

**DMHF SPA Matrix 12-21-23**

<b>SPA Summary</b>	<b>Public Notice Date</b>	<b>Proposed Effective Date</b>	<b>Target Date or Date Submitted to CMS</b>	<b>CMS Approval Date</b>	<b>CMS Approved Effective Date</b>	<b>MCAC Present Date</b>
<b>UT-23-0001 CHIP Extended Postpartum Coverage;</b> In accordance with federal law and S.B. 133, this amendment allows CHIP enrollees while pregnant, to remain eligible for a full Medicaid or CHIP benefit for the duration of their pregnancy through the extended 12-month postpartum period.	N/A	1-1-24	12-29-23			12-21-23
<b>UT-23-0016 Extended Postpartum Coverage;</b> This amendment extends postpartum coverage through the 12 <sup>th</sup> month after pregnancy ends, and establishes a proxy methodology to reimburse Medicaid providers for postpartum services.	12-24-23	1-1-24	12-29-23			12-21-23
<b>UT-23-0017 Continuous Eligibility for Pregnant Women, Extended Postpartum Coverage, and Continuous Eligibility for Children;</b> The purpose of this amendment is to provide continuous eligibility and extended postpartum coverage to pregnant women, and to provide continuous eligibility for children under the age of 19.	N/A	1-1-24	12-29-23			12-21-23



# CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: UT - 23 - 0001

## Separate Child Health Insurance Program General Eligibility - Continuous Eligibility

CS27

2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926; 2107(e)(1)(J) and 1902(e)(16) of the SSA

### Mandatory 12-Month Postpartum Continuous Eligibility in CHIP for States Electing This Option in Medicaid

At state option in Medicaid, states may elect to provide continuous eligibility for an individual's 12-month postpartum period consistent with section 1902(e)(16) of the SSA. If elected under Medicaid, states are required to provide the same continuous eligibility and extended postpartum period for pregnant individuals in its separate CHIP. A separate CHIP cannot implement this option if not also elected under the Medicaid state plan.

State elected the Medicaid option to provide continuous eligibility through the 12-month postpartum period

The 12-month postpartum continuous eligibility applies for the period beginning on the effective date of this SPA (no earlier than April 1, 2022) and is available through March 31, 2027.

- The state assures the extended postpartum period available to pregnant targeted low-income children or targeted low-income pregnant women under section 2107(e)(1)(J) of the SSA is provided consistent with the following provisions:

- Individuals who, while pregnant, were eligible and received services under the state child health plan or waiver shall remain eligible throughout the duration of the pregnancy (including any period of retroactive eligibility) and the 12-month postpartum period, beginning on the day the pregnancy ends and ending on the last day of the 12th month consistent with paragraphs (5) and (16) of section 1902(e) of the SSA

- Continuous eligibility is provided to targeted low income children who are pregnant or targeted low-income pregnant women (if applicable) who are eligible for and enrolled under the state child health plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:

- The individual or representative requests voluntary disenrollment.
- The individual is no longer a resident of the state.
- The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to the individual.
- The individual dies.

Unlike continuous eligibility for children, states providing the 12-month postpartum period may not end an individual's continuous eligibility due to non-payment of premiums or becoming eligible for Medicaid.

- Consistent with section 2107(e)(1)(J) of the SSA, the state assures that continuous eligibility is provided through an individual's pregnancy and 12-month postpartum period regardless of non-payment of premiums, or an individual becoming eligible for Medicaid.

- Benefits provided during the 12-month postpartum period must be the same scope of comprehensive services consistent with the benefit package elected by the state under section 2103(a) of the SSA that is available to targeted low income children and/or targeted low-income pregnant women and may include additional benefits as described in Section 6 of the CHIP state plan.



# CHIP Eligibility

## Optional Continuous Eligibility for Children

The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier.

The CHIP Agency elects to provide continuous eligibility to children under this provision.  Yes

For children up to age 19

For children up to age

The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends:

At the end of the  months continuous eligibility period.

The state assures that a child's eligibility is not terminated during a continuous eligibility period, regardless of any changes in circumstances, unless:

The child attains the age specified by the state Agency or age 19.

The child or child's representative requests voluntary disenrollment.

The child is no longer a resident of the state.

The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.

The child dies.

The child becomes eligible for Medicaid

There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan.

### 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 50 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.

V.20220204

August 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 3 - SERVICES: GENERAL PROVISIONS (Continued)

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Citation

3.1 Amount, Duration, and Scope of Services (Continued)

(a) (1) Categorically Needy (Continued)

1902(e)(5) of  
the Act

- (iii) Pregnancy-related, including family planning services, and postpartum services through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends for a 12-month 60-day period (beginning on the day pregnancy ends) and any remaining days falling within the 12th month in which the 60th day falls are provided to women who, ~~while pregnant,~~ were eligible for, applied for, and enrolled under the state plan received medical assistance on the day the pregnancy ends.

