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State/Territory Name: Utah

State Plan Amendment (SPA) #: 25-0004-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 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

January 28, 2026

Julie Ewing
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) 25-0004-A

Dear Director Ewing:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0004-A. This amendment proposes coverage and reimbursement of Targeted Case Management (TCM) services for eligible juveniles in accordance with Section 5121 of the Consolidated Appropriations Act of 2023.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR§440.169. This letter informs you that Utah Medicaid SPA TN 25-0004-A was approved on January 28, 2026, with an effective date of July 1, 2025.

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) 260-6048 or via email at Tyler.Deines@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

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

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

5. FEDERAL STATUTE/REGULATION CITATION

~~42 CFR 441.18 (a)(8)(i) and 441.18(a)(9)~~ 42 CFR §440.169
Section 1905(a)(19) ~~1902(a)(84)(D)~~ of the Social Security Act

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Pages 1-7 of Supplement 1-H to Attachments 3.1-A&B (NEW)
Page 22h of Attachment 4.19-B (NEW)
Page 1 Introduction of Attachment 4.19-B

~~Pages 1 through 3 of Attachment 3.1-M~~

~~Pages 1 through 7 of Attachments 3.1-A and 3.1-B~~

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 4 -A

2. STATE

UTAH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX

XXI

4. PROPOSED EFFECTIVE DATE

~~January 1, 2025~~ July 1, 2025

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 67,975 27, 696
b. FFY 2026 \$ 203,926 67, 535

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Page 1 Introduction of Attachment 4.19-B (25-0007)

9. SUBJECT OF AMENDMENT

~~Coverage for Juveniles who Reside in Correctional Facilities - This amendment allows individuals under 21 years of age and within 30 days of their release from a correctional facility to receive Medicaid benefits. It also allows these individuals to become eligible for former foster care coverage and TCM services.~~ Coverage and reimbursement of Targeted Case Management (TCM) services provided to eligible juveniles who reside in correctional facilities

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
March 31, 2025

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

March 31, 2025

17. DATE APPROVED

January 28, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Blocks 1, 4, 5, 6, 7, 8, and 9: State approved pen and ink changes on 01/14/2026.

State Plan under Title XIX of the Social Security Act

State/Territory: Utah

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30-day post release minimum requirement:

State will provide TCM beyond the 30-day post release requirement: Eligible juveniles will receive TCM services beyond the 30 days post release as part of covered benefits for eligible members.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services.

These assessment activities include:

- taking client history;
- identifying the individual's needs and completing related documentation; and
- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.

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State Plan under Title XIX of the Social Security Act

State/Territory: Utah

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

- 1 month
- 3 months
- 6 months
- 12 months
- Other frequency **[explain]:**

❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:

- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual.

❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:

- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

❖ Monitoring and follow-up activities are:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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State Plan under Title XIX of the Social Security Act

State/Territory: Utah

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. A case management needs assessment is initially performed to determine the member's need for targeted case management services. Re-assessments are performed at a minimum of every 180 days but may be performed as frequently as necessary based on member needs and include a review and update of the member's specific care plan.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

- Telephonic. Frequency: As necessary to meet beneficiary needs in accordance with the care plan, at a minimum of every 180 days.
 In-person. Frequency: As necessary to meet beneficiary needs in accordance with the care plan, at a minimum of every 180 days.
 Other **[explain]:**

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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State/Territory: Utah

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Qualified targeted case managers are:

- A. Primary providers of this service are: (1) licensed social service workers, licensed substance use disorder counselors, licensed behavioral health coach, licensed registered nurses and licensed practical nurses; and (2) individuals who are not licensed (and are not otherwise included in B (3) below) who are at least 18 years old and under the supervision of an individual identified in B(1), B(2), B(4) or B(5) below, or A(1) of this paragraph with the exception of licensed practical nurses. Individuals in A(2) also complete a training course sponsored through the Utah Department of Health and Human Services, Office of Substance Use and Mental Health (OSUMH, the State's Substance Abuse and Mental Health Authority) and receive certification as a targeted case manager from OSUMH.

- B. In addition to the primary service providers specified in A above, these individuals may also provide this service: (1) An individual licensed under state law as a mental health therapist including physicians, advanced practice registered nurses (APRNs) with psychiatric specialty certification, psychologists, social workers, marriage and family therapists, and clinical mental health counselors; (2) licensed APRNs and licensed APRN interns working toward psychiatric specialty certification and qualification as mental health therapist; (3) individuals exempted from licensure: students engaged in activities constituting the practice of a regulated mental health or substance abuse-related occupation or profession in accordance with the State's Division of Professional Licensing (DOPL) under the supervision of qualified faculty, staff, or designee, and individuals who were employed as a psychologist by a state, county or municipal agency or other political subdivision of the state prior to July 1, 1981, and who subsequently have maintained employment as a psychologist in the same state, county, or municipal agency or other political subdivision while engaged in the performance of his official duties for that agency or political subdivision); and (4) other licensed medical practitioners licensed under state law (most commonly a physician assistant) and APRNs not otherwise specified above.

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State/Territory: Utah

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.

