

## **Table of Contents**

**State/Territory Name: Utah**

**State Plan Amendment (SPA) #: 25-0003**

This file contains the following documents in the order listed:

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

# UT - Submission Package - UT2025MS0001O - (UT-25-0003) - Administration

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

March 27, 2025

Jennifer Strohecker  
Division of Integrated Healthcare Director  
Utah Department of Health and Human Services  
P. O. Box 144102  
Salt Lake City, UT 84114

Re: Approval of State Plan Amendment UT-25-0003

Dear Director Strohecker,

On March 17, 2025, the Centers for Medicare and Medicaid Services (CMS) received Utah State Plan Amendment (SPA) UT-25-0003 to assure compliance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR §431.16 and §437.10 through §437.15.

We approve Utah State Plan Amendment (SPA) UT-25-0003 with an effective date(s) of December 31, 2024.

If you have any questions regarding this amendment, please contact Tyler Deines at [tyler.deines@cms.hhs.gov](mailto:tyler.deines@cms.hhs.gov)

Sincerely,  
James G. Scott  
Division of Program Operations Director  
Center for Medicaid & CHIP Services

# UT - Submission Package - UT2025MS0001O - (UT-25-0003) - Administration

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | UT2025MS0001O | UT-25-0003

CMS-10434 OMB 0938-1188

### Package Header

Package ID	UT2025MS0001O	SPA ID	UT-25-0003
Submission Type	Official	Initial Submission Date	3/17/2025
Approval Date	03/27/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### State Information

State/Territory Name:	Utah	Medicaid Agency Name:	Utah Department of Health and Human Services
-----------------------	------	-----------------------	--

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | UT2025MS0001O | UT-25-0003

### Package Header

<b>Package ID</b>	UT2025MS0001O	<b>SPA ID</b>	UT-25-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/17/2025
<b>Approval Date</b>	03/27/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** UT-25-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/31/2024	NEW

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

Not applicable.

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | UT2025MS0001O | UT-25-0003

### Package Header

Package ID	UT2025MS0001O	SPA ID	UT-25-0003
Submission Type	Official	Initial Submission Date	3/17/2025
Approval Date	03/27/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This amendment updates state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 42 CFR 437.10 through 437.15. It further attests Utah's compliance with the mandatory annual state reporting of the Goals and Objectives Child Core Set and the Behavioral Health Measures of the Adult Core Set in accordance with 42 CFR Part 437.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

#### Federal Statute / Regulation Citation

42 CFR 431.16 and 42 CFR 437.10 through 437.15

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | UT2025MS0001O | UT-25-0003

### Package Header

<b>Package ID</b>	UT2025MS0001O	<b>SPA ID</b>	UT-25-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/17/2025
<b>Approval Date</b>	03/27/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 4/3/2025 3:55 PM EDT*

# UT - Submission Package - UT2025MS0001O - (UT-25-0003) - Administration

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

## Medicaid State Plan Administration

### General Administration

#### Reporting

MEDICAID | Medicaid State Plan | Administration | UT2025MS0001O | UT-25-0003

CMS-10434 OMB 0938-1188

#### Package Header

Package ID	UT2025MS0001O	SPA ID	UT-25-0003
Submission Type	Official	Initial Submission Date	3/17/2025
Approval Date	03/27/2025	Effective Date	12/31/2024
Superseded SPA ID	NEW		
User-Entered			

#### A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- ☒
1. The agency assures that all requirements of 42 CFR 431.16 are met.

#### B. Annual Reporting on the Child and Adult Core Sets

- ☒
1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- ☒
2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

#### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 4/3/2025 4:02 PM EDT