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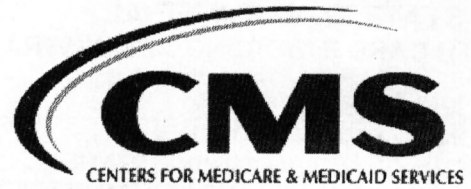
State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-17-0017

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

July 10, 2017

Nathan Checketts, Medicaid Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

RE: Utah #17-0017

Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0017. This State Plan Amendment implements a disregard from resources and income in regard to the Utah Educational Savings Plan and eligibility determinations for certain Medicaid programs.

Please be informed that this State Plan Amendment was approved July 8, 2017, with an effective date of July 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,

A solid black rectangular box redacting the signature of the sender.

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Jeff Nelson, UT
Craig Devashrayee, UT

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
17-0017-UT
2. STATE:
Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE
July 1, 2017

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(r)(2) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 +\$400
b. FFY 2018 +\$1,700

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 3 of SUPPLEMENT 8a TO ATTACHMENT 2.6-A;
Page 2 of SUPPLEMENT 8b TO ATTACHMENT 2.6-A.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 2 of SUPPLEMENT 8b TO ATTACHMENT 2.6-A

10. SUBJECT OF AMENDMENT: Utah Educational Savings Plan

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 SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Joseph K. Miller, MD

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: May 18, 2017

16. RETURN TO:

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

16.

17. DATE RECEIVED

May 18, 2017

18. DATE APPROVED

July 8, 2017

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME

Richard C. Allen

22. TITLE

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

For the following eligibility groups, the State disregards as income, any interest earned on funds held in an excluded Utah Educational Savings Plan (529 account).

- Medically Needy Children under 1902(a)(10)(C)(ii)(I);
- Medically Needy Children under 1905(a)(i), who are 18 years old, in school, and expected to graduate before turning 19 years of age;
- Medically Needy Pregnant Women under 1902(1)(10)(c)(ii)(I);
- Medically Needy Parents and Caretaker Relatives under 1905(a)(ii).

T.N. # 17-0017

Approval Date July 8, 2017

Supersedes T.N. # New

Effective Date 7-1-17

