

DMHF Rules Matrix 3-13-15

Rule; (What It Does); Comments.	File	Effective
<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 January 1, 2015).</p>	12-29-14	3-2-15
<p>R414-6 Reduction in Certain Targeted Case Management Services (Rule Repeal); This rule is unnecessary because it does not implement Targeted Case Management (TCM) services, but rather affirms the elimination of certain TCM services discontinued by Medicaid several years ago. The rule, therefore, is repealed in its entirety.</p>	1-22-15	3-24-15
<p>R382-10 Eligibility (CHIP); The purpose of this change is to implement by rule provisions of the Patient Protection and Affordable Care Act, which allow for an ex parte review under the Children's Health Insurance Program (CHIP). This amendment, therefore, includes reportable change requirements and outlines the process for treating reportable changes after an ex parte review. It also defines "ex parte" and makes other technical changes.</p>	1-30-15	4-1-15
<p>R414-38 Personal Care Service; The purpose of this change is to consolidate the scope of personal care 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 Personal Care Utah Medicaid Provider Manual and in the Medicaid State Plan.</p>	2-9-15	4-7-15
<p>R414-10B Children's Organ Transplants; The Division of Medicaid and Health Financing (DMHF) will repeal this rule because the Kurt Oscarson Children's Organ Transplant Fund resides with the Division of Family Health and Preparedness (DFHP), thus giving DFHP rulemaking authority. DFHP, therefore, will file a new rule to keep requirements for children's organ transplants ongoing and effective.</p>	2-9-15	4-7-15

<p>R414-14A Hospice Care; The purpose of this change is to implement recommendations made by the Office of Inspector General (OIG) following an audit of the Medicaid Hospice Care program in 2014. This amendment, therefore, requires an independent physician review when a hospice patient reaches 12 or more months of consecutive hospice care. It also specifies criteria for prior authorization as it relates to hospice election periods, and prohibits "debility" and "adult failure to thrive" as sole primary terminal diagnoses.</p>	<p>2-17-15</p>	<p>4-7-15</p>
<p>R414-309 Medicare Drug Benefit Low-Income Subsidy Determination (Five-Year Review); The Department will continue this rule because it sets forth the requirements for completing eligibility determinations for the Medicare Part D low-income subsidies as required by the Medicare Modernization Act.</p>	<p>2-18-15</p>	<p>2-18-15</p>
<p>R414-303-8 Foster Care, Former Foster Care Youth and Independent Foster Care Adolescents; The purpose of this change is to clarify coverage under the Former Foster Care Youth coverage group and the Independent Foster Care Adolescents program. This amendment, therefore, clarifies when individuals may become eligible for Former Foster Care Youth and the Independent Foster Care Adolescent program. It also makes other technical changes..</p>	<p>3-4-15</p>	<p>5-8-15</p>

