DIH Rules Matrix 3-26-26

Rule Summary	Bulletin Publication	Effective
R414-320 Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver; (Five-Year Review); Continuation of this rule is necessary as it establishes the eligibility requirements for enrollment and the benefits received under the Health Insurance Flexibility and Accountability Demonstration Waiver, which is Utah's Premium Partnership for Health Insurance.	**2-15-26**	**1-16-26**
R414-1-5 Incorporations by Reference; This amendment incorporates by reference the current version of the Medicaid State Plan. It also incorporates by reference current provider manuals into the rule. Changes include the addition of provisions related to Medicaid adult expansion, justice expansion, dental adult expansion, and updates to home and community-based services. This amendment also removes previous incorporations by reference that are no longer applicable. Additionally, this amendment alphabetizes the list of provider manuals incorporated by reference.	**3-15-26**	**5-1-26**
R414-510 Intermediate Care Facility for Persons with Intellectual Disabilities Transition Program and Education; This amendment clarifies existing requirements for program eligibility, responsibilities to inform individuals housed in intermediate care facilities (ICFs) regarding HCBS, and provisions for program capacity based on individual interest in receiving HCBS. Additionally, this amendment makes style and formatting changes to comply with the Rulewriting Manual for Utah and align with other rules under the department.	**4-1-26**	**5-8-26**

The public may access proposed rules published in the State Bulletin at https://rules.utah.gov/publications/utah-state-bull/

State of Utah
Administrative Rule Analysis
Revised May 2025

NOTICE OF FIVE-YEAR REVIEW AND STATEMENT OF CONTINUATION		
Rule number:	**R414-320**	**Filing ID: OFFICE USE ONLY**
Effective date:	**OFFICE USE ONLY**	

Agency Information

1. Title catchline:	Health and Human Services, Integrated Healthcare	
Building:	Cannon Health Building	
Street address:	288 N. 1460 W.	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 143325	
City, state and zip:	Salt Lake City, UT 84114-3325	
Contact persons:		
Name:	**Phone:**	**Email:**
Craig Devashrayee	801-538-6641	cdevashrayee@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule catchline:	
R414-320. Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver	
3. Statutory provisions that authorize or require this rule and an explanation of those particular statutory provisions:	
Section 26B-1-213	This section grants the Department of Health and Human Services (department) the authority to adopt, amend, or resend rules necessary to carry out the provisions of Title 26B, Utah Health and Human Services Code.
Section 26B-3-108	Section 26B-3-108 requires the department to implement the Medicaid program through administrative rules.
4. A summary of written comments received during and since the last five-year review of this rule from interested persons supporting or opposing this rule:	
No comments have been received since the last five-year review of this rule.	
5. A reasoned justification for continuation of this rule, including reasons why the agency disagrees with comments in opposition to this rule, if any:	
Continuation of this rule is necessary as it establishes the eligibility requirements for enrollment and the benefits received by Medicaid members under the Health Insurance Flexibility and Accountability Demonstration Waiver, which is Utah's Premium Partnership for Health Insurance. This rule outlines procedures necessary for the administration of this type of Medicaid waiver. As the department did not receive any comments in opposition to this rule, it did not respond to any such comments.	

Agency Authorization Information

To the agency: Information requested on this form is required by Section 63G-3-305. The office may return incomplete forms to the agency, possibly delaying publication in the *Utah State Bulletin*.			
Agency head or designee and title:	Tracy S. Gruber, Executive Director	**Date:**	Click or tap to enter a date.
Reminder: Text changes cannot be made with this type of rule filing. To change any text, please file an amendment or a nonsubstantive change.			

R414. Health and Human Services, Integrated Healthcare.
R414-320. Medicaid Health Insurance Flexibility and Accountability Demonstration Waiver.
R414-320-1. Authority and Purpose.

(1) This rule is authorized by Sections 26B-1-213 and 26B-3-108 and allowed under Section 1115(a) of the Social Security Act.

(2) This rule establishes the eligibility requirements for enrollment and the benefits members receive under the Health Insurance Flexibility and Accountability Demonstration Waiver (HIFA), which is Utah's Premium Partnership for Health Insurance (UPP).

R414-320-2. Definitions.

The definitions in Section 26B-3-901 and Rules R414-1 and R414-301 apply to this rule. In addition, the following definitions apply throughout this rule:

(1) "Adult" means an individual who is 19 years of age or older.

(2) "Best estimate" means the eligibility agency's determination of a household's income for the upcoming certification period based on past and current circumstances and anticipated future changes.

(3) "Children's Health Insurance Program" or (CHIP) means the program for medical benefits under the Utah Children's Health Insurance Act, Title 26, Chapter 40.

(4) "Creditable Health Coverage" means any health insurance coverage as defined in 45 CFR 146.113.

(5) "Employer-sponsored health plan" means a health insurance plan offered by an employer either directly or through the Utah Health Exchange.

(6) "Member" means an individual who applies for and is found eligible for the UPP program, and is receiving UPP benefits.

(7) "Open enrollment" means a period during which the eligibility agency accepts applications for the UPP program.

(8) "Primary Care Network" or (PCN) means the program for benefits under the Medicaid Primary Care Network Demonstration Waiver.

(9) "Public Institution" means an institution that is the responsibility of a governmental unit or is under the administrative control of a governmental unit.

(10) "Review month" means the last month of the certification period for an member during which the eligibility agency redetermines the member's eligibility for a new certification period.

(11) "UPP Qualified Health Plan" means a health plan that meets the following requirements:

(a) Health plan coverage includes:

(i) physician visits;

(ii) hospital inpatient services;

(iii) pharmacy services;

(iv) well child visits; and

(v) children's immunizations.

(b) Lifetime maximum benefits must be at least $1,000,000.

(c) The deductible may not exceed $4,000 per individual.

(d) The plan must pay at least 70% of an inpatient stay after the deductible.

(e) The employer contributes at least 50% of the cost of the employee's health insurance premium when the plan is offered directly through the employer. If the employer offers plans through the Utah Health Exchange, the employer must contribute at least 50% of the cost of the employee's health insurance premium for either the employer's default plan or the plan the employee selects. If the plan is a Consolidated Omnibus Budget Reconciliation Act (COBRA) plan, the employer does not have to contribute to the premium.

(f) The plan does not cover any abortion services; or the plan only covers abortion services in the case if the life of the mother would be endangered if the fetus were carried to term or in the case of rape or incest.

(12) "Utah's Premium Partnership for Health Insurance" or (UPP) means a medical assistance program that provides cash reimbursement for all or part of the insurance premium paid by an employee for health insurance coverage through an employer-sponsored health insurance plan, including employer-sponsored health plans available under Avenue H, or COBRA coverage that covers either the eligible employee, the eligible spouse of the employee, dependent children, or the family.

R414-320-3. Applicant and Member Rights and Responsibilities.

(1) The provisions of Section R414-301-4 apply to applicants and members of the UPP program except that reportable changes for UPP applicants and members are defined in Subsection R414-320-3(2).

