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State/Territory Name: Utah

State Plan Amendment (SPA) #: 18-0001

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 12, 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) 18-0001. This State Plan Amendment updates administrative and organizational changes within the Department of Health and Division of Medicaid and Health Financing.

Please be informed that this State Plan Amendment was approved today with an effective date of April 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,

A solid black rectangular box used to redact the signature of Richard C. Allen.

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:
18-0001-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
April 1, 2018

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 430.10

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 7, Section 1.2;
Section 7.4;
Pages 1 through 3 and Exhibit A of ATTACHMENT 1.2-A;
Pages 2,3,4, and 6 of ATTACHMENT 1.2-B;
Page 5 of ATTACHMENT 1.2-B is deleted;
Pages 2 and 6 of ATTACHMENT 1.2-C;
Pages 3 through 5 and Pages 7 through 26 of
ATTACHMENT 1.2-C are deleted.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Page 7, Section 1.2;
Section 7.4;
Pages 1 through 3 and Exhibit A of ATTACHMENT 1.2-A;
Pages 2,3,4, and 6 of ATTACHMENT 1.2-B;
Page 5 of ATTACHMENT 1.2-B is deleted;
Pages 2 and 6 of ATTACHMENT 1.2-C;
Pages 3 through 5 and Pages 7 through 26 of
ATTACHMENT 1.2-C are deleted.

10. SUBJECT OF AMENDMENT: Administrative Changes and Updates to the Medicaid State Plan

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, M.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: April 10, 2018

16.

17. DATE RECEIVED:

April 10, 2018

16. RETURN TO:

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

18. DATE APPROVED:

April 12, 2018

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

3. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 1 - SINGLE STATE AGENCY ORGANIZATION (Continued)

Citation

1.2 Organization for Administration

42 CFR 431.11

(a) ATTACHMENT 1.2-A refers to the Utah Department of Health website for a description of the organizations and functions of the Department. It also refers to the organization chart on the Department website.

AT-79-29

(b) ATTACHMENT 1.2-B refers to the Utah Medicaid website for a description of the organization and functions of the Division of Medicaid and Health Financing.

(c) ATTACHMENT 1.2-C refers to the Utah Medicaid website for a description of the organization and functions of the Division and its bureaus.

(d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a).

___ Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

T.N. # _____ 18-0001

Approval Date 4/12/18

Supersedes T.N. # _____ 80-06

Effective Date _____ 4-1-18

Revision: HCFA-PM-91-4

(BPD)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 7 - GENERAL PROVISIONS - (Continued)

Citation 7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State Plan Amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare & Medicaid Services with such documents.

- Not applicable. The Governor--
- Does not wish to review any plan material.
- Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

UTAH DEPARTMENT OF HEALTH
(Designated Single State Agency)

Date: 04/10/2018

Joseph K. Miner MD
(Signature)
JOSEPH K. MINER, M.D.
EXECUTIVE DIRECTOR
UTAH DEPARTMENT OF HEALTH
(Title)

T.N. # 18-0001

Approval Date 4/12/18

Supersedes T.N. # 97-008

Effective Date 4-1-18

UTAH DEPARTMENT OF HEALTH

ORGANIZATION AND FUNCTIONS

The purpose, role, and function of the Utah Department of Health can be found at <https://health.utah.gov/>.

T.N. # 18-0001

Approval Date 4/12/18

Supersedes T.N. # MA-80-35

Effective Date 4-1-18

UTAH DEPARTMENT OF HEALTH

EXECUTIVE DIRECTOR OF HEALTH

The purpose, role, and function of the Executive Director's Office can be found at <https://health.utah.gov/>.

T.N. # 18-0001

Approval Date 4/12/18

Supersedes T.N. # MA-80-35

Effective Date 4-1-18

UTAH DEPARTMENT OF HEALTH

DIVISION OF MEDICAID AND HEALTH FINANCING

The purpose, role, and function of the Division of Medicaid and Health Financing can be found under Annual Reports at <https://medicaid.utah.gov/>.

T.N. # 18-0001

Approval Date 4/12/18

Supersedes T.N. # 07-008

Effective Date 4-1-18

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

DIRECTOR'S OFFICE (Continued)

Deleted 4-1-18

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

DIRECTOR'S OFFICE (Continued)

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State: _____ UTAH

DIRECTOR'S OFFICE (Continued)

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