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State/Territory Name: Utah

State Plan Amendment (SPA) UT: 25-0013

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

September 18, 2025

Jennifer Strohecker
State Medicaid Director
Division of Integrated Healthcare
Utah Department of Health & Human Services
P O Box 144102
Salt Lake City UT 84114-4102

RE: Utah TN: 25-0013

Dear Director Jennifer Strohecker,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Utah state plan amendment (SPA) to Attachment 4.19-B UT-25-0013, which was submitted to CMS June 27, 2025. Through June 2025, this amendment extends funding for ARPA Spending Plan Supplemental Payments and limits the final quarter's supplemental payment to no less than 0 percent and no greater than 5 percent, effective June 2, 2025.

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 implementation of Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of June 2, 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,

[Redacted Signature]

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 1 3

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

June 2, 2025

5. FEDERAL STATUTE/REGULATION CITATION
Section 1902(a)(30)(A) of the Social Security Act

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 37 of ATTACHMENT 4.19-B

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Page 37 of ATTACHMENT 4.19-B
(T.N. 21-0010)

Supersedes TN 23-0001

9. SUBJECT OF AMENDMENT

ARPA and HCBS Funding - Through June 2025, this amendment extends funding for ARPA Spending Plan Supplemental Payments and limits the final quarter's supplemental payment to no less than 0 percent and no greater than 5 percent. It also updates references to the language in the provider attestation.

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 27, 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

June 27, 2025

17. DATE APPROVED

September 18, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

June 2, 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 approved by the state and processed by CMS on the following 179 Form field:
Box 8: To replace with the correct Supersedes TN 23-0001.

ARPA Spending Plan Supplemental Payments

1. During the period of available enhanced ARPA funding, the agency increases payment for the providers referenced in Utah's American Rescue Plan Act Home and Community Based Services Enhanced Funding Spending Plan and that are listed in Appendix B., or could be listed in Appendix B., of the American Rescue Plan Act, State Medicaid Director Letter, *SMD# 21-003 Implementation of American Rescue Plan Act of 2021 Section 9817*: including:
 - a. Home Health Services
 - b. Private Duty Nursing – in home services only
 - c. Hospice Services – in home services only
 - d. Personal Care Services
 - e. School Based Services
 - f. Rehabilitative Services - Behavioral Health Services
 - g. Early Periodic Screening Diagnosis and Treatment, Autism Spectrum Disorder Related Services
2. Temporary supplemental payments will be made based on the following criteria:
 - a. Eligibility for quarterly supplemental payments require providers to attest to the following:
 - i. An understanding these are time-limited payments which are anticipated to not extend beyond March 2025.
 - ii. An agreement that a portion of the funds will be used to address direct-care worker issues (i.e., salary/benefit increases, staff retention bonuses, employer paid training, provision of PPE, paid time to receive vaccinations, etc.)
 - iii. An agreement that funds will be used to expand, enhance or strengthen their program
 - b. Payments are increased through a supplemental payment:
 - i. The State will make supplemental payments to qualified providers who have made an attestation per (2)(a).
 - ii. The quarterly payments will equal 5 percent of the claims (fee for service based on paid date) from the previous quarter. For example, April, May and June paid claims will be used to inform the payment for that period. If \$100 were paid in that period, the quarterly payment will be \$5. The exact timing of payments may vary; however, the payments will be based on the example noted. Any provider with a negative quarterly paid amount will be excluded from this calculation.
 - iii. For the final quarter ending June 2025, any remaining enhanced matched funding available and allowable for expenditure will be paid out to participating providers at a formula driven percentage proportion rate determined by proration of participation in the program and the above base percentage amounts. The percentage will be no less than 0 percent nor greater than 5 percent.
 - iv. The payments are made to billing providers.

T.N. # 25-0013

Approval Date 9-18-25

Supersedes T.N. # 23-0001

Effective Date 6-2-25