

## UTAH

*This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.*

### **Types of Facilities**

*Mental Health (MH) and Substance Use Disorder (SUD):* Utah regulates Residential Treatment Programs. These are for four or more people and there are specific residential treatment programs for MH and for specialized SUD treatment services.

*Substance Use Disorder (SUD):* Utah regulates Social Detoxification Programs where individuals are assisted in acquiring the sobriety and a drug free condition necessary for living in the community and the program places an emphasis on helping the individual obtain further care after detoxification. This service is short-term and non-medical.

*Unregulated Facilities:* State staff indicate that there are no unregulated residential treatment facilities in Utah. We exclude from this summary the level of care described in LOCUS 6A, High Intensity, Acute Medically Managed Residential Programs, because Utah regards them as inpatient psychiatric specialty hospitals. We also exclude the Residential Support category of care which expressly does not include treatment as a necessary component and the Recovery Residence category of care which expressly is not residential treatment. In addition, DSAMH has established certification requirements for residential treatment programs that serve individuals involved in the criminal justice system; these are excluded as outside the scope of this summary.

### **Approach**

The Utah Department of Human Services (DHS) takes the lead on regulating residential treatment providers in Utah. The DHS Office of Licensing (the Office) has authority for health and safety regulations for Residential Treatment Programs. The DHS Division of Substance Abuse and Mental Health (DSAMH) establishes standards for Residential Treatment Programs that receive public funds from DHS.

### **Processes of Licensure or Certification and Accreditation**

*Mental Health (MH) and Substance Use Disorder (SUD):* Licensure by the Office is required for operation.

- Accreditation is not required, but the Office may adopt a written inspection report from a local government, certifying, contracting, or accrediting entity to assist in a determination whether a licensee has complied with a licensing requirement.
- Inspection is required at application and at least annually to monitor compliance or to gather information for licensure and renewal.
- A Certificate of Need is not required for operation.
- Initial licenses are typically one year, although programs may apply for a two-year license under certain circumstances.

### **Cause-Based Monitoring**

*Mental Health (MH) and Substance Use Disorder (SUD):* The Office may conduct as many announced, or unannounced inspections as deemed necessary to monitor compliance, investigate alleged violations, monitor corrective action plans or penalty compliance, or to gather information for license renewal. The Office shall provide written findings to the Program identifying areas of non-compliance with licensing requirements after each on-site inspection. When the Office finds evidence of violations of statute or rule, the Office shall do one of the following: (a) provide written notification of the violation requiring the licensee to correct violation(s) with no formal follow-up; or (b) provide written notification of violation and request a licensee to submit a corrective action plan in response to a written notification of a violation.

### **Access Requirements**

*Mental Health (MH) and Substance Use Disorder (SUD):* Wait-time requirements were not found. Service providers contracted with the Division and County Local Authority programs may not deny entry or remove from treatment a person testing positive for drugs or alcohol solely for positive drug tests.

### **Staffing**

*Mental Health (MH) and Substance Use Disorder (SUD):* All residential treatment programs must have written personnel policies and procedures. Programs must have a director, appointed by the governing body, who shall be responsible for management of the program and facility. The director or designated management person shall be available at all times during operation of program. Treatment must be provided or supervised by professional staff, whose qualifications are determined or approved by the governing body, in accordance with state law. The governing body shall ensure that all staff are certified and licensed as legally

required. The program shall have access to a medical clinic or a physician licensed to practice medicine in the State of Utah. Programs shall follow a written staff to consumer ratio, which shall meet specific consumer and program needs. Staff members shall be trained in all policies of the program and shall have completed and remain current in a certified first aid and CPR, such as or comparable to American Red Cross.

In addition, service providers contracted with the Division and County Local Authority programs are required to have qualified staff licensed and capable of assessing individuals for both MH and SUDs.