(2) An applicant or member must report certain changes to the eligibility agency within 10 calendar days of learning of the change. The eligibility agency shall notify the applicant at the time of application of the changes that the individual must report. Reportable changes include:

(a) An member stops paying for coverage under an employer-sponsored health plan or COBRA coverage;

(b) An member changes health insurance plans;

(c) The amount of the premium that the member pays for an employer-sponsored health insurance plan or COBRA coverage changes;

(d) An member begins to receive coverage under, or begins to have access to Medicare or the Veteran's Administration Health Care System;

(e) An member leaves the household or dies;

(f) An member or the household moves out of state;

(g) Change of address of an member or the household; or

(h) An member enters a public institution or an institution for mental diseases.

(3) An applicant or member has a right to request an agency conference or a fair hearing as described in Sections R414-301-6 and R414-301-7.

(4) An member must continue to pay premiums and remain enrolled in an employer-sponsored health plan or COBRA coverage to be eligible for benefits.

(5) An eligible child may choose to enroll in his parent's or guardian's employer-sponsored health insurance plan or COBRA coverage and receive UPP benefits, or may choose direct coverage through CHIP. A child under 19 years of age may enroll in an employer-sponsored health insurance plan offered by the child's employer or COBRA coverage and UPP, or may choose direct coverage through CHIP.

R414-320-4. General Eligibility Requirements.

(1) The provisions of Sections R414-302-3, R414-302-4, R414-302-7, and R414-302-8 concerning United States (U.S.) citizenship, alien status, state residency, use of social security numbers, and applying for other benefits, apply to adult applicants and members of UPP.

(2) The provisions of Sections R382-10-6, R382-10-7, and R382-10-9 concerning U.S. citizenship, alien status, state residency and social security numbers apply to child applicants and members.

(3) An individual who is not a U.S. citizen or national, or who does not meet the alien status requirements of Sections R414-302-3 or R382-10-6 is not eligible for any services or benefits under the UPP program.

(4) Health plans must meet the criteria of being an UPP qualified health plan.

(5) An individual must apply for the UPP program before he turns 65 years of age. Enrollment shall end effective the end of the month in which an individual turns 65 years of age.

(6) The eligibility agency only accepts applications during open enrollment periods. The eligibility agency may limit the number of individuals it enrolls.

(a) The eligibility agency may stop enrollment of new individuals at any time.

(b) The open enrollment period may be limited to:

(i) adults with children living in the home;

(ii) adults without children living in the home, or;

(iii) other groups designated in advance by the eligibility agency consistent with efficient administration of the program.

(c) The eligibility agency may not accept applications or maintain waiting lists during a period that it stops enrollment of new individuals.

(d) A child is not subject to the open enrollment requirement to enroll in UPP.

(7) Residents of public institutions are not eligible for UPP.

(a) A child under 18 years of age is not a resident of an institution if the child is living temporarily in the institution while arrangements are being made for other placement.

(b) A child who resides in a temporary shelter for a limited period of time is not a resident of an institution.

(8) The eligibility agency may not require an applicant or member for the UPP program to provide Duty of Support information. An adult whose eligibility for Medicaid has been denied or terminated for failure to cooperate with Duty of Support requirements may not enroll in the UPP program.

R414-320-5. Verification and Information Exchange.

(1) An applicant and member must provide verification of eligibility factors as requested by the eligibility agency and in accordance with the provisions of Section R414-308-4.

(2) The department shall enter into agreements with other government agencies as outlined in Section R414-301-3.

(3) The eligibility agency shall safeguard information about applicants and members to comply with the provisions of Section R414-301-5.

R414-320-6. Creditable Health Coverage.

(1) The department adopts 42 CFR 433.138(b).

(2) An applicant who is covered under a group health plan or other creditable health insurance coverage, as defined in 29 CFR 2590.701-4 is not eligible for enrollment.

(3) An applicant who is covered by COBRA coverage may be eligible for UPP enrollment.

(4) An adult is not eligible for UPP if the individual becomes eligible for Refugee Medical without a spenddown as defined in Section R414-303-10. An individual who is eligible for Refugee Medical with a spenddown may choose to enroll in either Refugee Medical or UPP.

(5) The following requirements apply to an individual who has access to but has not yet enrolled in employer-sponsored health insurance:

(a) If the individual's cost for the employer-sponsored coverage offered by the employer directly, or for the employer's default plan offered through Avenue H, is less than 5% of the countable MAGI-based income for the individual's household, the individual is not eligible for the UPP program.

(b) If the individual's cost for the employer-sponsored coverage offered by the employer directly, or for the employer's default plan offered through Avenue H, equals or exceeds 5% of the countable MAGI-based income for the individual's household, the individual may enroll in UPP.

(i) An eligible child may choose enrollment in either UPP or CHIP.

(ii) If the cost of coverage exceeds 15% for an adult, the individual may enroll in either UPP or PCN. To enroll in PCN, it must be an open enrollment period and the individual must meet the PCN criteria.

(c) The cost of coverage includes a deductible if the employer-sponsored plan has a deductible.

(d) The eligibility agency will include in the cost of coverage for the spouse or dependent child, the cost to enroll the employee if the employee must be enrolled to enroll the spouse or dependent child.

(6) An eligible individual who has access to or who is enrolled in a COBRA plan may choose to enroll in UPP and the COBRA plan if the individual's cost for the COBRA plan exceeds 5% of the countable MAGI-based income for the individual's household.

(7) An individual who could enroll in Medicare is not eligible for UPP enrollment, even if the individual must wait for a Medicare open enrollment period to apply.

(8) An individual who is enrolled in the Veteran's Administration (VA) Health Care System is not eligible for UPP enrollment.

(a) An individual who is eligible to enroll in the VA Health Care System, but who has not yet enrolled, may be eligible for the UPP program while waiting for enrollment in the VA Health Care System to become effective. To be eligible during this waiting period, the individual must apply for and take all necessary steps to enroll in the VA Health Care System.

(b) Eligibility for the UPP program ends once the individual's coverage in the VA Health Care System begins.

(9) An individual who voluntarily terminates health insurance coverage is ineligible to enroll in UPP for 90 days from the date the coverage ends.

(a) The eligibility agency may not apply a 90-day waiting period in the following situations:

(i) The premium paid by the individual or family for coverage of the individual or family member exceeded 5% of the MAGI-based household income.

(ii) The cost of the premium paid and deductible that includes the individual for the family coverage health plan exceeds 9.5% of the MAGI-based household income.

(iii) An employer stopped offering coverage under an ESI.

(iv) Loss of coverage due to a change in employment or involuntary separation.

(v) The individual has special heath care needs as defined by the department.

(vi) Loss of coverage due to the death or divorce of an UPP individual.

(vii) Voluntary termination of COBRA.

(viii) Voluntary termination of coverage through the Federally Facilitated Marketplace.

(ix) Voluntary termination of coverage for an adult child from the parent's or guardian's ESI plan.

