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### **Table of Contents**

**State/Territory Name: Utah** 

State Plan Amendment (SPA) #: UT-14-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved SPA Pages
- 3) SPA Summary Form

The complete title XXI state plan for Utah consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: XXI state plans and amendments: http://medicaid.gov/chip/state-program-information/chipstate-program-information.html

#### DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

DEC 1 9 2013

Ms. Emma Chacon CHIP Director Bureau of Managed Health Care Division of Medicaid and Health Financing P.O. Box 143108 Salt Lake City, UT 84114-3108

Dear Ms. Chacon:

I am pleased to inform you that your Title XXI Children's Health Insurance Program (CHIP) state plan amendments (SPA) UT-14-0001 and UT-14-0004 submitted on August 27, 2013 and with additional information submitted on December 2, 2013, related to Modified Adjusted Gross Income (MAGI) Eligiblity, have been approved with an effective date of January 1, 2014.

### **MAGI Eligiblity & Methods:**

SPA number UT-14-0001 provides assurance on page CS15 that the state will apply methodologies based on MAGI for all separate CHIP covered groups; and using the approved MAGI conversion plan income thresholds, the state indicates on page CS7 that it will cover targeted low-income children. A copy of the approved CS15 is attached and should be incorporated within a separate subsection under Section 4.3 of the state's approved CHIP state plan. A copy of the approved CS7 is attached and supersedes the current Age and Income Sections 4.1.2 and 4.1.3 of the current CHIP state plan.

#### Non-Financial Eligibility:

SPA number UT-14-0004 is approved to clarify the state's non-financial eligibility policies on residency; citizenship; social security number; substitution of coverage; non-payment of premiums; and, continuous eligibility. Copies of the approved state plan pages are attached and these approved pages supersede sections of Utah's current state plan as listed below:

New State Plan Page	Impact on Current State Plan Section
CS17: Non-Financial Eligibility – Residency	Section 4.1.5
CS18: Non-Financial Eligibility – Citizenship	Section 4.1.0
CS19: Non-Financial Eligibility – Social Security	Section 4.1.9.1
Number	
CS20: Non-Financial Eligibility – Substitution of	Section 4.4.4
Coverage	

CS21: Non-Financial Eligibility: Non-Payment of	Section 8.7
Premiums	·
CS27: General Eligibility – Continuous Eligibility	Section 4.1.9.2

Your Title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning these amendments and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services Mail Stop: S2-01-16 7500 Security Boulevard Baltimore, MD 21244-1850 Telephone: (410) 786-3413 Facsimile: (410) 786-5882

E-mail: Joyce.Jordan@cms.hhs.gov

Please copy Mr. Richard Allen, Associate Regional Administrator (ARA) in our Denver Regional Office on all communications. Mr. Allen's address is:

Centers for Medicare & Medicaid Services Denver Regional Office Colorado State Bank Building 1600 Broadway, Suite# 700 Denver, Colorado 80202-4967

Congratulations on the approval. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPA. If you have additional questions, please contact Ms. Linda Nablo, Director, Division of State Coverage Programs, at (410) 786-5143.

We look forward to continuing to work with you and your staff.

Sincerely,

Eliot Fishman
Director

Enclosure

cc: Richard Allen, ARA, CMS Region VIII, Denver



					· ·	ontrol Number: 0938-1148 expiration date: 10/31/2014
	0000000000000000000	Health Insura	nce Program ome Children			C87
			FR 457.310, 315			
Targeted state.	l Low-II	ncome Children	- Uninsured child	ren under age 19 whos	e household income is within stan	dards established by the
The	CHIP A	gency operates th	is covered group	in accordance with the	following provisions:	
Age						
Must be	under a	ge 19.				
Income Stan	dards					
Income	standar	ds are applied sta	tewide. Yes			
		ny exceptions, e.g a county income		county which may qu	alify under either a statewide inco	me No
Stat	tewide Iı	ncome Standards				
Beg	gin with	lowest age range	first.			
					ghest standard used for Medicaid	poverty-
leve	el childre	en for the same a	ge group or group	s entered here.		
	T one	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
	+	0	6	139	200	X
	+	6	19	133	200	<b>x</b>
					anation. Include the age ranges for a standards.	or each
Special Prog	gram for	Children with Di	sabilities			
-				with disabilities?	lo l	
		F	-	- Anticontinuos	ammand	
			<u>P</u>	RA Disclosure Sta	tement	



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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.



