#### **Table of Contents**

State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-14-0001-MM1

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form

TN: UT-14-0001-MM1

- 3) Superseding Pages Notice (delete if not applicable)
- 4) Approved SPA Pages

Approval Date: 05/14/2014 Effective Date: 01/01/2014

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1600 Broadway, Suite 700 Denver, CO 80202-4967



#### Region VIII

May 20, 2014

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

RE: Utah #14-0001-MM1

Dear Dr. Patton:

Enclosed is an approved copy of Utah's state plan amendment (SPA) 14-0001-MM1, which was submitted to CMS on August 27, 2013. SPA 14-0001-MM1 incorporates the MAGI-based mandatory and optional eligibility groups' requirements into Utah's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is January 1, 2014.

We are also sending a copy of the following state plan pages and attachments to be incorporated within a separate section at the end of Utah's approved state plan:

• \$14, \$25, \$28, \$30, \$32, \$33, \$50, \$51, \$52, \$53, \$54, \$55, \$57, \$59

In addition we will send a summary of the state plan pages which are superseded by SPA 14-0001-MM1, which should also be incorporated into a separate section in the front of the state plan.

• Superseding pages of state plan material, SPA 14-0001-MM1

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this amendment, please contact Mandy Strom at (303) 844-7068.

Sincerely,

/s/

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

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

## Medicaid State Plan Eligibility

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n	name:
	Jtah Fransmittal
	Number:
,	JT-14-0001
(	General Information: Submission Title:
	short (under 100 characters) label used to identify this submission in the web application
	14-0001-MM
F	Description: MAGI-Based Eligibility Groups - S14, S25, S28, S30, S32, S33, S50, S51, S52, S53, S54, S55, S57, and S59 Populations Covered:
	Mandatory Coverage:
	Parents and Other Caretaker Relatives
	Pregnant Women
	Infants and Children under Age 19
	Adult Group
	Former Foster Care Children
	Options for Coverage: Individuals above 133% FPL
	Optional Coverage of Parents and Other Caretaker Relatives
	Reasonable Classification of Individuals under Age 21
	Children with Non IV-E Adoption Assistance
	Optional Targeted Low Income Children
	Individuals with Tuberculosis
	Independent Foster Care Adolescents
	Individuals Eligible for Family Planning Services
edic	aid State Plan Eligibility: File Management Summary

Type of SPA	Form Code	Form Name/Description	Uploaded?	×
MAGI-Based Eligibility Groups	S14	AFDC Income Standard	yes	

TN: UT-14-0001-MM1

Approval Date: 05/14/2014

Effective Date: 01/01/2014

Utah Transmittal Number: UT-14-0001

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Groups			
MAGI-Based Eligibility Groups	S28	Mandatory: Pregnant Women	yes
MAGI-Based Eligibility Groups	S30	Mandatory: Infants and Children Under Age 19	yes
MAGI-Based Eligibility Groups	S32	Mandatory: Individuals Below 133% of the FPL	yes
MAGI-Based Eligibility Groups	S33	Mandatory: Former Foster Care Children up to age 26	yes
MAGI-Based Eligibility Groups	S50	Optional: Individuals Above 133% of the FPL	ÿes
MAGI-Based Eligibility Groups	S51	Optional: Optional Parents and Caretakers	yes
MAGI-Based Eligibility Groups	S52	Optional: Reasonable Classifications of Individuals	yes
MAGI-Based Eligibility Groups	S53	Optional: Non IV-E Adoption Assistance	yes
MAGI-Based Eligibility Groups	S54	Optional: Optional Targeted Low Income Children	yes
MAGI-Based Eligibility Groups	S55	Optional: Tuberculosis	yes
MAGI-Based Eligibility Groups	S57	Optional: Foster Care Adolescents - Chafee	yes
MAGI-Based Eligibility Groups	S59	Optional: Family Planning	yes
Eligibility Process	S94	Single streamlined application or alternative, Renewals, Coordination for enrollment and eligibility (agreements with Exchanges)	no
MAGI Income Methodology	S10	Designates the income options the state is electing in 2014 (e.g. how pregnant women are counted, reasonably predictable changes in income, cash support, how full-time students are counted)	no
Single State Agency	A1-3	Addresses single state agencies delegation of appeals and determinations	no
Residency	S88	State affirms residency regulations and addresses interstate agreements and temporary absence	no
Citizenship & . Immigration Status	S89	State affirms citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility	no
Hospital Presumptive	S21	State specifies options for presumptive eligibility	no

