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State/Territory Name: Utah

State Plan Amendment (SPA) #: 14-029

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) 14-029. This State Plan Amendment clarifies coverage and limitations on Chiropractic Services. These services are no longer covered; removes reference to coverage for EPSDT and pregnant women because the enhanced pregnant women section and EPSDT section contain the necessary language to cover all medically necessary services; and removes 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:
14-029-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 440.60

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 3 of ATTACHMENTS 3.1-A and 3.1-B;
Deletes Page 1, Attachment #6c of ATTACHMENTS 3.1-A
and 3.1-B.


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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Page 3 of ATTACHMENTS 3.1-A and 3.1-B;
Deletes Page 1, Attachment #6c of ATTACHMENTS 3.1-A
and 3.1-B.

10. SUBJECT OF AMENDMENT: Chiropractic 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: 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


FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

March 1, 2018

21. TYPED NAME:

Richard C. Allen

20. SIGNATURE OF REGIONAL OFFICIAL:


22. TITLE:

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

3. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY (Continued)

6. b. Optometrists' services.

Provided: No limitations With limitations*
 Not provided.

c. Chiropractors' services.

Provided: No limitations With limitations*
 Not provided.

d. Other practitioners' services – Psychologists:

Provided: Identified on attached sheet with description of limitations, if
any.
 Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations*

T.N. # 14-029

Approval Date 4/6/18

Supersedes T.N. # 16-0001

Effective Date 3-1-18

SERVICES PROVIDED BY LICENSED CHIROPRACTORS

Deleted 3-1-18

T.N. # _____ 14-029

Approval Date 4/6/18

Supersedes T.N. # 08-017

Effective Date 3-1-18

SERVICES PROVIDED BY LICENSED CHIROPRACTORS

Deleted 3-1-18

T.N. # _____ 14-029

Approval Date 4/6/18

Supersedes T.N. # 08-017

Effective Date 3-1-18

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY (Continued)

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services

Provided: No limitations With limitations*

b. Optometrists' services.

Provided: No limitations With limitations*

c. Chiropractors' services.

Provided: No limitations No limitations
 Not provided:

d. Other practitioners' services – Psychologists:

Provided: Not provided:

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations No limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations No limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations No limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No limitations No limitations*

*Description provided on attachment

T.N. # 14-029

Approval Date 4/6/18

Supersedes T.N. # 16-0001

Effective Date 3-1-18