

Utah

Utah Medical Assistance Program

Prior to 1978 each county had the responsibility for the provision of medical care to its indigents.¹ In 1977, the state assumed full financial responsibility for a state operated medical assistance plan for indigents, and repealed part of the counties' indigent care obligation.²

Utah's Medical Assistance Program ("UMAP") is designed to provide medically necessary care to persons who are ineligible for both Medicaid and Medicare and who have no other way of paying for or acquiring medical service³

Definition of Medical Necessity

Only medically necessary services are covered, which the state defines as those services which are reasonably calculated to prevent, diagnose, or cure conditions that: (1) endanger life, (2) cause suffering and pain, (3) cause physical deformity or malfunction, or threaten to cause a handicap, and (4) there is no other equally effective treatment which is available and less expensive.⁴ To ensure that only eligible services are covered, all UMAP services require prior approval.

Service Facilities

UMAP recipients living in the Wasatch front must go to one of three clinics which are located at Salt Lake City, Provo and Ogden. If a clinic is unable to meet the "medically necessary" needs of the recipient, she or he is referred out to a private provider (who are paid at Medicaid rates).⁵ UMAP recipients who live outside the Wasatch front area, mainly those living in rural areas, may receive medically necessary care from private providers without first going through a clinic.⁶ All medical services must be pre-approved.⁷

¹Utah Code Annotated (UCA) §§ 17-5-64 to 17-5-64 (1953).

²Laws 1977, ch. 212, §§ 4 and 5, *repealing* UCA §§ 17-5-64 to 17-5-66 (1953).

³UCA 26-18-10; Utah Administrative Code (UAC) R420-1-1. Income and asset limits and other eligibility requirements are not listed in either the statute or the administrative code, but may found in the Medical Assistance Manual, Volume III-F, available at UMAP's administrative office located at 288 N. 1460 West, Salt Lake City, Utah.

⁴UAC R420-1-2(9), R420-1-5 [specific services covered], R420-1-6 [exclusions and limitations].

⁵UAC R420-1-4(2).

⁶UAC R420-1-4(3).

⁷UAC R420-1-7.

Funding

Neither the statute nor the administrative code reveals how this program is financed and whether it operates as an entitlement.

Local Health Departments

Introduction

Local Health Departments have considerable indigent health care responsibility. Utah's Medical Assistance Program is not the sole provider of medical care to indigents. Each county, and municipalities within the county, must create a county, county-municipal, or multi-county local health department ("LHD") which shall take responsibility for the provision of a considerable array of health services (described below).⁸

Financing

LHDs may be funded by local, state, and federal funds, and grants, gifts, fees, contracts, and tax revenue.⁹ The state's Departments of Health and Environmental Quality distribute funds to LHDs based on a formula which takes into account population, proportion of population within some percentage of the federal poverty line, population density, and whether the area served is rural or urban.¹⁰ No matter what state or federal appropriations for health care the county might receive, the county must ensure the public's health and pay the related expenses.¹¹

Mandated Services

Maternal & Child Health

Local Health Departments ("LHDs") must provide infant and child health services to help prevent illness, injury, and disability; reduce the preventable complications of illness, injury, and disability; maintain health; and foster health, growth and development. These services shall include: periodic health assessments; screening for and early identification of health and developmental problems; and provision of appropriate treatment, education or referral.¹²

⁸UCA 10-7-3, 17-5-243(2); *See generally*, UAC Title 26A, Chapter 1, Utah Code Annotated (UCA), and R389 Utah Administrative Code (UAC).

⁹UCA 26A-1-115, 117.

¹⁰UCA 26A-1-116; UAC R380-50-2, R380-50-3.

¹¹UCA 17-5-243.

¹²UCA 26A-1-106(3)(b)(c); R380-40-7(C).