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; 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 01/01/2015. These SPAs include: SPA 14-032-UT Outpatient Hospital Supplemental Payments, which updates the utilization trend used for the outpatient hospital Upper Payment Limit (UPL); SPA 14-033-UT Primary Care Physician Enhancement Payments, which implements the Medicaid fee schedule increase for certain primary care services furnished by qualifying physicians in calendar years (CYs) 2013 and 2014 up to rates equal to CYs 2013 and 2014 Medicare rates, or the rates that would be derived using the CY 2009 conversion factor; SPA 14-034-UT Long-Term Care Insurance Partnership; which allows a beneficiary under a long-term care insurance policy to receive a resource disregard equal to insurance benefit payments made to or on behalf of the individual. This SPA also requires training for sellers of partnership policies, and clarifies the responsibility of the Department of Health and the Insurance Department to oversee training and reporting requirements; SPA 14-0035-UT Presumptive Eligibility, which ends a pilot program for presumptive eligibility for children who are under 19 years old due to lack of enrollment. This pilot program was used to help the State qualify for the federal bonus under the Children's Health Insurance Program Reauthorization Act (CHIPRA) in 2012 and 2013; and SPA 14-0036-UT Coverage for Kinship Guardianship, which allows children who leave the foster care system, and are placed permanently with a relative, to continue to qualify for Medicaid. This rule change also incorporates by reference the Medical Supplies Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Hospital Services Utah Medicaid Provider Manual with its attachments, effective 01/01/2015; incorporates by reference the Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid, effective 01/01/2015; incorporates by reference the Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Hospice Care Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual, with its attachments, effective 01/01/2015; incorporates by reference the Utah Home and Community-Based Waiver Services for Individuals 65 or Older Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Personal Care Utah Medicaid Provider Manual, with its attachments, effective 01/01/2015; 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 01/01/2015; 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 01/01/2015; incorporates by reference the Utah Home and Community-Based Waiver Services for Individuals with Physical Disabilities Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Utah Home and Community-Based Waiver Services for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Utah Home and Community-Based Waiver Services Autism Waiver Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Office of Inspector General (OIG) Administrative Hearings Procedures Manual, effective 01/01/2015; incorporates by reference the Pharmacy Services Utah Medicaid Provider Manual with its attachments, effective 01/01/2015; incorporates by reference the Coverage and Reimbursement Code Look-up Tool, effective 01/01/2015; incorporates by reference the CHEC Services Utah Medicaid Provider Manual with its attachments, effective 01/01/2015; incorporates by reference the Chiropractic Medicine Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the General Attachments for the Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Indian Health Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Laboratory Services Utah Medicaid Provider Manual with its attachments, effective 01/01/2015; incorporates by reference the Medical Transportation Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Non-Traditional Medicaid Health Plan Utah Medicaid Provider Manual with its attachments, effective 01/01/2015; incorporates by reference the Licensed Nurse Practitioner Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Physician Services and Anesthesiology Utah Medicaid Provider Manual with its attachments, effective 01/01/2015; incorporates by reference the Podiatric Services Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Primary Care Network Utah Medicaid Provider Manual with its attachments, effective 01/01/2015; incorporates by reference the Psychology Services Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual with its attachments, effective 01/01/2015; incorporates by reference the School-Based Skills Development Services Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference Section I: General Information of the Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Services for Pregnant Women Utah Medicaid Provider Manual, effective 01/01/2015; incorporates by reference the Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual, effective 01/01/2015; Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual, effective 01/01/2015; Vision Care Services Utah Medicaid Provider Manual, effective 01/01/2015; and Women's Services Utah Medicaid Provider Manual, effective 01/01/2015.

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. |
| 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. |

<p>Small businesses (fewer than 50 employees)</p> <p>Businesses, individuals, local governments, and persons that are not small businesses:</p>	<p>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.</p> <p>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.</p>
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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, 01/01/2015; Medical Supplies Utah Medicaid Provider Manual, 01/01/2015; Hospital Services Utah Medicaid Provider Manual with its attachments, 01/01/2015; Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid, 01/01/2015; Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual, 01/01/2015; Hospice Care Utah Medicaid Provider Manual, 01/01/2015; Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual, with its attachments, 01/01/2015; Utah Home and Community-Based Waiver Services for Individuals 65 or Older Utah Medicaid Provider Manual, 01/01/2015; Personal Care Utah Medicaid Provider Manual, with its attachments, 01/01/2015; Utah Home and Community-Based Waiver Services for Individuals with Acquired Brain Injury Age 18 and Older Utah Medicaid Provider Manual, 01/01/2015; Utah Home and Community-Based Waiver Services for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual, 01/01/2015; Utah Home and Community-Based Waiver Services for Individuals with Physical Disabilities Utah Medicaid Provider Manual, 01/01/2015; Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual, 01/01/2015; Utah Home and Community-Based Waiver Services for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual, 01/01/2015; Utah Home and Community-Based Waiver Services Autism Waiver Utah Medicaid Provider Manual, 01/01/2015; Office of Inspector General Administrative Hearings Procedures Manual, 01/01/2015; Pharmacy Services Utah Medicaid Provider Manual with its attachments, 01/01/2015; Coverage and Reimbursement Code Look-up Tool, 01/01/2015; CHEC Services Utah Medicaid Provider Manual with its attachments, 01/01/2015; Chiropractic Medicine Utah Medicaid Provider Manual, 01/01/2015; Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual, 01/01/2015; General Attachments for the Utah Medicaid Provider Manual, 01/01/2015; Indian Health Utah Medicaid Provider Manual, 01/01/2015; Laboratory Services Utah Medicaid Provider Manual with its attachments, 01/01/2015; Medical Transportation Utah Medicaid Provider Manual, 01/01/2015; Non-Traditional Medicaid Health Plan Utah Medicaid Provider Manual with its attachments, 01/01/2015; Licensed Nurse Practitioner Utah Medicaid Provider Manual, 01/01/2015; Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual, 01/01/2015; Physician Services and Anesthesiology Utah Medicaid Provider Manual with its attachments, 01/01/2015; Podiatric Services Utah Medicaid Provider Manual, 01/01/2015; Primary Care Network Utah Medicaid Provider Manual with its attachments, 01/01/2015; Psychology Services Utah Medicaid Provider Manual, 01/01/2015; Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual, 01/01/2015; Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual with its attachments, 01/01/2015; School-Based Skills Development Services Utah Medicaid Provider Manual, 01/01/2015; Section I: General Information of the Utah Medicaid Provider Manual, 01/01/2015; Services for Pregnant Women Utah Medicaid Provider Manual, 01/01/2015; Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual, 01/01/2015; Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual, 01/01/2015; Vision Care Services Utah Medicaid Provider Manual, 01/01/2015; and Women's Services Utah Medicaid Provider Manual, 01/01/2015.

