

Table of Contents

State/Territory Name: Utah

State Plan Amendment (SPA) #: 25-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 3) Approved SPA Pages

UT - Submission Package - UT2025MS00030 - (UT-25-0024) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

February 11, 2026

Julie Ewing
Director
Utah Department of Health and Human Services, Division of Integrated
Healthcare
PO Box 143101
Salt Lake City, UT 84114

Re: Approval of State Plan Amendment UT-25-0024

Dear Julie Ewing,

On November 17, 2025, the Centers for Medicare and Medicaid Services (CMS) received Utah State Plan Amendment (SPA) UT-25-0024, in which the state proposed to remove its election of the extended postpartum coverage option described in section 1902(e)(16) of the Social Security Act from the state plan. Utah transitioned authority for extended postpartum coverage in Medicaid to its "Utah Medicaid Reform 1115 Demonstration" (project number 11-W-00145/8), approved as an amendment on November 13, 2025, and which the state implemented in alignment with the effective date of this SPA.

We approve Utah State Plan Amendment (SPA) UT-25-0024 with an effective date of January 01, 2026.

If you have any questions regarding this amendment, please contact Tyler Deines at 202-571-8533 or tyler.deines@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

UT - Submission Package - UT2025MS00030 - (UT-25-0024) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2025MS00030 | UT-25-0024

CMS-10434 OMB 0938-1188

Package Header

Package ID	UT2025MS00030	SPA ID	UT-25-0024
Submission Type	Official	Initial Submission Date	11/17/2025
Approval Date	02/11/2026	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Utah

Medicaid Agency Name: Utah Department of Health and Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2025MS0003O | UT-25-0024

Package Header

Package ID	UT2025MS0003O	SPA ID	UT-25-0024
Submission Type	Official	Initial Submission Date	11/17/2025
Approval Date	02/11/2026	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID UT-25-0024

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	1/1/2026	UT-23-0017

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2025MS0003O | UT-25-0024

Package Header

Package ID	UT2025MS0003O	SPA ID	UT-25-0024
Submission Type	Official	Initial Submission Date	11/17/2025
Approval Date	02/11/2026	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This amendment updates provisions for extended postpartum coverage that begin January 1, 2026.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	\$0
Second	2027	\$0

Federal Statute / Regulation Citation

Section 1902(e)(5), (e)(6) and (e)(16) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2025MS00030 | UT-25-0024

Package Header

Package ID	UT2025MS00030	SPA ID	UT-25-0024
Submission Type	Official	Initial Submission Date	11/17/2025
Approval Date	02/11/2026	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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UT - Submission Package - UT2025MS00030 - (UT-25-0024) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | UT2025MS00030 | UT-25-0024

CMS-10434 OMB 0938-1188

Package Header

Package ID	UT2025MS00030	SPA ID	UT-25-0024
Submission Type	Official	Initial Submission Date	11/17/2025
Approval Date	02/11/2026	Effective Date	<u>1/1/2026</u>
Superseded SPA ID	UT-23-0017		
	System-Derived		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends.

- Yes
 No

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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