























STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ UTAH \_\_\_\_\_

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	14. b.	(4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
		(5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
		— Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

\*Agency that determines eligibility for coverage.

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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
*Title IV Agency		B. <u>Optional Groups Other Than the Medically Needy</u>
42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the Act		<input checked="" type="checkbox"/> 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.  <input type="checkbox"/> The plan covers all individuals as described above.  <input checked="" type="checkbox"/> The plan covers only the following group or groups of individuals:  <input type="checkbox"/> Aged <input type="checkbox"/> Blind <input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Caretaker relatives <input checked="" type="checkbox"/> Pregnant women
42 CFR 435.211		<input checked="" type="checkbox"/> 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

\*Agency that determines eligibility for coverage. Unless otherwise noted, eligibility is determined by the Office of Family Support, Department of Human Services (state Title IV agency), for all subparts of ATTACHMENT 2.2-A(B).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency\*    Citation(s)    Groups Covered

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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.212  
& 1902(e)(2) of the Act,  
P.L. 99-272 (section 9517)  
P.L. 101-508 (section 4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in a managed care organization (MCO), or a primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.
- The State elects not to guarantee eligibility.
  - The State elects to guarantee eligibility. The minimum enrollment period is      months (not to exceed six).

The State measures the minimum enrollment period from:

- The date beginning with the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.
- The date beginning with the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.
- The date beginning with the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

\*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy (Continued)</u>
1902(a)(10) (A)(ii)(VII) of the Act	—	5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.  — The State covers all individuals as described above.  — The State covers only the following group or groups of individuals:  — Aged — Blind — Disabled — Individuals under the age of-- — 21 — 20 — 19 — 18 — Caretaker relatives — Pregnant women

\*Agency that determines eligibility for coverage.

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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
		B. <u>Optional Groups Other Than the Medically Needy (Continued)</u>
42 CFR 435.220	—	6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.  — The State covers all individuals as described above.
1902(a)(10)(A)(ii) and 1905(a) of the Act	—	— The State covers only the following group or groups of individuals:  — Individuals under the age of-- — 21 — 20 — 19 — 18 — Caretaker relatives — Pregnant women
42 CFR 435.222 1902(a)(10)(A)(ii) and 1905(a)(i) of the Act		7. <u>X</u> a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the Income and resource requirements of the AFDC State plan, and who are under the age of 21 as indicated below.  — 20 — 19 <u>X</u> 18

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy (Continued)</u>
42 CFR 435.223	—	9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:
1902(a)(10) (A)(ii) and 1905(a) of the Act		— Individuals under the age of-- — 21 — 20 — 19 — 18 — Caretaker relatives — Pregnant women

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:                                 UTAH                                

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy (Continued)</u>
42 CFR 435.230	—	10. <u>States using SSI criteria with agreements under sections 1616 and 1634 of the Act.</u>  The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is-- <ol style="list-style-type: none"><li data-bbox="649 924 1380 955">a. Based on need and paid in cash on a regular basis.</li><li data-bbox="649 997 1380 1092">b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.</li><li data-bbox="649 1123 1209 1155">c. Available to all individuals in the State.</li><li data-bbox="649 1186 1421 1291">d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.<ol style="list-style-type: none"><li data-bbox="714 1323 1063 1354">— (1) All aged individuals.</li><li data-bbox="714 1386 1063 1417">— (2) All blind individuals.</li><li data-bbox="714 1449 1112 1480">— (3) All disabled individuals.</li></ol></li></ol>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:                                  UTAH                                 

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy (Continued)</u>
		10. d. <u>    </u> (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
42 CFR 435.230		<u>    </u> (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<u>    </u> (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<u>    </u> (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<u>    </u> (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<u>    </u> (9) Individuals in additional classifications approved by the Secretary as follows:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:                                 UTAH                                

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.231 1902(a)(10) (A)(ii)(V) of the Act.	<u>X</u>	12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.  <u>X</u> The State covers all individuals as described above.  <u>—</u> The State covers only the following group or groups of individuals:  <u>—</u> Aged <u>—</u> Blind <u>—</u> Disabled <u>—</u> Individuals under the age of-- <u>—</u> 21 <u>—</u> 20 <u>—</u> 19 <u>—</u> 18 <u>—</u> Caretaker relatives <u>—</u> Pregnant women
1902(a)(10)(A) (ii) and 1905(a) of the Act		

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy (Continued)</u>
1902(e)(3) of the Act	—	13. Certain disabled children age 18 or under who are living at at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.  <u>Supplement 3 to ATTACHMENT 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.
1902(a)(10) (A)(ii)(IX) and 1902(1) of the Act	—	14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6-A</u> :  a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and  b. Infants under one year of age.

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COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
*Title IV Agency	C. <u>Optional Coverage of the Medically Needy (Continued)</u>	<ul style="list-style-type: none"><li data-bbox="828 693 1450 861">— (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).</li><li data-bbox="755 892 1450 997">— (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).</li><li data-bbox="755 1029 1450 1134">— (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.</li><li data-bbox="755 1165 1450 1270">— (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ____).</li><li data-bbox="755 1302 1450 1501">— (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of __). Inpatient psychiatric services for individuals under age 21 are provided under this plan.</li><li data-bbox="755 1533 1450 1627">— (6) Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A.</u></li></ul>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
.		C. <u>Optional Coverage of the Medically Needy</u> (Continued)
42 CFR 435.310	<u>X</u>	6. Caretaker relatives.
42 CFR 435.320 and 435.330	<u>X</u>	7. Aged individuals.
42 CFR 435.322 and 435.330	<u>X</u>	8. Blind individuals.
42 CFR 435.324 and 435.330	<u>X</u>	9. Disabled individuals.
42 CFR 435.326	<u>  </u>	10. Individuals who would be ineligible if they were not enrolled in a MCO or PCCM. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
435.340		11. Blind and disabled individuals who: <ul style="list-style-type: none"> <li>a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;</li> <li>b. Were eligible as medically needy in December 1973 as blind or disabled; and</li> <li>c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.</li> </ul>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ UTAH \_\_\_\_\_

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER  
THE AGE OF 21, 20, 19, AND 18

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REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER  
THE AGE OF 21, 20, 19, AND 18

Medicaid covers an individual who is age 18 but not yet 21 if the individual turns 18 while in the foster care custody of the Division of Child and Family Services, or if the individual turns 18 while in the foster care custody of the Department of Human Services and the Division of Child and Family Services is the primary case manager. Medicaid also covers an individual who is age 18 but not yet 21 if the individual turns 18 while in the foster care custody of a federally recognized Indian tribe. Medicaid does not cover individuals in the custody of Juvenile Justice Services and disregards income and resources to determine eligibility for these individuals.

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August 1991

SUPPLEMENT 3 TO ATTACHMENT 2.2-A  
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_ UTAH \_\_\_\_\_

METHOD FOR DETERMINING COST EFFECTIVENESS OF CARING FOR  
CERTAIN DISABLED CHILDREN AT HOME

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N/A

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