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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-12-020

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

December 18, 2012

W. David Patton, Ph.D.
Utah Department of Health
288 North 1460 West
PO Box 143102
Salt Lake City, UT 84114

RE. Utah #12-020

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 12-020. This State Plan Amendment modifies the language regarding reimbursement for rehabilitative mental health services to change the effective date for rates to July 1, 2012.

Please be informed that this State Plan Amendment was approved on December 18, 2012 with an effective date of July 1, 2012. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Betty Strecker at (701) 540-4118.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid and Children's Health

CC: Michael Hales, Medicaid Director, UT
Craig Devashrayee, UT

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1 TRANSMITTAL NUMBER: 12-020-UT	2. STATE: Utah
3 PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4 PROPOSED EFFECTIVE DATE July 1, 2012	

TO: REGIONAL ADMINISTRATOR
HEALTHCARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 440.40(b)

7. FEDERAL BUDGET IMPACT

a. SFY 2013. \$0
b. SFY 2014. \$0 *49050 / tj*

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 29d of Attachment 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 29d of Attachment 4.19-B

10. SUBJECT OF AMENDMENT Reimbursement for Rehabilitative Mental Health Services

11. 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

12. SIGN



13. TYPED NAME: W David Patton, Ph.D

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: September 15, 2012

16. RETURN TO:

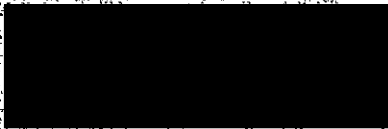
Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
PO Box 143102
Salt Lake City, UT 84114-3102

17. DATE RECEIVED
9/15/12

18. DATE APPROVED
12/18/12

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/12



OFFICIAL

21. TYPED NAME
RICHARD C ALLEN

ARA GONCHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

MEDICALLY NECESSARY SERVICES NOT OTHERWISE PROVIDED UNDER THE
STATE PLAN BUT AVAILABLE TO EPSDT (CHEC) ELIGIBLES

REHABILITATIVE MENTAL HEALTH SERVICES

Rehabilitative mental health services are covered services (1) for children to age 21 in either title IV-E or state-only foster care (these children are not enrolled in the state's approved 1915(b) freedom of choice waiver, the Prepaid Mental Health Plan, for outpatient mental health services) or (2) for children to age 21 with adoption subsidy and exempted from the Prepaid Mental Health Plan waiver on a case-by-case basis for outpatient mental health services.

Rehabilitative mental health services are paid using a uniform fee schedule. Services are defined by HCPCS codes and prices using a fixed fee schedule. Payments are made to providers on a fee-for-service basis for defined units of service. The state-developed fee schedule rates are the same for both governmental and private providers. For rehabilitative services provided in residential settings with 16 beds or less, payment is only for covered rehabilitative services. Payment rates do not include room and board.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of July 1, 2012, and are effective for services on or after that date. Fee schedule payments are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>.

Special Modifiers

Modifier "TD" is paid at 43.72 percent of the established fee schedule and is used for pharmacologic management services provided by nurses.

T N. # 12-020 Approval Date 12/18/12
Supersedes T N # 10-008 Effective Date 7-1-12