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## Table of Contents

**State/Territory Name:** Utah

**State Plan Amendment (SPA) #:** UT-15-0003

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  
1961 Stout Street, Room 08-148  
Denver, CO 80294



## **Region VIII**

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January 30, 2015

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

RE: Utah #15-0003

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0003. This State Plan Amendment includes individuals employed by or under contract with the Utah Department of Human Services as qualified providers of Targeted Case Management Services for individuals with serious mental illness.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2015. We are enclosing the CMS-179 and the amended plan page(s).

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

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:  
15-0003-UT

2. STATE:  
Utah

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

4. PROPOSED EFFECTIVE DATE  
July 1, 2015

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:  
  
Subsection 1915(g) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. SFY 2016 \$0  
b. SFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Page 4 of Supplement 1 to ATTACHMENTS 3.1-A and 3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)  
  
Page 4 of Supplement 1 to ATTACHMENTS 3.1-A and 3.1-B

10. SUBJECT OF AMENDMENT: Targeted Case Management for Individuals with Serious Mental Illness

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

16. RETURN TO:

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

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

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: June 1, 2015

16.

17. DATE RECEIVED  
**06/01/15**

18. DATE APPROVED  
**06/30/15**

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL  
**07/01/15**

20. SIGNATURE OF REGIONAL OFFICIAL  
**/s/**

21. TYPED NAME:  
**Richard C. Allen**

22. TITLE:  
**ARA, DMCHO**

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

State Plan under Title XIX of the Social Security Act State/Territory:  
State of Utah

1

TARGETED CASE MANAGEMENT SERVICES  
Individuals with Serious Mental Illness

Supplement 1 to Attachment 3.1-A

State law (most commonly a physician assistant) and APRNs not otherwise specified above.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services: **[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services.]**

Qualified providers of targeted case management services to recipients in this target group are (1) employed by or under contract with a local mental health and/or substance abuse authority; (2) employed by or under contract with a local authority's designated mental health and substance abuse services provider; 3) employed by or under contract with the Utah Department of Human Services; or 4) employed by or under contract with a program providing Medicaid-covered services, including targeted case management for individuals with serious mental illness, under 1915(a) authority. Providers authorized under 1915(a) authority provide targeted case management services only to recipients enrolled in the 1915(a) program.

As an integral part of the public mental health/substance abuse system, or an entity providing Medicaid-covered services under 1915(a) authority, targeted case managers understand the service systems delivering mental health/substance use disorder services and the array of services their clients need. As a member of the mental health and/or substance use disorder service delivery team, they can ensure recipients are able to access all needed services timely and in a coordinated manner.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and

TN# 15-0003

Approval Date 6/30/15

Supersedes TN# 13-005

Effective Date 7-1-15

State Plan under Title XIX of the Social Security Act State/Territory:  
State of Utah

2

**TARGETED CASE MANAGEMENT SERVICES**  
**Individuals with Serious Mental Illness**

**Supplement 1 to Attachment 3.1-B**

State law (most commonly a physician assistant) and APRNs not otherwise specified above.

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3. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
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