

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

1. TRANSMITTAL NUMBER:  
09-003-UT

2. STATE:  
UTAH

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

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

4. PROPOSED EFFECTIVE DATE  
July 1, 2009

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 440.110

7. FEDERAL BUDGET IMPACT:

a. FFY \$ 2009      \$ +46,400  
b. FFY \$ 2010      \$ +185,600

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment #7d, Page 1 of Attachments 3.1-A and 3.1-B  
Attachment #11a, Page 1 of Attachments 3.1-A and 3.1-B  
Attachment #11b, Page 1 of Attachments 3.1-A and 3.1-B  
Page 14 of Attachment 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment #7d, Page 1 of Attachments 3.1-A and 3.1-B  
Attachment #11a, Page 1 of Attachments 3.1-A and 3.1-B  
Attachment #11b, Page 1 of Attachments 3.1-A and 3.1-B  
Page 14 of Attachment 4.19-B

10. SUBJECT OF AMENDMENT:


Physical and Occupational Therapy

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:



13. TYPED NAME:

David N. Sundwall, MD

14. TITLE:

Executive Director, Utah Department of Health

15. DATE SUBMITTED:

June 15, 2009

16. RETURN TO:

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

FOR REGIONAL USE ONLY

17. DATE RECEIVED:

6/15/09

18. DATE APPROVED:

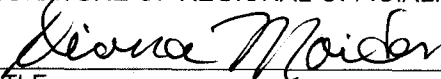
8/27/09

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/09

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Diana Maiden for Richard C. Allen

22. TITLE:

Associate Regional Administrator

23. REMARKS

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



**Region VIII**

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August 27, 2009

David N. Sundwall, MD  
Utah Department of Health  
288 North 1460 West  
PO Box 143102  
Salt Lake City, UT 84114

RE: Utah #09-003

Dear Dr. Sundwall:

This is your official notification that Utah State Plan amendment 09-003 "Physical and Occupational Therapy Restoration of Services" has been approved effective July 1, 2009.

If you have any questions concerning this amendment, please contact Betty Strecker at (303) 844-7028.

Sincerely,

/s/

Diana Maiden, Acting for  
Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid and Children's Health

CC: Michael Hales, Medicaid Director, UT  
Craig Devashrayee, UT

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N. PHYSICAL THERAPY

Payments are based on the established fee schedule unless a lower amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. Fees are established by discounting historical charges, and by professional judgment.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of these services. The agency's rates were set as of July 1, 2009, and are effective for services on or after that date. Payments are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>.

The annual Medicaid budget requests include inflation factors for these services based on the Consumer Price Index published by the U.S. Department of Labor Statistics. The actual inflation will be established by the Utah State Legislature based on economic trends and conditions. Consideration will be given to the inflation adjustments given in prior years relative to the Consumer Price Index. Inflation adjustments, as appropriate, will typically occur each July 1.

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T.N. # 09-003

Approval Date 8/27/09

Supersedes T.N. # 99-003

Effective Date 7-1-09

HOME HEALTH SERVICES - PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND  
SPEECH-PATHOLOGY SERVICES

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LIMITATIONS

1. Physical therapy service provided by a home health agency must be prescribed by a physician and included in the plan of care. Physical therapy services are limited to those provided by a qualified, licensed physical therapist and must follow all regulations governing physical therapy service.
2. Treatment must follow written plan of care, and there must be an expectation that the patient's medical condition, under treatment, will improve in a predictable period of time.
3. The Agency requires all home health services to be prior authorized. Services will be prior authorized to the extent allowed by law, if the Agency's medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternative services.
4. All physical therapy services are provided in accordance with 42 CFR 440.110.
5. Occupational therapy and speech pathology services in the home are available only to clients who are pregnant women or who are individuals eligible under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

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T.N. # 09-003

Approval Date 8/27/09

Supersedes T.N. # 08-019

Effective Date 7-1-09

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T.N. # 09-003

Approval Date 8/27/09

Supersedes T.N. # 08-019

Effective Date 7-1-09

PHYSICAL THERAPY SERVICES

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SERVICES

1. Physical therapy services include:
  - a. treatment by the use of exercise, massage, heat or cold, air, light, water, electricity, or sound in order to correct or alleviate a physical or mental condition or prevent the development of a physical or mental disability; or
  - b. the performance of tests of neuromuscular function as an aid to diagnosis or treatment.

LIMITATIONS

1. Physical therapy services will be provided for rehabilitation only. Therapy for the purpose of maintenance is not a covered Medicaid benefit. Physical therapy service must be based on physician order, follow a written plan of care, and be specific for the patient's diagnosis.
2. Stroke related physical therapy services must be initiated within sixty (60) days following the stroke and may continue only until the expected, reasonable level of function is restored.
3. Physical Therapy is limited to 20 visits annually.
4. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternative services.

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T.N. # 09-003

Approval Date 8/27/09

Supersedes T.N. # 03-006

Effective Date 7-1-09

PHYSICAL THERAPY SERVICES

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T.N. # 09-003

Approval Date 8/27/09

Supersedes T.N. # 03-006

Effective Date 7-1-09

OCCUPATIONAL THERAPY SERVICES

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SERVICES

1. Occupational therapy services include therapeutic, rehabilitative and preventative services for the treatment of physical injury (traumatic brain injury, spinal cord injury and hand injury), illness (CVA), congenital anomalies or developmental disabilities causing neurodevelopmental deficits such as cerebral palsy.

LIMITATIONS

1. Occupational therapy services will be provided for rehabilitation only. Therapy for the purpose of maintenance is not a covered Medicaid benefit. Occupational therapy service must be based on physician order, follow a written plan of care, and be specific for the patient's diagnosis.
2. Stroke related occupational therapy services must be initiated within ninety (90) days following the stroke and may continue only until the expected, reasonable level of function is restored.
3. Occupational Therapy is limited to 20 visits annually.
4. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
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T.N. # 09-003

Approval Date 8/27/09

Supersedes T.N. # 03-007

Effective Date 7-1-09



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Approval Date 8/27/09

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