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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-16-0001

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

February 4, 2016

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

RE: Utah #16-0001

Dear Dr. Miner:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0001. This amendment removes provisions for psychologist services already described in the Rehabilitative section of the State Plan.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2016. 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: Nathan Checketts, Acting Medicaid Director, UT
Craig Devashrayee, UT

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

1. TRANSMITTAL NUMBER:
16-0001-UT

2. STATE:
Utah

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

4. PROPOSED EFFECTIVE DATE
January 1, 2016

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 2016 \$0
b. SFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 35 of ATTACHMENT 4.19-B is deleted because reimbursement provisions for psychologist services are already described in the Rehabilitative section of this attachment;

Attachment #6d of ATTACHMENTS 3.1-A and 3.1-B is deleted because provisions for psychologist services are already described in the Rehabilitative section of both attachments;

Page 3 of ATTACHMENTS 3.1-A and 3.1-B.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Page 35 of ATTACHMENT 4.19-B is deleted because reimbursement provisions for psychologist services are already described in the Rehabilitative section of this attachment;


Attachment #6d of ATTACHMENTS 3.1-A and 3.1-B is deleted because provisions for psychologist services are already described in the Rehabilitative section of both attachments;

Page 3 of ATTACHMENTS 3.1-A and 3.1-B.

10. SUBJECT OF AMENDMENT: Licensed Psychologists

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 Miner, MD, MPH

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: December 31, 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:
December 31, 2015

18. DATE APPROVED:
February 4, 2016

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME:
Richard C. Allen

22. TITLE:
ARA, DMCHO

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. # 16-0001

Approval Date 2/4/16

Supersedes T.N. # 07-003

Effective Date 1-1-16

42 CFR
440.60

ATTACHMENT 3.1-A
Attachment #6d

SERVICES PROVIDED BY LICENSED PRACTITIONERS - PSYCHOLOGISTS

Deleted January 1, 2016

T.N. # 16-0001

Approval Date 2/4/16

Supersedes T.N. # 13-008

Effective Date 1-1-16

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 With limitations*

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 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*

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

Provided: No limitations With limitations*

*Description provided on attachment.

T.N. # 16-0001

Approval Date 2/4/16

Supersedes T.N. # 93-34

Effective Date 1-1-16

42 CFR
440.60

ATTACHMENT 3.1-B
Attachment #6d

SERVICES PROVIDED BY LICENSED PRACTITIONERS - PSYCHOLOGISTS

Deleted January 1, 2016

T.N. # 16-0001

Approval Date 2/4/16

Supersedes T.N. # 13-008

Effective Date 1-1-16

Deleted 1-1-16

T.N. # 16-0001

Approval Date 2/4/16

Supersedes T.N. # 15-0016

Effective Date 1-1-16