STATE OF UTAH AMERICAN RESCUE PLAN ACT
HOME AND COMMUNITY BASED SERVICES ENHANCED
FUNDING INITIAL SPENDING PLAN NARRATIVE

June 14, 2021

Amended September 30, 2021 (Changes shown in green font.)

September 30, 2021 Spending Plan Amendment:

Executive Summary

Utah welcomes and appreciates the opportunity to utilize the 10-percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS), behavioral health, and school-based skill development providers. The State will use the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. The State will use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement and support its efforts to enhance, expand, and strengthen HCBS under the Medicaid program and to address COVID-related concerns identified during the period of the public health emergency.

The State requests authorization to spend an estimated $184,270,900 $247,176,600 in increased funds through March 31, 2024. The State acknowledges that future amendments to its American Rescue Plan Act (ARPA) Home and Community Based Services (HCBS) Enhancing Funding Spending Plan (Spending Plan) may occur as a result of ongoing engagement with stakeholders and policymakers.

September 2021 Update:

The State revised the spending estimate as a result of CMS guidance provided during a call on September 16, 2021. The guidance included information regarding which Spending Plan activities are eligible for FFP under Section 9817, and which are eligible for coverage under Section 9817, but are not eligible for FFP.

This Spending Plan details the State’s efforts to enhance, expand and strengthen HCBS through multiple strategies including:

● Making limited-term supplemental payments to providers to improve quality, and support actions to strengthen the direct care workforce of:
HCBS providers, including home health and personal care services
- Autism Spectrum Disorder (ASD) service providers under the EPSDT benefit
- Behavioral health providers
- School-based skill development providers
- Implementing institutional diversion activities for individuals on HCBS waiting lists
- Providing intermediate care facilities with funding for business model change/convert to HCBS
- State Medicaid and Operating Agency improvements to HCBS administrative infrastructure
- Compensating family caregivers
- Developing and providing caregiver training
- Implementing a study to quantify need, and obtain recommendations on systemic approaches to address direct care workforce shortage
- Authorizing one-time HCBS Infrastructure “grant” proposals from providers
- Supporting HCBS waiver participants to secure and retain housing (not room and board)

While all items in the Spending Plan are not directly Medicaid covered services, all services and initiatives covered in this plan will enhance, expand, and strengthen HCBS under the Medicaid program. Within this Spending Plan, the term “HCBS” is used at times to refer generally to all services eligible for the 10- percentage point enhanced FMAP, including: 1915(c) HCBS waivers, providers of ASD services for EPSDT eligible members, behavioral health and school-based skill development providers, but the term is also used to describe specific initiatives related to the State’s 1915(c) HCBS waivers.

Attestations

By accepting the enhanced HCBS FMAP funding, the State attests it will:
- Supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- Use the state savings generated by the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- Not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021;
- Maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021; and,
- Acknowledge this FMAP is additive to other FMAP increases that may already be applied to these services.

HCBS Related Spending Plan Activity Narrative
LIMITED-TERM SUPPLEMENTAL PROVIDER PAYMENTS – The State will make limited-term supplemental payments to HCBS providers for three years ending March 2024 amounting to approximately $75,188,800. The payments will be approximately equivalent to 5 percent of providers’ current rates. Eligibility for quality incentive payments will require providers to attest to meeting certain quality/utilization requirements, such as:

- Supporting direct-care workforce/family caregivers (flexibility for providers to determine use)
- Supporting other COVID-19 related response/expenses
- Incentivizing COVID-19 vaccination of HCBS staff and waiver participants


1. Limited-term supplemental provider payments

- State response to Item 1, Autism Spectrum Disorder Service Providers, is stated in Line 7 of the table below
- State response to Item 1, Behavioral Health Providers, is stated in Line 6 of the table below
- State response to Item 1, School based Skills Development Providers, is stated in Line 5 of the table below
- State response to Item 1, Confirmation that the payments supplement the provider rates that were in place as of April 1, 2021- is stated in each line item in the table below

Covered providers Include:

a. HCBS 1915(c) Waiver Providers: Includes all services provided under Utah’s eight, soon to be nine, 1915(c) waivers and for services delivered through both traditional and self-administered service provider arrangements.

September 2021 - State Response

HCBS 1915(c) Waiver Providers

The State intends for providers of all services in Utah’s 1915(c) Home and Community Based Services (HCBS) waivers (See 1915(c) HCBS Waiver - Appendix B Covered Services Table) to receive the limited-term supplemental payments. We intend to use the enhanced funding to make temporary quarterly supplemental payments to providers equal to 5% of the total funds reimbursed to the provider in the previous quarter.

