
Table of Contents

State/Territory Name: Utah

State Plan Amendment (SPA) #: 19-0002

This file contains the following documents in the order listed:

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

Package Information

Package ID UT2018MS00030
Program Name N/A
SPA ID UT-19-0002
Version Number 7
Submitted By Craig Devashrayee
Package Disposition 
Priority Code P2

Submission Type Official
State UT
Region Denver, CO
Package Status Approved
Submission Date 3/7/2019
Approval Date 8/27/2019 4:44 PM EDT



Division of Medicaid and Children's Health Operations

August 27, 2019

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

Re: Approval of State Plan Amendment UT-19-0002

Dear Nathan Checketts:

On March 07, 2019, the Centers for Medicare and Medicaid Services (CMS) received Utah State Plan Amendment (SPA) UT-19-0002 to include the adult group in the groups for which hospitals may do hospital presumptive eligibility (HPE) determinations..

We approve Utah State Plan Amendment (SPA) UT-19-0002 on August 27, 2019 with an effective date(s) of April 01, 2019.

We understand Utah currently uses a paper application for presumptive eligibility (PE) determinations, but that it intends to allow qualified entities the option to make PE determinations using an online portal. CMS has reviewed both the paper HPE application, and screenshots of the online portal HPE application that were submitted with this SPA.

Please note that accompanying the approval of SPA 19-0002 is the enclosed companion letter regarding the need for Utah to make modifications to its HPE Application (online portal). Utah will provide dates for completion of outstanding changes within 60 days of approval of this SPA, and will implement revised HPE online application addressing CMS concerns by the dates listed in the companion letter.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Mandy Strom at 3038447068 or mandy.strom@cms.hhs.gov.

Sincerely,
Richard C. Allen
Director, Western Regional Operations
Group
Denver Regional Office
Division of Medicaid and Children's Health
Operations

RAI

CMS is issuing this Request for Additional Information (RAI) pursuant to Section 1915(f) of the Social Security Act (added by P.L. 97-35). This request has the effect of stopping the 90-day time period for CMS to act on the material. A new 90 day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action.

In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

Submission Package UT2018MS00030

Authority Eligibility

State UT

Agency Name Utah Department of Health

Submission Date Mar 7, 2019

Priority Code P2

All Questions

Question ID ¹	Reference	CMS question to the State	Policy/Regulation	State Response
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Question ID ¹	Reference	CMS question to the State	Policy/Regulation	State Response
1	Applicants may only be asked to provide information necessary to make an eligibility determination.	The HPE online portal application does not provide clear instructions at section B explaining which questions are mandatory for applicant household members, and which are not required of non-applicant household members. Specifically, the following questions should not appear in the online environment for non-applicant household members: sex, citizenship, state residency, marital status.	42 CFR 435.907(e)(1)	<p>The State is working through the necessary changes to only require PE questions of PE applicants. Within system limitations, the State will only display appropriate questions to PE applicants. Non-applicants will only be asked questions relevant to the PE determination.</p> <p>If the applicants choose, they may complete the entire medical application for full Medicaid benefits.</p> <p>If the system is unable to accommodate this programming change, the State will reach out and work through an alternative with CMS.</p> <p>The State is looking to implement these changes by September 2019.</p>
2	The agency must provide hospitals with information needed to make eligibility determinations consistent with the statute and regulations.	The definition of eligible non-citizen is not accurate as it states these are individuals "lawfully admitted for permanent residence." This could cause confusion and it appears that only lawful permanent residents, or LPRs are eligible for HPE. The definition of eligible non-citizens includes certain qualified noncitizens and lawfully present children under age 19. Since the application does not provide a dropdown list of eligible non-citizen statuses, this definition should be revised to provide a correct definition of eligible non-citizen statuses in Utah, and/or link to the state manual with the definition.	42 CFR 435.1102(a)(1); 435.1102(b)(3)	<p>The "permanent residence" reference was removed from the training manual in March 2019 and is reflected in the current training manual sent to CMS. The training manual also has the URL to the eligible non-citizen statuses.</p> <p>The training manual has contacts at the DOH to reach out to for assistance.</p>
3	Applicants may only be asked to provide information necessary to make an eligibility determination.	The mandatory questions at Section D numbers 2,3,4 and 5 in the online portal application should only be asked of household members who are also applying for coverage, and should not be required of non-applicant household members.	42 CFR 435.907(e)(1)	Refer to Question ID (1).
4	The agency may establish standards for qualified hospitals related to performance.	The state indicated it has elected to establish a performance standard that hospitals will make PE determinations with 85% accuracy based on applicants' attested information. This information must be included in the Reviewable Unit (RU) in MACPRo. The state understands this may be explained in section H, and that CMS is determining if the RU can be changed to allow	42 CFR 435.1110(d)	This has been completed and the State has selected "yes" in Section C concerning standards for hospitals. The State has addressed the standard in Section H of the RU.

