

## DMHF Rules Matrix 7-16-15

Rule; (What It Does); Comments.	File	Effective
<b>R414-1-12 Utilization Review;</b> The purpose of this change is to remove the Superior System Waiver as the source for hospital utilization review and replace it with the Hospital Services Utah Medicaid Provider Manual, based on direction from the Centers for Medicare and Medicaid Services.	<b>6-17-15</b>	<b>8-21-15</b>
<b>R414-61-2 Home and Community-Based Services Waivers;</b> This amendment incorporates by reference changes to the New Choices Waiver, Community Supports Waiver, and the Aging Waiver effective July 1, 2015. Changes to these waivers implement new quality assurance standards that revise all performance measures to further safeguard waiver participants.	<b>6-17-15</b>	<b>8-21-15</b>
<b>R414-1-5 Incorporations by Reference;</b> 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, and the manual's attachment for Donor Human Milk Request Form; 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, and the manual's attachment for the Utah Medicaid Prior Authorization Request for Hospice Services; Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual with its attachments; Utah Home and Community-Based Waiver Services for Individuals Age 65 or Older Utah Medicaid Provider Manual; Personal Care Utah Medicaid Provider Manual, and the manual's attachment for the Request for Prior Authorization: Personal Care and Capitated Programs; Utah Home and Community-Based Waiver Services for Individuals with an Acquired Brain Injury Utah Medicaid Provider Manual; Utah Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual; Utah Home and Community-Based Services Waiver 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 Waiver for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services Medicaid 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 (All Providers) 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 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, and the manual's attachment for Physical Therapy and Occupational Therapy Decision Tables; Physician Services, Anesthesiology and Laboratory Services 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; School-Based Skills Development Services Utah Medicaid Provider Manual; Section I: General Information 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.	<b>6-23-15</b>	<b>8-21-15</b>
<b>R414-302-8 Application for Other Possible Benefits;</b> This amendment clarifies that all non-Modified Adjusted Gross Income (MAGI) Medicaid applicants or recipients who may be eligible for a Veterans Assistance apportionment payment must apply for those benefits.	<b>6-30-15</b>	<b>9-1-15</b>
<b>R414-304 Income and Budgeting;</b> This amendment clarifies when the Department of Workforce Services may count Veterans Administration payments as income toward Medicaid eligibility.	<b>6-30-15</b>	<b>9-1-15</b>

# DOH ELECTRONIC RULEMAKING

## I. General Information

A. Rule Number:	R414-1-12
B. Title of Rule or Section	Utilization Review
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Blake Anderson
E. Telephone:	(801) 538-9925

## 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 remove the Superior System Waiver as the source for hospital utilization review and replace it with the Hospital Services Utah Medicaid Provider Manual, based on direction from the Centers for Medicare and Medicaid 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"/>	No
6. Summary of the rule or change: This amendment removes the Superior System Waiver as the source for hospital utilization review and replaces it with the Hospital Services Utah Medicaid Provider Manual.							
7. <b>AGGREGATE</b> anticipated cost or savings to:							
State budget:	There is no impact to the state budget because this amendment only changes the source for hospital utilization review but not the procedures themselves.						
Local government:	There is no impact to local governments because this amendment only changes the source for hospital utilization review but not the procedures themselves.						
Small businesses (fewer than 50 employees)	There is no impact to small businesses because this amendment only changes the source for hospital utilization review but not the procedures themselves.						
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid providers and to Medicaid recipients because this amendment only changes the source for hospital utilization review but not the procedures themselves.						
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 to a single Medicaid provider or to a Medicaid recipient because this amendment only changes the source for hospital utilization review but not the procedures themselves.							
9. Comments by department head on the fiscal impact the rule may have on businesses:							
This amendment has no fiscal impact on business because it does not change hospital utilization review procedures. - 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 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 <input type="text" value="08/14/2015"/> (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):		08/21/2015			
14. Indexing information - keywords (maximum of four, in lower case): Medicaid					
Division approvals for publication (insert comment with date):		Michael Hales		6-15-15	
Legal approvals for publication:		Stephanie M. Saperstein, AAG		6/16/15	
Executive Director approval for publication:		W. David Patton, Ph.D.		Date:	6-16-15

