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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-22-0026

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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

April 22, 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) number UT-22-0026, submitted on March 24, 2022, has been approved. Through this SPA, Utah has demonstrated compliance with the American Rescue Plan Act of 2021 (ARP). This SPA has an effective date of March 11, 2021 and extends through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period, as described in section 1135(g)(1)(B) of the Social Security Act (the Act).

Section 9821 of the ARP amended sections 2103(c)(11)(B) and 2103(e)(2) of the Act to mandate coverage of COVID-19 testing, treatment, and vaccines and their administration without cost-sharing or amount, duration, or scope limitations. Sections 2103(c)(11)(B) and 2103(e)(2) of the Act also require states to cover, without cost sharing, the treatment of conditions that may seriously complicate COVID-19 treatment, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19. The state provided the necessary assurances to demonstrate compliance with the ARP in accordance with the requirements of sections 2103(c)(11)(B) and 2103(e)(2) of the Act.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 457.65 that the state submit SPAs that are related to the COVID-19 public health emergency by the end of the state fiscal year in which they take effect. CMS is allowing states that submit SPAs after the last day of the state fiscal year to have an effective date in the prior state fiscal year, but no earlier than the effective date of the public health emergency. Utah requested a waiver to obtain an earlier effective date of March 11, 2021.

Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 2107(e)(1)(f) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA. Utah requested a waiver to modify the tribal consultation timeline by completing tribal consultation after the effective date of the SPA.

Page 2 – Ms. Jennifer Strohecker

This letter approves Utah’s request for a March 11, 2021 effective date and provides the state with the authority to modify the tribal consultation timeline.

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

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
E-mail: Joyce.Jordan@cms.hhs.gov

If you have additional questions, please contact Ms. 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 Amy
Lutzky/

Amy Lutzky
Deputy Director
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

cc: Courtney Miller, Director, Medicaid and CHIP Operations Group
Jackie Glaze, Deputy Director, Medicaid and CHIP Operations Group

CHIP SPA UT-22-0026 Template for Coverage Required by the American Rescue Plan Act

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: The State of Utah

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: Director, Medicaid and Health Financing

Name: Jeff Nelson

Position/Title: CHIP Director

Name: Jennifer Wiser

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 09380707. The time required to complete this information collection is estimated to average 160 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.

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 # 10 , Purpose of SPA: Rebenchmark CHIP benefits

Proposed effective date: November 19, 2011

Proposed implementation date: November 19, 2011

SPA # 11 , Purpose of SPA: Express Lane Eligibility and Presumptive Eligibility -pending

Proposed effective date: ELE- September 1, 2011; Presumptive Eligibility- April 1, 2012

Proposed implementation date: ELE- September 1, 2011; PE- April 1, 2012

SPA # 12 , Purpose of SPA: Rebenchmark CHIP benefits

Proposed effective date: July 1, 2012

Proposed implementation date: July 1, 2012

Withdrawn

SPA # 13 , Purpose of SPA: Rebenchmark CHIP benefits

Proposed effective date: July 1, 2012

Proposed implementation date: July 1, 2012

SPA # 14 , Purpose of SPA: Eliminate Presumptive Eligibility for children that meet the requirements of section 1920A of the Act. (Section 2107 (e)(1)(L)); (42 CFR 457.355)

Removing references to Plan A.

Proposed effective date: November 1, 2014

Proposed implementation date: November 1, 2014

SPA# 15, Purpose of SPA: Ex Parte Reviews

Proposed effective date: February 1, 2015

Proposed implementation date: February 1, 2015

SPA# 16, Purpose of SPA: Change Reports

Proposed effective date: November 1, 2015

Proposed implementation date: November 1, 2015

SPA# 17, Purpose of SPA: Rebenchmark CHIP dental benefits

Proposed effective date: July 1, 2016

Proposed implementation date: July 1, 2016

SPA# 18, Purpose of SPA: FQHC Payment Methodology

Proposed effective date: July 1, 2016

Proposed implementation date: July 1, 2016

SPA #20 Purpose of SPA: CHIP Mental Health Parity and Addiction Equity Act Analysis,
Removal of Co-Payment Requirements for Residential Treatment and the
Removal of Co-payment Requirements for Mental Health and Substance Use
Disorder Services in an Urgent Care Clinic

Proposed effective date: July 1, 2021

Proposed implementation date: July 1, 2021

SPA# 21, Purpose of SPA: Update CHIP benefits

Proposed effective date: July 1, 2019

Proposed implementation date: July 1, 2019

SPA# 22, Purpose of SPA: Add CHIP Disaster Relief Plan

Proposed effective date: March 1, 2020

Proposed implementation date: March 1, 2020

SPA# 24, Purpose of SPA: Delay timeliness requirements on ex parte renewals.

