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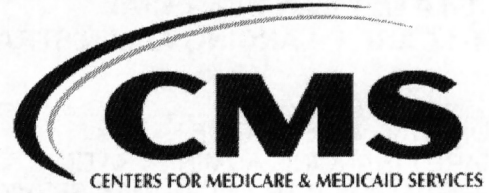
State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-17-0020

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

July 11, 2017

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

RE: Utah #17-0020

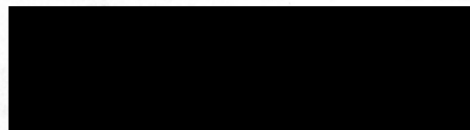
Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0020. This State Plan Amendment breaks out effective dates of rates for transportation into two categories on the Attachment 4.19-B Introduction Page. One category is for Ambulance and the other is for Special Services.

Please be informed that this State Plan Amendment was approved today with an effective date of July 10, 2017. 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:
17-0020-UT

2. STATE:
Utah

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

4. PROPOSED EFFECTIVE DATE
July 10, 2017

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 440.170

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$0
b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Introduction Page to ATTACHMENT 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Introduction Page to ATTACHMENT 4.19-B

10. SUBJECT OF AMENDMENT: Ambulance Rates

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:

13. TYPED NAME: Joseph K. Miller, MD

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: July 6, 2017

16. RETURN TO:

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

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17. DATE RECEIVED:

July 6, 2017

18. DATE APPROVED:

July 11, 2017

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 10, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

23. REMARKS

PLAN APPROVED - ONE COPY ATTACHED

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

Payment rates for the services listed below are effective for services provided on or after the corresponding date:

Service	Attachment	Effective Date
Physician and Anesthesia Services	Attachment 4.19-B, Pages 4 and 5	July 1, 2017
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2017
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2017
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2017
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2017
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2017
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2017
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2017
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2017
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2017
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 10, 2017
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2017
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2017

T.N. # 17-0020

Approval Date 7/11/2017

Supersedes T.N. # 17-0006

Effective Date 7-10-17