*Substance Use Disorder (SUD):* Social detoxification programs must have an employed manager who is responsible for the day to day resident supervision and operation of the facility. The responsibilities of the manager shall be clearly defined. Whenever the manager is absent there shall be a substitute available. Professional staff shall include at least one of the following individuals who have received training to work with substance abusers: (1) a licensed physician, or a consulting licensed physician; (2) a licensed mental health therapist, or a consulting licensed mental health therapist; (3) a licensed psychologist or consulting licensed psychologist; or (4) a licensed substance abuse counselor or unlicensed staff who work with substance abusers shall be supervised by a licensed clinical professional. The program shall have a staff person trained by a certified instructor in standard first aid and CPR, on duty with the consumers at all times.

## **Placement**

*Mental Health (MH) and Substance Use Disorder (SUD):* Residential treatment programs must perform an intake evaluation. In emergency situations which necessitate immediate placement, the intake evaluation shall be completed within seven days of admission.

In addition, service providers contracted with the Division and County Local Authority programs are subject to regulations regarding mental health screening and mental health and substance use assessments, the latter of which relies on modified ASAM Patient Placement Criteria dimensions. Based on the screening and assessment, the assessor shall make recommendations regarding the needed level of care and services to address the identified clinical needs. The levels of care and array of services shall be based on the ASAM or equivalent Mental Health criteria.

*Substance Use Disorder (SUD):* Social detoxification programs may not admit those who are currently experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious. The program shall complete a preliminary screening when an individual presents for service to determine appropriateness for social model detoxification. The intake evaluation is completed within seven days.

## **Treatment and Discharge Planning and Aftercare Services**

*Mental Health (MH) and Substance Use Disorder (SUD):* For Residential Treatment Programs, treatment planning is required, should be developed within 30 days of admission, and be updated as often as required in the plan. Discharge planning also is required. The plan shall include the reason for discharge or transfer and provisions for aftercare planning.

Providers contracted with the Division and County Local Authority programs require development of an individualized treatment plan that identifies a comprehensive set of tools and strategies that address the client's identifiable strengths as well as their problems and deficits. Substance use disorder treatment plans should be based on the six ASAM Patient Placement Dimensions and address critical areas identified in each dimension. Mental Health Recovery Plans shall be organized in a similar manner. Upon discharge, recommendations for ongoing services include the extent to which established goals and objectives were achieved, what ongoing services are recommended, and a description of the individual's recovery support plan. Treatment programs must work with individuals to identify needed and desired recovery supports and ensure that: (a) Participation in recovery support shall be voluntary; and (b) Whenever possible, individuals are encouraged and given a choice of potential recovery support services and a choice of programs. Services such as case management, housing, employment training, transportation, childcare, healthcare, peer support and other social supports shall be strongly considered and implemented if appropriate before, during and after the completion of acute treatment services.

*Substance Use Disorder (SUD):* In social detoxification programs, once the client has completed the acute detoxification period as demonstrated by reasonable physical and psychological stability, case managers will conduct an evaluation to determine the treatment referral.

## **Treatment Services**

*Mental Health (MH) and Substance Use Disorder (SUD):* Residential Treatment Programs offer “room and board and provide for or arrange for the provision of specialized treatment, rehabilitation or habilitation services for persons with emotional, psychological, developmental, or behavioral dysfunctions, impairments, or chemical dependencies. In residential treatment programs, consumers are assisted in acquiring the social and behavioral skills necessary for living independently in the community.”

Service providers contracted with the Division and County Local Authority programs are subject to additional treatment regulations including but not limited to: (1) Treatment intensity, duration and modality for: (a) Substance use disorders shall be based on the current ASAM criteria; and (b) Mental health disorders shall be determined by the clinical assessment process and medical necessity. (2) Treatment programs shall: ... (b) Develop strategies to screen for, prevent, and refer to treatment adults with serious chronic conditions such as, but not limited

