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UT - Submission Package - UT2018MS0003O - (UT-19-0002) - Eligibility

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Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS0003O | UT-19-0002

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CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID UT2018MS0003O	SPA ID UT-19-0002
Submission Type Official	Initial Submission Date 3/7/2019
Approval Date 8/27/2019	Effective Date 4/1/2019
Superseded SPA ID New User-Entered	

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The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

Eligibility Groups Deselected from Coverage

[Collapse](#)

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

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Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | UT2018MS0003O | UT-19-0002

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CMS-10434 OMB 0938-1188

Not Started

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Package Header

Package ID	UT2018MS0003O	SPA ID	UT-19-0002
Submission Type	Official	Initial Submission Date	3/7/2019
Approval Date	8/27/2019	Effective Date	4/1/2019
Superseded SPA ID	UT-16-0005		
	System-Derived		

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The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A. Qualifications of Hospitals

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A qualified hospital is a hospital that:

1. Participates as a provider under the state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.
2. Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.
3. Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

B. Eligibility Groups or Populations Included

[Collapse](#)

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state

- 6. Individuals Eligible for Family Planning Services, if covered by the state
- 7. Former Foster Care Children
- 8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

Yes No

9. Other Medicaid state plan eligibility groups:

10. Demonstration populations covered under section 1115

Description:

Adult group at or under 95% FPL.

C. Standards for Participating Hospitals

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The state establishes reasonable standards for qualified hospitals making presumptive eligibility determinations.

Yes No

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

D. Presumptive Eligibility Period

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1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

E. Application for Presumptive Eligibility

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1. The state uses a standardized screening process for determining presumptive eligibility.



2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.

Name	Date Created	
04-01-2019 ENGLISH 61MED	4/29/2019 3:27 PM EDT	

3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
PEP Screenshots - Application	4/2/2019 12:14 PM EDT	
PEP Screenshots - Provider Queue	4/2/2019 12:14 PM EDT	
PEP Screenshots - Eligible non-citizen drop down	4/29/2019 3:34 PM EDT	

Name	Date Created	
eREP Approval Notice	8/8/2019 4:20 PM EDT	
eREP Denial Notice.docx	8/8/2019 4:20 PM EDT	

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F. Presumptive Eligibility Determination

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The presumptive eligibility determination is based on the following factors:

1. The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
2. Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
 - c. Other income methodology
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

G. Qualified Entity Requirements

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1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
2. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
Form 40	4/2/2019 12:37 PM EDT	
HPE Training May 2019	5/22/2019 11:08 AM EDT	
HPE TRAINING MANUAL May 2019	7/31/2019 6:21 PM EDT	

H. Additional Information (optional)

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'Screen shot of eligible non-citizen' is the drop down field if the client checks they are this status. It is self attestation, no further drop down field. The 'notice of PE determination' is the electronic one that will be generated through our portal.

The state has an 85% accuracy rate standard for HPE providers concerning their HPE determinations. This is based on client self-attestation and evaluated with monthly audits by the state.

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