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**State/Territory Name: UT**

**State Plan Amendment (SPA) #:19-0001**

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## Division of Medicaid and Children's Health Operations

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Nathan Checketts  
Medicaid Director  
Utah Department of Health  
P.O. Box 141000  
Salt Lake City, UT 84114-1000

Re: Approval of State Plan Amendment UT-19-0001

Dear Nathan Checketts:

On January 15, 2019, the Centers for Medicare and Medicaid Services (CMS) received Utah State Plan Amendment (SPA) UT-19-0001 to reduce the income limit for the Parent and Other Caretaker Relatives Mandatory Eligibility Group at 42 Code of Federal Regulations 435.110. The income standard will be a set dollar amount and no longer based on the federal poverty level..

We approve Utah State Plan Amendment (SPA) UT-19-0001 on March 29, 2019 with an effective date(s) of April 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Mandy Strom at 3038447068 or [mandy.strom@cms.hhs.gov](mailto:mandy.strom@cms.hhs.gov).

Sincerely,  
Mary Marchioni  
Acting Deputy Director, Denver Regional Operations Group  
Division of Medicaid and Children's Health Operations

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00050 | UT-19-0001

### Package Header

**Package ID** UT2018MS00050  
**Submission Type** Official  
**Approval Date** 3/29/2019  
**Superseded SPA ID** N/A

**SPA ID** UT-19-0001  
**Initial Submission Date** 1/15/2019  
**Effective Date** N/A

### State Information

**State/Territory Name:** Utah

**Medicaid Agency Name:** Utah Department of Health

### Submission Component

- State Plan Amendment  Medicaid  CHIP

## Package Information

**Package ID** UT2018MS00050  
**Program Name** N/A  
**SPA ID** UT-19-0001  
**Version Number** 3  
**Submitted By** David Baldwin  
**Package Disposition**   
**Priority Code** P2

**Submission Type** Official  
**State** UT  
**Region** Denver, CO  
**Package Status** Approved  
**Submission Date** 1/15/2019  
**Approval Date** 3/29/2019 3:44 PM EDT

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS0005O | UT-19-0001

### Package Header

**Package ID** UT2018MS0005O

**Submission Type** Official

**Approval Date** 3/29/2019

**Superseded SPA ID** N/A

**SPA ID** UT-19-0001

**Initial Submission Date** 1/15/2019

**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** UT-19-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	4/1/2019	UT-18-0002
Parents and Other Caretaker Relatives	4/1/2019	UT-16-0025

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00050 | UT-19-0001

### Package Header

**Package ID** UT2018MS00050  
**Submission Type** Official  
**Approval Date** 3/29/2019  
**Superseded SPA ID** N/A

**SPA ID** UT-19-0001  
**Initial Submission Date** 1/15/2019  
**Effective Date** N/A

### Executive Summary

**Summary Description Including Goals and Objectives** Utah is changing the income limit for the Parent and other Caretaker Relatives (42 CFR 435.110). The income standard will be a set amount and not based on the FPL.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$-9400000
Second	2020	\$-18900000

#### Federal Statute / Regulation Citation

42 CFR 435.110

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00050 | UT-19-0001

### Package Header

**Package ID** UT2018MS00050

**Submission Type** Official

**Approval Date** 3/29/2019

**Superseded SPA ID** N/A

**SPA ID** UT-19-0001

**Initial Submission Date** 1/15/2019

**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00050 | UT-19-0001

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**Effective Date** N/A

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00050 | UT-19-0001

## Package Header

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**SPA ID** UT-19-0001  
**Initial Submission Date** 1/15/2019  
**Effective Date** N/A

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes  
 No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- Yes  
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
1/11/2019	Monthly advisory meeting.

- All Urban Indian Organizations

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
1/11/2019	Monthly advisory meeting.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

<b>Date of consultation:</b>	<b>Method of consultation:</b>
1/11/2019	Monthly advisory meeting.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
UIHAB Agenda 1-11-19	1/14/2019 1:54 PM EST	

Indicate the key issues raised (optional)

- Access  
 Quality  
 Cost  
 Payment methodology  
 Eligibility  
 Benefits  
 Service delivery  
 Other issue

- **Summarize comments:** No comments received.
- **Summarize response:** No responses because there were no comments.

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00050 | UT-19-0001

### Package Header

**Package ID** UT2018MS00050  
**Submission Type** Official  
**Approval Date** 3/29/2019  
**Superseded SPA ID** UT-18-0002  
 System-Derived

**SPA ID** UT-19-0001  
**Initial Submission Date** 1/15/2019  
**Effective Date** 4/1/2019

### Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00050 | UT-19-0001

### Package Header

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System-Derived

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**Effective Date** 4/1/2019

**B. The state elects the Adult Group, described at 42 CFR 435.119.**

Yes  No

**C. Additional Information (optional)**

### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00050 | UT-19-0001

Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

#### Package Header

**Package ID** UT2018MS00050  
**Submission Type** Official  
**Approval Date** 3/29/2019  
**Superseded SPA ID** UT-16-0025  
System-Derived

**SPA ID** UT-19-0001  
**Initial Submission Date** 1/15/2019  
**Effective Date** 4/1/2019

The state covers the mandatory parents and other caretaker relatives group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

- a. This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.
- b. Options relating to the definition of caretaker relative:
- c. Options relating to the definition of dependent child:

2. Have household income at or below the standard established by the state.

# Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00050 | UT-19-0001

## Package Header

**Package ID** UT2018MS00050  
**Submission Type** Official  
**Approval Date** 3/29/2019  
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System-Derived

**SPA ID** UT-19-0001  
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**Effective Date** 4/1/2019

## B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

## C. Income Standard Used

1. The income standard for this group is based on a percentage of the federal poverty level.

- Yes  
 No

2. The state uses the following income standard for this group:

- h. Another dollar amount not already specified in AFDC Income Standards.

