STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. General Conditions of Eligibility</td>
</tr>
<tr>
<td></td>
<td>Each individual covered under the plan:</td>
</tr>
<tr>
<td>42 CFR Part 435, Subpart G</td>
<td>1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.</td>
</tr>
<tr>
<td></td>
<td>a. For the categorically needy:</td>
</tr>
<tr>
<td></td>
<td>(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.</td>
</tr>
<tr>
<td></td>
<td>(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.</td>
</tr>
<tr>
<td>1902(m) of the Act</td>
<td>(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(II)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.</td>
</tr>
</tbody>
</table>

T.N. # 92-002
Approval Date 5-20-92
Supersedes T.N. # 91-021
Effective Date 1-1-92
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

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<tr>
<td>1905(p) of the Act</td>
<td>c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of Act, meets the non-financial criteria of section 1905(p) of the Act.</td>
</tr>
<tr>
<td>1905(s) of the Act</td>
<td>d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).</td>
</tr>
<tr>
<td>42 CFR 435.402</td>
<td>3. Is residing in the United States and --</td>
</tr>
<tr>
<td>Sec. 245A of the Immigration and Nationality Act</td>
<td>a. Is a citizen;</td>
</tr>
<tr>
<td>1902(a) and 1903(v) of the Act and 245A(h)(3)(B) of the Immigration &amp; Nationality Act</td>
<td>b. Is an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law, as defined in 42 CFR 435.408;</td>
</tr>
<tr>
<td>245A(h)(3)(B) of the Immigration &amp; Nationality Act</td>
<td>c. Is an alien granted lawful temporary resident status under section 245A and 210A of the Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section 1614(a)(1) of the Act, under 18 years of age or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of P.L. 96-422;</td>
</tr>
</tbody>
</table>

T.N. # 92-001 Approval Date 2-11-92

Supersedes T.N. # 91-021 Effective Date 1-1-92
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

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<tr>
<td>A. General Conditions of Eligibility (Continued)</td>
<td></td>
</tr>
<tr>
<td>3. d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or</td>
<td></td>
</tr>
<tr>
<td>e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).</td>
<td></td>
</tr>
<tr>
<td>42 CFR 435.403 4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.</td>
<td></td>
</tr>
<tr>
<td>X State has interstate residency agreement with the following States: Arkansas, Colorado, Delaware, Georgia, Hawaii, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, Oklahoma, Rhode Island, South Dakota, West Virginia, Wisconsin</td>
<td></td>
</tr>
<tr>
<td>___ State has open agreement(s).</td>
<td></td>
</tr>
<tr>
<td>_____ Not applicable; no residency requirement.</td>
<td></td>
</tr>
</tbody>
</table>

T.N. # 91-021 Approval Date 12-16-91
Supersedes T.N. # 89-014 Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<tr>
<td>42 CFR 435.1008</td>
<td>5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.</td>
</tr>
<tr>
<td>42 CFR 435.1008</td>
<td>5. b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.</td>
</tr>
<tr>
<td>42 CFR 433.145</td>
<td>6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)</td>
</tr>
</tbody>
</table>

T.N. # 91-025 Approval Date 7-10-92

Supersedes T.N. # 92-001 Effective Date 12-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<td></td>
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</table>

A. General Conditions of Eligibility (Continued)

6. (Continued)
   An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(l)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

   An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

   Assignment of rights is automatic because of State law.

42 CFR 435.910 7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number), except for aliens seeking medical assistance for the treatment of an emergency medical condition under section 1903(v)(2) of the Social Security Act (section 1137(f)).
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<tr>
<td>1902(c)(2)</td>
<td>8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.</td>
</tr>
<tr>
<td>1902(e)(10)(A) and (B) of the Act</td>
<td>9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)</td>
</tr>
</tbody>
</table>

T.N. # 91-021 Approval Date 12-16-91
Supersedes T.N. # New Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation | Condition or Requirement
---|---

A. General Conditions of Eligibility (Continued)

10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child’s eligibility).

11. Is required to apply for coverage under Medicare Part B if it is likely that the individual would meet the eligibility criteria for that program. The state agrees to pay any applicable premiums and cost-sharing (except those applicable under Part D) for individuals required to apply for Medicare. Application for Medicare is a condition of eligibility unless the state does not pay the Medicare premiums, deductibles or co-insurances (except those applicable under Part D) for persons covered by the Medicaid eligibility group under which the individual is applying.

T.N. # 05-014 Approval Date 10-24-05
Supersedes T.N. # 91-025 Effective Date 7-1-05
## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

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<tr>
<td><strong>B. Post-Eligibility Treatment of Institutionalized Individuals’ Incomes</strong></td>
<td></td>
</tr>
<tr>
<td>1902(o) of the Act</td>
<td>a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.</td>
</tr>
<tr>
<td>1902(r)(1) of the Act</td>
<td>c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).</td>
</tr>
<tr>
<td>1(a) of P.L. 103-286</td>
<td>e. Netherlands Reparations Payments based on Nazi, but not Japanese, persecution (during World War II).</td>
</tr>
<tr>
<td>10405 of P.L. of 101-239</td>
<td>f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation. M.D.L No. 381 (E.D.N.Y.).</td>
</tr>
<tr>
<td>6(h)(2) of P.L. 101-426</td>
<td>g. Radiation Exposure Compensation.</td>
</tr>
<tr>
<td>12005 of P.L. 103-66</td>
<td>h. VA pensions limited to $90 per month under 38 U.S.C. 5503.</td>
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<thead>
<tr>
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<tr>
<td>99-005</td>
<td>10-1-99</td>
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</table>

Supersedes T.N. # 96-003 | Effective Date 4-1-99 |
B. Post-Eligibility Treatment of Institutionalized Individuals’ Incomes (Cont.)

1924 of the Act

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual’s or couple’s income to the cost of institutionalized care.

   Personal Needs Allowance (PNA) of not less than $30 for individuals and $60 for couples for all institutionalized persons.

   a. Aged, Blind, Disabled:
      
      Individuals $ 45  
      Couples $ __________

      For the following individuals with greater need:

      Supplement 12 to ATTACHMENT 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

   b. AFDC related:
      
      Children $ 45  
      Adults $ 45

      Supplement 12 to ATTACHMENT 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

   c. Individuals under age 21 covered in this plan as specified in Item B.7. of ATTACHMENT 2.2-A. $ 45
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<tr>
<td>B.</td>
<td>Post-Eligibility Treatment of Institutionalized Individuals’ Incomes (Cont.)</td>
</tr>
<tr>
<td></td>
<td>For the following persons with greater need:</td>
</tr>
<tr>
<td></td>
<td>Supplement 12 to ATTACHMENT 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</td>
</tr>
<tr>
<td>1924 of the Act</td>
<td>3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:</td>
</tr>
<tr>
<td></td>
<td>a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse’s income. The maintenance needs standard can not exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.</td>
</tr>
<tr>
<td></td>
<td>___ The poverty level component is calculated using the applicable percentage (set out in §1924(d)(3)(B) of the Act) of the official poverty level.</td>
</tr>
<tr>
<td></td>
<td>___ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to ___% of the official poverty level (still subject to maximum maintenance needs standard).</td>
</tr>
<tr>
<td></td>
<td>___ The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C). Except that, when applicable, the State will set the community spouse’s monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse’s income, or at the amount of any court-ordered support.</td>
</tr>
</tbody>
</table>

T.N. # 99-005 Approval Date 10-1-99
Supersedes T.N. # 96-003 Effective Date 4-1-99
### Eligibility Conditions and Requirements

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<tbody>
<tr>
<td><strong>B. Post-Eligibility Treatment of Institutionalized Individuals’ Incomes (Cont.)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In determining any excess shelter allowance, utility expenses are calculated using:</td>
</tr>
<tr>
<td></td>
<td>x the standard utility allowance under §5(e) of the Food Stamp Act of 1977, or</td>
</tr>
<tr>
<td></td>
<td>___ the actual unreimbursable amount of the community spouse’s utility expenses less any portion of such amount included in condominium or cooperative charges.</td>
</tr>
<tr>
<td>b.</td>
<td>The monthly income allowance for other dependent family members living with the community spouse is:</td>
</tr>
<tr>
<td></td>
<td>x one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B) exceeds the dependent family member’ monthly income.</td>
</tr>
<tr>
<td></td>
<td>___ a greater amount calculated as follows:</td>
</tr>
<tr>
<td></td>
<td>The following definition is used in lieu of the definition provided by the Secretary to determine the dependence of family members under §1924(d)(1):</td>
</tr>
<tr>
<td>c.</td>
<td>Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:</td>
</tr>
<tr>
<td></td>
<td>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</td>
</tr>
<tr>
<td></td>
<td>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A).</td>
</tr>
</tbody>
</table>
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<tr>
<td>B. Post-Eligibility Treatment of Institutionalized Individuals’s Incomes (Cont.)</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</td>
</tr>
<tr>
<td>a.</td>
<td>An amount for the maintenance needs of each member of a family living in the institutionalized individual’s home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</td>
</tr>
<tr>
<td>•</td>
<td>AFDC level; or</td>
</tr>
<tr>
<td>•</td>
<td>Medically needy level;</td>
</tr>
<tr>
<td>•</td>
<td>Other: $</td>
</tr>
<tr>
<td>b.</td>
<td>Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</td>
</tr>
<tr>
<td>(i)</td>
<td>Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</td>
</tr>
<tr>
<td>(ii)</td>
<td>Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A).</td>
</tr>
</tbody>
</table>

| 435.725 | 5. | At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple. |
| 435.733 | |
| 435.832 | |

A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return home within that period:

| No. | X Yes. (the applicable amount is shown on page 5a). |

T.N. # 99-005 Approval Date 10-1-99
Supersedes T.N. # 96-003 Effective Date 4-1-99
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

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<tr>
<td>B. Post-Eligibility Treatment of Institutionalized Individuals’s Incomes (Cont.)</td>
<td></td>
</tr>
<tr>
<td>x Amount for maintenance of home is:</td>
<td></td>
</tr>
<tr>
<td>$ 337</td>
<td></td>
</tr>
<tr>
<td>___ Amount for maintenance of home is the actual maintenance costs not to exceed $________</td>
<td></td>
</tr>
<tr>
<td>___ Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individual’s home and the community spouse’s home are different.</td>
<td></td>
</tr>
<tr>
<td>X Amount for maintenance of home is not deductible when countable income is determined under §1924(d)(1) of the Act.</td>
<td></td>
</tr>
</tbody>
</table>

T.N. # 99-005 Approval Date 10-1-99
Supersedes T.N. # 96-003 AEffective Date 4-1-99
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<tr>
<td>42 CFR 435.711, 435.721, 435.831</td>
<td>C. Financial Eligibility</td>
</tr>
</tbody>
</table>

For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.


