

Table of Contents

State/Territory Name: Utah

State Plan Amendment (SPA) #: 24-0015

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

November 8, 2024

Jennifer Strohecker
Director
Division of Integrated Healthcare
Utah Department of Health and Human Services
PO Box 143101
Salt Lake City, UT 84114-3101

Re: Utah State Plan Amendment (SPA) 24-0015

Dear Director Strohecker:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0015. This amendment proposes state plan coverage for supportive living services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.130. This letter informs you that Utah Medicaid SPA TN 24-0015 was approved on November 7, 2024, with an effective date of July 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.

Sincerely,

A black rectangular box redacts the signature of James G. Scott. There are some faint blue ink marks above the box.

Digitally signed by
James G. Scott -S
Date: 2024.11.08
09:18:36 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 5

2. STATE

UTAH3. 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

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

~~42 CFR 440.60~~ 42 CFR §440.130(d)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 688248b. FFY 2025 \$ 4129476

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Pages 2b and 2g of Attachment #13, within ATTACHMENTS 3.1-A
and 3.1-B~~Attachment 13 to Attachment 3.1-A, Pages 2b, 2b(1), & 2g
Attachment 13 to Attachment 3.1-B, Pages 2b, 2b(1), & 2g
Attachment 4.19-B, Introduction & Page 35b8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Pages 2b and 2g of Attachment #13, within
ATTACHMENTS 3.1-A and 3.1-B (TN: 21-0009)Introduction Page of ATTACHMENT 4.19-B (TN: 24-0010)

9. SUBJECT OF AMENDMENT

Supportive Living Services

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, ASSPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Tracy S. Gruber

13. TITLE

Executive Director, Utah Dept of Health & Human Services

14. DATE SUBMITTED

June 25, 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

June 26, 2024

17. DATE APPROVED

November 7, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S

Date: 2024.11.08 09:19:06 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Boxes 5, 7, & 8: State approved pen and ink changes 11/06/2024.

REHABILITATIVE SERVICES

LIMITATIONS (Continued)

Peer Support Services*

Peer support services means services provided for the primary purpose of assisting in the rehabilitation and recovery of members with mental health and/or substance use disorders. For children, peer support services are provided to their parents/legal guardians or other caregivers as appropriate to the child's age, and the services are directed exclusively toward the Medicaid-eligible child.

Peer support services may be provided to an individual or a group. On occasion, it may not be possible to meet with the peer support specialist in which case a telephone contact with the member or the member's parent/legal guardian or other caregivers would be allowed.

Peer support services are designed to promote recovery. Peers offer a unique perspective that clients find credible; therefore, peer support specialists are in a position to build alliances and instill hope. Peer support specialists lend their unique insight into mental illness and what makes recovery possible.

Peer support services must be recommended by a physician or other licensed practitioner of the healing arts in accordance with state law to perform psychiatric diagnostic evaluations and develop treatment plans. Peer support groups are limited to a ratio of 1:8.

To become a certified peer support specialist, individuals must successfully complete a peer support specialist training curriculum developed by the State of Utah, Department of Health and Human Services, Office of Substance Use and Mental Health (OSUMH), in consultation with national experts in the field of peer support. Training is provided by OSUMH or a qualified individual or organization sanctioned by OSUMH. At the end of the training, individuals must successfully pass a written examination. Individuals who pass the examination receive a written peer specialist certification from OSUMH. Certified peer specialists also successfully complete any continuing education required by OSUMH to maintain the certification.

Supportive Living

Supportive Living means individually tailored supports provided in licensed residential support programs that are directed specifically to the rehabilitation of an individual, including restoration of the individual's skills necessary to live and function successfully within the program and in the community. These supports include assistance in the rehabilitation of an individual's daily living skills, socialization and social skills, and the provision of crisis interventions to help an individual be restored to their best possible functional level. Rehabilitative services do not include room and board payments by Medicaid. Services are not provided in an institution for mental disease (IMD).