- X (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10),  
clause (VII)  
of the matter  
following (F)  
of the Act

- (v) Services related to pregnancy (including prenatal delivery, postpartum, and family planning services) and to other conditions that may complicate other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:                     UTAH                    

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY (Continued)

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19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided:            \_\_\_ No limitations \_\_\_ With limitations  
\_\_\_ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided:             With limitations\*  
\_\_\_ Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends, for a 12-month period after the pregnancy ends and any remaining days falling within the 12th month.

\_\_\_ Additional coverage \*\*

- b. Services for any other medical conditions that may complicate pregnancy.

Additional coverage \*\*

\*\*Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment

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T.N. #                     94-00323-0016                    

Approval Date           11-22-94

Supersedes T.N. # 93-02294-003

Effective Date 1-1-94-1-1-24

EXTENDED SERVICES TO PREGNANT WOMEN

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The following major categories of service are available as pregnancy related or postpartum services through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends, for a 12-month period after the pregnancy ends and any remaining days falling with in the 12th month

1. Inpatient Hospital Services  
Limitations identified in ATTACHMENT 3.1-A (Attachment #1)
2. Outpatient Hospital Services  
Limitations identified in ATTACHMENT 3.1-A (Attachment #2)
3. Family Planning Services  
Limitations identified in ATTACHMENT 3.1-A (Attachment #4.c)
4. Physician Services  
Limitations identified in ATTACHMENT 3.1-A (Attachment #5)
5. Home Health Visits  
Limitations identified in ATTACHMENT 3.1-A (Attachment #20.b, page 3)
6. Medical Supplies and Equipment  
Limitations identified in ATTACHMENT 3.1-A (Attachment #7.c)
7. Prescription Drug Services  
Limited to treatment of pregnancy related conditions, complications, and family planning. Limited also to those limitations identified in ATTACHMENT 3.1-A (Attachment #12.a)
8. Certified Registered Nurse Midwife Services  
Limited to maternity cycle, i.e., pregnancy, labor, birth, and the immediate postpartum period which begins on the last day of pregnancy and extends through the end of the 12th month ~~following after the termination of~~ pregnancy ends.
9. Certified Pediatric and Family Nurse Practitioners  
Limitations identified in ATTACHMENT 3.1-A (Attachment #23)

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T.N. # 93-04523-0016

Approval Date 5-20-93

Supersedes T.N. # New93-015

Effective Date 4-1-931-1-24



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY (Continued)

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19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided:             No limitations    With limitations  
 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided:             With limitations\*  
 Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends for a 12-month period after the pregnancy ends and any remaining days falling within the 12th month.

Additional coverage \*\*

- b. Services for any other medical conditions that may complicate pregnancy.

Additional coverage \*\*

\*\*Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment

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T.N. # 94-00323-0016

Approval Date 11-22-94

Supersedes T.N. # 93-02294-003

Effective Date 1-1-941-1-24

EXTENDED SERVICES TO PREGNANT WOMEN

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The following major categories of service are available as pregnancy related or postpartum services through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends for a 12-month period after the pregnancy ends and any remaining days falling with in the 12th month

1. Inpatient Hospital Services  
Limitations identified in ATTACHMENT 3.1-A (Attachment #1)
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Limited to maternity cycle, i.e., pregnancy, labor, birth, and the immediate postpartum period which begins on the last day of pregnancy and extends through the end of the 12th month ~~following after the termination of~~ pregnancy ends.
9. Certified Pediatric and Family Nurse Practitioners  
Limitations identified in ATTACHMENT 3.1-A (Attachment #23)

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T.N. # 93-01523-0016

Approval Date 5-20-93

Supersedes T.N. # New93-015

Effective Date 4-1-931-1-24

T.N. # 93-0523-0016

Approval Date 4-6-93

Supersedes T.N. # 91-2093-05

Effective Date 3-1-931-1-24

August 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

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

SECTION 3 - SERVICES: GENERAL PROVISIONS (Continued)

Citation

3.1 Amount, Duration, and Scope of Services (Continued)

(a) (2) Medically Needy (Continued)

(iii) Pregnancy-related, including family- planning services, and postpartum services through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends are provided to women who were eligible and enrolled under the state plan on the day the pregnancy ends, for a 60-12-month day period (beginning on the day the pregnancy ends) and any remaining days falling within in the 12th month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

X (iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined ~~in ATTACHMENT~~ in ATTACHMENTS 3.1A and 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

— Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140,  
440.150, 440.160,  
Subpart B,  
442.441,  
Subpart C  
1902(a)(10)(C)  
and (21) of the  
Act.

X (vii) Services in an institution for mental diseases for individuals over age 65.

X (viii) Services in an intermediate care facility for the mentally retarded.

X (ix) Inpatient psychiatric services for individuals under age 21.

T.N. # 93-0523-0016

Approval Date 4-6-93

Supersedes T.N. # 92-0193-05

Effective Date 3-1-931-1-24

EXTENDED SERVICES TO PREGNANT WOMEN (Continued)

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The following services are being added as certified registered nurse midwife services and provided only for pregnant women throughout pregnancy and through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends up to the end of the 12th month in which after the 60 days following pregnancy ends.

Perinatal Care Coordination

Perinatal care coordination is the process of planning and coordinating care and services to meet individual needs and maximize access to necessary medical, psycho social, nutritional, educational, and other services for the pregnant women.

