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State/Territory Name: Utah

State Plan Amendment (SPA) UT: 25-0007

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

January 27, 2026

Julie Ewing
State Medicaid Director
Division of Integrated Healthcare
Utah Department of Health & Human Services
P O Box 143101
Salt Lake City UT 84114-3101

RE: Utah TN: 25-0007

Dear Director Julie Ewing:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Utah state plan amendment (SPA) to Attachment 4.19-B UT-25-0007 which was submitted to CMS on May 15, 2025. 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, 2025. 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 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 5 — 0 0 0 7

2. STATE

UT3. 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, 2025

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 2025 \$ 5,036,481 ~~\$2,265,606~~b. FFY 2026 \$ 9,943,924 ~~\$9,062,424~~

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 1 of Introduction to Attachment 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Page 1 of Introduction to Attachment 4.19-B

UT-25-0012

9. SUBJECT OF AMENDMENT

Annual Rebasing Update

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 15, 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

May 15, 2025

17. DATE APPROVED

January 27, 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

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 to update the following fields:

Box 6

FFY 2025 \$2,265,606

FFY 2026 \$9,062,424

Box 8

To include UT-25-0012

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
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

T.N. # 25-0007

Approval Date January 27, 2026

Supersedes T.N. # 25-0012

Effective Date 7-1-25