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State/Territory Name: Utah

State Plan Amendment (SPA) #: 20-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 7, 2021

Nathan Checketts, Medicaid Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

RE: TN 20-0012

Dear Mr. Checketts:

The Centers for Medicare and Medicaid Services (CMS) has completed its review of Utah's State Plan Amendment (SPA) Transmittal #20-0012, submitted on October 20, 2020. This SPA allows a bundled payment methodology for rehabilitative mental health services when provided in crisis receiving centers. It also clarifies the purpose of rehabilitative mental health services including psychiatric diagnostic evaluation as for the direct benefit of the beneficiary.

CMS approved SPA #20-0012 on January 7, 2021, with an effective date of October 1, 2020, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Utah State Plan.

If you have any questions regarding this amendment, please contact Mandy Strom at mandy.strom@cms.hhs.gov or (303)844-7068.

Sincerely,





Digitally signed by
Ruth A. Hughes
Date: 2021.01.07
16:01:06 -06'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Emma Chacon, Utah Medicaid
Craig Devashrayee, Utah Medicaid
Greg Trollan, Utah Medicaid
Karen Ford, Utah Medicaid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER U T 20-0012	2. STATE UTAH
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2020	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.20		7. FEDERAL BUDGET IMPACT a. FFY 2021 +\$1,440,000 b. FFY 2022 +\$1,440,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Introduction Page of ATTACHMENT 4.19-B; Pages 25, 25.1, and 25.2 of ATTACHMENT 4.19-B; Page 1 of Attachment #13, ATTACHMENTS 3.1-A; Page 1 of Attachment #13, ATTACHMENTS 3.1-B.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Introduction Page of ATTACHMENT 4.19-B; Pages 25 and 25.1 of ATTACHMENT 4.19-B; Page 1 of Attachment #13, ATTACHMENTS 3.1-A; Page 1 of Attachment #13, ATTACHMENTS 3.1-B.	
10. SUBJECT OF AMENDMENT Rehabilitative Mental Health and Substance Use Disorder Services			
GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, ASSPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Craig Devashrayee, Manager Technical Writing Unit Utah Department of Health PO Box 143102 Salt Lake City, UT 84114-3102	
13. TYPED NAME Richard G. Saunders			
14. TITLE Executive Director, Utah Department of Health			
15. DATE SUBMITTED October 20, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED October 20, 2020		18. DATE APPROVED January 7, 2021	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL  Digitally signed by Ruth A. Hughes Date: 2021.01.07 16:01:50 -06'00'	
21. TYPED NAME Ruth A. Hughes		22. TITLE Acting Director, Division of Program Operations	
23. REMARKS Utah requested pen and ink change on December 16, 2020, revising Attachment 4.19-B, Page 25 to reflect supersedes SPA # 19-0005.			

REHABILITATIVE SERVICES

LIMITATIONS

Rehabilitative Mental Health Services

Rehabilitative mental health and substance use disorder services (hereinafter referred to as mental health services) are medically necessary services designed to promote the patient's mental health and restore the patient to the highest possible level of functioning. Therapy and/or treatment to the member's family and/or other non-Medicaid eligible individual(s) is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan and for assisting the member's recovery. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the clinician's judgment is not to include the member.

Services and required supervision are provided in accordance with State scope of practice laws governing the applicable profession.

Services do not include room and board, services to residents of institutions for mental diseases, services covered elsewhere in the State Medicaid plan, educational, vocational and job training services, recreational and social activities, habilitation services and services provided to inmates of public institutions.

Psychiatric Diagnostic Evaluation

Psychiatric diagnostic evaluations are conducted face-to-face with the patient for the purpose of identifying the patient's need for mental health services. The evaluation is an integrated biopsychosocial assessment, and includes history, mental status and recommendations. Psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources for the direct benefit of the member, prescription of medications, and review and ordering of laboratory or other diagnostic studies. The service includes assessments and reassessments if required. If it is determined mental health services are medically necessary, a provider qualified to perform this service is responsible for the development of an individualized treatment plan. The qualified provider is also responsible to conduct reassessments/treatment plan reviews with the patient as clinically indicated to ensure the patient's treatment plan is current and accurately reflects the patient's rehabilitative goals and needed mental health services.

Qualified providers are: (1) licensed mental health therapists under State law: physicians and surgeons or osteopathic physicians engaged in the practice of mental health therapy; psychologists qualified to engage in the practice of mental health therapy; certified psychology residents qualifying to engage in the practice of mental health therapy; clinical social workers; certified social workers and certified social worker interns; advanced practice registered nurses (APRNs) licensed either as a nurse specialist or a nurse practitioner with psychiatric mental health nursing specialty certification (and any other licensed advanced nursing categories as approved by the State's licensing division when practicing within the scope of their practice act and competency); marriage and family therapists; associate marriage and family therapists; clinical mental health counselors; and associate clinical mental health counselors; (2) individuals working within

T.N. # 20-0012

Approval Date 1-7-21

Supersedes T.N. # 13-003

Effective Date 10-1-20

REHABILITATIVE SERVICES

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T.N. # 20-0012

Approval Date 1-7-21

Supersedes T.N. # 13-003

Effective Date 10-1-20

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, 2020
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2020
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2020
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2020
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2020
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2020
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2020
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2020
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2020
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2020
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2020
Targeted Case Management for Individuals with Serious Mental Illness	Attachment 4.19-B, Page 22a	July 1, 2020
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	October 1, 2020
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2020

T.N. # 20-0012

Approval Date 1-7-21

Supersedes T.N. # 20-0001

Effective Date 10-1-20

MENTAL HEALTH DIAGNOSTIC AND REHABILITATIVE SERVICES

This payment plan covers rehabilitative mental health and substance use disorder services (hereinafter referred to as mental health services).

