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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-15-0004

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



Region VIII

November 13, 2015

Joseph K. Miner, M.D., MSPH, Executive Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

RE: Utah #15-0004

Dear Dr. Miner:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0004. This amendment removes obsolete language from the State Plan regarding Targeted Case Management (TCM) for individuals who are homeless. Individuals who are homeless, eligible for Medicaid under the State Plan, and are seriously mentally ill, receive TCM services based on a different section of the State Plan.

Please be informed that this State Plan Amendment was approved today with an effective date of September 1, 2015. 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/

Trinia Hunt
Acting 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:
15-0004-UT

2. STATE:
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
September 1, 2015

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:

Subsection 1915(g) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. SFY 2016 \$0
b. SFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

D-1

Pages 1 through 3 are deleted in Supplement [redacted] to ATTACHMENTS 3.1-A and 3.1-B because language in the State plan regarding TCM services for the homeless is obsolete.

Page 22b of ATTACHMENT 4.19-B is deleted because the provisions for reimbursement are obsolete.

All these pages are removed without replacement.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Pages 1 through 3 are deleted in Supplement 1-C to ATTACHMENTS 3.1-A and 3.1-B because language in the State Plan regarding TCM services for the homeless is obsolete.

Page 22b of ATTACHMENT 4.19-B is deleted because the provisions for reimbursement are obsolete.

All these pages are removed without replacement.

10. SUBJECT OF AMENDMENT: Targeted Case Management for the Homeless

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:

[Redacted Signature]

13. TYPED NAME: Joseph Miner, MD, MPH

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: September 1, 2015

16.

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:

9/1/15

18. DATE APPROVED:

11/13/15

19. EFFECTIVE DATE OF APPROVED MATERIAL:

9/1/15

20. SIGNATURE OF REGIONAL OFFICIAL:

Trinia Hunt, Acting ARA, DMCH [Redacted Signature]

Revision: HCFA-PM-87-4 (BERC) SUPPLEMENT 1-D TO ATTACHMENT 3.1-A
March 1987 Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____ UTAH _____

CASE MANAGEMENT SERVICES

Deleted September 1, 2015

T.N. # _____ 15-0004 _____ Approval Date 11/13/15

Supersedes T.N. # 93-02 _____ Effective Date 9-1-15

Revision: HCFA-PM-87-4 (BERC) SUPPLEMENT 1-D TO ATTACHMENT 3.1-A
March 1987 Page 2

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March 1987 Page 3

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SUPPLEMENT 1-D TO ATTACHMENT 3.1-B
Page 2

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S.S. Act
1915(g)

ATTACHMENT 4.19-B
Page 22b

Deleted September 1, 2015

T.N. # 15-0004

Approval Date 11/13/15

Supersedes T.N. # 93-002

Effective Date 9-1-15