#### Medicaid State Plan Eligibility: File Management Detail

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	Uploaded Document Name:  Date Uploaded: 03/10/2014	
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TN: UT-14:0001-MM1 -Utah

Approval Date: 05/14/2014 Summary

	Document
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	Date Uploaded: 03/10/20
	S28-pregnant women.pdf
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	Document
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Approval Date: 05/14/2014 Summary

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Approval Date: 05/14/2014 Summary

Effective Date: 01/01/2014

Form S33: Eligibility Groups - Mandatory Coverage: Former Foster Care

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Description: Former Foster Care Children up to Age 26
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Form S52: Eligibility Groups - Options for Coverage: Reasonable Classification of Individuals under Age 21

TN: UT-14-0001-MM1

Approval Date: 05/14/2014 Summary

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Approval Date: 05/14/2014 Summary

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Approval Date: 05/14/2014 Summary

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Approval Date: 05/14/2014 Summary

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#### Medicaid State Plan Eligibility: Tribal Input

State/Territory name: Utah

TN: UT-14-0001-MM1 Utah

Approval Date: 05/14/2014 Summary

Transmittal Number: UT-14-0001

**************************************	One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.
	This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or
	Urban Indian Organizations.  The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or
	Tribal governments prior to submission of this State Plan Amendment.  Complete the following information regarding any tribal consultation conducted with respect to this
	submission: Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such
	consultation below:

[] Indian Tribes

Indian Tribes	X
Name of Indian Tribe:	
Goshute Indian Tribe	
Date of consultation:	
07/16/2013 (mm/dd/yyyy)	
Method/Location of consultation: Meeting at the Utah Department of Health (Highland Drive Bldg.,SLC, UT).	
Bridge line was available to access meeting by phone	
Name of Indian Tribe:	
Navajo Indian Tribe	
Date of consultation:	
(mm/dd/yyyy)	
Method/Location of consultation: Meeting at the Utah Department of Health (Highland Drive Bldg.,SLC, UT).	
Bridge line was available to access meeting by phone.	
Name of Indian Tribe:	
Raiute Indian Tribe	
Date of consultation:	
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Method/Location of consultation: Meeting at the Utah Department of Health (Highland Drive Bldg.,SLC, UT).	
Bridge line was available to access meeting by phone.	
Name of Indian Tribe:	
Shoshone Indian Tribe	
Date of consultation:	
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Method/Location of consultation: Meeting at the Utah Department of Health (Highland Drive Bldg.,SLC, UT).	
Bridge line was available to access meeting by phone.	
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Meeting at the Utah Department of Health (Highland Drive Bldg.,SLC, UT).	
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Navajo Area Indian Health Service	
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Urban Indian Organization	
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Name of Urban Indian Organization:	
Urban Indian Center of Salt Lake	
Date of consultation:	"
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Method/Location of consultation:	1
Meeting at the Utah Department of Health (Highland Drive Bldg.,SLC, UT).	

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its

Effective Date: 01/01/2014

Bridge line was available to access meeting by phone.

program.

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	Please provide a short description of this support document: Agenda for ACA Implementation Meeting	
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TN: UT-14-0001-MM1 Utah Approval Date: 05/14/2014 Summary

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Approval Date: 05/14/2014 Summary

Date: Apr 24, 2014 Submit Date: Aug 27, 2013

	SUPERSEDING PARTIES PLAN MA			
TRANSMITTAL NUMBER:		STATE:	,	-
14-0001		Utah.		

Pages or sections of pages being superseded by S14, S25, S28, S30, S51, S52, S53, S55, and S57, and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 1 Page 3 Page 3a Page 4 Page 4 Page 12 Page 13 Page 13a Page 14 Page 14 Page 21 Page 23 Page 23 Page 23c Page 23d	Page 2, A.2.b Page 2, A.2.c Page 2a, A.3 Page 5, A.10 Page 9c, B.1 for caretaker relatives & pregnant women Page 20, B.14 Page 23a, B.20 Page 25, C.4
Supplement 1 to Attachment 2.2-A	Page 1	
Attachment 2.6-A	Page 3b Page 11a Page 19 Page 19a Page 19b Page 21	Page 1, A.2.a(i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 7, 1.a(1) and (2) Page 12, C.1.e(2) Page 18, C.5.e Page 12b, C.1.i Page 25, 11.a(3)
Supplement 1 to Attachment 2.6-A	Pages 1-4	
Supplement 2 to Attachment 2.6-A	Pages 1-5	

