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## Table of Contents

**State/Territory Name:** Utah

**State Plan Amendment (SPA) #:** UT-14-011

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  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



## **Region VIII**

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August 22, 2014

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

RE: Utah #14-011

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-011. This amendment updates and clarifies service limitations for residents in skilled nursing facilities who are both eligible and not eligible under the EPSDT program.

Please be informed that this State Plan Amendment was approved today with an effective date of April 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Ann Clemens at (303) 844-2125.

Sincerely,

/s/

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

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: 14-011-UT	2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE April 1, 2014	

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 440.150

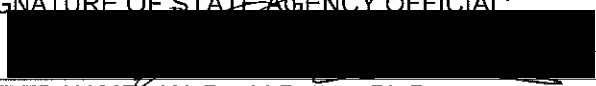
7. FEDERAL BUDGET IMPACT:  
a. SFY 2014 \$0  
b. SFY 2015 \$0 *Asp*

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment #4a within ATTACHMENTS 3.1-A and 3.1-B;  
Attachment #24d within ATTACHMENT 3.1-A;  
Attachment #23d within ATTACHMENT 3.1-B.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):  
Attachment #4a within ATTACHMENTS 3.1-A and 3.1-B;  
Attachment #24d within ATTACHMENT 3.1-A;  
Attachment #23d within ATTACHMENT 3.1-B.

10. SUBJECT OF AMENDMENT: Nursing Facility Services

11. GOVERNOR'S REVIEW (*Check One*):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: May 30, 2014

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

17. DATE RECEIVED:  
**May 30, 2014**

18. DATE APPROVED:  
**August 22, 2014**

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**April 1, 2014**

21. TYPED NAME:  
**Richard C. Allen**

20. SIGNATURE OF REGIONAL OFFICIAL:  
*/s/*

22. TITLE:  
**ARA, DMCHO**

23. REMARKS:  
PLAN APPROVED - ONE COPY ATTACHED

SKILLED NURSING FACILITY SERVICES

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LIMITATIONS

1. In accordance with section 1919(f)(7) of the Act, Residents may be charged for the following personal hygiene items and services:
  - a. Cosmetic and grooming items and services in excess of those included in the basic service;
  - b. Private room, unless medically necessary;
  - c. Specially prepared food, beyond that generally prepared by the facility;
  - d. Telephone, television, radio;
  - e. Personal comfort items including tobacco products and confections;
  - f. Personal clothing;
  - g. Personal reading materials;
  - h. Gifts purchased on behalf of a resident;
  - i. Flowers and plants;
  - j. Social events and activities beyond the activity program; and
  - k. Special care services not included in the facility's Medicaid payment.
  
2. In accordance with ATTACHMENT 4.19-D, Nursing Home Reimbursement, each nursing facility must provide the following personal hygiene items and services (and residents may not be charged for):
  - a. Nursing and related services;
  - b. Specialized rehabilitative services (treatment and services required by residents with mental illness or intellectual disability, not provided or arranged for by the State);
  - c. Pharmaceutical services (with assurance of accurate acquiring, receiving, dispensing, and administering of drugs and biologicals);
  - d. Dietary services individualized to the needs of each resident;
  - e. Professionally directed program of activities to meet the interests and needs for well-being of each resident;
  - f. Emergency dental services (and routine dental services to the extent covered under the State Plan);
  - g. Room and bed maintenance services; and
  - h. Routine personal hygiene items and services.
  
3. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. the proposed services are medically appropriate; and
  - b. the proposed services are more cost effective than alternative services.

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T.N. # 14-011

Approval Date **8/22/14**

Supersedes T.N. # 04-008A

Effective Date 4-1-14

SKILLED NURSING FACILITY SERVICES

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LIMITATIONS

1. In accordance with section 1919(f)(7) of the Act, Residents may be charged for the following personal hygiene items and services:
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T.N. # 14-011

Approval Date **8/22/14**

Supersedes T.N. # 04-008A

Effective Date 4-1-14

SKILLED NURSING FACILITY SERVICES  
(Children under 21 years of age)

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