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State/Territory Name: Utah

State Plan Amendment (SPA) #: 18-0006

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

June 06, 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) 18-0006. This State Plan Amendment updates the effective date of rates for Medicaid services to July 1, 2018.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2018. We are enclosing the CMS-179 and the amended plan page.

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: 18-0006-UT	2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2018	

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:
Section 1902(a)(30)(A) of the Social Security Act

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Introduction Page of ATTACHMENT 4.19-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)
Introduction Page of ATTACHMENT 4.19-B

10. SUBJECT OF AMENDMENT: Annual Rebasing Update

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. TYPE OF OFFICIAL: [Redacted]

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: May 22, 2018

16.

17. DATE RECEIVED:

May 22, 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:

June 06, 2018

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 01, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

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

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, 2018
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2018
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2018
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2018
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2018
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2018
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2018
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2018
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2018
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2018
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2018
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2018
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2018

T.N. # 18-0006

Approval Date 6-6-18

Supersedes T.N. # 17-0020

Effective Date 7-1-18