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Supersedes T.N. # 91-021

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<td>1-1-92</td>
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<tr>
<td>Citation</td>
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<tr>
<td>C. <strong>Financial Eligibility</strong> (Continued)</td>
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T.N. # 03-017 Approval Date 10-9-03

Supersedes T.N. # 95-020 Effective Date 7-1-03
### Citation | Condition or Requirement
--- | ---
**C. Financial Eligibility (Continued)**

1902(r)(2) of the Act 1. Methods of Determining Income

- a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).
  1. In determining countable income for AFDC-related individuals, the following methods are used:
    - (a) The methods under the State's approved AFDC plan only; or
    - X (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

2. In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

1902(e)(6) of the Act 3. Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.

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T.N. # 05-012 Approval Date 12-22-05

Supersedes T.N. # 92-002 Effective Date 7-1-05
## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

### ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<tbody>
<tr>
<td>42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act</td>
<td>1. b. <strong>Aged individuals.</strong> In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:</td>
</tr>
<tr>
<td></td>
<td>_ The methods of the SSI program only.</td>
</tr>
<tr>
<td></td>
<td>___X The methods of the SSI program and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
</tbody>
</table>

T.N. # 05-012 Approval Date 12-22-05

Supersedes T.N. # 92-002 Effective Date 7-1-05
### C. Financial Eligibility (Continued)

For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

For institutional couples, the methods specified under section 1611(e)(5) of the Act.

For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.

For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements --

**SSI methods only.**

SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

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T.N. # 91-021

Approval Date 12-16-91

Supersedes T.N. # 90-001

Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation | Condition or Requirement
---|---

C. Financial Eligibility (Continued)

42 CFR 435.721 and 435.831
1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act

1. c. Blind individuals. In determining countable income for blind individuals, the following methods are used:

   The methods of the SSI program only.

   X SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

   For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A, and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

   For institutional couples, the methods specified under section 1611(e)(5) of the Act.

   For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.

   For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--

   SSI methods only.

   SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

   Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

T.N. # 05-012 Approval Date 12-22-05
Supersedes T.N. # 91-021 Effective Date 7-1-05
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<tr>
<td><strong>C. Financial Eligibility (Continued)</strong></td>
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<tr>
<td>42 CFR 435.721, and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act</td>
<td><strong>d. Disabled individuals.</strong> In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:</td>
</tr>
<tr>
<td></td>
<td>____ The methods of the SSI program.</td>
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<td>____ X SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>For institutional couples: the methods specified under section 1611(e)(5) of the Act.</td>
</tr>
<tr>
<td></td>
<td>For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.</td>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ______________________ UTAH ______________________

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C. Financial Eligibility (Continued)

For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--

- SSI methods only.

- SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

- Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

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Supersedes T.N. # 88-029

Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

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<td>C. Financial Eligibility (Continued)</td>
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1902(1)(3)(E) and 1902(r)(2) of the Act

1. e. Poverty level pregnant women, infants, and children. For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act --

   (1) The following methods are used in determining countable income:

   - The methods of the State's approved AFDC plan.
   - The methods of the approved title IV-E plan.
   - The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
   - The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

T.N. # 05-012 Approval Date 12-22-05
Supersedes T.N. # 92-002 Effective Date 7-1-05
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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</table>

C. Financial Eligibility (Continued)

1. e. (2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

1902(e)(6) of the Act

(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.

1905(p)(1), 1902(m)(4), 1902(r)(2) of the Act

f. Qualified Medicare Beneficiaries. In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used:

- The methods of the SSI program only.
- SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
- For institutional couples, the methods specified under section 1611(e)(5) of the Act.

T.N. # 05-012 Approval Date 12-22-05

Supersedes T.N. # 92-002 Effective Date 7-1-05
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act 1. Qualified Disabled and Working Individuals

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act 2. Specified Low-income Medicare Beneficiaries

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

T.N. # 93-007 Approval Date 4-12-93

Supersedes T.N. # 92-002 Effective Date 1-1-93
C. Financial Eligibility (Continued)

1902(u) of the Act

1. h. COBRA Continuation Beneficiaries

In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:

- The disregards of the SSI program;

- The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.

NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

1902(z) of the Act

i. In determining countable income for individuals infected with tuberculosis, the following disregards are applies:

- X The disregards of the SSI program;

- The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to ATTACHMENT 2.6-A.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<tr>
<td>1902(a)(10)(A)(ii) (XIII) of the Act</td>
<td>1. j. In determining countable income and resources for working disabled individuals who buy in to Medicaid the following methodologies are applied:</td>
</tr>
<tr>
<td></td>
<td>_ The methodologies of the SSI program;</td>
</tr>
<tr>
<td></td>
<td>_ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>X The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to ATTACHMENT 2.6-A. More liberal resource methodologies are described in Supplement 8b to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
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<td>X The agency requires individuals to pay premiums or other cost-sharing charges. The premiums or other cost-sharing charges, and how they are applied, are described below:</td>
</tr>
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T.N. # 02-009 Approval Date 11-26-02

Supersedes T.N. # 01-021 Effective Date 7-1-02
C. Financial Eligibility (Continued)

1902(a)(10)(A)(ii)(XIII) 1. j. (1) When household income exceeds 100% but does not exceed 110% of the federal poverty guideline, the individual shall pay a premium equal to 5% of the individual's net countable income. When household income exceeds 110% but does not exceed 120% of the federal poverty guideline, the individual shall pay a premium equal to 10% of the individual's net countable income. When household income exceeds 120% of the federal poverty guideline, the individual shall pay a premium equal to 15% of the individual's net countable income. Net countable income is determined by allowing the SSI general income disregard and the earned income disregards, and health insurance premiums paid by the individual for the individual or the individual's family. When both the individual and the individual's spouse qualify under 1902(a)(10)(A)(ii)(XIII), their premium is calculated by combining their income, allowing the above deductions, and multiplying by the percentage applicable to the level of their income as described above.

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<thead>
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<tbody>
<tr>
<td>1902(a)(10)(A)(ii)(XIII)</td>
<td>1. j. (1) When household income exceeds 100% but does not exceed 110% of the federal poverty guideline, the individual shall pay a premium equal to 5% of the individual's net countable income. When household income exceeds 110% but does not exceed 120% of the federal poverty guideline, the individual shall pay a premium equal to 10% of the individual's net countable income. When household income exceeds 120% of the federal poverty guideline, the individual shall pay a premium equal to 15% of the individual's net countable income. Net countable income is determined by allowing the SSI general income disregard and the earned income disregards, and health insurance premiums paid by the individual for the individual or the individual's family. When both the individual and the individual's spouse qualify under 1902(a)(10)(A)(ii)(XIII), their premium is calculated by combining their income, allowing the above deductions, and multiplying by the percentage applicable to the level of their income as described above.</td>
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T.N. # 06-002 Approval Date 8-24-06
Supersedes T.N. # 03-017 Effective Date 7-1-06
### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**State:** UTAH

#### ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<td><strong>C. Financial Eligibility (Continued)</strong></td>
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</tr>
<tr>
<td>1902(k) of the Act</td>
<td>2. Medicaid Qualifying Trusts</td>
</tr>
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</table>

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.

| 1917(d) of the Act | a. For treatment of trusts established on or after August 11, 1993, the State is in compliance with the provisions of 1917(d) of the Social Security Act as established by the provisions of the Omnibus Reconciliation Act of 1993. In the case of a trust described in 1917(d) of the Act, the agency does not count the funds in the trust in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship. |

| 1902(a)(10) of the Act | 3. Medically needy income levels (MNILs) are based on family size. |

Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ___________________________ UTAH ___________________________

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<td>C. Financial Eligibility (Continued)</td>
<td>4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only</td>
</tr>
<tr>
<td>42 CFR 435.732,</td>
<td>a. Medically Needy</td>
</tr>
<tr>
<td>435.831</td>
<td>(1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of one month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.</td>
</tr>
<tr>
<td></td>
<td>(2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:</td>
</tr>
<tr>
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<td>(a) Health insurance premiums, deductibles and coinsurance charges.</td>
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<td></td>
<td>(b) Expenses for necessary medical and remedial care not included in the plan.</td>
</tr>
<tr>
<td></td>
<td>(c) Expenses for necessary medical and remedial care included in the plan.</td>
</tr>
<tr>
<td></td>
<td>Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.</td>
</tr>
<tr>
<td>1902(a)(17) of the</td>
<td>Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.</td>
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C. Financial Eligibility (Continued)

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<tr>
<td>1903(f)(2) of the Act</td>
<td>X (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.</td>
</tr>
</tbody>
</table>