7/28/09 revision

# DOH ELECTRONIC RULEMAKING

## I. General Information

A. Rule Number:	R414-61
B. Title of Rule or Section	Home and Community-Based Services Waivers
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Josip Ambrenac
E. Telephone:	(801) 538-6090

## 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 amendment is to incorporate by reference changes to the New Choices Waiver, Community Supports Waiver, and the Aging Waiver effective July 1, 2015.			
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 incorporates by reference changes to the New Choices Waiver, Community Supports Waiver, and the Aging Waiver effective July 1, 2015. Changes to these waivers implement new quality assurance standards that revise all performance measures to further safeguard waiver participants.			
7. <b>AGGREGATE</b> anticipated cost or savings to:			
State budget:	There is no impact to the state budget because waiver services remain unaffected by this update.		
Local government:	There is no impact to local governments because they do not fund or provide waiver services for Medicaid recipients.		
Small businesses (fewer than 50 employees)	There is no impact to small businesses because waiver services remain unaffected by this update.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid providers and to Medicaid recipients because waiver services remain unaffected by this update.		
8. Compliance costs for affected persons ("person" means any <b>SINGLE</b> individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency): There are no compliance costs to a single Medicaid provider or to a Medicaid recipient because waiver services remain unaffected by this update.			
9. Comments by department head on the fiscal impact the rule may have on businesses: This amendment has no impact on business because existing waiver services are unaffected by the update. – 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):	Subsection 1915(c) of the Social Security Act		
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
Reference title and date of issue or edition:	New Choices Waiver, effective July 1, 2015;  Community Supports Waiver for Individuals with Intellectual Disabilities and Other Related Conditions, effective July 1, 2015;  Waiver for Individuals Age 65 or Older, effective July 1, 2015.		

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 08/14/2015  
(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):

08/21/2015

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

Medicaid

Division approvals for publication (insert  
comment with date):

Michael Hales

6-15-15

Legal approvals for publication:

Stephanie M. Saperstein, AAG

6/16/15

Executive Director approval for publication:

W. David Patton, Ph.D.

Date:

