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**State/Territory Name:** Utah

**State Plan Amendment (SPA) #:** UT-20-0023

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850



**Children and Adults Health Programs Group**

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December 6, 2022

Jennifer Strohecker  
Medicaid Director  
Director, Division of Integrated Healthcare  
P.O. Box 143101  
Salt Lake City, UT 84114-3101

Dear Ms. Strohecker:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA), UT-20-0023, with additional information submitted on November 29, 2022, has been approved. Through this SPA, Utah has demonstrated compliance with section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. This SPA has an effective date of July 1, 2020.

Section 5022 of the SUPPORT Act added Section 2103(c)(5) to the Social Security Act (the Act) and requires child health and pregnancy-related assistance to include coverage of services necessary to prevent, diagnose, and treat a broad range of behavioral health symptoms and disorders. Additionally, Section 2103(c)(5)(B) of the Act requires that these behavioral health services be delivered in a culturally and linguistically appropriate manner. Utah demonstrated compliance by providing the necessary assurances and benefit descriptions that the state covers a range of behavioral health services in a culturally and linguistically appropriate manner.

Your Project Officer is Joyce Jordan. She is available to answer your questions concerning this amendment and other CHIP-related matters. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop: S2-01-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-3413  
E-mail: [Joyce.Jordan@cms.hhs.gov](mailto:Joyce.Jordan@cms.hhs.gov)

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If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,  
/Signed by Sarah deLone/

Sarah deLone  
Director

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT  
CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Utah  
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR 457.40(b))

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Jennifer Strohecker	Position/Title: Medicaid Director, Director of Integrated Healthcare
Name: Jeff Nelson	Position/Title: CHIP Director
Name: Jennifer Wisner	Position/Title: CHIP Program Manager

\*Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: July 10, 1998

Implementation Date: August 1, 1998

SPA #20 Purpose of SPA: CHIP Mental Health Parity Analysis

Proposed effective date: 10/02/2018

Proposed implementation date: 10/02/2018

SPA #23 Purpose of SPA: Implement the requirements of section 5022 of the SUPPORT Act

Proposed effective date: 07/01/2020

1.4- TC **Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

State Plan Amendment 23 was presented at the Indian Health Advisory Board meeting on August 14, 2020. There was no request for consultation.

TN No: Approval Date Effective Date

**6.2-BH Behavioral Health Coverage** Section 2103(c)(5) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all CHIP enrollees, including pregnant women and unborn children.

Guidance: Please attach a copy of the state's periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

**6.2.1- BH Periodicity Schedule** The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

- State-developed schedule
- American Academy of Pediatrics/ Bright Futures
- Other Nationally recognized periodicity schedule (please specify: \_\_\_\_\_ )

Other (please describe: \_\_\_\_\_ )

**6.3- BH Covered Benefits** Please check off the behavioral health services that are provided to the state’s CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders. If there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral health benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

**6.3.1- BH**  Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

A Behavioral Health related screening is a covered service. Either the Patient Health Questionnaire PHQ2 and PHQ9 or tools from the AAP list in CCA may be used to conduct this screening.

**6.3.1.1- BH**  The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

**6.3.1.2- BH**  The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

Children eligible for Utah CHIP are enrolled in a managed care plan (MCP). The MCP contract includes provisions that the MCP’s must require the use of age-appropriate screenings for behavioral health in primary care settings. The MCP contract also requires the plans to implement a work plan to for sharing information, coordination of care and monitoring and reporting results of health screenings.

To help members and their families receive integrated mental health

services within the primary care setting, and reduce primary care provider (PCP) burden, the MCP's maintain websites and publications that provide support and screening toolkits for PCPs that include behavioral health related to mental health integration (MHI), substance use disorders, opioid prescribing and suicide prevention. The MCP toolkits include information and instructions on the use of the PHQ-2 and PHQ-9 screening tools, guidance for prescribing opioids, and assistance with the authorization process.

**6.3.2- BH**  Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

The following outpatient Mental Health/SUD benefits are covered:

Medically necessary services from contracted hospitals, inpatient treatment centers, inpatient pain clinics, residential treatment centers, day treatment facilities and intensive outpatient programs are covered.

**6.3.2.1- BH**  Psychosocial treatment

Provided for:  Mental Health  Substance Use Disorder

Psychosocial rehabilitative services are designed to increase compliance with medication regimen and restore the patient to his or her maximum functional level through interventions that model daily living and life skills. Coverage of Psychosocial treatment includes:

Psychotherapy, group therapy, family therapy and other types of counseling services.

**6.3.2.2- BH**  Tobacco cessation

Provided for:  Substance Use Disorder

Tobacco Cessation services are covered for all CHIP members. The Utah Tobacco Quit line covers case management, counseling and peer support service Participant services include support via online, over the phone, through their doctor and special services for teens. All four options include a free 2-week OTC Nicotine Replacement Therapy, (gum, patches, or lozenges) starter kit, educational materials based on individual needs, text and email messaging and up to 5 counseling visits.