T.N. # 91-025 Approval Date 7-10-92

Supersedes T.N. # 91-002 Effective Date 12-1-91
### ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<tr>
<td><strong>C. Financial Eligibility (Continued)</strong></td>
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</tr>
<tr>
<td>42 CFR 435.732</td>
<td>The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:</td>
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<tr>
<td></td>
<td>(1) Any SSI benefit received.</td>
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<td>(2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.</td>
</tr>
<tr>
<td></td>
<td>(3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.</td>
</tr>
<tr>
<td></td>
<td>(4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4.</td>
</tr>
<tr>
<td></td>
<td>(5) Incurred expenses for necessary medical and remedial services recognized under State law.</td>
</tr>
<tr>
<td>1902(a)(17) of the Act, P.L. 100-203</td>
<td></td>
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<tr>
<td></td>
<td>Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.</td>
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Supersedes T.N. # 88-029 Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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<tr>
<td>1903(f)(2) of the Act</td>
<td>4. b. (6) Spenddown payments made to the State by the Individual.</td>
</tr>
</tbody>
</table>

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

T.N. # 91-025 Approval Date 7-10-92
Supersedes T.N. # New Effective Date 12-1-91
C. Financial Eligibility (Continued)

5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

   (1) In determining countable resources for AFDC-related individuals, the following methods are used:

   _ (a) The methods under the State's approved AFDC plan; and

   ______ X (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

   (2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
C. Financial Eligibility (Continued)

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<tr>
<td>1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r) of the Act</td>
<td>5. b. Aged individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources:</td>
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T.N. # 05-012 Approval Date 12-22-05
Supersedes T.N. # 91-021 Effective Date 7-1-05
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation   Condition or Requirement

C. Financial Eligibility (Continued)

5. b. In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and 1902(r) of the Act

c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:

<table>
<thead>
<tr>
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<th>The methods of the SSI program.</th>
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<tbody>
<tr>
<td>X</td>
<td>SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.</td>
</tr>
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In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

T.N. # 05-012 Approval Date 12-22-05

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### State: UTAH

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<td>1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act</td>
<td>5. <strong>d.</strong> Disabled individuals, including individuals covered under Section 1902(a)(10)(A)(ii)(X) of the Act. The agency uses the following methods for the treatment of resources: The methods of the SSI program. X SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A. Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A. In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</td>
</tr>
<tr>
<td>1902(2)(3) and l902(r)(2) of the Act</td>
<td><strong>e.</strong> Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act. The agency uses the following methods in the treatment of resources. The methods of the SSI program only. X The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</td>
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T.N. # 05-012 Approval Date 12-22-05
Supersedes T.N. # 04-014 Effective Date 7-1-05
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<tr>
<td>5. e.</td>
<td>Methods that are more liberal than those of SSI. The more liberal methods are specified in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td></td>
<td>Not applicable. The agency does not consider resources in determining eligibility.</td>
</tr>
<tr>
<td>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The agency uses the following methods for the treatment of resources:</td>
</tr>
<tr>
<td></td>
<td>The methods of the State’s approved AFDC plan.</td>
</tr>
<tr>
<td></td>
<td>Methods more liberal than those in the State’s approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td>1902(1)(3)(C) of the Act</td>
<td>Methods more liberal than those in the State’s approved AFDC plan (but not more restrictive), as described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td>1902(r)(2) of the Act</td>
<td>X Not applicable. The Agency does not consider resources in determining eligibility.</td>
</tr>
</tbody>
</table>

| T.N. # | 04-014 | Approval Date | 10-21-04 |
| Supersedes T.N. # | 91-021 | Effective Date | 7-1-04 |
C. Financial Eligibility (Continued)

1902(1)(3) and 1902(r)(2) of the Act


The agency uses the following methods for the treatment of resources:

- The methods of the State's approved AFDC plan.
- Methods more liberal than those in the State’s approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.
- Methods more liberal than those in the State’s approved AFDC plan (but not more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A.

X Not applicable. The agency does not consider resources in determining eligibility.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

T.N. # 92-002 Approval Date 5-20-92
Supersedes T.N. # 91-021 Effective Date 1-1-92
C. Financial Eligibility (Continued)

<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(1)(3) and 1902(r)(2) of the Act</td>
<td>5. g. (2) Poverty level children under section 1902(a)(10)(A)(i)(VII)</td>
</tr>
</tbody>
</table>

The agency uses the following methods for the treatment of resources:

- The methods of the State’s approved AFDC plan.
- Methods more liberal than those in the State’s approved AFDC plan (but not more restrictive) as specified in Supplement 5a of ATTACHMENT 2.6-A.
- Methods more liberal than those in the State’s approved AFDC plan (but not more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A.
- Not applicable. The agency does not consider resources in determining eligibility.

In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

T.N. # 05-012 Approval Date 12-22-05

Supersedes T.N. # 92-002 Effective Date 7-1-05
## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

### ELIGIBILITY CONDITIONS AND REQUIREMENTS

<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1905(p)(1)(C)</td>
<td>h. For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the agency uses the following methods for treatment of resources:</td>
</tr>
<tr>
<td>1905(s) of the Act</td>
<td>i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.</td>
</tr>
<tr>
<td>1902(u) of the Act</td>
<td>j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:</td>
</tr>
</tbody>
</table>

- The methods of the SSI program only.
- More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.

### Notes

- Approval Date: 12-22-05
- Effective Date: 7-1-05
- Supersedes T.N. # 91-025
- T.N. #: 05-012
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(z) of the Act</td>
<td>For individuals infected with tuberculosis, the agency uses the following methods for treatment of resources:</td>
</tr>
<tr>
<td>(1) More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to ATTACHMENT 2.6-A.</td>
<td></td>
</tr>
</tbody>
</table>

6. Resource Standard - Categorically Needy

a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:

- Same as SSI resource standards.
- More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

b. Non-1902(f) States (except as specified under items 6.c. and d. below)

The resource standards are the same as those in the related cash assistance program.

Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

T.N. # 94-003 Approval Date 11-22-94
Supersedes T.N. # 93-022 Effective Date 1-1-94
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Financial Eligibility (Continued)

1902(1)(3)(A), (B) and (C) of the Act

6. c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.

   Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.

   X No. The agency does not apply a resource standard to these individuals.

1902(1)(3)(A) and (C) of the Act

   d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.

   Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.

   X No. The agency does not apply a resource standard to these individuals.

1902(1)(3)(D) of the Act

   e. For children covered under the provisions of section 1902(a)(10)(A)(i)(VII) of the Act, the agency applies a resource standard.

   X Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.

   No. The agency does not apply a resource standard to these individuals.

T.N. # 92-002  Approval Date 5-20-92

Supersedes T.N. # 91-021  Effective Date 1-1-92
C. Financial Eligibility (Continued)

6. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:

   X Same as SSI resource standards.
   
   Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).

Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.
# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## UTAH

### ELIGIBILITY CONDITIONS AND REQUIREMENTS

<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Resource Standard - Medically Needy</td>
<td></td>
</tr>
<tr>
<td>a. Resource standards are based on family size.</td>
<td></td>
</tr>
<tr>
<td>b. A single standard is employed in determining resource eligibility for all groups.</td>
<td></td>
</tr>
<tr>
<td>c. In States, the resource standards are more restrictive than in 7.b. above for:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aged</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(ii) of the Act, and Qualifying Individuals covered under Section 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 2006 by the increase in the consumer price index.</td>
<td></td>
</tr>
</tbody>
</table>

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T.N. # 10-001 Approval Date 3-26-10

Supersedes T.N. # 93-022 Effective Date 1-1-10
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(a)(10)(E)(ii) and 1905(s) of the Act</td>
<td>9. Resource Standard - Qualified Disabled and Working Individuals. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.</td>
</tr>
<tr>
<td>1902(u) of the Act</td>
<td>10. For COBRA continuation beneficiaries, the resource standard is: _ Twice the SSI resource standard for an individual. _ More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.</td>
</tr>
</tbody>
</table>

T.N. # 10-001  Approval Date 3-26-10
Supersedes T.N. # 91-025  Effective Date 1-1-10
C. Financial Eligibility (Continued)

1902(u) of the Act 10. Excess Resources

a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

b. Categorically Needy Only

This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

c. Medically Needy

Any excess resources make the individual ineligible.

T.N. # 93-022 Approval Date 7-19-93
Supersedes T.N. # 91-021 Effective Date 4-1-93
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation | Condition or Requirement
---|---

C. **Financial Eligibility (Continued)**

42 CFR 435.914

11. **Effective Date of Eligibility**

a. **Groups Other Than Qualified Medicare Beneficiaries**

(1) For the prospective period.

Coverage is available for the full month if the following individuals are eligible at any time during the month.

- X Aged, blind, disabled.
- X AFDC-related.

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

- Aged, blind, disabled.
- AFDC-related.

(2) For the retroactive period.

Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:

- Aged, blind, disabled.
- AFDC-related.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.

- Aged, blind, disabled.
- AFDC-related.