Chronic Disease Control

Each LHD shall provide chronic disease control services, which may include screening, referral, education, promotion, and preventive activities related to the prevention of cardiovascular disease, cancer, diabetes, and other chronic diseases to reduce premature morbidity and mortality associated with these diseases.¹³

Family Planning

Each LHD shall provide family planning services, information and referrals to clients who request it.¹⁴

Perinatal Services

Each LHD shall ensure that women and families have access to risk appropriate preconceptional, interconceptional, prenatal, intrapartum, and postpartum health services, with the objective of lowering the frequency of maternal and infant death, disease and disability, and promoting the development and maintenance of a healthy, nurturing family unit.¹⁵

Dental Disease Control

Each LHD shall provide dental health services, which may include dental health screening, referral, education, promotion, and preventive activities.¹⁶

Communicable Disease Control

The state and local health departments are required to exercise control over communicable diseases, including Tuberculosis (TB).¹⁷ In order to achieve communicable disease control, local Health Officers may compel certain individuals to submit to testing and treatment.¹⁸ An LHD which orders testing, confinement or treatment is fully responsible for seeing that the patient's medical condition, and if applicable, terms of confinement, are adequate.¹⁹

To the extent that other sources and insurance do not pay for costs incurred, the cost of involuntary treatment shall be subsidized, in whole or in part, by the department, leaving the patient responsible for

¹³UCA 26A-1-106(3)(c), 26A-1-114(d); R380-40-7(G).

¹⁴UCA 26A-1-106(3)(c); R380-40-7(H).

¹⁵UCA 26A-1-106(3)(b); R380-40-7(I).

¹⁶UCA 26A-1-106(3)(c); R380-40-7(J).

¹⁷UCA 26-1-30, UCA 26-6-3, UCA 26A-1-106; UAC R386-702.

¹⁸UCA 26-6-3; UAC R386-702-4,5.

¹⁹UCA § 26-6b-3(4)(b).

services provided by the department “at a reasonable” rate.²⁰ If the individual is able to pay all or any part of the cost of his treatment, care, and maintenance, the department shall collect and retain the same for this program.²¹

Immunizations

Most school-entry age children are required to present proof that they have been properly immunized.²² The State Department of Health is required to provide the local health departments with immunizing materials.²³ The state may charge the LHDs for immunization materials and the LHDs may in turn charge the patient the immunization fee which is set by the state.²⁴ However, a LHD in the child’s area of residence may not refuse to immunize based on the child’s inability to pay.²⁵

Mental Health

Structure

The Division of Mental Health, placed under the State Department of Human Services, must design, administer and supervise a state and local effort to deliver mental health services.²⁶ Local Mental Health Authorities (“LMHA”) are the “service designers” of the Division of Mental Health.

LMHA Financing

Local Mental Health Authorities (“LMHAs”) receive all formula pass-through state and federal mental health funds to provide **comprehensive mental health services**.²⁷ The State Board of Mental Health, the policy making body for the Division of Mental Health (UCA 62-1-105), allocates available state funds on a 80% state, 20% local basis to local mental health authorities which provide the continuum of care and meet the public policy priority adopted by the Board.²⁸

²⁰UCA 26-6-4(3)(a).

²¹UCA 26-6-4(3)(b).

²²UCA 53A-11-301, 302.

²³UCA 53A-11-305.

²⁴UCA 53A-11-305(2),(3).

²⁵UCA 53-11-305(2).

²⁶UCA 62A-12-102.

²⁷UAC R523-1-2(A); UCA 62A-12-104.

²⁸UCA 62A-1-107(6), 62A-12-104(2)(a); UAC R523-1-3.