Question ID ¹	Reference	CMS question to the State	Policy/Regulation	State Response
		the state to include a performance standard other than the two prepopulated options that appear in section C.		
5	The agency may not impose other conditions for presumptive eligibility not specified in regulation.	The state has explained it will revise the language on the HPE approval notice explaining that a photo ID is needed at all medical appointments. The state explained that since providers can accept self-attestation to verify an individual's identity, this information will be included in the HPE approval notice. Utah will share a draft of the revised instructions with CMS and provide a timeline for implementing this change.	42 CFR 435.1102(d)(2)	The State has made the changes and a copy of the notice will be uploaded into MACPro. The State expects to implement this in August 2019.
6	The agency must provide Medicaid during a PE period to individuals who are determined eligible by a qualified hospital.	The 5/2019 HPE Training Manual -Section 5- p. 6-says the state will deny incomplete applications. Please change these instructions since providers make the PE determination and the state agency does not have the authority to deny or approve PE.	42 CFR 435.1110(a)	This has been completed. The corrected training manual will be uploaded into MACPro.

1 - 6 of 6

Submission Package was updated by the State in accordance with the response above

- Yes
 No

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00030 | UT-19-0002

Package Header

Package ID UT2018MS00030
Submission Type Official
Approval Date 8/27/2019
Superseded SPA ID N/A

SPA ID UT-19-0002
Initial Submission Date 3/7/2019
Effective Date 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 | UT2018MS00030 | UT-19-0002

Package Header

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SPA ID UT-19-0002
Initial Submission Date 3/7/2019
Effective Date N/A

SPA ID and Effective Date

SPA ID UT-19-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	4/1/2019	New
Presumptive Eligibility by Hospitals	4/1/2019	UT-16-0005

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00030 | UT-19-0002

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Package ID UT2018MS00030
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Approval Date 8/27/2019
Superseded SPA ID N/A

SPA ID UT-19-0002
Initial Submission Date 3/7/2019
Effective Date N/A

Executive Summary

Summary Description Including Goals and Objectives Adding ability to complete presumptive determinations for our new adult group. The adult group is part of our 1115 Demonstration Waiver.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$600000
Second	2020	\$1200000

Federal Statute / Regulation Citation

42 CFR 435.1110

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00030 | UT-19-0002

Package Header

Package ID UT2018MS00030
Submission Type Official
Approval Date 8/27/2019
Superseded SPA ID N/A

SPA ID UT-19-0002
Initial Submission Date 3/7/2019
Effective Date N/A

Governor's Office Review

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

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00030 | UT-19-0002

Package Header

Package ID UT2018MS00030
Submission Type Official
Approval Date 8/27/2019
Superseded SPA ID N/A

SPA ID UT-19-0002
Initial Submission Date 3/7/2019
Effective Date 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 | UT2018MS00030 | UT-19-0002

Package Header

Package ID UT2018MS00030
Submission Type Official
Approval Date 8/27/2019
Superseded SPA ID N/A

SPA ID UT-19-0002
Initial Submission Date 3/7/2019
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

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
1/11/2019	Monthly advisory meeting.