Approval Date: 05/14/2014

Superseding Document

Supplement 8a to Attachment 2.6-A		Page 1, #4 & 5 except medically needy Page 2 related to children, pregnant women, and caretaker relatives
Supplement 8b to Attachment 2.6-A		Page 1, #1, 2, 3, 6, 7, and 8 related to saretaker relatives, pregnant women, and children except medically needy Page 2 related to children, pregnant women, and caretaker relatives
Supplement 12a to Attachment 2.6-A Supplement 14 to Attachment 2.6-A	Pages 1, 1a, 1b, 2 and 3	



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

FDC Income Standards	814
Enter the AFDC Standards below. All states must enter:	
MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and AFDC Payment Standard in Effect As of July 16, 1996	
Entry of other standards is optional.	
MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988	
Income Standard Entry - Dollar Amount - Automatic Increase Option S13a	
The standard is as follows:	
Statewide standard	,
Standard varies by region	
Standard varies by living arrangement	
Standard varies in some other way	
Enter the statewide standard	

TN: UT-14-001-MM Utah Approved: 05/14/2014



	Household size	Standard (\$)	Additional incremental amount
30,200,00			, ites () two
ł	1.	302	Increment amount \$ 51
+	2	418	X
+	3	522	X
+	4	614 .	×
F	5 .	703	X
F	6	780	X
+	7	829	X
4	8	880	X
4	9	932	X
•	10	982.	X
+	11	1,032	X
+	12	1,083	X
+	13	1,134	X
F	14	1,1,84	X
+	15	1,236	X
+	16	1,286	X

AFDC Payment Standard in Effect As of July 16, 1996

The dollar amounts increase automatically each year

Income Standard Entry - Dollar Amount - Autom	atic Increase Option	S13a
The standard is as follows:		
Statewide standard.		
Standard varies by region		

TN: UT-14-001-MM

○ Yes

Approved: 05/14/2014

Effective Date: 01/01/2014:



T	Household size	Standard (\$)		Additional incremental amount
	Trousenord Size			<b>⑥</b> Yes ○ No
H	<u> </u>	246.	X	Increment amount \$ 31
H	2	342	X	
F	3	426	X	
F	4	498	Х	
F	5	567	Х	
F	6	625	X	
F	7	654	Х	
F	.8	685	Х	
ŀ	9	717	Х	
F	10	747	X	
F	11	778	X	
ŀ	12	809	X	
F	13	840	X	
F	1.4	870	X	
ŀ	15	902	X	
F	16	933	X	

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option \$13a

TN: UT-14-001-MM Utah

Approved: 05/14/2014



The standard is as follows:	. 1
○ Statewide standard	
○ Standard varies by region	
Standard varies by living arrangement	
Standard varies in some other way	
The dollar amounts increase automatically each year	
○ Yes ○ No	
AFDC Need Standard in Effect As of July 16, 1996	
Income Standard Entry - Dollar Amount - Automatic Increase Option	S13a
The standard is as follows:	
Statewide standard	
Standard varies by region	
○ Standard varies by living arrangement	
C Standard varies in some other way	
The dollar amounts increase automatically each year	
○ Yes ○ No	
AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the	percentage
increase in the Consumer Price Index for urban consumers (CPI-U) since such date.	
Income Standard Entry - Dollar Amount - Automatic Increase Option	S13a
The standard is as follows:	
OStatewide standard	
Standard varies by region	
Standard varies by living arrangement	
C Standard varies in some other way	
The dollar amounts increase automatically each year	
○ Yes ○ No	

TN: UT-14-001-MM Utah Approved: 05/14/2014 S14



Income Standard Entry -1	Oollar Amount -	Automatic Inc	rease Option	S13a
The standard is as follows:	AND A SECURITY OF THE SECURITY	The second secon		
Statewide standard				
Standard varies by region		٠.	·	
Standard varies by living a	rrangement:			
C Standard varies in some of	her way		•	
The dollar amounts increase	automatically each ye	ajr		
C Yes C No				
NF payment standard				
Income Standard Entry -	Dollar Amount -	Automatic Inc	rease Option	\$13a
The standard is as follows:		1		
Statewide standard				
Standard varies by region				
Standard varies by living a	rrangement			
Standard varies in some of				
The dollar amounts increase	automatically each ye	ear		
○ Yes ○ No			**	
AGI-equivalent TANF payı	nent standard			
Income Standard Entry -	Dollar Amount -	Automatic Inc	rease Option	S13a
The standard is as follows:	·		•	·
Statewide standard				
	•			
<ul> <li>Standard varies by region</li> </ul>				

