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State/Territory Name: Utah

State Plan Amendment (SPA) #: 20-0001

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

May 13, 2020

Nathan Checketts
Medicaid Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

Dear Mr. Checketts:

RE: Utah Transmittal Notice (TN) 20-0001

We have reviewed the proposed Utah State Plan Amendment (SPA) to Attachment 4.19-B, Utah TN#20-0001, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on April 15, 2020. This State Plan Amendment updates the effective date on the introduction page.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER:
20-0001-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
July 1, 2020

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:
Section 1902(a)(30)(A) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2020 \$+543,700
b. FFY 2021 \$+2,153,300

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Introduction Page of ATTACHMENT 4.19-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)
Introduction Page of ATTACHMENT 4.19-B

10. SUBJECT OF AMENDMENT: Annual Rebasing Update

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:

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: Joseph K. Miner, M.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: April 15, 2020

16.

17. DATE RECEIVED:

18. DATE APPROVED:

5/13/2020

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Todd McMillion

22. TITLE:

Director, Division of Reimbursement Review

PLAN APPROVED – ONE COPY ATTACHED

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

Payment rates for the services listed below are effective for services provided on or after the corresponding date:

Service	Attachment	Effective Date
Physician and Anesthesia Services	Attachment 4.19-B, Pages 4 and 5	July 1, 2020
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2020
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2020
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2020
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2020
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2020
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2020
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2020
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2020
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2020
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2020
Targeted Case Management for Individuals with Serious Mental Illness	Attachment 4.19-B, Page 22a	July 1, 2020
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2020
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2020

T.N. # 20-0001

Approval Date 5-13-20

Supersedes T.N. # 19-0015

Effective Date 7-1-20