

DMHF Rules Matrix 10-17-14

Rule; (What It Does); Comments.	File	Effective
<p>R414-140 Choice of Health Care Delivery Program (Five-Year Review); The Department will continue this rule because the Choice of Health Care Delivery Program provides access to quality and cost-effective health care for certain Medicaid recipients who live in urban counties of the state.</p>	<p>8-19-14</p>	<p>8-19-14</p>
<p>R414-310 Medicaid Primary Care Network Demonstration Waiver (Emergency Rule); This emergency rule is necessary because the Office of Refugee Resettlement (ORR) and the Centers for Medicare and Medicaid Services (CMS) recommend the Department enroll eligible refugees in the Refugee Medical Assistance program (RMA) instead of the Primary Care Network (PCN) to better serve the refugee population and to protect public health in the communities of Utah. This emergency rule, therefore, clarifies that individuals who are eligible for RMA without a spenddown are not eligible for PCN. It also clarifies eligibility decisions and reviews for the RMA program at the time of application.</p>	<p>8-26-14</p>	<p>9-1-14</p>
<p>R414-320 Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver (Emergency Rule); This emergency rule is necessary because the Office of Refugee Resettlement (ORR) and the Centers for Medicare and Medicaid Services (CMS) recommend the Department enroll eligible refugees in the Refugee Medical Assistance program (RMA) instead of Utah's Premium Partnership for Health Insurance (UPP) to better serve the refugee population and to protect public health in the communities of Utah. This emergency rule, therefore, clarifies that individuals who are eligible for RMA without a spenddown are not eligible for UPP. It also clarifies eligibility decisions and reviews for the RMA program at the time of application.</p>	<p>8-26-14</p>	<p>9-1-14</p>
<p>R382-10 Eligibility; This amendment ends a pilot program of presumptive eligibility for children who are under 19 years old under the Children's Health Insurance Program (CHIP). This program was used to help the State qualify for the federal Children's Health Insurance Reauthorization Act (CHIPRA) bonus in 2012 and 2013. The pilot program itself, however, did not prove to be effective with only a handful of enrollees during this last year.</p>	<p>8-26-14</p>	<p>11-1-14</p>
<p>R414-303 Coverage Groups; This amendment ends a pilot program of presumptive eligibility for children who are under 19 years old under the Medicaid program. This program was used to help the State qualify for the federal CHIPRA bonus in 2012 and 2013. The pilot program itself, however, did not prove to be effective with only a handful of enrollees during this last year.</p>	<p>8-26-14</p>	<p>11-1-14</p>
<p>R414-320 Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver; This amendment clarifies eligibility policy for UPP when a member of an UPP household becomes eligible for Medicaid without a cost.</p>	<p>8-26-14</p>	<p>11-1-14</p>

<p>R414-1-5 Incorporations by Reference; Subsection 26-18-3(2)(a) requires the Medicaid program to implement policy through administrative rules. The Department, in order to draw down federal funds, must have an approved State Plan with the Centers for Medicare and Medicaid Services (CMS). The purpose of this change, therefore, is to incorporate the most current Medicaid State Plan by reference and to implement by rule ongoing Medicaid policy described in the Medical Supplies Utah Medicaid Provider Manual; Hospital Services Utah Medicaid Provider Manual with its attachments; Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid; Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual; Hospice Care Utah Medicaid Provider Manual; Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual with its attachments; Utah Home and Community-Based Waiver Services for Individuals 65 or Older Utah Medicaid Provider Manual; Personal Care Utah Medicaid Provider Manual with its attachments; Utah Home and Community-Based Waiver Services for Individuals with Acquired Brain Injury Age 18 and Older Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Physical Disabilities Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services Autism Waiver Utah Medicaid Provider Manual; Office of Inspector General (OIG) Administrative Hearings Procedures Manual; Pharmacy Services Utah Medicaid Provider Manual with its attachments; Coverage and Reimbursement Code Look-up Tool; CHEC Services Utah Medicaid Provider Manual with its attachments; Chiropractic Medicine Utah Medicaid Provider Manual; Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual; General Attachments for the Utah Medicaid Provider Manual; Indian Health Utah Medicaid Provider Manual; Laboratory Services Utah Medicaid Provider Manual with its attachments; Medical Transportation Utah Medicaid Provider Manual; Non-Traditional Medicaid Health Plan Utah Medicaid Provider Manual with its attachments; Licensed Nurse Practitioner Utah Medicaid Provider Manual; Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual; Physician Services and Anesthesiology Utah Medicaid Provider Manual with its attachments; Podiatric Services Utah Medicaid Provider Manual; Primary Care Network Utah Medicaid Provider Manual with its attachments; Psychology Services Utah Medicaid Provider Manual; Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual; Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual with its attachments; School-Based Skills Development Services Utah Medicaid Provider Manual; Section I: General Information of the Utah Medicaid Provider Manual; Services for Pregnant Women Utah Medicaid Provider Manual; Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual; Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual; Vision Care Services Utah Medicaid Provider Manual; and Women's Services Utah Medicaid Provider Manual (Updates to October 1, 2014).</p>	<p>9-25-14</p>	<p>11-21-14</p>
<p>R414-303-9 Subsidized Adoptions; The purpose of this change is to include a coverage group for Medicaid clients who receive kinship guardianship assistance payments through the Department of Human Services. This amendment, therefore, provides kinship guardianship assistance payments for certain foster care individuals. It also updates what the Department has incorporated by reference and makes other technical changes.</p>	<p>9-30-14</p>	<p>12-1-14</p>
<p>R414-308-6 Eligibility Period and Reviews; The purpose of this change is to align the review process for all medical programs. The Department, therefore, has elected the option to complete reviews for non-Modified Adjusted Gross Income (MAGI)-based programs in the same manner as required for MAGI-based programs. It also updates what the Department has incorporated by reference and makes other technical changes.</p>	<p>9-30-14</p>	<p>12-1-14</p>
<p>R414-36 Rehabilitative Mental Health and Substance Use Disorder Services (Five-Year Review); The Department will continue this rule because it facilitates the administration of mental health and substance use disorder services for Medicaid recipients.</p>	<p>10-3-14</p>	<p>10-3-14</p>