Service Charge

The consumer is generally charged for the assessed “actual cost” of provided outpatient mental health services.²⁹ However, mental health services may not be refused to any person because of his or her inability to pay.³⁰ In addition, the mental health center may waive the fees where it determines that it would result in a financial hardship for the patient.³¹ The state will seek reimbursement for the costs of hospitalization from the patient, his or her spouse, children, parents and guardian, to the extent of their financial ability.³²

Public Mental Health Policy Priority

The Division of Mental Health, among other tasks, must contract with local mental health authorities to provide or arrange for a comprehensive continuum of services.³³ The Board of Mental Health requires each local mental health authority to provide, directly, or by arranging by contract, a comprehensive mental health program.³⁴

- a. Inpatient care and services (hospitalization)
- b. Residential care and services
- c. Day treatment and psycho-social rehabilitation
- d. Outpatient care and services
- e. Twenty-four hour crisis care and services
- f. Outreach care and services
- g. Follow-up care and services
- h. Screening for referral services
- i. Consultation, education and preventive services
- j. Case management

Substance Abuse Services

The Division of Substance Abuse within the Department of Human Services is responsible for contracting with local substance abuse authorities to provide a comprehensive continuum of services.³⁵ The local

²⁹UCA 62A-12-102.5(1); UAC R523-1-5.

³⁰UCA 62-12-102.5(2)

³¹UAC R523-1-5(3).

³²UCA 62A-12-206.

³³UCA 62A-12-102(2)(g).

³⁴UAC R523-1-3(B), (A).

³⁵UCA 62A-8-103(2)(k); UAC R544-1.

Substance Abuse Authorities are largely responsible for achieving the state's objectives.³⁶

Funding

Local substance abuse authorities and entities that contract with these authorities to provide substance abuse services may receive funds made available by federal, state, or local health, substance abuse, education, welfare, or other agencies.³⁷ Patients may be charged fees, but services may not be denied because of a person's inability to pay.³⁸

Services for People With Disabilities

The Division of Services for People with Disabilities, in the Department of Human Services, is required to plan and deliver an appropriate array of services and supports (UCA 62A-5-103) to persons with disabilities and their families.³⁹

Scope of Available Services

Services available to people with disabilities might be quite limited.⁴⁰ The statutory definition of "disability" itself is stringent.⁴¹ To qualify for services under the state's program the applicant must have a severe disability expected to continue indefinitely.⁴² The disability must cause functional limitations in at least three major life activities, such as self-care, communication, learning, mobility, self-direction, and, capacity for independent living or economic self-sufficiency.⁴³

Funding

Although a wide array of services is potentially available, the services are rationed according the severity of the applicant's disability, the urgency of the applicant's needs, the length of time the applicant has waited, and the ability of the applicant's parent(s) or guardian(s) to provide care and supervision.⁴⁴

³⁶UCA 62-8-109, 110.5., 110.7.

³⁷62A-8-112, 62A-8-109; UAC R544-1-2, R544-1-12.

³⁸62A-8-104(2).

³⁹UCA 62A-1-105, 62A-5-102.

⁴⁰UCA 62A-5; UAC R539.

⁴¹62A-5-101(4)(a); UAC R539-1-1.

⁴²*Id.*

⁴³*Id.*

⁴⁴UCA 62A-5-103(3).

Fee for Service

The parents of clients who are under the age of 18 are financially responsible for the actual costs of care.⁴⁵ If a client is a beneficiary of a trust, then the guardian will be liable for costs of care and maintenance even if the client is past the age of 18.⁴⁶ Nothing in the statute or administrative code prohibits the state from withholding services from those without the ability to pay. However, it seems unlikely that treatment would be terminated due to non-payment if the parents are indigent. There is no provision for charging an adult patient who does not have a trust. Therefore, it would seem that there is a limited right to available services.

School Health Examinations

Each school district is required to have qualified health professionals screen the students for vision, dental, spinal curvature and hearing.⁴⁷

School Screening for Children With Disabilities

The Department of Health must provide diagnostic and evaluation services required by state and federal law to students with disabilities.⁴⁸ School districts shall provide initial special education assessments for every child who enters the custody of the Division of Child and Family Services, and upon request of that division, for children whose school records indicate that they may have disabilities requiring special education services.⁴⁹

Emergency Medical Services

Emergency medical services must be provided to all patients in need of such services to sustain life or prevent loss of life without regard to prior inquiry as to ability to pay.⁵⁰

Comprehensive Health Insurance Pool Act

Medical indigence can take the form of not finding an insurance company that will provide coverage, or

⁴⁵UCA 62A-6-109.

