

DMHF Rules Matrix 6-18-15

Rule; (What It Does); Comments.	File	Effective
R414-401 Nursing Care Facility Assessment; The purpose of this change is to update the annual assessment amounts for nursing care facilities and Intermediate Care Facilities for Persons with Intellectual Disabilities (ICFs/ID) for State Fiscal Year (SFY) 2016.	4-27-15	7-1-15
R414-307 Eligibility for Home and Community-Based Services Waivers; The purpose of this change is to clarify client eligibility for Home and Community-Based Services (HCBS) waivers. This amendment, therefore, clarifies medical and financial criteria to become eligible for an HCBS waiver. It also clarifies the time frame used to determine waiver eligibility and makes other technical changes.	4-29-15	7-1-15
R414-1B Prohibition of Payment for Certain Abortion Services; The purpose of this change is to update and clarify payment criteria for abortion services. This amendment, therefore, updates and clarifies payment criteria for abortion services in accordance with state and federal law. It also updates coding for abortion services, removes redundant language from the rule, and makes other technical changes.	5-1-15	7-1-15
R414-507 Ground Ambulance Service Provider Assessments (New Rule); The purpose of this rule is to implement the Ambulance Service Provider Assessment Act in accordance with Senate Bill 172 passed during the 2015 General Session of the Legislature. This new rule outlines ambulance service provider assessments that include audit procedures, notice requirements, payment requirements, and penalties for non-compliance.	5-1-15	7-1-15
R414-52 Optometry Services; The purpose of this change is to consolidate the scope of optometry services to the Medicaid provider manual. This amendment, therefore, removes all provisions in the rule text and defers to the scope of services found in the Vision Care Services Utah Medicaid Provider Manual and in the Medicaid State Plan.	5-7-15	7-8-15
R414-53 Eyeglasses Services; The purpose of this change is to consolidate the scope of eyeglasses services to the Medicaid provider manual. This amendment, therefore, removes all provisions in the rule text and defers to the scope of services found in the Vision Care Services Utah Medicaid Provider Manual and in the Medicaid State Plan.	5-7-15	7-8-15
R414-33D Targeted Case Management for Individuals with Serious Mental Illness (Five-Year Review); The Department will continue this rule because it implements targeted case management for Medicaid recipients with serious mental illness, as described in the Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual and in the Medicaid State Plan.	5-15-15	5-15-15
R414-303-6 12-Month Transitional Medicaid; The purpose of this change is to remove the sunset date for the 12-Month Transitional Medicaid program in accordance with the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015. This amendment, therefore, removes the sunset date thereby extending the program indefinitely. It also makes other clarifications.	6-1-15	8-1-15
R414-306-2 QMB, SLMB, and QI Benefits; The purpose of this change is to remove the sunset date for the Qualifying Individual (QI) program in accordance with the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015. This amendment, therefore, removes the sunset date thereby extending the program indefinitely. It also makes other clarifications.	6-1-15	8-1-15

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-401-3
B. Title of Rule or Section	Assessment
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Steven Jones
E. Telephone:	(801) 538-6862

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 update the annual assessment amounts for nursing care facilities and Intermediate Care Facilities for Persons with Intellectual Disabilities (ICFs/ID) for State Fiscal Year (SFY) 2016.			
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: In Subsection R414-401-3(2), every nursing facility is assessed at the uniform rate of \$18.32 per patient day, which is an increase from the previous \$15.40 per patient day assessment, based upon projected days and a one-time increase in the budget. In Subsection R414-401-3(2), ICFs/ID are assessed at the uniform rate of \$8.46 per patient day, which is a decrease from the previous \$8.48 per patient day assessment, based upon projected days and an assessment target from the 2015 General Session. These updates are based on estimates of patient days for SFY 2016 and the appropriation amounts.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	The update to the facility assessment rate is anticipated to be budget neutral as it updates the collection rate based on projected days in SFY 2016 and the appropriation amount. The update to the ICF/ID assessment rate is not budget neutral as it updates the collection rate based on projected days in SFY 2016 and the appropriation amount.		
Local government:	Inasmuch as swing beds are variable, it is not possible to determine the cost or savings to local hospital and swing bed facilities.		
Small businesses (fewer than 50 employees)	Medicaid nursing facility providers will realize an increase in cost to non-Medicaid certified facilities as those facilities would be assessed the higher amount and would not realize any payments from Medicaid. Inasmuch as patient days are variable, it is not possible to determine the increased cost that will be realized by these facilities. ICFs/ID will realize an increased cost based upon the increase in the assessment rate. However, with the federal drawdown of funds, they will receive higher reimbursements. Inasmuch as patient days are variable, it is not possible to determine the increased cost that will be realized by these facilities.		
Businesses, individuals, local governments, and persons that are not small businesses:	Medicaid nursing facility providers will realize an increase in cost to non-Medicaid certified facilities as those facilities would be assessed the higher amount and would not realize any payments from Medicaid. Inasmuch as patient days are variable, it is not possible to determine the increased cost that will be realized by these facilities. ICFs/ID will realize an increased cost based upon the increase in the assessment rate. However, with the federal drawdown of funds, they will receive higher reimbursements. Inasmuch as patient days are variable, it is not possible to determine the increased cost that will be realized by these facilities.		
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):			

