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State/Territory Name: Utah

State Plan Amendment (SPA) #: 26-0004

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 1, 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) 26-0004

Dear Director Ewing:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0004. This amendment proposes modifications to provider qualifications for peer support specialist 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 §440.130(d). This letter informs you that Utah Medicaid SPA TN 26-0004 was approved on April 30, 2026, with an effective date of March 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,

Nicole McKnight
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 <u>2 6 — 0 0 0 4</u>	2. STATE <u>UT</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130(d)

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 2h of Attachment #13, within ATTACHMENTS 3.1-A and 3.1-B
Attachments 3.1-A & 3.1-B, Attachment #13, Page 2i (NEW)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 2h of Attachment #13, within ATTACHMENTS 3.1-A and 3.1-B (TN: 24-0024)

9. SUBJECT OF AMENDMENT
Peer Support Specialists - This amendment updates and clarifies that providers may supervise peer support specialists.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Tracy S. Gruber

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

14. DATE SUBMITTED
March 20, 2026

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 March 20, 2026	17. DATE APPROVED April 30, 2026
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS
Block 7: State approved pen and ink changes on 04/29/2026.

REHABILITATIVE SERVICES PRACTITIONERS CHART

Licensed Registered Nurse	Utah Nurse Practice Act	Provider requires supervision. May supervise LPNs, medical assistants, individuals trained to provide PRS.	Therapeutic behavioral services, supportive living services, and psychosocial rehabilitative services.
Licensed Practical Nurse	Utah Nurse Practice Act	Provider requires supervision. Provider may not supervise.	Therapeutic behavioral services, supportive living services, and psychosocial rehabilitative services.
Certified Peer Support Specialist	Individuals certified in accordance with state law as having successfully completed the peer support training curriculum must meet state continuing education requirements to maintain certification.	Provider requires supervision. Provider may supervise other peer support specialists if they meet the following mandatory criteria: <ul style="list-style-type: none"> The provider must demonstrate and possess advanced competency in peer support practice that exceeds that of the Peer Support Specialists under their supervision. The provider must maintain a minimum of two (2) years of continuous certification as a certified peer support specialist. The provider's certification must be in good standing, with no sustained notices of violation issued by the Division of Integrated Health (DIH) during the preceding two-year period. The provider must successfully complete a comprehensive supervisor training program specifically approved and vetted by DIH. Self-supervision is strictly prohibited. Supervisory status does not exempt the provider from receiving their own supervision. The provider must continue to receive regular supervision from a licensed mental health therapist; a substance use disorder counselor with at least 2 years of experience or a certified peer support specialist supervisor. 	Peer support services.

T.N. # UT-26-0004

Supersedes T.N. UT-24-0024

Approval Date: 4-30-2026

Effective Date: 3-1-2026

REHABILITATIVE SERVICES PRACTITIONERS CHART

Individual trained to provide Psychosocial Rehabilitative Services	Individuals hired by licensed treatment agencies that have completed required trainings and education on administrative and behavioral health policies and procedures within 60 days of hire.	Provider requires supervision. Provider may not supervise.	Supportive living services, and psychosocial rehabilitative services.
Certified Behavioral Health Technician	Utah Mental Health Professional Act	Provider requires supervision. Provider may not supervise.	Psychosocial rehabilitative services and supportive living services.
Registered nursing student; individual enrolled in a qualified substance use disorder education program.	Authorized to provide services while a student in a recognized school approved by the state and working towards licensure under the supervision of a qualified individual per state law.	Pursuant to state statute, by qualified faculty, staff, or designee. Provider may not supervise.	Therapeutic behavioral services, supportive living services, and psychosocial rehabilitative services.

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