TN: UT 14-001-MM Utah

Approved: 05/14/2014 S14



The dolla	r amounts increase	automatically each year	•	
C Yes	O No			

#### PRA Disclosure Statement

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OMB Control Number 0938-1148

.•			OMB Expiration date: 10/31/2014	ļ
	**********		oups - Mandatory Coverage Other Caretaker Relatives	1
12 CFR 902(a) 931(b)	)(10)(	<b>A.)</b> (i)	$\rho(I)$	
			Other Caretaker Relatives - Parents and other caretaker relatives of dependent children with household income at or lard established by the state.	-
Z	The	state	attests that it operates this eligibility group in accordance with the following provisions:	
		Índ	ividuals qualifying under this eligibility group must meet the following criteria:	•
			Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.	
			The state elects the following options:	
			This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.	
			Options relating to the definition of caretaker relative (selectiony that apply):	
			Options relating to the definition of dependent child (select the one that applies):	
			Have household income at or below the standard established by the state.	
			AGI-based income methodologies are used in calculating household income. Please refer as necessary to \$10 MAGI-sed Income Methodologies, completed by the state.	
		Inc	ome standard used for this group	
			Minimum income standard	
			The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.	
			The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.	
			An attachment is submitted.	
			Maximum income standard	
			The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.	
			An attachment is submitted.	

TN: UT-14-0001-MM1

Approval Date: 05/14/2014 S25

The state's maximum income standard for this eligibility group is:



•	The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
O	The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
0	The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGL-equivalent percent of FPL or amounts by household size.
O	The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
Ent	er the amount of the maximum income standard:
0	A percentage of the federal poverty level:%
$\bigcirc$	The state's AFDC payment/standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
0	The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in \$14 AFDC Income Standards.
0	The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
<b>(</b>	Other dollar amount
Inc	come Standard Entry - Dollar Amount - Automatic Increase Option \$13a
The	e standard is as follows:
	Statewide standard
	C Standard varies by region
	C Standard varies by living arrangement
	C Standard varies in some other way
	Enter the statewide standard
L	



	Household size	Standard (\$)	:	Additional  Yes	increment No	al amount
<b>-</b>		438	X	Increment	amount §	6 62
1 2		544	X			
<b>4</b> 3		678	X			
<b>+</b> 4		79.7	X			
<b>+</b> 5		912	X			
+ 6		1,012	X			
<b></b> 7		1,072	X			
<b>4</b> 8		1,132	X			
<b>4</b> 9		1,196	X			
<b>-}-</b>	0 .	1,257	X			
<b>+</b> 1	1	1,320	X			
<b>-}-</b> 1.	2	1,382	х.			
<b>+</b> 1	3	1,443	X			
+ 1	4	1,505	X			
+ 1	5	1,569	X			
+ 1	6	1,630	X	•		

The dollar amounts increase automatically each year

○ Yes

No

#### Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
- The maximum income standard

The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.

Utah



0	Another income standard	in-between the	minimum	and maximum	standards allowed

There is no resource test for this eligibility group.

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

○ Yes • No

#### PRA Disclosure Statement

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

	gibility Groups - Mandatory Coverage  gnant Women  S28
1902 1902	EFR 435.116 2(a)(10)(A)(i)(III) and (IV) 2(a)(10)(A)(ii)(I), (IV) and (IX) I(b) and (d) )
	Pregnant Women - Women who are pregnant or post-partum, with household income at or below a standard established by the state.
,	The state attests that it operates this eligibility group in accordance with the following provisions:
	Individuals qualifying under this eligibility group must be pregnant of post-partum, as defined in 42 CFR 435.4.
	Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.
	• Yes C No
:	MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
	Income standard used for this group
	Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)
	The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.
	C Yes  No
	The minimum income standard for this eligibility group is 133% FPL.
	Maximum income standard
	The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.
	An attachment is submitted.
	The state's maximum income standard for this eligibility group is:
-	The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



