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State/Territory Name: Utah

State Plan Amendment (SPA) #: 23-0001

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



May 11, 2023

Jennifer Strohecker
State Medicaid Director
Division of Integrated Healthcare
Utah Department of Health & Human Services
P O Box 144102
Salt Lake City UT 84114-4102

Re: Utah State Plan Amendment (SPA) 23-0001

Dear Ms. Strohecker:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) and accompanying section 1135 waivers submitted on March 20, 2023, under transmittal number (TN) 23-0001. This amendment clarifies supplemental payments referenced in Utah's American Rescue Plan Act (ARPA) Home and Community Based Services (HCBS) Enhanced Funding Spending plan.

Pursuant to section 1135(b)(5) of the Social Security Act (Act), for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.


The State of Utah also requested a waiver to modify the public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is modifying public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(5) of the Act, CMS is approving the state's request to modify these notice requirements otherwise applicable to SPA submissions.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Utah's Medicaid SPA Transmittal Number 23-0001 is approved effective April 1, 2022.

If you have any questions, please contact Mandy Strom at (303) 844-7068 or via email at Mandy.Strom@cms.hhs.gov.

Sincerely,

Alissa M.
Deboy -S

 Digitally signed by Alissa
M. Deboy -S
Date: 2023.05.11
08:34:08 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>0</u> <u>1</u>	2. STATE <u>UTAH</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE <u>April 1, 2022</u>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Pages 37 and 38 of ATTACHMENT 4.19-B *</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Pages 37 and 38 of ATTACHMENT 4.19-B *</u>

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

5. FEDERAL STATUTE/REGULATION CITATION

Section 1902(a)(30)(A) of the Social Security Act (Act) and Section 135(b)(5) of the Act *

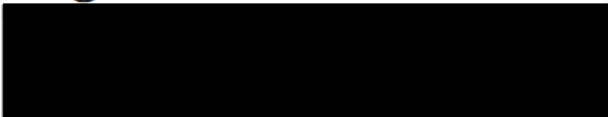
9. SUBJECT OF AMENDMENT

ARPA and HCBS Funding

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:



Tracy S. Gruber

13. TITLE
Executive Director, Utah Dept of Health and Human Services

14. DATE SUBMITTED
March 20, 2023

15. RETURN TO

Craig Devashrayee
Utah Department of Health and Human Services
Division of Integrated Healthcare
cdevashrayee@utah.gov

FOR CMS USE ONLY

16. DATE RECEIVED
March 20, 2023

17. DATE APPROVED
May 11, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
Alissa Mooney DeBoy -S

Digitally signed by Alissa M. Deboy -S
Date: 2023.05.11 08:34:27 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL
On Behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS

* Utah requested a pen & ink change to boxes 7 and 8 on May 1, 2023. Utah also requested a pen & ink change to box 5 on May 8, 2023.

1. During the period of available enhanced ARPA funding, April 1, 2021, through March 31, 2025, 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. Personal Care Services
 - d. School Based Services
 - e. Rehabilitative Services - Behavioral Health Services
 - f. 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 2025.
 - 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) 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. Any provider with a negative quarterly paid amount will be excluded from this calculation.
 - iii. For the final quarter ending March 2025, any remaining enhanced matched funding available and allowable for expenditure will be paid out to participating providers at a formula driven percentage proportion rate determined by proration of participation in the program and the above base percentage amounts.
 - iv. The payments are made to billing providers.

T.N. # 23-0001

Approval Date 5-12-23

Supersedes T.N. # 21-0010

Effective Date 4-1-22