Utah submitted an Appendix K amendment on September 9, 2021 to expedite approval of the ARPA HCBS supplemental payments. To address approval through the ARPA enhanced spending plan period, March 31, 2024, we intend to promptly submit standard amendments to each HCBS waiver to authorize the supplemental payments. The State will work with CMS to coordinate the end dates of Appendix K with approval dates of the standard HCBS waiver amendments.
ATTESTATION:
The State attests that the payments will supplement provider rates that were in place as of April 1, 2021.

Based on CMS guidance, we identify all 1915(c) waiver services eligible for FFP under ARPA Section 9817.

<table>
<thead>
<tr>
<th>1915 (c) HCBS Waivers - Appendix B Covered Services Table</th>
<th>Waiver Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Supports Waiver for Individuals with Intellectual Disabilities &amp; Related Conditions (CSW)</td>
<td>UT.0158</td>
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<tr>
<td>Waiver for Individuals Aged 65 or Older (AW)</td>
<td>UT.0247</td>
</tr>
<tr>
<td>Acquired Brain Injury Waiver (ABI)</td>
<td>UT.0292</td>
</tr>
<tr>
<td>Physical Disabilities Waiver (PD)</td>
<td>UT.0331</td>
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<tr>
<td>New Choices Waiver (NCW)</td>
<td>UT.0439</td>
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<tr>
<td>Medically Complex Children’s Waiver (MCCW)</td>
<td>UT.1246</td>
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<tr>
<td>Community Transitions Waiver (CTW)</td>
<td>UT.1666</td>
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<tr>
<td>Limited Supports Waiver (LSW) (Pending CMS approval)</td>
<td>UT.1886</td>
</tr>
<tr>
<td>Waiver for Technology Dependent, Medically Fragile Individuals (TDW)</td>
<td>UT.40183</td>
</tr>
</tbody>
</table>

See Table 1 for HCBS Limited Term Supplemental Funding Details

b. **State Plan home health and personal care services providers**: Includes services delivered through fee for service or managed care payment arrangements.

c. **Autism Spectrum Disorder, Applied Behavior Analysis services provided through the EPSDT benefit**: Includes services currently provided through fee for service for service providers.

September 2021 - State Response

State Plan Services Providers

The State intends the State Plan Service providers listed in the State Plan Benefits - Appendix B Covered Services Table to receive the limited-term supplemental payments. We intend to use the enhanced funding to make temporary quarterly supplemental payments to providers equal to 5% of the total funds reimbursed to the provider in the previous quarter.
Utah submitted a Disaster Relief State Plan Amendment (SPA) on September 13, 2021 to expedite approval of the ARPA State Plan Services supplemental payments. To address approval through the ARPA enhanced spending plan period, March 31, 2024, we intend to promptly submit standard SPAs to authorize the supplemental payments. The State will work with CMS to coordinate the end dates of the Disaster Relief SPA with approval dates of the standard SPAs.

Responses to questions from the CMS Partial Approval Letter are embedded within the table below.

**ATTESTATION:**
The State attests that the payments will supplement the provider rates that were in place as of April 1, 2021.

Based on CMS guidance, we identify all services listed in *State Plan Benefits - Appendix B Covered Services Table* as eligible for FFP under ARPA Section 9817.

<table>
<thead>
<tr>
<th>State Plan Benefits - Appendix B Covered Services Table</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Home Health Care</strong> - Mandatory home health services - SSA 1905(a)(7) and 42 C.F.R. § 440.70. includes nursing services, home health aide services, medical supplies, equipment, and appliances, and may include therapy services (physical therapy, occupational therapy, speech pathology and audiology).</td>
</tr>
<tr>
<td><strong>2. Private Duty Nursing</strong> - Optional private duty nursing - SSA1905(a)(8) and 42 CFR § 440.80 includes “nursing services for recipients who require more individual and continuous care than is available from a visiting nurse. These services are provided: (a) by a registered nurse or a licensed practical nurse; (b) under the direction of the recipient’s physician; and (c) to a recipient in his or her own home.</td>
</tr>
<tr>
<td><strong>3. Hospice, (in-home services only, excludes nursing home room and board hospice payments)</strong> Hospice care means a comprehensive set of services described in SSA 1861(1) and 42 CFR 418.202 identified and coordinated by an interdisciplinary group to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and/or family members, as delineated in a specific patient plan of care.</td>
</tr>
<tr>
<td><strong>4. Personal Care Services</strong> - Optional personal care services (PCS) - SSA 1905(a)(24) and 42 C.F.R. § 440.167can include a range of human assistance provided to persons who need assistance with daily activities.</td>
</tr>
<tr>
<td><strong>5. School Based Services</strong> - These services include medical assistance for covered services under section 1905(a) that are furnished to a child with a disability because such services are included in the child's IEP per IDEA or furnished to an infant or toddler with a disability because such services are included in the child's individualized family service plan.</td>
</tr>
</tbody>
</table>

