

Table of Contents

State/Territory Name: Utah

State Plan Amendment (SPA) #: 23-0011

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

January 24, 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) 23-0011

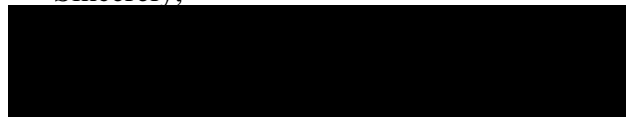
Dear Director Strohecker:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0011. This amendment proposes coverage for services provided by a licensed behavior analyst.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.60 and 42 CFR §447.201. This letter is to inform you that Utah Medicaid SPA 23-0011 was approved on January 24, 2024, with an effective date of July 1, 2023.

If you have any questions, please contact Tyler Deines at 202-571-8533 or via email at Tyler.Deines@cms.hhs.gov.

Sincerely,



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

2 3 — 0 0 1 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

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 1,482,500
b. FFY 2024 \$ 5,930,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 1 of Attachment #6e, within ATTACHMENTS 3.1-A and 3.1-B

Attachment # 6d to Attachment 3.1-A, Page 1
Attachment # 6d to Attachment 3.1-B, Page 1
Attachment 4.19 - Introductory Page
Attachment 4.19-B, Page 35

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

~~New SPA Page~~

Attachment # 6d to Attachment 3.1-A, Page 1 (TN: 21-0015)
Attachment # 6d to Attachment 3.1-B, Page 1 (TN: 21-0015)
Attachment 4.19 - Introductory Page (TN: 23-0010)

9. SUBJECT OF AMENDMENT

~~Autism Spectrum Disorder Services~~

Services provided by a licensed behavior analyst

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 & Human Services

14. DATE SUBMITTED

August 2, 2023

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

August 2, 2023

17. DATE APPROVED

January 24, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2023

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Boxes 7, 8, & 9: State approved pen and ink changes 01/23/2024

SERVICES PROVIDED BY OTHER PRACTITIONERS' SERVICES

1. Services of a licensed nurse practitioner practicing within the scope of practice according to state law.
2. Services of a licensed physician assistant practicing within the scope of practice according to state law.
3. Services of a licensed pharmacist practicing within the scope of practice according to state law and limited to prescribing drugs or devices.
4. Services of a psychologist, board-certified behavior analyst (BCBA), or board-certified assistant behavior analyst (BCaBA) licensed to provide autism spectrum disorder (ASD) services within the scope of practice according to state law.
Behavior technicians may provide ASD services under the supervision of licensed psychologists and BCBAs who assume professional liability in accordance with state law and scope of practice acts.
 - a. Licensed psychologists and BCBAs are responsible for reporting the service(s) furnished.

T.N. # 23-0011

Approval Date 1-24-24

Supersedes T.N. # 21-0015

Effective Date 7-1-23

SERVICES PROVIDED BY OTHER PRACTITIONERS' SERVICES

1. Services of a licensed nurse practitioner practicing within the scope of practice according to state law.
2. Services of a licensed physician assistant practicing within the scope of practice according to state law.
3. Services of a licensed pharmacist practicing within the scope of practice according to state law and limited to prescribing drugs or devices.
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T.N. # 23-0011

Approval Date 1-24-24

Supersedes T.N. # 21-0015

Effective Date 7-1-23

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, 2023
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2023
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2023
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2023
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2023
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2023
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2023
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2023
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2023
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2023
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2023
Medication-Assisted Treatment for Opioid Use Disorders	Attachment 4.19-B, Page 36	July 1, 2023
Targeted Case Management for Individuals with Serious Mental Illness	Attachment 4.19-B, Page 22a	July 1, 2023
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2023
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2023
Autism Spectrum Disorder Services	Attachment 4.19-B, Page 35	July 1, 2023

T.N. # 23-0011

Approval Date 1-24-24

Supersedes T.N. # 23-0010

Effective Date 7-1-23

AUTISM SPECTRUM DISORDER SERVICE PROVIDERS

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. # 23-0011

Approval Date 1-24-24

Supersedes T.N. # New

Effective Date 7-1-23