T.N. # 09-007 Approval Date 1-20-10
Supersedes T.N. # 01-020 Effective Date 10-1-09
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ______________________ UTAH ______________________

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. Financial Eligibility (Continued)</strong></td>
<td></td>
</tr>
<tr>
<td>1920(b)(1) of the Act</td>
<td>11. <strong>X</strong> (3) For a presumptive eligibility for pregnant women only. Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</td>
</tr>
<tr>
<td>1902(e)(8) and 1905(a) of the Act</td>
<td><strong>X</strong> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--</td>
</tr>
<tr>
<td></td>
<td><strong>X</strong> 12 months</td>
</tr>
<tr>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td>__ months (no less than 6 months and no more than 12 months)</td>
</tr>
</tbody>
</table>

T.N. # 92-002 Approval Date 5-20-92
Supersedes T.N. # 91-021 Effective Date 1-1-92
### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**State:** UTAH

**ELIGIBILITY CONDITIONS AND REQUIREMENTS**

<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1902(a)(18) and 1902(f) of the Act</td>
<td>12. Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</td>
</tr>
<tr>
<td></td>
<td>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</td>
</tr>
<tr>
<td></td>
<td>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in Supplement 9 to ATTACHMENT 2.6-A.</td>
</tr>
<tr>
<td>1917(c)</td>
<td>13. Transfer of Assets - All Eligibility Groups</td>
</tr>
<tr>
<td></td>
<td>The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.</td>
</tr>
<tr>
<td></td>
<td>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in Supplements 9(a) and (b) to ATTACHMENT 2.6-A, except in instances where the agency determines that the transfer rules would work an undue hardship.</td>
</tr>
<tr>
<td>1917(d)</td>
<td>14. Treatment of Trusts - All Eligibility Groups</td>
</tr>
<tr>
<td></td>
<td>The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.</td>
</tr>
<tr>
<td></td>
<td>- The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;</td>
</tr>
<tr>
<td></td>
<td>- The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of Miller trusts.</td>
</tr>
<tr>
<td></td>
<td>The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to ATTACHMENT 2.6-A.</td>
</tr>
</tbody>
</table>

**T.N. #** 06-012  
**Approval Date** 12-26-06  
**Supersedes T.N. #** 95-09  
**Effective Date** 7-1-06
C. Financial Eligibility (Continued)

1924 of the Act

15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

___ the maximum standard permitted by law;

X the minimum standard permitted by law; or

$ ___ a standard that is an amount between the minimum and the maximum.

16. Individuals with Substantial Home Equity.

See Supplement 17 to ATTACHMENT 2.6-A, Page 1.
## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

### INCOME ELIGIBILITY LEVELS

#### A. MANDATORY CATEGORICALLY NEEDY

1. **AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Need Standard</th>
<th>Payment Standard</th>
<th>Maximum Payment Amounts</th>
<th>Penalty Grant Levels, May 1, 1988</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>337</td>
<td>253</td>
<td>253</td>
<td>217</td>
</tr>
<tr>
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<td>511</td>
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<td>767</td>
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<tr>
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<td>799</td>
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<tr>
<td>16</td>
<td>1,277</td>
<td>958</td>
<td>958</td>
<td>822</td>
</tr>
</tbody>
</table>

2. **Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:**

   Effective April 1, 1990, based on the following percent of the official Federal income poverty level -

   - \( \times \) 133 percent \( \) \( \) percent (no more than 185 percent)

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>$</td>
</tr>
<tr>
<td>3</td>
<td>$</td>
</tr>
<tr>
<td>4</td>
<td>$</td>
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<tr>
<td>5</td>
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</table>

T.N. # 98-008  
Approval Date 1-10-00

Supersedes T.N. # 94-026  
Effective Date 7-1-98
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ______________________ UTAH ____________________

INCOME ELIGIBILITY LEVELS

________________________________________

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

T.N. # 92-002 Approval Date 5-20-92

Supersedes T.N. # 91-021 Effective Date 1-1-92
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

INCOME ELIGIBILITY LEVELS

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on _____ percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>$</td>
</tr>
<tr>
<td>3</td>
<td>$</td>
</tr>
<tr>
<td>4</td>
<td>$</td>
</tr>
<tr>
<td>5</td>
<td>$</td>
</tr>
</tbody>
</table>

N/A

T.N. # 92-006 Approval Date 4-17-92
Supersedes T.N. # 91-021 Effective Date 1-1-92
B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL (continued)

2. Children Between Ages 6 and 8

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 8 years of age under the provisions of Section 1902(1)(2) of the Act are as follows:

Based on **100** percent (no more than 100 percent) of the official Federal income poverty line.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>$</td>
</tr>
<tr>
<td>3</td>
<td>$</td>
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<tr>
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<td>$</td>
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<tr>
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<td>9</td>
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N/A

T.N. # 92-006 Approval Date 4-17-92
Supersedes T.N. # 91-021 Effective Date 1-1-92
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

INCOME ELIGIBILITY LEVELS

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL (continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of Section 1902(m)(1) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>$</td>
</tr>
<tr>
<td>3</td>
<td>$</td>
</tr>
<tr>
<td>4</td>
<td>$</td>
</tr>
<tr>
<td>5</td>
<td>$</td>
</tr>
</tbody>
</table>

If an individual receives a Title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a Title II COLA is not counted as income during a “transition period” beginning with January, when the Title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with Title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving Title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

T.N. # 95-008 Approval Date 9-14-95
Supersedes T.N. # 93-022 Effective Date 7-1-95
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____________________ UTAH ________________

INCOME ELIGIBILITY LEVELS (Continued)

SPECIAL INCOME LEVEL INCOME STANDARDS  435.231

Income must not exceed 300% of the SSI benefit amount under Section 1611(b)(1) of the Social Security Act, to an individual in his own home who has no income or resources.

T.N. # ______________ 88-029 ______________ Approval Date ______ 2-15-89 ______

Supersedes T.N. # __________ 85-012 __________ Effective Date ______ 10-1-88 ______
### INCOME LEVELS (Continued)

#### D. MEDICALLY NEEDY

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Net income level protected for maintenance for</th>
<th>Amount by which Column (2) exceeds limits specified in</th>
<th>New income level for persons living in rural areas for</th>
<th>Amount by which Column (4) exceeds limits specified in</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month</td>
<td>42 CFR 435.1007*</td>
<td>42 CFR 435.1007*</td>
<td>____ months</td>
<td>42 CFR 435.1007*</td>
</tr>
<tr>
<td>1</td>
<td>$ 382</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>$ 468</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3</td>
<td>$ 583</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4</td>
<td>$ 682</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

For each additional person, add: $ $ $ $ 

* The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

---

T.N. # 98-008 Approval Date 1-10-00

Supersedes T.N. # 94-026 Effective Date 7-1-98
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____________________ UTAH ____________________

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY (continued)

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Net income level protected for maintenance for 1 month</th>
<th>Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007*</th>
<th>New income level for persons living in rural areas for ___ months</th>
<th>Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007*</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>$ 777</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>6</td>
<td>$ 857</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7</td>
<td>$ 897</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>8</td>
<td>$ 938</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>9</td>
<td>$ 982</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10</td>
<td>$ 1023</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

For each additional person, add: $    $    $    $    $

* The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

T.N. # ___________ 98-008 Approval Date 1-10-00

Supersedes T.N. # ___________ 94-026 Effective Date 7-1-98
D. MEDICALLY NEEDY (continued)

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Size</td>
<td>Net income level protected for maintenance for <em>1</em> month</td>
<td>Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007*</td>
<td>New income level for persons living in rural areas for ____ months</td>
<td>Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007*</td>
</tr>
<tr>
<td>11</td>
<td>$ 1066</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>12</td>
<td>$ 1108</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>13</td>
<td>$ 1150</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>14</td>
<td>$ 1192</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>15</td>
<td>$ 1236</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>16</td>
<td>$ 1277</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

For each additional person, add: about $42, based upon a multiplier that is uniformly applied to each household size.

| $ | $ | $ | $ |

* The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ______________________ UTAH ______________________

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

   __ Same as SSI resources levels.

   X Less restrictive than SSI source levels and is as follows:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Resource Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$5,000</td>
</tr>
<tr>
<td>2</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

b. Optional Groups

   __ Same as SSI resources levels.

   __ Less restrictive than SSI resource levels and is as follows:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Resource Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

N/A

T.N. # ______ 93-033 ______ Approval Date __12-16-94__

Supersedes T.N. # ______ 91-021 ______ Effective Date __1-1-94__
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ___________________ UTAH ___________________

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL (continued)

2. Infants

   a. Mandatory Group of Infants

      __ Same as resource levels in the State’s approved AFDC plan.

      __ Less restrictive than the AFDC levels and are as follows:

      | Family Size | Resource Level |
      |-------------|---------------|
      | 1           |               |
      | 2           |               |
      | 3           |               |
      | 4           |               |
      | 5           |               |
      | 6           |               |
      | 7           |               |
      | 8           |               |
      | 9           |               |
      | 10          |               |

      N/A

T.N. # 91-021 Approval Date 12-16-91
Supersedes T.N. # 89-005 Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ___________________ UTAH ___________________

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL (continued)

   b. Optional Group of Infants

      __ Same as resource levels in the State’s approved AFDC plan.

      __ Less restrictive than the AFDC levels and are as follows:

      | Family Size | Resource Level |
      |-------------|---------------|
      | 1           |               |
      | 2           |               |
      | 3           |               |
      | 4           |               |
      | 5           |               |
      | 6           |               |
      | 7           |               |
      | 8           |               |
      | 9           |               |
      | 10          |               |

      N/A

T.N. # __________ 91-021__________ Approval Date __12-16-91__________

Supersedes T.N. # __New__ Effective Date __10-1-91__
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____________________ UTAH ____________________

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL
POVERTY LEVEL (continued)

3. Children

a. Mandatory Group of Children under Section 1902(a)(10)(i)(VI) of the Act. (Children who have attained age 1 but have not attained age 6.)

   __ Same as resource levels in the State’s approved AFDC plan.

   __ Less restrictive than the AFDC levels and are as follows:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Resource Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

N/A

T.N. # 92-002 Approval Date 5-20-92
Supersedes T.N. # 91-021 Effective Date 1-1-92
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL (continued)

b. Mandatory Group of Children under Section 1902(a)(10)(i)(VII) of the Act. (Children born after September 30, 1983 who have attained age 6 but have not attained age 19.)

