

## **Table of Contents**

**State/Territory Name: Utah**

**State Plan Amendment (SPA) #: 23-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 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

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March 25, 2024

Jennifer Strohecker  
Director  
Division of Integrated Healthcare  
Utah Department of Health and Human Services  
PO Box 143101  
Salt Lake City, UT 94114-3101

Re: Utah State Plan Amendment (SPA) 23-0016

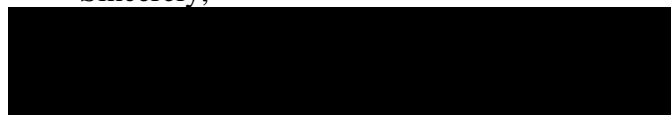
Dear Director Strohecker:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0016. This amendment modifies the postpartum period referenced in coverage pages from 60 days to 12 months.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.210. This letter is to inform you that Utah Medicaid SPA 23-0016 was approved on March 25, 2024, with an effective date of January 1, 2024.

If you have any questions, please contact Tyler Deines at 202-571-8533 or via email at [Tyler.Deines@cms.hhs.gov](mailto:Tyler.Deines@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Craig Devashrayee, Utah Medicaid

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 6

2. STATE

UTAH

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, 2024**

5. FEDERAL STATUTE/REGULATION CITATION

**Section 1902(a)(10) of the Social Security Act**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 5,212,500  
b. FFY 2025 \$ 6,950,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Pages 19a and 20a of Section 3;  
Page 3 of Attachment #20b within Attachments 3.1-A and 3.1-B;  
Page 8 of Attachments 3.1-A and 3.1-B; and  
Attachment #20a within Attachments 3.1-A and 3.1-B.**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

**Pages 19a and 20a of Section 3; (TN: 93-005)  
Page 3 of Attachment #20b within Attachments 3.1-A and 3.1-B; (TN: 94-025)  
Page 8 of Attachments 3.1-A and 3.1-B; and (TN: 94-003)  
Attachment #20a within Attachments 3.1-A and 3.1-B.(TN:93-015)**

9. SUBJECT OF AMENDMENT

**Extended Postpartum Coverage**

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 and Human Services**

14. DATE SUBMITTED  
**December 29, 2023**

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 29, 2023**

17. DATE APPROVED

**March 25, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

**January 1, 2024**

20. TYPED NAME OF APPROVING OFFICIAL

**James G. Scott**

21. TITLE OF APPROVING OFFICIAL

**Director, Division of Program Operations**

22. REMARKS

**Box 8: State approved pen and ink changes 3/19/2024.**



August 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 3 - SERVICES: GENERAL PROVISIONS (Continued)

Citation

3.1 Amount, Duration, and Scope of Services (Continued)

(a) (2) Medically Needy (Continued)

(iii) Pregnancy-related, including family planning services, and postpartum services through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends are provided to women who were eligible and enrolled under the state plan on the day the pregnancy ends.

X (iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined in ATTACHMENTS 3.1-A and 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

— Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140,  
440.150, 440.160,  
Subpart B,  
442.441,  
Subpart C  
1902(a)(10)(C)  
and (21) of the  
Act.

X (vii) Services in an institution for mental diseases for individuals over age 65.

X (viii) Services in an intermediate care facility for the mentally retarded.

X (ix) Inpatient psychiatric services for individuals under age 21.

T.N. # 23-0016

Approval Date 3-25-24

Supersedes T.N. # 93-05

Effective Date 1-1-24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:                                  UTAH

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY (Continued)

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19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided:             No limitations  With limitations  
 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided:             With limitations\*  
 Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends.

Additional coverage \*\*

- b. Services for any other medical conditions that may complicate pregnancy.

Additional coverage \*\*

\*\*Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment

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T.N. #                                  23-0016

Approval Date                          3-25-24

Supersedes T.N. #                          94-003

Effective Date                          1-1-24

EXTENDED SERVICES TO PREGNANT WOMEN

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The following category of service is available for pregnancy-related or postpartum services through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The Agency may exceed limitations on existing covered services to the extent allowed by law, if its medical staff determines the proposed services are medically necessary.

1. Certified Registered Nurse Midwife Services

Limited to maternity cycle, i.e., pregnancy, labor, birth, and the immediate postpartum period that begins on the last day of pregnancy and extends through the end of the 12th month after the pregnancy ends.

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T.N. # 23-0016

Approval Date 3-25-24

Supersedes T.N. # 93-015

Effective Date 1-1-24

EXTENDED SERVICES TO PREGNANT WOMEN (Continued)

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The following services are being added as certified registered nurse midwife services and provided only for pregnant women throughout pregnancy and through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends.

Perinatal Care Coordination

Perinatal care coordination is the process of planning and coordinating care and services to meet individual needs and maximize access to necessary medical, psycho social, nutritional, educational, and other services for the pregnant women.

Prenatal and Postnatal Home Visits

Home visits can be included in the management plan of pregnant patients when there is a need to assess the home environment and implications for management of prenatal and postnatal care, to provide direct care, to encourage regular visits for prenatal care, to provide emotional support, to determine educational needs, to monitor progress, to make assessments, and to re-evaluate the plan of care.

Limited to no more than six visits during any 12-month period.

Group Prenatal/Postnatal Education

Classroom learning experience for the purpose of improving the knowledge of pregnancy, labor, childbirth, parenting and infant care. The objective of this planned educational service is to promote informed self-care, to prevent development of conditions which may complicate pregnancy, and to enhance early parenting and child care skills.

Limited to eight units during any 12-month period. One unit is equal to one class at least one hour in length.

The following services are being added for specific providers. These services will be limited only to pregnant women throughout pregnancy and through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends.

- C. Licensed, certified social worker, clinical psychologist, marriage and family counselor services.

Prenatal and Postnatal Psychosocial Counseling

Psycho social evaluation is provided to identify patients and families with high psychological and social risks, to develop a psycho social care plan and provide or coordinate appropriate intervention, counseling or referral necessary to meet the identified needs of families.

Limited to 12 visits in any 12-month period.

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T.N. # 23-0016

Approval Date 3-25-24

Supersedes T.N. # 94-025

Effective Date 1-1-24



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T.N. #                                  23-0016

Approval Date                          3-25-24

Supersedes T.N. #                          94-003

Effective Date                          1-1-24

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T.N. # 23-0016

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T.N. # 23-0016

Approval Date 3-25-24

Supersedes T.N. # 94-025

Effective Date 1-1-24