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State/Territory Name: Utah

State Plan Amendment (SPA) UT: 24-0010

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
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

August 7, 2024

Jennifer Strohecker
State Medicaid Director
Division of Integrated Healthcare
Utah Department of Health & Human Services
P O Box 144102
Salt Lake City UT 84114-4102

RE: Utah TN: 24-0010

Dear Director Jennifer Strohecker,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Utah state plan amendment (SPA) to Attachment 4.19-B UT-24-0010, which was submitted to CMS on May 16, 2024. The plan amendment rebases and increase Utah's budget for multiple Fee-For-Service Non-Institutional services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at via email at monica.neiman@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 0

2. STATE

UTAH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(30)(A) of the Social Security Act and 42 CFR 447.252(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 2,103,400
b. FFY 2025 \$ 8,413,700

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Introduction Page 1 of Attachment 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Introduction Page of Attachment 4.19-B

Supersedes: UT-23-0014

9. SUBJECT OF AMENDMENT

Annual Rebasing Update The plan amendment rebases and increase Utah's budget for multiple Fee-For-Service Non-Institutional services.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Tracy S. Gruber

13. TITLE
Executive Director, Utah Dept of Health & Human Services

14. DATE SUBMITTED
May 16, 2024

15. RETURN TO

Craig Devashrayee
Utah Department of Health and Human Services
Division of Integrated Healthcare
cdevashrayee@utah.gov

FOR CMS USE ONLY

16. DATE RECEIVED
May 16, 2024

17. DATE APPROVED
August 7, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

Pen and Ink change approved by the state and processed by CMS on the following fields:
Box 8: Supersedes SPA: 23-0014
Box 9: To include the following language: The plan amendment rebases and increase Utah's budget for multiple Fee-For-Service Non-Institutional services.

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, 2024
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2024
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2024
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2024
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2024
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2024
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2024
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2024
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2024
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2024
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2024
Medication-Assisted Treatment for Opioid Use Disorders	Attachment 4.19-B, Page 36	July 1, 2024
Targeted Case Management for Individuals with Serious Mental Illness	Attachment 4.19-B, Page 22a	July 1, 2024
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2024
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2024
Autism Spectrum Disorder Services	Attachment 4.19-B, Page 35	July 1, 2024
Recreational Therapy	Attachment 4.19-B, Page 35a	July 1, 2024

T.N. # 24-0010

Approval Date August 7, 2024

Supersedes T.N. # 23-0014

Effective Date 7-1-24