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State/Territory Name: Utah

State Plan Amendment (SPA) #: 24-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 3, 2025

Jennifer Strohecker
Director
Division of Integrated Healthcare
Utah Department of Health and Human Services
PO Box 143101
Salt Lake City, UT 84114-3101

Re: Utah State Plan Amendment (SPA) 24-0022

Dear Director Strohecker:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0022. This amendment proposes changes to coverage of extended services for pregnant women to increase the scope of services provided by physician assistants.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.250(p). This letter informs you that Utah Medicaid SPA TN 24-0022 was approved on February 28, 2025, with an effective date of November 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Utah State Plan.

If you have any questions, please contact Tyler Deines at 202-571-8533 or via email at Tyler.Deines@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 2

2. STATE

UTAH3. 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

November 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

~~42 CFR 440.50 and 440.60~~

42 CFR §440.250(p)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025\$ 0b. FFY 2026\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Page 4 of Attachment #20b, within ATTACHMENTS 3.1-A and 3.1-B~~~~Page 5 of Attachment #20b, within ATTACHMENTS 3.1-A and 3.1-B~~

Attachments 3.1-A & 3.1-B, Attachment #20b, Pages 2-6

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)~~Page 4 of Attachment #20b, within ATTACHMENTS 3.1-A and 3.1-B (T.N. 94-025)~~~~Page 5 of Attachment #20b, within ATTACHMENTS 3.1-A and 3.1-B (T.N. 13-032)~~

Attachments 3.1-A & 3.1-B, Attachment #20b, Page 3 (TN: 23-0016)

Attachments 3.1-A & 3.1-B, Attachment #20b, Pages 2 & 4 (TN: 94-025)

Attachments 3.1-A & 3.1-B, Attachment #20b, Page 5 (TN: 13-032)

9. SUBJECT OF AMENDMENT

~~Physician Assistants~~ Modifies coverage of extended services for pregnant women to increase the scope of services provided by physician assistants.

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

November 25, 2024

15. RETURN TO

Craig Devashrayee

Utah Department of Health & Human Services

Division of Integrated Healthcare

cdevashrayee@utah.gov

FOR CMS USE ONLY

16. DATE RECEIVED

November 25, 2024

17. DATE APPROVED

February 28, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

November 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Blocks 5, 7, 8, & 9: State approved pen and ink changes on 02/13/2025.

EXTENDED SERVICES TO PREGNANT WOMEN (Continued)

B. Medical Care

Licensed Physician Assistant Services

Perinatal Care Coordination

A physician assistant may provide risk assessment as defined in Section C.

A physician assistant may provide prenatal and postnatal visits as defined in Section C.

A physician assistant may provide group prenatal/postnatal education as defined in Section C.

A physician assistant may provide a prenatal assessment visit as defined in Section C.

A physician assistant may provide single prenatal visits as defined in Section C.

A physician assistant may provide perinatal care coordination as defined in Section C.

Licensed, Certified Social Worker, Clinical Psychologist, Marriage and Family Counselor Services

A prenatal and postnatal psychological counseling psychosocial evaluation is provided to identify patients and families with high psychological and social risks, to develop a psychosocial care plan and provide or coordinate appropriate intervention, counseling or referral necessary to meet the identified needs of families.

Limited to 12 visits in any 12-month period.

The Agency may exceed limitations to the extent allowed by law if its medical staff determines the proposed services are medically necessary.

Licensed Social Worker Services

A licensed social service worker (SSW) who meets the established criteria may provide perinatal care coordination.

A licensed, certified social worker (LCSW) who meets the established criteria may provide perinatal care coordination.

Licensed Registered Dietitian Services

Nutritional Assessment/Counseling

All women are referred to the WIC program for nutritional assessment. Women with complex nutritional or related medical risk factors as determined in initial prenatal visits may require intensive nutrition education, counseling, monitoring and frequent consultation, and may receive service by referral from a physician, certified nurse midwife, or a family nurse practitioner to a registered dietitian.

Limited to 14 visits during any 12-month period.

The Agency may exceed limitations to the extent allowed by law if its medical staff determines the proposed changes are medically necessary.

Licensed Community Health Nurse Services

Perinatal Care Coordination. A licensed community health nurse may provide prenatal and postnatal home visits as defined in Section C.

A licensed community health nurse may provide group prenatal/postnatal education as defined in Section C.

Licensed Registered Nurse Services

Perinatal Care Coordination.