DOH 5-YEAR REVIEW ELECTRONIC FORM

I. General Information

A. Rule Number:	R414-140
B. Title of Rule or Section	Choice of Health Care Delivery Program
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Room no., building:	Cannon Health Building
E. Street address:	288 North 1460 West
F. Mailing address:	PO Box 143102
G. City, state ZIP:	SLC, UT 84114-3012
H. Contact person:	Kayla Strong
I. Telephone:	(801) 538-6149
J. FAX:	(801) 538-6412
K. Internet E-mail for contact person:	kvisser@utah.gov

II. FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

1. Last date 5-Year Review can be submitted: 09-09-2014

2. Title of rule (catchline):

Choice of Health Care Delivery Program

3. A concise explanation of the particular statutory provisions under which the rule is enacted and how these provisions authorize or require the rule:

42 USC 1396n(b) authorizes the Department to implement this waiver program, which promotes cost-effective and efficient health care for Medicaid recipients. Section 26-1-5 also grants the Department the authority to adopt, amend or rescind rules as necessary to implement the Medicaid program, and Subsection 26-18-3(2)(a) requires the Department to implement the Medicaid program through administrative rules.

4. A summary of written comments received during and since the last five-year review of the rule from interested persons supporting or opposing the rule:

The Department did not receive any written or oral comments regarding this rule.

5. A reasoned justification for continuation of the rule, including reasons why the agency disagrees with comments in opposition to the rule, if any:

The Department will continue this rule because the Choice of Health Care Delivery Program provides access to quality and cost-effective health care for certain Medicaid recipients who live in urban counties of the state.

6. Indexing information - keywords (maximum of four, in lower case):

Medicaid

7. Attach an RTF document containing the text of this rule change (filename):

Division approvals for publication (insert comment with date):	Michael Hales	8-9-14
Legal approvals for publication:	Rex Olsen	8-12-14
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 8-18-14

DOH ELECTRONIC RULEMAKING 120-DAY EMERGENCY RULE

I. General Information

A. Rule Number:	R414-310
B. Title of Rule or Section	Medicaid Primary Care Network Demonstration Waiver
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Room no., building:	Cannon Health Building
E. Street address:	288 North 1460 West
F. Mailing address:	PO Box 143102
G. City, state ZIP:	Salt Lake City, Utah, 84114-3102
H. Contact person:	Dave Baldwin
I. Telephone:	801-538-7020
J. FAX:	
K. Internet E-mail for contact person:	dbaldwin@utah.gov

III. NOTICE OF 120-DAY RULE

2. Title of rule or section (catchline):

Medicaid Primary Care Network Demonstration Waiver

3. Effective date: 09/01/2014

4. Purpose of the rule or reason for the change:

This emergency rule is necessary because the Office of Refugee Resettlement (ORR) and the Centers for Medicare and Medicaid Services (CMS) recommend the Department enroll eligible refugees in the Refugee Medical Assistance program (RMA) instead of the Primary Care Network (PCN) to better serve the refugee population and to protect public health in the communities of Utah.

5. Summary of the rule or change:

This emergency rule clarifies that individuals who are eligible for RMA without a spenddown are not eligible for PCN. It also clarifies eligibility decisions and reviews for the RMA program at the time of application.

6. Regular rulemaking would:

- cause an imminent peril to the public health, safety, or welfare;
- cause an imminent budget reduction because of budget restraints or federal requirements; or
- place the agency in violation of federal or state law.

Specific reason and justification:

ORR and CMS recommend the Department enroll eligible refugees in the RMA program instead of PCN. This recommendation is based on the following: (1) PCN offers limited coverage to meet the medical needs of new refugees resettling in Utah; (2) PCN does not cover medical screenings to protect the public health of communities in Utah; and (3) PCN coverage of refugees creates a gap in health coverage between refugees enrolled in PCN versus refugees enrolled in Medicaid and RMA.

The Department must follow this guidance to receive all federal funding for the RMA program, which is 100% federally funded. The Department will receive only a 70% federal match rate if it continues to enroll eligible refugees in PCN instead of RMA, and will incur more costs for its medical assistance programs.

7. Aggregate anticipated cost or savings to:

State Budget	There is no impact to the state budget because the RMA program is 100% federally funded.
Local government	There is no impact to local governments because they neither fund nor provide Medicaid and PCN services to Medicaid and PCN recipients.
Small business	There is no impact because this rule does not impose new costs or requirements on small businesses, and any increase or loss in revenue as a result of clients changing programs is negligible.
Other Persons	There is no impact because this rule does not impose new costs or requirements on providers of Medicaid and PCN services, and any increase or loss in revenue as a result of clients changing programs is negligible. Some clients may see nominal savings with more available refugee services, but there is no data to estimate those savings at this time.

