1

(1) The department shall be the single state agency responsible for the administration

MEDICAID ELIGIBILITY AMENDMENTS



27

28	of the Medicaid program in connection with the United States Department of Health and
29	Human Services pursuant to Title XIX of the Social Security Act.
30	(2) (a) The department shall implement the Medicaid program through administrative
31	rules in conformity with this chapter, Title 63G, Chapter 3, Utah Administrative Rulemaking
32	Act, the requirements of Title XIX, and applicable federal regulations.
33	(b) The rules adopted under Subsection (2)(a) shall include, in addition to other rules
34	necessary to implement the program:
35	(i) the standards used by the department for determining eligibility for Medicaid
36	services;
37	(ii) the services and benefits to be covered by the Medicaid program;
38	(iii) reimbursement methodologies for providers under the Medicaid program; and
39	(iv) a requirement that:
40	(A) a person receiving Medicaid services shall participate in the electronic exchange of
41	clinical health records established in accordance with Section 26-1-37 unless the individual
42	opts out of participation;
43	(B) prior to enrollment in the electronic exchange of clinical health records the enrollee
44	shall receive notice of enrollment in the electronic exchange of clinical health records and the
45	right to opt out of participation at any time; and
46	(C) beginning July 1, 2012, when the program sends enrollment or renewal information
47	to the enrollee and when the enrollee logs onto the program's website, the enrollee shall receive
48	notice of the right to opt out of the electronic exchange of clinical health records.
49	(3) (a) The department shall, in accordance with Subsection (3)(b), report to the Social
50	Services Appropriations Subcommittee when the department:
51	(i) implements a change in the Medicaid State Plan;
52	(ii) initiates a new Medicaid waiver;
53	(iii) initiates an amendment to an existing Medicaid waiver;
54	(iv) applies for an extension of an application for a waiver or an existing Medicaid
55	waiver; or
56	(v) initiates a rate change that requires public notice under state or federal law.
57	(b) The report required by Subsection (3)(a) shall:
58	(i) be submitted to the Social Services Appropriations Subcommittee prior to the

89

59	department implementing the proposed change; and
60	(ii) include:
61	(A) a description of the department's current practice or policy that the department is
62	proposing to change;
63	(B) an explanation of why the department is proposing the change;
64	(C) the proposed change in services or reimbursement, including a description of the
65	effect of the change;
66	(D) the effect of an increase or decrease in services or benefits on individuals and
67	families;
68	(E) the degree to which any proposed cut may result in cost-shifting to more expensive
69	services in health or human service programs; and
70	(F) the fiscal impact of the proposed change, including:
71	(I) the effect of the proposed change on current or future appropriations from the
72	Legislature to the department;
73	(II) the effect the proposed change may have on federal matching dollars received by
74	the state Medicaid program;
75	(III) any cost shifting or cost savings within the department's budget that may result
76	from the proposed change; and
77	(IV) identification of the funds that will be used for the proposed change, including any
78	transfer of funds within the department's budget.
79	(4) Any rules adopted by the department under Subsection (2) are subject to review and
80	reauthorization by the Legislature in accordance with Section 63G-3-502.
81	(5) The department may, in its discretion, contract with the Department of Human
82	Services or other qualified agencies for services in connection with the administration of the
83	Medicaid program, including:
84	(a) the determination of the eligibility of individuals for the program;
85	(b) recovery of overpayments; and
86	(c) consistent with Section 26-20-13, and to the extent permitted by law and quality
87	control services, enforcement of fraud and abuse laws.
88	(6) The department shall provide, by rule, disciplinary measures and sanctions for

Medicaid providers who fail to comply with the rules and procedures of the program, provided

