid MCO Utilization Rate in calculated in subsection of (A.) (2.).

T.N. # 24-0013

Approval Date _____

Supersedes T.N. # NewEffective Date 7-1-24

INPATIENT HOSPITAL

Section 700 Health Profession Education

C. MCO Indirect Graduate Medical Education (IME) Definitions

1. Residents - The number of full-time equivalent (FTE) interns and residents in approved training programs as reported on the most recent* CMS Form 2552, Worksheet S-3, Part 1, Line 27, Column 9.
2. Average Daily Census (ADC) - The average daily census as reported on the most recent* CMS Form 2552, Worksheet L, Part I, Line 3, Column 1, which is the total inpatient days divided by number of days in the cost reporting period.
3. Beds – The number of beds available as reported on the most recent* CMS Form 2552, Worksheet E, Part A, Line 4, Column 1, which is the result of dividing the number of bed days available by the number of days in the cost reporting period.
4. Inpatient Payments – Total Medicaid MCO inpatient claims payments plus the inpatient state directed payment arrangements allowed under 42 CFR 438.6(c) approved pre-prints and made through Medicaid MCO plans.**

D. Determining IME Payments.

The amount of IME payments for UUHC is calculated using the hospital's IME Percentage and Medicaid inpatient payments as follows:

1. Calculate IME Percentage =

$$2.27 \times ((1 + (\text{Residents/lesser of ADC or Beds}))^{0.405} - 1)$$

2. UUHC shall receive a payment that is the product of the results computed in (D.) (1.) of this subsection and UUHC's Medicaid MCO inpatient payments.

*In these cases, "most recent" refers to the hospital's cost report data for the hospital's fiscal year that ended in the state fiscal year two years prior to the current fiscal year (e.g., the 6/30/2023 period ending cost report is used for the State Fiscal Year beginning 7/1/2024).

**The amounts of projected paid claims and directed payments projected by the single state agency's actuary for the SFY immediately preceding the current SFY will be used (e.g., SFY 2024 ACR reimbursement target estimates will be used for SFY 2025).

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INPATIENT HOSPITAL

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Supersedes T.N. # NewEffective Date 7-1-24

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State Name: OMB Control Number: 0938-1148

Transmittal Number: UT - 24 - 0014

Separate Child Health Insurance Program Non-Financial Eligibility - Non-Payment of Premiums	CS21
42 CFR 457.570	
Non-Payment of Premiums	
Does the state impose premiums or enrollment fees?	<input type="text" value="Yes"/>
Can non-payment of premiums or enrollment fees result in loss of CHIP eligibility?	<input type="text" value="No"/>

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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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.

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REHABILITATIVE SERVICES

LIMITATIONS (Continued)

Peer Support Services*

Peer support services means services provided for the primary purpose of assisting in the rehabilitation and recovery of members with mental health and/or substance use disorders. For children, peer support services are provided to their parents/legal guardians or other caregivers as appropriate to the child's age, and the services are directed exclusively toward the Medicaid-eligible child.

Peer support services may be provided to an individual or a group. On occasion, it may not be possible to meet with the peer support specialist in which case a telephone contact with the member or the member's parent/legal guardian or other caregivers would be allowed.

Peer support services are designed to promote recovery. Peers offer a unique perspective that clients find credible; therefore, peer support specialists are in a position to build alliances and instill hope. Peer support specialists lend their unique insight into mental illness and what makes recovery possible.

Peer support services must be recommended by an individual authorized under state law to perform psychiatric diagnostic evaluations and develop treatment plans. Peer support groups are limited to a ratio of 1:8.

To become a certified peer support specialist, individuals must successfully complete a peer support specialist training curriculum developed by the State of Utah, Department of [Health and Human Services, Division Office of Substance Abuse and Mental Health \(DSAMHOSUMH\)](#), in consultation with national experts in the field of peer support. Training is provided by [DSAMH OSUMH](#) or a qualified individual or organization sanctioned by [DSAMHOSUMH](#). At the end of the training, individuals must successfully pass a written examination. Individuals who pass the examination receive a written peer specialist certification from the [DSAMHOSUMH](#). Certified peer specialists also successfully complete any continuing education required by the [DSAMH OSUMH](#) to maintain the certification.