8. Compliance costs for affected persons ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency):

There are no compliance costs because this rule does not impose new costs or requirements on a single provider of Medicaid or PCN services. Further, any loss in revenue to a single provider of these services is negligible.

9. Comments by the department head on the fiscal impact the rule may have on businesses:

There will be no effect on business because the refugees will continue to receive coverage for their medical needs. – W. David Patton, Ph.D., Executive Director

10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.

State code or constitution citations (required): Sections 26-1-5 and 26-18-3

Federal citations (optional):

11. This rule or change adds or updates an incorporated reference (submit a copy to DAR): No

Reference title and date of issue or edition:

12. Indexing information - keywords (maximum of four, in lower case):

Medicaid, primary care, demonstration

Division approval to make effective (insert comment with date):	Michael Hales	8-22-14
Legal approval to make effective:	Rex Olsen	8-25-14
Executive Director approval to make effective:	W. David Patton, Ph.D.	Date: 8-25-14

DOH ELECTRONIC RULEMAKING 120-DAY EMERGENCY RULE

I. General Information

A. Rule Number:	R414-320
B. Title of Rule or Section	Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Room no., building:	Cannon Health Building
E. Street address:	288 North 1460 West
F. Mailing address:	PO Box 143102
G. City, state ZIP:	Salt Lake City, Utah, 84114-3102
H. Contact person:	Dave Baldwin
I. Telephone:	801-538-7020
J. FAX:	
K. Internet E-mail for contact person:	dbaldwin@utah.gov

III. NOTICE OF 120-DAY RULE

2. Title of rule or section (catchline):

Medicaid Primary Care Network Demonstration Waiver

3. Effective date: 09/01/2014

4. Purpose of the rule or reason for the change:

This emergency rule is necessary because the Office of Refugee Resettlement (ORR) and the Centers for Medicare and Medicaid Services (CMS) recommend the Department enroll eligible refugees in the Refugee Medical Assistance program (RMA) instead of Utah's Premium Partnership for Health Insurance (UPP) to better serve the refugee population and to protect public health in the communities of Utah.

5. Summary of the rule or change:

This emergency rule clarifies that individuals who are eligible for RMA without a spenddown are not eligible for UPP. It also clarifies eligibility decisions and reviews for the RMA program at the time of application.

6. Regular rulemaking would:

- cause an imminent peril to the public health, safety, or welfare;
- cause an imminent budget reduction because of budget restraints or federal requirements; or
- place the agency in violation of federal or state law.

Specific reason and justification:

ORR and CMS recommend the Department enroll eligible refugees in the RMA program instead of UPP. This recommendation is based on the following: (1) UPP offers limited coverage to meet the medical needs of new refugees resettling in Utah; (2) UPP does not cover medical screenings to protect the public health of communities in Utah; and (3) UPP coverage of refugees creates a gap in health coverage between refugees enrolled in UPP versus refugees enrolled in Medicaid and RMA.

The Department must follow this guidance to receive all federal funding for the RMA program, which is 100% federally funded. The Department will receive only a 70% federal match rate if it continues to enroll eligible refugees in UPP instead of RMA, and will incur more costs for its medical assistance programs.

State Budget	There is no impact to the state budget because the RMA program is 100% federally funded.
Local government	There is no impact to local governments because they neither fund nor provide Medicaid and UPP services to Medicaid and UPP recipients.
Small business	There is no impact because this rule does not impose new costs or requirements on small businesses, and any increase or loss in revenue as a result of clients changing programs is negligible.
Other Persons	There is no impact because this rule does not impose new costs or requirements on providers of Medicaid and UPP services, and any increase or loss in revenue as a result of clients changing programs is negligible. Some clients may see nominal savings with more available refugee services, but there is no data to estimate those savings at this time.

8. Compliance costs for affected persons ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency):

There are no compliance costs because this rule does not impose new costs or requirements on a single provider of Medicaid or UPP services. Further, any loss in revenue to a single provider of these services is negligible.

9. Comments by the department head on the fiscal impact the rule may have on businesses:

There will be no effect on business because the refugees will continue to receive coverage for their medical needs. – W. David Patton, Ph.D., Executive Director

10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.

State code or constitution citations (required): Sections 26-1-5 and 26-18-3

Federal citations (optional):

11. This rule or change adds or updates an incorporated reference (submit a copy to DAR): No

Reference title and date of issue or edition:

12. Indexing information - keywords (maximum of four, in lower case):

CHIP, Medicaid, PCN, UPP

Division approval to make effective (insert comment with date):	Michael Hales	8-22-14
Legal approval to make effective:	Rex Olsen	8-25-14
Executive Director approval to make effective:	W. David Patton, Ph.D.	Date: 8-25-14

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R382-10
B. Title of Rule or Section	Eligibility
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Dave Baldwin
E. Telephone:	(801) 538-7020

