

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

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Agency*	Citation(s)	Groups Covered
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- A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
- 2. Deemed Recipients of AFDC (Continued)

408(a)(11)(B),  
1931(c)(1), and  
1902(a)(10)  
(A)(i)(I) of  
the Act

1902(a)(10)(A)(i)(I)  
and 473(b) of  
the Act

Page 1 was removed and the  
redacted sections were  
replaced by MAGI SPA  
14-0001-MM1

\*Agency that determines eligibility for coverage.

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T.N. # 14-036 Approval Date 11-25-14

Supersedes T.N. # 92-01 Effective Date 12-1-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

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Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
	407(b), 1902 (a)(10)(A)(i) and 1905(m)(1) of the Act	3. Qualified Family Members
	1902(a)(52) and 1925 of the Act	4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)
Redacted section was replaced by MAGI SPA 14-0001-MM1		

\*Agency that determines eligibility for coverage.

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T.N. # 92-009 Approval Date 5-6-92  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
1902(e)(4) of the Act		12. A child born to a woman who is eligible for and of the Act receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.
42 CFR 435.120		13. Aged, Blind and Disabled Individuals Receiving Cash Assistance  X a. Individuals receiving SSI.  This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.  <u>X</u> Aged <u>X</u> Blind <u>X</u> Disabled

T.N. # 92-01 Approval Date 5-20-92  
Supersedes T.N. # 91-21 Effective Date 1-1-92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

435.121		13. b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. ( This includes persons who qualify for benefits under section 1619(a)of the Act or who meet the requirements for SSI status under section 1619(b)(1)of the1619(b)(1) Act and who met the State's more of the Act restrictive requirements for Medicaid in themonth before the month they qualified for SSI under section 1619(a)or met the requirements under section 1619(b)(1)of theAct. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a)eligibility standard or the requirements of section1619(b)of the Act.)
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- Aged
- Blind
- Disabled

1619(b)(1)  
of the Act

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

Agency that determines eligibility for coverage.

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T.N. #	<u>91-21</u>	Approval Date	<u>12-16-91</u>
Supersedes T.N. #	<u>88-29</u>	Effective Date	<u>10-1-91</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ UTAH \_\_\_\_\_

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

14. Qualified severely impaired blind and disabled individuals under age 65, who:
- a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93 -66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or
  - b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must:
    - (1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;
    - (2) Except for earnings, continue to meet all non-disability-related requirements for eligibility for SSI benefits;
    - (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

\*Agency that determines eligibility for coverage

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T.N. # _____	91-21	Approval Date _____	12-16-91
Supersedes T.N. # _____	87-30	Effective Date _____	10-1-91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ UTAH \_\_\_\_\_

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Citation(s)	Groups Covered
A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
(4)	Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
(5)	Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
—	Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

T.N. # \_\_\_\_\_ 91-21 \_\_\_\_\_ Approval Date \_\_\_\_\_ 12-16-91 \_\_\_\_\_

Supersedes T.N. # \_\_\_\_\_ 88-29 \_\_\_\_\_ Effective Date \_\_\_\_\_ 10-1-91 \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ UTAH \_\_\_\_\_

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

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Agency	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1619(b)(3)  
of the Act

— The State applies more restrictive eligibility of the Act requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements of the Act

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T.N. # \_\_\_\_\_ 91-21 \_\_\_\_\_ Approval Date \_\_\_\_\_ 12-16-91 \_\_\_\_\_

Supersedes T.N. # \_\_\_\_\_ 88-29 \_\_\_\_\_ Effective Date \_\_\_\_\_ 10-1-91 \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency	Citation(s)	Groups Covered
1634 of the Act	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
	15. Except in States that apply more restrictive the Act eligibility requirements for Medicaid than under SSI, blind or disabled individuals who:	
	a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.	
	— c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI /SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.	
	— d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility. 42 CFR 435.122 16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under 5435.230), because of requirements that do not apply under title XIX of the Act. 42 CFR 435.130 17. Individuals receiving mandatory State supplements.	
42 CFR 435.122		
	16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under 5435.230), because of requirements that do not apply under title XIX of the Act.	
42 CFR 435.130		
	17. Individuals receiving mandatory State supplements.	

