

**CENTERS FOR MEDICARE & MEDICAID SERVICES  
COSTS NOT OTHERWISE MATCHABLE AUTHORITIES**

**NUMBERS:** 11-W-00145/8 (Title XIX)  
21-W-00054/8 (Title XXI)

**TITLE:** Primary Care Network (PCN)

**AWARDEE:** Utah Department of Health

**Medicaid Costs Not Otherwise Matchable Authority**

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by the State for the items identified below (which would not otherwise be included as matchable expenditures under section 1903) shall, for the period of this demonstration, be regarded as matchable expenditures under the State's Medicaid title XIX State plan:

1. (Current Eligibles). Expenditures for optional services not covered under Utah's State plan or beyond the State plan's service limitations and for cost-effective alternative services, to the extent those services are provided in compliance with the Federal managed care regulations at 42 CFR 438 *et seq.*
2. (Demonstration Population I). Expenditures to provide PCN coverage to non-disabled and non-elderly individuals age 19 through 64 with incomes above the Medicaid standard but at or below 150 percent of the Federal poverty level (FPL) who are eligible for Medicaid but only through this section 1115 Medicaid demonstration project.
3. (Demonstration Population II). Expenditures to provide full Medicaid coverage to high-risk pregnant women with assets in excess of the limit established by the State plan.
4. (Demonstration Population III). Expenditures for premium assistance related to providing 12 months of guaranteed eligibility to subsidize the employee's share of the costs of the insurance premium for employer sponsored health insurance to non-disabled and non-elderly low-income workers age 19 through 64 with incomes above the Medicaid standard but at or below 200 percent of the FPL, as well as their spouses, who are eligible for Medicaid but only through this section 1115 Medicaid demonstration.
5. (Demonstration Population V). Expenditures for premium assistance related to providing up to a maximum of 18 months of eligibility to subsidize the employee's share of the costs of the COBRA premium for COBRA continuation of coverage to non-disabled and non-elderly low-income workers age 19 through 64 with incomes above the Medicaid standard but at or below 200 percent of the FPL, as well as their spouses, who are eligible for Medicaid but only through this section 1115 Medicaid demonstration.

## **Medicaid Requirements Not Applicable to the Demonstration Eligible Populations:**

All requirements of the Medicaid statute will be applicable to those individuals who are made eligible for services solely by virtue of the demonstration project, for whom, under the expenditure authority listed above, the State will receive Federal financial participation in its expenditures, except those requirements specified below:

**1. Cost Sharing Requirements** **Section 1902(a)(14) insofar as it  
Incorporates Section 1916 and 1916A**

To permit cost sharing that is more than nominal to be imposed upon the PCN's beneficiaries.

**2. Amount, Duration, and Scope of Services  
and Comparability** **Section 1902(a)(10)(B)**

To enable the State to vary the amount, duration, and scope of services offered to individuals by Demonstration group, with the exception of Demonstration Group II to whom State plan services will be provided. In addition, this waiver enables the State to include additional benefits such as case management and health education not available to Medicaid beneficiaries enrolled in a managed care delivery system.

**3. Federally Qualified Health Centers Payments** **Section 1902(a)(15) and  
Section 1902 (bb)**

To permit the State to pay for Federally Qualified Health Center services provided to Demonstration Population I beneficiaries on a basis other than a prospective payment system.

**4. Retroactive Eligibility** **Section 1902(a)(34)**

To permit the State to eliminate retroactive eligibility for individuals in Demonstration Populations I and III.

## **CHIP Costs Not Otherwise Matchable**

Under the authority of section 1115(a)(2) of the Act as incorporated into title XXI by section 2107(e)(2)(A), State expenditures described below, shall, for the period beginning (December 15, 2009 through June 30, 2013), and to the extent of the State's available allotment under section 2104 of the Act, be regarded as matchable expenditures under the State's title XXI plan. All requirements of title XXI will be applicable to such expenditures for the demonstration population for Demonstration Population VI, described below, except those specified below as not applicable to these expenditure authorities.

1. COBRA Children (Demonstration Population VI). Expenditures to provide premium assistance and benefits specified in the special terms and conditions (to children up to age 19 with family income up to and including 200 percent of the FPL who would meet the definition of a targeted low-income child except for continuation of coverage in accordance with the Consolidated Omnibus Budget Reconciliation Act of 1985

(COBRA), Pub. L. 99-272, and who elect to receive such premium assistance within 60 days after the date of approval of this authority. Such expenditures are authorized without regard to the funding limitation under section 2105(c)(2) of the Act. Moreover, the title XXI requirements listed below do not apply to the benefits for this population.

**CHIP Requirements Not Applicable to CHIP Expenditure Authorities for Demonstration Population VI**

**1. General Requirements, and Eligibility Screening Requirements** **Section 2102**

The State child health plan does not have to reflect the demonstration population. Eligibility screening is not required to exclude eligibility for individuals enrolled in continuation coverage pursuant to COBRA.

**2. Restrictions on Coverage and Eligibility to Targeted Low-Income Children** **Section 2103 and 2110**

Coverage and eligibility is not restricted to targeted low-income children, to the extent that it includes individuals enrolled under continuation coverage pursuant to COBRA.

**3. Qualified Employer Sponsored Coverage** **Section 2105(c)(10)**

To permit the State to offer a premium assistance subsidy that does not meet the requirements of section 2105(c).