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State/Territory Name: Utah

State Plan Amendment (SPA) #: 18-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

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



Division of Medicaid and Children's Health Operations

June 28, 2018

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

Dear Mr. Checketts:

On May 15, 2018, the Centers for Medicare & Medicaid Services (CMS) received Utah's State Plan Amendment (SPA), transmittal number 18-0002, to reflect the Former Foster Care Coverage Group from Other States being covered under Utah's 1115 Primary Care demonstration as well as reflecting the financial eligibility requirements for NON-MAGI groups in MACPRO.

Based on the information provided, we are pleased to inform you SPA, 18-0002, was approved on June 28, 2018 with an effective date of November 1, 2017. Enclosed is a copy of the CMS 179 form as well as the approved pages for incorporation into the Utah State Plan.

If you have any questions regarding this amendment, please call Mandy Strom at mandy.strom@cms.hhs.gov or (303) 844-7068.

Sincerely,



Mary Marchioni
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Jeff Nelson-Utah
Craig Devashrayee-Utah
Martin Burian-CMS


Records / Submission Packages

UT - Submission Package - UT2018MS0002O - (UT-18-0002) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Compare Doc Change Report
- Analyst Notes
- Review Tool Report
- Approval Notice
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CMS-10434 OMB 0938-1188

Package Information

<p>Package ID UT2018MS0002O</p> <p>Program Name N/A</p> <p>SPA ID UT-18-0002</p> <p>Version Number 2</p> <p>Submitted By Craig Devashrayee</p> <p>Package Disposition </p>	<p>Submission Type Official</p> <p>State UT</p> <p>Region Denver, CO</p> <p>Package Status Closed-Approved</p> <p>Submission Date 5/15/2018</p> <p>Approval Date 6/28/2018 3:14 PM EDT</p>
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Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 7500 Security Boulevard, Mail Stop S2-14-26
 Baltimore, Maryland 21244-1850



Date: 06/28/2018
Head of Agency: Joseph Miner
Title/Dept : Executive Director
Address 1: 288 N 1460 W
Address 2:
City : Salt Lake City
State: UT
Zip: 84116

MACPro Package ID: UT2018MS0002O
SPA ID: UT-18-0002

Subject
 SPA Approval

Dear Joseph Miner

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.
 The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for UT-18-0002

Reviewable Unit	Effective Date
Financial Eligibility Requirements for Non-MAGI Groups	11/1/2017
Mandatory Eligibility Groups	11/1/2017
Former Foster Care Children	11/1/2017

FMAP information not required for this SPA.

Sincerely,

Lela Teal
Special Assistant

Approval Documentation

Name	Date Created
UT-18-0002 Approval Letter	6/28/2018 6:26 PM EDT



Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS0002O | UT-18-0002

Package Header

Package ID UT2018MS0002O	SPA ID UT-18-0002
Submission Type Official	Initial Submission Date 5/15/2018
Approval Date 6/28/2018	Effective Date N/A
Superseded SPA ID N/A	

State Information

State/Territory Name: Utah **Medicaid Agency Name:** Utah Department of Health

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS0002O | UT-18-0002

Package Header

Package ID UT2018MS0002O	SPA ID UT-18-0002
Submission Type Official	Initial Submission Date 5/15/2018
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Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID UT-18-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Financial Eligibility Requirements for Non-MAGI Groups	11/1/2017	
Mandatory Eligibility Groups	11/1/2017	UT-16-0025
Former Foster Care Children	11/1/2017	UT-16-0002

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS0002O | UT-18-0002

Package Header

Package ID	UT2018MS0002O	SPA ID	UT-18-0002
Submission Type	Official	Initial Submission Date	5/15/2018
Approval Date	6/28/2018	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Submitting test SPA as required by CMS. Also, the Former Foster Care coverage group from other states is now in our 1115 Waiver.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

Federal Statute / Regulation Citation

42 CFR 435.601, 42 CFR 435.602 AND 42 CFR 435.150

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS0002O | UT-18-0002

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Submission Type	Official	Initial Submission Date	5/15/2018
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Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS0002O | UT-18-0002

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Submission Type Official
Approval Date 6/28/2018
Superseded SPA ID N/A

Initial Submission Date 5/15/2018
Effective Date N/A

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- Yes
 No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations

There were no changes made in coverage groups, eligibility or how services are delivered.

- Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA
- The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00020 | UT-18-0002

Package Header

Package ID	UT2018MS00020	SPA ID	UT-18-0002
Submission Type	Official	Initial Submission Date	5/15/2018
Approval Date	6/28/2018	Effective Date	11/1/2017
Superseded SPA ID	N/A		

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00020 | UT-18-0002

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Approval Date	6/28/2018	Effective Date	11/1/2017
Superseded SPA ID	UT-16-0025		
	System-Derived		

Mandatory Coverage












A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Mandatory State Supplements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Are Essential Spouses		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Institutionalized Individuals Continuously Eligible Since 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Blind or Disabled Individuals Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Disabled under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Adult Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

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	System-Derived		

B. The state elects the Adult Group, described at 42 C.F.R. §435.219.

Yes No

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS0002O | UT-18-0002

Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and were in foster care when they turned age 18 or aged out of foster care.

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	System-Derived		

The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 26
2. 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

B. Individuals Covered

1. The state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) and were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act.

2. Additionally, the state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS0002O | UT-18-0002

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Superseded SPA ID	UT-16-0002		
	System-Derived		

C. Additional Information (optional)

Former Foster Care individuals from other states are covered under our 1115 Waiver.

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 0938-1188. 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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