
Table of Contents

State/Territory Name: Utah

State Plan Amendments (SPA) #: UT-20-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

Children and Adults Health Programs Group

June 30, 2020

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-20-0022, submitted on April 15, 2020, has been approved. This SPA has an effective date of March 1, 2020.

This amendment, as it applies to the COVID-19 public health emergency (PHE), makes the following changes effective March 1, 2020 through the duration of the Federally-declared PHE:

- Conduct tribal consultation subsequent to the submission of this SPA, as permitted under section 1135 of the Social Security Act;
- Delay requirements related to timely processing of renewals that cannot be completed on an ex parte basis;
- Delay acting on changes in circumstances for CHIP beneficiaries other than the required changes in circumstances described in 42 CFR 457.342(a) cross-referencing 42 CFR 435.926(d);
- Waive collection of all premiums and suspend the premium lock-out policy;
- Waive cost-sharing specifically for any in vitro diagnostic product described in section 2103(c)(10) of the Act and any other COVID-19 testing related service regardless of setting type.

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Her 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

Page 2 – Mr. Jeff Nelson

If you have additional questions, please contact Meg Barry, Acting Director, Division of State Coverage Programs at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/signed Amy Lutzky/

Amy Lutzky
Acting Deputy Director

cc: Courtney Miller, Director, Medicaid and CHIP Operations Group
Jackie Glaze, Deputy Director, Medicaid and CHIP Operations Group

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: The State of Utah

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

| | |
|------------------------|---|
| Name: Nathan Checketts | Position/Title: Director, Medicaid and Health Financing |
| Name: Jeff Nelson | Position/Title: CHIP Director |
| Name: Jennifer Wisner | Position/Title: CHIP Program Manager |

***Disclosure.** 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 09380707. The time required to complete this information collection is estimated to average 160 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

Proposed effective date: November 19, 2011

Proposed implementation date: November 19, 2011

SPA #_11_, Purpose of SPA:_ Express Lane Eligibility and Presumptive Eligibility - pending

Proposed effective date: ELE- September 1, 2011; Presumptive Eligibility- April 1,

2012

Proposed implementation date: ELE- September 1, 2011; PE- April 1, 2012

SPA #_12_, Purpose of SPA: Rebenchmark CHIP benefits

Proposed effective date: July 1, 2012

Proposed implementation date: July 1, 2012

Withdrawn

SPA #_13_, Purpose of SPA: Rebenchmark CHIP benefits

Proposed effective date: July 1, 2012

Proposed 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.

Proposed effective date: November 1, 2014

Proposed implementation date: November 1, 2014

SPA# 15, Purpose of SPA: Ex Parte Reviews

Proposed effective date: February 1, 2015

Proposed implementation date: February 1, 2015

SPA# 16, Purpose of SPA: Change Reports

Proposed effective date: November 1, 2015

Proposed implementation date: November 1, 2015

SPA# 17, Purpose of SPA: Rebenchmark CHIP dental benefits

Proposed effective date: July 1, 2016

Proposed implementation date: July 1, 2016

SPA# 18, Purpose of SPA: FQHC Payment Methodology

Proposed effective date: July 1, 2016

Proposed implementation date: July 1, 2016

SPA# 19, Purpose of SPA: Update CHIP benefits

Proposed effective date: July 1, 2019

Proposed implementation date: July 1, 2019

SPA# 220, Purpose of SPA: Add CHIP Disaster Relief COVID-19 Plan

Proposed effective date: March 1, 2020

The Secretary of the Utah Department of Health and Human Services declared a public health emergency (PHE) on January 31, 2020, under section 319 of the Public Health Service Act (42 U.S.C. 247d), in response to COVID-19, followed by a National Emergency declaration signed by the President on March 13, 2020. In response to this declaration, the State will implement changes related to tribal

consultation, its CHIP eligibility and redeterminations, premiums and cost sharing processes. The duration of the policy will be determined by the end of the federally or State-declared PHE.

