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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-10-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



Region VIII

March 26, 2010

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

RE: Utah #10-001

Dear Dr. Sundwall:

This is your official notification that Utah State Plan amendment 10-001 "Eligibility Conditions and Requirements" has been approved effective January 1, 2010.

This SPA added Qualified Individuals (QI) to the State's plan. In addition, the resource limits are updated according to federal requirements found at Section 1905(p)(1)(C) of the Social Security Act. The resource limits were increased from twice the SSI resource limit to three times the SSI limit effective January 1, 2010 for the Qualified Medicare Beneficiaries (QMB), Specified Low Income Medicare Beneficiaries (SLMB), and Qualified Individuals (QI), as required

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

Sincerely,

/s/

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**

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

Section 1905(p)(1)(c) of the Social Security Act

8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 9b of Attachment 2.2-A
Page 9b1 of Attachment 2.2-A
Page 9b1a of Attachment 2.2-A
Page 22 of Attachment 2.6-A
Page 22a of Attachment 2.6-A

Page 9b2 of Attachment 2.2-A

7 FEDERAL BUDGET IMPACT

a. FFY 2010 \$+109,400

b. FFY 2011 \$+145,900

9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Page 9b of Attachment 2.2-A
Page 9b1 of Attachment 2.2-A
~~Page 9b1a of Attachment 2.2-A~~
Page 22 of Attachment 2.6-A
Page 22a of Attachment 2.6-A

Page 9b2

10 SUBJECT OF AMENDMENT

Eligibility Conditions and Requirements

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

Michael Hales

14. TITLE

Deputy Director, Utah Department of Health

15. DATE SUBMITTED:

December 31, 2009

16.

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.

3/6/10

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/10

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Richard C. Allen

Associate Regional Administrator

PLAN APPROVED - ONE COPY ATTACHED

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
		<p>_____ The State applies more restrictive eligibility standards than those under SSI and part or all of the amount of the benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.</p>
1902(a)(10)(E)(i), 1905(p) and 1860D-14(a)(3)(D) of the Act	25.	<p>Qualified Medicare beneficiaries--</p> <p>a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);</p> <p>b. Whose income does not exceed 100 percent of the Federal poverty level; and</p> <p>c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.</p> <p>(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan).</p>
1902(a)(10)(E)(ii), 1905(p)(3)(A)(i), and 1905(s) of the Act	26.	<p>Qualified disabled and working individuals--</p> <p>a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;</p> <p>b. Whose income does not exceed 200 percent of the Federal poverty level; and</p>

T.N. # 10-001Approval Date 3/26/10Supersedes T.N. # 93-007Effective Date 1-1-10

Revision:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
		c. Whose resources do not exceed two times the SSI resource limit.
		d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.
		(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act).
1902(a)(10)(E)(iii), 1905(p)(3)(A)(ii), and 1860D-14(a)(3)(D) of the Act		27. Specified Low-Income Medicare beneficiaries--
		a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
		b. Whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and
		c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.
		(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act).

T.N. # 10-001

Approval Date 3/26/10

Supersedes T.N. # 93-007

Effective Date 1-1-10

Revision:

ATTACHMENT 2.2-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	1902(a)(10)(E)(iv), 1905(p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Act	28. Qualifying Individuals --- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income is at least 120 percent but less than 135 percent of the Federal poverty level; c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. (Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act).

T.N. # 10-001

Approval Date 3/26/10

Supersedes T.N. # 98-002

Effective Date 1-1-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	28. c.	Whose resources do not exceed the resource standard defined under Section 1905(p)(1)(C) of the Act.; and
	d.	and who are not otherwise eligible for medical assistance under Title XIX of the Act.
		(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act).
1634(e) of the Act	29.	Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) of (v) of Section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.
1902(a)(10)(A)(i)(II) of the Act	30.	A child to whom SSI benefits were being paid as of the date of the enactment of Section 211(a) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) and would continue to be paid for any month, but for the enactment of that section, shall be treated, for purposes of Title XIX, as receiving SSI benefits for that month.

*Agency that determines eligibility for coverage.

T.N. # 10-001

Approval Date 3/26/10

Supersedes T.N. # 98-002

Effective Date 1-1-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
	7. Resource Standard - Medically Needy
	<ul style="list-style-type: none"> a. Resource standards are based on family size. b. A single standard is employed in determining resource eligibility for all groups. c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for-- <ul style="list-style-type: none"> — Aged — Blind — Disabled
1902(a)(10)(C)(i) of the Act	
—	<p><u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2 to ATTACHMENT 2.6-A</u> so indicates.</p>
1902(a)(10)(E), 1905(p)(1)(C) and 1860D-14(a)(3)(D) of the Act	8. Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals.
	<p>For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under Section 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 2006 by the increase in the consumer price index.</p>

T.N. # 10-001Approval Date 3/26/10Supersedes T.N. # 93-022Effective Date 1-1-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
1902(a)(10)(E)(ii) and 1905(s) of the Act	9. Resource Standard - Qualified Disabled and Working Individuals. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.
1902(u) of the Act	10. For COBRA continuation beneficiaries, the resource standard is: — Twice the SSI resource standard for an individual. — More restrictive standard as applied under section 1902(f) of the Act as described in <u>Supplement 8 to Attachment 2.6-A</u> .

T.N. # 10-001Approval Date 3/24/10Supersedes T.N. # 91-025Effective Date 1-1-10