Compliance costs include an increased collection of \$2.92 per non-Medicare patient day from each nursing facility and an increase of \$0.02 per qualifying patient day for the ICF/ID providers. The assessment monies are used to draw down federal matching funds that result in higher reimbursement rates than would be possible without the assessment monies. All Medicaid certified nursing and swing bed facilities have benefitted from this process. The amount of overall gain depends on the number of Medicaid patients in the facility. In addition, there would be an increase in cost to non-Medicaid-certified facilities as those facilities would be assessed the higher amount and would not realize any payments from Medicaid.

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

This amendment will affect business due to the increase in costs to non-Medicaid certified facilities. However, ICFs/ID that realize an increase in costs will receive higher Medicaid reimbursements due to the federal drawdown of funds. It is not possible to determine the actual increase for business because the number of patient days are variable. - 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):	Section 26-18-3
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	<input type="checkbox"/>
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Reference title and date of issue or edition:

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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 06/15/2015
 (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):

07/01/2015

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

Medicaid, nursing facility

Division approvals for publication (insert comment with date):	Michael Hales	4-23-15
Legal approvals for publication:	Stephanie M. Saperstein, AAG	4/24/15
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 4-24-15

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-307
B. Title of Rule or Section	Eligibility for Home and Community-Based Services Waivers
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 clarify client eligibility for Home and Community-Based Services (HCBS) waivers.			
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 clarifies medical and financial criteria to become eligible for an HCBS waiver. It also clarifies the time frame used to determine waiver eligibility 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 clarifies waiver eligibility for Medicaid recipients.		
Local government:	There is no impact to local governments because they do fund or provide Medicaid services to Medicaid recipients.		
Small businesses (fewer than 50 employees)	There is no impact to small businesses because this change only clarifies waiver eligibility for Medicaid recipients.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid providers and to Medicaid recipients because this change only clarifies waiver eligibility for 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 to a single Medicaid provider or to a Medicaid recipient because this change only clarifies waiver eligibility for Medicaid recipients.			
9. Comments by department head on the fiscal impact the rule may have on businesses: There is no impact to business because this change only clarifies waver eligibility for Medicaid recipients, which will have no impact on providers. – 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):		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 06/15/2015 (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):	07/01/2015		
14. Indexing information - keywords (maximum of four, in lower case): eligibility, waivers, special income group			
Division approvals for publication (insert comment with date):	Michael Hales	4-28-15	
Legal approvals for publication:	Stephanie M. Saperstein, AAG	4/28/15	
Executive Director approval for publication:	W. David Patton, Ph.D.	Date:	4-28-15

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-1B
B. Title of Rule or Section	Prohibition of Payment for Certain Abortion Services
C. Originating Division/Office:	Division of Medicaid and Health and Financing
D. Contact person:	Nina Baker
E. Telephone:	(801) 538-9127

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 update and clarify payment criteria for abortion services.				
5. This rule or change is a response to comments by the Administrative Rules Review Committee.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">X</td> <td style="width: 20px;">No</td> </tr> </table>	Yes	X	No
Yes	X	No		
6. Summary of the rule or change: This amendment updates and clarifies payment criteria for abortion services in accordance with state and federal law. It also updates coding for abortion services, removes redundant language from the rule, 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 clarifies payment criteria for abortion services.			
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)	There is no impact to small businesses because this change only clarifies payment criteria for abortion services.			
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid providers and to Medicaid recipients because this change only clarifies payment criteria for abortion 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): There are no compliance costs to a single Medicaid provider or to a Medicaid recipient because this change only clarifies payment criteria for abortion services.				
9. Comments by department head on the fiscal impact the rule may have on businesses: There is no impact to business because the rule makes no substantive change as to the criteria for payment for such services. - 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, 26-18-3 and 76-7-331			
Federal citations (optional):	42 CFR 441 Subpart E			
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">X</td> <td style="width: 20px;">No</td> </tr> </table>	Yes	X	No
Yes	X	No		
Reference title and date of issue or edition:				
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 (mm/dd/yyyy):	06/15/2015			
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):		07/01/2015	
14. Indexing information - keywords (maximum of four, in lower case): Medicaid, abortion, physicians, hospitals			
Division approvals for publication (insert comment with date):	Michael Hales	5-1-15	
Legal approvals for publication:	Stephanie M. Saperstein, AAG	5/1/15	
Executive Director approval for publication:	W. David Patton, Ph.D.	Date:	5-1-15

