

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation

2.1 Application, Determination of Eligibility and Furnishing
Medicaid

42 CFR
435.10 and
Subpart J

(a) The Medicaid agency meets all requirements of 42
CFR Part 435, Subpart J for processing applications,
determining eligibility, and furnishing Medicaid.

T.N. # _____ 91-20 _____

Approval Date _____ 11-13-91 _____

Supersedes T.N. # _____ 75-45 _____

Effective Date _____ 10-1-91 _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation	2.1 <u>Application, Determination of Eligibility and Furnishing Medicaid (Continued)</u>
42 CFR 435.914 1902(a)(34) of the Act	(b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or an application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A.
1902(e)(8) and 1905(a) of the Act	(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
1902(a)(47) and 1920 of the Act	<u>X</u> (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
42 CFR 434.20	(c) Deleted 2003 due to Medicaid Managed Care BBA regulations.

T.N. # 03-016

Approval Date 3-3-04

Supersedes T.N. # 94-12

Effective Date 10-1-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

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SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation 2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

1902(a)(55)
of the Act

(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

T.N. # _____ 91-25 _____ Approval Date _____ 7-10-92 _____

Supersedes T.N. # _____ 91-15 _____ Effective Date _____ 12-1-91 _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation

2.2 Coverage and Conditions of Eligibility

42 CFR
435.10

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

___ Mandatory categorically needy and other required special groups only.

___ Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.

___ Mandatory categorically needy, other required special groups, and specified optional groups.

X Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

T.N. # _____ 91-20 _____

Approval Date _____ 11-13-91 _____

Supersedes T.N. # _____ 87-30 _____

Effective Date _____ 10-1-91 _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation
435.10 and
435.403, and
1902(b) of the
Act, P.L. 99-272
(Section 9529)
and P.L. 99-509
(Section 9405)

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it as a fixed address.

T.N. # _____ 87-30 _____

Approval Date _____ 7-9-87 _____

Supersedes T.N. # _____ 86-36 _____

Effective Date _____ 4-1-87 _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation

2.4 Blindness

42 CFR 435.530(b)
42 CFR 435.531
AT-78-90
AT-79-29

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

T.N. # _____ 87-30 _____

Approval Date _____ 7-9-87 _____

Supersedes T.N. # _____ 76-1 _____

Effective Date _____ 4-1-87 _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation

2.5 Disability

42 CFR
435.121,
435.540(b)
435.541

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b. of ATTACHMENT 2.2-A of this plan.

T.N. # _____ 92-01 _____

Approval Date _____ 2-11-92 _____

Supersedes T.N. # _____ 91-20 _____

Effective Date _____ 1-1-92 _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

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SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation

2.6 Financial Eligibility

42 CFR
435.10 and
Subparts G & H
1902(a)(10)(A)(i)
(III), (IV), (V),
(VI), and (VII),
1902(a)(10)(A)(ii)
(IX), 1902(a)(10)
(A)(ii)(X), 1902
(a)(10)(c),
1902(f), 1902(l)
and (m),
1905(p) and (s),
1902(r)(2),
and 1920

The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

T.N. # 92-02

Approval Date 5-20-92

Supersedes T.N. # 91-20

Effective Date 1-1-92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation

2.7 Medicaid Furnished Out-of-State

431.52 and
1902(b) of the
Act. P.L. 99-272
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

T.N. # _____ 86-36 _____

Approval Date _____ 1-20-87 _____

Supersedes T.N. # _____ 82-33 _____

Effective Date _____ 10-1-86 _____