Proposed effective date: February 1, 2021

Proposed implementation date: February 1, 2021

SPA# 25, Purpose of SPA: Update CHIP Benefits

Proposed implementation date: July 1, 2021

Proposed Implementation date: July 1, 2021

SPA# 26, Purpose of SPA: The purpose of this SPA is to demonstrate compliance with the
American Rescue Plan Act provisions that require states to cover treatment (including treatment

of a condition that may seriously complicate COVID-19 treatment), testing and vaccinations for COVID-19 without cost sharing in CHIP

Proposed effective date: March 11, 2021

Proposed implementation date: March 11, 2021

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 to describe the Tribal consultation that occurred for this SPA.]

[If the state did not follow their approved Tribal consultation policy, the state must submit a request for a waiver under section 1135 of the Act to modify its Tribal consultation process. The request for such waiver must be included in the cover letter submitted with this SPA.]

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 Amendments 10 & 11 was presented at the Indian Health Advisory Board meeting on October 7, 2011. There was no request for consultation.

State Plan Amendment 13 was presented at the Utah Indian Health Advisory Board meeting on August 3, 2012. Consultation was not requested.

State Plan Amendment 14 was presented at the Utah Indian Health Advisory Board meeting on 08/08/2014. Consultation was not requested.

State Plan Amendment 15 was presented at the Utah Indian Health Advisory Board meeting on 12/12/2014. Consultation was not requested.

State Plan Amendment 16 was presented at the Utah Indian Health Advisory Board meeting on 10/9/2015. Consultation was not requested.

State Plan Amendment 17 was presented at the Utah Indian Health Advisory Board meeting on 7/8/2016. Consultation was not requested.

State Plan Amendment 18 was presented at the Utah Indian Health Advisory Board meeting on 3/10/2017. Consultation was not requested.

State Plan Amendment 20 was presented at the Utah Indian Health Advisory Board meeting on June 7, 2018. Consultation was not requested.

State Plan Amendment 21 was presented at the Utah Indian Health Advisory Board meeting on June 7, 2019. Consultation was not requested.

State Plan Amendment 22 in concept was presented at the Utah Indian Health Advisory Board meeting on April 10, 2020. The final SPA was presented to the board on May 8, 2020, after the SPA was submitted to CMS. To address the Federal COVID-19 public health emergency, the State received waiver approval under section 1135(b)(5) of the Act, for flexibility to modify the timeframes associated with tribal consultation, including conducting consultation after submission of the SPA. Consultation was not requested.

State Plan Amendment 24 was presented to the Utah Indian Health Advisory Board meeting on February 12, 2021, again after CMS guidance on March 12, 2021, and a final status update on April 9, 2021. Consultation was not requested.

State Plan Amendment 25 was presented to the Utah Indian Health Advisory Board meeting on August 13, 2021. Consultation was not requested.

State Plan Amendment 26 was presented to the Utah Indian Health Advisory Board meeting on March 11, 2022. Consultation was not requested.

TN No: Approval Date Effective Date _____

6.2.28 Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act, and for all populations covered in the CHIP state child health plan:

COVID-19 Vaccine:

- The state provides coverage of COVID-19 vaccines and their administration, in accordance with the requirements of section 2103(c)(11)(A) of the Act.

COVID-19 Testing:

- The state provides coverage of COVID-19 testing, in accordance with the requirements of section 2103(c)(11)(B) of the Act.
- The state assures that coverage of COVID-19 testing is consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.
- The state assures that coverage includes all types of FDA authorized COVID-19 tests.

COVID-19 Treatment:

- The state assures that the following coverage of treatments for COVID-19 are provided without amount, duration, or scope limitations, in accordance with requirements of section 2103(c)(11)(B) of the Act:
 - The state provides coverage of treatments for COVID-19 including specialized equipment and therapies (including preventive therapies);
 - The state provides coverage of any non-pharmacological item or service described in section 2110(a) of the Act, that is medically necessary for treatment of COVID-19; and
 - The state provides coverage of any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations.

Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:

- The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without amount, duration, or scope limitations, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) of the Act.

8.2.3. Coinsurance or copayments:

The following are the co-payment and co-insurance requirements for participation in CHIP. Levels of co-payments will be limited to the income groups identified in the federal enabling legislation 2103(e)(3)(A) & (B).

Plan B Co-Payment requirements:

Hospital Services:

\$150 co-payment after deductible for inpatient services.

Co-insurance, 5% for surgeon and anesthesiologist services.

\$5 co-payment for urgent care center services and emergency use of the emergency room.

\$10 co-payment for non emergency use of the emergency room

Co-insurance, 5% after deductible for outpatient hospital services.

Ambulance (air and ground) for medical emergencies:

Co-insurance, 5% after deductible

Physician Office Visits (includes visits to a Specialist):

\$5 co-payment per visit.

No co-payment for well-baby care, well-child care, and immunizations.

Prescription Drugs:

\$5 co-payment per prescription for generics

Co-insurance, 5% per prescription for brand name drugs.