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-507
B. Title of Rule or Section	Ground Ambulance Service Provider Assessments
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Andrew Ozmun
E. Telephone:	(801) 538-6733

II. Notice of Proposed Rule or Change

3. Type of notice:			
Proposed rules	<input checked="" type="checkbox"/>	New	<input 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 rule is to implement the Ambulance Service Provider Assessment Act in accordance with Senate Bill 172 passed during the 2015 General Session of the Legislature.			
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 new rule outlines ambulance service provider assessments that include audit procedures, notice requirements, payment requirements, and penalties for non-compliance.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	The Department does not anticipate any impact to the General Fund because this change only implements an ambulance provider assessment that will provide necessary matching funds.		
Local government:	Ground ambulance providers may see a total increase of about \$10,800,000 in revenue.		
Small businesses (fewer than 50 employees)	Ground ambulance providers may see a total increase of about \$10,800,000 in revenue.		
Businesses, individuals, local governments, and persons that are not small businesses:	Ground ambulance providers may see a total increase of about \$10,800,000 in revenue.		
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): Compliance costs should be minimal for those participating in this program and insignificant compared to the revenue.			
9. Comments by department head on the fiscal impact the rule may have on businesses: This rule will have a positive impact on business in that providers may see an increase in revenue up to \$10,800,000. – 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, 26-18-3 and 26-37a-102		
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
Reference title and date of issue or edition:			
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		06/15/2015	
(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): 07/01/2015

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

Division approvals for publication (insert comment with date):	Michael Hales	4-30-15
Legal approvals for publication:	Stephanie M. Saperstein AAG	4/30/15
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 4-30-15

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-52
B. Title of Rule or Section	Optometry Services
C. Originating Division/Office:	Division of Medicaid and Health and Financing
D. Contact person:	Nina Baker
E. Telephone:	(801) 538-9127

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 consolidate the scope of optometry services to the Medicaid provider manual.				
5. This rule or change is a response to comments by the Administrative Rules Review Committee.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">X</td> <td style="width: 20px;">No</td> </tr> </table>	Yes	X	No
Yes	X	No		
6. Summary of the rule or change: This amendment removes all provisions in the rule text and defers to the scope of services found in the Vision Care Services Utah Medicaid Provider Manual and in the Medicaid State Plan.				
7. AGGREGATE anticipated cost or savings to:				
State budget:	There is no impact to the state budget because services provided to Medicaid recipients remain unaffected by this change.			
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)	There is no impact to small businesses because services provided to Medicaid recipients remain unaffected by this change.			
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid providers and to Medicaid recipients because services provided to Medicaid recipients remain unaffected by this change.			
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 services provided remain unaffected by this change.				
9. Comments by department head on the fiscal impact the rule may have on businesses: The amendment does not impact business because it does not change the services currently provided to Medicaid recipients. – 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):	42 CFR 440.120			
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">X</td> <td style="width: 20px;">No</td> </tr> </table>	Yes	X	No
Yes	X	No		
Reference title and date of issue or edition:				
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 _____ (mm/dd/yyyy):	07/01/2015			
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):	07/08/2015		
14. Indexing information - keywords (maximum of four, in lower case): Medicaid, optometry			
Division approvals for publication (insert comment with date):	Michael Hales	4-30-15	
Legal approvals for publication:	Stephanie M. Saperstein, AAG	5-6-15	
Executive Director approval for publication:	W. David Patton, Ph.D.	Date:	5-7-15

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-53
B. Title of Rule or Section	Eyeglasses Services
C. Originating Division/Office:	Division of Medicaid and Health and Financing
D. Contact person:	Nina Baker
E. Telephone:	(801) 538-9127