T.N. # 24-0015

Approval Date: 11/7/24

Supersedes T.N. # 21-0009

Effective Date: 7-1-24

REHABILITATIVE SERVICES

LIMITATIONS (Continued)

Rehabilitative Mental Health Services

Therapeutic Behavioral Services*

Therapeutic behavioral services means behavioral interventions to assist members with specific identified behavior problems. The service may be provided to an individual or group. Some examples of the behavioral interventions are modeling, structure, and support, engaging in appropriate activities to minimize impulsivity, daily living skills, redirecting to appropriate behavior, immediate behavioral reinforcements, time-structuring activities, inappropriate response prevention, positive behavioral reinforcement, cognitive behavioral approaches, such as cognitive restructuring, use of hierarchies, and graduated exposure.

1. Qualified Providers include:

- a. a licensed mental health therapist or an individual exempted from licensure as a mental health therapist.
- b. a licensed social service worker who is under the supervision of a licensed mental health therapist.
- c. an individual who has obtained a qualifying bachelor's degree and is actively engaged in meeting Division of Professional Licensing (DOPL) requirements to obtain licensure as a social worker in accordance with state law and is under the supervision of a licensed mental health therapist.
- d. a licensed registered nurse.
- e. a licensed advanced substance use disorder counselor (ASUDC) or a licensed substance use disorder counselor (SUDC) who are under the general supervision of a licensed mental health therapist who is qualified to provide supervision.
- f. a certified advanced substance use disorder counselor (CASUDC) or a certified advanced substance use disorder counselor intern (CASUDCI) who are under direct supervision of a licensed mental health therapist who is qualified to provide supervision.
- g. a certified substance use disorder counselor (CSUDC) or a certified substance use disorder counselor intern (CSUDCI) who are under direct supervision of a licensed mental health therapist.
- h. registered nursing student who is exempted from licensure in accordance with state law, and under required supervision.
- i. an individual enrolled in a qualified substance use disorder counselor education program, who is exempted from licensure in accordance with state law, and under DOPL-required supervision.

Psychosocial Rehabilitative Services*

Psychosocial rehabilitative services means services designed to restore members to their maximum functional level through interventions such as cueing, modeling, and role-modeling of appropriate fundamental daily living and life skills. This service is aimed at maximizing the member's basic daily living and life skills, increasing compliance with the medication regimen as applicable, and reducing or eliminating symptomatology that interferes with the member's functioning. The service may be provided to an individual or group. Intensive psychosocial rehabilitative services may be coded when a ratio of no more than five individuals per provider is maintained during a group service.

T.N. # 24-0015

Approval Date: 11/7/24

Supersedes T.N. # New

Effective Date 7-1-24

REHABILITATIVE SERVICES PRACTITIONERS CHART

Provider Type	Licensure/ Certification Authority	Provider Type Requires Supervision Y/N	Provider Type Supervises Others Y/N
Social Service Worker (SSW), and individual working toward licensure as an SSW	Utah Mental Health Professional Practice Act	Y	Y, SSWs may supervise individuals trained to provide PRS
Substance Use Disorder Counselors: Advanced Substance Use Disorder Counselor (ASUDC), Certified Advanced Substance Use Disorder Counselor (CASUDC), Certified Advanced Substance Use Disorder Counselor Intern (CASUDC-I), Substance Use Disorder Counselor (SUDC), Certified Substance Use Disorder Counselor (CSUDC), Certified Substance Use Disorder Counselor Intern (CSUDC-I)	Utah Mental Health Professional Practice Act	Y	Y, ASUDCs may supervise all of the substance use disorder license types, peer support specialists & individuals trained to provide PRS when peer support services or PRS is provided to individuals with a substance use disorder; SUDCs may supervise peer support specialists & individuals trained to provide PRS when peer support services or PRS is provided to individuals with a substance use disorder
Registered Nurse	Utah Nurse Practice Act	Y	Y, may supervise LPNs, medical assistants, individuals trained to provide PRS
Licensed Practical Nurse	Utah Nurse Practice Act	Y	N
Peer Support Specialist	State Statute	Y	N
Individual trained to provide Psychosocial Rehabilitative Services	NA	Y	N
Individual trained to provide Supportive Living	Medicaid manual Other Trained Individual training	Y	N