6-16-15

# 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	<input type="checkbox"/> 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, and the manual's attachment for Donor Human Milk Request Form; 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, and the manual's attachment for the Utah Medicaid Prior Authorization Request for Hospice Services; Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual with its attachments; Utah Home and Community-Based Waiver Services for Individuals Age 65 or Older Utah Medicaid Provider Manual; Personal Care Utah Medicaid Provider Manual, and the manual's attachment for the Request for Prior Authorization: Personal Care and Capitated Programs; Utah Home and Community-Based Waiver Services for Individuals with an Acquired Brain Injury Utah Medicaid Provider Manual; Utah Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual; Utah Home and Community-Based Services Waiver 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 Services Waiver for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual; Utah Home and Community-Based Waiver Services Medicaid 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 (All Providers) 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 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, and the manual's attachment for Physical Therapy and Occupational Therapy Decision Tables; Physician Services, Anesthesiology and Laboratory Services 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; School-Based Skills Development Services Utah Medicaid Provider Manual; Section I: General Information 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 an approved State Plan Amendment (SPA) by reference to 07/01/2015. This SPA includes: SPA 15-0006-UT Reimbursement for Home Health Services, which updates the effective date of rates for home health services to 07/01/2015; SPA 15-0008-UT Reimbursement for Optometry Services, which updates the effective date of rates for optometry services to 07/01/2015; SPA 15-0009-UT Reimbursement for Speech Pathology Services, which updates the effective date of rates for speech pathology services to 07/01/2015; SPA 15-0010-UT Reimbursement for Audiology Services, which updates the effective date of rates for audiology services to 07/01/2015; SPA 15-0011-UT Reimbursement for Chiropractic Services, which updates the effective date of rates for chiropractic services to 07/01/2015; SPA 15-0012-UT Reimbursement for Eyeglasses Services, which updates the effective date of rates for eyeglasses services to 07/01/2015; SPA 15-0014-UT Reimbursement for Physical Therapy and Occupational Therapy, which updates the effective date of rates for physical therapy and occupational therapy to 07/01/2015; SPA 15-0015-UT Reimbursement for Rehabilitative Mental Health Services, which updates the effective date of rates for rehabilitative mental health services to 07/01/2015; SPA 15-0016-UT Reimbursement for Licensed Practitioner Services, which updates the effective date of rates for licensed practitioner services to 07/01/2015; SPA 15-0017-UT Reimbursement for Transportation Services, which updates the effective date of rates for transportation services to 07/01/2015; and SPA 15-0018-UT Medicaid Eligibility Marriage Policy, which recognizes same-sex couples as spouses, if legally married, in regard to income determination and other post-eligibility issues for both Modified Adjusted Gross Income (MAGI) and non-MAGI groups. This rule change also incorporates by reference the Medical Supplies Utah Medicaid Provider Manual, and the manual's attachment for Donor Human Milk Request Form, effective 07/01/2015; incorporates by reference the Hospital Services Utah Medicaid Provider Manual with its attachments, effective 07/01/2015; incorporates by reference the Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid, effective 07/01/2015; incorporates by reference the Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Hospice Care Utah Medicaid Provider Manual, and the manual's attachment for the Utah Medicaid Prior Authorization Request for Hospice Services, effective 07/01/2015; incorporates by reference the Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual, with its attachments, effective 07/01/2015; incorporates by reference the Utah Home and Community-Based Waiver Services for Individuals Age 65 or Older Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Personal Care Utah Medicaid Provider Manual, and the manual's attachment for the Request for Prior Authorization: Personal Care and Capitated Programs effective 07/01/2015; incorporates by reference the Utah Home and Community-Based Waiver Services for Individuals with an Acquired Brain Injury Utah Medicaid Provider Manual, effective 07/01/2015; Utah Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Utah Home and Community-Based Services Waiver for Individuals with Physical Disabilities Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Utah Home and Community-Based Services Waiver for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Utah Home and Community-Based Waiver Services Medicaid Autism Waiver Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Office of Inspector General (OIG) Administrative Hearings Procedures Manual, effective 07/01/2015; incorporates by reference the Pharmacy Services Utah Medicaid Provider Manual with its attachments, effective 07/01/2015; incorporates by reference the Coverage and Reimbursement Code Look-up Tool, effective 07/01/2015; incorporates by reference the CHEC Services Utah Medicaid Provider Manual with its attachments, effective 07/01/2015; incorporates by reference the Chiropractic Medicine Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the General Attachments (All Providers) for the Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Indian Health Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Laboratory Services Utah Medicaid Provider Manual with its attachments, effective 07/01/2015; incorporates by reference the Medical Transportation Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Non-Traditional Medicaid Plan Utah Medicaid Provider Manual with its attachments, effective 07/01/2015; incorporates by reference the Licensed Nurse Practitioner Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual, and the manual's attachment for Physical Therapy and Occupational Therapy Decision Tables, effective 07/01/2015; incorporates by reference the Physician Services, Anesthesiology and Laboratory Services Utah Medicaid Provider Manual with its attachments, effective 07/01/2015; incorporates by reference the Podiatric Services Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Primary Care Network Utah Medicaid Provider Manual with its attachments, effective 07/01/2015; incorporates by reference the Psychology Services Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the School-Based Skills Development Services Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference Section I: General Information Utah Medicaid Provider Manual, effective 07/01/2015; incorporates by reference the Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual, effective 07/01/2015; Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual, effective 07/01/2015; Vision Care Services Utah Medicaid Provider Manual, effective 07/01/2015; and Women's Services Utah Medicaid Provider Manual, effective 07/01/2015.