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 consolidate the scope of eyeglasses services to the Medicaid provider manual.				
5. This rule or change is a response to comments by the Administrative Rules Review Committee.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">X</td> <td style="width: 20px;">No</td> </tr> </table>	Yes	X	No
Yes	X	No		
6. Summary of the rule or change: This amendment removes all provisions in the rule text and defers to the scope of services found in the Vision Care Services Utah Medicaid Provider Manual and in the Medicaid State Plan.				
7. AGGREGATE anticipated cost or savings to:				
State budget:	There is no impact to the state budget because services provided to Medicaid recipients remain unaffected by this change.			
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)	There is no impact to small businesses because services provided to Medicaid recipients remain unaffected by this change.			
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid providers and to Medicaid recipients because services provided to Medicaid recipients remain unaffected by this change.			
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 services provided remain unaffected by this change.				
9. Comments by department head on the fiscal impact the rule may have on businesses: The amendment does not impact business because it does not change the services currently provided to Medicaid recipients. – 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):	42 CFR 440.120			
11. This rule or change adds or updates an incorporated reference (submit a copy to DAR):	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">X</td> <td style="width: 20px;">No</td> </tr> </table>	Yes	X	No
Yes	X	No		
Reference title and date of issue or edition:				
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 (mm/dd/yyyy):	07/01/2015			
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):	07/08/2015		
14. Indexing information - keywords (maximum of four, in lower case): Medicaid, eyeglasses			
Division approvals for publication (insert comment with date):	Michael Hales	4-30-15	
Legal approvals for publication:	Stephanie M. Saperstein, AAG	5-6-15	
Executive Director approval for publication:	W. David Patton, Ph.D.	Date:	5-7-15

7/28/09 revision

DOH 5-YEAR REVIEW ELECTRONIC FORM

I. General Information

A. Rule Number:	R414-33D
B. Title of Rule or Section	Targeted Case Management for Individuals with Serious Mental Illness
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: 06-07-2015

2. Title of rule (catchline):

Targeted Case Management for Individuals with Serious Mental Illness

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. In addition, Section 26-1-5 grants the Department the authority to adopt, amend, or rescind rules as necessary to implement the Medicaid program.

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 implements targeted case management for Medicaid recipients with serious mental illness, as described in the Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual and in the Medicaid State Plan.

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	5-5-15
Legal approvals for publication:	Stephanie M. Saperstein	5/13/15
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 5-14-15

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-303-6
B. Title of Rule or Section	12-Month Transitional Medicaid
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 remove the sunset date for the 12-Month Transitional Medicaid program in accordance with the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015, Pub. L. No. 114-10.							
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 sunset date for the 12-Month Transitional Medicaid program, thereby extending the program indefinitely. It also makes other clarifications.							
7. AGGREGATE anticipated cost or savings to:							
State budget:	There is no impact to the state budget because funding for this program has already been appropriated by the Legislature.						
Local government:	There is no impact to local governments because they neither fund Medicaid programs nor provide Medicaid services.						
Small businesses (fewer than 50 employees)	There is no additional impact to small businesses because they will continue to see revenue through this program.						
Businesses, individuals, local governments, and persons that are not small businesses:	There is no additional impact to Medicaid providers because they will continue to see revenue through this program. Medicaid recipients who qualify for the program will also continue to see savings.						
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 who will see only revenue through this program. Likewise, there are no out-of-pocket expenses to a single Medicaid recipient who will see only savings.							
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 change compliance costs to Medicaid providers. – 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. 114-10						
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="07/15/2015"/> (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):		08/01/2015			
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		5-28-15	
Legal approvals for publication:		Stephanie M. Saperstein		5/29/15	
Executive Director approval for publication:		W. David Patton, Ph.D.		Date:	5-30-15

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-306-2
B. Title of Rule or Section	QMB, SLMB, and QI 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"/>	Repeal and reenact	
	<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 remove the sunset date for the Qualifying Individual (QI) program in accordance with the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015, Pub. L. No. 114-10.			
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 removes the sunset date for the QI program, thereby extending the program indefinitely. It also makes other clarifications.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	There is no impact to the state budget because funding for this program has already been appropriated by the Legislature.		
Local government:	There is no impact to local governments because they neither fund Medicaid programs nor provide Medicaid services.		
Small businesses (fewer than 50 employees)	There is no additional impact to small businesses because they will continue to see revenue through this program.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no additional impact to Medicaid providers because they will continue to see revenue through this program. Medicaid recipients who qualify for the program will also continue to see savings.		
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 who will see only revenue through this program. Likewise, there are no out-of-pocket expenses to a single Medicaid recipient who will see only savings.			
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 change compliance costs to Medicaid providers. – 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. 114-10		
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="07/15/2015"/> (mm/dd/yyyy): A public hearing (optional) will be held on (mm/dd/yyyy): <input type="text"/> at (time): <input type="text"/>			

at (place):			
13. This rule or change may become effective on (mm/dd/yyyy):	08/01/2015		
14. Indexing information - keywords (maximum of four, in lower case): effective date, program benefits, medical transportation			
Division approvals for publication (insert comment with date):	Michael Hales	5-28-15	
Legal approvals for publication:	Stephanie M. Saperstein AAG	5/28/15	
Executive Director approval for publication:	W. David Patton, Ph.D.	Date:	5-30-15

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