II. Notice of Proposed Rule or Change

3. Type of notice:			
Proposed rules	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Repeal
	<input type="checkbox"/> Repeal and reenact		
Other rule types	Change in proposed rule (changes original proposed rule file no.: _____)		
4. Purpose of the rule or reason for the change: The purpose of this change is to discontinue presumptive eligibility under the Children's Health Insurance Program (CHIP) due to lack of enrollment.			
5. This rule or change is a response to comments by the Administrative Rules Review Committee.		Yes	<input checked="" type="checkbox"/> No
6. Summary of the rule or change: This amendment discontinues CHIP presumptive eligibility for children who are under 19 years old.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	Discontinuation of this program results in only negligible savings to the state budget because only a handful of children enroll in the Presumptive Eligibility program each year.		
Local government:	There is no impact to local governments because they do not fund or provide CHIP services to CHIP recipients.		
Small businesses (fewer than 50 employees)	Small businesses will see little to no financial impact because very few children have been enrolled in CHIP as presumptively eligible, and a child who could have received presumptive eligibility may still apply for medical assistance. If such child is found eligible for CHIP, providers will be able to receive payment for services.		
Businesses, individuals, local governments, and persons that are not small businesses:	This change will cause little to no financial impact on either providers or individuals because children who could have received presumptive eligibility may still apply for medical assistance, and if found eligible for CHIP, the child will have coverage for medical expenses, and providers will be able to receive payment for services.		
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency):			
This change will cause little to no financial impact on any single provider or individual because children who could have received presumptive eligibility may still apply for medical assistance, and if found eligible for CHIP, the child will have coverage for medical expenses, and providers will be able to receive payment for services.			
9. Comments by department head on the fiscal impact the rule may have on businesses:			
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.			
State code or constitution citations (required):	Sections 26-1-5 and 26-18-3, and Title 26, Chapter 40		
Federal citations (optional):			
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):		Yes	<input checked="" type="checkbox"/> No
12. The public may submit written or oral comments to the agency identified in I. General Information:			
Comments will be accepted until 5:00 p.m. on <input type="text" value="10/15/2014"/> (mm/dd/yyyy):			

A public hearing (optional) will be held on (mm/dd/yyyy):			at (time):		
at (place):					
13. This rule or change may become effective on (mm/dd/yyyy):		11/01/2014			
14. Indexing information - keywords (maximum of four, in lower case): children's health benefits					
Division approvals for publication (insert comment with date):		Michael Hales		8-22-14	
Legal approvals for publication:		Rex Olsen		8-25-14	
Executive Director approval for publication:		W. David Patton, Ph.D.		Date:	8-25-14

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-303
B. Title of Rule or Section	Coverage Groups
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Dave Baldwin
E. Telephone:	(801) 538-7020

II. Notice of Proposed Rule or Change

3. Type of notice:			
Proposed rules	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	Amendment	<input type="checkbox"/>
	<input type="checkbox"/>	Repeal	<input type="checkbox"/>
Other rule types	<input type="checkbox"/>	Change in proposed rule	(changes original proposed rule file no.: _____)
4. Purpose of the rule or reason for the change: The purpose of this change is to discontinue Medicaid presumptive eligibility due to lack of enrollment.			
5. This rule or change is a response to comments by the Administrative Rules Review Committee.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Summary of the rule or change: This amendment discontinues Medicaid presumptive eligibility for children who are under 19 years old.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	Discontinuation of this program results in only negligible savings to the state budget because only a handful of children enroll in the Presumptive Eligibility program each year.		
Local government:	There is no impact to local governments because they do not fund or provide Medicaid services to Medicaid recipients.		
Small businesses (fewer than 50 employees)	Small businesses will see little to no financial impact because very few children have been enrolled in Medicaid as presumptively eligible, and a child who could have received presumptive eligibility may still apply for medical assistance. If such child is found eligible for Medicaid, providers will be able to receive payment for services.		
Businesses, individuals, local governments, and persons that are not small businesses:	This change will cause little to no financial impact on either providers or individuals because children who could have received presumptive eligibility may still apply for medical assistance, and if found eligible for Medicaid, the child will have coverage for medical expenses, and providers will be able to receive payment for services.		
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency):			
This change will cause little to no financial impact on any single provider or individual because children who could have received presumptive eligibility may still apply for medical assistance, and if found eligible for Medicaid, the child will have coverage for medical expenses, and providers will be able to receive payment for services.			
9. Comments by department head on the fiscal impact the rule may have on businesses:			
There will be no material impact on business because of the small number of individuals eligible under the program. – W. David Patton, Ph.D., Executive Director			
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.			
State code or constitution citations (required):	Sections 26-1-5 and 26-18-3		
Federal citations (optional):			
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No	<input type="checkbox"/>
	42 CFR 435.1101, 435.1103 and 435.1110, October 1, 2013 ed.		
12. The public may submit written or oral comments to the agency identified in I. General Information:			
Comments will be accepted until 5:00 p.m. on <input type="text" value="10/15/2014"/> (mm/dd/yyyy):			

A public hearing (optional) will be held on (mm/dd/yyyy):			at (time):		
at (place):					
13. This rule or change may become effective on (mm/dd/yyyy):		11/01/2014			
14. Indexing information - keywords (maximum of four, in lower case): MAGI-based, coverage groups, former foster care youth, presumptive eligibility					
Division approvals for publication (insert comment with date):		Michael Hales		8-22-14	
Legal approvals for publication:		Rex Olsen		8-25-14	
Executive Director approval for publication:		W. David Patton, Ph.D.		Date:	8-25-14

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-320
B. Title of Rule or Section	Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Dave Baldwin
E. Telephone:	(801) 538-7020