Same as resource levels in the State’s approved AFDC plan.

Less restrictive than the AFDC levels and are as follows:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Resource Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,000</td>
</tr>
<tr>
<td>2</td>
<td>3,000</td>
</tr>
<tr>
<td>3</td>
<td>3,025</td>
</tr>
<tr>
<td>4</td>
<td>3,050</td>
</tr>
<tr>
<td>5</td>
<td>3,075</td>
</tr>
<tr>
<td>6</td>
<td>3,100</td>
</tr>
<tr>
<td>7</td>
<td>3,125</td>
</tr>
<tr>
<td>8</td>
<td>3,150</td>
</tr>
<tr>
<td>9</td>
<td>3,175</td>
</tr>
<tr>
<td>10</td>
<td>3,200</td>
</tr>
</tbody>
</table>

T.N. # 92-002 Approval Date 5-20-92

Supersedes T.N. # 91-021 Effective Date 1-1-92
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ___________________ UTAH ___________________

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL (continued)

4. Aged and Disabled Individuals

   X Same as SSI resource levels.

   __ More restrictive than SSI levels and are as follows:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Resource Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

   __ Same as medically needy resource levels (applicable only if State has a medically needy program).

N/A

T.N. # 03-017 Approval Date 10-9-03
Supersedes T.N. # 91-021 Effective Date 7-1-03
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ______________________  UTAH ______________________

RESOURCE LEVELS

B. MEDICALLY NEEDY

Applicable to all groups --

___ Except those specified below under the provisions of Section 1902(f) of the Act.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Resource Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,000</td>
</tr>
<tr>
<td>2</td>
<td>3,000</td>
</tr>
<tr>
<td>3</td>
<td>3,025</td>
</tr>
<tr>
<td>4</td>
<td>3,050</td>
</tr>
<tr>
<td>5</td>
<td>3,075</td>
</tr>
<tr>
<td>6</td>
<td>3,100</td>
</tr>
<tr>
<td>7</td>
<td>3,125</td>
</tr>
<tr>
<td>8</td>
<td>3,150</td>
</tr>
<tr>
<td>9</td>
<td>3,175</td>
</tr>
<tr>
<td>10</td>
<td>3,200</td>
</tr>
</tbody>
</table>

For each additional person 25

T.N. # 91-021  Approval Date 12-16-91
Supersedes T.N. # 89-010  Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _______________ UTAH _______________

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID


   A. The income deduction for paid or unpaid medical and remedial care expenses incurred through imposition of a transfer of assets penalty period is limited to zero.

   B. Because the equity in an individual's home exceeds the amount established under Section 6014 of Pub. L. 109-171, the income deduction for paid or unpaid medical and remedial care expenses incurred by restriction of Medicaid-covered services is limited to zero.

T.N. # 06-012 Approval Date 12-26-06

Supersedes T.N. # 89-005 Effective Date 7-1-06
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

N/A

T.N. # 91-021 Approval Date 12-16-91
Supersedes T.N. # 89-005 Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ___________________________ UTAH ____________________

MORE RESTRICTIVE METHODS OF TREATING RESOURCES
THAN THOSE OF THE SSI PROGRAM - Section 1902(f) States only

N/A

T.N. # 91-021 Approval Date 12-16-91
Supersedes T.N. # 89-005 Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _________________________ UTAH _________________________

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

T.N. # 04-014 Approval Date 10-21-04
Supersedes T.N. # 93-033 Effective Date 7-1-04
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

<table>
<thead>
<tr>
<th>Payment Category (Reasonable Classification)</th>
<th>Administered by Federal</th>
<th>1 person Gross</th>
<th>Couple Net</th>
<th>Income Disregards Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 person</td>
<td>Couple</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

T.N. # 89-005

Approval Date 3-9-89

Supersedes T.N. # 85-012

Effective Date 1-1-89
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____________________________ UTAH ____________________________

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

N/A

T.N. # 91-021 Approval Date 12-16-91
Supersedes T.N. # 89-005 Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

N/A

T.N. # 91-021  Approval Date 12-16-91
Supersedes T.N. # 89-005  Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _______________ UTAH _______________

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

1. Interest accrued on funds an individual contributes to a demonstration Individual Development Account will be excluded from countable income.

2. To determine eligibility for individuals under 1902(a)(10)(A)(ii)(XIII), when the net countable income of the household does not exceed 250% of the federal poverty guideline for a household of the applicable size, the state will disregard earned and unearned income of the individual and spouse, or the minor individual and the minor individual's parents that is equal to the difference between the total countable income and the SSI federal benefit rate plus one dollar.

3. For individuals defined in 42 CFR 435.301(b)(2)(iii), (iv) or (v), more fully defined in 42 CFR 435.320, 435.322 and 435.324, who qualify for Medicaid as medically needy individuals, the state shall deduct from income an amount equal to the difference between the federal poverty guideline defined by Health and Human Services, as updated annually, and the state’s Medically Needy Income Limit for the applicable household size.

4. For the groups at 1902(a)(10)(A)(i) (III), (IV), (VI), (VII); and 1902(a)(10)(A)(ii)(VIII), (IX); of the Social Security Act, The state will deduct from the family's combined earned and unearned income an amount equal to the amount by which the family's income standard would increase if each household member who is ineligible due to the qualified alien status requirements was included. For the medically needy group defined at 1902(a)(10)(C)(ii) of the Social Security Act, the state will deduct from the family's combined earned and unearned income an amount equal to the amount by which the family's medically needy income standard would increase if each household member who is ineligible due to the qualified alien status requirements was included.

5. For the groups at 1902(a)(10)(A)(i) (III), (IV), (VI), (VII); and 1902(a)(10)(A)(ii)(VIII), (IX) and for the medically needy group defined at 1902(a)(10)(C)(ii) of the Social Security Act, the state will exclude the following income:
(a) income excluded by 1612b(20) of the Social Security Act, which refers to Hostile Fire Pay or Imminent Danger Pay received by a household member who is on active duty in the armed forces serving in a combat zone.
(b) income excluded by 1612b(23) of the Social Security Act, which refers to interest and dividends received on certain resources.

T.N. # 05-016 Approval Date 12-29-05
Supersedes T.N. # 04-019 Effective Date 7-1-05
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____________________ UTAH ____________________

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

For all eligibility groups not subject to the limitations on payment explained in Section 1903(f) of the Act: all wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.

Treatment of Earnings from Self-Employment

For all eligibility groups, when determining self-employment net profit, the State will allow a 40% flat rate exclusion off the assistance unit’s gross self-employment income. This exclusion is for allowable business expenses.

When the self-employed individual has actual business expenses greater than 40%, and chooses to provide verification of them, the self-employment net profit will be calculated using the same expenses as those allowed by the Internal Revenue Service.

T.N. # 01-021 Approval Date 2-5-02

Supersedes T.N. # 00-008 Effective Date 10-1-01
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____________________ UTAH ____________________

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

To determine eligibility for the following eligibility groups, all wages paid by the Census Bureau for temporary employment related to census taking activities, including any preliminary activities carried out by temporary census takers in preparation of the census, are excluded.

- **X** Qualified children and pregnant women under 1902(a)(10)(A)(i)(III)
- **X** Poverty level pregnant women and infants (133% -185% FPL) under 1902(a)(10)(A)(i)(IV)
- **X** Poverty level children aged 1 up to age 6 (133% FPL) under 1902(a)(10)(A)(i)(VI)
- **X** Poverty level children aged 6 up to age 19 (100% FPL) under 1902(a)(10)(A)(i)(VII)
- **X** Optional categorically needy groups under 1902(a)(10)(A)(ii) as listed below:
  - 1902(a)(10)(A)(ii)(X)
  - 1902(a)(10)(A)(ii)(XIII)
  - 1902(a)(10)(A)(ii)(XVII)
- **X** Medically Needy under 1902(a)(10)(C)(i)(III)
- **X** QMBs, SLMBs, and QIs under 1905(p)

To determine eligibility of children under 1902(a)(10)(A)(ii)(VIII) of the Act, the State disregards all income and resources of a child for whom there is a State adoption assistance agreement in effect (other than under Title IV-E of the Act).

T.N. # 13-033 Approval Date 11-22-13
Supersedes T.N. # 09-006 Effective Date 12-31-13
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ______ UTAH __________

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

For the following eligibility groups, the State disregards as income, any interest earned on funds held in an excluded Utah Educational Savings Plan (529 account).

X Medically Needy Children under 1902(a)(10)(C)(ii)(I);
X Medically Needy Children under 1905(a)(i), who are 18 years old, in school, and expected to graduate before turning 19 years of age;
X Medically Needy Pregnant Women under 1902(1)(10)(c)(ii)(I);
X Medically Needy Parents and Caretaker Relatives under 1905(a)(ii).

T.N. # 17-0017 Approval Date 7-8-17
Supersedes T.N. # New Effective Date 7-1-17
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ______________________ UTAH ______________________

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State  X  Non-Section 1902(f) State

1. For AFDC-related cases, Utah applies SSI methodologies for exempting income-producing property.

2. For AFDC-related Medicaid cases, retirement accounts owned by a disabled parent or disabled spouse will be excluded from available resources when the disabled parent or disabled spouse is not included in the AFDC-related Medicaid coverage.

3. Funds an individual contributes to a demonstration Individual Development Account and any interest accrued on those funds will be excluded from available resources.

4. For individuals who are eligible under 1902(a)(10)(A)(ii)(XIII), the following resource provisions apply:
   • Retirement accounts the individual owns will not be counted as an available resource.
   • A second vehicle that is needed by a spouse or child to get to work will be excluded from countable resources.
   • The individual may have up to $15,000 in countable resources. This limit includes resources deemed from a spouse or from a minor individual’s parents.

