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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-16-0002-MM

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
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

March 18, 2016

Joseph K. Miner, M.D., MSPH, Executive Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

RE: Utah #16-0002

Dear Dr. Miner:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0002. The purpose of this amendment is to add Former Foster Care Youth: Adds eligibility for individuals who were in foster care from other states.

Please be informed that this State Plan Amendment was approved March 18, 2016 with an effective date of January 1, 2016. We are enclosing the CMS-179 and the amended plan page(s).

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 & Children's Health Operations

cc: Nathan Checketts, Acting Medicaid Director, UT
Craig Devashrayee, UT

Medicaid State Plan Eligibility

Medicaid State Plan Eligibility: General Information

State/Territory name: **Utah**
 Transmittal Number: **UT-16-0002**

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

16-0002-MM

PDFs superseded by this SPA

(Include Transmittal Number):

S33 - 14-0001-MM1

Description:

Former Foster Care Youth from Other States

Medicaid State Plan Eligibility: File Management Summary

State/Territory name: **Utah**
 Transmittal Number: **UT-16-0002**

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S14	AFDC Income Standard	no
MAGI-Based Eligibility Groups	S14T	Income Standards - Territories	no
MAGI-Based Eligibility Groups	S25	Mandatory: Parents and Other Caretakers	no
MAGI-Based Eligibility Groups	S28	Mandatory: Pregnant Women	no
MAGI-Based Eligibility Groups	S28T	Mandatory: Pregnant Women - Territories	no
MAGI-Based Eligibility Groups	S30	Mandatory: Infants and Children Under Age 19	no
MAGI-Based Eligibility Groups	S30T	Mandatory: Infants and Children Under Age 19 - Territories	no
MAGI-Based Eligibility Groups	S32	Mandatory: Individuals Below 133% of the FPL	no
MAGI-Based Eligibility Groups	S33	Mandatory: Former Foster Care Children up to age 26	yes
	S50	Optional: Individuals Above 133% of the FPL	no

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups			
MAGI-Based Eligibility Groups	S51	Optional: Optional Parents and Caretakers	no
MAGI-Based Eligibility Groups	S52	Optional: Reasonable Classifications of Individuals	no
MAGI-Based Eligibility Groups	S53	Optional: Non IV-E Adoption Assistance	no
MAGI-Based Eligibility Groups	S54	Optional: Optional Targeted Low Income Children	no
MAGI-Based Eligibility Groups	S55	Optional: Tuberculosis	no
MAGI-Based Eligibility Groups	S57	Optional: Foster Care Adolescents - Chafee	no
MAGI-Based Eligibility Groups	S59	Optional: Family Planning	no
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 Eligibility	S21	State specifies options for presumptive eligibility conducted by hospitals	no
Marriage Policy	S12	Medicaid Eligibility Marriage Policy	no

Medicaid State Plan Eligibility: File Management Detail

Form S14: AFDC Income Standards	
Form Description:	<input type="text"/>

Uploaded Form:	<input type="text"/>	Date Uploaded:	<input type="text"/>
Support Documents			
<input type="text" value="Document"/>			
Form S14T: Income Standards - Territories			
Form Description:	<input type="text"/>		
Uploaded Form:	<input type="text"/>	Date Uploaded:	<input type="text"/>
Support Documents			
<input type="text" value="Document"/>			
Form S25: Eligibility Groups - Mandatory Coverage: Parents and Other Caretaker Relatives			
Form Description:	<input type="text"/>		
Uploaded Form:	<input type="text"/>	Date Uploaded:	<input type="text"/>
Support Documents			
<input type="text" value="Document"/>			
Form S28: Eligibility Groups - Mandatory Coverage: Pregnant Women			
Form Description:	<input type="text"/>		
Uploaded Form:	<input type="text"/>	Date Uploaded:	<input type="text"/>
Support Documents			
<input type="text" value="Document"/>			
Form S28T: Mandatory: Pregnant Women - Territories			

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Form S30: Eligibility Groups - Mandatory Coverage: Infants and Children under Age 19

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Form S30T: Mandatory: Infants and Children Under Age 19 - Territories

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Form S32: Eligibility Groups - Mandatory Coverage: Adult Group

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

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

Form Description: Former Foster Care Children

Uploaded Form: Date Uploaded: 12/15/2015

Support Documents

Form S50: Eligibility Groups - Options for Coverage: Individuals above 133% FPL

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Form S51: Eligibility Groups - Options for Coverage: Optional Coverage of Parents and Other Caretaker Relatives