SPA# UT-14-0001

# **CHIP Eligibility**

OMB Control Number: 0938-1148 Expiration date: 10/31/2014

Separate Child Health Insurance Program  MAGI-Based Income Methodologies  CS15
2102(b)(1)(B)(v) of the SSA and 42 CFR 457.315
The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).
In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.
If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
The pregnant woman is counted just as herself.
The pregnant woman is counted just as herself, plus one.
• The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
Financial eligibility is determined consistent with the following provisions:
When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
When determining eligibility for current beneficiaries, financial eligibility is based on:
Current monthly household income and family size.
Projected annual household income for the remaining months of the current calendar year and family size.
In determining current monthly or projected annual household income, the state will use reasonable methods to:
☑ Include a prorated portion of the reasonably predictable increase in future income and/or family size.
Account for a reasonably predictable decrease in future income and/or family size.
Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.
The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.
An attachment is submitted.

PRA Disclosure Statement

Approval Date: DEC 1 9 2013



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OMB Control Number: 0938-1148

Expiration date: 10/31/2014

### Separate Child Health Insurance Program Non-Financial Eligibility - Residency

CS17

42 CFR 457.320

#### Residency

The CHIP Agency provides CHIP to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

A child is considered to be a resident of the state under the following conditions:

- A non-institutionalized child, if capable of indicating intent and who is emancipated or married, if the child is living in the state and:
  - 1. Intends to reside in the state, including without a fixed address, or
  - 2. Has entered the state with a job commitment or seeking employment, whether or not currently employed.
- A non-institutionalized child not described above and a child who is not a ward of the state:
  - 1. Residing in the state, with or without a fixed address, or
  - 2. The state of residency of the parent or caretaker, in accordance with 42 CFR.435.403(h)(1), with whom the individual resides.
- An institutionalized child, who is not a ward of the state, if the state is the state of residence of the child's custodial parent or caretaker at the time of placement, or
- A child who is a ward of the state regardless of where the child lives, or
- A child physically located in the state when there is a dispute with one or more states as to the child's actual state of residence.

If the state covers pregnant women, a pregnant woman is considered to be a resident under the following conditions:

- A non-institutionalized pregnant woman who is living in the state and:
  - 1. Intends to reside in the state, including without a fixed address, or if incapable of indicating intent, is living in the state, or
  - 2. Entered with a job commitment or seeking employment, whether or not currently employed.
- An institutionalized pregnant woman placed in an out-of-state-institution, as defined in 42 CFR 435.1010, including foster care homes, by an agency of the state, or
- An institutionalized pregnant woman residing in an in-state-institution, as defined in 42 CFR 435.1010, whether or not the individual established residency in the state prior to entering the institution, or
- A pregnant woman physically located in the state when there is a dispute with one or more states as to the pregnant woman's actual state of residence.

The state has in place related to the residency of children and pregnant women (if covered by the state):



One or more interstate agreement(s). No	
A policy related to individuals in the state only for edu	cational purposes. No

#### PRA Disclosure Statement

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SPA# UT-14-0004



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

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R	50	и	25	æ	7	7	м.	Ю	N	м	7	φ.	77	и	п	7	и	7	о	V.	и	т	v.	а		и.	Αz	o	7	72	v.	71	c	σ	и		7	ж	70	o	ж	92	ж	м	ю	ø,	X.	o.	м	О	ю	20	œ	77	м	77	26	7	83	2	95	α	X.	67	a	о	и.	z	Z.	23	a	22	2	æ	22	æ

CS18

Sections 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d)

#### Citizenship

The CHIP Agency provides CHIP eligibility to otherwise eligible citizens and nationals of the United States and certain non-citizens, including the time period during which they are provided with reasonable opportunity to submit verification of their citizenship, national status or satisfactory immigration status.

The CHIP Agency provides eligibility under the Plan to otherwise eligible individuals:

Who are citizens or nationals of the United States; or

Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); or

Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality, or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), and 1902(ee) of the Act, and 42 CFR 435.406, 407, 956 and 457.380.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

Yes

The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.

Yes

The date benefits are furnished is:

- The date of application containing the declaration of citizenship or immigration status.
- C The date the reasonable opportunity notice is sent.
- Other date, as described:

Proof of Citizenship and Identity Eligibility

As of January 1, 2010, U.S. Citizens must document their Citizenship and Identity to be eligible for CHIP. Applicants: The State does not delay or deny benefits when an individual declares to be a U.S. Citizen or U.S. National, and there is no evidence that contradicts their claim.