**CMS QUESTION - Partial Approval Letter (Page 2, Item 1.)**
“CMS will need additional information on whether payments to...school-based skill development providers will be made to providers that are not delivering services that are listed in Appendix B of the SMDL or could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).”

**STATE RESPONSE:** Payments will only be made to providers that deliver services listed in Appendix B.
6. Behavioral Health Services - (Rehabilitative Services)
Optional rehabilitative services benefit - SSA 1905(a)(13) and 42 CFR § 440.130(d) as “medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level.”

CMS QUESTION - Partial Approval Letter (Page 2, Item 1.)
“CMS will need additional information on whether payments to…behavioral health providers will be made to providers that are not delivering services that are listed in Appendix B. of the SMDL or could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).”

STATE RESPONSE: Payments will only be made to providers that deliver services listed in Appendix B.
7. EPSDT Autism Spectrum Disorder (ASD) Related Services

Mandatory Early Periodic Screening Diagnosis & Treatment benefit – SSA 1902(a)(43 and 1905(a)(4)(B) and 42 CFR § 441.50

State plan requirements for providing early and periodic screening and diagnosis of eligible Medicaid beneficiaries under age 21 to ascertain physical and mental defects, and providing treatment to correct or ameliorate defects and chronic conditions found.

CMCS Informational Bulletin, July 7, 2014, Clarification of Medicaid Coverage of Services to Children with Autism, (Page 5) “If a service, supply or equipment that has been determined to be medically necessary for a child is not listed as covered (for adults) in a state’s Medicaid State Plan, the state will nonetheless need to arrange for and cover it for the child as long as the service or supply is included within the categories of mandatory and optional services listed in section 1905(a) of the Social Security Act. This long-standing coverage design is intended to ensure a comprehensive, high-quality health care benefit for eligible individuals under age 21, including for those with ASD, based on individual determinations of medical necessity.”

CMS QUESTION - Partial Approval Letter (Page 2, Item 1.)

“CMS will need additional information on whether payments to... Autism Spectrum Disorder (ASD) service providers under the EPSDT benefit will be made to providers that are not delivering services that are listed in Appendix B. of the SMDL or could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit).”

STATE RESPONSE: While EPSDT Autism Spectrum Disorder (ASD) Related Services are not specifically listed under Appendix B, prior to the issuance of the July 2014 CMCS Informational Bulletin, CMS approved 1915(c) HCBS waivers to provide ASD related services to individuals under 21.

Page 5 of the CMCS informational bulletin, Implications for Existing Section 1915(c), Section 1915 (i) and Section 1115 Programs describes: “In states with existing 1915(c) waivers that provide services to address ASD, this 1905(a) policy clarification may impact on an individual’s eligibility for the waiver... For states that currently provide waiver services to individuals under age 21 to address ASD, the ability to provide services under the 1905(a) state plan may have the effect of making these individuals ineligible for the waiver unless another waiver service is provided.”

The reality that ASD related services for those under 21 were expressly authorized as 1915(c) HCBS waiver services prior to July 2014 and CMS continues to authorize ASD related services in HCBS waivers for those over 21, evidences that these services are HCBS.

Allowing temporary enhanced payments to providers of ASD services to those under 22 will enhance and strengthen Medicaid HCBS.

See Table 1 for HCBS Limited Term Supplemental Funding Details, Table 2 for Behavioral Health Services Limited Term Supplemental Funding Detail, and Table 3 for School Based Skills Development Limited Term Supplemental Funding Details.
2. FAMILY CAREGIVER COMPENSATION

The State temporarily implemented family caregiver compensation during the public health emergency under its approved Appendix K. The Utah legislature appropriated funding for family caregiver compensation through June 30, 2021. Within its available budget, the State identified one-time funding to extend family caregiver compensation for two additional quarters, through October 31, 2021. The benefits of allowing compensation of family caregivers have been demonstrated and in addition, having certain services delivered by family caregivers has provided support to address the significant direct care workforce shortage Utah currently faces. To allow family caregiver compensation to continue through March 2024, the State will use approximately $46,750,000 of additional funds.