90 that sanctions imposed administratively may not extend beyond: 91 (a) termination from the program; 92 (b) recovery of claim reimbursements incorrectly paid; and 93 (c) those specified in Section 1919 of Title XIX of the federal Social Security Act. 94 (7) (a) Funds collected as a result of a sanction imposed under Section 1919 of Title 95 XIX of the federal Social Security Act shall be deposited in the General Fund as dedicated 96 credits to be used by the division in accordance with the requirements of Section 1919 of Title 97 XIX of the federal Social Security Act. 98 (b) In accordance with Section 63J-1-602.2, sanctions collected under this Subsection 99 (7) are nonlapsing. 100 (8) (a) In determining whether an applicant or recipient is eligible for a service or 101 benefit under this part or Chapter 40, Utah Children's Health Insurance Act, the department 102 shall, if Subsection (8)(b) is satisfied, exclude from consideration one passenger vehicle designated by the applicant or recipient. 103 104 (b) Before Subsection (8)(a) may be applied: 105 (i) the federal government shall: 106 (A) determine that Subsection (8)(a) may be implemented within the state's existing 107 public assistance-related waivers as of January 1, 1999: 108 (B) extend a waiver to the state permitting the implementation of Subsection (8)(a); or 109 (C) determine that the state's waivers that permit dual eligibility determinations for 110 cash assistance and Medicaid are no longer valid; and 111 (ii) the department shall determine that Subsection (8)(a) can be implemented within 112 existing funding. 113 (9) (a) For purposes of this Subsection (9): 114 (i) "aged, blind, or has a disability" means an aged, blind, or disabled individual, as 115 defined in 42 U.S.C. Sec. 1382c(a)(1); and

not paid by Medicaid. (b) In determining whether an applicant or recipient who is aged, blind, or has a disability is eligible for a service or benefit under this chapter, the department shall use 100%

standard that shall be paid in cash to the department or incurred through the medical services

(ii) "spend down" means an amount of income in excess of the allowable income

116

117

118

119

120

121	of the federal poverty level as:
122	(i) the allowable income standard for eligibility for services or benefits; and
123	(ii) the allowable income standard for eligibility as a result of spend down.
124	(10) The department shall conduct internal audits of the Medicaid program.
125	(11) (a) The department may apply for and, if approved, implement a demonstration
126	program for health opportunity accounts, as provided for in 42 U.S.C. Sec. 1396u-8.
127	(b) A health opportunity account established under Subsection (11)(a) shall be an
128	alternative to the existing benefits received by an individual eligible to receive Medicaid under
129	this chapter.
130	(c) Subsection (11)(a) is not intended to expand the coverage of the Medicaid program.
131	(12) (a) (i) The department shall apply for, and if approved, implement an amendment
132	to the state plan under this Subsection (12) for benefits for:
133	(A) medically needy pregnant women;
134	(B) medically needy children; and
135	(C) medically needy parents and caretaker relatives.
136	(ii) The department may implement the eligibility standards of Subsection (12)(b) for
137	eligibility determinations made on or after the date of the approval of the amendment to the
138	state plan.
139	(b) In determining whether an applicant is eligible for benefits described in Subsection
140	(12)(a)(i), the department shall:
141	(i) disregard resources held in an account in the savings plan created under Title 53B,
142	Chapter 8a, Utah Educational Savings Plan, if the beneficiary of the account is:
143	(A) under the age of 26; and
144	(B) living with the account owner, as that term is defined in Section 53B-8a-102, or
145	temporarily absent from the residence of the account owner; and
146	(ii) include the withdrawals from an account in the Utah Educational Savings Plan as
147	resources for a benefit determination, if the withdrawal was not used for qualified higher
148	education costs as that term is defined in Section 53B-8a-102.5.
149	(13) (a) The department may not deny or terminate eligibility for Medicaid solely
150	because an individual is $\hat{H} \rightarrow :$
150a	(i) ← \hat{H} incarcerated $\hat{H} \rightarrow ;$ and $[:]$
150b	(ii) not an inmate as defined in Section 64-13-1.
151	[(h) Upon release from incarceration, an individual remains eligible for Medicaid if the]

152	Ĥ→ [<u>individual:</u>
153	(i) was eligible for Medicaid before incarceration; and
154	(ii) is not determined to be ineligible for Medicaid on grounds other than incarceration.
155	(e) This] (b) $\leftarrow \hat{H}$ Subsection (13) $\hat{H} \rightarrow (a) \leftarrow \hat{H}$ does not require the Medicaid program to
155a	provide coverage
156	for any services for an individual while the individual is incarcerated $\hat{H} \rightarrow [\underline{if prohibited under state}]$
157	<u>or federal law]</u> ←Ĥ <u>.</u>