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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-16-0026

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

TN: UT-16-0026 **Approval Date:** 08/11/2016 **Effective Date** 07/01/2016

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1961 Stout Street, Room 08-148 Denver, CO 80294



Region VIII

August 12, 2016

Joseph K. Miner, M.D., MSPH, Executive Director Utah Department of Health P.O. Box 141000 Salt Lake City, UT 84114-1000

RE: Utah #16-0026

Dear Dr. Miner:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0026. This State Plan Amendment expands coverage to lawfully residing children up to age 19.

Please be informed that this State Plan Amendment was approved August 11, 2016, with an effective date of July 1, 2016. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Mandy Strom at (303) 844-7068.

Sincerely,

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

cc: Nathan Checketts, Acting Medicaid Director, UT Craig Devashrayee, UT

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Utah 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 $\underline{0000}$ = a four digit number with leading zeros. The dashes must also be entered. UT-16-0026 **Proposed Effective Date** 07/01/2016 (mm/dd/yyyy) Federal Statute/Regulation Citation Pub. L. No. 111-148 Federal Budget Impact Federal Fiscal Year Amount First Year 2016 193200.00 2017 Second Year 772897.00 **Subject of Amendment**

Citizenship and Non-Citizen Eligibility

Governor's Office Review

Governor's office reported no comment Comments of Governor's office received Describe:

No reply received within 45 days of submittal Other, as specified Describe:

Signature of State Agency Official

Submitted By:

Jun 30, 2016

Craig Devashrayee

Last Revision Date:

Jun 30, 2016

Submit Date: Date Received: 30 June, 2016

Date Approved: 11 August, 2016 Signature of Approving Official:

Printed Name and Title:

Kichard C. Allen, Associate Regional Administrator Division of Medicaid & Children's Health Operations



Medicaid Eligibility

State Name	e: Utah	OMB Control Number: 0938-1148
Transmittal	al Number: UT - 16 - 0026	Expiration date: 10/31/2014
B48613211 (2020-200-2000)	anemi Eligibility hip and Non-Citizen Eligibility	Sag
	611, 1612, 1613, and 1641 0,(3) and (4) 35.4 35.406	
Citizenship	p and Non-Citizen Eligibility	
✓ CFR 43		ted States and certain non-citizens consistent with requirements of 42 pending verification of their citizenship, national status or
■ The	he state provides Medicaid eligibility to otherwise eligible	individuals:
	Who are citizens or nationals of the United States; and	
	Who are qualified non-citizens as defined in section 43 Reconciliation Act (PRWORA) (8 U.S.C. §1641), or wi §1612(b)) and is not prohibited by section 403 of PRWORA	hose eligibility is required by section 402(b) of PRWORA (8 U.S.C.
	immigration status, during a reasonable opportunity per	Is of the United States, or an individual having satisfactory iod pending verification of their citizenship, nationality or nents of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406,
	The reasonable opportunity period begins on and exten received by the individual.	ds 90 days from the date the notice of reasonable opportunity is
		opportunity period if the individual is making a good faith effort to cumentation, or the agency needs more time to complete the
	• Yes • No	
	The agency begins to furnish benefits to otherwise elig earlier than the date the notice is received by the indivi-	ible individuals during the reasonable opportunity period on a date dual.
	• Yes • No	
	The date benefits are furnished is:	
	• The date of application containing the decl	aration of citizenship or immigration status.
	C The date the reasonable opportunity notice	is sent.
	C Other date, as described:	

UT-16-0026 Approval Date: 8/11/2016 Effective Date: 7/1/2016



Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).		
• Yes • No		
The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.		
• Yes • No		
Pregnant women		
☐ Individuals under age 21:		
C Individuals under age 21		
C Individuals under age 20		
♠ Individuals under age 19		
An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.		
An individual is considered to be lawfully present in the United States if he or she:		
1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);		
2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (a defined in 8 U.S.C. 1101(a)(17));		
3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;		
4. Is a non-citizen who belongs to one of the following classes:		
■ Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;		
Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;		
■ Granted employment authorization under 8 CFR 274a.12(c);		
Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;		
Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;		
■ Granted Deferred Action status;		
■ Granted an administrative stay of removal under 8 CFR 241;		
Beneficiary of approved visa petition who has a pending application for adjustment of status;		
5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231, or under the Convention Against Torture who -		
Has been granted employment authorization; or		
UT-16-0026 UT-16 age of 14 and has had an application pending for at least 180 days; Effective Date: 7/1/2016		



Medicaid Eligibility

	6. Has been granted withholding of removal under the Convention Against Torture;	
	7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);	
	8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or	
	9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));	
	10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.	
	☐ Other	
V	The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:	
	Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;	
	Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).	

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 40 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.

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UT-16-0026 Approval Date: 8/11/2016 Effective Date: 7/1/2016