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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-13-031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

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



Region VIII

January 16, 2014

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

Re: Utah #13-031

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-031. This State Plan Amendment updates non-emergency medical transportation (NEMT) to a brokerage provider model and terminates 1915(b)(4) NEMT waiver. **It** also clarifies services and limitations, updates references, and reorganizes the transportation information.

Please be informed that this State Plan Amendment was approved today with an effective date of February 1, 2014. We are enclosing the CMS-179 and the amended plan pages(s).

If you have any questions concerning this amendment, please contact Mandy Strom (303) 844-7068.

Sincerely,

/s/

Mary Marchioni
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

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:
13-031-UT

2. STATE:
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

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

4. PROPOSED EFFECTIVE DATE *
~~January 1, 2014~~ February 1, 2014

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 440.170

7. FEDERAL BUDGET IMPACT: *

a. FFY 2014 ~~\$0~~ (\$74,100)
b. FFY 2015 ~~\$0~~ (\$177,700)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: *

Attachment #24a in ATTACHMENTS 3.1-A and 3.1-B
Page 18 of ATTACHMENT 4.19-B
Pages 1 through 7 of Attachment #24a in ATTACHMENTS 3.1-A
~~and 3.1-B~~
Pages 1 through 7 of Attachment #23a in attachment 3.1-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) *

Attachment #24a in ATTACHMENTS 3.1-A and 3.1-B
Page 18 of ATTACHMENT 4.19-B

Attachment #23a in Attachment 3.1-B

10. SUBJECT OF AMENDMENT: Non-Emergency Medical Transportation

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. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Michael Hales

14. TITLE: Deputy Director, Utah Department of Health

15. DATE SUBMITTED: November 1, 2013

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
November 1, 2013

18. DATE APPROVED
January 14, 2014

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:
February 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Mary A. Marchioni

22. TITLE
Acting AKA DMCHO

23. REMARKS *
1/9/14 State Response to CMS Informal Questions (Box 8+9)
1/10/14 Emails from John Curless requesting pen ink change (Box 4+7)

PLAN APPROVED - ONE COPY ATTACHED

TRANSPORTATION SERVICES

LIMITATIONS

1. Coverage of optional transportation service is limited to the most reasonable and economical means of transportation necessary to secure medical examination and/or treatment for a recipient by a provider to whom a direct vendor payment can be made.

T.N. # 13-031

Approval Date 1/16/14

Supersedes T.N. # 91-22

Effective Date ~~1-1-14~~ 2/1/14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
State/Territory: Utah

SECTION 3 – SERVICES: GENERAL PROVISIONS

3.1 Amount, Duration, and Scope of Services

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245A(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

28. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary (in accordance with section 1905(a)(29) of the Social Security Act and 42 CFR 440.170).

a. Transportation (provided in accordance with 42 CFR 440.170 as an optional medical service) excluding "school-based" transportation.

Not Provided:

Provided without a broker as an optional medical service: (If state attests "Provided without a broker as an optional medical service" then insert supplemental information.)

Describe below how the transportation program operates including Types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.

Non-emergency medical transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4). Brokerage contracted provider selected through RFP process.

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)- (i).

TN No. 13-031

Approval Date 1/16/14

Supersedes T.N. New

Effective Date ~~1-1-14~~ 2/1/14

State/Territory: Utah

- (1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);
- (1) state-wideness (indicate areas of State that are covered)
 - (10)(B) comparability (indicate participating beneficiary groups)
 - (23) freedom of choice (indicate mandatory population groups)
- (2) Transportation services provided will include:
- wheelchair van
 - taxi/commercial carrier
 - stretcher car
 - bus passes
 - tickets
 - secured transportation
 - other transportation (if checked describe below other transportation)
- (3) The State assures that transportation services will be provided under a contract with a broker who:
- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
 - (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed qualified, competent and courteous;
 - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services;
 - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)

TN No. 13-031

Supersedes T.N. New

Approval Date 1/16/14

Effective Date ~~1-1-14~~ 2/1/14

State/Territory: Utah

(4) The broker contract will provide transportation to the following mandatory populations:

- Low-income families with children (section 1931)
- Deemed AFDC-related eligibles
- Poverty-level related pregnant women
- Poverty-level infants
- Poverty-level children 1 through 5
- Poverty-level children 6 – 18
- Qualified pregnant women AFDC – related
- Qualified children AFDC – related
- IV-E foster care and adoption assistance children
- TMA recipients (due to employment) (section 1925)
- TMA recipients (due to child support)
- SSI recipients

(5) The broker contract will provide transportation to the following optional populations:

- Optional poverty-level - related pregnant women
- Optional poverty-level - related infants
- Optional targeted low income children
- Non IV-E children who are under State adoption assistance agreements
- Non IV-E independent foster care adolescents who were in foster care on their 18th birthday
- Individuals who meet income and resource requirements of AFDC or SSI
- Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- Children aged 15-20 who meet AFDC income and resource requirements
- Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- Individuals infected with TB
- Individuals screened for breast or cervical cancer by CDC program
- Individuals receiving COBRA continuation benefits
- Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard

TN No. 13-031

Supersedes T.N. New

Approval Date 1/16/14

Effective Date ~~1-1-14~~ 2/1/14

State/Territory: Utah

- Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (the broker will provide NEMT only to 1905(a) services)
- Individuals terminally ill if in a medical institution and will receive hospice Care
- Individuals aged or disabled with income not above 100% FPL
- Individuals receiving only an optional State supplement in a 209(b) State
- Individuals working disabled who buy into Medicaid (BBA working disabled group)
- Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group
- Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).

