

## **Table of Contents**

**State/Territory Name: Utah**

**State Plan Amendment (SPA) #: 24-0001**

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

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May 28, 2024

Jennifer Strohecker  
Director  
Division of Integrated Healthcare  
Utah Department of Health and Human Services  
PO Box 143101  
Salt Lake City, UT 94114-3101

Re: Utah State Plan Amendment (SPA) 24-0001

Dear Director Strohecker:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment proposes modifications to targeted case management provider qualifications.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §441.18. This letter informs you that Utah Medicaid SPA TN 24-0001 was approved on May 28, 2024, with an effective date of March 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Utah State Plan.

If you have any questions, please contact Tyler Deines at 202-571-8533 or via email at [Tyler.Deines@cms.hhs.gov](mailto:Tyler.Deines@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covers the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting 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

2 4 — 0 0 0 1

2. STATE

UTAH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

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

4. PROPOSED EFFECTIVE DATE

March 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 441.18(a)(1)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0  
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 4 of Supplement 1 to Attachments 3.1-A and 3.1-B  
Supplement 1 to Attachment 3.1-A, Pages 3-4  
Supplement 1 to Attachment 3.1-B, Pages 3-4

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 4 of Supplement 1 to Attachments 3.1-A and 3.1-B  
Supplement 1 to Attachment 3.1-A, Page 3 (TN: 13-005)  
Supplement 1 to Attachment 3.1-A, Page 4 (TN: 15-0003)  
Supplement 1 to Attachment 3.1-B, Page 3 (TN: 13-005)  
Supplement 1 to Attachment 3.1-B, Page 4 (TN: 15-0003)

9. SUBJECT OF AMENDMENT

Targeted Case Management (TCM) for Individuals with Serious Mental Illness

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. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME  
Tracy S. Gruber

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

14. DATE SUBMITTED  
March 29, 2024

15. RETURN TO

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

**FOR CMS USE ONLY**

16. DATE RECEIVED

March 29, 2024

17. DATE APPROVED

May 28, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

March 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Boxes 7 & 8: State approved pen and ink changes 05/03/2024

**TARGETED CASE MANAGEMENT SERVICES**  
**Individuals with Serious Mental Illness**

**Supplement 1 to Attachment 3.1-A**

is performed in accordance with the frequency specified in the recipient's targeted case management service plan which is based on recipient needs.

- ❖ X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
- ❖ (42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

**[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]**

Qualified targeted case managers are:

- A. Primary providers of this service are: (1) licensed social service workers, licensed substance use disorder counselors, licensed behavioral health coach, licensed registered nurses and licensed practical nurses; and (2) individuals who are not licensed (and are not otherwise included in B (3) below) who are at least 18 years old and under the supervision of an individual identified in B(1), B(2), B(4) or B(5) below, or A(1) of this paragraph with the exception of licensed practical nurses. Individuals in A(2) also complete a training course sponsored through the Utah Department of Health and Human Services, Office of Substance Abuse and Mental Health (OSAMH, the State's Substance Abuse and Mental Health Authority) and receive certification as a targeted case manager from OSAMH.
- B. In addition to the primary service providers specified in A above, these individuals may also provide this service: (1) An individual licensed under State law as a mental health therapist including physicians, advanced practice registered nurses (APRNs) with psychiatric specialty certification, psychologists, social workers, marriage and family therapists, and clinical mental health counselors; (2) licensed APRNs and licensed APRN interns working toward psychiatric specialty certification and qualification as mental health therapist; (3) individuals exempted from licensure: students engaged in activities constituting the practice of a regulated mental health or substance abuse-related occupation or profession in accordance with the State's Division of Professional Licensing (DOPL) under the supervision of qualified faculty, staff, or designee, and individuals who were 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 have 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); and (5) other licensed medical practitioners licensed under:

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T.N. # 24-0001

Approval Date 5-28-24

Supersedes T.N. # 13-005

Effective Date 3-1-24

**State Plan under Title XIX of the Social Security Act State/Territory:  
State of Utah**

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**TARGETED CASE MANAGEMENT SERVICES  
Individuals with Serious Mental Illness**

**Supplement 1 to Attachment 3.1-A**

State law (most commonly a physician assistant) and APRNs not otherwise specified above.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

\_\_\_\_ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: **[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]**

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and

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T.N. # 24-0001

Approval Date 5-28-24

Supersedes T.N. # 15-0003

Effective Date 3-1-24

**TARGETED CASE MANAGEMENT SERVICES**  
**Individuals with Serious Mental Illness**

**Supplement 1 to Attachment 3.1-B**

is performed in accordance with the frequency specified in the recipient's targeted case management service plan which is based on recipient needs.

- ❖ X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
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**[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]**

Qualified targeted case managers are:

- A. Primary providers of this service are: (1) licensed social service workers, licensed substance use disorder counselors, licensed behavioral health coach, licensed registered nurses and licensed practical nurses; and (2) individuals who are not licensed (and are not otherwise included in B (3) below) who are at least 18 years old and under the supervision of an individual identified in B(1), B(2), B(4) or B(5) below, or A(1) of this paragraph with the exception of licensed practical nurses. Individuals in A(2) also complete a training course sponsored through the Utah Department of Health and Human Services, Office of Substance Abuse and Mental Health (OSAMH, the State's Substance Abuse and Mental Health Authority) and receive certification as a targeted case manager from OSAMH.
- B. In addition to the primary service providers specified in A above, these individuals may also provide this service: (1) An individual licensed under State law as a mental health therapist including physicians, advanced practice registered nurses (APRNs) with psychiatric specialty certification, psychologists, social workers, marriage and family therapists, and clinical mental health counselors; (2) licensed APRNs and licensed APRN interns working toward psychiatric specialty certification and qualification as mental health therapist; (3) individuals exempted from licensure: students engaged in activities constituting the practice of a regulated mental health or substance abuse-related occupation or profession in accordance with the State's Division of Professional Licensing (DOPL) under the supervision of qualified faculty, staff, or designee, and individuals who were 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 have 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); and (5) other licensed medical practitioners licensed under:

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Effective Date 3-1-24

**State Plan under Title XIX of the Social Security Act State/Territory:  
State of Utah**

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**TARGETED CASE MANAGEMENT SERVICES  
Individuals with Serious Mental Illness**

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