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State/Territory Name: Utah

State Plan Amendment (SPA) #: 14-027

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
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

April 9, 2018

Nathan Checketts, Medicaid Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-027. This State Plan Amendment clarifies coverage and limitations on Audiology services. Audiology Services are now covered except for hearing aids; the state has removed the problematic medical necessary/cost effective language; and this SPA has removed reference to EPSDT and pregnant women because the enhanced pregnant women section and EPSDT section contain the necessary language to cover all medically necessary services.

Please be informed that this State Plan Amendment was approved April 6, 2018, with an effective date of March 1, 2018. 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,



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

cc: John Curless, UT
Craig Devashrayee, UT

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

- | | |
|--|-------------------|
| 1. TRANSMITTAL NUMBER:
14-027-UT | 2. STATE:
Utah |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCI.
SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE
March 1, 2018 | |

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 440.110

7. FEDERAL BUDGET IMPACT:
a. SFY 2018 \$0
b. SFY 2019 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

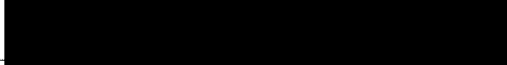
Page 1 of Attachment #11d within ATTACHMENTS 3.1-A
and 3.1-B.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Page 1 of Attachment #11d within ATTACHMENTS 3.1-A
and 3.1-B.

10. SUBJECT OF AMENDMENT: Audiology Services

11. GOVERNOR'S REVIEW (*Check One*):
- | | |
|---|---|
| <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT | <input type="checkbox"/> OTHER, AS SPECIFIED: |
| <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | |
| <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | |

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME: Joseph K. Miner, MD

14. TITLE: Executive Director, Utah Department of Health


15. DATE SUBMITTED: May 15, 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 15, 2014	18. DATE APPROVED: April 6, 2018
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FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard C. Allen	22. TITLE: ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

3. REMARKS

AUDIOLOGY SERVICES

SERVICES

1. Audiology services include preventive, screening, evaluation, and diagnostic services.
2. Audiology services are provided by or under the direction of an audiologist.
3. Audiology services and providers meet the federal requirements of 42 CFR 440.110.

NON-COVERED SERVICES

1. Hearing aids

T.N. # 14-027

Approval Date 4/6/18 .

Supersedes T.N. # 08-018

Effective Date 3-1-18

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