If otherwise eligible, the State allows CHIP coverage and gives the client reasonable time to provide the documentation by the end of the time frame given, or provide proof they are working to obtain the documentation.

"Reasonable time" is defined as (at least) 90 days. A client needs to either provide the documentation by the end of the time frame given, or provide proof that they are working to obtain the documentation. If the client still needs more



SPA# UT-14-0004

## **CHIP Eligibility**

time, the State gives them at least another 30 days to obtain it.

If the client has been given reasonable time and does not provide the documentation or proof that they are working on obtaining it, the State removes the child from the CHIP coverage with proper notice.

The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible children up to age 19, lawfully residing in the United States, as provided in Section 2107(e)(1)(J) of the SSA (Section 214 of CHIPRA 2009, P.L. 111-3).

No

The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible pregnant women, lawfully residing in the United States, as provided in Section 214 of CHIPRA 2009, P.L. 111-3. The state may not select this option unless the state also elects to cover lawfully residing children. A state may not select this option unless the state also covers Targeted Low-Income Pregnant Women.

No

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Approval Date: DEC 1 9 2013



OMB Control Number: 0938-1148 Expiration date: 10/31/2014

eparate Child Health Insurance Program Ion-Financial Eligibility - Social Security Number
2 CFR 457.340(b)
ocial Security Number
As a condition of eligibility, the CHIP Agency must require individuals who have a social security number or are eligible for one as determined by the Social Security Administration, to furnish their social security number, or numbers if they have more than one number.
The CHIP Agency requires individuals, as a condition of eligibility, to furnish their social security number(s), with the following exceptions:
Individuals refusing to obtain a social security number (SSN) because of well established religious objections, or
Individuals who are not eligible for an SSN, or
Individuals who are issued an SSN only for a valid non-work purpose.
The CHIP Agency assists individuals, who are required to provide their SSN, to apply for or obtain an SSN from the Social Security Administration if the individual does not have or forgot their SSN.
The CHIP Agency informs individuals required to provide their SSN:
By what statutory authority the number is solicited; and
How the state will use the SSN.
The CHIP Agency provides assurance that it will verify each SSN furnished by an applicant or beneficiary with the Social Security Administration, not deny or delay services to an otherwise eligible applicant pending issuance or verification of the individual's SSN by the Social Security Administration and that the state's utilization of the SSNs is consistent with sections 205 and 1137 of the Social Security Act and the Privacy Act of 1974.
The state may request non-applicant household members to voluntarily provide their SSN, if the state meets the requirements below.
The state requests non-applicant household members to voluntarily provide their

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Approval Date: DEC 1 9 2013

SSN.



SPA# UT-14-0004

# **CHIP Eligibility**

OMB Control Number: 0938-1148

Separate Child Health Insurance Program Non-Financial Eligibility - Substitution of Covera	CS20
457.310(b)(2) and (b)(3), 457.320(a)(9) and 2110(b)(1)(C) of the	he SSA
Substitution of Coverage	
The CHIP Agency provides assurance that it has method coverage or other commercial health insurance with put	ods and policies in place to prevent the substitution of group health ablic funded coverage. These policies include:
Substitution of coverage prevention strategy:	
Name of policy	Description
•	X
A waiting period during which an individual is ineligi	ble due to having dropped group health coverage. Yes
How long is the waiting period?	
C One month	
C Two months	
• 90 days	
C Other	
The state allows exemptions from the waiting	g period for the following reasons:
The premium paid by the family for covered household income.	erage of the child under the group health plan exceeded 5 percent of
The child's parent is determined eligible through the Marketplace because the ES accordance with 26 CFR 1.36B-2(c)(3)(	for advance payment of the premium tax credit for enrollment in a QHP I in which the family was enrolled is determined unaffordable in v).
The cost of family coverage that include	s the child exceeded 9.5 percent of the household income.
The employer stopped offering coverage insurance plan.	e of dependents (or any coverage) under an employer-sponsored health
A change in employment, including invoinsurance (other than through full payment)	oluntary separation, resulted in the child's loss of employer-sponsored ent of the premium by the parent under COBRA).
The child has special health care needs.	
The child lost coverage due to the death	or divorce of a parent.
Does the state allow other exemptions in add	dition to those listed above? Yes