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 additional impact on businesses because all changes are already in the State Plan. – 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, 07/01/2015; Medical Supplies Utah Medicaid Provider Manual, and the manual's attachment for Donor Human Milk Request Form, 07/01/2015; Hospital Services Utah Medicaid Provider Manual with its attachments, 07/01/2015; Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid, 07/01/2015; Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual, 07/01/2015; Hospice Care Utah Medicaid Provider Manual, and the manual's attachment for the Utah Medicaid Prior Authorization Request for Hospice Services, 07/01/2015; Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual, with its attachments, 07/01/2015; Utah Home and Community-Based Waiver Services for Individuals Age 65 or Older Utah Medicaid Provider Manual, 07/01/2015; Personal Care Utah Medicaid Provider Manual, and the manual's attachment for the Request for Prior Authorization: Personal Care and Capitated Programs effective, 07/01/2015; Utah Home and Community-Based Waiver Services for Individuals with an Acquired Brain Injury Utah Medicaid Provider Manual, 07/01/2015; Utah Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual, 07/01/2015; Utah Home and Community-Based Services Waiver for Individuals with Physical Disabilities Utah Medicaid Provider Manual, 07/01/2015; Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual, 07/01/2015; Utah Home and Community-Based Services Waiver for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual, 07/01/2015; Utah Home and Community-Based Waiver Services Medicaid Autism Waiver Utah Medicaid Provider Manual, 07/01/2015; Office of Inspector General Administrative Hearings Procedures Manual, 07/01/2015; Pharmacy Services Utah Medicaid Provider Manual with its attachments, 07/01/2015; Coverage and Reimbursement Code Look-up Tool, 07/01/2015; CHEC Services Utah Medicaid Provider Manual with its attachments, 07/01/2015; Chiropractic Medicine Utah Medicaid Provider Manual, 07/01/2015; Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual, 07/01/2015; General Attachments (All Providers) for the Utah Medicaid Provider Manual, 07/01/2015; Indian Health Utah Medicaid Provider Manual, 07/01/2015; Laboratory Services Utah Medicaid Provider Manual with its attachments, 07/01/2015; Medical Transportation Utah Medicaid Provider Manual, 07/01/2015; Non-Traditional Medicaid Plan Utah Medicaid Provider Manual with its attachments, 07/01/2015; Licensed Nurse Practitioner Utah Medicaid Provider Manual, 07/01/2015; Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual, and the manual's attachment for Physical Therapy and Occupational Therapy Decision Tables, 07/01/2015; Physician Services, Anesthesiology and Laboratory Services Utah Medicaid Provider Manual with its attachments, 07/01/2015; Podiatric Services Utah Medicaid Provider Manual, 07/01/2015; Primary Care Network Utah Medicaid Provider Manual with its attachments, 07/01/2015; Psychology Services Utah Medicaid Provider Manual, 07/01/2015; Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual, 07/01/2015; Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual, 07/01/2015; School-Based Skills Development Services Utah Medicaid Provider Manual, 07/01/2015; Section I: General Information Utah Medicaid Provider Manual, 07/01/2015; Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual, 07/01/2015; Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual, 07/01/2015; Vision Care Services Utah Medicaid Provider Manual, 07/01/2015; and Women's Services Utah Medicaid Provider Manual, 07/01/2015.