C	The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
C	The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
C	The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
•	185% FPL
<b>■</b> Inc	me standard chosen
Inc	cate the state's income standard used for this eligibility group:
C	The minimum income standard
C	The maximum income standard
(6)	Another income-standard in-between the minimum and maximum standards allowed.
	The amount of the income standard for this eligibility group is: 139 % FPL
There is	no resource test for this eligibility group.
Benefit	for individuals in this eligibility group consist of the following:
<ul><li>All</li></ul>	regnant women eligible under this group receive full Medicaid coverage under this state plan.
C Pre	nant women whose income exceeds the income limit specified below for full coverage of pregnant women receive pregnancy-related services.
Presum	tive Eligibility
	e covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a fentity.
• Ye	○ No
	The presumptive period begins on the date the determination is made.
	The end date of the presumptive period is the earlier of:
	The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
	The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
	There may be no more than one period of presumptive eligibility per pregnancy.
, A	ritten application must be signed by the applicant or representative.
The 1917 44 07	Approval Date: 05/14/2014 Fffective Date: 01/01/2014



•	Yes O No	
	The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.	
	The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.	
	An attachment is submitted:	
	The presumptive eligibility determination is based on the following factors:	
	The woman must be pregnant	
	Household income must not exceed the applicable income standard at 42 CFR 435.116.	
	State residency     State residency	
	☐ Citizenship, status as a national, or satisfactory immigration status	
	The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.	r
	List of Qualified Entities S17	
	A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:	
	Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan	
	Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act	
	Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990	
	Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental  Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966	-
	Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)	
	Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)	
	Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs	
	Is a state or Tribal child support enforcement agency under title IV-D of the Act	
	Is an organization that provides emergency food and shelter under a grant under the Stewart B.  McKinney Homeless Assistance Act	
	Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act	
		1 ,

Approval Date: 05/14/2014 S28



	ealth facility operated by the Ind n Indian Organization	lian Health Service, a Tribe, or Tribal organization, or an
⊠ Other	entity the agency determines is	capable of making presumptive eligibility determinations
	Name of entity	Description
+	Baby Your Baby Hotline	Designated Employees in the Division of Disease Control and Prevention, Bureau of Health Promotion who take online applications for presumptive eligibility.

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

	OMB Expiration date: 10/31/201
	oups - Mandatory Coverage Children under Age 19
42 CFR 435.118 1902(a)(10)(A)(i 1902(a)(10)(A)(i 1931(b) and (d)	)(III), (IV), (VI) and (VII) i)(IV) and (IX)
Infants and the state base	Children under Age 19 - Infants and children under age 19 with household income at or below standards established by ed on age group.
The state	e attests that it operates this eligibility group in accordance with the following provisions:
<b>■</b> Chi	ildren qualifying under this eligibility group must meet the following criteria:
	Are under age 19
	Have household income at or below the standard established by the state.
	AGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-sed Income Methodologies, completed by the state.
<b>■</b> Inc	ome standard used for infants under age one
. 🔳	Minimum income standard
	The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.
	○ Yes    No
	The minimum income standard for infants under age one is 133% FPL.
	Maximum income standard
	The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.
	An attachment is submitted.
	The state's maximum income standard for this age group is:
	The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related

Approval Date: 05/14/2014

infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV)

(institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-

Effective Date: 01/01/2014

equivalent percent of FPL.



TN: Utah	UT-14		1-MM1 Approval Date: 05/14/2014 Effective Date: 01/01/2014 S30
	Inco		standard for children age one through age five, inclusive
		The	amount of the income standard for infants under one is: 139 % FPL
	•	0	Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
-	-	0	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
		0	If higher than the highest effective income level for this age group-under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
		0	If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
		( <b>(</b>	If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(j)(III) (qualified children), 1902(a)(10)(A)(j)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX)-(optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
		0	The maximum income standard
		The	state's income standard used for infants under age one is:
		Inco	me standard chosen
		•	185% FPL
		0	The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
		0	The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
t		) i	The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.



Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

An attachment is submitted.

The state's maximum income standard for children age one through five is:

The minimum income standard used for this age group is 133% FPL.

- The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Enter the amount of the maximum income standard; 139

139

% FPL

Income standard chosen

The state's income standard used for children age one through five is:

- The maximum income standard
  - If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),
- (FV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),

1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii) (IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.