Supportive Living

Supportive living means costs incurred by licensed residential treatment programs, that do not qualify for bundled payments, or licensed residential support programs when members are treated in these programs.

Costs include those incurred for 24-hour staff, facility costs associated with providing individual covered services (e.g., individual psychotherapy, pharmacologic management, etc.) provided at the facility site, and apportioned administrative costs. Costs do not include the covered services costs or room and board costs.

This level of care is recommended by a physician or other qualified health care professional and helps to restore patients with serious mental illness (SMI) or a serious emotional disorder (SED) to their best possible functioning level.

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T.N. # 21-000924-0015 Approval Date 5-26-22

Supersedes T.N. # 13-00321-0009 Effective Date 7-1-217-1-24

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REHABILITATIVE SERVICES PRACTITIONERS CHART

Provider Type	Licensure/ Certification Authority	Provider Type Requires Supervision Y/N	Provider Type Supervises Others Y/N
Social Service Worker (SSW), and individual working toward licensure as an SSW	Utah Mental Health Professional Practice Act	Y	Y, SSWs may supervise individuals trained to provide PRS
Substance Use Disorder Counselors: Advanced Substance Use Disorder Counselor (ASUDC), Certified Advanced Substance Use Disorder Counselor (CASUDC), Certified Advanced Substance Use Disorder Counselor Intern (CASUDC-I), Substance Use Disorder Counselor (SUDC), Certified Substance Use Disorder Counselor (CSUDC), Certified Substance Use Disorder Counselor Intern (CSUDC-I)	Utah Mental Health Professional Practice Act	Y	Y, ASUDCs may supervise all of the substance use disorder license types, peer support specialists & individuals trained to provide PRS when peer support services or PRS is provided to individuals with a substance use disorder; SUDCs may supervise peer support specialists & individuals trained to provide PRS when peer support services or PRS is provided to individuals with a substance use disorder
Registered Nurse	Utah Nurse Practice Act	Y	Y, may supervise LPNs, medical assistants, individuals trained to provide PRS
Licensed Practical Nurse	Utah Nurse Practice Act	Y	N
Peer Support Specialist	State Statute	Y	N
Individual trained to provide Psychosocial Rehabilitative Services	NA	Y	N

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Individual trained to provide Supportive Living	N/A	Y	N
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REHABILITATIVE SERVICES

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Peer support services may be provided to an individual or a group. On occasion, it may not be possible to meet with the peer support specialist in which case a telephone contact with the member or the member's parent/legal guardian or other caregivers would be allowed.

Peer support services are designed to promote recovery. Peers offer a unique perspective that clients find credible; therefore, peer support specialists are in a position to build alliances and instill hope. Peer support specialists lend their unique insight into mental illness and what makes recovery possible.

Peer support services must be recommended by an individual authorized under state law to perform psychiatric diagnostic evaluations and develop treatment plans. Peer support groups are limited to a ratio of 1:8.

To become a certified peer support specialist, individuals must successfully complete a peer support specialist training curriculum developed by the State of Utah, Department of [Health and Human Services, Division Office of Substance Abuse and Mental Health \(DSAMHOSUMH\)](#), in consultation with national experts in the field of peer support. Training is provided by [DSAMH OSUMH](#) or a qualified individual or organization sanctioned by [DSAMHOSUMH](#). At the end of the training, individuals must successfully pass a written examination. Individuals who pass the examination receive a written peer specialist certification from the [DSAMHOSUMH](#). Certified peer specialists also successfully complete any continuing education required by the [DSAMH OSUMH](#) to maintain the certification.

Supportive Living

Supportive living means costs incurred by licensed residential treatment programs, that do not qualify for bundled payments, or licensed residential support programs when members are treated in these programs.

