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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-14-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved SPA Pages
- 3) SPA Summary Form

The complete title XXI state plan for Utah consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: XXI state plans and amendments:
<http://medicaid.gov/chip/state-program-information/chipstate-program-information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

OCT 08 2014

Ms. Emma Chacon
CHIP Director
Bureau of Managed Health Care
Division of Medicaid and Health Financing
P.O. Box 143108
Salt Lake City, UT 84114-3108

Dear Ms. Chacon:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number UT-14-0005 submitted on October 18, 2013, with additional information provided on September 24, 2014. This SPA relates to the Modified Adjusted Gross Income (MAGI) Eligibility with an effective date of January 1, 2014.

The SPA number UT-14-0005 converts the state's existing income eligibility standards to MAGI-equivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached, and should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion Section (4.0) of the current CHIP state plan.

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-3413
Facsimile: (410) 786-5882
E-mail: Joyce.Jordan@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Jordan and to Mr. Richard Allen, Associate Regional Administrator (ARA) in our Denver Regional Office. Mr. Allen's address is:

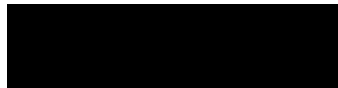
Page 2 – Ms. Emma Chacon

Centers for Medicare & Medicaid Services
Denver Regional Office
Colorado State Bank Building
1600 Broadway, Suite #700
Denver, CO 80202-4367

Congratulations on the approval. If you have additional questions, please contact Ms. Kelly Whitener, Director, Division of State Coverage Programs at (410) 786-0719.

We look forward to continuing to work with you and your staff.

Sincerely,

A solid black rectangular box redacting the signature of Eliot Fishman.

Eliot Fishman
Director

Enclosure

cc:
Mr. Richard Allen, ARA, CMS Region VIII, Denver



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Eligibility for Medicaid Expansion Program					CS3
42 CFR 457.320(a)(2) and (3)					
Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards: There should be no overlaps or gaps for the ages entered.					
Age and Household Income Ranges					
	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	6	19	105	133	X

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 0938-1148. The time required to complete this information collection is estimated to average 50 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.

Eligibility for Medicaid Expansion CS3 - Attachment

TRANSMITTAL NUMBER:

TN UT-14-0005

STATE:

Utah

After January 1, 2014, the state is no longer permitted to ask questions related to the asset test; however, the state has calculated the percent of expenditures related to this group using a methodology approved by CMS.

The method that establishes the percentage is:

Group B

Group A + Group B + Group M

- Group A are the average number of Children who were on CHIP but moved to Medicaid when the Medicaid income level increased in 2014.
- Group B are the average number of Children on CHIP who were Medicaid income eligible but had assets that exceeded Medicaid limits and moved to Medicaid with the removal of the asset test in 2014.
- Group M are the average number of all Children on the Medicaid program.

The Group B proxy ratio to be utilized by the State, from the effective date of this amendment going forward, pursuant to the above formula and based upon 2011-13 Medicaid enrollment data provided by Utah, is 7.19%. This percentage ratio is agreed upon by CMS and the State of Utah, which will utilize said percentage for calculation of the Group B expenditures to be reported on the appropriate CMS 64 reporting documents (Form 64.21U or otherwise), until otherwise agreed upon in writing, or CMS notice of discontinuation or amendment of its use is provided to the State. These terms can be revisited or renegotiated as necessary by Utah or CMS.

Children's Health Insurance
Program Eligibility

UT.0440.R00.00 - Jan 01, 2014

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Summary

Children's Health Insurance Program Eligibility:
Summary Page

State/Territory Utah
name: **Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

UT-14-0005

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Federal Budget Impact

- This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 17 out of 2000

ACA required SPAs

Signature of State Agency Official

Submitted By: Emma Chacon

Last Revision Date: Sep 9, 2014

Date:

Submit Date: Oct 18, 2013

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