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State/Territory Name: Utah

State Plan Amendment (SPA) #: 14-0002-MM

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion Letter
- 3) Summary Form (with 179-like data)
- 4) Superseding Pages Notice
- 5) Approved SPA Pages

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



Region VIII

November 22, 2013

Michael Hales
State Medicaid Director
Division of Health Care Financing
Utah Department of Health
P O Box 144102
Salt Lake City UT 84114- 4102

Dear Mr. Hales:

Enclosed is an approved copy of Utah's state plan amendment (SPA) 14-0002-MM, which was submitted to CMS on August 27, 2013. SPA 14-0002-MM incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Utah's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

Until June 30, 2014, the state is using an interim alternative single streamlined paper application and an interim alternative application used to apply for multiple human service programs. Until December 31, 2014, the state is using an interim alternative single streamlined online application. The state will implement revised applications that will address CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the following S94 state plan pages and attachments to be incorporated within a separate section at the end of Utah's approved state plan:

- S94, pages S94-1 and S94-2
- Attachment 1 – Statement related to coordination of eligibility and enrollment
- Attachment 2– Statement of use with respect to the alternative single, streamlined online application
- Attachment 3 – Statement of use with respect to the alternative single, streamlined paper application

In addition, enclosed is a summary of the state plan pages which are superseded by SPA 14-0002MM, which should also be incorporated into a separate section in the front of the state plan.

- Superseding pages of state plan material, SPA 14-0002-MM.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Mandy Strom of my staff at (303) 844-7068 or by email at Mandy.Strom@cms.hhs.gov.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Divisions of Medicaid & Children's Health Operations

Cc: Gayle Six
Jeff Nelson
Craig Devashrayee

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 Centers for Medicare & Medicaid Services
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Region VIII

November 22, 2013

Michael Hales
 State Medicaid Director
 Division of Health Care Financing
 Utah Department of Health
 P O Box 144102
 Salt Lake City UT 84114- 4102

Dear Mr. Hales:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) UT 14-0002-MM, which was submitted to CMS on August 27, 2013. Our review of this submission included a review of the alternative single streamlined paper and online applications developed by the state.

Until June 30, 2014 the state is using an interim alternative single streamlined paper application and an interim alternative application used to apply for multiple human service programs. Until December 31, 2014, the state is using an interim alternative single streamlined online application. These interim applications need to be revised to reflect the following changes.

Necessary changes:	Date by which changes will be completed:
<u>Paper Application (including the application used to apply for multiple human service programs):</u>	
The paper application will provide a space to indicate who in the household has each type and amount of income and deduction.	June 30, 2014
The paper application will remove language on the employer coverage form which states “This form MUST be completed by your employer or your company’s Human Resources representative. Any blanks left on this form may delay the process”, and replace it with language that will encourage people to apply who might not be able to gather this information easily.	June 30, 2014

<p>We would like to note that in accordance with 42 CFR 435.907(c), questions needed for non-MAGI determinations of eligibility may be asked in supplemental forms. We recommend that in a future version of your 61-MED application you label the questions on page 6 as an attachment, with formatting similar to Attachments (A)-(D).</p>	<p>Recommendation</p>
<p><u>Online Application:</u></p>	
<p>The introductory language to the application should make clear that you can apply for APTC through MyCase, as well as through the federally facilitated Marketplace.</p>	<p>January 1, 2014</p>
<p>The online application must provide an opportunity for the application filer to indicate whether he or she is applying for benefits for him/herself early enough in the application so that if not applying, the household member is not asked for his/her citizenship, immigration status, or residency. An SSN request of non-applicants must be clearly optional in accordance with 42 CFR 435.907(e).</p>	<p>July 1, 2014 (By January 1, 2014, Utah will add language to clarify that non-applicants may skip questions on citizenship and immigration status.)</p>
<p>The online application will ask for the date that a household member joined the household only when there is an indication that there has been a recent move or change in household.</p>	<p>July 1, 2014</p>
<p>The following questions will not appear on applications for MAGI-based health coverage only:</p> <ul style="list-style-type: none"> • Questions regarding the amount of non-taxable income, such as income from child support and SSI • Questions regarding assets and non-MAGI disregards 	<p>July 1, 2014</p>
<p>Applicants who do not appear eligible for Medicaid and CHIP based on income attestation will be asked whether they are offered health insurance from a job, and if so, will be asked additional details about that insurance offer, which they can submit in an online format.</p>	<p>December 31, 2014</p>

Please submit the revised alternative single streamlined paper application and the revised application used to apply for multiple human services to CMS for review no later than June 1, 2014 to ensure approval by June 30, 2014. Please submit the revised alternative single streamlined online application to CMS for review no later than December 1, 2014 to ensure approval by December 31, 2014. We continue to be available to provide technical assistance. If you have any questions about this letter, please contact Dena Greenblum at Dena.Greenblum@cms.hhs.gov or (410) 786-8684.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Divisions of Medicaid & Children's Health Operations

Cc: Gayle Six
Jeff Nelson
Craig Devashrayee

COORDINATION OF ELIGIBILITY AND ENROLLMENT

TRANSMITTAL NUMBER:

14-0002

STATE:

Utah

Notwithstanding the final checked statement on page 2, the single state agency has not entered into an agreement with the Federally-facilitated Marketplace to date. The single state agency will make a good faith effort to enter into a memorandum of agreement with the Federally-facilitated Marketplace before 12/31/2013. At such time the agreement is signed, it will be incorporated by reference into this attachment

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application Online Application

TRANSMITTAL NUMBER:

UT 14-0002-MM

STATE:

Utah

Through December 31, 2014, the state is using an interim alternative single streamlined application. After December 31, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application Online Application

TRANSMITTAL NUMBER:

UT 14-0002 MM

STATE:

Utah

Through June 30, 2014, the state is using an interim alternative single streamlined paper application. After June 30, 2014, the state will use a revised alternative single streamlined paper application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Utah

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

UT-14-0002

Proposed Effective Date

10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Pub. L. No. 111-148

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Eligibility Process

Governor's Office Review

- Governor's office reported no comment**
- Comments of Governor's office received**

Describe:

- No reply received within 45 days of submittal**
- Other, as specified**

Describe:

Signature of State Agency Official

Submitted By: Craig Devashrayee

Last Revision Date: Nov 22, 2013

Submit Date: Aug 27, 2013

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

14-0002 MM

STATE:

Utah

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

S94 – Eligibility Process

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):**

Section 2, Page 10, section 2.1(a), TN 91-39
Effective date: 10/1/91, approved: 9/18/92
Section 2, Page 11a, section 2.1(d), TN 91-44
Effective date: 7/1/91 , approved: 10/8/91



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

General Eligibility Requirements Eligibility Process S94

42 CFR 435, Subpart J and Subpart M

Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes No



Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
+	facsimile	Individuals may complete a paper application form and transit the form via facsimile machine.	X

The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.



Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing



Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:

Once every 12 months

Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.



Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):

Once every 12 months

Once every 6 months

Other, more often than once every 12 months

Once every months

Coordination of Eligibility and Enrollment

The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.



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.