Costs include those incurred for 24-hour staff, facility costs associated with providing individual covered services (e.g., individual psychotherapy, pharmacologic management, etc.) provided at the facility site, and apportioned administrative costs. Costs do not include the covered services costs or room and board costs.

This level of care is recommended by a physician or other qualified health care professional and helps to restore patients with serious mental illness (SMI) or a serious emotional disorder (SED) to their best possible functioning level.

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REHABILITATIVE SERVICES PRACTITIONERS CHART

Provider Type	Licensure/ Certification Authority	Provider Type Requires Supervision Y/N	Provider Type Supervises Others Y/N
Social Service Worker (SSW), and individual working toward licensure as an SSW	Utah Mental Health Professional Practice Act	Y	Y, SSWs may supervise individuals trained to provide PRS
Substance Use Disorder Counselors: Advanced Substance Use Disorder Counselor (ASUDC), Certified Advanced Substance Use Disorder Counselor (CASUDC), Certified Advanced Substance Use Disorder Counselor Intern (CASUDC-I), Substance Use Disorder Counselor (SUDC), Certified Substance Use Disorder Counselor (CSUDC), Certified Substance Use Disorder Counselor Intern (CSUDC-I)	Utah Mental Health Professional Practice Act	Y	Y, ASUDCs may supervise all of the substance use disorder license types, peer support specialists & individuals trained to provide PRS when peer support services or PRS is provided to individuals with a substance use disorder; SUDCs may supervise peer support specialists & individuals trained to provide PRS when peer support services or PRS is provided to individuals with a substance use disorder
Registered Nurse	Utah Nurse Practice Act	Y	Y, may supervise LPNs, medical assistants, individuals trained to provide PRS
Licensed Practical Nurse	Utah Nurse Practice Act	Y	N
Peer Support Specialist	State Statute	Y	N
Individual trained to provide Psychosocial Rehabilitative Services	NA	Y	N

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Individual trained to provide Supportive Living	N/A	Y	N
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

Payment rates for the services listed below are effective for services provided on or after the corresponding date:

Service	Attachment	Effective Date
Physician and Anesthesia Services	Attachment 4.19-B, Pages 4 and 5	July 1, 2024
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2024
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2024
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2024
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2024
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2024
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2024
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2024
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2024
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2024
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2024
Medication-Assisted Treatment for Opioid Use Disorders	Attachment 4.19-B, Page 36	July 1, 2024
Targeted Case Management for Individuals with Serious Mental Illness	Attachment 4.19-B, Page 22a	July 1, 2024
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2024
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2024
Autism Spectrum Disorder Services	Attachment 4.19-B, Page 35	July 1, 2024
Recreational Therapy	Attachment 4.19-B, Page 35a	July 1, 2024
<u>Supportive Living</u>	<u>Attachment 4.19-B, Page 35b</u>	<u>August 1, 2024</u>

T.N. # 23-001424-0015

Approval Date _____

Supersedes T.N. # New23-0014

Effective Date 7-1-247-1-24

SUPPORTIVE LIVING

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page. These rates are published at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

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T.N. # 24-0015

Approval Date _____

Supersedes T.N. # New

Effective Date 7-1-24



UIHAB Notice of CHIP SPA to Demonstrate Compliance with the Inflation Reduction Act (IRA) to cover Children's vaccines

Purpose of SPA

- To update the CHIP State plan demonstrating compliance with the Inflation Reduction Act (IRA section 11405 of the Inflation Reduction Act (IRA) (Pub. L. 117-169)).

Background

- June 27, 2023, CMS released SHO#23-003 issuing guidance on the requirements of the IRA. The IRA requires state Medicaid and CHIP programs to cover FDA vaccines and their administration for all members without cost sharing obligations.
- Utah CHIP currently covers all FDA required vaccinations and does not impose a cost share for the vaccine or the administration.

Purposed Implementation date:

- The SPA effective date will be retroactive to October 1, 2023

Please send your questions regarding this SPA to Jennifer Wiser jwiser@utah.gov or

801-538-7061