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:

02/17/2015

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

02/24/2015

Division approvals for publication:	Michael Hales	12-22-14
Legal approvals for publication:	Stephanie M. Saperstein, AAG	12/23/14
Executive Director Approval for Publication:	W. David Patton, Ph.D.	12-24-14

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-6
B. Title of Rule or Section	Reduction in Certain Targeted Case Management Services
C. Originating Division/Office:	Division of Medicaid and Health and Financing
D. Contact person:	Craig Devashrayee
E. Telephone:	(801) 538-6641

II. Notice of Proposed Rule or Change

3. Type of notice:			
Proposed rules	<input type="checkbox"/> New	<input type="checkbox"/> Amendment	<input checked="" 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:			
This rule is unnecessary because it does not implement Targeted Case Management (TCM) services, but rather affirms the elimination of certain TCM services discontinued by Medicaid several years ago.			
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 rule is repealed in its entirety.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	There is no impact to the state budget because the current rule only affirms the elimination of certain TCM services, and does not affect current and future appropriations for other TCM programs.		
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 the current rule only affirms the elimination of certain TCM services, and does not affect current and future appropriations for other TCM programs.		
Businesses, individuals, local governments, and persons that are not small businesses:	There is no impact to Medicaid providers and to Medicaid recipients because the current rule only affirms the elimination of certain TCM services, and does not affect current and future appropriations for other TCM programs.		
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 the current rule only affirms the elimination of certain TCM services, and does not affect current and future appropriations for other TCM programs.			
9. Comments by department head on the fiscal impact the rule may have on businesses:			
This rule has no effect on business because the services addressed in the rule have not been provided for the past several years. – 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 26-1-5		
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
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		<input type="text"/>	
(mm/dd/yyyy):		03/17/2015	

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):		03/24/2015			
14. Indexing information - keywords (maximum of four, in lower case): medicaid					
Division approvals for publication (insert comment with date):		Michael Hales		1-20-15	
Legal approvals for publication:		Stephanie M. Saperstein, AAG		1/21/15	
Executive Director approval for publication:		W. David Patton, Ph.D.		Date:	1-21-15

7/28/09 revision

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 New Amendment Repeal
 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 implement by rule provisions of the Patient Protection and Affordable Care Act, which allow for an ex parte review under the Children's Health Insurance Program (CHIP).

5. This rule or change is a response to comments by the Administrative Rules Review Committee. Yes No

6. Summary of the rule or change:

This amendment includes reportable change requirements and outlines the process for treating reportable changes after an ex parte review. It also defines "ex parte" 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 clarifies reportable change requirements under CHIP.

Local government: There is no impact to local governments because they neither fund nor provide CHIP services to CHIP recipients.

Small businesses (fewer than 50 employees) There is no impact to small businesses because this amendment only clarifies reportable change requirements under CHIP.

Businesses, individuals, local governments, and persons that are not small businesses: There is no impact to CHIP providers and to CHIP recipients because this amendment only clarifies reportable change requirements under CHIP.

