
Table of Contents

State/Territory Name: Utah

State Plan Amendment (SPA) #: 17-0025

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

January 30, 2018

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

RE: Utah #17-0025

Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0025. This State Plan Amendment updates the inpatient hospital state administrative code references, removes the reference to the list maintained in the provider manual for medical/surgical procedures since there is now a coverage/reimbursement look-up tool for providers, and removes the intensive level of care information since it is not specific to inpatient services.

Please be informed that this State Plan Amendment was approved today with an effective date of December 1, 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:
17-0025-UT

2. STATE:
Utah

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

TO: REGIONAL ADMINISTRATOR
HEALTHCARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
December 1, 2017

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 440.10

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 1 and 2 of Attachment #1 within ATTACHMENT 3.1-A;
Pages 1 and 2 of Attachment #1 within ATTACHMENT 3.1-B.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Pages 1 and 2 of Attachment #1 within ATTACHMENT 3.1-A;
Pages 1 and 2 of Attachment #1 within ATTACHMENT 3.1-B.

10. SUBJECT OF AMENDMENT: Long Term Acute Care

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: November 22, 2017

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:

November 22, 2017

18. DATE APPROVED:

January 30, 2018

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

3. REMARKS

INPATIENT HOSPITAL SERVICES

DEFINITION

Inpatient Hospital Services means services provided in a hospital licensed by the Utah Department of Health. General services are defined under Subsection 26-21-2(11) of the Utah Code and in the Utah Administrative Code under *Rule R432-100 General Hospital Standards*. Specialty services are defined under Subsection 26-21-2(21) of the Utah Code and in the Utah Administrative Code under *Rules R432-103 Specialty Hospital - Rehabilitation* and *R414-515 Long Term Acute Care*.

LIMITATIONS

1. The lower of the Western Region Professional Activities Study at the 50th percentile or the State of Utah's 50th percentile will be established as the upper limit of length of stay as a utilization control for the most frequent single cause of admission. These criteria will be used to evaluate the length of stay in hospitals that are not under the DRG payment system.
2. Need for an extension of length of stay must be justified by a physician, and reauthorization must be obtained from the Medicaid Agency for hospitals that are not under the DRG payment system.
3. Inpatient hospital psychiatric counseling services provided under personal supervision, rather than directly by the physician, are not provided in all hospitals in the state, and therefore, are non-covered services.
4. Inpatient hospital care for treatment of alcoholism and/or drug dependency is not a service provided in all hospitals in the state, and therefore, the service is limited to acute care for detoxification only.
5. Procedures determined to be cosmetic, experimental, or of unproven medical value, are non-covered services.
6. Organ transplant services are limited to those procedures for which selection criteria have been approved and documented in ATTACHMENT 3.1-E.
7. Abortion services, except as covered under ATTACHMENT 3.1-A, (Attachment #5a).
8. Selected medical and surgical procedures are limited by federal regulation and require review, special consent, and approval.
9. Except for item 7 above, the Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. the proposed services are medically appropriate; and
 - b. the proposed services are more cost effective than alternative services.

T.N. # 17-0025

Approval Date 1/30/18

Supersedes T.N. # 04-008A

Effective Date 12-1-17

42 CFR
440.10

ATTACHMENT 3.1-A
Attachment #1
Page 2

INPATIENT HOSPITAL SERVICES (Continued)

Deleted 12-1-17

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ATTACHMENT 3.1-B
Attachment #1
Page 2

INPATIENT HOSPITAL SERVICES (Continued)

Deleted 12-1-17

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