# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

**MEDICAID | Medicaid State Plan | Eligibility | UT2019M500010 | UT-19-0011**

### Package Header

- **Package ID**: UT2019M500010
- **SPA ID**: UT-19-0011
- **Submission Type**: Official
- **Approval Date**: 10/18/2019
- **Initial Submission Date**: 9/15/2019
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- **Superseded SPA ID**: UT-19-0001
  - System-Derived

## 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>APPROVED</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>
<tr>
<td>Working Individuals under 1619(b)</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Qualified Medicare Beneficiaries</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Qualified Disabled and Working Individuals</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Specified Low Income Medicare Beneficiaries</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
</tbody>
</table>
Mandatory Eligibility Groups
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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

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | UT2019M50001O | UT-19-0011

Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and foster care when they turned age 18 or aged out of foster care.

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The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 26
2. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group

B. Individuals Covered

1. The state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) and were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act.

2. Additionally, the state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

   a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

   b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

   c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
Former Foster Care Children

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C. Additional Information (optional)