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State/Territory Name: Utah

State Plan Amendment (SPA) #: 18-0010

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

January 9, 2019

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

Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0010. This SPA implements a bundled payment for rehabilitative mental health and substance use disorder (SUD) services including Assertive Community Treatment (ACT) teams, Mobile Crisis Outreach Teams (MCOT), and SUD residential treatment programs with 16 or fewer beds.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2019. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Mandy Strom at (303) 844-7068.

Sincerely,

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Jocelyn Ihrig, CMS
Karen Ford, UT
Craig Devashrayee, UT

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**1. TRANSMITTAL NUMBER:
18-0010-UT2. STATE:
Utah3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTHCARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
January 1, 2019

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2019 +\$313,400

b. FFY 2020 +\$417,800

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Introduction Page of ATTACHMENT 4.19-B;
Pages 25 and 25.1 of ATTACHMENT 4.19-B.9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Introduction Page of ATTACHMENT 4.19-B;
Page 25 of ATTACHMENT 4.19-B.

10. SUBJECT OF AMENDMENT: Rehabilitative Mental Health and Substance Use Disorder Services

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Joseph K. Miner, MD

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: December 10, 2018

16.

16. RETURN TO:

Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
PO Box 143102
Salt Lake City, UT 84114-3102

17. DATE RECEIVED:

December 10, 2018

18. DATE APPROVED:

January 9, 2019

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

3. REMARKS

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, 2018
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2018
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2018
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2018
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2018
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2018
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2018
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2018
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2018
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2018
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2018
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	January 1, 2019
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2018

T.N. # 18-0010

Approval Date 1-9-19

Supersedes T.N. # 18-0006

Effective Date 1-1-19

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/medicaid/stplan/lookup/CoverageLookup.php>. Fee schedule payments are based on the established fee schedule unless a lower amount is billed.

To ensure continued access to specialized psychiatric pharmacologic management, when physicians and other qualified prescribers allowed under state law include the CG modifier with evaluation and management code 99213, 99214, 99308, 99309, 99310, 99348 or 99349, then the fee in effect for psychiatric pharmacologic management, procedure code 90862, on December 31, 2012, is used to determine payment. The methodology is not applied if the evaluation and management service is billed with any add-on procedure codes allowed by Current Procedural Terminology (CPT) coding for evaluation and management services.

Bundled Payments

Assertive Community Treatment (ACT)

All rehabilitative mental health services contained in the corresponding ATTACHMENT 3.1-A and ATTACHMENT 3.1-B, Attachment #13, pages 1-2h, and targeted case management for individuals with serious mental illness contained in Supplement 1 to Attachment 3.1-A and 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.

T.N. # 18-0010

Approval Date 1-9-19

Supersedes T.N. # 17-0014

Effective Date 1-1-19

MENTAL HEALTH DIAGNOSTIC AND REHABILITATIVE SERVICES (Continued)

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.

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

All rehabilitative mental health services contained in the corresponding ATTACHMENT 3.1-A and 3.1-B, Attachment #13, pages 1-2h, and targeted case management for individuals with serious mental illness, contained in Supplement 1 to Attachment 3.1-A and 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. 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 bundle 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 periodically 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/medicaid/stplan/lookup/CoverageLookup.php>. Fee schedule payments are based on the established fee schedule unless a lower amount is billed.

T.N. # 18-0010

Approval Date 1-9-19

Supersedes T.N. # New

Effective Date 1-1-19