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NOV 07 2013

Mr. Michael T. Hales, Director  
Division of Health Care Financing  
Utah Department of Health  
P.O. Box 143101  
Salt Lake City, Utah 84114-3101

Re: Utah 13-019

Dear Mr. Hales:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 13-019. Effective for services on or after July 1, 2013, this amendment provides updates to the reimbursement methodology for the quality improvement incentive programs for nursing facilities and intermediate care facilities for the intellectually disabled.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 13-019 is approved effective July 1, 2013. The CMS-179 and the amended plan pages are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.

Sincerely,

A handwritten signature in black ink, which appears to read "Cindy Mann". The signature is written in a cursive, flowing style.

Cindy Mann  
Director