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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-09-007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

January 20, 2010

David N. Sundwall, MD
Utah Department of Health
288 North 1460 West
PO Box 143102
Salt Lake City, UT 84114


RE: Utah #09-007

Dear Dr. Sundwall:

This is your official notification that Utah State Plan amendment 09-007 "Retroactive Period Effective Date" which changes the effective date of Medicaid eligibility to the first day of the third month before the date of application, has been approved effective October 1, 2009.

If you have any questions concerning this amendment, please contact Betty Strecker at (303) 844-7028.

Sincerely,

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Richard C. Allen
Associate Regional Administrator
Division for Medicaid and Children's Health

CC: Michael Hales, Medicaid Director, UT
Craig Devashrayee, UT

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
09-007-UT

2. STATE:
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCI
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
October 1, 2009

TO: REGIONAL ADMINISTRATOR
HEALTHCARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.914

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 \$0
b. FFY 2011 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 24 of Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Page 24 of Attachment 2.6-A

10. SUBJECT OF AMENDMENT:

Retroactive Period Effective Date

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David N. Sundwall, MD

14. TITLE:

Executive Director, Utah Department of Health

15. DATE SUBMITTED:

September 30, 2009 *November 31, 2009*

16. RETURN TO:

Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
PO Box 143102
Salt Lake City, UT 84114-3102

17. DATE RECEIVED

12/31/09

18. DATE APPROVED:

1/20/10

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/09

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

Associate Regional Administrator

PLAN APPROVED -- ONE COPY ATTACHED

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
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C. Financial Eligibility (Continued)

42 CFR
435.914

11. Effective Date of Eligibility

a. Groups Other Than Qualified Medicare Beneficiaries

(1) For the prospective period.

Coverage is available for the full month if the following individuals are eligible at any time during the month.

X Aged, blind, disabled.

X AFDC-related.

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

 Aged, blind, disabled.

 AFDC-related.

(2) For the retroactive period.

Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:

 Aged, blind, disabled.

 AFDC-related.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.

X Aged, blind, disabled.

X AFDC-related.

T.N. # 09-007

Approval Date 1/20/10

Supersedes T.N. # 01-020

Effective Date 10-1-09