## **Medicaid Eligibility**

-		If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
,		If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013; converted to a MAGI-equivalent percent of FPL.
		Another income standard in between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
	Inco	me standard for children age six through age eighteen, inclusive
		Minimum income standard
		The minimum income standard used for this age group is 133% FPL.
		Maximum income standard
		The state certifies that it has submitted and received approval for its converted income standard(s) for children as six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.
		An attachment is submitted.
		The state's maximum income standard for children age six through eighteen is:
		The state's highest effective income level for coverage of children age six-through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
	*	The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (flow-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(ii)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
		The state's effective income level for any population of children age six through eighteen under a Medicaid 1113 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
		The state's effective income level for any population of children age six through eighteen under a Medicaid 111 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
		● 133% FPL
		Income standard chosen

The state's income standard used for children age six through eighteen is:



The maximum income standard
If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory-poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.
There is no resource test for this eligibility group.
Presumptive Eligibility
The state covers children when determined presumptively eligible by a qualified entity.
Presumptive Eligibility for Children S16
1902(a)(47) 1920A 42 CFR 435.1101 42 CFR 435.1102
The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity under the following provisions:



If the state has elected to cover Optional Targeted Low-Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the higher of the standard used for Optional Targeted Low-Income Children or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

stai	the state has not elected to cover Optional Targeted Low Income Children (42 CFR 435.229), the income indard for presumptive eligibility is the standard used under the Infants and Children under Age 19 eligibility out (42 CFR 435.118), for that child's age.
	Children under the following age may be determined presumptively eligible;
	Under age 19
	The presumptive period begins on the date the determination is made.
	The end date of the presumptive period is the earlier of:
	The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
	The last day of the month following the month in which the determination of presumptive eligibility is made if no application for Medicaid is filed by that date.
	Periods of presumptive-eligibility are limited as follows:
	No more than one period within a calendar year.
	No more than one period within two calendar years.
	No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
	Other reasonable limitation:
	Name of limitation Description
	Limit on presumptive decisions  A child can only be determined presumptively eligible once during any six month period.

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

- ( Yes No.
  - The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS,
  - The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

#### An attachment is submitted.

- The presumptive eligibility determination is based on the following factors:
  - Household income must not exceed the applicable income standard described above, for the child's age.
  - State residency
  - Citizenship, status as a national, or satisfactory immigration status



	ist of Qualified Entities	S1 <sup>1</sup>
	eligibility determinations based on an indivi-	ned by the agency to be capable of making presumptive dual's household income and other requirements, and that ents. Select one or more of the following types of entities this eligibility group:
•	Furnishes health care items or services co is eligible to receive payments under the	overed under the state's approved Medicaid state plan and plan
	Is authorized to determine a child's eligib Head Start Act	ility to participate in a Head Start program under the
		ility to receive child care services for which financial re and Development Block Grant Act of 1990
	Is authorized to determine a child's eligib  Food Program for Women, Infants and C of 1966	ility to receive assistance ûnder the Special Supplemental hildren (WIC) under section 17 of the Child Nutrition Act
	Is authorized to determine a child's eligib assistance under the Children's Health Ins	ility under the Medicaid state plan or for child health surance Program (CHIP)
	Is an elementary or secondary school, as Education Act of 1965 (20 U.S.C. 8801)	defined in section 14101 of the Elementary and Secondary
	Is an elementary or secondary school ope	rated or supported by the Bureau of Indian Affairs
	Is a state or Tribal child support enforcem	nent agency under title IV-D of the Act
.•	Is an organization that provides emergence McKinney Homeless Assistance Act	ey food and shelter under a grant under the Stewart B.
	Is a state or Tribal office or entity involve title IV-A of the Act	ed in enrollment in the program under Medicaid, CHIP, or
	of public or assisted housing that receives other section of the United States Housing	lity for any assistance or benefits provided under any program is Federal funds, including the program under section 8 or any g Act of 1937 (42 U.S.C. 1437) or under the Native Determination Act of 1996 (25 U.S.C. 4101 et seq.)
	Urban Indian Organization	Health Service, a Tribe, or Tribal organization, or an
	Other entity the agency determines is cap	nable of making presumptive eligibility determinations:
	Name of entity	Description
	Title IV-E Agency	The Department of Human Services, Division of Child and Family Services and Juvenile Justice Services



