

## **Table of Contents**

**State/Territory Name Utah**

**State Plan Amendment (SPA) #: 25-0012**

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

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September 26, 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) 25-0012

Dear Director Strohecker:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0012. This amendment proposes changes to target group criteria for targeted case management (TCM) services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §441.18. This letter informs you that Utah Medicaid SPA TN 25-0012 was approved on September 26, 2025, 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) 571-8533 or via email at [Tyler.Deines@cms.hhs.gov](mailto:Tyler.Deines@cms.hhs.gov).

Sincerely,

Nicole McKnight  
On Behalf of Courtney Miller, MCOG Director

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 2

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, 20255. FEDERAL STATUTE/REGULATION CITATION  
Section 1915(g) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ ~~0~~ \$6,250b. FFY 2026 \$ ~~0~~ \$25,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 1 of Attachment #4b, Supplement to ATTACHMENTS 3.1-A  
and 3.1-BAttachment 4.19-B, Page 1 IntroductionAttachment 4.19-B, Page 22c (NEW)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Page 1 of Attachment #4b, Supplement to ATTACHMENTS  
3.1-A and 3.1-B (TN: 01-0007)Attachment 4.19-B, Page 1 Introduction (TN:24-0015)

9. SUBJECT OF AMENDMENT

Targeted Case Management for Early Childhood

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

June 30, 2025

15. RETURN TO

Craig DevashrayeeUtah Department of Health & Human ServicesDivision of Integrated Healthcarecdevashrayee@utah.gov**FOR CMS USE ONLY**

16. DATE RECEIVED

June 30, 2025

17. DATE APPROVED

September 26, 2025**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

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

Blocks 7 & 8: State approved pen and ink changes on 09/03/2025.Block 6: State approved pen and ink changes on 09/09/2025.

## MEDICALLY NECESSARY SERVICES

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### Early Childhood services not otherwise provided under the State plan but available to EPSDT (CHEC) eligibles

E. Target Group

Targeted case management for Medicaid-eligible children from birth until the child turns eight years old, for whom the service is determined to be medically necessary. Targeted case management services will be considered medically necessary when a needs assessment completed by a qualified targeted case manager documents that:

1. The individual requires treatment and/or services from a variety of agencies and providers to meet his or her documented medical, social, education, and other needs; and
2. There is a reasonable indication that the individual will access needed services only if assisted by a qualified targeted case manager who (in accordance with an individualized case management service plan) locates, coordinates and regularly monitors the services.

F. Areas of the State in Which Services Will Be Provided:

Services will be available statewide.

G. Comparability:

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

H. Definition of Services:

1. Targeted case management is a service that assists the eligible clients in the target group to gain access to needed medical, social, educational and other services. The overall goal of the service is not only to help Medicaid recipients to access needed services, but to ensure that services are coordinated between all agencies and providers involved.
2. The following activities/services are covered by Medicaid under targeted case management:
  - a. assessing and documenting the client's need for community resources and services;
  - b. developing a written, individualized and coordinated case management service plan to assure the client's adequate access to needed medical, social, educational and other related services with input, as appropriate, from the client, family and other agencies knowledgeable about the client's needs;
  - c. linking the client with community resources and needed services, including assisting the client to establish and maintain eligibility for entitlements other than Medicaid;
  - d. coordination of the delivery of services to the client including CHEC screenings and follow-up;
  - e. monitoring the quality and appropriateness of the client's services;
  - f. instructing the client or caretaker as appropriate, in independently obtaining access to needed services for the client;
  - g. assessing, periodically, the client's status and modifying the targeted case management service plan as needed; and



## MEDICALLY NECESSARY SERVICES

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  - e. monitoring the quality and appropriateness of the client's services;
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  - g. assessing, periodically, the client's status and modifying the targeted case management service plan as needed; and

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, 2024
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2024
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2024
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2024
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2024
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2024
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2024
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2024
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2024
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2024
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2024
Medication-Assisted Treatment for Opioid Use Disorders	Attachment 4.19-B, Page 36	July 1, 2024
Targeted Case Management for Individuals with Serious Mental Illness	Attachment 4.19-B, Page 22a	July 1, 2024
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, 2024
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2024
Autism Spectrum Disorder Services	Attachment 4.19-B, Page 35	July 1, 2024
Recreational Therapy	Attachment 4.19-B, Page 35a	July 1, 2024
Supportive Living	Attachment 4.19-B, Page 35b	July 1, 2024



#### EARLY CHILDHOOD TARGETED CASE MANAGEMENT

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. 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 the date listed on the Attachment 4.19-B Introduction Page. These rates are published at <https://health.utah.gov/stplan/lookup/CoverageLookup.php>.