



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals with Tuberculosis S55

1902(a)(10)(A)(ii)(XII)
1902(z)

Individuals with Tuberculosis - The state elects to cover individuals infected with tuberculosis, who have income at or below a standard established by the state, limited to tuberculosis-related services.

Yes No

The state attests that it operates this eligibility group in accordance with the following provisions:

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

Are infected with tuberculosis.

Are not otherwise eligible for mandatory coverage under the Medicaid state plan.

Have household income under a standard established by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for this group

Maximum income standard

First indicate the maximum income standard that could be used for this group and then indicate the income standard the state uses for the group.

The state elects to convert the effective income level for coverage of this eligibility group in effect in the Medicaid state plan as of March 23, 2010 and December 31, 2013 to MAGI-equivalent standards.

Yes No

The state's maximum income standard for this eligibility group is:

The break-even point for earned income under the SSI program.

The effective income level for this eligibility group under the Medicaid state plan in effect as of March 23, 2010, not converted to a MAGI-equivalent standard.

The effective income level for this eligibility group under the Medicaid state plan in effect as of December 31, 2013, not converted to a MAGI-equivalent standard.

Income standard chosen

The state's income standard used for this eligibility group is:

The maximum income standard.

If not chosen as the maximum income standard, the break-even point for earned income under the SSI program.

Another income standard less than the maximum standard allowed.

Individuals qualifying under this group are eligible only for the following services, provided the service is related to the diagnosis, treatment or management of the individual's tuberculosis.

Prescribed drugs, described in 42 CFR 440.120

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Utah

S55



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- Physician services, described in 42 CFR 440.50
- Outpatient hospital and rural health clinic described in 42 CFR 440.20 and Federally-qualified health center services
- Laboratory and x-ray services (including services to confirm the presence of the infection), described in 42 CFR 440.30
- Clinic services, described in 42 CFR 440.90
- Case management services defined in 42 CFR 440.169
- Services other than room and board designed to encourage completion of regimens of prescribed drugs by out-patients, including services to observe directly the intake of prescription drugs.
- Limitations related to tuberculosis-related services may be found in the Benefits section.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.