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State/Territory Name: Utah

State Plan Amendment (SPA) #: 25-0027

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

March 2, 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) 25-0027

Dear Director Ewing:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0027. This amendment proposes modifications to coverage for Physical Therapist (PT) and Occupational Therapist (OT) 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 §440.110. This letter informs you that Utah Medicaid SPA TN 25-0027 was approved on February 27, 2026, with an effective date of January 1, 2026.

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 7

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 440.110

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

Page 1 of Attachment #11a within ATTACHMENTS 3.1-A and 3.1-B
Page 1 of Attachment #11b within ATTACHMENTS 3.1-A and 3.1-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 1 of Attachment #11a within ATTACHMENTS 3.1-A and 3.1-B (TN:13-026)
Page 1 of Attachment #11b within ATTACHMENTS 3.1-A and 3.1-B (TN:13-026)

9. SUBJECT OF AMENDMENT

Physical Therapy and Occupational Therapy - This amendment aligns the Medicaid State Plan with recently enacted changes to the physical therapy (PT) and occupational therapy (OT) practice acts found in the Utah Code, and current PT and OT policy.

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
December 31, 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 31, 2025

17. DATE APPROVED

February 27, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2026

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

Block 8: State approved pen and ink changes on 01/06/2026.

PHYSICAL THERAPY SERVICES

SERVICES

Physical therapy services by independent provider, group practice, rehabilitation facility, outpatient facilities, and hospital include:

The examination, evaluation, diagnosis, prognosis, and intervention under the direct supervision of a physical therapist of a client to prevent, correct, alleviate and limit physical disability, bodily malfunction, pain from injury, disease and other physical or mental disabilities.

LIMITATIONS

1. Physical therapy services must be prescribed by a physician or other licensed practitioner of the healing arts acting within the scope of his or her practice under State law.
 2. Services must be provided according to a written plan of care that is signed and dated by the physician or the other licensed practitioner of the healing arts who established the plan.
 3. Physical therapy related to a stroke must be initiated within 60 days following the stroke and may continue only until the expected, reasonable level of function is restored.
 4. Physical therapy is limited to 20 visits per calendar year.
 5. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.
-

OCCUPATIONAL THERAPY SERVICES

SERVICES

Outpatient occupational therapy services include:

Program planning, consultation, evaluation, and intervention under the direct supervision of an occupational therapist to provide the therapeutic use of everyday activities to promote health and wellness for clients at risk for developing illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction.

LIMITATIONS

1. Occupational therapy services must be prescribed by a physician or other licensed practitioner of the healing arts acting within the scope of his or her practice under State law.
2. Services must be provided according to a written plan of care that is signed and dated by the physician or the other licensed practitioner of the healing arts who established the plan.
3. Occupational therapy related to a stroke must be initiated within 90 days following the stroke and may continue only until the expected, reasonable level of function is restored.
4. Occupational therapy is limited to 20 visits per calendar year.
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