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## Table of Contents

**State/Territory Name:** Utah

**State Plan Amendment (SPA) #:** UT-12-001

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  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



**Region VIII**

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April 2, 2012

W. David Patton, Ph.D.  
Utah Department of Health  
288 North 1460 West  
PO Box 143102  
Salt Lake City, UT 84114

RE: Utah #12-001

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 12-001. This State Plan Amendment allows presumptive eligibility for individuals in Medicaid who are under 19 years of age if a qualified entity determines that they are eligible for Medicaid services. This expansion is one of 5 requirements necessary for the State to receive the Performance Bonus payments.

Please be informed that this State Plan Amendment is approved effective April 1, 2012. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Betty Strecker at (701) 540-4118.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid and Children's Health

CC: Michael Hales, Medicaid Director, UT  
Craig Devashrayee, UT

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
12-001-UT

2. STATE:  
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTHCARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
April 1, 2012

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT  
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1920A of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2012    +\$25,790  
b. FFY 2013    +\$51,579

Bob

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 23d of ATTACHMENT 2.2-A

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT: Presumptive Eligibility for Children

11. 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:

12. [Redacted]

16. RETURN TO:

Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
P.O. Box 143102  
Salt Lake City, UT 84114-3102

13. TYPED NAME: W. David Patton, Ph.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: February 15, 2012

16.

17. DATE RECEIVED:

2/15/12

18. DATE APPROVED:

4/2/12

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/1/12

20. REGIONAL OFFICIAL:

21. TYPED NAME:

RICHARD C. ALLEN

22. TITLE:

ARA DNICHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
1920A of the Act	B. <u>Optional Coverage Other Than the Medically Needy</u> (Continued)
	<input checked="" type="checkbox"/> 25. Presumptive Eligibility for Children Children under age <u>19</u> (no more than age 19) who are determined by a "qualified entity" (as defined in §1920A(b)(3)(A) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under <u>ATTACHMENT 2.6-A</u> and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920A of the Act.  The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.  The following types of "qualified entities" are used to determine presumptive eligibility: Medicaid eligibility workers with the Divisions of Child and Family Services or Juvenile Justice Services.  The State requires that a written application be completed and signed by the child's parent or other representative:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  The written application requests the following identifying information: Names of children; birth date; gender; household members and relationship to children; state residency; household income; citizenship or legal alien status.

T.N. # 12-001

Approval Date 4/2/12

Supersedes T.N. # New

Effective Date 4-1-12