A licensed, registered nurse may provide prenatal/postnatal home visits as defined in Section C.

T.N. # UT-24-0022

Approval Date 2-28-25

Supersedes T.N. # UT-94-025

Effective Date 11-1-24

EXTENDED SERVICES TO PREGNANT WOMEN (Continued)

Health Educator Services

A licensed practical nurse (LPN) who works under the supervision of a registered nurse and has additional training and experience to be a perinatal care coordinator may provide perinatal care coordination services. The LPN must be licensed in accordance with the Nurse Practice Act of the State of Utah.

The LPN may provide group prenatal/postnatal education as defined in Section C.

C. Certified, Registered Nurse Midwife Services

Risk Assessment

Risk assessment is the systematic review of relevant client data to identify potential problems and plan for care. Early identification of high-risk pregnancies with appropriate consultation and intervention contribute significantly to an improved perinatal outcome and lowering of maternal and infant morbidity and mortality. The care plan for low-risk clients incorporates a primary care service package and additional services specific to the needs of the individual client. High-risk care includes referral to or consultation with an appropriate specialist, individualized counseling, and services designed to address the particular risk factors involved. Risk assessment will be accomplished using the Utah Perinatal Record system or other formalized risk assessment tool. Consultation standards will be consistent with the Utah Medical Insurance Association guidelines.

Certified, registered nurse midwives may care for some psychosocially or demographically high-risk women according to written agreements with consulting physicians or admitting hospitals.

Limited to two risk assessments during any 10-month period.

The Agency may exceed limitations to the extent allowed by law if its medical staff determines the proposed changes are medically necessary.

T.N. # UT-24-0022

Approval Date 2-28-25

Supersedes T.N. # UT-23-0016

Effective Date 11-1-24

EXTENDED SERVICES TO PREGNANT WOMEN (Continued)

Prenatal Assessment Visit (Initial Visit Only)

The initial prenatal visit for a new patient with a confirmed pregnancy, providing an evaluation of the mental and physical status of the patient, an in-depth family and medical history, physical examination, development of medical data, and initiation of a plan of care.

Limited to one visit in any 10-month period, to be used only when patient is referred immediately to a community practitioner because of identified risks or otherwise lost to follow-up because patient does not return.

The Agency may exceed limitations to the extent allowed by law if its medical staff determines the proposed changes are medically necessary.

Single Prenatal Visit (Visit Other Than Initial Visit)

A single prenatal visit for an established patient who does not return to complete care for unknown reasons. A single prenatal visit for an established patient who does not return to complete care for unknown reasons. Initial assessment visit was completed, plan of care established, one or two follow-up visits completed, but no follow through with additional return visits.

Limited to a maximum of three visits in any 10-month period, to be used outside of global service, only when the patient is lost to follow-up for any reason.

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Approval Date 2-28-25

Supersedes T.N. # UT-94-025

Effective Date 11-1-24

EXTENDED SERVICES TO PREGNANT WOMEN (Continued)

The following services are being added as certified, registered nurse midwife services and provided only for pregnant women throughout pregnancy and through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends.

Perinatal Care Coordination

Perinatal care coordination is the process of planning and coordinating care and services to meet the individual needs and maximum access to necessary medical, psychosocial, nutritional educational, and other services for the pregnant women.

Prenatal and Postnatal Home Visits

Home visits can be included in the management plan of pregnant patients when there is a need to access the home environment and implications for management of prenatal and postnatal care, to provide emotional support, to determine educational needs, to monitor progress, to make assessments, and to reevaluate the plan of care.

Limited to no more than six visits during any 12-month period.

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Group Prenatal/Postnatal Education

Classroom learning experience for the purpose of improving the knowledge of pregnancy, labor, childbirth, parenting and infant care. The objective of this planned educational service is to promote informed self-care, to prevent development of conditions which may complicate pregnancy, and to enhance early parenting and childcare skills.

Limited to eight units during any 12-month period. One unit is equal to one class at least one hour in length.

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T.N. # UT-24-0022

Approval Date 2-28-25

Supersedes T.N. # UT-13-032

Effective Date 11-1-24

EXTENDED SERVICES TO PREGNANT WOMEN (Continued)

D. Certified Family Nurse Practitioner Services

Perinatal Care Coordination

A certified family nurse practitioner may provide risk assessment as defined in Section C.

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Approval Date 2-28-25

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Effective Date 11-1-24