Statewide standard

The statewide standard is:

Household size	Standard
1	\$438.00
2	\$544.00
3	\$678.00
4	\$797.00
5	\$912.00
6	\$1012.00
7	\$1072.00
8	\$1132.00
9	\$1196.00
10	\$1257.00
11	\$1320.00
12	\$1382.00
13	\$1443.00
14	\$1505.00
15	\$1569.00
16	\$1630.00

The state uses an additional incremental amount for larger household sizes.

- Yes  No

Incremental Amount

\$62.00

The dollar amounts increase automatically each year

- Yes  No

## Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS00050 | UT-19-0001

### Package Header

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System-Derived

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## D. Basis for Income Standard

### 1. Minimum Income Standard

a. The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.

b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

### 2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ii. The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- iii. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- iv. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

c. The amount of the maximum income standard is:

- i. A percentage of the federal poverty level: 150.00%
- ii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- iii. The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- iv. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- v. Other dollar amount

## Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS0005O | UT-19-0001

### Package Header

**Package ID** UT2018MS0005O  
**Submission Type** Official  
**Approval Date** 3/29/2019  
**Superseded SPA ID** UT-16-0025  
System-Derived

**SPA ID** UT-19-0001  
**Initial Submission Date** 1/15/2019  
**Effective Date** 4/1/2019

### E. Additional Information (optional)

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 0938-1188. 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.

*This view was generated on 4/4/2019 12:57 PM EDT*

## Strom, Mandy L. (CMS/CMCHO)

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**From:** Kaminsky, Stephanie (CMS/CMCS)  
**Sent:** Friday, March 29, 2019 1:49 PM  
**To:** Strom, Mandy L. (CMS/CMCHO); Costello, Anne Marie (CMS/CMCS); Setala, Ashley (CMS/CMCS)  
**Cc:** Marchioni, Mary A. (CMS/CMCHO); Rodriguez, Matthew (CMS/CMCHO); Coffey, Gene (CMS/CMCS); Burian, Martin (CMS/CMCS)  
**Subject:** RE: New Task: Approve Package - UT2018MS00050 - (UT-19-0001)

UT-19-0001 CAHPG UT	Medicaid Eligibility/Income Mandatory Eligibility	01/15/2019 Approved 03/29/2019 P2
SPA	Standards Groups	

Thanks team!

*Stephanie Kaminsky* | Director, Division of Medicaid Eligibility Policy | Children and Adults Health Program Group | CENTERS FOR MEDICARE & MEDICAID SERVICES | desk 410.786.4653 | cell 443-610-6899 | email: [stephanie.kaminsky@cms.hhs.gov](mailto:stephanie.kaminsky@cms.hhs.gov)

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**From:** Strom, Mandy L. (CMS/CMCHO) <[mandy.strom@cms.hhs.gov](mailto:mandy.strom@cms.hhs.gov)>  
**Sent:** Friday, March 29, 2019 3:16 PM  
**To:** Kaminsky, Stephanie (CMS/CMCS) <[Stephanie.Kaminsky@cms.hhs.gov](mailto:Stephanie.Kaminsky@cms.hhs.gov)>  
**Cc:** Marchioni, Mary A. (CMS/CMCHO) <[Mary.Marchioni@cms.hhs.gov](mailto:Mary.Marchioni@cms.hhs.gov)>; Rodriguez, Matthew (CMS/CMCHO) <[Matthew.Rodriguez@cms.hhs.gov](mailto:Matthew.Rodriguez@cms.hhs.gov)>  
**Subject:** FW: New Task: Approve Package - UT2018MS00050 - (UT-19-0001)

Hi Stephanie,

Thanks for reaching out to Gene. Mary just forwarded me the approval task via MACPRO so I assume it ready for you to approve. I put the SPA in pending concurrence so per the SOP, it looks like you need to accept the task, review, and approve in MACPRO. Once that is complete, the SPA will also need to be approved in SEA tool.

Let me know if you have questions.

Mandy

Mandy Strom  
CMS  
(303) 844-7068  
[Mandy.Strom@cms.hhs.gov](mailto:Mandy.Strom@cms.hhs.gov)

---

**From:** Marchioni, Mary A. (CMS/CMCHO) <[Mary.Marchioni@cms.hhs.gov](mailto:Mary.Marchioni@cms.hhs.gov)>  
**Sent:** Friday, March 29, 2019 1:10 PM  
**To:** Strom, Mandy L. (CMS/CMCHO) <[mandy.strom@cms.hhs.gov](mailto:mandy.strom@cms.hhs.gov)>  
**Subject:** FW: New Task: Approve Package - UT2018MS00050 - (UT-19-0001)

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**From:** MACPRO CMS AWS <[appian-alerts@cms.gov](mailto:appian-alerts@cms.gov)>  
**Sent:** Friday, March 29, 2019 1:04 PM  
**Subject:** New Task: Approve Package - UT2018MS00050 - (UT-19-0001)

**Approve Package - UT2018MS0005O - (UT-19-0001)**

This task was assigned to you and others on Mar 29, 2019 3:04 PM EDT  
The task priority is Normal

To view the task, please [follow this link](#)

This message has been sent by Appian