⁴⁶UCA 62A-6-109(2).

⁴⁷UCA 53A-11-201.

⁴⁸UCA 53A-15-304.

⁴⁹UCA 53-15-304.5.

⁵⁰UCA 26-8-8.

not finding a policy that is affordable. Individuals with chronic conditions such as retinitis pigmentosa, or acute catastrophic conditions such as leukemia are two extreme examples. The Comprehensive Health Insurance Pool Act (“CHIPA”) makes the State of Utah the insurer of last resort for such high-risk applicants as just described.⁵¹

Eligibility

Residency

A successful applicant either has lived continuously in Utah for the 12 months preceding the application date, or is a dependent child 24 years old or younger of a person who does meet the residency requirement.⁵²

Last Resort

CHIPA is the insurer of last resort. For all but certain diagnostic conditions, a successful applicant must not be eligible for Medicare or Medicaid, and must present evidence that she or he has been denied coverage comparable to CHIPA’s by an insurer for medical reasons, or that a policy was offered the applicant but that the premium exceeded CHIPA’s.⁵³

Premium Costs and Financing

CHIPA calculates its premium from taking the average cost of comparable benefit packages sold to individuals by private insurance companies, and adjusting that cost by a factor which takes into account the greater risk of loss for CHIPA’s beneficiary population.⁵⁴ The premiums may not be less than 125%, nor more than 200%, of the average cost of a standard individual benefit package whose price has not yet been adjusted for risk.⁵⁵

Homeless Assistance

The legislature created The Homeless Coordinating Committee (“Committee”) within the Department of Community and Economic Development.⁵⁶ The committee is primarily concerned with coordinating and

⁵¹UCA 31A-29-104.

⁵²UCA 31A-29-111(1).

⁵³UCA §§ 31A-29-111(1)(a)(i),(ii); 31A-29-111(2)(a); 31A-29-111(3)(a)a.

⁵⁴UCA 31A-29-117.

⁵⁵31A-29-117(2).

⁵⁶UCA 9-4-801, 9-1-202.

providing emergency housing and employment training and placement.⁵⁷ However, the committee is required to provide, where needed, special services to meet “the unique needs of the homeless who are mentally ill and those who are in families with children. The committee may also fund treatment programs to ameliorate the effects of substance abuse or a handicap.”⁵⁸

Funding

A Homeless Trust Account has been created to receive private contributions for homeless services.⁵⁹ The Committee may, for the provision of homeless assistance services, appropriate the greater of \$50,000 or 20% of the amount donated to the Trust during a designated fiscal year.⁶⁰

Transient Indigents in Need of Medical Care

Generally, only a county’s domiciliaries are eligible for assistance rendered within that county.⁶¹ The county executive, however, must make temporary assistance available to non-county residents who are within the county, destitute, and in dire need of medical services.⁶²

Crippled Children’s Services

The Department of Human Services is required to provide crippled children’s services (CCS) to “crippled children” who need such services and cannot reasonably obtain them from other sources.⁶³ CCS shall provide preventive, diagnostic, and treatment services, including medical care, hospitalization, and other institutional care and aftercare, appliances, and facilitating services directed toward the diagnosis of the condition of such children, or toward the restoration of such children to maximum physical and mental health.⁶⁴ Neither the statute nor the administrative code define what “crippled” means under this program, nor what criteria are used in determining financial eligibility.

⁵⁷UCA 9-4-802.

⁵⁸UCA 9-4-802(1).

⁵⁹UCA 9-4-803.

⁶⁰UCA 9-4-802.

