# 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**: N/A
- **Superseded SPA ID**: UT-18-0002
  - System-Derived

### Reviewable Unit Instructions

## Mandatory Coverage

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

### Families and Adults

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

### Aged, Blind and Disabled

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI Beneficiaries</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>NEW</td>
</tr>
<tr>
<td>Closed Eligibility Groups</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Deemed To Be Receiving SSI</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>NEW</td>
</tr>
</tbody>
</table>
Eligibility Group Name | Covered In State Plan | Include RU In Package | Included in Another Submission Package | Source Type
---|---|---|---|---
Working Individuals under 1619(b) | ☑️ | ☐️ | ☐️ | NEW
Qualified Medicare Beneficiaries | ☑️ | ☐️ | ☐️ | NEW
Qualified Disabled and Working Individuals | ☑️ | ☐️ | ☐️ | NEW
Specified Low Income Medicare Beneficiaries | ☑️ | ☐️ | ☐️ | NEW
Qualifying Individuals | ☑️ | ☐️ | ☐️ | NEW

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

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Reviewable Unit Instructions
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 | UT2018MS0005O | 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
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Approval Date N/A
Superseded SPA ID UT-16-0025
System-Derived

SPA ID UT-19-0001
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Reviewable Unit Instructions
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. **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**

**Package Header**

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**SPA ID**: UT-19-0001

- **Initial Submission Date**: 1/15/2019
- **Effective Date**: 4/1/2019

**Reviewable Unit Instructions**

**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
   - [x] 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:**

<table>
<thead>
<tr>
<th>Household size</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$438.00</td>
</tr>
<tr>
<td>2</td>
<td>$544.00</td>
</tr>
<tr>
<td>3</td>
<td>$678.00</td>
</tr>
<tr>
<td>4</td>
<td>$797.00</td>
</tr>
<tr>
<td>5</td>
<td>$912.00</td>
</tr>
<tr>
<td>6</td>
<td>$1012.00</td>
</tr>
<tr>
<td>7</td>
<td>$1072.00</td>
</tr>
<tr>
<td>8</td>
<td>$1132.00</td>
</tr>
<tr>
<td>9</td>
<td>$1196.00</td>
</tr>
<tr>
<td>10</td>
<td>$1257.00</td>
</tr>
</tbody>
</table>
Household size | Standard
--- | ---
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

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.
   - Yes  ○ No
   b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

2. Maximum income standard
   - Yes  ○ No
   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:
      - Yes  ○ No
      1. 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.
      2. 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.
      3. 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.
      4. 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:
      - Yes  ○ No
      1. A percentage of the federal poverty level: 150.00%
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.

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.

The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.

Other dollar amount

Parents and Other Caretaker Relatives
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E. Additional Information (optional)

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