The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

### PRA Disclosure Statement

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

Eligibility Groups - Mar Adult Group	ndatory Coverage	less 1	S32
1902(a)(40)(A)(i)(VIII) 42 CFR 435.119			
The state covers the Adult Gro	oup as described at 42 CFR 43:	5.119.	 ·
C Yes			

### PRA Disclosure Statement

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

Eligibility Groups - Mandatory Coverage Former Foster Care Children
42 CFR 435.150 T902(a)(10)(A)(i)(IX)
Former Foster Care Children - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.
The state attests that it operates this eligibility group under the following provisions:
Individuals qualifying under this eligibility group must meet the following criteria:
Are under age 26.
Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.
Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.
The state elects to cover children who were in foster care and on Medicaid in <u>any</u> state at the time they turned 18 or aged out of the foster care system.
○Yes
The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.
C Yes   ● No

#### PRA Disclosure Statement

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

Eligibility Groups - Option Individuals above 133% F			S50
1902(a)(10)(A)(ii)(XX) 1902(hh) 42 ČFR 435.218			
Individuals above 133% FPL - with income above 133% FPL and 42 CFR 435.218.			
	•		

#### PRA Disclosure Statement

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S50



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

Eligibility Groups - Options for Coverage
Optional Coverage of Parents and Other Caretaker Relatives

S51

42 CFR 435.220 1902(a)(10)(A)(ii)(I)

Optional Coverage of Parents and Other Caretaker Relatives - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435:220.

🔿 Yes

( No

### PRA Disclosure Statement

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

Eligibility Groups - Options for Coverage Reasonable Classification of Individuals under Age 21	S52
42 CFR 435.222 1902(a)(10)(A)(ii)(1) 1902(a)(10)(A)(ii)(IV)	
Reasonable Classification of Individuals under Age 21 - The state ele- under age 21 who are not mandatorily eligible and who have income at o with provisions described at 42 CFR 435.222.	cts to cover one or more reasonable classifications of individuals or below a standard established by the state and in accordance
C Yes © No	

### PRA Disclosure Statement

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S52



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

OMB Expiration date: 10/31/2	.014
Eligibility Groups - Options for Coverage Children with Non IV-E Adoption Assistance	553
42 CFR, 435.227 1902(a)(10)(A)(ii)(VIII)	
Children with Non IV-E Adoption Assistance - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227.	
• Yes O No	
The state attests that it operates this eligibility group in accordance with the following provisions:	
Individuals qualifying under this eligibility group must meet the following criteria:	
The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;	,
Are under the following age (see the Guidance for restrictions on the selection of an age):	
○ Under age 21	
O Under age 20	
C Under age 19	
© Under age 18	
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.	
The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.  (a) Yes (b) No	
The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.  ( Yes	
Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.	
The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state pla as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.	in
• Yes O No	
Income standard used for this eligibility group	
Minimum income standard	
The minimum income standard for this eligibility group must exceed the lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group.	
Maximum income standard	



•	. •	No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.	
		• Yes O No	
		No income test was used (all income was disregarded) for this eligibility group under (check all that apply):	
		The Medicaid state plan as of March 23, 2010.	•
		The Medicaid state plan as of December 31, 2013.	
•		A Medicaid 1115 Demonstration as of March 23, 2010.	
•		A Medicaid 1115 Demonstration as of December 3.1, 2013.	
•		The state's maximum standard for this eligibility group is no income test (all income is disregarded).	
		Income standard chosen	
		Individuals qualify under this eligibility group under the following income standard, which must be higher than the minimum for this child's age:	
		This eligibility group does not use an income test (all income is disregarded).	
-		Another income standard higher than both the minimum income standard and the effective income level for this eligibility group in the state plan as of March 23, 2010, converted to a MAGI-equivalent.	
	There is no	resource test for this eligibility group.	

