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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-15-0001

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

January 29, 2015

W. David Patton, Ph.D.
Utah Department of Health
288 North 1460 West
PO Box 143102
Salt Lake City, UT 84114

RE: Utah #15-0001

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0001. This State Plan Amendment removes all provisions of coverage and reimbursement for telehealth services from the State Plan and allows payment of services via telehealth.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2015. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Mandy Strom at (303) 844-7068.

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:
15-0001-UT

2. STATE:
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

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

4. PROPOSED EFFECTIVE DATE
January 1, 2015

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 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 \$ 0
b. FFY 2016 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 5 of ATTACHMENTS 3.1-A and 3.1-B;

Removes Pages 5 through 7 of Attachment #13 within
ATTACHMENTS 3.1-A and 3.1-B;

Page 26 of ATTACHMENT 4.19-B.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Page 5 of ATTACHMENTS 3.1-A and 3.1-B;

Removes Pages 5 through 7 of Attachment #13 within
ATTACHMENTS 3.1-A and 3.1-B;

Page 26 of ATTACHMENT 4.19-B.

10. SUBJECT OF AMENDMENT: Telehealth 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:



13. TYPED NAME: W. David Patton, Ph.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: December 30, 2014

16. RETURN TO:

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

16.

17. DATE RECEIVED

December 30, 2014

18. DATE APPROVED

January 29, 2015

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL

/s/

21. TYPED NAME

Richard C. Allen

22. TITLE

ARA, DMCHO

23. REMARKS

PLAN APPROVED - ONE COPY ATTACHED

OTHER DIAGNOSTIC, PREVENTIVE, SCREENING, AND REHABILITATIVE SERVICES

Poison Control Center

Payment for the State Poison Control Center will be in the amount established by contract between the Division of Family Health Services and the Division of Health Care Financing. This contract will be renegotiated annually based on the estimated percentage of Medicaid eligibles in the population served by the Center.

Diabetes Self-Management Training

Payments for approved Diabetes Self-Management Training are based on the established fee schedule, unless a lower amount is billed.

T.N. # 15-0001

Approval Date 01/29/15

Supersedes T.N. # 99-013

Effective Date 1-1-15

42 CFR
440.130

ATTACHMENT 3.1-A
Attachment #13
Page 5

DIAGNOSTIC AND PREVENTIVE SERVICES

Deleted January 1, 2015

T.N. # 15-0001

Approval Date 01/29/15

Supersedes T.N. # 99-011

Effective Date 1-1-15

DIAGNOSTIC, SCREENING, PREVENTIVE, AND REHABILITATIVE SERVICES

Deleted January 1, 2015

T.N. # 15-0001

Approval Date 01/29/15

Supersedes T.N. # 99-013

Effective Date 1-1-15

42 CFR
440.130

ATTACHMENT 3.1-A
Attachment #13
Page 7

DIAGNOSTIC, SCREENING, PREVENTIVE, AND REHABILITATIVE SERVICES

Deleted January 1, 2015

T.N. # 15-0001

Approval Date 01/29/15

Supersedes T.N. # 99-013

Effective Date 1-1-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY (Continued)

c. Prosthetic devices.

X Provided: No limitations X With limitations*

d. Eyeglasses.

X Provided: No limitations X With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

X Provided: X No limitations With limitations*

b. Screening services.

X Provided: No limitations X With limitations*

c. Preventive services.

X Provided: No limitations X With limitations*

d. Rehabilitative services.

X Provided: No limitations X With limitations*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

X Provided: No limitations X With limitations*

b. Skilled nursing facility services.

X Provided: No limitations X With limitations*

*Description provided on attachment.

T.N. # 15-0001

Approval Date 01/29/15

Supersedes T.N. # 90-25

Effective Date 1-1-15

42 CFR
440.130

ATTACHMENT 3.1-B
Attachment #13
Page 5

DIAGNOSTIC AND PREVENTIVE SERVICES

Deleted January 1, 2015

T.N. # 15-0001

Approval Date 01/29/15

Supersedes T.N. # 99-011

Effective Date 1-1-15

DIAGNOSTIC, SCREENING, PREVENTIVE, AND REHABILITATIVE SERVICES

Deleted January 1, 2015

T.N. # 15-0001

Approval Date 01/29/15

Supersedes T.N. # 99-013

Effective Date 1-1-15

42 CFR
440.130

ATTACHMENT 3.1-B
Attachment #13
Page 7

DIAGNOSTIC, SCREENING, PREVENTIVE, AND REHABILITATIVE SERVICES

Deleted January 1, 2015

T.N. # 15-0001

Approval Date 01/29/15

Supersedes T.N. # 99-013

Effective Date 1-1-15