DHS Descriptions:

DCFS/ JJS	High cost clients in DCFS custody are clients placed in residential placement settings to address their high needs while keeping them safe. These high needs being addressed mainly consist of high behavioral and mental disorders as well as can pair with physical disabilities. These placements are maintained and operated by community providers who specialize in treating and stabilizing these high risk youth. There were only a few JJS clients who had costs exceeding $100,000. Clients receive a wide variety of services from JJS including community residential services such as a group or proctor homes or independent living for youths transitioning out of services, detention services, crisis counseling, short term residential services, and observation and assessment.
USDC	The USDC is an intermediate care facility for people with developmental disabilities (ICF/DD). Inside the DSPD system of care, the USDC is the provider of last resort for the state's individuals with developmental disabilities that have the greatest behavioral and/or medical needs. The majority of the individuals residing at the USDC have at one time of another been included in the DSPD waiver system, but could not be successfully supported in a less restrictive and less costly environment. The USDC's daily rate is inclusive of not only residential costs, but also, day program, medical and all required therapeutic programs as well. Federal regulations for ICF/DDs, staffing levels required to serve this population, as well as, the all-inclusive nature of service provided at the USDC all contribute to the daily rate.
USH	Patients treated at USH are in the most intensive level of service due to the severity of their illness. Highly specialized treatment not available in the community is provided to these individuals. A comprehensive treatment plan is developed by a multidisciplinary treatment team due to the complexity of the needs of these individuals. The only way for individuals to be admitted to the State Hospital is by failing every other lower level of care available in the public mental health system. Though the clinical care of the individual a primary concern for the higher cost individuals, safety of the community is also a significant factor. Length of Stay also impacts total cost as some patients' illness is so severe that they require longer stays at USH. Patients at USH meet the CMS certification criteria for inpatient services and are reviewed through a robust utilization review process to insure they are not over-utilizing services. These individuals require a more secure setting provided by the therapeutic environment of a State Hospital that community programs are not equipped to address. Costs for inpatient stays at USH, are actually very reasonable compared to most impatient facilities. USH averages around $500 per day for adult patients vs other inpatient facilities that are over $1,000 per day. Utah's costs are also within the same cost per day average as most of the State Hospitals in the Western United States.
DSPD	The individuals receiving $100,000 or more in DSPD services are those who have the highest need of medical/behavioral services that can be met in a community setting. All receive out of home residential or host home services, most are also receiving day treatment services, and behavior services. Some have fragile medical conditions and require medication monitoring and services for such things as feeding tubes. The services provided are 24 hour per day in nature and often require one or more staff to support them individually for several hours per day. While the cost for these services are above average they meet the Statutory and Federal requirements to serve individuals in the least restrictive setting possible.

DOH Descriptions:

Aged	This group includes most adult members, age 65 or older. Aged Medicaid may begin the month the member turns 65.
Disabled	There is no age limit for this group. Disability Medicaid is a medical assistance program for persons who receive SSI (Supplemental Security Income) or Social Security Disability benefits that meet the conditions for disability. If the individual is not on SSI or SSA disability benefits, the State Medicaid Medical Review Board may make a disability decision.
Pregnant	This group includes most of the pregnant women on Medicaid. Other eligibility groups may cover pregnancy as well. The Pregnant Woman's Program covers the medical care of the mother from the date she submitted her application, with a possibility of 3 months retro coverage and through 60 days after the birth of her child. Temporary medical coverage for pregnant woman who are determined presumptively eligible by hospitals and clinics using preliminary information are also included in this group.
Parents	This group includes adults, age 18 and older. The Parent/Caretaker Relative Medicaid provides coverage for low income parents and caretaker relatives with dependent children. They must meet a deprivation of support requirement. This means the children must be deprived of parental support due to death, absence, incapacity or underemployment of a parent or caretaker relative.
Children	This group includes four Medicaid programs that cover children who are ages 0-18. Child 0-1 provides guaranteed Medicaid coverage for children from birth to twelve months. Child 0-5 provides Medicaid coverage from birth through the month the child turns age 6. Child 6-18 provides Medicaid coverage for children from age 6 through the month the child turns 19. Child Medically Needy provides Medicaid coverage for children in households that do not meet the income limits for the regular Child Medicaid categories, but allows members to spend down to the income limit to be eligible. This group includes five Medicaid programs that cover foster care or former foster care children who are ages 0-26.
Foster Care	This group includes children eligible for the Custody Medical program which enables children entering foster care to immediately access health care services before they have been determined eligible for any Medicaid category.
PCN	This group includes adults ages 19-64. The Primary Care Network (PCN) provides limited benefits for adults who qualify. PCN covers basic preventive services. Applications are only accepted during open enrollment sessions. This group also includes adults on Utah's Premium Partnership for Health Insurance (UPP) program. UPP makes health insurance more affordable for individuals and families by helping them pay their monthly employer-sponsored health insurance premium.
CHIP	This group includes children ages 0-18. The Children's Health Insurance Program (CHIP) is a state health insurance plan for children who do not have other insurance and do not qualify for Medicaid. This group also includes children on Utah's Premium Partnership for Health Insurance (UPP) program. UPP makes health insurance more affordable for individuals and families by helping them pay their monthly employer-sponsored health insurance premium.