to, HIV/AIDS, Hepatitis B and C, and tuberculosis; (c) Ensure that assessment is an ongoing component of treatment; (d) Diagnose, treat or ensure treatment for co-occurring conditions; (e) Ensure treatment participation and length shall be of sufficient dosage/duration to affect stable behavioral change and long term recovery supports; ... (g) Provide comprehensive treatment services that includes but is not limited to: (i) Developmentally appropriate and informed treatments; (ii) Recognition of gender, cultural, linguistic, and other individual differences in the treatment approach; (iii) Ensuring all individuals with alcohol and/or opioid disorders are educated and screened for the potential use of medication-assisted treatment; (iv) Monitoring drug use through drug testing and other means; (v) Individuals testing positive for drugs or alcohol shall not be denied entry or removed from treatment from a program solely for positive drug tests; (vi) All public substance use providers, including the Local Substance Abuse Authorities and their contracted providers shall comply with all Division Directives for Drug testing; (vii) As appropriate and with consent, involve families and support persons in the treatment and recovery process; and (viii) Provide Naloxone education, training and assistance to individuals with opiate use disorders and when possible to their families, friends, and significant others.

*Substance Use Disorder (SUD):* Social Detoxification Programs offer “room, board and specialized rehabilitation services to persons who are in an intoxicated state or withdrawing from alcohol or drugs. In social detoxification, individuals are assisted in acquiring the sobriety and a drug free condition necessary for living in the community and the program places an emphasis on helping the individual obtain further care after detoxification.”

## **Patient Rights and Safety Standards**

*Mental Health (MH) and Substance Use Disorder (SUD):* Consumer rights include but are not limited to privacy, freedom from harm, grievance and complaint procedures, freedom from discrimination, dignity, communication, and to be informed of rights. In addition, no management person shall authorize or use, and no staff member shall use any method designed to humiliate or frighten a consumer, or physical restraint, other than passive physical restraint. Passive physical restraint shall be used only as a temporary means of physical containment to protect the consumer, other persons, or property from harm. Passive physical restraint shall not be associated with punishment in any way.

Service providers contracted with the Division and County Local Authority programs have additional obligations regarding rights of individuals participating in their services including but not limited to the right to informed consent and rights regarding medication-assisted treatment.

## Quality Assurance or Improvement

*Mental Health (MH) and Substance Use Disorder (SUD):* All programs shall have a written quality assurance plan, and implementation of the plan shall be documented.

## Governance

Mental Health (MH) and Substance Use Disorder (SUD): For all programs, the governing body shall be one of the following: (1) A Board of Directors in a non-profit organization. (2) Commissioners or appointed officials of a governmental unit. (3) Board of Directors or individual owner or owners of a for-profit organization. The governing body must ensure program policy and procedure compliance.

## Special Populations

*Mental Health (MH) and Substance Use Disorder (SUD):* Programs providing MH and SUD treatment services with public funds (federal, state, and local match) shall comply with the priorities listed below. The Division shall regularly seek and receive input from the Utah Behavioral Health Planning and Advisory Council on priorities for services.

- MH services provided with public funds shall provide services based on immediacy of need and severity of the mental illness. Priority may also be given to under-served age groups as appropriately demonstrated through needs studies. (a) Effective and responsive crisis intervention, suicide prevention, assessment, direct care, and referral program available to all citizens. (b) Provision of the least restrictive and most appropriate treatment and settings for: (i) Children, youth, and adults with severe mental illness; (ii) Children, youth, and adults with acute mental illness; and (iii) Children, youth and adults who are receiving services from other divisions within the Department of Human Services. (c) Provisions of services to children with emotional disabilities, youth and aged citizens who are neither acutely nor severely mentally ill, but whose adjustment is critical for their future as well as for society in general. (d) Provision of services to emotionally disabled adults who are neither acutely nor severely mentally ill, but whose adjustment is critical to their personal quality of life as well as for society in general. (e) Provision of consultation, education and preventive mental health services targeted at high risk groups.
- SUD treatment services provided with public funds (federal, state, and local match) shall provide priority admission to the following populations (in order of priority): (a) Pregnant females who use drugs by injection; (b) Pregnant females who use substances; (c) Other persons who use drugs by injection; (d) Substance using females with dependent children and their families, including women who are attempting to regain custody of their

children; and (e) All other clients with a substance use disorder, regardless of gender or route of use. Treatment of those with co-occurring disorders also is a priority of the publicly-funded treatment system.

