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State/Territory Name: Utah

State Plan Amendment (SPA) #: 25-0026

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 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

February 27, 2026

Julie Ewing
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) 25-0026

Dear Director Ewing:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0026. This amendment proposes to remove the end date for Medication-Assisted Treatment services in accordance with the Consolidated Appropriations Act (CAA) of 2024.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Utah Medicaid SPA TN 25-0026 was approved on February 27, 2026, with an effective date of October 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) 260-6048 or via email at Tyler.Deines@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 2 6

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

October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
Section 1905(a)(29) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~ATTACHMENTS 3.1-A and 3.1-B
Pages 1 to 8 of Attachment #29~~

Attachment 3.1-A, Page 10a
Attachment #29 to Attachment 3.1-A, Pages 1 - 4
Attachment 3.1-B, Page 9a
Attachment #29 to Attachment 3.1-B, Pages 1 - 4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

~~ATTACHMENTS 3.1-A and 3.1-B
Pages 1 to 7 of Attachment #29~~

Attachment #29 to Attachment 3.1-A, Pages 1 - 4 (TN: 20-0014)
Attachment #29 to Attachment 3.1-A, Pages 5-7 (DELETED)
Attachment #29 to Attachment 3.1-A, Pages 1 - 4 (TN: 20-0014)
Attachment #29 to Attachment 3.1-A, Pages 5-7 (DELETED)

9. SUBJECT OF AMENDMENT

Medication-Assisted Treatment for Opioid Use Disorders - In accordance with CAA of 2024, this amendment makes permanent treatment services and medication-assisted treatment drugs for opium use disorders that include methadone, naltrexone, and buprenorphine.

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:

AGENCY OFFICIAL

12. TYPED NAME
Tracy S. Gruber

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

14. DATE SUBMITTED
December 19, 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

December 19, 2025

17. DATE APPROVED

February 27, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Blocks 7 & 8: State approved P&I changes on 02/26/2026.

State Plan under Title XIX of the Social Security Act
State/Territory: Utah

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-A Amount, Duration, and Scope of Services

**[Please check the box below to indicate if this benefit is provided for the categorically
needy (3.1-A) or medically needy only (3.1-B)]**

1905(a)(29) MAT as described and limited in Attachment 29 to Attachment 3.1-A

TN: 25-0026
Supersedes TN: NEW

Approval Date: 2-27-2026
Effective Date: 10-1-2025

**State Plan under Title XIX of the Social Security Act
State/Territory: Utah**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

General Assurances

[Select all three checkboxes below.]

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT: **[Please describe in the text fields as indicated below.]**

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Psychotherapy – Psychotherapy as described in ATTACHMENT 3.1-A, Attachment #13, Page 2a.

Pharmacologic Management (Evaluation and Management Services) as described in ATTACHMENT 3.1-A, Attachment #13, Page 2a.

Nurse Medication Management as described in ATTACHMENT 3.1-A, Attachment #13, Page 2a.

Therapeutic Behavioral Services as described in ATTACHMENT 3.1-A, Attachment #13, Page 2b(1).

Peer Support Services as described in ATTACHMENT 3.1-A, Attachment #13, Page 2b.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0026
Supersedes TN: 20-0014

Approval Date: 2-27-2026
Effective Date: 10-1-2025

State Plan under Title XIX of the Social Security Act
State/Territory: Utah

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include each practitioner and provider entity that furnishes each service and component service.

Psychotherapy - May be provided by the practitioners and provider entities as described in the rehabilitative practitioners chart found in ATTACHMENT 3.1-A, Attachment #13, Pages 2c through 2h.

Pharmacologic Management (Evaluation and Management Services) – May be provided by the practitioners and provider entities as described in the rehabilitative practitioners chart found in ATTACHMENT 3.1-A, Attachment #13, Pages 2c through 2h.

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State Plan under Title XIX of the Social Security Act
State/Territory: Utah

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Psychotherapy – The qualifications for practitioners and provider entities are described in the rehabilitative practitioners chart found in ATTACHMENT 3.1-A, Attachment #13, Pages 2c through 2h and within the service definition and limitations found in Attachment 3.1-A, Attachment #13, Page 2a.

Pharmacologic Management (Evaluation and Management Services) – The qualifications for practitioners and provider entities are described in the rehabilitative practitioners chart found in ATTACHMENT 3.1-A, Attachment #13, Pages 2c through 2h and within the service definition and limitations found in ATTACHMENT 3.1-A, Attachment #13, Page 2a.

Nurse Medication Management – The qualifications for practitioners and provider entities are described in the rehabilitative practitioners chart found in ATTACHMENT 3.1-A, Attachment #13, Pages 2c through 2h and within the service definition and limitations found in Attachment 3.1-A, Attachment #13, Page 2a.

Therapeutic Behavioral Services – The qualifications for practitioners and provider entities are described in the rehabilitative practitioners chart found in ATTACHMENT 3.1-A, Attachment #13, Pages 2c through 2h and within the service definition and limitations found in ATTACHMENT 3.1-A, Attachment #13, Page 2b(1).

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State Plan under Title XIX of the Social Security Act
State/Territory: Utah

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls

[Select all applicable checkboxes below.]

- The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
 - Preferred drug lists
 - Clinical criteria
 - Quantity limits
- The state does not have drug utilization controls in place.

Limitations

[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]

MAT drugs may be subject to generic first policies, clinical criteria, placement on a preferred drug list, and limitations on quantity. There are no limits on the amount, duration and scope of the counseling and behavioral therapies

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State Plan under Title XIX of the Social Security Act
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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-B Amount, Duration, and Scope of Services

**[Please check the box below to indicate if this benefit is provided for the categorically
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1905(a)(29) MAT as described and limited in Attachment 29 to Attachment 3.1-B

TN: 25-0026
Supersedes TN: NEW

Approval Date: 2-27-2026
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State/Territory: Utah**

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Peer Support Services as described in ATTACHMENT 3.1-B, Attachment #13, Page 2b.

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