II. Notice of Proposed Rule or Change

3. Type of notice:							
Proposed rules	<input type="checkbox"/>	New	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>	Repeal	
	<input type="checkbox"/>	Repeal and reenact					
Other rule types	<input type="checkbox"/>	Change in proposed rule	(changes original proposed rule file no.:		<input type="text"/>)	
4. Purpose of the rule or reason for the change: The purpose of this change is to clarify eligibility policy for Utah's Premium Partnership for Health Insurance (UPP) program when a member of an UPP household becomes eligible for Medicaid without a cost.							
5. This rule or change is a response to comments by the Administrative Rules Review Committee.				<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
6. Summary of the rule or change: This amendment clarifies eligibility policy for UPP when a member of an UPP household becomes eligible for Medicaid without a cost.							
7. AGGREGATE anticipated cost or savings to:							
State budget:	There is no impact to the state budget because this amendment only clarifies UPP eligibility policy.						
Local government:	There is no impact to local governments because they neither fund UPP nor determine eligibility for the program.						
Small businesses (fewer than 50 employees)	There is no impact to small businesses because this amendment only clarifies UPP eligibility policy.						
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to UPP providers and to UPP recipients because this amendment only clarifies UPP eligibility policy.						
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): There is no impact to a single UPP provider or to an UPP recipient because this amendment only clarifies UPP eligibility policy.							
9. Comments by department head on the fiscal impact the rule may have on businesses: No impact on business because this simply clarifies current practice. – W. David Patton, Ph.D., Executive Director							
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.							
State code or constitution citations (required):			Sections 26-1-5 and 26-18-3				
Federal citations (optional):			Pub. L. No. 111-148				
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):				<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12. The public may submit written or oral comments to the agency identified in I. General Information:							
Comments will be accepted until 5:00 p.m. on			10/15/2014				
(mm/dd/yyyy):							
A public hearing (optional) will be held on (mm/dd/yyyy):			at (time):				

at (place):			
13. This rule or change may become effective on (mm/dd/yyyy):	11/01/2014		
14. Indexing information - keywords (maximum of four, in lower case): CHIP, Medicaid, PCN, UPP			
Division approvals for publication (insert comment with date):	Michael Hales	8-22-14	
Legal approvals for publication:	Rex Olsen	8-25-14	
Executive Director approval for publication:	W. David Patton, Ph.D.	Date:	8-25-14

7/28/09 revision

UDOH ELECTRONIC RULEMAKING

I. General Information

Rule Number:	R414-1-5
Title of Rule or Section	Incorporations by Reference
Originating Division/Office:	Division of Medicaid and Health Financing
Contact person:	Craig Devashrayee
Telephone:	(801) 538-6641

II. Notice of Proposed Rule or Change

3. Type of notice:			
Proposed rules	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Repeal
	<input type="checkbox"/> Repeal and reenact		
Other rule types	Change in proposed rule)	

4. Purpose of the rule or reason for the change:

Subsection 26-18-3(2)(a) requires the Medicaid program to implement policy through administrative rules. The Department, in order to draw down federal funds, must have an approved State Plan with the Centers for Medicare and Medicaid Services (CMS). The purpose of this change, therefore, is to incorporate the most current Medicaid State Plan by reference and to implement by rule ongoing Medicaid policy described in the Medical Supplies Utah Medicaid Provider Manual; Hospital Services Utah Medicaid Provider Manual with its attachments; Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid; Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual; Hospice Care Utah Medicaid Provider Manual; Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual with its attachments; Utah Home and Community-Based Waiver Services for Individuals 65 or Older Utah Medicaid Provider Manual; Personal Care Utah Medicaid Provider Manual with its attachments; Utah Home and Community-Based Waiver Services for Individuals with Acquired Brain Injury Age 18 and Older Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services for Individuals with Physical Disabilities Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services Autism Waiver Utah Medicaid Provider Manual; Office of Inspector General (OIG) Administrative Hearings Procedures Manual; Pharmacy Services Utah Medicaid Provider Manual with its attachments; Coverage and Reimbursement Code Look-up Tool; CHEC Services Utah Medicaid Provider Manual with its attachments; Chiropractic Medicine Utah Medicaid Provider Manual; Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual; General Attachments for the Utah Medicaid Provider Manual; Indian Health Utah Medicaid Provider Manual; Laboratory Services Utah Medicaid Provider Manual with its attachments; Medical Transportation Utah Medicaid Provider Manual; Non-Traditional Medicaid Health Plan Utah Medicaid Provider Manual with its attachments; Licensed Nurse Practitioner Utah Medicaid Provider Manual; Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual; Physician Services and Anesthesiology Utah Medicaid Provider Manual with its attachments; Podiatric Services Utah Medicaid Provider Manual; Primary Care Network Utah Medicaid Provider Manual with its attachments; Psychology Services Utah Medicaid Provider Manual; Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual; Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual with its attachments; School-Based Skills Development Services Utah Medicaid Provider Manual; Section I: General Information of the Utah Medicaid Provider Manual; Services for Pregnant Women Utah Medicaid Provider Manual; Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual; Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual; Vision Care Services Utah Medicaid Provider Manual; and Women's Services Utah Medicaid Provider Manual.

