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State/Territory Name: Utah

State Plan Amendment (SPA) #: 21-0010

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

October 29, 2021

Emma Chacon
Interim Medicaid Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

Dear Ms. Chacon:

RE: Utah Transmittal Notice (TN) 21-0010

We have reviewed the proposed Utah State Plan Amendment (SPA) to Attachment 4.19-B, Utah TN#21-0010, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 13, 2021. This amendment increases payment for providers referenced in Utah's American Rescue Plan (ARPA) Act Home and Community Based Services (HCBS) Enhanced Funding Spending Plan.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

Pursuant to section 1135(b)(5) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on October 29, 2021 allowing Utah to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit this SPA that would take effect on April 1, 2021.

Pursuant to section 1135(b)(5) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on October 29, 2021 allowing Utah to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of April 1, 2021 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described in this SPA.

Pursuant to section 1135(b)(5) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on October 29, 2021 allowing Utah to modify the time frames associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA. Therefore, tribal notice can be delayed.

If you have any additional questions or need further assistance, please contact Monica Neiman at:
Monica.Neiman@cms.hhs.gov

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER U T 21-0010	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 April 1, 2021	

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 Section 1902(a)(30)(A) of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2021 +\$3,551,167 b. FFY 2022 +\$7,102,333
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Pages 37 and 38 of ATTACHMENT 4.19-B	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New Plan Page

10. SUBJECT OF AMENDMENT
ARPA and HCBS Funding

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 	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 Emma Chacon	
14. TITLE Interim Medicaid Director, Utah Department of Health	
15. DATE SUBMITTED September 13, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 13, 2021	18. DATE APPROVED October 29, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS

*October 28, 2021 - State requested pen and ink change to remove page 38 Block 8 of the CMS-179

ARPA Spending Plan Supplemental Payments

1. Based on paid data from April 1, 2021 through March 31, 2023, the agency increases payment for the providers referenced in Utah's American Rescue Plan Act Home and Community Based Services Enhanced Funding Spending Plan and that are listed in Appendix B., or could be listed in Appendix B., of the American Rescue Plan Act, State Medicaid Director Letter, *SMD# 21-003 Implementation of American Rescue Plan Act of 2021 Section 9817*: including:
 - a. Home Health Services
 - b. Private Duty Nursing – in home services only
 - c. Hospice Services – in home services only
 - d. Personal Care Services
 - e. School Based Services
 - f. Rehabilitative Services - Behavioral Health Services
 - g. Early Periodic Screening Diagnosis and Treatment, Autism Spectrum Disorder Related Services

2. Temporary supplemental payments will be made based on the following criteria:
 - a. Eligibility for quarterly supplemental payments require providers to attest to the following:
 - i. An understanding these are time-limited payments which are anticipated to not extend beyond March 2024
 - ii. An agreement that a portion of the funds will be used to address direct-care worker issues (i.e., salary/benefit increases, staff retention bonuses, employer paid training, provision of PPE, paid time to receive vaccinations, etc.)
 - iii. An agreement that funds will be used to expand, enhance or strengthen their program

 - b. Payments are increased through a supplemental payment:
 - i. The State will make supplemental payments to qualified providers who have made an attestation per (2)(a).
 - ii. The quarterly payments will equal 5 percent of the claims (fee for service based on paid date and managed care encounters based on state received date) from the previous quarter. For example, April, May and June paid claims will be used to inform the payment for that period. If \$100 were paid in that period, the quarterly payment will be \$5. The exact timing of payments may vary; however, the payments will be based on the example noted.
 - iii. The payments are made to billing providers.

T.N. # 21-0010

Approval Date 10-29-2021

Supersedes T.N. # New

Effective Date 4-1-21