CMS QUESTION - Partial Approval Letter (Page 2, Item 2.) “CMS will need additional information on: Whether the family caregiver compensation supplements what the state had implemented as of April 1, 2021, in amount, duration, and scope.

STATE RESPONSE:

Although the State temporarily provided this service prior to April 1, 2021, the State did not cover the service prior to the public health emergency (PHE). The State only authorized this service temporarily through the CMS approved Appendix K. As a result of the temporary enhanced FMAP authorized through FFCRA, the legislature appropriated one-time funding.

During a September 16, 2021 call with CMS, the State reiterated that this service was authorized through the Appendix K and the funding for the program was appropriated by the legislature with one-time funding with the understanding that the service was time limited. CMS advised that if Utah intended for the service to have an end date that occurred earlier than the general end date of its Appendix K (6 months after the end of the PHE,) then the state should have submitted the end date in advance of the April 1, 2021 ARPA implementation date. While the State does not see the feasibility of this guidance the same way CMS does, we appreciate CMS allowing the State to submit evidence to demonstrate that from the onset, this service was intended to be time-limited and was only available as a result of the PHE. To provide the evidence requested, please see two attachments:

**Attachment One:** September 2, 2021 Letter from the Operating Agency to families notifying them of family caregiver compensation service termination effective October 31, 2021.

**Attachment Two:** An excel spreadsheet titled SB5001 Final Crosswalk. This is a spreadsheet State agencies prepare at the conclusion of a legislative session to cross-walk appropriations to specific items within an agency budget. Please see highlighted line number 22 and highlighted “One-time” funding column.
Understanding the State plans to terminate this service effective October 31, 2021 if ARPA funding is not authorized, we request an expedited review and decision on this issue.

Based on CMS guidance, because this service is allowable under the 1915(c) HCBS waivers (Appendix B), if CMS authorizes Family Caregiver Compensation, we identify the service as eligible for FFP under ARPA Section 9817.

See Table 7 for Family Caregiver Compensation Funding Details

3. INSTITUTIONAL DIVERSION ACTIVITIES FOR INDIVIDUALS ON MEDICAID HCBS WAIVER WAITING LISTS

Approximately 4,700 Utahns are on waiting lists for HCBS waivers and at risk of institutionalization. To support individuals to remain in the community, the State will use approximately $10,630,600 of additional funds to provide one-time or limited services to people on HCBS waiver waiting lists for three years ending March 2024. Services could include such things as one-time purchases of equipment or home modifications, supports to secure and retain housing (not room and board), assistance with securing and retaining competitive integrated employment, and respite supports for caregivers, etc. Services will be available to individuals who are currently Medicaid eligible under community Medicaid rules and those who are not yet eligible, but who could be eligible under HCBS financial eligibility rules that consider only individual income and assets, and not those of the family.

Based on CMS guidance, we identify these activities eligible under ARPA Section 9817, but not eligible for FFP.

See Table 4 for Institutional Diversion Activities Funding Details

4. STATE MEDICAID ADMINISTRATION TO SUPPORT INSTITUTIONAL DIVERSION ACTIVITIES

In addition, Utah acknowledges the need to hire approximately 8 temporary staff to assist with implementation of the important initiatives authorized under its Spending Plan. To ensure sufficient staff are available to implement the Spending Plan, the State will use approximately $2,190,400 of additional funds.

Based on CMS guidance, we identify these administrative costs eligible for FFP under ARPA Section 9817.

See Table 4 for Institutional Diversion Activities Funding Details

5. INTERMEDIATE CARE FACILITIES BUSINESS MODEL CHANGE/FUNDING TO CONVERT TO HCBS
Currently, Utah serves approximately 500 individuals in privately-owned Intermediate Care Facilities for People with Intellectual Disabilities (ICFs). There are 14 privately owned ICFs in Utah. All but one facility has more than 16 beds per facility, with nine facilities having 35 beds or more. To improve outcomes for individuals with intellectual disabilities, and to support ICFs to convert their business models to 4-8 bed facilities or to provide HCBS as an alternative to ICF services, the State will use approximately $7,632,200 of additional funds.