In addition to the Utah Tobacco Quit Line services, the MCP covers Food and Drug Administration (FDA) nicotine replacement therapy (NRT) prescription and over-the-Counter (OTC) medications in combination with education and counseling. Coverage is limited to generic medications and those approved under the plans drug formulary. Two attempts per year are covered and prior authorization is not required.

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

**6.3.2.3- BH**  Medication Assisted Treatment  
Provided for:  Substance Use Disorder

Medication Assisted Treatment MAT Substance Use Disorder (SUD) is covered for all members. The MCP covers all medications with an FDA approved indication for SUD treatment. Prior authorization is required for some medications on the plan's formulary. As a component of MAT benefits, the MCP covers outpatient counseling without limitations, and in-patient hospitalization, residential treatment centers, and intensive outpatient behavioral health therapy when the member has a substance use disorder diagnosis by a licensed mental health professional in accordance with those described in the DMS-V.

**6.3.2.3.1- BH**  Opioid Use Disorder

Medication Assisted Treatment MAT for opioid use disorder is covered for all members. The MCP covers all medications with an FDA approved indication for opioid use treatment. Prior authorization is required for some medications on the plan's formulary. As a component of MAT benefits, the MCP covers outpatient counseling without limitations, and in-patient hospitalization, residential treatment centers, and intensive outpatient behavioral health therapy when the member has a substance use disorder diagnosis by a licensed mental health professional in accordance with those described in the DMS-V.

**6.3.2.3.2- BH**  Alcohol Use Disorder

Medication Assisted Treatment MAT for alcohol use disorder is covered for all members. The MCP covers all medications with an FDA approved indication for alcohol use treatment. Prior authorization is required for some medications on the plan's formulary. As a component of MAT benefits, the MCP covers outpatient counseling without limitations, and in-patient hospitalization, residential treatment centers, and intensive outpatient behavioral health therapy when the member has a substance use disorder diagnosis by a licensed mental health professional in accordance



with those described in the DMS-V.

**6.3.2.3.3- BH**  Other

**6.3.2.4- BH**  Peer Support  
Provided for:  Mental Health  Substance Use Disorder

**6.3.2.5- BH**  Caregiver Support  
Provided for:  Mental Health  Substance Use Disorder

**6.3.2.6- BH**  Respite Care  
Provided for:  Mental Health  Substance Use Disorder

**6.3.2.7- BH**  Intensive in-home services  
Provided for:  Mental Health  Substance Use Disorder

**6.3.2.8- BH**  Intensive outpatient  
Provided for:  Mental Health  Substance Use Disorder

Multidisciplinary, structured services provided at a greater frequency and intensity than routine outpatient treatment is a covered services for mental health and substance use disorder. Common treatment modalities include individual, family, and group psychotherapy, and medication management. A psychiatric disorder diagnosis by a licensed mental health professional is required and systems must accord with those described in the DMS-V.

**6.3.2.9- BH**  Psychosocial rehabilitation  
Provided for:  Mental Health  Substance Use Disorder

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

**6.3.3- BH**  Day Treatment  
Provided for:  Mental Health  Substance Use Disorder

**6.3.3.1- BH**  Partial Hospitalization  
Provided for:  Mental Health  Substance Use Disorder

Partial hospitalization requires pre-authorization and is covered when medically necessary. Treatment includes individual and group therapies, medication management and treatment of mental health disorders. Coverage requires symptoms and a psychiatric disorder diagnosis by a licensed mental health professional in accord with DSM-V. The use of ASM guidelines is required in the development of the treatment plan and the length of the program is based on the individual's medical need.

**6.3.4- BH**  Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))  
Provided for:  Mental Health  Substance Use Disorder

Inpatient Mental Health/SUD services are covered. Coverage is the highest intensity of medically necessary 24-hour skilled nursing and medical care from contracted hospitals, inpatient treatment centers, inpatient pain clinics and residential treatment centers. Inpatient services also include coverage of withdrawal management for detoxification. Prior authorization is required for non-emergent inpatient services.

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

**6.3.4.1- BH**  Residential Treatment  
Provided for:  Mental Health  Substance Use Disorder

Residential treatment is a covered benefit for both mental health and substance use disorder. The Contractor must verify medical necessity for residential treatment after the first thirty days and every thirty days thereafter. Services must be individualized and provided according to each patient's assessment/reassessment, treatment plan and patient's documented mental health disorder.

Residential treatment can be covered both short-term and long-term. Long-term involves a stay more than 30 days.

