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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-14-034

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

TN: UT-14-034 **Approval Date:** 09/10/2014 **Effective Date** 10/01/2014

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



Region VIII

September 11, 2014

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

RE: Utah #14-034

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-034. This State Plan Amendment allows a beneficiary under a long-term care insurance policy to receive a resource disregard equal to insurance benefit payments made to or on behalf of the individual. It also requires training for sellers of partnership policies and clarifies responsibility of the Department of Health and the Insurance Department to oversee training and reporting requirements.

Please be informed that this State Plan Amendment was approved September 10, 2014 with an effective date of October 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/

Mary Marchioni Acting Associate Regional Administrator Division for Medicaid and Children's Health

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTHCARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 2. STATE: Utah
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR HEALTHCARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	PROPOSED EFFECTIVE DATE October 1, 2014
5. TYPE OF PLAN MATERIAL (Check One)	
	TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS	AN AMENDMENT (Separate Transmittal for each amendment)
FEDERAL STATUTE/REGULATION CITATION: Section 1917(b)(1)(c) 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:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Section 4.17 and Pages 1 and 2 of Supplement 8c to ATTACHMENT 2.6-A	Section 4.17 and Pages 1 and 2 of Supplement 8c to ATTACHMENT 2.6-A
10. SUBJECT OF AMENDMENT: Long-Term Care Insurance Pa	
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 SUBMITT	OTHER, AS SPECIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
	Craig Devashrayee, Manager
13. TYPED NAME: W. David Patton, Ph.D.	Technical Writing Unit Utah Department of Heath
14. TITLE: Executive Director, Utah Department of Health	PO Box 143102 Salt Lake City, UT 84114-3102
15. DATE SUBMITTED: July 1, 2014	
<u>16.</u>	
17 DATE RECEIVED 7/1/14	18. DATE APPROVED 9/10/14
EAG DECIM	NAL USE ONLY
19. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/14	20 SIGNATURE OF REGIONAL OFFICIAL:
21. TYPEB NAME: Mary Marchioni	22, TITLE Acting ARA, DMCHO
PLAN APPROVED - O 23. REMARKS	NE COPY ATTACHED

Revision:

HCFA-PM-95-3 May 1995 (MB)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State: _	<u>UTAH</u>
SECTION 4 - GENERAL F	PROGRAM ADMINISTRATION (Continued)

Citation

Liens and Adjustments or Recoveries (Continued) 4.17

1917(b)(1)(c)

(b) (4) X If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6-A, Supplement 8c (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

T.N. #	14-034	Approval Date9/10/14	_
Supersedes T.N. #	95-017	Effective Date 10-1-14	

SUPPLEMENT 8c TO ATTACHMENT 2.6-A Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	<u>UTAH</u>
STATE LONG-TERM CARE IN	NSURANCE PARTNERSHIP

1902(r)(2) 1917(b)(1)(C) The following more liberal methodology applies to individuals who are eligible for medical assistance under one of the following eligibility groups

- Aged, blind or disabled individuals in a medical institution for at least 30 consecutive days with gross income that does not exceed 300 percent of the SSI income standard – 1902(a)(10)(A)(ii)(V);
- Aged, blind or disabled individuals who would be eligible if they were in a medical institution, but are eligible for and receiving HCB waiver services – 1902(a)(10)(A)(ii)(VI).

A beneficiary under a long-term care insurance policy who meets the requirements of a "qualified State long-term care insurance partnership" policy as set forth below is given a resource disregard as described in the amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

- X The State Medicaid Agency stipulates that it will satisfy the following requirements for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner or other State official charged with regulation and oversight of insurance policies sold in the state regarding information within the expertise of the State's Insurance Department.
 - The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.
 - The policy meets the requirements of the Long-Term Care Insurance Model Regulation and Long-Term Care Insurance Model Act promulgated by the National Association of Insurance Commissioners (adopted October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.

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SUPPLEMENT 8c TO ATTACHMENT 2.6-A Page 2

STATE PLAN U	INDER TITI	_E XIX OF	THE SO	OCIAL S	SECURITY	' ACT

State:	UTAH
STATE LONG-TERM CA	RE INSURANCE PARTNERSHIP

- The policy was issued no earlier than the effective date of this State Plan Amendment.
- The insured individual was a resident of a Partnership State
 when coverage first became effective under the policy. If the
 policy is later exchanged for a different long-term care policy, the
 individual was a resident of a Partnership State when coverage
 under the earliest policy became effective.
- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act
- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.
- The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.
- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

T.N. #	14-034	Approval Date 9/10/14
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