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:

08/14/2015

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

08/21/2015

Division approvals for publication:	Michael Hales	6-15-15
Legal approvals for publication:	Stephanie M. Saperstein, AAG	6-16-15
Executive Director Approval for Publication:	W. David Patton, Ph.D.	6-16-15

# DOH ELECTRONIC RULEMAKING

## I. General Information

A. Rule Number:	R414-302-8
B. Title of Rule or Section	Application for Other Possible Benefits
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.: <input type="text"/> )
4. Purpose of the rule or reason for the change: The purpose of this change is to clarify that a Medicaid applicant or recipient who may be eligible for a Veterans Assistance (VA) apportionment payment must apply for those benefits.			
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 clarifies that all non-Modified Adjusted Gross Income (MAGI) Medicaid applicants or recipients who may be eligible for a VA apportionment payment must apply for those benefits.			
7. <b>AGGREGATE</b> anticipated cost or savings to:			
State budget:	There is no impact to the state budget because this amendment only clarifies when an individual must apply for a VA apportionment payment. It does not affect current appropriations for Medicaid services.		
Local government:	There is no impact to local governments because this amendment only clarifies when an individual must apply for a VA apportionment payment.		
Small businesses (fewer than 50 employees)	There is no impact to small businesses because this amendment only clarifies when an individual must apply for a VA apportionment payment. It neither affects current appropriations for Medicaid services nor imposes new business requirements.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid providers and to Medicaid recipients because this amendment only clarifies when an individual must apply for a VA apportionment payment. It does not affect current appropriations for Medicaid services, impose new provider requirements, or create out-of-pocket expenses.		
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 Medicaid provider or to a Medicaid recipient because this amendment only clarifies when an individual must apply for a VA apportionment payment. It does not affect current appropriations for Medicaid services, impose new provider requirements, or create out-of-pocket expenses.			
9. Comments by department head on the fiscal impact the rule may have on businesses: There is no fiscal impact on business because the amendment clarifies requirements for Medicaid recipients and has no impact on providers or other payees of Medicaid funds. - 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"/>
	<input type="checkbox"/>	No	<input type="checkbox"/>
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="08/14/2015"/> (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):		09/01/2015			
14. Indexing information - keywords (maximum of four, in lower case): state residency, citizenship, third party liability, Medicaid					
Division approvals for publication (insert comment with date):		Michael Hales		6-29-15	
Legal approvals for publication:		Stephanie M. Saperstein, AAG		6/29/15	
Executive Director approval for publication:		W. David Patton, Ph.D.		Date:	6-30-15

7/28/09 revision

# DOH ELECTRONIC RULEMAKING

## I. General Information

A. Rule Number:	R414-304
B. Title of Rule or Section	Income and Budgeting
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 when the Department of Workforce Services (DWS) may count Veterans Administration (VA) payments as income toward Medicaid eligibility.							
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 when DWS may count VA payments as income toward Medicaid eligibility.							
7. <b>AGGREGATE</b> anticipated cost or savings to:							
State budget:	There is no impact to the state budget because this amendment only clarifies Medicaid eligibility in regard to VA payments. It does not affect current appropriations for Medicaid services.						
Local government:	There is no impact to local governments because this amendment only clarifies Medicaid eligibility in regard to VA payments.						
Small businesses (fewer than 50 employees)	There is no impact to small businesses because this amendment only clarifies Medicaid eligibility in regard to VA payments. It neither affects current appropriations for Medicaid services nor imposes new business requirements.						
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid providers and to Medicaid recipients because this amendment only clarifies Medicaid eligibility in regard to VA payments. It does not affect current appropriations for Medicaid services, impose new provider requirements, or create out-of-pocket expenses.						
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 Medicaid provider or to a Medicaid recipient because this amendment only clarifies Medicaid eligibility in regard to VA payments. It does not affect current appropriations for Medicaid services, impose new provider requirements, or create out-of-pocket expenses.							
9. Comments by department head on the fiscal impact the rule may have on businesses: There is no impact to business because it does not require anything additional from medical assistance providers. – W. David Patton, 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 08/14/2015 (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):		09/01/2015			
14. Indexing information - keywords (maximum of four, in lower case): financial disclosures, income, budgeting					
Division approvals for publication (insert comment with date):	Michael Hales		6-29-15		
Legal approvals for publication:	Stephanie M. Saperstein, AAG		6/30/15		
Executive Director approval for publication:	W. David Patton, Ph.D.		Date:	6-30-15	

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