(x) Voluntary termination of coverage by a spouse who does not live in the same household as the UPP applicant.

(xi) Voluntary termination of coverage for a child from a non-custodial parent's ESI plan.

(xii) The individual is voluntarily terminated from insurance that does not provide coverage in Utah;

(xiii) The individual is voluntarily terminated from a limited health insurance plan;

(xiv) A child is terminated from a parent's insurance because ORS reverses the forced enrollment requirement due to the insurance being unaffordable.

(b) The eligibility agency will determine the individual's eligibility at the end of the waiting period without requiring a new application.

(i) The agency may request information about changes in the individual's circumstances that may affect eligibility.

(ii) If eligible, enrollment in UPP can begin in the month in which the 90-day ineligibility period ends.

(10) An individual is eligible to enroll in UPP if the individual's prior health insurance coverage expires before the end of the calendar month that follows the month in which the individual applies for UPP, and the individual has access to another employer-sponsored health insurance plan that meets the criteria of an UPP qualified health plan. The UPP enrollment date must be after the prior health insurance coverage ends.

(11) An eligible individual with access to an employer-sponsored health plan who also has creditable health coverage operated or financed by Indian Health Services may enroll in the UPP program.

R414-320-7. Household Composition and Income Provisions.

(1) The department determines household composition and countable household income according to the provisions in R414-304-5.

(2) For an individual to be eligible to enroll, countable MAGI-based income for the individual's household must be equal to or less than 200% of the federal poverty guideline for the applicable household size.

R414-320-8. Budgeting.

(1) The department shall apply the MAGI-based budgeting methodology defined at 42 CFR 435.603(c), (d), (e), (g) and (h).

(2) The eligibility agency determines an individual's eligibility prospectively for the upcoming certification period at the time of application and at each review for continuing eligibility.

(a) The eligibility agency determines prospective eligibility by using the best estimate of the household's average monthly income that is expected to be received or made available to the household during the upcoming certification period.

(b) The eligibility agency shall include in the best estimate, reasonably predictable income expected to be received during the review period, such as seasonal income, contract income, income received at irregular intervals, or income received less often than monthly. The income will be prorated over the review period to determine an average monthly income.

(3) Methods of determining the best estimate are income averaging, income anticipating, and income annualizing. The eligibility agency may use a combination of methods to obtain the best estimate. The best estimate may be a monthly amount that the household expects to receive each month of the certification period, or an annual amount that is prorated over the certification period. The eligibility agency may use different methods for different types of income that a household receives.

(4) The eligibility agency determines farm and self-employment income by using the individual's most recent tax return forms or other verification the individual can provide. If tax returns are not available, or are not reflective of the individual's current farm or self-employment income, the eligibility agency may request income information from the most recent period that the individual had farm or self-employment income. The eligibility agency shall deduct the same expenses from gross income that the Internal Revenue Service allows as self-employment expenses to determine net self-employment income, if those expenses are expected to occur in the future.

R414-320-9. Assets.

An asset test is not required for UPP eligibility.

R414-320-10. Application and Signature.

(1) The provisions of Section R414-308-3 apply to applicants of the UPP program, except for paragraph (9), (10) and the three months of retroactive coverage.

(2) The eligibility agency shall reinstate an UPP case without requiring a new application if the case closes in error.

(3) An applicant may withdraw an application any time before the eligibility agency completes an eligibility decision on the application.

R414-320-11. Eligibility Decisions and Eligibility Reviews.

(1) The department adopts 42 CFR 435.911 and 435.912, October 1, 2013 ed., regarding eligibility determinations.

(2) At application and review, the eligibility agency shall determine whether the individual applying for UPP enrollment is eligible for Medicaid or Refugee Medical.

(a) An individual who qualifies for Medicaid without paying a spenddown or a Medicaid Work Incentive (MWI) premium may not enroll in the UPP program.

(b) An individual who qualifies for Refugee Medical without paying a spenddown may not enroll in the UPP program.

(c) An individual who must pay a spenddown or MWI premium to receive Medicaid or pay a spenddown for Refugee Medical may enroll in UPP if the individual elects not to receive Medicaid or Refugee Medical.

(3) An individual who is open for Medicaid, Refugee Medical, PCN, or CHIP may request to enroll in the UPP program.

(a) A new application form is not required.

(b) The rules in Section R414-320-12 govern the effective date of enrollment.

(c) A new income test must be completed for the individual. If the individual's income places the UPP household over the income limit for UPP, the individual is not eligible to enroll in UPP.

(d) If the individual is moving from PCN or CHIP, the eligibility agency shall waive the open enrollment requirement if there is no break in coverage.

(e) If the individual was previously on UPP, became eligible for Medicaid or Refugee Medical, and requests to reenroll in UPP without a break in coverage, the eligibility agency shall waive the open enrollment period and the requirement in Subsection 414-320-6(2).

(f) If the individual is moving from Medicaid or Refugee Medical and was not previously on UPP, or there has been a break in coverage of one or more months, an adult individual must reapply during an open enrollment period.

(g) For a PCN or CHIP individual who enrolls in an employer-sponsored health plan, the eligibility agency shall waive the requirement found in Subsection 414-320-6(2) if the change is reported within ten calendar days of signing up for coverage or within 10 calendar days after coverage begins, whichever is later.

(h) All other eligibility requirements must be met.

(4) The eligibility agency shall process each application to a decision unless:

(a) the applicant voluntarily withdraws the application and the eligibility agency sends a notice to the applicant to confirm the withdrawal;

(b) the applicant dies;

(c) the applicant cannot be located; or

(d) the applicant does not respond to requests for information within the 30-day application period or by the verification due date, if that date is later.

(5) The eligibility agency shall complete a periodic review of an member's eligibility for medical assistance in accordance with the requirements of 42 CFR 435.916.

(a) The agency may request a member to contact the agency to complete the eligibility review.

(b) The agency shall provide the member a written request for verification needed to complete the review.

(c) The agency shall provide proper notice of an adverse decision.

(d) If the agency cannot provide proper notice of an adverse decision, the agency extends eligibility to the following month to allow for proper notice.

(6) If a member fails to respond to a request to complete the review or fails to provide requested verification to complete the review, the eligibility agency shall end eligibility effective the end of the month for which the agency sends proper notice to the member.

(a) If the member contacts the agency to complete the review or returns requested verification within three calendar months of the closure date, the eligibility agency shall treat such contact or receipt of verification as a new application. The agency may not require a new application form.

(b) The application processing period applies to this request to reapply.

(c) Eligibility can begin in the month the member contacts the agency to complete the review if verification is received within the application processing period.

(d) If the member fails to return the verification timely, but before the end of the three calendar months, eligibility becomes effective the first day of the month in which all verification is provided and the individual is found eligible.

(e) The eligibility agency may not continue eligibility while it makes a new eligibility determination.

(f) During these three calendar months, the eligibility agency shall waive the open enrollment period requirement and the requirement at Subsection R414-320-6(2).

