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State/Territory Name: Utah

State Plan Amendment (SPA) #: 23-0017

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UT - Submission Package - UT2023MS00030 - (UT-23-0017) - 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

March 08, 2024

Jennifer Strohecker
Division of Integrated Healthcare Director
Utah Department of Health and Human Services
P.O. Box 144102
Salt Lake City, UT 84114

Re: Approval of State Plan Amendment UT-23-0017

Dear Director Strohecker,

On December 15, 2023, the Centers for Medicare and Medicaid Services (CMS) received Utah State Plan Amendment (SPA) UT-23-0017, in which the state proposed to elect the option described in section 1902(e)(16) of the Social Security Act to provide 12 months of postpartum coverage to Medicaid-eligible pregnant individuals.

We approve Utah State Plan Amendment (SPA) UT-23-0017 with an effective date(s) of January 01, 2024.

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

Sincerely,
James G. Scott
Division of Program Operations Director
Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2023MS00030 | UT-23-0017

CMS-10434 OMB 0938-1188

Package Header

Package ID	UT2023MS00030	SPA ID	UT-23-0017
Submission Type	Official	Initial Submission Date	12/15/2023
Approval Date	03/08/2024	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Superseded SPA ID	N/A		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 | UT2023MS00030 | UT-23-0017

Package Header

Package ID UT2023MS00030	SPA ID UT-23-0017
Submission Type Official	Initial Submission Date 12/15/2023
Approval Date 03/08/2024	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID UT-23-0017

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	1/1/2024	New
Continuous Eligibility for Children	1/1/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2023MS00030 | UT-23-0017

Package Header

Package ID	UT2023MS00030	SPA ID	UT-23-0017
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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The purpose of this amendment is to provide extended postpartum coverage to pregnant women and continuous eligibility for children under the age of 19.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$5212500
Second	2025	\$6950000

Federal Statute / Regulation Citation

Section 1902(a)(10) 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 | UT2023MS0003O | UT-23-0017

Package Header

Package ID	UT2023MS0003O	SPA ID	UT-23-0017
Submission Type	Official	Initial Submission Date	12/15/2023
Approval Date	03/08/2024	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 - UT2023MS00030 - (UT-23-0017) - 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 | UT2023MS00030 | UT-23-0017

CMS-10434 OMB 0938-1188

Package Header

Package ID	UT2023MS00030	SPA ID	UT-23-0017
Submission Type	Official	Initial Submission Date	12/15/2023
Approval Date	03/08/2024	Effective Date	<u>1/1/2024</u>
Superseded SPA ID	New		
	User-Entered		

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. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- Yes
 No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
 - a. The individual requests voluntary termination of eligibility;
 - b. The individual ceases to be a resident of the state;
 - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
 - d. The individual dies.

C. Additional Information (optional)

Section 5113 of the Consolidated Appropriations Act, 2023 eliminated, without replacement, the March 31, 2027, sunset date of the 12-month postpartum continuous eligibility option. Therefore, the durational limit of the option that is described in Section B. does not apply.

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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Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | UT2023MS00030 | UT-23-0017

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Superseded SPA ID	New		
	User-Entered		

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

B. Options for Continuous Eligibility for Children

The state provides continuous eligibility to children.

- Yes
 No

1. Continuous eligibility is provided to all children of the following age:

- a. Under age 19
 b. Under other age

2. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:

- a. The month that the child's age exceeds the age limit to which this provision applies
b. The end of the continuous eligibility period, which is:
 i. 12 months
 ii. Another period of continuous eligibility, not to exceed 12 months

3. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:

- a. The child dies;
b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
c. The child ceases to be a resident of the state;
d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
e. The child attains the maximum age specified in B.

C. Additional Information (optional)

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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