\*Agency that determines eligibility for coverage.

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 Supersedes T.N. # 88-29 Effective Date 10-1-91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

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Agency*	Citation(s)	Groups Covered
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42 CFR 431.131	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>  18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.  ___ In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):  ___ Aged      ___ Blind      ___ Disabled  ___ Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.	
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T.N. #	<u>91-21</u>	Approval Date	<u>12-16-91</u>
Supersedes T.N. #	<u>87-30</u>	Effective Date	<u>10-1-91</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
42 CFR 435.132	19.	Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they: <ul style="list-style-type: none"><li>a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and</li><li>b. Remain institutionalized; and</li><li>c. Continue to need institutional care.</li></ul>
42 CFR 435.133	20.	Blind and disabled individuals who: <ul style="list-style-type: none"><li>a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and</li><li>b. Were eligible for Medicaid in December 1973 as blind or disabled; and</li><li>c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.</li></ul>

T.N. # 91-21 Approval Date 12-16-91

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
<u>A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>		
42 CFR 435.134	21.	Individuals who would be SSI /SSP eligible except for the increase in OASDI benefits under Pub. L.92 -336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
		<input checked="" type="checkbox"/> Includes persons who would have been eligible or cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).
		<input checked="" type="checkbox"/> Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).
		<input type="checkbox"/> Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

\*Agency that determines eligibility for coverage.

T.N. # \_\_\_\_\_ 91-21 \_\_\_\_\_ Approval Date \_\_\_\_\_ 12-16-91 \_\_\_\_\_  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups ( Continued)
42 CFR 435.135		22. Individuals who:  a. Are receiving OASDI and were receiving SSI /SSP but became ineligible for SSI /SSP after April1977; and  b. Would still be eligible for SSI or SSP if cost -of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI /SSP and OASDI, concurrently, were deducted from income.  ___ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP -only recipients.  ___ Not applicable because the State applies more restrictive eligibility requirements than those under SSI.  ___ The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI /SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

\*Agency that determines eligibility for coverage.

T.N. # 91-21 Approval Date 12-16-91  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups ( Continued)

1634 of the Act

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98 -21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b)of the Act.

\_\_\_ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP -only recipients.

\_\_\_ The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

\*Agency that determines eligibility for coverage.

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T.N. #	<u>91-21</u>	Approval Date	<u>12-16-91</u>
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GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
1634 of the Act	A. <u>Mandatory Coverage - Categorically Needy and Other Act Required Special Groups (Continued)</u>	
	24.	Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.
		_____ The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.
		_____ In determining eligibility as categorically needy, the State regards the amount of the title II benefits identified in S 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.
		_____ In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in 51634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement4 to Attachment 2.6 -A.
		_____ In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in \$ 1634(d)(1)(A) in determining the income of the individual.

\*Agency that determines eligibility for coverage.

T.N. # 91-028 Approval Date 4-15-92  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ UTAH \_\_\_\_\_

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

\_\_\_\_\_ The State applies more restrictive eligibility standards than those under SSI and part or all of the amount of the benefit that caused SSI /SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

25. Qualified Medicare beneficiaries-

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed three times the CareSource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare cost sharing as defined in item 3.2 of this plan).

26. Qualified disabled and working individuals-

- a. Who are entitled to hospital insurance benefits under of the Act Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and

\*Agency that determines eligibility for coverage.

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T.N. # \_\_\_\_\_ 91-028 \_\_\_\_\_ Approval Date \_\_\_\_\_ 4-15-92 \_\_\_\_\_

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(iii) c. Whose resources do not exceed two times the SSI resource limit.

and 1905(p)(3)(A)(ii),  
and 1860D-14(a)(3)(D)  
of the Act d. Whose resources do not exceed two times the SSI resource limit.

27. Specified Low -Income Medicare beneficiaries- -

a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);

b. Whose income is greater than 100 percent but less than 120 percent of the Federal poverty level;

c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

\*Agency that determines eligibility for coverage.