(g) If the member does not respond to the request to complete a review for UPP during the three calendar months immediately following the review closure date, the member must reapply for UPP and meet eligibility criteria.

(7) If the individual files a new application or makes a request to reenroll within the calendar month that follows the effective closure date, when the closure is for a reason other than an incomplete review, the eligibility agency will process the request as a new application and waive the open enrollment period and the requirement found at Subsection R414-320-6(2).

(8) The member must reapply if the case closes for one or more calendar months for any reason other than an incomplete review.

(9) The eligibility agency shall comply with the requirements of 42 CFR 435.1200(e), regarding transfer of the electronic file for the purpose of determining eligibility for other insurance affordability programs.

R414-320-12. Effective Date of Enrollment and Enrollment Period.

(1) Subject to Section R414-320-6, and the limitations in Section R414-306-4, the effective date of enrollment in the UPP program is the first day of the application month.

(a) The effective date of enrollment for a newborn or adopted child is the date of birth or the date of adoption, if the request is made within 30 days of the date of birth or adoption.

(b) If the request to add a newborn or adopted child is made after 30 days of the date of birth or the date of adoption, enrollment is effective on the first day of the month in which the date of request occurs.

(2) An individual who is approved for the UPP program must enroll in the employer-sponsored health plan or COBRA within 30 days of receiving an approval notice from the eligibility agency.

(3) If the applicant does not enroll in the employer-sponsored health insurance plan or COBRA within 30 days of the date that the eligibility agency sends the UPP approval notice, the eligibility agency shall deny the application.

(4) The department may not reimburse the member for premiums before the effective date of enrollment and not before the month in which the member pays a health insurance or COBRA premium. The member must verify the premium payment.

(5) The effective date of enrollment for an individual moving directly from Medicaid, PCN, or CHIP is the first day of the month after eligibility for Medicaid, PCN, or CHIP ends.

(6) The effective date of reenrollment in UPP after the eligibility agency completes the periodic review, is the first day of the month after the review month, or the first day after the due process month. Subsection R414-320-11(5) defines the effective date of reenrollment when the member completes the review process in the three calendar months after the case is closed for incomplete review.

(7) An individual who becomes eligible for UPP is enrolled for a 12-month certification period that begins with the first month of eligibility.

(8) The eligibility agency shall end eligibility before the end of a 12-month certification period for any of the following reasons:

(a) The individual turns 65 years of age;

(b) An enrolled child turns 19 years of age and was covered by the parent's or guardian's health insurance plan;

(c) The individual becomes entitled to receive Medicare;

(d) The individual becomes covered by VA Health Insurance, or fails to apply for VA health system coverage when potentially eligible;

(e) The individual is determined eligible for Medicaid when the household requests a new eligibility determination for any household member;

(f) The individual dies;

(g) The individual moves out of state or cannot be located; or

(h) The individual enters a public institution or an Institution for Mental Disease.

(9) The eligibility agency shall end eligibility if an adult member discontinues enrollment in employer-sponsored insurance or COBRA. The member may switch to the PCN program if the member meets PCN eligibility requirements.

R414-320-13. Change Reporting and Benefit Changes.

(1) Members are required to report changes to the eligibility agency as defined in Subsection R414-320-3(2).

(a) The eligibility agency shall determine the effect of the change and make the appropriate change in the member's eligibility.

(b) The eligibility agency shall send proper notice of changes in eligibility.

(2) An member who fails to report changes or return verification timely must repay any overpayment of benefits for which the member is not eligible to receive.

(3) An eligible household may request enrollment for an individual not enrolled in UPP; the application date for the individual is the date of the request.

(a) A new application form is not required.

(b) The eligibility agency determines the individual's eligibility for UPP in accordance with Section R414-320-11.

(c) The eligibility agency shall determine the effective date of enrollment for individuals in accordance with Section R414-320-12.

(d) The eligibility agency shall waive the requirement found in Subsection R414-320-6(2) if the individual is a newborn or adopted child, and the request to add the child is made within 30 days of the date of birth or adoption.

(e) A new income test must be completed for the individual. If the individual's income places the UPP household over the income limit for UPP, the individual is not eligible to enroll in UPP.

(f) All other eligibility requirements must be met.

(4) If an eligible household requests a new eligibility determination for any household member during the certification period, the eligibility agency shall determine if any enrolled household member is eligible for Medicaid coverage.

(a) An member who is eligible for Medicaid coverage without a cost is no longer eligible for UPP.

(b) An member who must meet a spenddown or MWI premium to receive Medicaid and chooses not to meet the spenddown or MWI premium may remain on UPP.

R414-320-14. Notice and Termination.

(1) The eligibility agency shall notify an applicant or member in writing of the eligibility decision made on the application or the recertification.

(2) The eligibility agency shall end an individual's enrollment upon member request or upon discovery that the individual is no longer eligible.

(3) The eligibility agency shall end an individual's enrollment if the individual fails to complete the periodic review process on time.

(4) The eligibility agency shall notify an member in writing at least ten days before the effective date of an action adversely affecting the member's eligibility. The notice must include:

(a) the action to be taken;

(b) the reason for the action;

(c) the regulations or policy that support an adverse action;

(d) the applicant's or member's right to a hearing;

(e) how an applicant or member may request a hearing; and

(f) the applicant or member's right to represent himself, or use legal counsel, a friend, relative, or other spokesperson.

(5) The eligibility agency need not give 10-day notice of termination if:

(a) the member is deceased;

(b) the member moves out-of-state and is not expected to return; or

(c) the member enters a public institution or institution for mental disease.

R414-320-15. Improper Medical Coverage.

(1) Improper medical coverage occurs when:

(a) an individual receives medical assistance for which the individual is not eligible, including benefits that an individual receives pending a fair hearing or during an undue hardship waiver if the member fails to act as required by the eligibility agency;

(b) an individual receives a benefit or service that is not part of the benefit package for which the individual is eligible;

(c) an individual pays too much or too little for medical assistance benefits; or

(d) the department pays too much or too little for medical assistance benefits on behalf of an eligible individual.

(2) An individual who receives benefits under the UPP program for which the individual is not eligible must repay the department for the cost of the benefits that he receives.

(3) An overpayment of benefits includes amounts paid by the department for medical services or other benefits on behalf of an member or for the benefit of the member during a period that the member is not eligible to receive the benefits.

R414-320-16. Benefits.

(1) The UPP program shall provide members a monthly reimbursement payment for health coverage.

(2) The reimbursement may not exceed the amount that the member pays toward the cost of the employer-sponsored health plan, or COBRA continuation coverage.

(3) The UPP program shall reimburse up to $300 monthly for each eligible adult's medical coverage.

(4) The UPP program shall reimburse up to $180 for each eligible child's medical coverage.

(a) If the employer-sponsored insurance does not include dental benefits, a child shall receive dental-only benefits through CHIP in addition to the medical insurance reimbursement.