**CMS QUESTION - Partial Approval Letter (Page 3, Item 3.)**

See Table 5 for Intermediate Care Facility Business Model Change/Conversion to HCBS Funding Details

“CMS will need additional information on how payments to Intermediate Care Facilities (ICF) will result in expanded HCBS capacity in settings that are fully compliant with the home and community-based settings criteria, and whether any of the payments are intended solely to reduce ICF bed size and/or capacity. Payments solely for the purpose of reducing ICF bed size and/or capacity are not approvable under ARP section 9817.”

**STATE RESPONSE:**

Payments to ICFs are not intended for the sole purpose of reducing ICF bed size/capacity, but instead to allow for financial support to existing facility-based care providers to make the significant change from ICF to HCBS. The State attests that ARPA funds will be used only for locations and services that meet HCBS Settings requirements. The State’s intention is to offer support in necessary changes to reduce the size of individual facilities (not necessarily bed totals themselves), or to transition existing ICF providers to HCBS.

The State intends to offer ICFs incentive payment for each bed they take offline—that then results in the creation of a new HCBS residential option (bed) coming online.

Based on CMS guidance, we identify these activities eligible under ARPA Section 9817, but not eligible for FFP.

See Table 5 for Intermediate Care Facility Business Change Model Funding Details

6. **STATE MEDICAID/OPERATING AGENCY HCBS ADMINISTRATIVE INFRASTRUCTURE IMPROVEMENTS**

Currently Utah operates eight, soon to be nine 1915(c) HCBS waivers. The various waivers have data collection systems for case management activities, incidents reporting, financial reporting, etc. To upgrade and improve state HCBS administrative infrastructure the State will use approximately $1,635,500 of additional funds.

Based on CMS guidance, we identify these activities eligible under ARPA Section 9817, but not eligible for FFP.
7. DEVELOPING AND PROVIDING CAREGIVER TRAINING

According to a report completed by the World Health Organization (WHO) Mental Health Gap Action Programme (mhGAP) in 2015, “Evidence supports the notion that training for caregivers of children and adolescents with intellectual disabilities and pervasive developmental disorders can be effectively delivered by non-specialists in community settings. Even low-intensity programs lead to improved child developmental and behavioral outcomes, as well as improved family well-being... The empowerment of caregivers is increasingly being recognized as a critical component of care interventions for children with developmental disorders. Caring for a child with developmental disorders can be challenging and these caregivers more frequently report experiencing feelings of inadequacy and poor self-confidence. Therefore, caregiver skills training becomes particularly useful in this context.” ¹ Utah’s engagement with family caregivers affirms this information. To develop and provide family caregiver training, the State will use approximately $272,600 300,000 of additional funds.

Based on CMS guidance, we identify these activities eligible under ARPA Section 9817, but not eligible for FFP.

See Table 7 for Developing & Providing Caregiver Training Funding Details

8. STUDY AND RECOMMENDED SYSTEMIC APPROACHES TO ADDRESS DIRECT CARE WORKFORCE SHORTAGE

Utah, like many other states, is facing a critical shortage of direct care professionals (DCP) in its long-term service and support system. A May 2020 Report by the Brookings Institute, Essential but undervalued: Millions of health care workers aren’t getting the pay or respect they deserve in the COVID-19 pandemics, states:

“Home health and personal care workers earn even less, with a median hourly wage of only $11.57. The wages are so low that nearly 20% of care workers live in poverty and more than 40% rely on some form of public assistance. These fields are some of the fastest-growing of all occupations, with more than a million new jobs projected by 2028.” and “COVID-19 has laid bare the wide gap between the value that health care support, service, and direct care workers bring to society and the extremely low wages they earn in return. Short-term fixes such as hazard pay are urgently needed. But policymakers and employers should also make lasting changes so that these essential workers finally earn a permanent living wage.” ²

¹ https://www.who.int/mental_health/mhgap/evidence/resource/child_q6.pdf?ua=1
To better understand the current challenges of Utah’s direct care workforce and needed systemic changes, the State intends to implement a direct care workforce Initiative to conduct a study and make recommendations for improvement. To study and take initial actions to address direct care workforce shortages, the State will use approximately $272,600 of additional funds.

Based on CMS guidance, we identify these activities eligible under ARPA Section 9817, but not eligible for FFP.

