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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-14-0036

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

November 25, 2014

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

RE: Utah #14-0036

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-0036. This SPA amendment allows children who leave the foster care system, and are placed permanently with a relative, to continue to qualify for Medicaid until they turn 18 years old.

Please be informed that this State Plan Amendment was approved today with an effective date of December 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Ann Clemens at (303) 844-2125.

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: 14-036-UT | 2. STATE: Utah |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE December 1, 2014 | |

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

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:
Section 1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$ 0
b. FFY 2016 \$ 0


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 2 of ATTACHMENT 2.2-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 2 of ATTACHMENT 2.2-A

10. SUBJECT OF AMENDMENT: Coverage for Kinship Guardianship

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:


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

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: October 6, 2014

16. RETURN TO:
Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
PO Box 143102
Salt Lake City, UT 84114-3102

17. DATE RECEIVED:
October 6, 2014

18. DATE APPROVED:
November 25, 2014

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:
December 1, 2014

21. TYPED NAME:
Richard C. Allen

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

22. TITLE:
ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

| Agency* | Citation(s) | Groups Covered |
|---|-------------|--|
| | | A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued) |
| | | 2. <u>Deemed Recipients of AFDC</u> (Continued) |
| 408(a)(11)(B), 1931(c)(1), and 1902(a)(10) (A)(i)(I) of the Act | | b. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 408(a)(11)(B) of the Act. |
| 1902(a)(10)(A)(i)(I) and 473(b) of the Act | | c. Individuals deemed to be receiving AFDC who meet the the requirements of section 473(b)(1), (2) or (3) for whom an adoption assistance agreement is in effect or foster care or kinship guardianship maintenance payments are being made under title IV-E of the Act. |

*Agency that determines eligibility for coverage.

T.N. # 14-036

Approval Date 11/25/14

Supersedes T.N. # 92-01

Effective Date 12-1-14