

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 1 - SINGLE STATE AGENCY ORGANIZATION (Continued)

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medicaid Advisory Committee in the review of marketing materials. The State does not allow marketing as defined in 438.104(a).

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SECTION 1 - SINGLE STATE AGENCY ORGANIZATION (Continued)

Citation	1.5 <u>Pediatric Immunization Program</u>
1928 of the Act	<p>(1) The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.</p> <p>(a) The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.</p> <p>(b) The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.</p> <p>(c) With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.</p> <p>(d) The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.</p> <p>(e) The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.</p> <p>(f) The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.</p> <p>(g) Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.</p>

T.N. # 94-014

Approval Date 8-31-94

Supersedes T.N. # New

Effective Date 7-1-94

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SECTION 1 - SINGLE STATE AGENCY ORGANIZATION (Continued)

Citation 1.5 Pediatric Immunization Program (Continued)

1928 of the Act

- (2) The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
- (3) The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
- (4) The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:
 - State Medicaid Agency
 - X State Public Health Agency

T.N. # 94-014

Approval Date 8-31-94

Supersedes T.N. # New

Effective Date 7-1-94

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SECTION 1 - SINGLE STATE AGENCY ORGANIZATION (Continued)

1.6 Tribal Consultation Requirements (Continued)

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian health programs or Urban Indian organizations furnish health care services to establish a process for the single state agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal Organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

The single state agency and Utah Medicaid utilize an established model to seek advice on a regular, ongoing basis from Utah Tribal governments, IHS and the Urban Indian Organization (UIO). The three key components of the model are the Utah federally recognized tribal consultation policy, the Utah Indian Health Advisory Board (UIHAB), and the Indian Health Liaison/Health Policy Consultant for the single state agency.

The tribal consultation policy for the single state agency is the framework for how the State, Tribal governments, the UIO, the single state agency, and Medicaid communicate regarding all health issues. This policy is signed by all Utah Tribal leadership, the Governor, the executive director of the single state agency, and the UIO. The policy delineates the responsibilities of the single state agency, UIHAB, and the Indian Health Liaison for the single state agency.

T.N. # 25-0002

Supersedes T.N. # NEW

Approval Date: August 28, 2025

Effective Date: July 1, 2025

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SECTION 1 - SINGLE STATE AGENCY ORGANIZATION (Continued)

1.6 Tribal Consultation Requirements (Continued)

UIHAB is comprised of appointed health representatives from all eight Tribal governments, IHS and the UIO in Utah. In addition, UIHAB has representation from three Indian health services area offices providing services to American Indian/Alaska Natives (AI/AN) in Utah, Albuquerque, Navajo, Phoenix. This board meets monthly and is facilitated by the Indian Health Liaison for the single state agency. The meeting has several standing agenda items that include Medicaid, CHIP, state plan amendments (SPAs), and rulemaking. Medicaid shall present all SPAs and waivers to the board. The items or updates are presented to the board as the initial step in the consultation process. If UIHAB or any individual Tribe feels the need for further consultation specific to the issue at hand, formal request is made (as noted in consultation policy) and a separate consultation meeting is scheduled specific to that issue. If there are no impacts noted from UIHAB representatives, no further discussion is required.

The Indian Health Liaison for the single state agency schedules and facilitates UIHAB meetings, tracks information and requests, ensures there are appropriate meeting minutes, and coordinates with the UIHAB Executive Committee to set the agenda. The Indian Health Liaison reports on a quarterly basis to the Utah tribal leaders on issues that include health care access, barriers to care or services, improvements, projects, data, policy initiatives and updates, and other UDOH business impacting tribal and Urban Indian communities.

If additional consultation is requested, the liaison works with the single state agency and the Tribe requesting consultation to plan and carry out a consultation meeting. The liaison documents any steps taken and sends out final documentation to the single state agency and the Tribe.

T.N. # 25-0002

Supersedes T.N. # NEW

Approval Date: August 28, 2025

Effective Date: July 1, 2025

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1.6 Tribal Consultation Requirements (Continued)

Medicaid contacted the Indian Health Liaison in April 2010 for guidance on the best process to inform Utah Tribal and Urban Indian Organization representatives of this new consultation requirement for Medicaid and CHIP. The Indian Health Liaison informed the UIHAB Executive Committee, which then approved the request for standing agenda items for Medicaid and the CHIP State Plan. The Indian Health Liaison placed the new standing agenda item on the agenda for the July 2010 UIHAB meeting.

T.N. # 25-0002
Supersedes T.N. # NEW

Approval Date: August 28, 2025
Effective Date: July 1, 2025