### PRA Disclosure Statement

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

### Eligibility Groups - Options for Coverage Optional Targeted Low Income Children

S54

4902(a)(10)(A)(ii)(XIV) 42 CER 435.229 and 435.4 4905(u)(2)(B)

**Optional Targeted Low Income Children** - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

O Yes

No

### PRA Disclosure Statement

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Utah

# **Medicaid Eligibility**

OMB Control Number 0938-1148-

		OMB Expiration date: 10/31/20
	•	Groups - Options for Coverage ls with Tuberculosis
1902(a		A)(ii)(XII)
establi	ished t	with Tuberculosis - The state elects to cover individuals infected with tuberculosis who have income at or below a standar by the state, limited to tuberculosis-related services.  No
	The	state attests that it operates this eligibility group in accordance with the following provisions:
		Individuals qualifying under this eligibility group must meet the following criteria:
		Are infected with tuberculosis.
		Are not otherwise eligible for mandatory coverage under the Medicaid state plan.
		Have household income under a standard established by the state.
		MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
		Income standard used for this group
		Maximum income standard
		First indicate the maximum income standard that <u>could be</u> used for this group and then indicate the income standard the state uses for the group.
		The state elects to convert the effective income level for coverage of this eligibility group in effect in the Medicaid state plan as of March 23, 2010 and December 31, 2013 to MAGI-equivalent standards.
		C Yes    O No
		The state's maximum income standard for this eligibility group is:
		The break-even point for earned income under the SSI program.
		The effective income level for this eligibility group under the Medicaid state plan in effect as of March 23, 2010, not converted to a MAGI-equivalent standard.
		The effective income level for this eligibility group under the Medicaid state plan in effect as of December 31, 2013, not converted to a MAGI-equivalent standard.
		Income standard chosen
		The state's income standard used for this eligibility group is:
		The maximum income standard.
	٠	C If not chosen as the maximum income standard, the break-even point for earned income under the SSI program.
		C Another income standard less than the maximum standard allowed.
		Individuals qualifying under this group are eligible only for the following services, provided the service is related to the diagnosis, treatment or management of the individual's tuberculosis.
	TÑI	Prescribed drugs, described in 42 CFR 440.120  Approval Date: 05/14/2014 Effective Date: 01/01/2014



- Physician services, described in 42 CFR 440.50
- Outpatient hospital and rural health-clinic-described in 42 CFR 440.20 and Federally-qualified health center services
- Laboratory and x-ray services (including services to confirm the presence of the infection), described in 42 CFR 440.30
- Clinic services, described in 42 CFR 440.90
- Case management services defined in 42 CFR 440.169
- Services other than room and board designed to encourage completion of regimens of prescribed drugs by out-patients, including services to observe directly the intake of prescription drugs.
- Limitations related to tuberculosis-related services may be found in the Benefits section.

#### PRA Disclosure Statement

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

Eligibility Groups - Options for Coverage Independent Foster Care Adolescents
42.CFR 435,226 1902(a)(10)(A)(ii)(XVII)
Independent Foster Care Adolescents - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster eareign their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.  • Yes • No
The state attests that it operates this eligibility group in accordance with the following provisions:
Individuals qualifying under this eligibility group must meet the following criteria:
Are under the following age
© Under age 21  ○ Under age 20
Under age 19  Were in foster care under the responsibility of a state on their 18th birthday.
Are not eligible and enrolled for mandatory coverage under the Medicaid state plan.
Have household income at or below a standard established by the state.
MAGI-based income methodologies are used in calculating household income. Please refer as necessary to \$10 MAGI-Based Income Methodologies, completed by the state.
The state covered this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013.
• Yes C No
The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.  • Yes O No
The state covers children under this eligibility group, as follows (selection may not be more restrictive than the coverage in the Medicaid state plan as of March 23, 2010 until October 1, 2019, nor more liberal than the most liberal coverage in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013):
(e) All children under the age selected
A reasonable classification of children under the age selected:
Income standard used for this eligibility group
Minimum income standard
The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.



:	Maximum income standard:	
	No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013; or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31; 2013.	
	• Yes O No	U
	No income test was used (all income was disregarded) for this eligibility group under (check all that apply):	
	The Medicaid state plan as of March 23, 2010.	
	The Medicaid state plan as of December 31, 2013.	
	A Medicaid 1115 demonstration as of March 23, 2010.	
	A Medicaid 1115 demonstration as of December 31, 2013	
	The state's maximum standard for this eligibility group is no income test (all income is disregarded).	
٠.	Income standard chosen	
	Individuals qualify under this eligibility group under the following income standard:	
	This eligibility group does not use an income test (all income is disregarded).	
	There is no resource test for this eligibility group.	

### 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 40 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.



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

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Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Services	S59
1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214	
Individuals Eligible for Family Planning Services - The state elects to cover individuals who are income at or below a standard established by the state, whose coverage is limited to family planning accordance with provisions described at 42 CFR 435:214.	
○ Yes • No	

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