Proposed implementation date: March 1, 2020

Superseding Pages of MAGI CHIP State Plan Material

State: Utah

| Transmittal Number | SPA Group | PDF # | Description | Superseded Plan Section(s) |
|--|----------------------------|--------------|--|--|
| UT-13-0001 Approval Date: 12/19/13 Effective/Implementation Date: January 1, 2014 | MAGI Eligibility & Methods | CS7 | Eligibility – Targeted Low Income Children | Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3 |
| | | CS15 | MAGI-Based Income Methodologies | Incorporate within a separate subsection under section 4.3 |
| UT-13-0005 Approval Date: 10/08/14 Effective/Implementation Date: January 1, 2014 | XXI Medicaid Expansion | CS3 | Eligibility for Medicaid Expansion Program | Supersedes the current Medicaid expansion section 4.0 |
| UT-13-0002 Approval Date: 11/01/13 | Establish 2101(f) Group | CS14 | Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards | Incorporate within a separate subsection under section 4.1 |

| Transmittal Number | SPA Group | PDF # | Description | Superseded Plan Section(s) |
|--|---------------------------|--------------|--|---|
| Effective/Implementation Date: January 1, 2014 | | | | |
| UT-13-0003 Approval Date: 11/01/13 Effective/Implementation Date: October 1, 2013 | Eligibility Processing | CS24 | Eligibility Process | Supersedes the current sections 4.3 and 4.4 |
| UT-13-0004 Approval Date: 12/19/13 Effective/Implementation Date: January 1, 2014 | Non-Financial Eligibility | CS17 | Non-Financial Eligibility – Residency | Supersedes the current section 4.1.5 |
| | | CS18 | Non-Financial Eligibility – Citizenship | Supersedes the current sections 4.1.0; 4.1-LR; 4.1.1-LR |
| | | CS19 | Non-Financial Eligibility – Social Security Number | Supersedes the current section 4.1.9.1 |
| | | CS20 | Non-Financial Eligibility – Substitution of Coverage | Supersedes the current section 4.4.4 |
| | | CS21 | Non-Financial Eligibility – Non-Payment of Premiums | Supersedes the current section 8.7 |
| | | CS27 | Continuous Eligibility | Supersedes the current section 4.1.8 |
| UT-16-0001 Approval Date: 08/18/16 | Non-Financial Eligibility | CS18 | Non-Financial Eligibility – Citizenship (CHIPRA section 214) | Supersedes the current sections 4.1.0; 4.1-LR; 4.1.1-LR |

| Transmittal Number | SPA Group | PDF # | Description | Superseded Plan Section(s) |
|---|-------------------------------|--------------|---|---|
| Effective Date: July 1, 2016 | | | | |
| UT-17-0003 Approval Date: 04/27/17 Effective Date: January 1, 2017 | MAGI Eligibility & Methods | CS15 | MAGI-Based Income Methodologies (Estranged spouses) | Incorporate within a separate subsection under section 4.3 |

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 was presented at the Indian Health Advisory Board meeting on October 7, 2011. There was no request for consultation.

State Plan Amendment 13 was presented at the Utah Indian Health Advisory Board meeting on August 3, 2012. Consultation was not requested.

State Plan Amendment 14 was presented at the Utah Indian Health Advisory Board meeting on 08/08/2014. Consultation was not requested.

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 17 was presented at the Utah Indian Health Advisory Board meeting on 7/8/2016. Consultation was not requested.

State Plan Amendment 18 was presented at the Utah Indian Health Advisory Board meeting on 3/10/2017. Consultation was not requested.

State Plan Amendment 19 was presented at the Utah Indian Health Advisory Board meeting on June 7, 2019. Consultation was not requested.

State Plan Amendment 22 in concept was presented a0 has not been presented at the Utah Indian Health Advisory Board meeting informally on April 10. The final SPA as the SPA was in early development and was presented to the board formally on May 8, 2020, after the SPA was submitted to CMS. To address the Federal COVID-19 public health emergency, the State received waiver approval under section 1135(b)(5) of the Act, for flexibility to modify the timeframes associated with tribal consultation, including conducting consultation after submission of the SPA.

