57 this section.

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- (g) "Targeted adult Medicaid program" means the program implemented by the department under Subsections (5) through (7).
- (2) Beginning July 1, 2016, the department shall amend the state Medicaid plan to allow temporary residential treatment for substance abuse, for the traditional Medicaid population, in a short term, non-institutional, 24-hour facility, without a bed capacity limit that provides rehabilitation services that are medically necessary and in accordance with an individualized treatment plan, as approved by CMS and as long as the county makes the required match under Section 17-43-201.
- (3) Beginning July 1, 2016, the department shall amend the state Medicaid plan to increase the income eligibility ceiling to a percentage of the federal poverty level designated by the department, based on appropriations for the program, for an individual with a dependent child.
- (4) Before July 1, 2016, the division shall submit to CMS a request for waivers, or an amendment of existing waivers, from federal statutory and regulatory law necessary for the state to implement the health coverage improvement program in the Medicaid program in accordance with this section.
- (5) (a) An adult in the expansion population is eligible for Medicaid if the adult meets the income eligibility and other criteria established under Subsection (6).
 - (b) An adult who qualifies under Subsection (6) shall receive Medicaid coverage:
- (i) through the traditional fee for service Medicaid model $\hat{\mathbf{H}} \rightarrow [\text{in counties without Medicaid}]$ accountable care organizations or the state's Medicaid accountable care organization delivery system, where implemented and at the department's discretion] except as provided in Subsection 26-18-428(3) $\leftarrow \hat{\mathbf{H}}$;
- 80 (ii) except as provided in Subsection (5)(b)(iii) **Ĥ→** [and at the department's discretion]
 80a ←Ĥ, for
- behavioral health, through the counties in accordance with Sections 17-43-201 and 17-43-301;
 - (iii) $\hat{\mathbf{H}} \rightarrow \underline{\mathbf{subject}}$ to Section 26-18-428, $\leftarrow \hat{\mathbf{H}}$ that integrates behavioral health services and physical health services $\hat{\mathbf{H}} \rightarrow \underline{\mathbf{with}}$
- 83 Medicaid accountable care organizations] ←Ĥ in select geographic areas of the state that choose an integrated model; and
 - (iv) that permits temporary residential treatment for substance abuse in a short term, non-institutional, 24-hour facility, without a bed capacity limit, as approved by CMS, that provides rehabilitation services that are medically necessary and in accordance with an

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1st Sub. (Buff) H.B. 413

305	2022, and ending June 30, 2023. These are additions to amounts previously appropriated for
306	fiscal year 2023. Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures
307	Act, the Legislature appropriates the following sums of money from the funds or accounts
308	indicated for the use and support of the government of the state of Utah.
309	ITEM 1
310	To the Department of Health and Human Services - Integrated Health Care Services
311	From General Fund \$436,000
312	Schedule of Programs:
313	Medicaid Behavioral Health Services \$436,000
314	The Legislature intends that appropriations provided under this section be used by the
315	Division of Integrated Healthcare within the Department of Health and Human Services to pass
316	through to local substance abuse and mental health authorities $\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{for\ any\ match\ requirement}}]$
317	associated with H.B. 413, Medicaid Amendments.] to pay for the local substance abuse and mental
317a	health authorities' increased match requirement associated with the request for appropriation
317b	entitled Alignment of Behavioral Health Service Codes for Medicaid Reimbursement. ←Ĥ