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State/Territory Name: Utah

State Plan Amendment (SPA) #: 19-0006

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
1961 Stout Street, Room 08-148
Denver, CO 80294



Denver Regional Operations Group

July 12, 2019

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

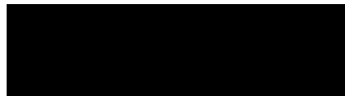
Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0006. This State Plan Amendment updates the effective date on the introduction page.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2019. 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,



Trinia J. Hunt
Acting Division Director, Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

cc: John Curless, Utah
Craig Devashrayee, Utah

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

1. TRANSMITTAL NUMBER:
19-0006-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
July 1, 2019

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 2019 +\$826,439
b. FFY 2020 +\$3,305,757
c.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

13. TYPED NAME: Joseph K. Miner, M.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: June 28, 2019

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:

June 28, 2019

18. DATE APPROVED:

July 12, 2019

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

21. TYPED NAME:

Trinia J. Hunt

22. TITLE:

Acting Division Director, WROG

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, 2019
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2019
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2019
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2019
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2019
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2019
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2019
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2019
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2019
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2019
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2019
Targeted Case Management for Individuals with Serious Mental Illness	Attachment 4.19-B, Page 22a	July 1, 2019
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2019
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2019

T.N. # 19-0006

Approval Date 7/12/19

Supersedes T.N. # 19-0005

Effective Date 7-1-19