T.N. # 10-001 Approval Date 3-26-10

Supersedes T.N. # 93-007 Effective Date 1-1-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

28. Qualifying Individuals

1902(a)(10)(E)(iv)  
and 1905(p)(3)(A)(ii),  
and 1860D-14(a)(3)(D)  
of the Act

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income is at least 120 percent but less than 135 percent of the Federal poverty level.
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare Part B premiums section 1839 of the Act).

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T.N. #	<u>10-001</u>	Approval Date	<u>3-26-10</u>
Supersedes T.N. #	<u>98-002</u>	Effective Date	<u>1-1-10</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)
		28. c. Whose resources do not exceed the resource standard defined under Section 1905(p)(1)(C) of the Act; and  d. and who are not otherwise eligible for medical assistance under Title XIX of the Act.  (Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act).
1634(e) of the Act		29. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) of (v) of Section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.
1902(a)(10)(A)(i)(II) of the Act		30. A child to whom SSI benefits were being paid as of the date of the enactment of Section 211(a) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104 -193) and would continue to be paid for any month, but for the enactment of that section, shall be treated, for purposes of Title XIX, as receiving SSI benefits

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T.N. #	<u>10-001</u>	Approval Date	<u>3-26-10</u>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
*Title IV Agency		B. <u>Optional Groups Other Than the Medically Needy</u>
42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the Act		<input checked="" type="checkbox"/> 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.  <input type="checkbox"/> The plan covers all individuals as described above.  <input checked="" type="checkbox"/> The plan covers only the following group or groups of individuals:  <input type="checkbox"/> Aged <input type="checkbox"/> Blind <input type="checkbox"/> Disabled
42 CFR 435.211		<input checked="" type="checkbox"/> 2. Individuals who would be eligible for SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

\*Agency that determines eligibility for coverage. Unless otherwise noted, eligibility is determined by the Office of Family Support, Department of Human Services (state Title IV agency), for all subparts of ATTACHMENT 2.2-A(B).

T.N. # 92-01 Approval Date 2-11-92  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency\*    Citation(s)    Groups Covered

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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.212  
& 1902(e)(2) of the Act,  
P.L. 99-272 (section 9517)  
P.L. 101-508 (section 4732)

- \_\_\_ 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in a managed care organization (MCO), or a primary care case case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.  
X The State elects not to guarantee eligibility.  
\_\_\_ The State elects to guarantee eligibility. The minimum enrollment period is \_\_\_\_\_ months (not to exceed six).

The State measures the minimum enrollment period from:

- \_\_\_ The date beginning with the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.  
\_\_\_ The date beginning with the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.  
\_\_\_ The date beginning with the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

\*Agency that determines eligibility for coverage.

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T.N. # 03-016

Approval Date 3-3-04

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Effective Date 10-1-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency\* Citation(s) Groups Covered

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1932(a)(4)  
of the Act

B. Optional Groups Other Than the Medically Needy (Continued)

The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of MCOs, PIHPs, PAHPs and PCCMs, in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

Disenrollment rights are restricted for a period of up to 12 months (not to exceed 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

No restrictions upon disenrollment rights.

1903(m)(2)(H),  
1902(a)(52) of the Act  
P.L. 101-508  
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who are enrolled with a MCO, PIHP, PAHP or PCCM when they became ineligible, the Medicaid agency may elect to enroll those individuals in the same entity if that entity still has a contract.

The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

\*Agency that determines eligibility for coverage.

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T.N. # 04-016

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
		<u>B.</u> <u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.217	<u>X</u>	4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

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\*Agency that determines eligibility for coverage.

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T.N. #	<u>91-028</u>	Approval Date	<u>4-15-92</u>
Supersedes T.N. #	<u>91-21</u>	Effective Date	<u>1-1-92</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
1902(a)(10) (A)(ii)(VII) of the Act	—	5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.  — The State covers all individuals as described above.  — The State covers only the following group or groups of individuals:  — Aged — Blind — Disabled — Individuals under the age of-- — 21 — 20 — 19 — 18 — Caretaker relatives — Pregnant women

\*Agency that determines eligibility for coverage.

