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State/Territory Name: Utah

State Plan Amendment (SPA) #: 14-028

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) 14-028. This State Plan Amendment clarifies coverage and limitations on Speech Pathology Services, which are covered with limitations; removed coverage 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; and removed problematic medical necessary/cost effective language.

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:
14-028-UT
2. STATE:
Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL 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. FFY 2018 \$0
b. FFY 2019 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 1 of Attachment #11c 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)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 #11c within ATTACHMENTS 3.1-A and 3.1-B.

10. SUBJECT OF AMENDMENT: Speech Pathology 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:

[Redacted Signature]

13. TYPED NAME: Joseph K. Miner, MD

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: May 15, 2014

16.

17. DATE RECEIVED:

May 15, 2-14

16. RETURN TO:

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

18. DATE APPROVED:

April 6, 2018

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

March 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

PLAN APPROVED – ONE COPY ATTACHED

3. REMARKS

SPEECH PATHOLOGY SERVICES

SERVICES

1. Speech pathology services include evaluation, diagnosis and therapy services.
2. Speech pathology services are provided to treat disorders related to traumatic brain injuries, cerebrovascular accidents, and disabilities which qualify members to receive speech-generating devices and to treat swallowing dysfunction.
3. Speech pathology services and providers meet the federal requirements of 42 CFR 440.110.

LIMITATIONS

1. One speech evaluation per client per year is a covered service.

T.N. # _____ 14-028

Approval Date 4/6/18 _____

Supersedes T.N. # 08-018

Effective Date 3-1-18

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