5. This rule or change is a response to comments by the Administrative Rules Review Committee	Yes	<input checked="" type="checkbox"/>	No
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6. Summary of the rule or change:

Section R414-1-5 is changed to incorporate the Utah Medicaid State Plan and approved State Plan Amendments (SPAs) by reference to 10/01/2014. These SPAs include: SPA 14-011 Nursing Facility Services, which clarifies that nursing facility services are available to individuals who are both eligible and not eligible under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program; SPA 14-013-UT Quality Improvement Incentive, which extends the Quality Incentive (QI) program and adds a new subprogram of the quality incentive programs, called patient dignity, for nursing facilities in State Fiscal Year 2015 and beyond; SPA 14-014-UT Reimbursement for Home Health Services, which updates the effective date of rates for home health services to 07/01/2014; SPA 14-015-UT Reimbursement for Physician and Anesthesia Services, which updates the effective date of rates for physician and anesthesia services to 07/01/2014; SPA 14-016-UT Reimbursement for Optometry Services, which updates the effective date of optometry rates to 07/01/2014; SPA 14-017-UT Reimbursement for Speech Pathology Services, which updates the effective date of speech pathology rates to 07/01/2014; SPA 14-018-UT Reimbursement for Audiology Services, which updates the effective date of audiology rates to 07/01/2014; SPA 14-019-UT Reimbursement for Chiropractic Services, which updates the effective date of chiropractic rates to 07/01/2014; SPA 14-020-UT Reimbursement for Eyeglasses Services, which updates the effective date of eyeglasses rates to 07/01/2014; SPA 14-021-UT Reimbursement for Clinic Services, which updates the effective date of rates for clinic services to 07/01/2014; SPA 14-022-UT Reimbursement for Physical Therapy and Occupational Therapy, which updates the effective date of rates for physical therapy and occupational therapy to 07/01/2014; SPA 14-023-UT Reimbursement for Rehabilitative Mental Health Services, which updates the effective date of rates for rehabilitative mental health services to 07/01/2014; SPA 14-024-UT Reimbursement for Licensed Practitioner Services, which updates the effective date of rates for licensed practitioner services to 07/01/2014; and SPA 14-025-UT Reimbursement for Transportation Services, which updates the effective date of transportation rates to 07/01/2014. This rule change also incorporates by reference the Medical Supplies Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Hospital Services Utah Medicaid Provider Manual with its attachments, effective 10/01/2014; incorporates by reference the Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid, effective 10/01/2014; incorporates by reference the Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Hospice Care Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual, with its attachments, effective 10/01/2014; incorporates by reference the Utah Home and Community-Based Waiver Services for Individuals 65 or Older Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Personal Care Utah Medicaid Provider Manual, with its attachments, effective 10/01/2014; incorporates by reference the Utah Home and Community-Based Waiver Services for Individuals with Acquired Brain Injury Age 18 and Older Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Utah Home and Community-Based Waiver Services for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Utah Home and Community-Based Waiver Services for Individuals with Physical Disabilities Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Utah Home and Community-Based Waiver Services for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Utah Home and Community-Based Waiver Services Autism Waiver Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Office of Inspector General (OIG) Administrative Hearings Procedures Manual, effective 10/01/2014; incorporates by reference the Pharmacy Services Utah Medicaid Provider Manual with its attachments, effective 10/01/2014; incorporates by reference the Coverage and Reimbursement Code Look-up Tool, effective 10/01/2014; incorporates by reference the CHEC Services Utah Medicaid Provider Manual with its attachments, effective 10/01/2014; incorporates by reference the Chiropractic Medicine Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the General Attachments for the Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Indian Health Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Laboratory Services Utah Medicaid Provider Manual with its attachments, effective 10/01/2014; incorporates by reference the Medical Transportation Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Non-Traditional Medicaid Health Plan Utah Medicaid Provider Manual with its attachments, effective 10/01/2014; incorporates by reference the Licensed Nurse Practitioner Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Physician Services and Anesthesiology Utah Medicaid Provider Manual with its attachments, effective 10/01/2014; incorporates by reference the Podiatric Services Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Primary Care Network Utah Medicaid Provider Manual with its attachments, effective 10/01/2014; incorporates by reference the Psychology Services Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual with its attachments, effective 10/01/2014; incorporates by reference the School-Based Skills Development Services Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference Section I: General Information of the Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Services for Pregnant Women Utah Medicaid Provider Manual, effective 10/01/2014; incorporates by reference the Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual, effective 10/01/2014; Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual, effective 10/01/2014; Vision Care Services Utah Medicaid Provider Manual, effective 10/01/2014; and Women's Services Utah Medicaid Provider Manual, effective 10/01/2014.

7. **AGGREGATE** anticipated cost or savings to:

State budget:	There is no budget impact because this change only fulfills the requirement to incorporate the State Plan by reference. Implementation of the State Plan is within legislative budget allotments. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and in the Look-up Tool, and hearings procedures described in the OIG manual do not create costs or savings to the Department or other state agencies.
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Local government:	There is no budget impact because this change only fulfills the requirement to incorporate the State Plan by reference. Implementation of the State Plan is within legislative budget allotments. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and in the Look-up Tool, and hearings procedures described in the OIG manual do not create costs or savings to local governments.
Small businesses (fewer than 50 employees)	There is no budget impact because this change only fulfills the requirement to incorporate the State Plan by reference. Implementation of the State Plan is within legislative budget allotments. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and in the Look-up Tool, and hearings procedures described in the OIG manual do not create costs or savings to small businesses.
Businesses, individuals, local governments, and persons that are not small businesses:	There is no budget impact because this change only fulfills the requirement to incorporate the State Plan by reference. Implementation of the State Plan is within legislative budget allotments. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and in the Look-up Tool, and hearings procedures described in the OIG manual do not create costs or savings to Medicaid recipients and to Medicaid providers.

8. Compliance costs for affected persons ("person" means any **SINGLE** individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency):

There are no compliance costs because this change only fulfills the requirement to incorporate the State Plan by reference. Implementation of the State Plan is within legislative budget allotments. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and in the Look-up Tool, and hearings procedures described in the OIG manual do not create costs or savings to a single Medicaid recipient or to a Medicaid provider.