(6) Payment Methodology

(A) The State will pay the contracted broker by the following method:

- (i) risk capitation
- (ii) non-risk capitation
- (iii) other (e.g., brokerage fee and direct payment to providers)
(If checked describe any other payment methodology)

(B) Who will pay the transportation provider?

- (i) Broker
- (ii) State
- (iii) other

The broker will be paid at the contracted capitated rate and will have sole responsibility to pay door-to-door subcontracted NEMT transportation providers. Commercial bus, airline or train tickets for prior approved out of state medical services will be the responsibility of the appropriate Accountable Care Organization (ACO) or the State. The Medicaid beneficiary is reimbursed mileage for use of their personal vehicle by the state as outline in State Transportation policy.

TN No. 13-031

Approval Date 1/16/14

Supersedes T.N. New

Effective Date ~~1-14~~ 2/1/14

State/Territory: Utah

- (C) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.
- (D) The State assures that payments proposed under this State plan amendment will be made directly to capitated transportation providers and that the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).
- (7) The broker is a non-governmental entity:
- The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 45 CFR 440.170(4)(ii).
- The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
 - transportation is provided in a rural area as defined at 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
 - transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
 - the availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.
- (8) The broker is a governmental entity
- The broker provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:
 - Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
 - Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
 - Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the rate charged to other State human services agencies for the same service.

TN No. 13-031

Approval Date 1/16/14

Supersedes T.N. New

Effective Date ~~1-1-14~~ 2/1/14

State/Territory: Utah

- (9) Please describe below how the NEMT brokerage program operates. Include the services that will be provided by the broker. If applicable, describe any services that will not be provided by the broker and name the entity that will provide these services.

The broker shall be responsible for and perform all administrative brokerage functions to include: establish and monitor Medicaid program compliance of a transportation network; receive NEMT service requests through a customer service call center for at least nine (9) consecutive hours during the hours of 8:30 a.m. through 5:30 pm. (Mountain Standard Time or Mountain Daylight Time, whichever is applicable) Monday through Friday, and on-call representative for urgent care trips; verify client Medicaid eligibility, and their requested medical service provider is an active Medicaid provider through Department provided access to Medicaid eligibility information, screen client need for service and mobility status for the most appropriate mode of transportation; approve and arrange the least expensive transport to the closest appropriate Medicaid provider, for Medicaid covered services from the State. The broker provides oversight to assure services through:

- a. Client Surveys;
- b. Monthly reports and required subcontractor documentation regarding their Drivers and Vehicles used to provide NEMT through this contract.
- c. Provides training and inspections to assure all subcontractors meet the quality levels required in the Brokerage NEMT contract as out lined in the Brokerage contract.

TN No. 13-031

Approval Date 1/16/14

Supersedes T.N. New

Effective Date ~~1-1-14~~ 2/1/14

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LIMITATIONS

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T.N. # 13-031

Approval Date 1/16/14

Supersedes T.N. # 89-23

Effective Date ~~1-1-14~~ 2/1/14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
State/Territory: Utah

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TN No. 13-031

Approval Date 1/10/14

Supersedes T.N. New

Effective Date ~~1-1-14~~ 2/1/14

State/Territory: Utah

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TN No. 13-031

Supersedes T.N. New

Approval Date 1/16/14

Effective Date ~~1-1-14~~ 2/1/14

State/Territory: Utah

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Approval Date 1/16/14

Supersedes T.N. New

Effective Date ~~1-14~~ 2/1/14

State/Territory: Utah

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R. TRANSPORTATION

1. Ambulance – Payment will be made on an established Medicaid fee schedule. The fee schedule will include base rate, mileage rate, oxygen fee and waiting time. The fee schedule will include both ground, air and water transportation.
2. Special Services – These services include Ambucar and Servicar. Payment will be the lower of the usual and customary charge or the established fee schedule for Medicaid.
3. Bus Service – Payment will be the rates established by contract between the Utah Transit Authority and Medicaid. If there is no contract, payment will be the same as the fares paid by the general public.
4. NEMT Brokerage Contracted services – Payment is based on the contracted capitated rate derived from a competitive bidding process.
5. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of transportation services. The agency's rates were set and are effective for services on or after July 1, 2013. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>

T.N. # 13-031

Approval Date 1/16/14

Supersedes T.N. # 87-37

Effective Date ~~1-1-14~~ 2/1/14