## **Location of Regulatory and Licensing Requirements**

Department of Human Services<sup>1,2</sup>; Local MH Authorities and Local SA Authorities regulations<sup>3</sup>.  
Regulatory data collected September 27, 2019.

## **Other Information Sources**

S. Long and P. Bennett (DSAMH); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

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<sup>1</sup> See <https://rules.utah.gov/publicat/code/r501/r501.htm>.

<sup>2</sup> See <https://rules.utah.gov/publicat/code/r523/r523-004.htm>.

<sup>3</sup> See <https://rules.utah.gov/publicat/code/r523/r523-002.htm#T1>.

# UTAH MEDICAID

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## Approach

The Utah Department of Health (DOH) oversees the state Medicaid program. Utah also has a Section 1115 waiver that permits reimbursement of short term SUD treatment and co-occurring mental health treatment services to individuals aged 21-64 years in residential treatment facilities that qualify as an Institution for Mental Disease (IMD). Utah also has historically relied on the in lieu of provision to reimburse certain services in IMDs but not Disproportionate Share Hospital (DSH) payments.

## Types of Facilities

*Mental Health (MH) and Substance Use Disorder (SUD):* Pursuant to the Section 1115 waiver, residential crisis stabilization is available in IMDs.

*Mental Health (MH):* Researchers found no other evidence of Medicaid reimbursement for adult residential MH treatment services, other than co-occurring services pursuant to the Section 1115 SUD waiver.

*Substance Use Disorder (SUD):* Pursuant to the Section 1115 waiver, expenditures may be reimbursed for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for SUD who are short-term residents in facilities that meet the definition of an IMD. Expenditures for services in the following residential ASAM levels of care are permitted under the state plan for non-IMDs and under the waiver for IMDs: Level 3.1. Clinically Managed Low-Intensity Residential Treatment Services; Level 3.3. Clinically Managed Population-Specific High Intensity Residential Treatment Services; Level 3.5. Clinically Managed High-Intensity Residential Treatment Services; and Level 3.7 Medically Monitored Intensive Inpatient Services. Pursuant to the Section 1115 waiver, Level 3.2-WM. Clinically Managed Residential Withdrawal will be reimbursed as part of a pilot in Salt Lake County. Medication-assisted treatment (MAT) is to be provided in these settings.



## Processes of Medicaid Enrollment

*Mental Health (MH) and Substance Use Disorder (SUD):* Before enrolling as a provider in Utah Medicaid, providers must have a signed Provider Agreement with Utah Medicaid. All providers on a PMHPs provider panel must also be enrolled directly with the Utah Medicaid program. In addition, the provider is credentialed by the plan and enters a contract with the PMHP. Revalidation of provider enrollment is required no less than every five years. The state Medicaid program may sanction providers. State licensure is required.

*Substance Use Disorder (SUD):* Pursuant to the Section 1115 implementation plan, Utah Medicaid will have a process established to certify private residential treatment facilities based on ASAM criteria who may provide services to Medicaid fee for service members. All participating residential facilities must be licensed.

## Staffing

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding credentials of staff for residential treatment settings. The state must conduct an assessment of the availability of providers in the key levels of care throughout the state, or in the regions of the state participating under this demonstration, including those that offer MAT.

The state is working to expand education about trauma-informed care in SUD treatment.

- Where clinically managed residential withdrawal services are reimbursed, they must be provided by the following practitioners in a residential facility that is licensed by the Utah Office of Licensing to provide withdrawal management services: (a) Licensed Clinical Social Workers (LCSW); (b) Registered Nurses; (c) Certified Recovery Assistants; (d) Master's Degree-level Mental Health Clinicians; (e) Certified Case Managers; and (f) Certified Peer Support Specialists.

## Placement

*Substance Use Disorder (SUD):* Pursuant to the Section 1115 waiver, the state must establish a requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools, such as the American Society of Addiction Medicine (ASAM) Criteria or other assessment and placement tools that reflect evidence-based clinical treatment guidelines. The state also must establish a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are

appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings. Placements will be determined based on the ASAM criteria.

