

## **Table of Contents**

**State/Territory Name: Utah**

**State Plan Amendment (SPA) #: 21-0014**

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**

---

February 8, 2022

Jennifer Strohecker  
State Medicaid Director  
Division of Health Care Financing  
Utah Department of Health  
P O Box 144102  
Salt Lake City UT 84114-4102

RE: TN 21-0014

Dear Ms. Strohecker:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Utah's State Plan Amendment (SPA) Transmittal #21-0014, submitted on December 29, 2021. The SPA provides an assurance the State complies with the federal medical transportation requirements added by the Consolidated Appropriations Act, 2021.

CMS approved SPA #21-0014 on February 7, 2022, with an effective date of October 1, 2021. 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](mailto:mandy.strom@cms.hhs.gov) or (303)844-7068.

Sincerely,



Digitally signed by James G.  
Scott -S  
Date: 2022.02.08 13:01:53  
-06'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Craig Devashrayee, Utah Medicaid

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 1</u> — <u>0 0 1 4</u>	2. STATE <u>UTAH</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
October 1, 2021

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 440.170

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Pages 1 and 2 of ATTACHMENT 3.1-D

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Page 1 of ATTACHMENT 3.1-D

9. SUBJECT OF AMENDMENT

Transportation Requirements

10. 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:

11. STATE AGENCY OFFICIAL  
[Redacted]

12. TYPED NAME  
Nate Checketts

13. TITLE  
Executive Director, Utah Department of Health

14. DATE SUBMITTED  
December 29, 2021

15. RETURN TO  
Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
cdevashrayee@utah.gov

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>December 29, 2021</u>	17. DATE APPROVED <u>February 7, 2022</u>
---	--

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>October 1, 2021</u>	19. SIGNATURE OF APPROVING OFFICIAL [Redacted] Digitally signed by James G. Scott -S Date: 2022.02.08 13:02:26 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State: \_\_\_\_\_ UTAH \_\_\_\_\_

TRANSPORTATION/ADMINISTRATIVE

---

Methods of Providing Transportation

In order to ensure necessary transportation of recipients to and from providers of medical services, the following options are provided.

DMHF provides Non-Emergency Medical Transportation (NEMT) to Medicaid beneficiaries following the requirements of 42 CFR § 440.170 through a statewide, contracted transportation broker. The broker is responsible for scheduling and providing NEMT services for eligible Utah Medicaid beneficiaries. This contract covers the entire geography of the state and has no gaps in the coverage area.

All transportation requests must be fulfilled by the broker when:

- a. the beneficiary is eligible for Medicaid;
- b. the beneficiary does not have access to other means of transportation;
- c. Medicaid covers the medically necessary services;
- d. a Medicaid enrolled provider will furnish the services; and
- e. the transport request is made with enough advance notice to schedule the ride.

Utah ensures that any provider of NEMT to medically necessary services receiving payments under this State Plan (but excluding any public transit authority) meets the following minimum requirements that each:

- a. Provider and individual drivers are not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and are not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- b. Individual driver has a valid driver's license;
- c. Provider has a process to:
  - (i) address any violation of a state drug law; and
  - (ii) to disclose to the state Medicaid program the driving history, including any traffic violations, of individual drivers employed by the provider.

Reimbursable administrative transportation services that a recipient or a designated representative may receive are limited to:

Non-Contracted Transportation

- a. Cost of transportation for a recipient by approved means. When traveling in a private vehicle, the transport cost is limited to a per-mile reimbursement rate established by the Department for actual miles traveled.

---

T.N. # \_\_\_\_\_ 21-0014 \_\_\_\_\_ Approval Date 2-7-22

Supersedes T.N. # 10-007 \_\_\_\_\_ Effective Date 10-1-21

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State: \_\_\_\_\_ UTAH \_\_\_\_\_

TRANSPORTATION/ADMINISTRATIVE

---

Methods of Providing Transportation (Continued)

- b. A per diem not to exceed a maximum established by the Department, in Rule R414-306, to be applied toward the cost of meals and lodging when the recipient must remain away from home, outside of a medical facility, while receiving approved treatment.
- c. Cost of transportation and per diem not to exceed a maximum established by the Department, in Rule R414-306, to be applied toward the cost of meals and lodging for one parent to accompany a dependent child to receive covered services, when it is necessary for the recipient to remain away from home, outside of a medical facility, while receiving approved treatment.
- d. Transportation costs and a per diem not to exceed a maximum established by the Department, in Rule R414-306, for an attendant to accompany a recipient to receive covered services, when there is a justifiable medical need for an attendant. A parent or an individual can meet the current medical demand demonstrated by the patient. Salary is included if the attendant is not a member of the patient's family.
- d. These services are covered only for the time the attendant has responsibility for hands-on care of the recipient. Stand-by time is not covered.

Contracted Transportation

- a. Payment is based on the contracted capitated rate derived from a competitive bidding process. Contractors may request rate updates periodically as stated in the contract. The state evaluates rate update requests for efficiency, economy, and quality of care that such services are available to the general population in the geographic area.

Medicaid must prior authorize out-of-state travel. Such travel will only be permitted when the State of Utah cannot meet the recipient's medical needs within the state.

---

T.N. # \_\_\_\_\_ 21-0014 \_\_\_\_\_ Approval Date 2-7-22

Supersedes T.N. # New \_\_\_\_\_ Effective Date 10-1-21