Table of Contents

State/Territory Name: UT

State Plan Amendment (SPA) #: 25-0017

This file contains the following documents in the order listed:

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 10, 2026

Julie Ewing
State Medicaid Director
Utah Department of Health & Human Services
P.O. Box 143102
Salt Lake City UT 84114-4102

RE: Utah TN: 25-0017

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 TN#25-0017, which was submitted to CMS September 30, 2025. This plan amendment updates the home health and personal care services fee schedule methodologies.

We acknowledge the state submitted this SPA to address suspected abuse of personal care services in rural counties based on direction from the state legislature in 2025. If the state decides to submit additional SPAs to ensure there is no fraud, waste, or abuse in the payment for Medicaid services, then we encourage the state to reach out to CMS for technical assistance with developing internal controls, processes, monitoring and procedures.

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 January 1, 2026. 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 Matthew Klein at 214-767-4625 or via email at matthew.klein@cms.hhs.gov.

Sincerely,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0017

2. STATE: UT

3. 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
January 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.70 and Section 1905(a)(7) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ (3,443,534)
b. FFY 2027 $ (13,774,136)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Page 24 of ATTACHMENT 4.19-B
Attachment 4.19B page 1 introduction

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Page 24 of ATTACHMENT 4.19-B (93-002)
Attachment 4.19B page 1 introduction (25-0004-A)

9. SUBJECT OF AMENDMENT
Personal Care Services, San Juan County and Grand County - This amendment requests an enhancement to providers for performing personal care services in San Juan County and Grand County.

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
[redacted]

12. TYPED NAME
Tracy S. Gruber

13. TITLE
Executive Director, Utah Dept of Health & Human Services

14. DATE SUBMITTED
September 30, 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
September 30, 2025

17. DATE APPROVED
September 10, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS
8/25/26: State authorizes a pen & ink change to item 7 to add, "Attachment 4.19B page 1 introduction" and item 8 to add the superseding SPA number for Page 24, "(93-002)" and "Attachment 4.19B page 1 introduction (25-0004-A)."

Instructions on Back

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	January 1, 2026
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
Personal Care Services	Attachment 4.19-B, Page 24	January 1, 2026
Doula Services	Attachment 4.19-B, Page 26a	April 1, 2026

PERSONAL CARE SERVICES

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 for claims billed through the medical benefit. Rates for claims billed through the medical benefit are published at https://medicaid.utah.gov/coverage-and-reimbursement/.

RURAL AREA EXCEPTIONS

Where travel distances to provide service are extensive, enhancements in the home health reimbursement rates are provided. These enhancements are available only in rural counties where round-trip travel distances from the provider's base of operations are in excess of 50 miles. Rural counties are defined as counties other than Weber, Davis, Salt Lake, and Utah counties. In instances of travel of 50 miles or more, the rate for personal care services is multiplied by 1.75 to calculate the payment rate for applicable service codes.