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 CHIP provider or to a CHIP recipient because this amendment only clarifies reportable change requirements under CHIP.

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

This amendment has no impact on business because it makes no additional requirements on care providers or enrollees. – 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 No

Subsections 2110(b) and (c) of the Compilation of Social Security Laws, in effect January 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 03/17/2015
(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):		04/01/2015			
14. Indexing information - keywords (maximum of four, in lower case): children's health benefits					
Division approvals for publication (insert comment with date):		Michael Hales		1-30-15	
Legal approvals for publication:		Stephanie M. Saperstein, AAG		1/30/15	
Executive Director approval for publication:		W. David Patton, Ph.D.		Date:	1-30-15

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-38
B. Title of Rule or Section	Personal Care Service
C. Originating Division/Office:	Division of Medicaid and Health and Financing
D. Contact person:	Amber Lucero
E. Telephone:	(801) 538-6950

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 consolidate the scope of personal care services to the Medicaid provider manual.			
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 all provisions in the rule text and defers to the scope of services found in the Personal Care 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: There is no impact on business because no requirements have been changed by the amendment. – 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 26-18-3 and 26-1-5		
Federal citations (optional):	42 CFR 440.167		
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	
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):	03/31/2015		
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):

04/07/2015

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

Medicaid

Division approvals for publication (insert comment with date):

Michael Hales

2-4-15

Legal approvals for publication:

Stephanie M. Saperstein

2/6/15

Executive Director approval for publication:

W. David Patton, Ph.D.

Date:

2-6-15

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-10B
B. Title of Rule or Section	Children's Organ Transplants
C. Originating Division/Office:	Division of Medicaid and Health Financing
D. Contact person:	Craig Devashrayee
E. Telephone:	(801) 538-6641

II. Notice of Proposed Rule or Change

3. Type of notice:			
Proposed rules	<input type="checkbox"/> New	<input type="checkbox"/> Amendment	<input checked="" 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 Division of Medicaid and Health Financing (DMHF) will repeal this rule because the Kurt Oscarson Children's Organ Transplant Fund resides with the Division of Family Health and Preparedness (DFHP), thus giving DFHP rulemaking authority. DFHP, therefore, will file a new rule to keep requirements for children's organ transplants ongoing and effective.			
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 rule is repealed in its entirety.			
7. AGGREGATE anticipated cost or savings to:			
State budget:	This rule repeal does not affect the state budget because the new rule will continue to implement current requirements and future changes to organ transplant policy.		
Local government:	There is no impact to local governments because they neither fund nor provide Medicaid services to Medicaid recipients.		
Small businesses (fewer than 50 employees)	This rule repeal does not affect small businesses because the new rule will continue to implement current requirements and future changes to organ transplant policy.		
Businesses, individuals, local governments, and persons that are not small businesses:	This rule repeal does not affect Medicaid providers, Medicaid recipients, CHIP providers, and CHIP recipients because the new rule will continue to implement current requirements and future changes to organ transplant 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): This rule repeal does not affect a single Medicaid provider, Medicaid recipient, CHIP provider, or CHIP recipient because the new rule will continue to implement current requirements and future changes to organ transplant policy.			
9. Comments by department head on the fiscal impact the rule may have on businesses: <i>There is no impact to business because the new rule will continue to implement current requirements. – W. David Patton, Ph.D., Executive Director</i>			
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	<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	03/31/2015		
(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):	04/07/2015		
14. Indexing information - keywords (maximum of four, in lower case): organ transplants			
Division approvals for publication (insert comment with date):	Michael Hales	2-4-15	
Legal approvals for publication:	Stephanie M. Saperstein, AAG	2/6/15	
Executive Director approval for publication:	W. David Patton, Ph.D.	Date:	2-6-15

7/28/09 revision

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-14A
B. Title of Rule or Section	Hospice Care
C. Originating Division/Office:	Division of Medicaid and Health and Financing
D. Contact person:	Trecia Carpenter
E. Telephone:	(801) 538-6861

II. Notice of Proposed Rule or Change

3. Type of notice:

Proposed rules New Amendment Repeal
 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 implement recommendations made by the Office of Inspector General (OIG) following an audit of the Medicaid Hospice Care program in 2014.

