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State/Territory Name: Utah

State Plan Amendment (SPA) #: 21-0002

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

June 28, 2021

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) 21-0002

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 May 25, 2021. 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, 2021. 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: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
U T 21-0002

2. STATE
UTAH

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2021

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 2021 \$0
b. FFY 2022 \$0

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR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

10. 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

13. TYPED NAME Richard G. Saunders

14. TITLE Executive Director, Utah Department of Health

15. DATE SUBMITTED May 25, 2021

16. RETURN TO

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
May 25, 2021

18. DATE APPROVED
June 28, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

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, 2021
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2021
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2021
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2021
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2021
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2021
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2021
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2021
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2021
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2021
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2021
Medication-Assisted Treatment for Opioid Use Disorders	Attachment 4.19-B, Page 19c	July 1, 2021
Targeted Case Management for Individuals with Serious Mental Illness	Attachment 4.19-B, Page 22a	July 1, 2021
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2021
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2021

T.N. # 21-0002

Approval Date 6/28/21

Supersedes T.N. # 20-0014

Effective Date 7-1-21