See Table 8 for Direct Workforce Shortage Study & Recommendations Funding Details

9. AUTHORIZING ONE-TIME HCBS INFRASTRUCTURE “GRANT” PROPOSALS FOR HCBS PROVIDERS

Like CMS, Utah Medicaid and the State’s waiver operating agencies recognize that HCBS providers are in a unique position to identify and tailor activities and projects that align with state goals and priorities. With this in mind, the State intends to offer HCBS infrastructure grants to providers. Through this process, providers can submit proposals to the Departments for the following purposes such as:

- Projects that will assist the provider to fully comply with the federal HCBS Settings Rule
- Projects to fully comply with federal Electronic Visit Verification requirements
- One-time purchases of equipment to increase waiver participant independence and community access (when services not otherwise available by any other funding source)
- Other projects as proposed by providers that meet the intent of improving HCBS infrastructure

The state intends to use approximately $5,451,600 of additional funds for this purpose. Based on CMS guidance, we identify these activities eligible under ARPA Section 9817, but not eligible for FFP.

See Table 9 for Infrastructure Grants Funding Details

10. SUPPORTING HCBS WAIVER PARTICIPANTS TO SECURE AND RETAIN HOUSING (NOT ROOM & BOARD)

In the June 26, 2015, CMCS Informational Bulletin titled, “Coverage of Housing-Related Activities and Services for Individuals with Disabilities.” The document states in part, “This Informational Bulletin is intended to assist states in designing Medicaid benefits, and to clarify the circumstances under which Medicaid reimburses for certain housing-related activities with the goal of promoting community integration for individuals with disabilities, older adults needing long term services and supports (LTSS), and those experiencing chronic homelessness.” The guidance describes that “States can use the 1915(c) HCBS waiver program to cover some housing-related services.” and that services can be included through waiver case management services, and for persons transferring out of institutional settings for security deposits to secure a lease of an apartment or home. To provide additional support to HCBS

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waiver participants to secure and retain housing, the State will use approximately $1,362,900 to 1,500,000 of additional funds.

Based on CMS guidance, we identify these activities eligible under ARPA Section 9817, but not eligible for FFP.

See Table 10 for Secure and Retain Housing Funding Details

Behavioral Health Services Spending Plan Activity Narrative

1. **LIMITED-TERM SUPPLEMENTAL BEHAVIORAL HEALTH PROVIDER PAYMENTS** – The State will make limited-term supplemental payments to behavioral health providers for three years ending March 2024 amounting to approximately $30,136,400. The payments will be approximately equivalent to 5 percent of providers’ current rates. Eligibility for quality incentive payments will require providers to attest to meeting certain quality/utilization requirements, such as:

   - Incentivize COVID-19 vaccination of behavioral health staff
   - Support behavioral health providers, and their staff, including unlicensed but certified positions (flexibility for providers to determine use)
   - Support other COVID-19 related response/expenses
   - Assure compliance with any other federally required data/reporting requirement

Covered providers include:

Licensed mental health therapist practicing within the scope of practice defined in the individual’s respective licensing act and licensed under Title 58-60, Mental Health Professional Practice Act, as:

- physician and surgeon or osteopathic physician engaged in the practice of mental health therapy;
- advanced practice registered nurse (APRN) specializing in psychiatric mental health nursing;
- APRN intern specializing in psychiatric mental health nursing;
- psychologist qualified to engage in the practice of mental health therapy;
- certified psychology resident qualifying to engage in the practice of mental health therapy;
- physician assistant specializing in mental health care in accordance with Section 58-70a501 of the Utah Code;
- clinical social worker;
- certified social worker or certified social worker intern;
- marriage and family therapist;
- associate marriage and family therapist;
- clinical mental health counselor; or
- associate clinical mental health counselor.

An individual exempt from licensure (as a mental health therapist) including:
in accordance with Section 58-1-307 of the Utah Code, a student engaged in activities constituting the practice of a regulated occupation or profession while in training in a recognized school approved by DOPL to the extent the activities are supervised by qualified faculty, staff, or designee and the activities are a defined part of the training program; or

○ in accordance with Subsection 58-61-307(2)(h) of the Utah Code, an individual who was employed as a psychologist by a state, county or municipal agency or other political subdivision of the state prior to July 1, 1981, and who subsequently has maintained employment as a psychologist in the same state, county, or municipal agency or other political subdivision while engaged in the performance of his official duties for that agency or political subdivision.

