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## **Table of Contents**

**State/Territory Name: Utah**

**State Plan Amendment (SPA) #: UT-13-032**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



Region VIII

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January 16, 2014

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

Re: Utah #13-032

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-032. This State Plan Amendment clarifies the availability of dental services and extended services to pregnant women.

Please be informed that this State Plan Amendment was approved January 15, 2014, with an effective date of October 2, 2013. We are enclosing the CMS-179 and the amended plan pages(s).

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

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

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:  
13-032-UT

2. STATE:  
Utah

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

4. PROPOSED EFFECTIVE DATE  
October 2, 2013

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

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 440.100 and 42 CFR 440.250

7. FEDERAL BUDGET IMPACT:

a. FFY 2014 \$0  
b. FFY 2015 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 1 of Attachment #10 in ATTACHMENTS 3.1-A and 3.1-B  
Page 5 of Attachment #20b in ATTACHMENTS 3.1-A and 3.1-B

\* Page 23 of Attachment 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 1 of Attachment #10 in ATTACHMENTS 3.1-A and 3.1-B  
Page 5 of Attachment #20b in ATTACHMENTS 3.1-A and 3.1-B

\* Page 23 of Attachment 4.19-B

10. SUBJECT OF AMENDMENT: Dental Services and Extended Services to Pregnant Women

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: November 5, 2013

16. RETURN TO:

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

17.

17. DATE RECEIVED

November 5, 2013

18. DATE APPROVED

January 15, 2014

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 2, 2013

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Richard C. Allen

22. TITLE

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

\* 1/13/14 Email from John Curless requesting pen and ink change

DENTAL SERVICES

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SERVICE

1. Dental services are not covered except as noted below.
2. The Agency may exceed the limitations on the aforementioned limitations, except to extent allowed by law, if its medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternative services.

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T.N. # 13-032

Approval Date 1/15/14

Supersedes T.N. # 12-007

Effective Date 10-2-13

DENTAL SERVICES

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T.N. # 13-032

Approval Date 1/15/14

Supersedes T.N. # 12-007

Effective Date 10-2-13

EXTENDED SERVICES TO PREGNANT WOMEN (Continued)

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H. Health Educator Services

Any one of the following health care professionals is qualified to provide perinatal care coordination services:

- (i) A certified nurse midwife/certified nurse practitioner who is licensed in accordance with the Nurse Practice Act of the State of Utah;
- (ii) A registered nurse who is licensed in accordance with the Nurse Practice Act of the State of Utah;
- (iii) A Licensed Practical Nurse (LPN) who works under the supervision of a registered nurse and has additional training and experience to be a perinatal care coordinator. The LPN must be licensed in accordance with the Nurse Practice Act of the State of Utah;
- (iv) A certified social worker with at least a master's degree in social work who is licensed in accordance with the Social Work Licensing Act of the State of Utah;
- (v) A social service worker with at least a bachelor's degree in social work who is licensed in accordance with the Social Work Licensing Act of the State of Utah.

Group Prenatal/Postnatal education, as defined above in B, may be provided by the health educator.

I. Social Worker Services

Perinatal Care Coordination may be provided by a licensed social service worker (SSW) who meets the established criteria.

Perinatal Care Coordination may be provided by a licensed certified social worker (LCSW) who meets the established criteria.

J. Other Services

In accordance with 42 CFR 440.250, pregnant women may receive pregnancy related services and services for other conditions that might complicate the pregnancy. These services shall not include any not allowed in section 1905(a) of the Social Security Act.

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T.N. # 13-032

Approval Date 11/15/14

Supersedes T.N. # 94-025

Effective Date 10-2-13

EXTENDED SERVICES TO PREGNANT WOMEN (Continued)

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T.N. # 13-032

Approval Date 1/15/14

Supersedes T.N. # 94-025

Effective Date 10-2-13

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**PRESUMPTIVE ELIGIBILITY/EXPANDED PRENATAL SERVICES**

Payments are based on the established fee schedule for the defined services unless a lower amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. Reimbursement methodology is based on the established fee schedule for the defined services described in other sections of ATTACHMENT 4.19-B.

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T.N. # 13-032

Approval Date 1/15/14

Supersedes T.N. # 93-002

Effective Date 1-1-14