5. To determine eligibility under Aged, Blind or Disabled Medicaid programs other than Sec. 1902(a)(10)(A)(ii)(XIII), retirement accounts and the second vehicle needed for a working spouse or child that were excluded while the individual was eligible under 1902(a)(10)(A)(ii)(XIII) will continue to be excluded for the lifetime of the individual.

6. For AFDC-related cases, the state excludes from resources for nine months, lump sum payments of retroactive benefits from Social Security Administration and from Railroad Retirement Board.

7. For AFDC-related cases, the state excludes from resources for nine months, payments received consisting of Earned Income Tax credits and Child Tax credits.

8. For the eligibility groups listed below, the state will disregard funds set aside and specifically designated for the individual’s burial to the extent that such funds, when combined with the value of other resources designated for the individual’s burial do not exceed $1,500. Interest earned and left to accumulate on excluded burial assets is not counted as income or as an available resource. If excluded burial funds are used for some other purpose, the amount removed becomes a countable resource; the remaining amount, if any, counts as a resource unless the individual redesignates it as burial funds or replenishes it up to the original excluded amount. The eligibility groups are: 1902(a)(10)(A)(i)(III); 1902(a)(10)(A)(i)(IV); 1902(a)(10)(A)(i)(VII); 1902(a)(10)(A)(i)(II); caretaker relatives defined by 1905(a)(ii), pregnant women defined by 1905(a)(viii), and children defined by 1905(a)(i); 1902(a)(10)(A)(ii)(IV); and 1902(a)(10)(C)(i)(III).

T.N. # 09-006
Approval Date 3-29-10
Supersedes T.N. # 05-016
Effective Date 10-1-09
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _______________ UTAH _______________

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State  X Non-Section 1902(f) State

For the following eligibility groups, the State disregards from resources, funds held in a Utah Educational Savings Plan (529 account).

X Medically Needy Children under 1902(a)(10)(C)(ii)(I);
X Medically Needy Children under 1905(a)(i), who are 18 years old, in school, and expected to graduate before turning 19 years of age;
X Medically Needy Pregnant Women under 1902(a)(10)(C)(ii)(II);
X Medically Needy Parents and Caretaker Relatives under 1905(a)(ii).

T.N. # 17-0017 Approval Date 7-8-17

Supersedes T.N. # 11-003 Effective Date 7-1-17
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _________________________ UTAH _________________________

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2) The following more liberal methodology applies to individuals who are eligible for medical assistance under one of the following eligibility groups

1917(b)(1)(C) • Aged, blind or disabled individuals in a medical institution for at least 30 consecutive days with gross income that does not exceed 300 percent of the SSI income standard – 1902(a)(10)(A)(ii)(V);

• Aged, blind or disabled individuals who would be eligible if they were in a medical institution, but are eligible for and receiving HCB waiver services – 1902(a)(10)(A)(ii)(VI).

A beneficiary under a long-term care insurance policy who meets the requirements of a "qualified State long-term care insurance partnership" policy as set forth below is given a resource disregard as described in the amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

X The State Medicaid Agency stipulates that it will satisfy the following requirements for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner or other State official charged with regulation and oversight of insurance policies sold in the state regarding information within the expertise of the State's Insurance Department.

• The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.

• The policy meets the requirements of the Long-Term Care Insurance Model Regulation and Long-Term Care Insurance Model Act promulgated by the National Association of Insurance Commissioners (adopted October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.

T.N. # 14-034 Approval Date 9-10-14

Supersedes T.N. # 95-017 Effective Date 10-1-14
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ___________________________ UTAH ___________________________

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

- The policy was issued no earlier than the effective date of this State Plan Amendment.
- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.
- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act
- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.
- The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.
- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

T.N. # 14-034 Approval Date 9-10-14
Supersedes T.N. # 95-017 Effective Date 10-1-14
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ___________________ UTAH ___________________

TRANSFER OF RESOURCES

1902(f) and 1917 of the Act  The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

A. Except as noted below, the criteria for determining the period of ineligibility are the same as criteria specified in section 1917(c) of the Social Security Act (Act).

1. Transfer of resources other than the home of an individual who is an inpatient in a medical institution.

   a. The agency uses a procedure which provides for a total period of ineligibility greater than 24 months for individuals who have transferred resources for less than fair market value when the uncompensated value of disposed of resources exceeds $12,000. This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period and the reasonable relationship of this period to the uncompensated value is described as follows:

T.N. # 91-021 Approval Date 12-16-91

Supersedes T.N. # 89-022 Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _______________________ UTAH ____________________________

X  b. The period of ineligibility is less than 30 months, as specified below:

Utah follows the requirements as required under Section 1917(c)(1).

X  c. The agency has provisions for waiver of denial of eligibility in any instance where the State determines that a denial would work an undue hardship.

T.N. #  91-021  Approval Date  12-16-91
Supersedes T.N. #  89-022  Effective Date  10-1-91
2. Transfer of the home of an individual who is an inpatient in a medical institution.

   X A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c).

   a. Subject to the exceptions on page 2 of this supplement, an individual is ineligible for 30 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 30 months of care in an NF, the period of ineligibility is a shorter time, bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an NF) to the uncompensated value of the home as follows:

   Utah follows the requirements under Section 1917(c).
b. Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months of care in an SNF, the period of ineligibility is more than 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

N/A
No individual is ineligible by reason of item A.2 if --

(i) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;

(ii) Title to the home was transferred to the individual’s spouse or child who is under age 21, or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;

(iii) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration;

(iv) The agency determines that denial of eligibility would work an undue hardship;

(v) The resources were transferred exclusively for a purpose other than to qualify for medical assistance; or

(vi) Other requirements of Section 1917(c)(2) are met.

T.N. # 91-021 Approval Date 12-16-91
Supersedes T.N. # 89-022 Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ________________ UTAH ________________

3. 1902(f) States

   _ Under the provisions of section 1902(f) of the Social Security Act, the following transfer of resource criteria more restrictive than those established under section 1917(c) of the Act, apply:

B. Other than those procedures specified elsewhere in the supplement, the procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:

   1. If the uncompensated value of the transfer is $12,000 or less:

   2. If the uncompensated value of the transfer is more than $12,000:

      N/A

T.N. # __________ 91-021 __________ Approval Date __12-16-91__

Supersedes T.N. # __89-022__ Effective Date __10-1-91__
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _______________ UTAH _______________

3. If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value):

4. Other procedures:

   N/A

T.N. # 91-021 Approval Date 12-16-91
Supersedes T.N. # 89-022 Effective Date 10-1-91
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ___________________ UTAH ___________________

TRANSFER OF RESOURCES

1917 of the Act  The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value that occurred on or before August 11, 1993, for services provided on or before October 1, 1993.

□ X  An institutionalized individual who has applied for medical assistance under the State Plan, for nursing facility service, a level of care in any institution equivalent to that of nursing facility services, and home or community-based services under a waiver granted under subsection (c) or (d) of section 1915.

□  A Non-institutionalized individual.

a. The criteria for determining the period of ineligibility are the same as the criteria specified in section 1917(c) of the Social Security Act.

T.N. # __________ 93-040 __________ Approval Date ______ 2-22-94 ______

Supersedes T.N. # __ New __________ Effective Date ______ 10-1-93 ______
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

No individual is ineligible by reason of item A, if:

(i) The assets were transferred to the individual’s spouse, or to another, for the sole benefit of the individual’s spouse;

(ii) The assets were transferred from the individual’s spouse to another, for the sole benefit of the individual’s spouse;

(iii) The assets were transferred to, or to a trust established solely for the benefit of, the individual’s child who is blind or permanently and totally disabled as defined in section 1614 of the Social Security Act;

(iv) The assets were transferred to a trust established solely for the benefit of an individual under age 65 who is disabled as defined in section 1614 of the Social Security Act;

(v) Title to the home was transferred to the individual’s spouse or child who is under age 21, or (for States eligible to participate in the State program under Title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under Title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;

(vi) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the asset either at fair market value or for other valuable consideration;

(vii) The agency determines that denial of eligibility would work an undue hardship;

(viii) The resources were transferred exclusively for a purpose other than to qualify for medical assistance; or

(ix) Other requirements of Section 1917(c)(2) are met.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ______________________ UTAH ______________________

TRANSFER OF RESOURCES

1917(c) of the Act  For transfer of resources made on or after July 1, 1988, and before August 11, 1993, the State is in compliance with the provisions of 1917(c) of the Social Security Act as amended by the provisions of the Medicare Catastrophic Coverage Act of 1988, the Family Support Act of 1988, and the Omnibus Budget Reconciliation Act of 1989.

For transfer of resources made on or after August 11, 1993, but only for services provided on or after October 1, 1993, the State is in compliance with the provisions of 1917(c) of the Social Security Act as amended by the provisions of the Omnibus Budget Reconciliation Act of 1993.

T.N. # 93-040  Approval Date 2-22-94

Supersedes T.N. # New  Effective Date 10-1-93
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ___________________ UTAH ___________________

TRANSFER OF ASSETS

1917(c) The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.

1. Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

   The agency withholds payment to institutionalized individuals for the following services:

   Payments based on a level of care in a nursing facility;

   Payments based on a nursing facility level of care in a medical institution;

   Home and community-based services under a 1915 waiver.