● an individual working within the scope of his or her certificate in accordance with Title 58 of the Utah Code:
  ○ licensed physician and surgeon or osteopathic physician regardless of specialty;
  ○ licensed APRN or APRN intern regardless of specialty working within the scope of the Nurse Practice Act and competency;
  ○ other medical practitioner licensed under state law, most commonly licensed physician assistants regardless of specialty when practicing within the physician assistant’s skills and scope of competence;

● licensed substance use disorder counselor, including licensed advanced substance use disorder counselor (ASUDC), certified advanced substance use disorder counselor (CASUDC) or certified advanced substance use disorder counselor intern (CASUDC-I), licensed substance use disorder counselor (SUDC), certified substance use disorder counselor (CSUDC) or certified substance use disorder counselor intern (CSUDC-I);

● licensed social service worker;

● licensed registered nurse;

● licensed practical nurse; or

● individual working toward licensure as a social service worker in accordance with state law; or a registered nursing student engaged in activities constituting the practice of a regulated occupation or profession while in training in a recognized school approved by DOPL, or an individual enrolled in a qualified substance use disorder education program, exempted from licensure in accordance with Section 58-1-307 of the Utah Code and under required supervision;

● other trained individual; or

● peer support specialist, case manager or crisis service worker who has been certified under rules promulgated by the Utah Department of Human Services.

See State’s responses on pages 4 and 5.

See Table 2 for Behavioral Health Limited Term Supplemental Funding Details

School Based Skills Development Spending Plan Activity Narrative
1. **LIMITED-TERM SUPPLEMENTAL SCHOOL BASED SKILL DEVELOPMENT PROVIDER PAYMENTS** – The State will make limited-term supplemental payments to school-based skill development providers for three years ending March 2024 amounting to approximately **$3,439,400**. The payments will be approximately equivalent to 5 percent of providers’ current rates. Covered providers include:

See State’s responses on pages 4 and 5.

See Table 3 for *School Based Skills Development Limited Term Supplemental Funding* Details
### Table 1 - HCBS Limited Term Supplemental Funding Detail

<table>
<thead>
<tr>
<th>Program</th>
<th>Quarterly Amount</th>
<th>Grand Total (12 Quarters)</th>
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<tbody>
<tr>
<td>Aging Waiver (UT.0247)</td>
<td>$57,123</td>
<td>$685,477</td>
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<tr>
<td>Acquired Brain Injury Waiver (UT.0292)</td>
<td>$115,509</td>
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<td>Physical Disabilities Waiver (UT.0331)</td>
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<td>FFS - State Plan Personal Care</td>
<td>$49,006</td>
<td>$588,073</td>
</tr>
<tr>
<td>ACO - Home Health/Personal Care</td>
<td>$851,519</td>
<td>$10,218,232</td>
</tr>
<tr>
<td>Medically Complex Children’s Waiver</td>
<td>$10,197</td>
<td>$122,360</td>
</tr>
<tr>
<td>New Choices Waiver</td>
<td>$670,431</td>
<td>$8,045,170</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>$6,265,733</strong></td>
<td><strong>$75,188,794</strong></td>
</tr>
</tbody>
</table>

### Table 2 - Behavioral Health Limited Term Supplemental Funding Detail

<table>
<thead>
<tr>
<th>Program</th>
<th>Quarterly Amount</th>
<th>Grand Total (12 Quarters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee-For-Service</td>
<td>$592,058</td>
<td>$7,104,691</td>
</tr>
<tr>
<td>Prepaid Mental Health Plans (PMHP)</td>
<td>$1,648,235</td>
<td>$19,778,821</td>
</tr>
<tr>
<td>Integrated Care Plans (UMIC)</td>
<td>$271,071</td>
<td>$3,252,849</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>$2,511,363</strong></td>
<td><strong>$30,136,361</strong></td>
</tr>
</tbody>
</table>
### Table 3 - School Based Skills Development Limited Term Supplemental Funding

<table>
<thead>
<tr>
<th>Program</th>
<th>Quarterly Amount</th>
<th>Grand Total (12 Quarters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Based Skills Development</td>
<td>$286,621</td>
<td>$3,439,448</td>
</tr>
</tbody>
</table>

