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State/Territory Name: Utah

State Plan Amendment (SPA) UT: 22-0004

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

September 13, 2022

Jennifer Strohecker
State Medicaid Director
Division of Integrated Healthcare
Utah Department of Health & Human Services
P O Box 144102
Salt Lake City UT 84114-4102

RE: Utah TN: 22-0004

Dear Ms. Strohecker:

We have reviewed the proposed Utah State Plan Amendment (SPA) to Attachment 4.19-B, UT-22-0004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 16, 2022. The proposed amendment is an annual rebasing update. These updates include rates for physician and anesthesia services, optometry services, eyeglasses services, home health services, clinic services, dental services and dentures, physical therapy and occupational therapy, speech pathology services, audiology services, transportation for special services, ambulance transportation, medication-assisted treatment for opioid use disorders, TCM for individuals with serious mental illness, rehabilitative mental health services, and chiropractic services effective July 1, 2022. Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. 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 Monica Neiman at: Monica.Neiman@cms.hhs.gov or via phone at: (945) 356-1231.

Sincerely,

A 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

2 2 — 0 0 0 4

2. STATE

UTAH3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(30)(A) of the Social Security Act,

1905(a) of the Social Security Act (the Act) and 42 C.F.R. § 447.252(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 3,622,950b. FFY 2023 \$ 14,491,800

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Introduction Page of Attachment 4.19-B

TN: 22-0004

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supersedes: TN: 21-0002

9. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Nate Checketts

13. TITLE

Executive Director, Utah Department of Health

14. DATE SUBMITTED

May 16, 2022

15. RETURN TO

Craig Devashrayee

Utah Department of Health

Division of Medicaid and Health Financing

cdevashrayee@utah.gov

FOR CMS USE ONLY

16. DATE RECEIVED

May 16, 2022

17. DATE APPROVED

September 13, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 01, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director Division of Reimbursement Review

22. REMARKS

Pen and Ink change approved by the State and processed by CMS for the following fields:

Box 5: 1902(a)(30)(A) of the Social Security Act, 1905(a) of the Social Security Act (the Act) and 42 C.F.R. § 447.252(b)

Box 7: TN: 22-0004

Box 8: Supersedes: TN: 21-0002

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, 2022
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2022
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2022
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2022
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2022
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2022
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2022
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2022
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2022
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2022
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2022
Medication-Assisted Treatment for Opioid Use Disorders	Attachment 4.19-B, Page 36	July 1, 2022
Targeted Case Management for Individuals with Serious Mental Illness	Attachment 4.19-B, Page 22a	July 1, 2022
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2022
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2022

T.N. # 22-0004

Approval Date September 13, 2022

Supersedes T.N. # 21-0002

Effective Date 7-1-22