2. Non-institutionalized individuals:

   ___ The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

   The agency withholds payment to non-institutionalized individuals for the following services:

   Home health services (section 1905(a)(7);

   Home and community care for functionally disabled and elderly adults (section 1905(a)(22);

   Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

   ___ The following other long-term care services for which medical assistance is otherwise under the agency plan:

T.N. # __________________ 95-009 Approval Date ___8-17-95___

Supersedes T.N. # ___New___ Effective Date ___7-1-95___
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ________________________  UTAH ________________________

TRANSFER OF ASSETS

3. **Penalty Date** -- The beginning date of each penalty period imposed for an uncompensated transfer of assets is:

   X The first day of the month in which the asset was transferred;

   ___ The first day of the month following the month of transfer.

4. **Penalty Period - Institutionalized Individuals** --
   In determining the penalty for an institutionalized individual, the agency uses:

   X The average monthly cost to a private patient of nursing facility services in the agency;

   ___ The average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.

5. **Penalty Period - Non-institutionalized Individuals** --
   The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

   ___ Imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

   No penalty for non-institutionalized individuals.

T.N. # 95-009 Approval Date 8-17-95

Supersedes T.N. # New Effective Date 7-1-95
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____________________ UTAH ____________________

TRANSFER OF ASSETS

6. Penalty Period for Amounts of Transfer Less Than Cost of Nursing Facility Care --

a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:
   ____________ Does not impose a penalty;  
   ____________ Imposes a penalty for less than a full month, based on the proportion of the agency’s private nursing facility rate was transferred.

b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:
   ____________ Does not impose a penalty;  
   ____________ Imposes a series of penalties, each for less than a full month.

7. Transfers Make So That Penalty Periods Would Overlap --

The agency:
   ____________ Totals the value of all assets transferred to produce a single penalty period;  
   ____________ Calculates the individual penalty periods and imposes them sequentially.

8. Transfers Made So That the penalty Periods Would Not Overlap

The agency:
   ____________ Assigns each transfer its own penalty period;  
   ____________ Uses the method outlined below:

T.N. # ____________ 95-009 __________________________ Approval Date ____________ 8-17-95 ____________

Supersedes T.N. # ____________ New __________________________ Effective Date ____________ 7-1-95 ____________
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ________________ UTAH ________________

TRANSFER OF ASSETS

9. Penalty Periods - Transfer by a Spouse That Results in a Penalty Period For the Individual --

   a. The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

      If both spouses are institutionalized or placed on waiver at the same time, the penalty period would be equally divided between them. If one is institutionalized or placed on waiver after the first one, then the remaining value of transferred assets for which a sanction period exists would be divided between the two spouses and a sanction period set for each. If one spouse leaves the institution or waiver before the other while a sanction period is still in effect for each, the remaining value of transferred assets from the non-institutionalized, or non-waiver, spouse will be added to the value of the transferred assets remaining on the institutionalized or waiver client’s sanction period, and a new sanction period recalculated. The spouse remaining in the institution or on the waiver will be sanctioned for the number of months determined by the recalculation.

   b. If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

10. Treatment of Income As An Asset –

    When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

    __ The agency will impose partial month penalty periods.

    When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

    __ For transfers of individual income payments, the agency will impose partial monthly payment periods.

    __ For transfers of individual income payments, the agency will impose partial monthly payment periods.

    __ The agency uses an alternate method to calculate penalty periods, as described below:

    The length of the sanction period will equal the value of the income transferred, divided by the average daily Medicaid payment rate.

T.N. # ___________ 95-009                  Approval Date __8-17-95__

Supersedes T.N. # __New__                  Effective Date __7-1-95__
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _______________ UTAH _______________

TRANSFER OF ASSETS

11. Imposition Of a Penalty Would Work an Undue Hardship --
The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making undue hardship determinations:

1. When a client is notified that a sanction will be imposed because of a transfer of assets, the notice will inform them of the undue hardship policy.

2. When a client or representative claims undue hardship exists, the eligibility worker will review the claim to decide if undue hardship criteria are met.

3. A client has a right to appeal the agency’s decision.

The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work an undue hardship:

1. The client has exhausted all reasonable legal means to access or regain possession of the trust assets, or has demonstrated that efforts to access or regain possession of the trust assets would probably not succeed.

2. The client meets the following conditions:

   a. Without Medicaid, the client would be unable to receive medical care and is at risk of death or permanent disability without the medical care; and

   b. The client and the client’s spouse or parent(s) of a minor child cannot afford to meet the cost of the client’s medical needs at home.

T.N. # 95-009 Approval Date 8-17-95
Supersedes T.N. # New Effective Date 7-1-95
1917(c) FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER FEBRUARY 8, 2006, the agency provides for the denial of certain Medicaid services.

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

   The agency does not provide medical assistance coverage for institutionalized individuals for the following services:
   
   Nursing facility services;
   
   Nursing facility level of care provided in a medical institution;
   
   Home and community-based services under a 1915(c) or (d) waiver.

2. Non-institutionalized individuals:

   The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in Section 1905(a) of the Social Security Act:
   
   N/A

   The agency withholds payment to non-institutionalized individuals for the following services:
   
   Home health services [(Section 1905(a)(7)];
   
   Home and community care for functionally disabled elderly adults [Section 1905(a)(22)];
   
   Personal care services furnished to individuals who are not inpatients in certain medical
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ___________________________ UTAH ___________________________

TRANSFER OF ASSETS (Continued)

______________________________
institutions, as recognized under agency law and specified in Section 1905(a)(24).

_ The following other long-term care services for which payment for medical assistance is otherwise made under the agency plan:

N/A

3. Penalty Date—The beginning date of each penalty period imposed for an uncompensated transfer of assets is the later of:

• the first day of a month during or after which assets have been transferred for less than fair market value;

_ The state uses the first day of the month in which the assets were transferred.

X The state uses the first day of the month after the month in which the assets were transferred or;

• the date on which the individual is eligible for medical assistance under the level of care services described in Paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid; and

which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

4. Penalty Period - Institutionalized Individuals

In determining the penalty for an institutionalized individual, the agency uses:

______ X the average monthly cost to a private patient of nursing facility services in the state at the time of application;

______ the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.

T.N. # ________________ 06-012 Approval Date __12-26-06___
5. **Penalty Period - Non-institutionalized Individuals**

The agency imposes a penalty period determined by using the same method used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

- imposes a shorter penalty period than is imposed for institutionalized individuals, as outlined below:

  N/A

6. **Penalty period for amounts of transfer less than cost of nursing facility care**

- Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in Item 4.

- The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, which begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

7. **Penalty periods - transfer by a spouse that results in a penalty period for the individual**

   (a) If the spouse is eligible for Medicaid, the agency apports any existing penalty period between the spouses using the method outlined below. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

   * If both spouses become institutionalized at different times, the penalty period remaining at the time the second spouse becomes an institutionalized individual is divided equally between both spouses.

   * If both spouses become institutionalized at different times, the penalty period remaining at the time the second spouse becomes an institutionalized individual is divided equally between both spouses.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

TRANSFER OF ASSETS (Continued)

(b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the other spouse.

8. Treatment of a transfer of income

When income has been transferred as a lump sum, the agency calculates the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency imposes a penalty period for each income payment.

X For transfers of individual income payments, the agency imposes partial month penalty periods using the methodology selected in #6 above.

X For transfers of the right to an income stream, the agency bases the penalty period on the combined actuarial value of all payments transferred.

9. Imposition of a penalty would work an undue hardship

The agency does not impose a penalty for transferring assets for less than fair market value when the agency determines a penalty would work an undue hardship. The agency uses the following criteria in making undue hardship determinations:

Application of a transfer of assets penalty would deprive the individual:

(a) of medical care that endangers the individual’s health or life; or

(b) of food, clothing, shelter, or other necessities of life.

10. Procedures for Undue Hardship Waivers

The agency has established the following hardship waiver request process:

(a) The agency notifies the recipient that an undue hardship exception exists, and gives the recipient 30 days to make a written request for undue hardship to
explanation why the hardship exists.

(b) The agency provides a timely process to determine whether an undue hardship waiver should be granted;

(c) The notice describes the process under which a recipient may appeal an adverse determination.

These procedures shall permit the facility to file an undue hardship waiver application on behalf of the institutionalized individual. The application requires the individual's consent or the consent of the individual's personal representative.

11. Bed Hold Waivers for Hardship Applicants

Pending approval of a hardship waiver application, the following applies to a resident of a nursing facility:

   __ Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed 30 days.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: __________________ UTAH __________________

TRANSFER OF ASSETS

The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

1. The individual cannot immediately access the assets and without Medicaid will be deprived:
   a. Of medical care such that the individual's health or life would be endangered; or
   b. Of food, clothing, shelter, or other necessities of life.

2. The agency will follow procedures outlined in Supplement 9(b) to Attachment 2.6-A, Pages 4 and 5, #10 to determine if undue hardship exists.

Under the agency’s undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is $7,000.

T.N. # 08-005 Approval Date 9-24-08
Supersedes T.N. # 95-09 Effective Date 4-1-08
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ___________________ UTAH ___________________

TRANSFER OF ASSETS -- UNDUE HARDSHIP

1917(c)(2)(D) of the Act

The following criteria will be used to determine whether the agency will not apply a period of ineligibility due to a transfer of assets, because it would work an undue hardship for categorically and medically needy individuals.

1. The individual cannot immediately access the assets and without Medicaid the individual will be deprived:
   a. Of medical care such that the individuals' health or life would be endangered; or
   b. Of food, clothing, shelter, or other necessities of life.

T.N. # 08-005 Approval Date 9-24-08
Supersedes T.N. # 93-40 Effective Date 4-1-08
COST EFFECTIVENESS METHODOLOGY FOR COBRA CONTINUATION BENEFICIARIES

1902(u) of the Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods:

__ The methodology as described in SMM section 3598.

__ Another cost-effective methodology as described below.

N/A
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: __________________________ UTAH ______________________________

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Disclosure Statement for Post-Eligibility Preprint

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 #0938-0673. The time required to complete this information collection is estimated at 5 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

T.N. # 99-001 Approval Date 4-28-99

Supersedes T.N. # New Effective Date 1-1-99
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____________________ UTAH ____________________

ELIGIBILITY CONDITIONS AND REQUIREMENTS

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under Section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996:

X Pregnant women with no other eligible children.

X AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

X In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 with the following modifications.

The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

X The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows: Increased the need standard and the AFDC payment standard by 2.7%; the CPI-U from July 16, 1996 through December 31, 1997.

The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

T.N. # 98-008 Approval Date 1-10-00
Supersedes T.N. # 97-003 Effective Date 7-1-98
ELIGIBILITY CONDITIONS AND REQUIREMENTS

ELIGIBILITY UNDER SECTION 1931 OF THE ACT (Cont.)

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

The State shall disregard $1.00, plus the amount equal to the difference between the BMS for the household size and the corresponding State AFDC payment standard for a household the size of the Medicaid budget unit involved.

When determining net profit from self-employment, the State shall exclude 40 percent of the gross self-employment income for business expenses.

If the self-employed individual chooses to verify actual business expenses greater than 40 percent of the gross self-employment income, the State shall determine the net profit from self-employment by deducting any actual business expenses that would be allowed by the Internal Revenue Service from the gross self-employment income.

If the total gross earned income of the specified relative does not exceed 185% of the Federal poverty level for the household size in the month the household loses eligibility due to earnings, the State will disregard the earned income of the specified relative for six months. In the seventh month after the household would have initially lost eligibility due to earnings, if the total gross earned income of the specified relative does not exceed 185% of the Federal poverty level for the household size, the State will disregard the earned income of the specified relative for an additional six months.

The State shall disregard the equity value of one vehicle that meets the definition of a “passenger vehicle” as defined in UCA 26-18-2(6) or the State shall disregard $1500 or the equity value of any one vehicle whichever provides the greatest disregard for the household.

T.N. # 01-005 Approval Date 6-6-01
Supersedes T.N. # New Effective Date 1-1-01
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _______________ UTAH _______________

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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ELIGIBILITY UNDER SECTION 1931 OF THE ACT (Cont.)

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

Interest accrued on funds an individual contributes to a demonstration Individual Development Account will be excluded from countable income.

For 1931 Medicaid, retirement accounts owned by a disabled parent or disabled spouse will be excluded from available resources when the disabled parent or disabled spouse is not included in the 1931 Medicaid coverage.

Funds an individual contributes to a demonstration Individual Development Account and any interest accrued on those funds will be excluded from available resources.

The state will deduct from the family’s combined earned and unearned income an amount equal to the amount by which the family’s income standard would increase if each household member who is ineligible due to the qualified alien status requirements was included.

The state will exclude the following types of income:
(a) income excluded by 1612b(20) of the Social Security Act, which refers to Hostile Fire Pay or Imminent Danger Pay received by a household member who is on active duty in the armed forces serving in a combat zone.
(b) income excluded by 1612b(23) of the Social Security Act, which refers to interest and dividends received on certain resources.

The state excludes the following resources for nine months:
(a) Lump sum payments of retroactive benefits from Social Security, the Supplemental Security Income Program and Railroad Retirement benefits.
(b) Payments of Earned Income Tax credits and Child Tax credits.

The state will disregard from resources up to $1,500 in funds set aside and specifically designated for the individual's burial to the extent that such funds, when combined with the value of other resources designated for the individual's burial, do not exceed $1,500. Interest earned and left to accumulate on excluded burial assets is not counted as income or as an available resource. If excluded burial funds are used for some other purpose, the amount removed becomes a countable resource; the remaining amount, if any, counts as a resource unless the individual redesignates it as burial funds or replenishes it up to the original excluded amount.

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T.N. # 09-006 Approval Date 3-29-10
Supersedes T.N. # 05-016 Effective Date 10-1-09
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ___________________ UTAH ___________________

ELIGIBILITY CONDITIONS AND REQUIREMENTS

ELIGIBILITY UNDER SECTION 1931 OF THE ACT (Cont.)

__X__ The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

The State disregards from resources state tax refunds for 12 months after the month of receipt when the refund is received between April 1, 2011, and December 31, 2012.

The State shall apply a $1,000 resource limit with an additional $1,000 of resources disregarded for a household size of one. For a household size of two, $2,000 in additional resources will be disregarded. For a household larger than two persons, $2,000 plus $25 in additional resources for each person in excess of two persons will be disregarded.

__ _ The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

__ _ The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1966, and approved by the Secretary on or before July 1, 1997.

T.N. # ___________ 11-003 Approval Date __8-5-11__
Supersedes T.N. # __04-019__ Effective Date __4-1-11__
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

ELIGIBILITY UNDER SECTION 1931 OF THE ACT (Cont.)

The State covers low-income families and children under section 1931 of the Act.

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

T.N. # 09-006 Approval Date 3-29-10
Supersedes T.N. # New Effective Date 10-1-09
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____________________ UTAH ____________________

SECTION 1924 PROVISIONS

A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with 1924.

B. In the determination of resource eligibility the State resource standard is $12,000 but increases yearly by the CPI as required under section 1924 of the Act.

C. The definition of undue hardship for purposes of determining if the institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Spousal assets exceeding the spouse’s assessed share may be declared unavailable to the client if:

1. The client’s spouse refuses to make the assets available,

   AND

2. Counting the spouse’s assets as available to the institutionalized client causes the client to exceed the asset limit,

   AND

3. The client is not able to complete the ORS FORM 048,

   AND

4. Without Medicaid coverage for institutional care, the client will not be able to get the medical care needed,

   AND

5. The client is at risk of permanent disability without institutional care. This must be verified by a physician’s statement.

T.N. # 90-003 Approval Date 1-11-90
Supersedes T.N. # New Effective Date 10-1-89
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ________________ UTAH ________________

ELIGIBILITY CONDITIONS AND REQUIREMENTS

INCOME AND RESOURCE REQUIREMENTS FOR TUBERCULOSIS (TB)
INFECTED INDIVIDUALS

For TB infected individuals under section 1902(z)(1) of the Act, the income and resource eligibility levels are as follows:

The resource standard for individuals infected with tuberculosis is the maximum amount of resources that an individual or couple may have and obtain benefits for Supplemental Security Income under Title XVI of the Social Security Act.

The gross income standard for individuals infected with tuberculosis is the maximum amount of income a disabled individual described in Section 1902(a)(10)(A)(i) of the Social Security Act may have and obtain medical assistance under the plan.

T.N. # __________ 95-020 Approval Date __12-12-95__

Supersedes T.N. # __94-003__ Effective Date __10-1-95__
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Utah

ASSET VERIFICATION SYSTEM

1940(a) 1. The agency will provide for the verification of assets for purposes of determining or re-determining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.

a. The request and response system must be electronic:

   (i) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).

   (ii) The system cannot be based on mailing paper-based requests.

   (iii) The system must have the capability to accept responses electronically.

b. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department’s National Institute of Standards and Technology, or NIST).

c. The system must establish and maintain a database of FIs that participate in the agency’s AVS.

d. Verification requests must also be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant’s home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or re-determine the individual’s eligibility.

e. The verification requests must include a request for information on both open and closed accounts, going back up to five years as determined by the State.

T.N. # 12-010 Approval Date 2-7-13

Supersedes T.N. # New Effective Date 10-1-12
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Utah

ASSET VERIFICATION SYSTEM

2. System Development

___________a. The agency will develop an AVS.
   
   In 3 below, provide any additional information the agency wants to include.

   __X__ b. The agency will hire a contractor to develop an AVS.
   
   In 3 below, provide any additional information the agency wants to include.

_______ c. The agency will be joining a consortium to develop an AVS.
   
   In 3 below, identify the states participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

_____ d. The agency already has a system in place that meets the requirements for an acceptable AVS.
   
   In 3 below, describe how the existing system meets the requirements in Section 1.

_____ e. Other alternative not included in A.-D. above.
   
   In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Utah

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

The state will issue a Request for Information (RFI) to find out what type of solutions are available that would meet the following requirements and demonstrate that the cost savings to the state will exceed the cost of implementation and operation.

a. An electronic process for asset verification;
b. A database of financial institutions that provide data to the entity;
c. A five-year look back of the assets on individual applicants, recipients, spouses, and partners, when appropriate;
d. A secure system based on a recognized industry as defined by the U.S. Commerce Department’s National Institute;
e. Verification requests will include both open and closed asset account information within the time span of the requested search;
f. The acceptable asset verification entity will provide adequate data for the generation of all required reports expected to meet federal requirements such as the number of requests, number of responses and amounts of undisclosed assets found.

Based on the responses to the RFI, the state will seek bids and contract with a qualified contractor to set up a system meeting these requirements and producing cost savings to the state that exceed the cost of implementation and operation.

T.N. # 12-010 Approval Date 2-7-13
Supersedes T.N. # New Effective Date 10-1-12
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Utah

DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS WITH SUBSTANTIAL HOME EQUITY

1917(f) The state agency denies reimbursement for nursing facility services and other long-term care services covered under the State Plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual’s home, when the individual’s equity interest in the home exceeds the following amount:

$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest $1,000).

An amount that exceeds $500,000 but does not exceed $750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest $1,000).

The amount chosen by the State is ________________.

__ This higher standard applies statewide.

__ This higher standard does not apply statewide. It only applies in the following areas of the State:

__ This higher standard applies to all eligibility groups.

__ This higher standard only applies to the following eligibility groups.

The state has a process under which this limitation will be waived in cases of undue hardship.

T.N. # 06-012 Approval Date 12-26-06

Supersedes T.N. # New Effective Date 7-1-06