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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-14-012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form
- 3) Approved SPA Pages

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



Region VIII

April 10, 2014

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

RE: Utah #14-012

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-012. This amendment updates psychiatric services by removing provisions already consolidated in another section of the State Plan.

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 Mandy Strom at (303) 844-7068.

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:
14-012-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 440.50

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$0
b. FFY 2015 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 1a of Attachment #5 of ATTACHMENTS 3.1-A and 3.1-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Page 1a of Attachment #5 of ATTACHMENTS 3.1-A and 3.1-B

10. SUBJECT OF AMENDMENT: Physician Services

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: March 20, 2014

16. RETURN TO:

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

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17. DATE RECEIVED
03/20/14

18. DATE APPROVED:
04/10/14

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:
04/01/14

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Richard C. Allen

22. TITLE:
ARA, DMCHO

23. REMARKS

PLAN APPROVED - ONE COPY ATTACHED

PHYSICIAN SERVICES (Continued)

LIMITATIONS (Continued)

2. Abortion services, except as covered under ATTACHMENT 3.1-A, (Attachment #5a).

T.N. # 14-012

Approval Date 4/10/14

Supersedes T.N. # 02-012

Effective Date 4-1-14

PHYSICIAN SERVICES (Continued)

LIMITATIONS (Continued)

2. Abortion services, except as covered under ATTACHMENT 3.1-B, (Attachment #5a).

T.N. # 14-012

Approval Date 4/10/14

Supersedes T.N. # 02-012

Effective Date 4-1-14