### Table 4 - Institutional Diversion Activities Funding Detail

<table>
<thead>
<tr>
<th>Federal Fiscal Year</th>
<th>Quarter</th>
<th>Reinvested Funds</th>
<th>Total Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>Q4</td>
<td>$0 1,348,935</td>
<td>$0 8,285,842</td>
</tr>
<tr>
<td>2022</td>
<td>Q1</td>
<td>$0 1,348,935</td>
<td>$0 5,821,903</td>
</tr>
<tr>
<td></td>
<td>Q2</td>
<td>$1,063,055 1,348,935</td>
<td>$1,063,055 5,821,903</td>
</tr>
<tr>
<td></td>
<td>Q3</td>
<td>$1,063,055 1,348,935</td>
<td>$1,063,055 4,066,732</td>
</tr>
<tr>
<td></td>
<td>Q4</td>
<td>$1,063,055 1,798,580</td>
<td>$1,063,055 5,422,309</td>
</tr>
<tr>
<td>2023</td>
<td>Q1</td>
<td>$1,063,055 1,798,580</td>
<td>$1,063,055 5,422,309</td>
</tr>
<tr>
<td></td>
<td>Q2</td>
<td>$1,063,055 1,798,580</td>
<td>$1,063,055 5,422,309</td>
</tr>
<tr>
<td></td>
<td>Q3</td>
<td>$1,063,055 1,798,580</td>
<td>$1,063,055 5,422,309</td>
</tr>
<tr>
<td></td>
<td>Q4</td>
<td>$1,063,055 1,798,580</td>
<td>$1,063,055 5,422,309</td>
</tr>
<tr>
<td>2024</td>
<td>Q1</td>
<td>$1,063,055 1,798,580</td>
<td>$1,063,055 5,422,309</td>
</tr>
<tr>
<td></td>
<td>Q2</td>
<td>$1,063,055 1,798,580</td>
<td>$1,063,055 5,422,309</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>$10,630,546 17,985,800</td>
<td>$10,630,546 61,952,545</td>
</tr>
</tbody>
</table>
Table 5 - Intermediate Care Facility Business Model Change/Conversion to HCBS

<table>
<thead>
<tr>
<th>Program</th>
<th>Quarterly Amount</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICF Conversion to HCBS</td>
<td>$763,219</td>
<td>$7,632,187</td>
</tr>
</tbody>
</table>

In order to allow for start-up time, the quarterly amounts are not expected to be expended until the quarter ending December 31, 2021.

Table 6 - HCBS Administrative Infrastructure Improvements Funding Detail

<table>
<thead>
<tr>
<th>Program</th>
<th>Quarterly Amount</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrastructure Improvements</td>
<td>$163,547</td>
<td>$1,635,469</td>
</tr>
</tbody>
</table>

In order to allow for start-up time, the quarterly amounts are not expected to be expended until the quarter ending September 30, 2021.

Table 7 - Family Caregiver Compensation Funding Detail

<table>
<thead>
<tr>
<th>Program</th>
<th>Quarterly Amount</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Caregiver Compensation</td>
<td>$27,258</td>
<td>$272,578</td>
</tr>
</tbody>
</table>

In order to allow for start-up time, the quarterly amounts are not expected to be expended until the quarter ending September 30, 2021.
In order to allow for start-up time, the quarterly amounts are not expected to be expended until the quarter ending September 30, 2021.

### Table 9 - Infrastructure Grants Funding Detail

<table>
<thead>
<tr>
<th>Federal Fiscal Year</th>
<th>Quarter</th>
<th>Reinvested Funds</th>
<th>Total Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>Q4</td>
<td>$0 122,100</td>
<td>$0 750,000</td>
</tr>
<tr>
<td>2022</td>
<td>Q1</td>
<td>$0 231,700</td>
<td>$0 750,000</td>
</tr>
<tr>
<td></td>
<td>Q2</td>
<td>$545,156 231,700</td>
<td>$545,156 750,000</td>
</tr>
<tr>
<td></td>
<td>Q3</td>
<td>$545,156 331,700</td>
<td>$545,156 750,000</td>
</tr>
<tr>
<td></td>
<td>Q4</td>
<td>$545,156 331,700</td>
<td>$545,156 1,000,000</td>
</tr>
<tr>
<td>2023</td>
<td>Q1</td>
<td>$545,156 331,700</td>
<td>$545,156 1,000,000</td>
</tr>
<tr>
<td></td>
<td>Q2</td>
<td>$545,156 331,700</td>
<td>$545,156 1,000,000</td>
</tr>
<tr>
<td></td>
<td>Q3</td>
<td>$545,156 331,700</td>
<td>$545,156 1,000,000</td>
</tr>
<tr>
<td>Program</td>
<td>Quarterly Amount</td>
<td>Grand Total</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Secure and Retain Housing</td>
<td>$136,289 136,364</td>
<td>$1,362,891 1,500,000</td>
<td></td>
</tr>
</tbody>
</table>

Table 10 - Secure and Retain Housing Funding Detail

In order to allow for start-up time, the quarterly amounts are not expected to be expended until the quarter ending September 30, 2021.