- Participants in the Salt Lake County Clinically Managed Residential Withdrawal Pilot must be age 18 and older, reside in Salt Lake County, have a Physician or Licensed Practitioner of the Healing Arts determine the beneficiary demonstrates moderate withdrawal signs and symptoms, have a primary diagnosis of opioid use disorder (OUD) or another SUD, and require round-the-clock structure and support to complete withdrawal and increase the likelihood of continuing treatment and recovery.

## **Treatment and Discharge Planning and Aftercare Services**

*Substance Use Disorder (SUD):* Treatment for participants in the Salt Lake County Clinically Managed Residential Withdrawal Pilot must be in accordance with an individualized plan of care. The pilot may offer, among other services, discharge services to prepare the beneficiary for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to treatment resources in the community.

## **Treatment Services**

*Substance Use Disorder (SUD):* Under the Section 1115 waiver, beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from acute withdrawal management to on-going chronic care for these conditions in cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions. In addition to current licensing requirements, pursuant to the Section 1115 waiver, the state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding in particular the types of services and hours of clinical care for residential treatment settings. The state must establish a requirement that residential treatment providers offer MAT on-site or facilitate access to MAT off-site.

The state is working to infuse trauma-informed care into SUD treatment.

The state Medicaid program specifies the following regarding services:

- Level 3.1 Clinically managed low-intensity residential treatment services: at least 5 hours of clinical service/week, MAT, and transitional case management (TCM).

- Level 3.2-WM Clinically managed residential withdrawal management: 24-hour support to complete withdrawal management.
- Level 3.3. Clinically Managed Population-Specific High Intensity Residential Services: MAT, TCM.
- Level 3.5 Clinically managed high-intensity residential services: MAT, TCM.
- Level 3.7 Medically monitored intensive inpatient services: 24 hour nursing care with physician availability. 16 hour/day counselor availability, MAT, TCM.
  - The Salt Lake County Clinically Managed Residential Withdrawal Pilot may include the following services: Assessment; Observation; Medication Services; Psychoeducation; and Discharge Services.

## Care Coordination

*Substance Use Disorder (SUD):* Under the Section 1115 waiver, beneficiaries will have improved care coordination and care for comorbid physical and mental health conditions. The state must ensure establishment and implementation of policies to ensure residential facilities link beneficiaries with community-based services and supports following stays in these. Pursuant to the SUD implementation plan, Utah will add an addendum to the Utah Provider agreement for enrolled residential treatment providers that outlines a specific requirement that the provider is responsible to assure appropriate transitions of care either by providing this service directly or coordinating the provision of this service with another provider. The implementation plan also calls for Utah to amend Medicaid Provider Manual for Targeted Case Management for Individuals with Serious Mental Illness to include Substance Use Disorder and to amend the Utah Provider Manual for Hospital services. Both manuals will clearly state the requirement for residential and inpatient treatment facilities to coordinate and facilitate transition of Medicaid member to community based services and supports following a stay at a facility. Similar requirements will be added to the language in its Prepaid Mental Health Plan (PMHP) contracts.

## Quality Assurance or Improvement

*Substance Use Disorder (SUD):* Pursuant to the Section 1115 waiver, the state must establish a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM Criteria or other nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for types of services, hours of clinical care, and credentials of staff for residential treatment settings.

## Special Populations

*Substance Use Disorder (SUD)*: No Medicaid requirements were located other than the requirement in the Section 1115 waiver that care for comorbid physical and mental health conditions be improved by the demonstration.

## Location of Medicaid Requirements

Utah Medicaid Rules and Regulations<sup>4</sup>; Utah Website Provider Enrollment Forms<sup>5</sup>; Utah 1115 Waiver<sup>6</sup>. Regulatory data collected December 2019.

## Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report “**State Residential Treatment for Behavioral Health Conditions: Regulation and Policy**”. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

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<sup>4</sup> See <https://rules.utah.gov/publicat/code/r414/r414-01.htm>.

<sup>5</sup> See <https://medicaid.utah.gov/provider-enrollment-forms/>.

<sup>6</sup> See <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ut/ut-primary-care-network-ca.pdf>.