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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-17-0003-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

TN: UT-17-0003-MM **Approval Date:** 04/21/2017 **Effective Date** 01/01/2017

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1961 Stout Street, Room 08-148 Denver, CO 80294



Region VIII

April 21, 2017

Nathan Checketts State Medicaid Director Division of Health Care Financing Utah Department of Health P.O. Box 144102 Salt Lake City, UT 84114-4102

RE: Utah #17-0003-MM

Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0003-MM. This State Plan Amendment clarifies that Utah Medicaid will treat estranged spouses as individual households even when filing a joint tax return.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2017. 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: Craig Devashrayee, UT

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name:	Ut	ah	
Transmittal Number		the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digit.	c of
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Federal Statute/Reg			
Pub L. No. 111-	·148		
Federal Budget Imp			
	Federal Fiscal Year	Amount	
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Second Year	2018	0.00	
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Subject of Amendme			
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Signature of State A	gency Official		
Submitted By:		Craig Devashrayee	
Last Revision Date:			
		Feb 6, 2017	
Submit Date:		Feb 6, 2017	

UT-17-0003-MM Approval Date: 04/21/2017 Effective Date: 1/1/2017



Medicaid Eligibility

State Name: Utah	OMB Control Number: 0938-1148
Transmittal Number: <u>UT</u> - <u>17</u> - <u>0003</u>	•
MAGI-Based Income Methodologies	S10
1902(e)(14) 42 CFR 435.603	
The state will apply Modified Adjusted Gross Income (MA 42 CFR 435.603.	AGI)-based methodologies as described below, and consistent with
In the case of determining ongoing eligibility for beneficial December 31, 2013, MAGI-based income methodologies regularly-scheduled renewal of eligibility, whichever is lated determination of ineligibility prior to such date.	will not be applied until March 31, 2014, or the next

The pregnant woman is counted just as herself.

each of the children she is expected to deliver.

a pregnant woman:

The pregnant woman is counted as herself, plus one.

• The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus

In determining family size for the eligibility determination of the other individuals in a household that includes

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

• Current monthly household income and family size

C Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

Include a prorated portion of a reasonably predictable increase in future income and/or family size.

Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

● Yes (No UT-17-0003-MM

Approval Date: 04/21/2017 Effective Date: 1/1/2017



Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

C Age 19

• Age 19, or in the case of full-time students, age 21

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.

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UT-17-0003-MM Approval Date: 04/21/2017 Effective Date: 1/1/2017

MAGI-Based Income Methodologies (Attachment to S10)				
TRANSMITTAL NUMBER:	STATE:			
UT-17-0003	Utah			
When considering household composition under 42 CFR 435.603(f), the state will include married couples in each other's households only when they are physically living together (with the exception of temporary absences) even when filing a joint tax return. The state shall apply this policy consistently for all such joint filers living separately for the purpose of MAGI-based methodologies.				

Approval Date: 04/21/2017

Effective Date: 1/1/2017