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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-17-0019-CHIP

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved SPA Pages

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: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

DEC 26 2017

Jeff Nelson
CHIP Director
Division of Medicaid and Health Financing
P.O. Box 143101
Salt Lake City, UT 84114-3101

Dear Mr. Nelson:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), UT-17-0019-CHIP, submitted on September 15, 2017, has been approved. This SPA has an effective date of October 1, 2017.

This SPA specifies that in the event of a title XXI federal shortfall as specified at 2104(f)(2), Utah will use the remaining allocated funds to continue coverage until such funds are depleted. When the State determines that there are insufficient funds to provide coverage in the following month, the State will notify CMS in writing of its intent to no longer provide CHIP eligibility and services beginning the month following the State's determination.

CMS is available to provide technical assistance to ensure the state's closure and termination process is consistent with CHIP regulations at 42 CFR 457.340(e) and (f), related to notice of eligibility determinations and coordination of notices with other programs; §457.350, related to eligibility screening and enrollment in other insurance affordability programs; and §457.343, related to periodic renewals.

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
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:

Centers for Medicare & Medicaid Services
1961 Stout Street
Room 08-148
Denver, Colorado 80294

If you have additional questions, please contact Ms. Amy Lutzky, Director, Division of State Coverage Programs at (410) 786-0721.

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

Sincerely,

/ Anne Marie Costello /

Anne Marie Costello
Director

cc:

Richard Allen, ARA, CMS Region VIII, Denver

Section 1. General Description and Purpose of the Children's Health Insurance Plans and the Requirements

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.4 Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: July 10, 1998

Implementation Date: August 1, 1998

SPA #10, Purpose of SPA: Rebenchmark CHIP benefits

Effective Date: November 19, 2011

Implementation Date: November 19, 2011

SPA #11 - Purpose of SPA: Presumptive Eligibility and Express Lane Eligibility

Effective Date: September 1, 2011-AGI

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Implementation Date: September 1, 2011-AGI

Effective Date: April 1, 2012-PE

Implementation Date: April 1, 2012-PE

SPA #13 - Purpose of SPA: Rebenchmark CHIP benefits

Effective Date: July 1, 2012

Implementation Date: July 1, 2012

SPA #14 - Purpose of SPA: Eliminate Presumptive Eligibility for children that meet the requirements of section 1920A of the Act. (Section 2107 (e)(1)(L)); (42 CFR 457.355).

Removing references to Plan A.

Effective Date: November 1, 2014

Implementation Date: November 1, 2014

SPA #15 - Purpose of SPA: Ex Parte Reviews

Effective Date: February 1, 2015

Implementation Date: February 1, 2015

SPA #16 - Purpose of SPA: Change Reports

Effective Date: November 1, 2015

Implementation Date: November 1, 2015

SPA #19 – Purpose of SPA: Stop eligibility and services for the Children's Health Insurance Program authorized under Title XXI for lack of federal funding.

Proposed Effective Date: October 1, 2017

Proposed Implementation Date: October 1, 2017

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1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

State Plan Amendments 10 & 11 were presented at the Indian Health Advisory Board Meeting on October 7, 2011. There was no request for consultation

State Plan Amendment 15 was presented at the Utah Indian Health Advisory Board meeting on 12/12/2014. Consultation was not requested.

State Plan Amendment 16 was presented at the Utah Indian Health Advisory Board meeting on 10/9/2015. Consultation was not requested.

State Plan Amendment 19 was presented at the Utah Indian Health Advisory Board on 09/15/2017. Additionally, an advance email and attachment of the proposed SPA was sent to Medicaid's Indian Health Liaison to send to the Board on 09/08/2017.

closure. An applicant may withdraw an application for CHIP benefits any time prior to a decision of eligibility being made.

Guidance: The box below should be checked as related to children and pregnant women. Please note: A State providing dental-only supplemental coverage may not have a waiting list or limit eligibility in any way.

4.3.1 Limitation on Enrollment Describe the processes, if any, that a State will use for instituting enrollment caps, establishing waiting lists, and deciding which children will be given priority for enrollment. If this section does not apply to your state, check the box below. (Section 2102(b)(4)) (42CFR, 457.305(b))

Check here if this section does not apply to your State.

If Congress and the President fail to appropriate sufficient funding to operate the Title XXI Children's Health Insurance Program resulting in a federal funding shortfall as defined at 2104(f)(2) of the Social Security Act, the State of Utah, Division of Medicaid and Health Financing, will use the remaining allocated funds to continue coverage until such funds are depleted.

When the State determines that there are insufficient funds to provide coverage in the following month, the State will notify CMS of its intent to no longer provide CHIP eligibility and services beginning the month following the State's determination.

Guidance: Note that for purposes of presumptive eligibility, States do not need to verify the citizenship status of the child. States electing this option should indicate so in the State plan. (42 CFR 457.355)

4.3.2. Check if the State elects to provide presumptive eligibility for children that meets the requirements of section 1920A of the Act. (Section 2107(e)(1)(L)); (42 CFR 457.355)

Guidance: Describe how the State intends to implement the Express Lane option. Include information on the identified Express Lane agency or agencies, and whether the State will be using the Express Lane eligibility option for the initial eligibility determinations, redeterminations, or both.

Presumptive eligibility is the period of time during which a child may receive CHIP benefits based on preliminary information that the child meets the eligibility criteria.

The Department provides medical assistance during a presumptive eligibility period to a child if a Medicaid eligibility worker with the Department of Human Services has