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State/Territory Name: Utah

State Plan Amendment (SPA) #: 19-0011

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UT - Submission Package - UT2019MS00010 - (UT-19-0011) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	UT2019MS00010	Submission Type	Official
Program Name	N/A	State	UT
SPA ID	UT-19-0011	Region	Denver, CO
Version Number	2	Package Status	Approved
Submitted By	Craig Devashrayee	Submission Date	9/15/2019
Package Disposition		Approval Date	10/18/2019 1:39 AM EDT
Priority Code	P2		



Division of Medicaid and Children's Health Operations

October 18, 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-19-0011

Dear Nathan Checketts:

On September 15, 2019, the Centers for Medicare and Medicaid Services (CMS) received Utah State Plan Amendment (SPA) UT-19-0011 to allow the state to provide Medicaid coverage for former foster care individuals enrolled in Medicaid under Utah's Medicaid state plan at any time during the foster care period in which they turned 18..

We approve Utah State Plan Amendment (SPA) UT-19-0011 on October 18, 2019 with an effective date(s) of October 01, 2019.

Name	Date Created
No items available	

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

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2019MS0001O | UT-19-0011

Package Header

Package ID	UT2019MS0001O	SPA ID	UT-19-0011
Submission Type	Official	Initial Submission Date	9/15/2019
Approval Date	10/18/2019	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Superseded SPA ID	N/A		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 | UT2019MS0001O | UT-19-0011

Package Header

Package ID	UT2019MS0001O	SPA ID	UT-19-0011
Submission Type	Official	Initial Submission Date	9/15/2019
Approval Date	10/18/2019	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID UT-19-0011

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	10/1/2019	UT-19-0001
Former Foster Care Children	10/1/2019	UT-18-0002

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2019MS0001O | UT-19-0011

Package Header

Package ID	UT2019MS0001O	SPA ID	UT-19-0011
Submission Type	Official	Initial Submission Date	9/15/2019
Approval Date	10/18/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Allowing FC individuals who age out and have received Medicaid anytime during the foster care period they turn 18 to receive FFC coverage.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$39322
Second	2020	\$39322

Federal Statute / Regulation Citation

42 CFR 435-150

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2019MS00010 | UT-19-0011

Package Header

Package ID	UT2019MS00010	SPA ID	UT-19-0011
Submission Type	Official	Initial Submission Date	9/15/2019
Approval Date	10/18/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

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

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | UT2019M50001O | UT-19-0011

Package Header

Package ID	UT2019M50001O	SPA ID	UT-19-0011
Submission Type	Official	Initial Submission Date	9/15/2019
Approval Date	10/18/2019	Effective Date	N/A
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 | UT2019M50001O | UT-19-0011

Package Header

Package ID	UT2019M50001O	SPA ID	UT-19-0011
Submission Type	Official	Initial Submission Date	9/15/2019
Approval Date	10/18/2019	Effective Date	N/A
Superseded SPA ID	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, as described in the state consultation plan.

- 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, and in accordance with the state consultation plan, 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:
9/13/2019	Utah Indian Health Advisory Board

All Urban Indian Organizations


Date of solicitation/consultation:	Method of solicitation/consultation:
9/13/2019	Monthly UIHAB meeting with tribes.

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:
9/13/2019	Monthly UIHAB meeting with tribes.

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 9-13-19	9/13/2019 2:43 PM EDT	

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility

- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | UT2019M50001O | UT-19-0011

Package Header

Package ID	UT2019M50001O	SPA ID	UT-19-0011
Submission Type	Official	Initial Submission Date	9/15/2019
Approval Date	10/18/2019	Effective Date	10/1/2019
Superseded SPA ID	UT-19-0001		
	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Pregnant Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name	Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Qualifying Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | UT2019MS0001O | UT-19-0011

Package Header

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Approval Date	10/18/2019	Effective Date	10/1/2019
Superseded SPA ID	UT-19-0001		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

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 | UT2019MS00010 | UT-19-0011

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

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Package ID	UT2019MS00010	SPA ID	UT-19-0011
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Approval Date	10/18/2019	Effective Date	10/1/2019
Superseded SPA ID	UT-18-0002		
	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 | UT2019MS0001O | UT-19-0011

Package Header

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Superseded SPA ID	UT-18-0002		
	System-Derived		

C. Additional Information (optional)

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