Approval Date: DEC 1 9 2013

Effective Date: January 1, 2014



	,		·
	Describe		
	Voluntary termination of COBRA coverage.		
	Voluntary termination of HIPUtah (Health Insurance Pool) coverage.		
	Voluntary termination of coverage by a non-custodial parent.		
	Voluntary termination of UPP reimbursed, employer-sponsored coverage.		
	Voluntary termination of insurance that does not provide coverage in Utah.		
+	Voluntary termination of a limited health insurance plan. (See section 220-3.)	x	
	Title IV-D agency forces enrollment under NMSN (National Medical Support Notice). Then, because the cost of insurance exceeds 5% of the gross monthly income, the Title IV-D agency reverses the forced enrollment and the child is terminated from the TPL of the custodial parent.		
	The State will be applying all required exceptions to waiting period beginning January 1, 2014 as specified in 42 CFR 457.805		
If the state covers pregna	nt women, the waiting period does not apply to pregnant women.		
If the state elects to offer den	tal only supplemental coverage, the following assurances apply:		
The other coverage exclu provided in section 2110	sion does not apply to children who are otherwise eligible for dental only su(b)(5) of the SSA.	ippleme	ental coverage as
The waiting period does	not apply to children eligible for dental only supplemental coverage.		

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OMB Control Number: 0938-1148 Expiration date: 10/31/2014

	Child Health Insurance Program ocial Eligibility - Non-Payment of Premiums	CS21
12 CFR 457.	570	
Non-Paymei	nt of Premiums	
Does the stat	te impose premiums or enrollment fees?	Yes
Can non	-payment of premiums or enrollment fees result in loss of CHIP eligibility?	Yes
Doe	es the state have a premium lock out period?	Yes
	Please describe the lock-out period:	
	Households with incomes above 133% FPL must pay a quarterly premium to be eligible for CHIP. Households with children that have different MAGI incomes will always pay the lower quarterly premium. If the household does not pay the premium by the due date, a late fee is accesses. There is a process for waiving the late fee for good cause of hardship.	t
	If the household fails to pay the quarterly premium the case is closed. If the household makes an application and is approved within 90 days after case closure, the household must pay the past due premium and late fee to reopen the case. If the household applies for and is approved for CHIP more than 90 days after case closure, no repayment of past due premium or late fee is required.	;
	What is the length of the time premium lock-out period?	
	Select a length of time:	
	C One month	
	C Two months	
	● 90 days	
	C Other (not to exceed 90 days)	
Are	e there exceptions to the required lock-out period?	Yes
	Individual's income decreased to a level where no premium is required or within Medicaid standards	
	Other financial hardship	
	Other	
<b>[</b> ]	The state assures that:	
<b>1</b>	It does not require the collection of past due premiums or enrollment fees as a condition of eligibility for enrollment lock-out period has expired; and	t once the
	It provides enrollees with an opportunity for an impartial review to address disenrollment from the program in account with section 457.1130(a)(3); and	rdance
	The child will be reenrolled in CHIP during the lock-out period upon payment of past due premiums or enrollment	fees.



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OMB Control Number: 0938-1148 Expiration date: 10/31/2014

Separate Child Health Insurance Program  CS27
General Eligibility - Continuous Eligibility
2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926
The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier.
The CHIP Agency elects to provide continuous eligibility to children under this provision. Yes
For children up to age 19
For children up to age
The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends:
At the end of the 12 months continuous eligibility period.
Exceptions to the continuous eligibility period:
■ The child attains the age specified by the state Agency or age 19.
The child or child's representative requests voluntary disenrollment.
The child is no longer a resident of the state.
The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.
The child dies.
■ There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan.
Other

#### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.

logged in as TONIABROWN(CMS CO Staff) read only mode application rev p01 Children's Health Insurance **Program Eligibility** Home Finder Validate Print Help UT.0239.R00.00 - Jan 01, 2014 **Control Panel** Children's Health Insurance Program Eligibility: Summary Page General Information State/Territory Utah **Transmittal Number:** File Management name: Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two Tribal Input digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered. Summary UT-14-0001 Type of SPA: ☑ MAGI Eligibility & Methods □ XXI Medicaid Expansion ☐ Establish 2101(f) Group □ Eligibility Processing □ Non-Financial Eligibility Proposed Effective Date 01/01/2014 (mm/dd/yyyy) Federal Statute/Regulation Citation Pub. L. No. 111-148 Federal Budget Impact ☐ This SPA has a budget impact. Total budget impact: State Funds: Federal Funds: \$ | Subject of Amendment Please provide a brief summary of SPA changes.



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