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State/Territory Name: Utah

State Plan Amendment (SPA) #: 21-0003

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



Financial Management Group

August 27, 2021

Nathan Checketts
Medicaid Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

Dear Mr. Checketts:

RE: Utah Transmittal Notice (TN) 21-0003

We have reviewed the proposed Utah State Plan Amendment (SPA) to Attachment 4.19-B, Utah TN#21-0003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 15, 2021. This State Plan Amendment revises the rates for rehabilitative mental health services.

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 pages.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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 21-0003 | 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 42 CFR 440.130 | 7. FEDERAL BUDGET IMPACT a. FFY 2021 \$1,450,500 b. FFY 2022 \$2,901,000 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Pages 25.1 and 25.2 of ATTACHMENT 4.19-B | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Pages 25.1 and 25.2 of ATTACHMENT 4.19-B |

10. SUBJECT OF AMENDMENT
Rehabilitative Mental Health 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

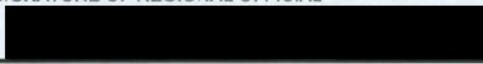
OTHER, ASSPECIFIED

| | |
|--|--|
| 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 Richard G. Saunders | |
| 14. TITLE Executive Director, Utah Department of Health | |
| 15. DATE SUBMITTED June 15, 2021 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|-------------------|--------------------------------------|
| 17. DATE RECEIVED | 18. DATE APPROVED August 27, 2021 |
|-------------------|--------------------------------------|

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

MENTAL HEALTH DIAGNOSTIC AND REHABILITATIVE SERVICES (Continued)

Substance use disorder (SUD) residential treatment programs with 16 or fewer beds

All rehabilitative mental health services and targeted case management services for individuals with serious mental illness contained in ATTACHMENT 3.1-A and ATTACHMENT 3.1-B are included in the bundled rate. Reimbursement is made on a per diem basis. At least one service must be provided during the service unit to bill the bundled rate. The bundled payment rate does not include room and board or other unallowable facility costs.

Receiving Centers

Receiving centers provide services to address mental health and substance use crisis issues. Rehabilitative mental health services included in the bundled rates are psychiatric diagnostic evaluations, mental health assessments, services of licensed mental health therapists (generally the psychotherapy for crisis service), pharmacologic management (evaluation and management services), nurse medication management services, peer support services, therapeutic behavioral services, psychosocial rehabilitative services, and targeted case management services for individuals with serious mental illness. These rehabilitative services and targeted case management services for individuals with serious mental illness are contained in ATTACHMENT 3.1-A and ATTACHMENT 3.1-B. Reimbursement is made on a per diem basis. At least one service must be provided during the service unit to bill the bundled rate. The bundled payment rate does not include room and board or other unallowable facility costs. The billing providers are community mental health centers or other entities with a receiving center.

There will be two bundled rates. The more intensive rate applies to receiving centers that serve as a psychiatric emergency department. These receiving centers have more intensive physician staffing and the capability to provide psychiatric and medical triage and evaluations. A psychiatrist or other physician is onsite at all times, with a psychiatrist available for consultation when not onsite. These facilities also have licensed mental health therapists onsite at all times, and additional psychiatric tech-level staff to ensure safety of clients due to potential for individuals with higher acuity mental health disorders.

The less intensive rate applies to community mental health centers' receiving centers or other receiving centers that do not meet the more intensive criteria. These receiving centers provide less intensive physician coverage. A psychiatrist, or psychiatric nurse practitioner may be used and must be available via telehealth but is not required to be onsite. The licensed mental health therapist is not required to be onsite at all times but may be off-site during graveyard hours, if they can respond on-site within an average response time of 30 minutes.

The receiving centers will keep records necessary to disclose the extent of services furnished and will, on request, furnish the Medicaid agency any information maintained and any information regarding payments claimed by the receiving center for furnishing services under the plan.

T.N. # 21-0003

Approval Date 8-27-21

Supersedes T.N. # 20-0012

Effective Date 4-1-21

MENTAL HEALTH DIAGNOSTIC AND REHABILITATIVE SERVICES (Continued)

This documentation includes the date of service at the receiving center, recipient name, Medicaid identification number, name of provider entity and name of provider providing the service, units of service and place of service. For each service provided to the recipient while at the receiving center, the provider of service will document the date of service, the name of the service provided, the unit(s) of service, a summary of the service provided, and signature and credentials.

Mental health residential treatment programs with 16 or fewer beds for individuals 21 years of age or older

All rehabilitative mental health services and targeted case management services for individuals with serious mental illness contained in ATTACHMENT 3.1-A and ATTACHMENT 3.1-B are included in the bundled rate. Reimbursement is made on a per diem basis. At least one service must be provided during the service unit to bill the bundled rate. The bundled payment rate does not include room and board or other unallowable facility costs.

Clinically Managed Residential Withdrawal Management (Social Detoxification)

Social detoxification residential programs provide peer and social support services to members with substance use disorders who need help to safely withdraw from substances. These members are medically stable, and therefore do not require inpatient hospital level of treatment for withdrawal management. Rehabilitative mental health services included in the bundled rate are psychosocial rehabilitative services, peer support services, and targeted case management services for individuals with serious mental illness. These rehabilitative services and targeted case management services for individuals with serious mental illness are contained in ATTACHMENT 3.1-A and ATTACHMENT 3.1-B. Reimbursement is made on a per diem basis. At least one service must be provided during the service unit to bill the bundled rate. The bundled payment rate does not include room and board or other unallowable facility costs.

All Bundled Rates

No outpatient drugs defined in Section 1927(k) of the Social Security Act are included in any of the payment bundles.

Providers delivering services through the bundled rates will only be paid through that bundle's payment rate and may not be paid separately for services included in the bundle. Medicaid providers delivering separate services, outside of the bundle, may bill for those separate services in accordance with the State's Medicaid billing procedures.

The agency's fee schedule rates for rehabilitative mental health services are effective for services provided on or after the date listed on the ATTACHMENT 4.19-B Introduction Page. These rates are published at <http://health.utah.gov/stplan/lookup/CoverageLookup.php>. Fee schedule payments are based on the established fee schedule unless a lower amount is billed. The rates are the same for both governmental and private providers.

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