(b) If the employer also offers employer-sponsored dental coverage, the applicant may choose to enroll a child in the employer-sponsored dental coverage, in which case, the UPP program will include an additional $20 for each eligible child enrolled.

R414-320-17. Public Health Emergency Provisions.

Utah's Premium Partnership for Health Insurance (UPP) will be administered in accordance with the emergency provisions for Coronavirus (COVID-19) set forth in Section R414-304-17 and Section R414-308-11.

KEY: CHIP, Medicaid, PCN, UPP
Date of Last Change: July 1, 2024
Notice of Continuation: January 25, 2021
Authorizing, and Implemented or Interpreted Law: 26B-3-108; 26B-1-213

State of Utah
Administrative Rule Analysis
Revised May 2025

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R414-1-5**	**Filing ID: OFFICE USE ONLY**
Date of previous publication (only for CPRs):	Click or tap to enter a date.	

Agency Information

1. Title catchline:	Health and Human Services, Integrated Healthcare	
Building:	Cannon Health Building	
Street address:	288 N. 1460 W.	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 143325	
City, state and zip:	Salt Lake City, UT 84114-3325	
Contact persons:		
Name:	**Phone:**	**Email:**
Craig Devashrayee	801-538-6641	cdevashrayee@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:	
R414-1-5. Incorporations by Reference	
3. Are any changes in this filing because of state legislative action?	Changes are not because of legislative action.
If yes, any bill number and session:	HB 1 (2025 General Session), SB 25 (2024 3rd Special Session)
4. Purpose of the new rule or reason for the change:	
Based on an internal review, the Department of Health and Human Services (department) determined it is appropriate to implement by rule Medicaid policy through incorporating by reference the January 2026 version of the Medicaid State Plan and incorporating by reference the January 2026 versions of the agency's Medicaid provider manuals.	
5. Summary of the new rule or change:	
This amendment incorporates by reference the current version of the Medicaid State Plan. It also incorporates by reference current provider manuals into the rule. Changes include the addition of provisions related to Medicaid adult expansion, justice expansion, dental adult expansion, and updates to home and community-based services. This amendment also removes previous incorporations by reference that are no longer applicable. Additionally, this amendment alphabetizes the list of provider manuals incorporated by reference.	

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:
A. State budget:
The Department of Health and Human Services (department) does not expect any fiscal impact on the state budget because this change only updates the version of the incorporated state plan the state currently follows. This amendment does not affect implementation of the state plan. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and Lookup Tool does not create any cost or savings to the department or other state agencies because the changes reflect current policy and do not add to, modify, or remove processes already in place.
B. Local governments:
The department does not expect any fiscal impact on local governments because this change only updates the version of the incorporated state plan the state currently follows. This amendment does not affect implementation. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and Lookup Tool does not create any cost or savings to the department or other state agencies because the changes reflect current policy and do not add to, modify, or remove processes already in place.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

The department does not expect any fiscal impact on small businesses because this change only updates the version of the incorporated state plan the state currently follows. This amendment does not affect implementation. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and Lookup Tool does not create any cost or savings to the department or other state agencies because the changes reflect current policy and do not add to, modify, or remove processes already in place.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

The department does not expect any fiscal impact on non-small businesses because this change only updates the version of the incorporated state plan the state currently follows. This amendment does not affect implementation. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and Lookup Tool does not create any cost or savings to the department or other state agencies because the changes reflect current policy and do not add to, modify, or remove processes already in place.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

The department does not expect any fiscal impact on other persons because this change only updates the version of the incorporated state plan the state currently follows. This amendment does not affect implementation. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and Lookup Tool does not create any cost or savings to the department or other state agencies because the changes reflect current policy and do not add to, modify, or remove processes already in place.

F. Compliance costs for affected persons:

The department does not expect any compliance cost for affected persons, including a single Medicaid provider or member, because this change only updates the version of the incorporated state plan the state currently follows. This amendment does not affect implementation. Further, the rule's incorporation of ongoing Medicaid policy described in the provider manuals and Lookup Tool does not create any cost to the department or other state agencies because the changes reflect current policy and do not add to, modify, or remove processes already in place.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-1-213	Section 26B-3-108	

Incorporation by Reference Information

8. Incorporation by Reference (if this rule incorporates more than two items by reference, please include additional tables)**:**

A. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**

Official Title of Materials Incorporated (from title page)	Utah Medicaid State Plan
Publisher	Centers for Medicare and Medicaid Services
Issue Date	
Issue or Version	2026

B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**

Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Autism Spectrum Disorder Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	January 2026

C. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**

Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Behavioral Health Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	January 2026

D. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**

Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Dental, Oral Maxillofacial, and Orthodontia Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	

E. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**

Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	January 1, 2026

F. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**

Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Home and Community-Based Services Waiver for Individuals with an Acquired Brain Injury

Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	September 2025

G. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Home and Community-Based Services Waiver for Individuals with Physical Disabilities
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	September 2025

H. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Home and Community-Based Services Waiver for Technology Dependent, Medically Fragile Individuals
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	July 2020

I. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Home and Community-Based Waiver Services New Choices Waiver
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	July 2021

J. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Medically Complex Children's Waiver
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	July 2020

K. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Utah Home and Community Based Services Waiver for Individuals with Intellectual Disabilities or Other Related Conditions
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	November 2025

L. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Utah Home and Community-Based Services Waiver for Individuals Age 65 or Older
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare

Issue Date	
Issue or Version	April 2022

M. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Home Health Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	January 2026

N. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Hospice Care Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	January 2026

O. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Hospital Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	January 2026

P. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Housing Related Services and Supports
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	September 2025

Q. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Indian Health Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	November 2025

R. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Integrated Healthcare Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	

Issue or Version	January 2026

S. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Long Term Care Services in Nursing Facilities
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	September 2025

T. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Medical Supplies and Durable Medical Equipment
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	November 2025

U. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Medical Transportation Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	September 2025

V. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Personal Care Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	January 2026

W. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Pharmacy Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	January 2026

X. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Physician Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	January 2026

Y. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Physical Therapy and Occupational Therapy Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	January 2026

Z. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Rural Health Clinics and Federally Qualified Health Centers Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	November 2025

AA. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, School-Based Skills Development Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	January 2026

BB. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Section I: General Information
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	January 2026

CC. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Speech-Language Pathology and Audiology Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	September 2025

DD. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Targeted Case Management for Early Childhood
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	July 2025

EE. This rule adds or updates the following title of material incorporated by reference (a copy of the material

incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Targeted Case Management for Individuals with Serious Mental Illness
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	July 2025

FF. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Vision Care Services
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	November 2025

GG. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*):	
Official Title of Materials Incorporated (from title page)	Utah Medicaid Provider Manual, Women's Services and Family Planning
Publisher	Utah Department of Health and Human Services, Division of Integrated Healthcare
Issue Date	
Issue or Version	March 2025

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.		
A. Comments will be accepted until:		Click or tap to enter a date.
B. A public hearing (optional) will be held (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.):		
Date:	**Time** (hh:mm AM/PM):	**Place** (physical address or URL):
Click or tap to enter a date.		
To the agency: If more than one hearing is planned to take place, continue to add rows.		

