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## **Table of Contents**

**State/Territory Name:** Utah

**State Plan Amendment (SPA) #:** UT-10-007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



**Region VIII**

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May 24, 2010

David N. Sundwall, MD  
Utah Department of Health  
288 North 1460 West  
PO Box 143102  
Salt Lake City, UT 84114

RE: Utah #10-007

Dear Dr. Sundwall:

This is your official notification that Utah State Plan amendment 10-007 "Transportation Services Citation Update" has been approved effective April 1, 2010.

This SPA clarifies and updates citations from the Utah Administrative Code and to list the federal regulation (42 CFR 431.53) that requires the Department of Health to ensure necessary transportation for Medicaid clients. It is also amended to change the word "insure" to "ensure" to be more consistent with the federal regulation.

If you have any questions concerning this amendment, please contact Betty Strecker at (303) 844-7028.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid and Children's Health

CC: Michael Hales, Medicaid Director, UT  
Craig Devashrayee, UT

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 10-007-UT
2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE: April 1, 2010

TO: REGIONAL ADMINISTRATOR  
HEALTHCARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT  
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.53

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 \$0

b. FFY 2011 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-D

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-D

10. SUBJECT OF AMENDMENT:

Transportation Services

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

16. RETURN TO:

Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
PO Box 143102  
Salt Lake City, UT 84114-3102

13. TYPED NAME:

David N. Sundwall, MD

14. TITLE:

Executive Director, Utah Department of Health

15. DATE SUBMITTED:

March 1, 2010

16.

17. DATE RECEIVED:

3/1/10

18. DATE APPROVED:

5/24/10

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/1/10

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

21. TYPED NAME:

Richard C. Allen

Associate Regional Administrator

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

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

State: UTAH

TRANSPORTATION/ADMINISTRATIVE

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In order to ensure necessary transportation of recipients to and from providers of medical services, the following options are provided.

Administrative transportation services that can be paid to a recipient or a designated representative are limited to:

- a. Cost of transportation for a recipient by approved means. When traveling in a private vehicle, the cost of transportation is limited to a per mile reimbursement rate established by the Department for actual miles traveled.
- b. A per diem not to exceed a maximum established by the Department, in Rule R414-306, to be applied toward the cost of meals and lodging when it is necessary for the recipient to remain away from home, outside of a medical facility, while receiving approved treatment.
- c. Cost of transportation and per diem not to exceed a maximum established by the Department, in Rule R414-306, to be applied toward the cost of meals and lodging for one parent to accompany a dependent child to receive covered services, when it is necessary for the recipient to remain away from home, outside of a medical facility, while receiving approved treatment.
- d. Transportation costs and a per diem not to exceed a maximum established by the Department, in Rule R414-306, for an attendant to accompany a recipient to receive covered services, when there is a justifiable medical need for an attendant. A parent or an individual can meet the existing medical need demonstrated by the patient. Salary is included if the attendant is not a member of the patient's family.
- e. These services are covered only for the period of time the attendant has responsibility for hands-on care of the recipient. Stand-by time is not covered.

Out of state travel must be prior authorized by Medicaid. Such travel will only be authorized when medical need cannot be met within the state.

T.N. # 10-007

Approval Date 5/24/10

Supersedes T.N. # 01-006

Effective Date 4-1-10