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1. Qualified Providers include:

- a. a licensed mental health therapist or an individual exempted from licensure as a mental health therapist.
- b. a licensed social service worker who is under the supervision of a licensed mental health therapist.
- c. an individual who has obtained a qualifying bachelor's degree and is actively engaged in meeting Division of Professional Licensing (DOPL) requirements to obtain licensure as a social worker in accordance with state law and is under the supervision of a licensed mental health therapist.
- d. a licensed registered nurse.
- e. a licensed advanced substance use disorder counselor (ASUDC) or a licensed substance use disorder counselor (SUDC) who are under the general supervision of a licensed mental health therapist who is qualified to provide supervision.
- f. a certified advanced substance use disorder counselor (CASUDC) or a certified advanced substance use disorder counselor intern (CASUDCI) who are under direct supervision of a licensed mental health therapist who is qualified to provide supervision.
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T.N. # 24-0015

Approval Date: 11/7/24

Supersedes T.N. # New

Effective Date: 7-1-24

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Substance Use Disorder Counselors: Advanced Substance Use Disorder Counselor (ASUDC), Certified Advanced Substance Use Disorder Counselor (CASUDC), Certified Advanced Substance Use Disorder Counselor Intern (CASUDC-I), Substance Use Disorder Counselor (SUDC), Certified Substance Use Disorder Counselor (CSUDC), Certified Substance Use Disorder Counselor Intern (CSUDC-I)	Utah Mental Health Professional Practice Act	Y	Y, ASUDCs may supervise all of the substance use disorder license types, peer support specialists & individuals trained to provide PRS when peer support services or PRS is provided to individuals with a substance use disorder; SUDCs may supervise peer support specialists & individuals trained to provide PRS when peer support services or PRS is provided to individuals with a substance use disorder
Registered Nurse	Utah Nurse Practice Act	Y	Y, may supervise LPNs, medical assistants, individuals trained to provide PRS
Licensed Practical Nurse	Utah Nurse Practice Act	Y	N
Peer Support Specialist	State Statute	Y	N
Individual trained to provide Psychosocial Rehabilitative Services	NA	Y	N
Individual trained to provide Supportive Living	Medicaid manual Other Trained Individual training	Y	N

T.N. # 24-0015

Approval Date: 11/7/24

Supersedes T.N. # 21-0009

Effective Date: 7-1-24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

Payment rates for the services listed below are effective for services provided on or after the corresponding date:

Service	Attachment	Effective Date
Physician and Anesthesia Services	Attachment 4.19-B, Pages 4 and 5	July 1, 2024
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2024
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2024
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2024
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2024
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2024
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2024
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2024
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2024
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2024
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2024
Medication-Assisted Treatment for Opioid Use Disorders	Attachment 4.19-B, Page 36	July 1, 2024
Targeted Case Management for Individuals with Serious Mental Illness	Attachment 4.19-B, Page 22a	July 1, 2024
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2024
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2024
Autism Spectrum Disorder Services	Attachment 4.19-B, Page 35	July 1, 2024
Recreational Therapy	Attachment 4.19-B, Page 35a	July 1, 2024
Supportive Living	Attachment 4.19-B, Page 35b	July 1, 2024

T.N. # 24-0015

Supersedes T.N. # 24-0010

Approval Date: 11/7/24

Effective Date 7-1-24

SUPPORTIVE LIVING

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page. These rates are published at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

T.N. # 24-0015

Approval Date: 11/7/24

Supersedes T.N. # New

Effective Date: 7-1-24