T.N. # 91-21

Approval Date 12-16-91

Supersedes T.N. # 86-36

Effective Date 10-1-91



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.230

(4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.

(5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.

(6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.

(7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

(8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

(9) Individuals in additional classifications approved by the Secretary as follows:

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T.N. # 91-21

Approval Date 12-16-91

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Effective Date 10-1-91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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T.N. # 91-21 Approval Date 12-16-91

Supersedes T.N. # 86-36 Effective Date 10-1-91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.121  
and 435.230  
1902(a)(10)  
(A)(ii)(XI)  
of the Act

X 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

X (1) All aged individuals.

X (2) All blind individuals.

X (3) All disabled individuals.

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T.N. # 92-01

Approval Date 2-11-92

Supersedes T.N. # 91-21

Effective Date 1-1-92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

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T.N. #	<u>91-21</u>	Approval Date	<u>12-16-91</u>
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Supersedes T.N. #	<u>86-36</u>	Effective Date	<u>10-1-91</u>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ UTAH \_\_\_\_\_

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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T.N. # \_\_\_\_\_ 91-21 \_\_\_\_\_ Approval Date \_\_\_\_\_ 12-16-91 \_\_\_\_\_

Supersedes T.N. # \_\_\_\_\_ 86-36 \_\_\_\_\_ Effective Date \_\_\_\_\_ 10-1-91 \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.231  
1902(a)(10)  
(A)(ii)(V)  
of the Act.

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act

- Aged
- Blind
- Disabled
- Individuals under the age of--
  - 21
  - 20
  - 19
  - 18
- Caretaker relatives
- Pregnant women

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T.N. # 91-21

Approval Date 12-16-91

Supersedes T.N. # 88-29

Effective Date 10-1-91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
		<u>B. Optional Groups Other Than the Medically Needy (Continued)</u>
1902(e)(3) of the Act.	—	13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.  Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.
1902(a)(10) (A)(ii)(IX) and 1902(1) of the Act.	—	

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T.N. #	<u>92-01</u>	Approval Date	<u>2-11-92</u>
Supersedes T.N. #	<u>91-21</u>	Effective Date	<u>1-1-91</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)  
(ii)(X)  
and 1902(m)  
(1) and (3)  
of the Act

X 16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

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T.N. # 95-008 Approval Date 9-14-95

Supersedes T.N. # 91-21 Effective Date 7-1-95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy (Continued)</u>
1906 of the Act	18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>1</u> month.
1902(a)(10)(F) and 1902(u)(1) of the Act	19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.
1902(a)(10)(A)(ii) and 1902(z) of the Act	20.
1902(a)(10)(A) (ii) (XIII) of the Act	21. Disabled individuals whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of ATTACHMENT 2.6-A.

T.N. # <u>01-21</u>	Approval Date <u>2-5-02</u>
Supersedes T.N. # <u>94-003</u>	Effective Date <u>10-1-01</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
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B. Optional Coverage Other Than the Medically Needy (Continued)

1902(a)(10)(A)(ii)  
(XVIII) of the Act

- X 22. Women who:
- a. Have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with the requirements of Section 1504 of that Act and need treatment for breast or cervical cancer, including a precancerous condition of the breast or cervix;
  - b. are not otherwise covered under creditable coverage, as defined in Section 2701(c) of the Public Health Service Act;
  - c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
  - d. Have not attained age 65.

1920B of the Act

23. Women who are determined by a "qualified entity" (as defined in 1920B(b) based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

T.N. # 06-007 Approval Date 6-1-01

Supersedes T.N. # 01-011 Effective Date 4-1-01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
*Title IV Agency	C.	<u>Optional Coverage of the Medically Needy</u>
42 CFR 435.301		This plan includes the medically needy.  <input type="checkbox"/> No.  <input checked="" type="checkbox"/> Yes. This plan covers:
1902(e) of the Act		1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
		2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.
1902(a)(10)(C)(ii)(I) of the Act		3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

\*Agency that determines eligibility for coverage. Unless otherwise noted, eligibility is determined by the Office of Family Support, Department of Human Services (state Title IV agency), for all subparts of ATTACHMENT 2.2-A(C).