Prenatal and Postnatal Home Visits

Home visits can be included in the management plan of pregnant patients when there is a need to assess the home environment and implications for management of prenatal and postnatal care, to provide direct care, to encourage regular visits for prenatal care, to provide emotional support, to determine educational needs, to monitor progress, to make assessments, and to re-evaluate the plan of care.

Limited to no more than six visits during any 12-month period.

Group Prenatal/Postnatal Education

Classroom learning experience for the purpose of improving the knowledge of pregnancy, labor, childbirth, parenting and infant care. The objective of this planned educational service is to promote informed self\_care, to prevent development of conditions which may complicate pregnancy, and to enhance early parenting and child care skills.

Limited to eight units during any 12-month period. One unit is equal to one class at least one hour in length.

The following services are being added for specific providers. These services will be limited only to pregnant women throughout pregnancy and through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends up to the end of the 12th month in which after the 60 days following the pregnancy occurs ends.

- C. Licensed, certified social worker, clinical psychologist, marriage and family counselor services.

Prenatal and Postnatal Psychosocial Counseling

Psycho social evaluation is provided to identify patients and families with high psychological and social risks, to develop a psycho social care plan and provide or coordinate appropriate intervention, counseling or referral necessary to meet the identified needs of families.

Limited to 12 visits in any 12-month period.

Supersedes T.N. # 88-0594-025

Effective Date 10-1-941-1-24



EXTENDED SERVICES TO PREGNANT WOMEN (Continued)

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The following services are being added as certified registered nurse midwife services and provided only for pregnant women throughout pregnancy and through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends up to the end of the 12th month in which the 60 days following pregnancy ends.

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Perinatal care coordination is the process of planning and coordinating care and services to meet individual needs and maximize access to necessary medical, psycho social, nutritional, educational, and other services for the pregnant women.

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Limited to 12 visits in any 12-month period.

Supersedes T.N. # 88-0594-025

Effective Date 10-1-941-1-24

# UT - Submission Package - UT2023MS0003O - (UT-23-0017) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility and Enrollment Processes

#### Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | UT2023MS0003O | UT-23-0017

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CMS-10434 OMB 0938-1188

Not Started	In Progress	Complete																				
<h3>Package Header</h3> <table border="0"> <tr> <td><b>Package ID</b></td> <td>UT2023MS0003O</td> <td><b>SPA ID</b></td> <td>UT-23-0017</td> </tr> <tr> <td><b>Submission Type</b></td> <td>Official</td> <td><b>Initial Submission Date</b></td> <td>N/A</td> </tr> <tr> <td><b>Approval Date</b></td> <td>N/A</td> <td><b>Effective Date</b></td> <td><u>1/1/2024</u></td> </tr> <tr> <td><b>Superseded SPA ID</b></td> <td>New</td> <td></td> <td></td> </tr> <tr> <td></td> <td>User-Entered</td> <td></td> <td></td> </tr> </table> <p style="text-align: right;"><a href="#">View Implementation Guide</a></p> <p style="text-align: right;"><a href="#">VIEW ALL RESPONSES</a></p>			<b>Package ID</b>	UT2023MS0003O	<b>SPA ID</b>	UT-23-0017	<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A	<b>Approval Date</b>	N/A	<b>Effective Date</b>	<u>1/1/2024</u>	<b>Superseded SPA ID</b>	New				User-Entered		
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<b>Superseded SPA ID</b>	New																					
	User-Entered																					

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

### A. Mandatory Continuous Eligibility for Pregnant Women

[Collapse](#)

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

### B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

[Collapse](#)

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- Yes
- No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
  - a. The individual requests voluntary termination of eligibility;
  - b. The individual ceases to be a resident of the state;
  - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
  - d. The individual dies.

### C. Additional Information (optional)

Records / Submission Packages - Your State

# UT - Submission Package - UT2023MS0003O - (UT-23-0017) - Eligibility

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[← Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage](#)

## Medicaid State Plan Eligibility

### Eligibility and Enrollment Processes

#### Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | UT2023MS0003O | UT-23-0017

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CMS-10434 OMB 0938-1188



### Package Header

<b>Package ID</b>	UT2023MS0003O	<b>SPA ID</b>	UT-23-0017
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	<a href="#">1/1/2024</a>
<b>Superseded SPA ID</b>	N/A		

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The state provides continuous eligibility for children in accordance with the following provisions:

### A. Mandatory Continuous Eligibility for Hospitalized Children

[Collapse](#)

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

### B. Options for Continuous Eligibility for Children

[Collapse](#)

The state provides continuous eligibility to children.

- Yes
- No

1. Continuous eligibility is provided to all children of the following age:

- a. Under age 19
- b. Under other age

2. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:

- a. The month that the child's age exceeds the age limit to which this provision applies
- b. The end of the continuous eligibility period, which is:
  - i. 12 months
  - ii. Another period of continuous eligibility, not to exceed 12 months

3. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:

- a. The child dies;
- b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
- c. The child ceases to be a resident of the state;
- d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
- e. The child attains the maximum age specified in B.

### C. Additional Information (optional)

[Collapse](#)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.