9. Comments by department head on the fiscal impact the rule may have on businesses:

There is no impact on business because it makes no change to current practices. – W. David Patton, Ph.D., Executive Director

10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.

State code or constitution citations (required):	Sections 26-1-5 and 26-18-3
Federal citations (optional):	

11. This rule or change adds or updates an incorporated reference (submit a copy to DAR): Yes No

Reference title and date of issue or edition:

Utah Medicaid State Plan, 10/01/2014; Medical Supplies Utah Medicaid Provider Manual, 10/01/2014; Hospital Services Utah Medicaid Provider Manual with its attachments, 10/01/2014; Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid, 10/01/2014; Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual, 10/01/2014; Hospice Care Utah Medicaid Provider Manual, 10/01/2014; Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual, with its attachments, 10/01/2014; Utah Home and Community-Based Waiver Services for Individuals 65 or Older Utah Medicaid Provider Manual, 10/01/2014; Personal Care Utah Medicaid Provider Manual, with its attachments, 10/01/2014; Utah Home and Community-Based Waiver Services for Individuals with Acquired Brain Injury Age 18 and Older Utah Medicaid Provider Manual, 10/01/2014; Utah Home and Community-Based Waiver Services for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual, 10/01/2014; Utah Home and Community-Based Waiver Services for Individuals with Physical Disabilities Utah Medicaid Provider Manual, 10/01/2014; Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual, 10/01/2014; Utah Home and Community-Based Waiver Services for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual, 10/01/2014; Utah Home and Community-Based Waiver Services Autism Waiver Utah Medicaid Provider Manual, 10/01/2014; Office of Inspector General Administrative Hearings Procedures Manual, 10/01/2014; Pharmacy Services Utah Medicaid Provider Manual with its attachments, 10/01/2014; Coverage and Reimbursement Code Look-up Tool, 10/01/2014; CHEC Services Utah Medicaid Provider Manual with its attachments, 10/01/2014; Chiropractic Medicine Utah Medicaid Provider Manual, 10/01/2014; Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual, 10/01/2014; General Attachments for the Utah Medicaid Provider Manual, 10/01/2014; Indian Health Utah Medicaid Provider Manual, 10/01/2014; Laboratory Services Utah Medicaid Provider Manual with its attachments, 10/01/2014; Medical Transportation Utah Medicaid Provider Manual, 10/01/2014; Non-Traditional Medicaid Health Plan Utah Medicaid Provider Manual with its attachments, 10/01/2014; Licensed Nurse Practitioner Utah Medicaid Provider Manual, 10/01/2014; Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual, 10/01/2014; Physician Services and Anesthesiology Utah Medicaid Provider Manual with its attachments, 10/01/2014; Podiatric Services Utah Medicaid Provider Manual, 10/01/2014; Primary Care Network Utah Medicaid Provider Manual with its attachments, 10/01/2014; Psychology Services Utah Medicaid Provider Manual, 10/01/2014; Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual, 10/01/2014; Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual with its attachments, 10/01/2014; School-Based Skills Development Services Utah Medicaid Provider Manual, 10/01/2014; Section I: General Information of the Utah Medicaid Provider Manual, 10/01/2014; Services for Pregnant Women Utah Medicaid Provider Manual, 10/01/2014; Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual, 10/01/2014; Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual, 10/01/2014; Vision Care Services Utah Medicaid Provider Manual, 10/01/2014; and Women's Services Utah Medicaid Provider Manual, 10/01/2014.

12. The public may submit written or oral comments to the agency identified in I. General Information:

Comments will be accepted until 5:00 p.m. on:

11/14/2014

13. This rule or change may become effective on (mm/dd/yyyy):

11/21/2014

Division approvals for publication:	Michael Hales	9-19-14
Legal approvals for publication:	Stephanie M. Saperstein	9-23-14
Executive Director Approval for Publication:	W. David Patton, Ph.D.	9-23-14

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-303-9
B. Title of Rule or Section	Subsidized Adoptions
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Dave Baldwin
E. Telephone:	(801) 538-7020

II. Notice of Proposed Rule or Change

3. Type of notice:			
Proposed rules	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Repeal
	<input type="checkbox"/> Repeal and reenact		
Other rule types	<input type="checkbox"/> Change in proposed rule	(changes original proposed rule file no.:	<input type="text"/>)
4. Purpose of the rule or reason for the change: The purpose of this change is to include a coverage group for Medicaid clients who receive kinship guardianship assistance payments through the Department of Human Services.			
5. This rule or change is a response to comments by the Administrative Rules Review Committee.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X	<input type="checkbox"/> No
6. Summary of the rule or change: This amendment provides kinship guardianship assistance payments for certain foster care individuals. It also updates what the Department has incorporated by reference and makes other technical changes.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	There is no impact to the state budget because this change only shifts coverage for clients who are already covered under Title IV-E Foster Care Medicaid.		
Local government:	There is no impact to local governments because they neither fund Medicaid services nor determine Medicaid eligibility.		
Small businesses (fewer than 50 employees)	There is no budget impact because this amendment does not impose new costs or requirements on small businesses.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no budget impact because this amendment does not impose new costs or requirements on Medicaid providers and Medicaid recipients.		
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): There are no compliance costs because this amendment does not impose new costs or requirements on a single Medicaid provider or on a Medicaid recipient.			
9. Comments by department head on the fiscal impact the rule may have on businesses: There is no impact on business because the amendment does not impose new costs or requirements. – W. David Patton, Ph.D., Executive Director			
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.			
State code or constitution citations (required):	Sections 26-1-5 and 26-18-3		
Federal citations (optional):			
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	42 CFR 435.115 and 42 CFR 435.227, October 1, 2013 ed. Subsection 1902(a)(10)(A)(i)(I) of the Compilation of Social Security Laws, in effect January 1, 2013.		
12. The public may submit written or oral comments to the agency identified in I. General Information:			