5. This rule or change is a response to comments by the Administrative Rules Review Committee. Yes No

6. Summary of the rule or change:

This amendment requires an independent physician review when a hospice patient reaches 12 or more months of consecutive hospice care. It also specifies criteria for prior authorization as it relates to hospice election periods, and prohibits "debility" and "adult failure to thrive" as sole primary terminal diagnoses.

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

State budget: Savings to the state budget may coincide with these new eligibility requirements. Nevertheless, there is not enough data to estimate the fiscal impact at this time.

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) Some costs to small businesses may coincide with these new eligibility requirements. Nevertheless, there is not enough data to estimate the fiscal impact at this time.

Businesses, individuals, local governments, and persons that are not small businesses: Some costs to hospice care providers and to hospice care recipients may coincide with these new eligibility requirements. Nevertheless, there is not enough data to estimate the fiscal impact at this time.

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):

Some costs to a hospice care provider or to a hospice care recipient may coincide with these new eligibility requirements. Nevertheless, there is not enough data to estimate the fiscal impact at this time.

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

This amendment may have some effect on businesses related to hospice care in that it changes eligibility requirements for hospice care recipients, but current data is insufficient to estimate the fiscal impact at this time. – 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 U.S.C. 1396d(o)

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:

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 03/31/2015
(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):		04/07/2015			
14. Indexing information - keywords (maximum of four, in lower case): Medicaid					
Division approvals for publication (insert comment with date):		Michael Hales		2-13-15	
Legal approvals for publication:		Stephanie M. Saperstein, AAG		2/13/15	
Executive Director approval for publication:		W. David Patton, Ph.D.		Date:	2-13-15

7/28/09 revision

DOH 5-YEAR REVIEW ELECTRONIC FORM

I. General Information

A. Rule Number:	R414-309
B. Title of Rule or Section	Medicare Drug Benefit Low-Income Subsidy Determination
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: 03-18-2015

2. Title of rule (catchline):

Medicare Drug Benefit Low-Income Subsidy Determination

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

Section 26-1-5 grants the Department the authority to adopt, amend or rescind rules as necessary to implement the Medicaid program, and Section 26-18-3 requires the Department to implement the Medicaid program through administrative rules. In addition, 42 CFR 423.904 requires the Department to make eligibility determinations and redeterminations for low-income premium and cost-sharing subsidies.

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 sets forth the requirements for completing eligibility determinations for the Medicare Part D low-income subsidies as required by the Medicare Modernization Act.

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

Medicaid, eligibility

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

Division approvals for publication (insert comment with date):	Michael Hales	2-13-15
Legal approvals for publication:	Stephanie M. Saperstein, AAG`	2/17/15
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 2-17-15

DOH ELECTRONIC RULEMAKING

I. General Information

A. Rule Number:	R414-303-8
B. Title of Rule or Section	Foster Care, Former Foster Care Youth and Independent Foster Care Adolescents
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 clarify coverage under the Former Foster Care Youth coverage group and the Independent Foster Care Adolescents program.	
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 individuals may become eligible for Former Foster Care Youth and the Independent Foster Care Adolescent program. It also 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 clarifies when individuals may become eligible for Former Foster Care Youth and the Independent Foster Care Adolescent program.
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 amendment only clarifies when individuals may become eligible for Former Foster Care Youth and the Independent Foster Care Adolescent program.
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 individuals may become eligible for Former Foster Care Youth and the Independent Foster Care Adolescent program.
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 clarifies when individuals may become eligible for Former Foster Care Youth and the Independent Foster Care Adolescent program.	
9. Comments by department head on the fiscal impact the rule may have on businesses: There is no impact on business because the amendment neither expands nor reduces eligibility requirements for medical assistance recipients or 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. 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

42 CFR 435.115(e)(2), October 1, 2014 ed.
 Subsection 1902(a)(10)(A)(i)(IX) and Subsection 1902(a)(10)(A)(ii)(XVII) of the Compilation of Social Security Laws, in effect January 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 05/01/2015
 (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 05/08/2015
 (mm/dd/yyyy):

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	3-2-2015
Legal approvals for publication:	Stephanie M. Saperstein	3/2/15
Executive Director approval for publication:	W. David Patton, Ph.D.	Date: 3-3-15