⁶¹UCA 17-5-253.

⁶²UCA 17-5-254.

⁶³UCA 26-10-2.

⁶⁴UCA 26-10-1(2).

Maternal & Child Health Services

The Department of Human Services is required to provide educational, preventative, diagnostic, and treatment services, including medical care, hospitalization, and other institutional care and aftercare, appliances, and facilitating services directed toward reducing infant mortality and improving the health of mothers and children.⁶⁵ The Department seems to meeting this responsibility, in part, by requiring local health departments (LHDs) to provide most of these services.

Organ Transplants for Children

The Children's Organ Transplant Coordinating Committee, composed of the executive directors of the Department of Human Services and the Department of Health, is required, among other obligations, to provide financial assistance in the form of interest free loans for the initial medical expenses of children who are domiciled in Utah and who need organ transplants.⁶⁶

Funding

A trust account has been created within the General Fund, which is allowed to accept transfers, grants, gifts, bequests, or any money made available from any source.⁶⁷ It is not clear, however, if the state is contributing funds.

General Assistance

The Public Assistance Act of 1947⁶⁸ was repealed.⁶⁹ However, the General Assistance Self-Sufficiency Program ("GASSP") provides temporary cash assistance to single persons and couples while they are overcoming the condition making them unemployable, or while they are qualifying for SSI.⁷⁰

Eligibility Standards

A successful applicant must be at least 18 years old or emancipated, and be unemployable because of a medical or psychological problem, or they must be marginally employable.⁷¹ A person who is marginally

⁶⁵UCA 26-10-2, 26-10-1(1).

⁶⁶UCA 26-18a-3(1)(a), 26-18a-3(3).

⁶⁷UCA 25-18a-4.

⁶⁸UCA §§ 55-2-1 to 55-2-37

⁶⁹Law 1953, ch. 90, § 1; 1961, ch. 126, § 38

⁷⁰UAC R513-218-802, U.C. 52A-9-114.

⁷¹UAC R513-218-802(5).

employable has a partial disability or lacks sufficient skills to participate in the job market. Medical evidence of the impairment must be provided.⁷² Transients may be covered under this program.⁷³

GASSP is based on the concept of “mutual responsibility,” and thus another requirement is that the applicant participate in rehabilitation and employment services, and follow through on efforts to qualify for other benefits for which she or he might be entitled to, such as SSI.⁷⁴ Financial eligibility for services are similar to AFDC.⁷⁵

Medical Assistance under this Program

A person eligible for GA financial assistance under GASSP is eligible for medical assistance without completing a separate application.⁷⁶ It is not clear what medical services are available under this program.

Primary Health Care Centers

Within the limit of legislative appropriations, the Department of Health shall provide grants to public and nonprofit entities to help defray the costs of providing primary health care services to medically underserved populations.⁷⁷

Medically underserved areas are rural or urban areas which have an insufficient number of providers and or medical facilities.⁷⁸ Primary health care is defined as outpatient services for the prevention, screening, and treatment of acute or chronic medical conditions, and includes emergency medical, preventive dental, and pharmaceutical services.⁷⁹

The health centers receiving these grants may charge patient fees, but the statute does not specify limits.

Medicaid Waiver

⁷²UAC R513-218-802(5)(b).

⁷³UAC R513-218-860.

⁷⁴UAC R513-218-802(2), 5(c).

⁷⁵See UAC R513-218-820, 830.

⁷⁶UAC R513-218-840.

⁷⁷UCA 26-18-302; UAC R434-30.

⁷⁸UCA 26-18-301(1).

⁷⁹UCA 26-18-301(2), (3).

The state has submitted a 42 USC § 1315 waiver to expand Medicaid coverage to include the provision of “private health insurance plans to low-income, otherwise uninsured person who are in eligibility categories not traditionally served by the Medicaid program.”⁸⁰

⁸⁰UCA 26-18-401.