- All Urban Indian Organizations


Date of solicitation/consultation:	Method of solicitation/consultation:
1/11/2019	Monthly advisory meeting.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
1/11/2019	Monthly advisory meeting.

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.

Name	Date Created	
UIHAB Agenda 1-11-19 (1)	3/4/2019 5:59 PM EST	

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility

- **Summarize comments:** No comments received.
- **Summarize response:** No response because there were no comments.

Benefits

Service delivery

Other issue

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00030 | UT-19-0002

Package Header

Package ID	UT2018MS00030	SPA ID	UT-19-0002
Submission Type	Official	Initial Submission Date	3/7/2019
Approval Date	8/27/2019	Effective Date	4/1/2019
Superseded SPA ID	New User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00030 | UT-19-0002

Package Header

Package ID	UT2018MS00030	SPA ID	UT-19-0002
Submission Type	Official	Initial Submission Date	3/7/2019
Approval Date	8/27/2019	Effective Date	4/1/2019
Superseded SPA ID	New User-Entered		

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

Presumptive Eligibility

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00030 | UT-19-0002

Package Header

Package ID	UT2018MS00030	SPA ID	UT-19-0002
Submission Type	Official	Initial Submission Date	3/7/2019
Approval Date	8/27/2019	Effective Date	4/1/2019
Superseded SPA ID	UT-16-0005		
	System-Derived		

The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A. Qualifications of Hospitals

A qualified hospital is a hospital that:

1. Participates as a provider under the state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.
2. Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.
3. Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00030 | UT-19-0002

Package Header

Package ID UT2018MS00030
Submission Type Official
Approval Date 8/27/2019
Superseded SPA ID UT-16-0005
System-Derived

SPA ID UT-19-0002
Initial Submission Date 3/7/2019
Effective Date 4/1/2019

B. Eligibility Groups or Populations Included

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

Yes No

9. Other Medicaid state plan eligibility groups:

10. Demonstration populations covered under section 1115

Description:

Adult group at or under 95% FPL.

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00030 | UT-19-0002

Package Header

Package ID	UT2018MS00030	SPA ID	UT-19-0002
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	System-Derived		

C. Standards for Participating Hospitals

The state establishes reasonable standards for qualified hospitals making presumptive eligibility determinations.

Yes No

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

D. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00030 | UT-19-0002

Package Header


Package ID UT2018MS00030
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E. Application for Presumptive Eligibility








1. The state uses a standardized screening process for determining presumptive eligibility.

2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.

Name	Date Created	
04-01-2019 ENGLISH 61MED	4/29/2019 3:27 PM EDT	

3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PEP Screenshots - Application	4/2/2019 12:14 PM EDT	
PEP Screenshots - Provider Queue	4/2/2019 12:14 PM EDT	
PEP Screenshots - Eligible non-citizen drop down	4/29/2019 3:34 PM EDT	
eREP Approval Notice	8/8/2019 4:20 PM EDT	
eREP Denial Notice.docx	8/8/2019 4:20 PM EDT	
PE Determination Receipt - Paper.docx	8/8/2019 4:20 PM EDT	
PE Determination Receipt - Portal.docx	8/8/2019 4:20 PM EDT	

1 - 7 of 7

F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
- Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
 - c. Other income methodology
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00030 | UT-19-0002




Package Header

Package ID UT2018MS00030
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G. Qualified Entity Requirements

- 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
- 2. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Form 40	4/2/2019 12:37 PM EDT	
HPE Training May 2019	5/22/2019 11:08 AM EDT	
HPE TRAINING MANUAL May 2019	7/31/2019 6:21 PM EDT	

H. Additional Information (optional)

'Screen shot of eligible non-citizen' is the drop down field if the client checks they are this status. It is self attestation, no further drop down field. The 'notice of PE determination' is the electronic one that will be generated through our portal.

The state has an 85% accuracy rate standard for HPE providers concerning their HPE determinations. This is based on client self-attestation and evaluated with monthly audits by the state.

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.

This view was generated on 8/29/2019 11:53 AM EDT