Laboratory and X-ray Services:

\$0 co-payment for laboratory and x-ray services for minor diagnostic tests and x-rays

Co-insurance, 5% after deductible for major diagnostic tests and x-rays

Vision Screening Services:

\$5 co-payment (limit of one exam per plan year).

Hearing Screening Services:

\$5 co-payment (limit of one exam per plan year).

Dental Services :

Maximum benefit of \$1,000 per person, per year

\$0 co-payment for cleanings, exams, x-rays, fluoride, and sealants.

5% co-insurance for all other covered services.

Orthodontic benefits are only covered if the client scores 30 or greater on the Salzman Index

Mental Health Services, Inpatient Facility:

\$150 co-payment after deductible for each visit

Mental Health Services, Outpatient Office Visit and Urgent Care:

\$0 co-payment for each visit

Residential Treatment:

\$0 co-payment

Home Health and Hospice Care:

Co-insurance of 5% after deductible per visit.

Medical Equipment and Supplies:

Co-insurance of 5% after deductible

Physical, Occupational and Speech Therapy:

\$5 co-payment, 20 visits combined limit per child, per plan year.

Applied Behavior Analysis for the Treatment of Autism Spectrum Disorder:

-\$0 co-payment

Out-of-Pocket Maximum:

5% of a family's annual gross countable income. Only out of pocket costs for covered services, deductibles, co-pays, and premiums will be used to calculate the maximum out of pocket limit.

Plan C Co-Insurance and Co-Payment requirements:

Hospital Services:

Co-insurance, 20% after deductible for inpatient services

\$300 co-payment for emergency or non-emergency use of the emergency room, after deductible ; \$300 per visit for non participating hospitals, after deductible

\$40 co-payment each urgent care center visit

Co-insurance of 20% of total charges for surgeon and anesthesiologist services, after deductible.

Co-insurance, 20% after deductible for outpatient services.

Ambulance (air and ground) for medical emergencies:

Co-insurance, 20% after deductible

Physician office visits:

\$25 co-payment per visit (excluding visits to a Specialist)

\$40 co-payment per visit to a Specialist.

No co-payment for well-baby care, well-child care and immunizations.

Prescription Drugs:

\$15 co-payment per prescription for generic drugs; Co-insurance 25% of total or brand name drugs on the approved list. Co-insurance 50% of total per prescription for brand name drugs not on the approved list.

Laboratory and X-Ray Services:

\$0 co-payment for minor diagnostic tests and x-rays.

Co-insurance, 20% after deductible for major diagnostic tests and x-rays.

Vision Screening Services:

\$25 co-payment, limit of one exam per plan year.

Hearing Screening Services:

\$25 co-payment, limit of one exam per plan year.

Dental Services:

Maximum benefit of \$1,000 per person, per year.

Plan pays 100% for cleanings, exams, x-rays, fluoride, and sealants.

Co-insurance, 20% after deductible for all other covered services.

Co-insurance, 50% after deductible for porcelain-fused crowns (not Covered for non-adult and back teeth).

Orthodontic benefits are only covered if the client scores 30 or greater on the Salzmann Index.

Mental Health Services In-Patient Facility

Co-insurance, 20% after deductible.

Mental Health Services Outpatient Office Visit and, Urgent Care:

\$40 co-payment for each visit

Residential Treatment:

\$0 co-payment

Home Health and Hospice Care:

Co-insurance, 20% after deductible

Medical Equipment and Supplies:

Co-insurance, 20% after deductible

Physical, Occupational and Speech Therapy:

\$40 co-payment after deductible, 20 visits combined limit, per child, per plan year.

Out-of-Pocket Maximum

Applied Behavior Analysis for the Treatment of Autism Spectrum Disorder:

-\$0 co-payment

The maximum out of pocket expense is 5% of a family's annual gross income. Only out of pocket costs for covered services, deductibles, co-pays, and premiums will be used to calculate the maximum out of pocket limit.

Co-Insurance and Co-payment requirements for CHIP clients/enrollees who are Native American.

No co-payments or premiums are charged to CHIP enrollees who are American Indian/Alaska Native

Co-Insurance and Co-payments requirements for COVID-19 Vaccines, Testing and Treatment under the American Rescue Plan Act of 2021 (ARP)

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act, and for all populations covered in the CHIP state child health plan, the state assures the following:

COVID-19 Vaccine:

- The state provides coverage of COVID-19 vaccines and their administration without cost sharing, in accordance with the requirements of section 2103(c)(11)(A) and 2103(e)(2) of the Act.

COVID-19 Testing:

- The state provides coverage of COVID-19 testing without cost sharing, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act.

COVID-19 Treatment:

- The state provides coverage of COVID-19-related treatments without cost sharing, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act.

Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:

- The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without cost sharing, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act. This coverage includes items and services, including drugs, that were covered by the state as of March 11, 2021.