2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

- The state assures the following:
- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
 - Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
 - Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
 - Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

- The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

- The state assures providers maintain case records that document for all individuals receiving case management as follows:
- (i) The name of the individual;
 - (ii) The dates of the case management services;
 - (iii) The name of the provider agency (if relevant) and the person providing the case management service;
 - (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
 - (v) Whether the individual has declined services in the care plan;
 - (vi) The need for, and occurrences of, coordination with other case managers;
 - (vii) A timeline for obtaining needed services;
 - (viii) A timeline for reevaluation of the plan.

Limitations:

- The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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State/Territory: Utah

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

State has additional limitations [**Specify any additional limitations.**]

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State Plan under Title XIX of the Social Security Act

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

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The periodic reassessment is conducted every (check all that apply):

- 1 month
- 3 months
- 6 months
- 12 months
- Other frequency **[explain]:**

❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:

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❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:

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Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

- Telephonic. Frequency: As necessary to meet beneficiary needs in accordance with the care plan, at a minimum of every 180 days.
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 Other [explain]:

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

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[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Qualified targeted case managers are:

- A. Primary providers of this service are: (1) licensed social service workers, licensed substance use disorder counselors, licensed behavioral health coach, licensed registered nurses and licensed practical nurses; and (2) individuals who are not licensed (and are not otherwise included in B (3) below) who are at least 18 years old and under the supervision of an individual identified in B(1), B(2), B(4) or B(5) below, or A(1) of this paragraph with the exception of licensed practical nurses. Individuals in A(2) also complete a training course sponsored through the Utah Department of Health and Human Services, Office of Substance Use and Mental Health (OSUMH, the State's Substance Abuse and Mental Health Authority) and receive certification as a targeted case manager from OSUMH.

- B. In addition to the primary service providers specified in A above, these individuals may also provide this service: (1) An individual licensed under state law as a mental health therapist including physicians, advanced practice registered nurses (APRNs) with psychiatric specialty certification, psychologists, social workers, marriage and family therapists, and clinical mental health counselors; (2) licensed APRNs and licensed APRN interns working toward psychiatric specialty certification and qualification as mental health therapist; (3) individuals exempted from licensure: students engaged in activities constituting the practice of a regulated mental health or substance abuse-related occupation or profession in accordance with the State's Division of Professional Licensing (DOPL) under the supervision of qualified faculty, staff, or designee, and individuals who were employed as a psychologist by a state, county or municipal agency or other political subdivision of the state prior to July 1, 1981, and who subsequently have maintained employment as a psychologist in the same state, county, or municipal agency or other political subdivision while engaged in the performance of his official duties for that agency or political subdivision); and (4) other licensed medical practitioners licensed under state law (most commonly a physician assistant) and APRNs not otherwise specified above.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State Plan under Title XIX of the Social Security Act

State/Territory: Utah

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.

2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]

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State Plan under Title XIX of the Social Security Act

State/Territory: Utah

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

- The state assures the following:
- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
 - Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
 - Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
 - Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

- The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

- The state assures providers maintain case records that document for all individuals receiving case management as follows:
- (i) The name of the individual;
 - (ii) The dates of the case management services;
 - (iii) The name of the provider agency (if relevant) and the person providing the case management service;
 - (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
 - (v) Whether the individual has declined services in the care plan;
 - (vi) The need for, and occurrences of, coordination with other case managers;
 - (vii) A timeline for obtaining needed services;
 - (viii) A timeline for reevaluation of the plan.

Limitations:

- The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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State Plan under Title XIX of the Social Security Act

State/Territory: Utah

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

State has additional limitations [**Specify any additional limitations.**]

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of the services listed in this Introduction page. The agency's fee schedule rates were set as of the dates noted below and are effective for services provided on or after those dates. All rates are published on the agency's website at <https://medicaid.utah.gov/coverage-and-reimbursement/>.

Service	Attachment	Effective Date
Physician and Anesthesia Services	Attachment 4.19-B, Pages 4 and 5	July 1, 2025
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2025
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2025
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2025
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2025
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2025
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2025
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2025
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2025
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2025
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2025
Medication-Assisted Treatment for Opioid Use Disorders	Attachment 4.19-B, Page 36	July 1, 2025
Targeted Case Management for Individuals with Serious Mental Illness	Attachment 4.19-B, Page 22a	July 1, 2025
Targeted Case Management Services for Early Childhood	Attachment 4.19-B, Page 22c	July 1, 2025
Targeted Case Management Services for Eligible Juveniles	Attachment 4.19-B, Page 22h	July 1, 2025
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2025
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2025
Autism Spectrum Disorder Services	Attachment 4.19-B, Page 35	July 1, 2025
Recreational Therapy	Attachment 4.19-B, Page 35a	July 1, 2025
Supportive Living	Attachment 4.19-B, Page 35b	July 1, 2025

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of targeted case management services. Payment will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The rates are effective for services on or after July 1, 2025, or as noted thereafter on the date listed on the Attachment 4.19-B Introduction Page. These rates are published on the agency's website at <https://health.utah.gov/stplan/lookup/CoverageLookup.php>.