TN No: Approval Date Effective Date _____

Section 4. Eligibility Standards and Methodology

4.3 **Methodology.** Describe the methods of establishing and continuing eligibility and enrollment. The description should address the procedures for applying the eligibility standards, the organization and infrastructure responsible for making and reviewing eligibility determinations, and the process for enrollment of individuals receiving covered services, and whether the State uses the same application form for Medicaid and/or other public benefit programs. (Section 2102)(b)(2)) (42CFR, 457.350)

~~The Department of Health and Human Services declared a public health emergency on January 31, 2020, under section 319 of the Public Health Service Act (42 U.S.C. 247d), in response to COVID-19, followed by a National Emergency declaration signed by the President on March 13, 2020. In response to this declaration, the State will implement the following changes to its CHIP eligibility and redetermination processes. The duration of the policy will be determined by the end of the federal or State declared emergency.~~

During the Federal COVID-19 PHE ~~t~~the agency will:

~~_____.~~

~~b. _____ Not charge premiums for CHIP eligible children as per 8.2.1 that exceed those that were in place as of January 1, 2020.~~

~~ba. _____~~ Temporarily delay acting on certain changes in circumstances for CHIP beneficiaries whom the state determines are impacted by a State or the Federal COVID-19 public health emergency Federally declared disaster such that processing the change in a timely manner is not feasible. The state will continue to act on changes in circumstance related to the

followingThe state will continue to act on the changes in circumstance described in 42 CFR 457.342(a) cross-referencing 435.926(d).

_____ ÷

In addition, Utah will continue to act on changes in circumstances for children

_____ i. residency;

_____ ii. death;

_____ iii. voluntary termination of health coverage;

_____ iv. erroneous eligibility determinations;

_____ v. becoming eligible for Medicaid;

vi. turning (beneficiary) ~~the child becomes~~ a resident of a public institutionn, (in which case eligibility will end, but the stateagency will reinstate coverage if the child returns to the home during the emergency period); children ~~vi. electing to receive an UPP reimbursement for CHIP eligible members instead of remaining on CHIP; or childrenthe household is eligible for Utah Premium Partnership reimbursement and elects to receive a Utah Premium Partnership reimbursement for CHIP eligible members instead of remaining on CHIP;~~

vii. terminating the UPP reimbursable health plan. (UPP households only).

_____ b. _____ -Requirements related to timely processing of renewals and/or deadline for families to respond to renewal requirements may be temporarily waived for CHIP beneficiaries.

~~or~~

viii. ~~the child dies.~~

cb.d.

If the eligibility agency can complete an ex parte redetermination at the regularly scheduled time and the household continues to qualify for the same CHIP plan or UPP payment, the agency will renew eligibility for a new 12-month certification period. In completing such renewal, the agency may not review the availability of health insurance for the child if the information is not readily available. After the emergency period ends, the state will terminate CHIP if a child has become enrolled under a health insurance plan unless the child is eligible for premium assistance.

dc.e. If the ex parte redetermination shows the child is eligible for Medicaid, the agency will renew eligibility under Medicaid for that child.

def. If the eligibility agency cannot complete a redetermination without requiring additional information from the household, the household would only qualify for a CHIP plan with a higher cost sharing premium, or the household would be ineligible, the agency will not complete the review. Instead, the agency will provide continued CHIP or UPP benefits on a month-to-month basis without making any changes in eligibility through the end of the emergency period. The agency may not charge CHIP premiums during these extended months of coverage.

(Section 2102)(b)(2)) (42CFR, 457.350).

8.2.1. Premiums:

Enrollees up to 150% of the federal poverty level (Plan B) will be charged a quarterly premium of \$30.00 per family; 151% through 200% of the federal poverty level (Plan C) will be charged a quarterly premium of \$75.00 per family. Although premiums are charged quarterly, enrollees have the option of paying monthly. If a family does not pay its quarterly premium on time, a \$15 late fee will be assessed to its premium balance.

Non-payment of premium or premium late fees may be temporarily forgiven/waived for all CHIP applicants during the Federal COVID-19 public health emergency. The state will not seek premium back payments after the public health emergency ends.

8.2.3 Waive Cost Sharing:

During the Federal COVID-19 public health emergency, cost sharing shall be waived for any in vitro diagnostic product described in section 1905(a)(3)(B) of the Act and any other COVID-19 testing-related services regardless of setting.

8.7 Waive Premium Lock Out Policy

~~At State discretion, t~~The premium lock-out policy is temporarily suspended and coverage is available regardless of whether the family has paid their outstanding premium during the Federal COVID-19 public health emergency ~~for existing beneficiaries who reside and/or work in a State or Federally declared disaster area.~~