**6.3.4.2- BH**  Detoxification  
Provided for:  Substance Use Disorder

Withdrawal management in a hospital facility is covered for substance use disorder. The MCP adheres to ASAM criteria for outpatient withdrawal management services and InterQual criteria for inpatient withdrawal management services. Discharge is based on demonstration that withdrawal signs and symptoms are resolved and can be managed in a less intensive level of care.

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility based services in order to avoid inpatient hospitalization.

**6.3.5- BH**  Emergency services  
Provided for:  Mental Health  Substance Use Disorder

Members with life-threatening behavioral health problems (crisis) will have access to acute medical care with participating or nonparticipating providers 24 hours a day, 365 days of the year. A crisis is defined as persons presenting with acute symptoms of immediate, actual, or potential danger to self, others, or property. Providers direct members to an emergency room (ER) or a behavioral health crisis center if they are experiencing a behavioral health emergency. Members with non-life-threatening emergent behavioral health problems will have access to care within six hours. A non-life-threatening emergent behavioral health problem is defined as persons not at risk to harm themselves or others. However, if the problem is left unattended, it would exacerbate into a crisis. Members with urgent behavioral health problems will have access to care within 48 hours.

**6.3.5.1- BH**  Crisis Intervention and Stabilization  
Provided for:  Mental Health  Substance Use Disorder

Members with life-threatening behavioral health problems (crisis) will have access to acute medical care with participating or nonparticipating providers 24 hours a day, 365 days of the year. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual.

**6.3.6- BH**  Continuing care services  
Provided for:  Mental Health  Substance Use Disorder

Continuing care is covered when there is a continuation of symptoms consistent with intensive outpatient care and the treatment plan requires ongoing interventions to alleviate impairments and there is evidence that lower-level care would exacerbate the illness.

**6.3.7- BH**  Care Coordination  
Provided for:  Mental Health  Substance Use Disorder

The MCP is responsible to implement a plan to coordinate care and services that must include an assessment of the members needs and an ongoing source of care that is appropriate to the member's needs. Members are assigned a person or entity that coordinates services between settings of care including appropriate discharge planning for short- and long-term hospital and institutional stays. The plans coordinate care between any other MCO, PHIP or PAHP. If a member requires an individual care coordinator they will work with family, community and social support workers to ensure access to care and continuity of services.

**6.3.7.1- BH**  Intensive wraparound  
Provided for:  Mental Health  Substance Use Disorder

**6.3.7.2- BH**  Care transition services  
Provided for:  Mental Health  Substance Use Disorder

The MCP plans are required to implement a transition of care policy that is consistent with federal requirements. The care plan must include coverage of inpatient hospital stays through the discharge date when a member is enrolled with their CHIP plan on the date of admission, coverage of home health and medical equipment when the member transitions to another CHIP or Medicaid plan during the 90 days transition period, coverage of service authorizations for 90 days and the development of a care plan.

**6.3.8- BH**  Case Management  
Provided for:  Mental Health  Substance Use Disorder

Case management services include coordination and monitoring of physical health, mental health and substance use disorder services. When an Enrollee is identified as having special health care needs the CHIP MCP will coordinate and manage services necessary for such Enrollees. Case managers monitor risk assessments, arrange for special care, service authorizations and assist with language proficiency needs. The MCP is required to submit an annual case management report to the department annually that provides the details of all case management services that were provided for their members.

**6.3.9- BH**  Other  
Provided for:  Mental Health  Substance Use Disorder

#### **6.4- BH Assessment Tools**

**6.4.1- BH** Please specify or describe all of the tool(s) required by the state and/or each managed care entity:

- ASAM Criteria (American Society Addiction Medicine)
  - Mental Health  Substance Use Disorders
- InterQual
  - Mental Health  Substance Use Disorders
- MCG Care Guidelines
  - Mental Health  Substance Use Disorders
- CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
  - Mental Health  Substance Use Disorders
- CASII (Child and Adolescent Service Intensity Instrument)
  - Mental Health  Substance Use Disorders
- CANS (Child and Adolescent Needs and Strengths)
  - Mental Health  Substance Use Disorders
- State-specific criteria (e.g., state law or policies) (please describe)
  - Mental Health  Substance Use Disorders

The state does not require the use of any specific evidence-based tool. However, the state does require that an evidence-based tool be used.

- Plan-specific criteria (please describe)
  - Mental Health  Substance Use Disorders
- Other (please describe)
  - Mental Health  Substance Use Disorders
- No specific criteria or tools are required
  - Mental Health  Substance Use Disorders

Guidance: Examples of facilitation efforts include requiring managed care organizations

and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

**6.4.2- BH**  Please describe the state’s strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

The managed care contract requires the MCP to assure that their network providers use age-appropriate validated behavioral health screening and assessment tools in primary care practice, and they shall provide education, training, and technical resources which includes the cost of administering or purchasing the tools.

**6.2.5- BH Covered Benefits** The State assures the following related to the provision of behavioral health benefits in CHIP:

All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.