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State/Territory Name: Utah

State Plan Amendment (SPA) #: 19-0016

This file contains the following documents in the order listed:

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UT - Submission Package - UT2019MS00030 - (UT-19-0016) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#) [Transaction Logs](#) [News](#)

Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	UT2019MS00030	Submission Type	Official
Program Name	N/A	State	UT
SPA ID	UT-19-0016	Region	Denver, CO
Version Number	5	Package Status	Approved
Submitted By	Craig Devashrayee	Submission Date	9/13/2019
Package Disposition		Approval Date	12/10/2019 2:28 PM EST
Priority Code	P2		



Division of Medicaid and Children's Health Operations

December 10, 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-19-0016

Dear Mr. Checketts:

On September 13, 2019, the Centers for Medicare and Medicaid Services (CMS) received Utah State Plan Amendment (SPA) UT-19-0016 to revise the alternative streamline 61MED paper application and the alternative 61 APP paper application used to apply for multiple human service programs, to include questions on Community Engagement and Employer Sponsored Insurance requirements that were approved in Utah's Section 1115 Demonstration, Primary Care Network "PCN", on March 29, 2019..

We approve Utah State Plan Amendment (SPA) UT-19-0016 on December 10, 2019 with an effective date(s) of January 01, 2020.

We acknowledge that Utah implemented different versions of these applications prior to SPA approval. Also, accompanying the approval of SPA UT-19-0016 are copies of a revised version of each of the applications that were submitted with SPA. Utah has agreed to make the additional modifications tracked in red font in the attached copies of the alternative streamline paper 61MED (Exhibit B) application, and the alternative 61APP (Exhibit C) paper multi-benefits application. These changes, along with a request for the state to clarify a process and procedure question, are included in the enclosed companion letter (Exhibit A) regarding the need for Utah to make modifications to the alternative paper 61MED and the 61APP paper multi-benefits applications. Utah will provide dates for completion of outstanding changes within 60 days of approval of this SPA, and will implement revised paper applications addressing CMS concerns by the dates listed in the companion letter.

Please note that we have recently received guidance that the practice described on the state's applications to recoup overpayments from beneficiaries is not permissible. CMS will be issuing further guidance on this issue, and will provide additional guidance to Utah about required changes.

Enclosed for your records is an approved copy of the following State Plan Amendment.

Name	Date Created	
Companion to Approval Utah SPA 19-0016	12/10/2019 11:45 AM EST	
61MED CMS 2020	12/10/2019 11:45 AM EST	
61APP CMS 2020	12/10/2019 11:45 AM EST	

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
Denver Regional Office
Division of Medicaid and Children's Health
Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2019MS00030 | UT-19-0016

Package Header

Package ID UT2019MS00030
Submission Type Official
Approval Date 12/10/2019
Superseded SPA ID N/A

SPA ID UT-19-0016
Initial Submission Date 9/13/2019
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 | UT2019MS00030 | UT-19-0016

Package Header

Package ID UT2019MS00030
Submission Type Official
Approval Date 12/10/2019
Superseded SPA ID N/A

SPA ID UT-19-0016
Initial Submission Date 9/13/2019
Effective Date N/A

SPA ID and Effective Date

SPA ID UT-19-0016

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	1/1/2020	UT-16-0004

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2019MS00030 | UT-19-0016

Package Header

Package ID UT2019MS00030
Submission Type Official
Approval Date 12/10/2019
Superseded SPA ID N/A

SPA ID UT-19-0016
Initial Submission Date 9/13/2019
Effective Date N/A

Executive Summary

Summary Description Including Goals and Objectives Adding questions to the 61APP and 61MED for our Community Engagement and Employer Sponsored Insurance requirements. These two requirements were approved in Utah's 1115 Demonstration Waiver.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

42 CFR 435.907

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2019MS00030 | UT-19-0016

Package Header

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Submission Type Official
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Superseded SPA ID N/A

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Effective Date N/A

Governor's Office Review

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

Submission - Public Comment

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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 | UT2019MS00030 | UT-19-0016

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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, 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:
8/9/2019	Utah Indian Health Advisory Board

- All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
8/9/2019	Utah Indian Health Advisory Board

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:
8/9/2019	Utah Indian Health Advisory Board

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 2:32 PM EDT

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology

Eligibility

Benefits

Service delivery

Other issue

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | UT2019MS00030 | UT-19-0016

Package Header

Package ID	UT2019MS00030	SPA ID	UT-19-0016
Submission Type	Official	Initial Submission Date	9/13/2019
Approval Date	12/10/2019	Effective Date	1/1/2020
Superseded SPA ID	UT-16-0004		
	System-Derived		

A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

61MED

The paper application(s) has been uploaded.


Document Name	Date Created	
61MED CMS 2020	12/9/2019 5:11 PM EST	

- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Name

61APP

The alternative multi-program paper application(s) has been uploaded.

Document Name	Date Created	
61APP CMS 2020	11/26/2019 9:10 AM EST	

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | UT2019MS00030 | UT-19-0016

Package Header

Package ID	UT2019MS00030	SPA ID	UT-19-0016
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Superseded SPA ID	UT-16-0004		
	System-Derived		

B. MAGI Online Application

The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

MyCase Application

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
Online App	12/9/2019 5:21 PM EST	

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | UT2019MS00030 | UT-19-0016

Package Header

Package ID UT2019MS00030

SPA ID UT-19-0016

Submission Type Official

Initial Submission Date 9/13/2019

Approval Date 12/10/2019

Effective Date 1/1/2020

Superseded SPA ID UT-16-0004



System-Derived

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

The supplemental form(s) used to collect additional information has been uploaded.

Name	Date Created	
61APP CMS 2020	11/26/2019 9:13 AM EST	
61MED CMS 2020	11/26/2019 9:13 AM EST	

2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

3. One or more applications used to apply for multiple human service programs

4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | UT2019MS00030 | UT-19-0016

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Superseded SPA ID UT-16-0004
System-Derived


SPA ID UT-19-0016
Initial Submission Date 9/13/2019
Effective Date 1/1/2020

D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

Screenshots or other documentation of the online form(s) used to the collect additional information have been uploaded

Name	Date Created	
MyCase App	9/13/2019 2:39 PM EDT	

- 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more application used to apply for multiple human service programs
- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | UT2019MS00030 | UT-19-0016

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E. Additional Information (optional)

The online applications will be modified once CMS approves the changes.

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 12/10/2019 5:21 PM EST