10. This rule change MAY become effective on:	Click or tap to enter a date.
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. The office may return incomplete forms to the agency, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.			
Agency head or designee and title:	Tracy S. Gruber, Executive Director	**Date:**	Click or tap to enter a date.

R414. Health and Human Services, Integrated Healthcare.
R414-1. Utah Medicaid Program.
R414-1-5. Incorporations by Reference.

The Department incorporates [~~the January 2018 versions of the following~~]by reference the:[

~~(1) Utah Medicaid State Plan, including any approved amendments, under Title XIX of the Social Security Act Medical Assistance Program;~~

~~(2) Medical Supplies and Durable Medical Equipment Utah Medicaid Provider Manual, as applied in Rule R414-70, and the manual's attachment for Donor Human Milk Request Form;~~

~~(3) Hospital Services Utah Medicaid Provider Manual with its attachments;~~

~~(4) Home Health Agencies Utah Medicaid Provider Manual, and the manual's attachment for the Private Duty Nursing Acuity Grid;~~

~~(5) Speech-Language Pathology and Audiology Services Utah Medicaid Provider Manual;~~

~~(6) Hospice Care Utah Medicaid Provider Manual;~~

~~(7) Long Term Care Services in Nursing Facilities Utah Medicaid Provider Manual with its attachments;~~

~~(8) Personal Care Utah Medicaid Provider Manual;~~
~~(9) Utah Home and Community-Based Waiver Services for Individuals Age 65 or Older Utah Medicaid Provider Manual;~~
~~(10) Utah Home and Community-Based Waiver Services for Individuals with an Acquired Brain Injury Utah Medicaid Provider Manual;~~
~~(11) Utah Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions Utah Medicaid Provider Manual;~~
~~(12) Utah Home and Community-Based Services Waiver for Individuals with Physical Disabilities Utah Medicaid Provider Manual;~~
~~(13) Utah Home and Community-Based Waiver Services New Choices Waiver Utah Medicaid Provider Manual;~~
~~(14) Utah Home and Community-Based Services Waiver for Technology Dependent, Medically Fragile Individuals Utah Medicaid Provider Manual;~~
~~(15) Utah Home and Community-Based Waiver Services Medicaid Autism Waiver Utah Medicaid Provider Manual;~~
~~(16) Office of Inspector General Administrative Hearings Procedures Manual;~~
~~(17) Pharmacy Services Utah Medicaid Provider Manual with its attachments;~~
~~(18) Drug Criteria and Limits Policy;~~
~~(19) Coverage and Reimbursement Code Look-Up Tool found at http://health.utah.gov/stplan/lookup/CoverageLookup.php;~~
~~(20) CHEC Services Utah Medicaid Provider Manual with its attachments;~~
~~(21) Dental, Oral Maxillofacial, and Orthodontia Services Utah Medicaid Provider Manual;~~
~~(22) General Attachments (All Providers) for the Utah Medicaid Provider Manual;~~
~~(23) Indian Health Utah Medicaid Provider Manual;~~
~~(24) Medical Transportation Utah Medicaid Provider Manual;~~
~~(25) Licensed Nurse Practitioner Utah Medicaid Provider Manual;~~
~~(26) Physical Therapy and Occupational Therapy Services Utah Medicaid Provider Manual, and the manual's attachment for Physical Therapy and Occupational Therapy Decision Tables;~~
~~(27) Physician Services Utah Medicaid Provider Manual with its attachments;~~
~~(28) Podiatric Services Utah Medicaid Provider Manual;~~
~~(29) Primary Care Network Utah Medicaid Provider Manual with its attachments;~~
~~(30) Rehabilitative Mental Health and Substance Use Disorder Services Utah Medicaid Provider Manual;~~
~~(31) Rural Health Clinics and Federally Qualified Health Centers Services Utah Medicaid Provider Manual;~~
~~(32) School-Based Skills Development Services Utah Medicaid Provider Manual;~~
~~(33) Section I: General Information Utah Medicaid Provider Manual;~~
~~(34) Targeted Case Management for Individuals with Serious Mental Illness Utah Medicaid Provider Manual;~~
~~(35) Targeted Case Management for Early Childhood (Ages 0-4) Utah Medicaid Provider Manual;~~
~~(36) Vision Care Services Utah Medicaid Provider Manual;~~
~~(37) Medically Complex Children's Waiver Utah Medicaid Provider Manual; and~~
~~(38) Autism Spectrum Disorder Related Services for EPSDT Eligible Individuals Utah Medicaid Provider Manual.~~]

(1) Utah Medicaid State Plan (2026), published by the Centers for Medicare and Medicaid Services, including the Coverage and Reimbursement Code Lookup Tool found at https://medicaid.utah.gov/coverage-and-reimbursement/; and

(2) Utah Medicaid Provider Manuals, published by the Division of Integrated Healthcare under the Utah Department of Health and Human Services, including:

(a) Autism Spectrum Disorder Services, version January 2026;

(b) Behavioral Health Services, version January 2026;

(c) Dental, Oral Maxillofacial, and Orthodontia Services, version January 2026;

(d) Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services, version January 2026;

(e) home and community-based services waivers, including the:

(i) Home and Community-Based Services Waiver for Individuals with an Acquired Brain Injury, version September 2025;

(ii) Home and Community-Based Services Waiver for Individuals with Physical Disabilities, version September 2025;

(iii) Home and Community-Based Services Waiver for Technology Dependent, Medically Fragile Individuals, version July 2020;

(iv) Home and Community-Based Waiver Services New Choices Waiver, version July 2021;

(v) Medically Complex Children's Waiver, version July 2020;

(vi) Utah Home and Community Based Services Waiver for Individuals with Intellectual Disabilities or Other Related Condition, version November 2025; and

(vii) Utah Home and Community-Based Services Waiver for Individuals Age 65 or Older, version April 2022;

(f) Home Health Services, version January 2026, including the manual's attachment for the Private Duty Nursing Acuity Grid;

(g) Hospice Care Services, version January 2026;

(h) Hospital Services, version January 2026, including the manual's attachments;

(i) Housing Related Services and Supports, version September 2025;

(j) Indian Health Services, version November 2025;

(k) Integrated Healthcare Services, version January 2026;

(l) Long Term Care Services in Nursing Facilities, version September 2025, including the manual's attachments;

(m) Medical Supplies and Durable Medical Equipment, version November 2025, as applied in Rule R414-70, including the manual's attachment for Donor Human Milk Request Form;

(n) Medical Transportation Services, version September 2025;

(o) Personal Care Services, version January 2026;

(p) Pharmacy Services, version January 2026, including the manual's attachments;

(q) Physician Services, version January 2026, including the manual's attachments;

(r) Physical Therapy and Occupational Therapy Services, version January 2026;

(s) Rural Health Clinics and Federally Qualified Health Centers Services, version November 2025;

(t) School-Based Skills Development Services, version January 2026;

(u) Section I: General Information, version January 2026, including the general attachments;

(v) Speech-Language Pathology and Audiology Services, version September 2025;

(w) Targeted Case Management for Early Childhood, version July 2025;
(x) Targeted Case Management for Individuals with Serious Mental Illness, version July 2025;
(y) Vision Care Services, version November 2025; and
(z) Women's Services and Family Planning, version March 2026.