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Form S52: Eligibility Groups - Options for Coverage: Reasonable Classification of Individuals under Age 21

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S53: Eligibility Groups - Options for Coverage: Children with Non IV-E Adoption Assistance

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S54: Eligibility Groups - Options for Coverage: Optional Targeted Low Income Children

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S55: Eligibility Groups - Options for Coverage: Individuals with Tuberculosis

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form S57: Eligibility Groups - Options for Coverage: Independent Foster Care Adolescents

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S59: Eligibility Groups - Options for Coverage: Individuals Eligible for Family Planning Services

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S94: General Eligibility Requirements: Eligibility Process

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S10: MAGI-Based Income Methodologies

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form A1-3: Medicaid Administration: Single State Agency

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S88: Non-Financial Eligibility: State Residency

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S89: Non-Financial Eligibility: Citizenship and Non-Citizen Eligibility

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Document

Form S21: Presumptive Eligibility by Hospitals

Form Description:

Uploaded Form: Date Uploaded:

	<input style="width: 90%;" type="text"/>
Support Documents	
<input style="width: 90%; margin: 0 auto;" type="text"/>	
Form S12: Medicaid Eligibility Marriage Policy	
Form Description:	<input style="width: 90%;" type="text"/>
Uploaded Form:	Date Uploaded:
<input style="width: 90%; margin: 0 auto;" type="text"/>	
Support Documents	
<input style="width: 90%; margin: 0 auto;" type="text"/>	

Medicaid State Plan Eligibility: Tribal Input

State/Territory name: **Utah**
 Transmittal Number: **UT-16-0002**

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	
Name of Indian Tribe:	<input style="width: 95%;" type="text"/>
	Confederated Tribes of the Goshute Reservation
Date of consultation:	<input style="width: 40%;" type="text"/> (mm/dd/yyyy)
	12/11/2015
Method/Location of consultation:	<input style="width: 95%;" type="text"/>
	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:	<input style="width: 95%;" type="text"/>
	Northwestern Band of the Shoshone Nation
Date of consultation:	<input style="width: 40%;" type="text"/> (mm/dd/yyyy)
	12/11/2015

Indian Tribes
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: Paiute Indian Tribe of Utah
Date of consultation: 12/11/2015 (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.

✓ **Indian Health Programs**

Indian Health Programs
Name of Indian Health Programs: Phoenix Area Indian Health Services
Date of consultation: 12/11/2015 (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 Health Programs: Utah Division of Indian Affairs
Date of consultation: 12/11/2015 (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 Health Programs: Utah Navajo Health System, Inc.
Date of consultation: 12/11/2015 (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 Health Programs: Ute Mountain Ute Health Center
Date of consultation: 12/11/2015 (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.

✓ **Urban Indian Organization**

Urban Indian Organizations
Name of Urban Indian Organization: Urban Indian Center of Salt Lake

Urban Indian Organizations	
Date of consultation:	<input type="text" value="12/11/2015"/> (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.	

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 program.

Document	
Please provide a short description of this support document: UIHAB Meeting Agenda 12-11-15	
Uploaded Document Name:	Date Uploaded:
<input type="text" value="2015 UIHAB Agenda Dec.pdf"/>	

Indicate the key issues raised in Indian consultative activities:

Access

Summarize Comments

Summarize Response

Quality

Summarize Comments

Summarize Response

Cost

Summarize Comments

Summarize Response

Payment methodology

Summarize Comments

Summarize Response

Eligibility

Summarize Comments

Phoenix Area Indian Health Services asked whether this amendment also applies to children who were previously under tribal foster care.

Summarize Response

The agency confirmed that children who were previously under tribal foster care are also covered under this amendment.

Benefits

Summarize Comments

Summarize Response

Service delivery

Summarize Comments

Summarize Response

Other Issue

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-16-0002

Proposed Effective Date

01/01/2016 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Pub. L. No. 111-148

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$87400.00
Second Year	2017	\$87400.00

Subject of Amendment

Former Foster Care Youth from Other States

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:	Dec 23, 2015
Submit Date:	Dec 23, 2015



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: UT - 16 - 0002

Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage **S33**
Former Foster Care Children

42 CFR 435.150
1902(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 any state at the time they turned 18 or aged out of the foster care system.

Yes No

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

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.

V 20140415