Rehabilitative mental health services are paid using a uniform fee schedule. Services are defined by HCPCS codes and prices using a fixed fee schedule. Payments are made to providers on a fee-for-service basis for defined units of service. The state-developed fee schedule rates are the same for both governmental and non-governmental providers.

The agency's fee schedule rates for mental health services are effective for services provided on or after the date listed on the Attachment 4.19-B Introduction Page. These rates are published at <http://health.utah.gov/stplan/lookup/CoverageLookup.php>. Fee schedule payments are based on the established fee schedule unless a lower amount is billed.

Bundled Payments

Assertive Community Treatment (ACT)

All rehabilitative mental health services and targeted case management services for individuals with serious mental illness contained in ATTACHMENT 3.1-A and ATTACHMENT 3.1-B are included in the bundled rate. Reimbursement is based on a monthly service unit. At least one service must be provided during the service unit in order to bill the bundled rate.

Mobile Crisis Outreach Team (MCOT)

Rehabilitative mental health services included in the bundled rate are psychiatric diagnostic evaluation, mental health assessment, psychotherapy for crisis, and peer support services. Reimbursement is made on a per diem basis. At least one service must be provided by the team during the service unit to bill the bundled rate.

The billing providers for ACT and MCOT are generally community mental health centers or other entities with ACT or MCOT teams, or the billing provider is the defined team lead.

T.N. # 20-0012

Approval Date 1-7-21

Supersedes T.N. # ~~18-0010~~ 19-0005

Effective Date 10-1-20

MENTAL HEALTH DIAGNOSTIC AND REHABILITATIVE SERVICES (Continued)

Substance use disorder (SUD) residential treatment programs with 16 or fewer beds

All rehabilitative mental health services and targeted case management services for individual with serious mental illness contained in ATTACHMENT 3.1-A and ATTACHMENT 3.1-B are included in the bundled rate. Reimbursement is made on a per diem basis. At least one service must be provided during the service unit to bill the bundled rate. The bundled payment rate does not include room and board or other unallowable facility costs.

Receiving Centers

Receiving centers provide services to address mental health and substance use crisis issues. Rehabilitative mental health services included in the bundled rates are psychiatric diagnostic evaluations, mental health assessments, services of licensed mental health therapists (generally the psychotherapy for crisis service), pharmacologic management (evaluation and management services), nurse medication management services, peer support services, therapeutic behavioral services, psychosocial rehabilitative services if receiving centers have substance use disorder counselors, and targeted case management services for individuals with serious mental illness. These rehabilitative services and targeted case management services for individuals with serious mental illness are contained in ATTACHMENT 3.1-A and ATTACHMENT 3.1-B. Reimbursement is made on a per diem basis. At least one service must be provided during the service unit to bill the bundled rate. The bundled payment rate does not include room and board or other unallowable facility costs. The billing providers are community mental health centers or other entities with a receiving center.

There will be two bundled rates. The more intensive rate applies to receiving centers that serve as a psychiatric emergency department. These receiving centers have more intensive physician staffing and the capability to provide psychiatric and medical triage and evaluations. A psychiatrist or other physician is onsite at all times, with a psychiatrist available for consultation when not onsite. These facilities also have licensed mental health therapists onsite at all times, and additional psychiatric tech-level staff to ensure safety of clients due to potential for individuals with higher acuity mental health disorders.

The less intensive rate applies to community mental health centers' receiving centers or other receiving centers that do not meet the more intensive criteria. These receiving centers provide less intensive physician coverage. A psychiatrist, or psychiatric nurse practitioner may be used and must be available via telehealth but is not required to be onsite. The licensed mental health therapist is not required to be onsite at all times but may be off-site during graveyard hours, if they can respond on-site within an average response time of 30 minutes.

The receiving centers will keep records necessary to disclose the extent of services furnished and will, on request, furnish the Medicaid agency any information maintained and any information regarding payments claimed by the receiving center for furnishing services under the plan.

The State Medicaid agency will report only expenditures for which all supporting documentation

T.N. # 20-0012

Approval Date 1-7-21

Supersedes T.N. # 18-0010

Effective Date 10-1-20

MENTAL HEALTH DIAGNOSTIC AND REHABILITATIVE SERVICES (Continued)

is available in ready reviewable form, which has been compiled and which is immediately available when the claim is filed on the CMS-64. Receiving centers will maintain documentation, including the date of service at the receiving center, recipient name, Medicaid identification number, name of provider entity and name of provider providing the service, units of service and place of service. For each service provided to the recipient while at the receiving center, the provider of service will document the date of service, the name of the service provided, the unit(s) of service, a summary of the service provided, and signature and credentials. The state will review the data in order to develop and revise as necessary, economic and efficient rates with an explanation of how the data were used to develop the rates.

No outpatient drugs defined in Section 1927(k) of the Social Security Act are included in any of the payment bundles.

Providers delivering services through the bundles will only be paid through that bundle's payment rate and cannot be paid separately for services included in the bundle. Medicaid providers delivering separate services outside of the bundle may bill for those separate services in accordance with the State's Medicaid billing procedures.

The State will monitor the actual provision of services paid under the bundled rates to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

The agency's fee schedule rates for rehabilitative mental health services are effective for services provided on or after the date listed on the ATTACHMENT 4.19-B Introduction Page. These rates are published at <http://health.utah.gov/stplan/lookup/CoverageLookup.php>. Fee schedule payments are based on the established fee schedule unless a lower amount is billed.

T.N. # 20-0012

Approval Date 1-7-21

Supersedes T.N. # New

Effective Date 10-1-20