KEY: Medicaid
Date of Last Change: [~~February 18, 2025~~]2026
Notice of Continuation: December 13, 2021
Authorizing, and Implemented or Interpreted Law: 26B-1-213; 26B-3-108; [~~26B-8-132;~~]26B-3-1004; 26B-8-132

State of Utah
Administrative Rule Analysis
Revised May 2025

NOTICE OF SUBSTANTIVE CHANGE		
TYPE OF FILING: Amendment		
Rule or section number:	**R414-510**	**Filing ID: OFFICE USE ONLY**
Date of previous publication (only for CPRs):		

Agency Information

1. Title catchline:	Health and Human Services, Integrated Healthcare	
Building:	Cannon Health Building	
Street address:	288 N. 1460 W.	
City, state:	Salt Lake City, UT	
Mailing address:	PO Box 143325	
City, state and zip:	Salt Lake City, UT 84114-3325	
Contact persons:		
Name:	**Phone:**	**Email:**
Craig Devashrayee	801-538-6641	cdevashrayee@utah.gov
Mariah Noble	385-214-1150	mariahnoble@utah.gov
Please address questions regarding information on this notice to the persons listed above.		

General Information

2. Rule or section catchline:	
R414-510. Intermediate Care Facility for Persons with Intellectual Disabilities Transition Program and Education	
3. Are any changes in this filing because of state legislative action?	Changes are not because of legislative action.
If yes, any bill number and session:	
4. Purpose of the new rule or reason for the change:	
Based on internal review, the Department of Health and Human Services (department) has decided it is appropriate update this rule to clarify components of the transition to home and community-based services (HCBS).	
5. Summary of the new rule or change:	
This amendment clarifies existing requirements for program eligibility, responsibilities to inform individuals housed in intermediate care facilities (ICFs) regarding HCBS, and provisions for program capacity based on individual interest in receiving HCBS. Additionally, this amendment makes style and formatting changes to comply with the Rulewriting Manual for Utah and align with other rules under the department.	

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:
A. State budget:
There is no anticipated fiscal impact to the state budget as a result of this filing because these changes are meant to align this rule with existing practices. Department staff working with the intermediate care facility (ICF) transition program already implement the procedures and processes being clarified through this filing, including informing individuals housed in ICFs of their options to transition to home and community-based services (HCBS), enforcing program eligibility requirements, and accounting for individual interest in receiving HCBS as part of program capacity. Additional style and formatting changes do not add to, modify, or remove any processes in the program.
B. Local governments:
There is no anticipated fiscal impact on local governments as they neither fund nor provide services under the Medicaid program.
C. Small businesses ("small business" means a business employing 1-49 persons)**:**
There is no anticipated fiscal impact to small businesses that are ICFs as a result of this filing because these changes are meant to align this rule with existing practices. Department staff working with the ICF transition program already implement the

procedures and processes being clarified through this filing, including informing individuals housed in ICFs of their options to transition to HCBS, enforcing program eligibility requirements, and accounting for individual interest in receiving HCBS as part of program capacity. Additional style and formatting changes do not add to, modify, or remove any processes at ICFs.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

There is no anticipated fiscal impact to non-small businesses that are ICFs as a result of this filing because these changes are meant to align this rule with existing practices. Department staff working with the ICF transition program already implement the procedures and processes being clarified through this filing, including informing individuals housed in ICFs of their options to transition to HCBS, enforcing program eligibility requirements, and accounting for individual interest in receiving HCBS as part of program capacity. Additional style and formatting changes do not add to, modify, or remove any processes at ICFs.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

There is no anticipated impact to other persons as a result of this filing because any changes in this filing only affect ICFs, which are exclusively small and non-small businesses, and ICF transition programs.

F. Compliance costs for affected persons:

There is no anticipated compliance cost for affected persons. Department staff working with the ICF transition program already implement the procedures and processes being clarified through this filing, including informing individuals housed in ICFs of their options to transition to HCBS, enforcing program eligibility requirements, and accounting for individual interest in receiving HCBS as part of program capacity. Additional style and formatting changes do not add to, modify, or remove any processes at ICFs.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

Regulatory Impact Summary Table

Fiscal Cost	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2026**	**FY2027**	**FY2028**	**FY2029**	**FY2030**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-1-213	Section 26B-3-108	Section 26B-6-402

Incorporation by Reference Information

8. Incorporation by Reference (if this rule incorporates more than two items by reference, please include additional tables)**:**

A. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

Public Notice Information

9. The public may submit written or oral comments to the agency identified in box 1.		
A. Comments will be accepted until:		
B. A public hearing (optional) will be held (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.)**:**		
Date:	**Time** (hh:mm AM/PM)**:**	**Place** (physical address or URL)**:**
To the agency: If more than one hearing is planned to take place, continue to add rows.		

10. This rule change MAY become effective on:	
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. The office may return incomplete forms to the agency, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.			
Agency head or designee and title:	Tracy S. Gruber, Executive Director	**Date:**	

R414. Health and Human Services, Integrated Healthcare.
R414-510. Intermediate Care Facility for Persons with Intellectual Disabilities Transition Program and Education.
R414-510-3. Eligibility Requirements for the Transition Program.

(1) Waiver services are available to an individual who:
(a) receives ICF benefits under the Medicaid State Plan;
(b) has been diagnosed with an intellectual disability or a related condition;
(c) meets ICF level-of-care criteria defined in Section R414-502-8;
(d) meets state funding eligibility criteria for DSPD found in Subsection 26B-6-402(6); and
(e) has at least a 365-day[~~12 month~~] length-of-stay in one, or any combination of, the following within the state:[~~any~~]
(i) a Medicaid-certified[~~, privately owned~~] ICF;[~~or nursing facility located in the state.~~]
(ii) a nursing facility;
(iii) a hospital; or
(iv) a 1915(c) HCBS waiver program.
(2) The department may allow[~~s~~] [~~break in stay~~]an exception[~~s~~] to the requirements in Subsection (1)(e) if[~~for~~]:
[~~(a) inpatient hospitalization;~~
~~(b) admission to a nursing facility; or~~
~~(3) The department may also allow break in stay exceptions:~~]
([~~e~~]a) [~~due to the~~]there is a closure of an ICF where an individual resides;
(b) an individual mutually consents to transition into HCBS to the same residential provider with a sibling residing in an ICF who meets the 365-day length-of-stay requirement;
(c) a physician finds that continued ICF placement would exacerbate an individual's physical condition and a nurse with the department assesses that HCBS is appropriate through a health need assessment;
(d) a licensed mental health professional finds that continued ICF placement would exacerbate an individual's mental health

condition and a nurse with the department assesses that HCBS is appropriate through a health heed assessment;

(e) Adult Protective Services (APS), Child Protective Services (CPS), the Office of Licensing (OL), or law enforcement substantiate evidence of abuse, neglect, or exploitation of an individual who resides in an ICF;

(f) a transition program employee within the department assesses that abuse, neglect, or exploitation occurred through a reasonable person standard that requires:

(i) direct observation; and

(ii) findings of facts that define abuse, neglect, or exploitation; or

(g) an individual mutually consents to transition into HCBS to the same residential provider with another individual who:

(i) has already met the 365-day length-of-stay requirement;

(ii) has an agreement with the individual that communicates a special bond or relationship; and

(iii) the preferred HCBS residential provider cannot hold an available placement to accommodate the individual who has not yet met the 365-day length-of-stay requirement.