Comments will be accepted until 5:00 p.m. on 11/14/2014 (mm/dd/yyyy):		
A public hearing (optional) will be held on (mm/dd/yyyy):		at (time):
at (place):		
13. This rule or change may become effective on (mm/dd/yyyy):	12/01/2014	
14. Indexing information - keywords (maximum of four, in lower case): MAGI-based, coverage groups, former foster care youth, presumptive eligibility		
Division approvals for publication (insert comment with date):	Michael Hales	9-25-14
Legal approvals for publication:	Stephanie Saperstein, AAG	9-26-14
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 9-26-14

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-308-6
B. Title of Rule or Section	Eligibility Period and Reviews
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Dave Baldwin
E. Telephone:	(801) 538-7020

II. Notice of Proposed Rule or Change

3. Type of notice:			
Proposed rules	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Repeal
	<input type="checkbox"/> Repeal and reenact		
Other rule types	<input type="checkbox"/> Change in proposed rule (changes original proposed rule file no.: _____)		
4. Purpose of the rule or reason for the change: The purpose of this change is to align the review process for all medical programs.			
5. This rule or change is a response to comments by the Administrative Rules Review Committee.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>
6. Summary of the rule or change: The Department has elected the option to complete reviews for non-Modified Adjusted Gross Income (MAGI)-based programs in the same manner as required for MAGI-based programs. It also updates what the Department has incorporated by reference and makes other technical changes.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	There is no impact to the state budget because this amendment only changes how the Department conducts its medical reviews.		
Local government:	There is no impact to local governments because they neither fund Medicaid services nor determine Medicaid eligibility.		
Small businesses (fewer than 50 employees)	There is no budget impact because this amendment does not impose new costs or requirements on small businesses.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no budget impact because this amendment does not impose new costs or requirements on Medicaid providers and Medicaid recipients.		
8. Compliance costs for affected persons ("person" means any SINGLE individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): There are no compliance costs because this amendment does not impose new costs or requirements on a single Medicaid provider or on a Medicaid recipient.			
9. Comments by department head on the fiscal impact the rule may have on businesses: There is no fiscal impact on business because this amendment does not impose new costs or requirements on businesses. - W. David Patton, Ph.D., Executive Director			
10. This rule or change is authorized or mandated by state law, and implements or interprets the following state and federal laws.			
State code or constitution citations (required):	Sections 26-1-5 and 26-18-3		
Federal citations (optional):	Pub. L. No. 111-148		
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
	42 CFR 435.916, October 1, 2013 ed.		
12. The public may submit written or oral comments to the agency identified in I. General Information:			
Comments will be accepted until 5:00 p.m. on	11/14/2014		
(mm/dd/yyyy):			
A public hearing (optional) will be held on (mm/dd/yyyy):			
	at (time):		

at (place):			
13. This rule or change may become effective on (mm/dd/yyyy):	12/01/2014		
14. Indexing information - keywords (maximum of four, in lower case): public assistance programs, applications, eligibility, Medicaid			
Division approvals for publication (insert comment with date):	Michael Hales	9-25-14	
Legal approvals for publication:	Stephanie Saperstein, AAG	9-26-14	
Executive Director approval for publication:	W. David Patton, Ph.D.	Date:	9-26-14

7/28/09 revision

DOH 5-YEAR REVIEW ELECTRONIC FORM

I. General Information

A. Rule Number:	R414-36
B. Title of Rule or Section	Rehabilitative Mental Health and Substance Use Disorder Services
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Room no., building:	Cannon Health Building
E. Street address:	288 North 1460 West
F. Mailing address:	PO Box 143102
G. City, state ZIP:	SLC, UT 84114-3012
H. Contact person:	Kayla Strong
I. Telephone:	(801) 538-6149
J. FAX:	(801) 538-6412
K. Internet E-mail for contact person:	kaylastrong@utah.gov

II. FIVE-YEAR NOTICE OF REVIEW AND STATEMENT OF CONTINUATION

1. Last date 5-Year Review can be submitted: 10-21-2014

2. Title of rule (catchline):

Rehabilitative Mental Health and Substance Use Disorder Services

3. A concise explanation of the particular statutory provisions under which the rule is enacted and how these provisions authorize or require the rule:

Subsection 26-18-3(2)(a) requires the Department to implement the Medicaid program through administrative rules, which include the provision of mental health and substance abuse disorder services for Medicaid recipients.

4. A summary of written comments received during and since the last five-year review of the rule from interested persons supporting or opposing the rule:

The Department did not receive any written or oral comments regarding this rule.

5. A reasoned justification for continuation of the rule, including reasons why the agency disagrees with comments in opposition to the rule, if any:

The Department will continue this rule because it facilitates the administration of mental health and substance use disorder services for Medicaid recipients.

6. Indexing information - keywords (maximum of four, in lower case):

Medicaid

7. Attach an RTF document containing the text of this rule change (filename):

Division approvals for publication (insert comment with date):	Michael Hales	9-30-14
Legal approvals for publication:	Stephanie Saperstein, AAG	10-1-14
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 10-3-14