T.N. # 92-01 Approval Date 2-11-92  
Supersedes T.N. # 91-21 Effective Date 1-1-92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy (Continued)

1902(e)(4) of the Act

42 CFR 435.308

5.  a. Financially eligible individuals who are not described in section C.3. above and who are under the age of--  
 21  
 20  
 19  
 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
- b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:
- (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
- (a) In foster homes (and are under the age of \_\_\_\_).
- (b) In private institutions (and are under the age of \_\_\_\_).

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T.N. #	<u>91-21</u>	Approval Date	<u>12-16-91</u>
Supersedes T.N. #	<u>86-36</u>	Effective Date	<u>10-1-91</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
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\*Title IV Agency      C. Optional Coverage of the Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_\_\_).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of \_\_\_\_\_).
- (3) Individuals in NFs (who are under the age of \_\_\_\_\_). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of \_\_\_\_\_).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of \_\_\_\_\_). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

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T.N. #	<u>91-21</u>	Approval Date	<u>12-16-91</u>
Supersedes T.N. #	<u>86-36</u>	Effective Date	<u>10-1-91</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
<hr/>		
.		C. <u>Optional Coverage of the Medically Needy</u> (Continued)
42 CFR 435.310	<u>X</u>	6. Caretaker relatives.
42 CFR 435.320 and 435.330	<u>X</u>	7. Aged individuals.
42 CFR 435.322 and 435.330	<u>X</u>	8. Blind individuals.
42 CFR 435.324 and 435.330	<u>X</u>	9. Disabled individuals.
42 CFR 435.326	<u>  </u>	10. Individuals who would be ineligible if they were not enrolled in a MCO or PCCM. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
435.340		11. Blind and disabled individuals who:  a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;  b. Were eligible as medically needy in December 1973 as blind or disabled; and  c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

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T.N. # 03-016 Approval Date 3-3-04  
Supersedes T.N. # 91-21 Effective Date 10-1-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy (Continued)

1906 of the  
Act

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of 1 month.

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T.N. # 91-025 Approval Date 7-10-92

Supersedes T.N. # New Effective Date 12-1-91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Utah

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE  
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

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Agency	Citation (s)	Groups Covered
1935(a) and 1902(a)(66)	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act.	<ol style="list-style-type: none"><li data-bbox="570 821 1382 917">1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;</li><li data-bbox="570 953 1414 1050">2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;</li><li data-bbox="570 1085 1414 1222">3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State Plan.</li></ol>

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T.N. # 05-015 Approval Date 11-28-05  
Supersedes T.N. # New Effective Date 7-1-05

Revision: HCFA-AT-85-3 (BERC)  
February 1985

SUPPLEMENT 2 TO ATTACHMENT 2.2-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ UTAH \_\_\_\_\_

FOR 1902(f) STATES MORE RESTRICTIVE CATEGORICAL ELIGIBILITY CRITERIA  
(NON-FINANCIAL CRITERIA)

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N/A

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T.N. # \_\_\_\_\_ 89-05 \_\_\_\_\_ Approval Date \_\_\_\_\_ 3-9-89 \_\_\_\_\_

Supersedes T.N. # \_\_\_\_\_ 85-12 \_\_\_\_\_ Effective Date \_\_\_\_\_ 1-1-89 \_\_\_\_\_

Revision: HCFA-AT-91-4 (BPD)  
August 1991

SUPPLEMENT 3 TO ATTACHMENT 2.2-A  
Page 1  
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ UTAH \_\_\_\_\_

METHOD FOR DETERMINING COST EFFECTIVENESS OF CARING FOR  
CERTAIN DISABLED CHILDREN AT HOME

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N/A

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T.N. #	<u>91-21</u>	Approval Date	<u>12-16-91</u>
Supersedes T.N. #	<u>New</u>	Effective Date	<u>10-1-91</u>