[~~(a) due to substantiated findings of abuse; and~~

~~(b) neglect or exploitation of an individual that occurred while residing in the current ICF.~~]

([4]3) To request an [~~length of stay~~]exception for [~~the~~]a reason[~~s~~] [~~noted~~]in Subsections ([~~3~~]2)(b) through (g)[~~(a)(b)~~], an individual or representative shall submit a written request to the department [~~and~~]with [~~include~~]the rationale for the request, including the anticipated risk if the individual remains in the ICF.

([~~5~~]4) [~~T~~]Within ten business days of receiving the request, the department shall provide a written determination [~~to~~]of approval[~~e~~] or denial, made in concurrent agreement with the administrators responsible for waiver oversight at DIH and DSPD[~~y the request within ten business days of receiving it~~].

R414-510-4. Department Responsibilities to Provide HCBS Education to Individuals Who Reside in ICFs.

(1) EI staff shall:

(a) provide ongoing HCBS education, as described in Subsections (2) through (5), to each individual residing in an ICF[~~residents and shall:~~];

([~~a~~]b) display transition program and staff contact information in conspicuous locations within each ICF;

([~~b~~]c) hold a recurring meeting[~~s~~] at least four times a year [~~with~~]available to every ICF resident[~~s~~], guardian[~~s~~], [~~or~~]and representative[~~s~~] that informs each attendee about the option to:[~~;~~]

([e]i) [~~provide opportunities for ICF residents, guardians, or representatives to~~]visit an HCBS setting[~~s~~];[~~ and~~]

([~~d~~]ii) [~~provide opportunities for ICF residents, guardians, or representatives to~~]receive support from a peer[~~s~~] who ha[~~ve~~]s experience[~~d~~] moving from an ICF to HCBS; and

(iii) request a meeting with a peer; and

(d) upon the request of an individual, guardian, or representative, arrange a meeting between any requestor and a peer.

(2) EI staff shall provide education about the transition program and HCBS in [~~multiple~~]a way[~~s~~] that is[~~and in a manner~~] responsive to each [~~person~~]individual's method of communication[~~. Examples~~], which may include:

(a) in-person discussion[~~s~~];

(b) communication by telephone or email;

(c) one-on-one or group discussion[~~s~~]; and

([~~e~~]d) interaction[~~s~~] in a community-based setting[~~s;~~], including a:

(i) visit to an HCBS setting;

(ii) meeting with a peer who has experience moving from an ICF to HCBS; and

(iii) discussion with an HCBS provider[~~and~~

~~(d) communication by telephone or through email~~].

(3) EI staff shall provide educational materials including through print or another medium[~~s~~].

(4) As EI staff provide ongoing HCBS education [~~about HCBS~~]to any individual[~~s~~] without a guardian[~~s,~~]:

(a) the individual may invite anyone to participate in the decision-making process to express whether the individual wants to participate in the transition program;

(b) EI staff shall work with the individual and anyone participating in the process; and[~~ the individual invites to participate to express whether the individual wants to participate in the transition program.~~]

(c) [~~At each interval, ~~]EI staff shall document and act upon the individual's decision at each interval.

(5)[~~(a)~~] As EI staff provide ongoing HCBS education[~~ about HCBS is provided~~] to any individual[~~s~~] with a guardian[~~s~~], EI staff shall work with the individual and the guardian on the decision-making process[~~and the individual~~].

(a) If the guardian has decision-making authority on where the individual lives, EI staff shall rely on the decision rendered by the guardian regarding whether [~~the guardian wants~~]the individual [~~to~~]will participate in the transition program.

(b) If the guardian's decision conflicts with the expressed interest of the individual, the transition worker shall:

(i) confirm the guardian's authority to make health care decisions;

(ii) request a meeting with the guardian to discuss the individual's expressed interest in accordance with Subsection 75-5-312(1)(e); and

(iii) provide the guardian with a copy of the department letter [~~to guardians~~]about involvement of the ward in decision-making to the extent possible[~~,~~] and the responsibility of the guardian to [~~take into account~~]consider the preferences of the individual.

([~~6~~]c)(i) EI staff shall inform each individual[~~s~~] [~~or~~]and guardian[~~s~~] that the[~~y~~] individual or guardian may express interest in participating in the transition program:

(A) at any time; and

(B) in writing[~~,~~] or by any other means through which a reasonable person would believe that the individual is interested in living in the community.[~~ Interest may be expressed at any time before or after EI staff contact the individual or their guardian, and t~~]

(ii) The individual or guardian retains the right to change [~~a~~]the decision at any time.

(6) If an ICF administrator or employee discourages an individual, guardian, or representative, the department shall review the event and respond with an individualized approach to correct any misinformation the ICF administrator or employee may have provided, consistent with Subsection R414-510-5(5).

R414-510-7. Categorizing Interest in the Transition Program.

(1)(a) The department shall inform an individual or guardian that the[~~y~~] individual or guardian may express interest in receiving HCBS:

(i) at any time[-]; and

(ii) in writing[~~,~~] or by any other means responsive to the individual's method of communication and through which a reasonable person would believe that the individual is interested in living in the community.

(b) [~~Interest may be expressed at any time before or after EI staff make direct contact with the individual or guardian, and t~~]The individual or guardian retains the right to amend the choice at any time.

(c) The department designates an individual's expression of interest into the following categories:

([~~1~~]a) interest in moving to HCBS;

([~~2~~]b) interest in learning more about HCBS;

([~~3~~]c) undecided;

([~~4~~]d) no interest in learning more about or moving to HCBS[~~; and~~

~~(5) unable to determine interest~~].

(2) Based on an individual's expression of interest in receiving HCBS, the department shall review the capacity of the Community Transitions Waiver and make efforts to increase capacity to address the interest.

KEY: Medicaid
Date of Last Change: [~~January 1, 2024~~]2026
Notice of Continuation: September 14, 2021
Authorizing, and Implemented or Interpreted Law: 26B-3-108; 26B-6-402[~~; Title 75, Chapter 2a~~]