

**STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: The State of Utah

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following State Child Health Plan for the State Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved State Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following state officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Michael Hales	Position/Title: Director, Medicaid and Health Financing
Name: Emma Chacon	Position/Title: CHIP Director
Name: Heidi Petersen	Position/Title: CHIP Program Manager

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 0938-0707. The time required to complete this information collection is estimated to average 160 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, N2-14-26, Baltimore, Maryland 21244.

Effective Date: July 1, 2008

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Approval Date: April 3, 2009

1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

Original start date: August 1, 1998
Effective date: July 10, 1998
Implementation date: August 1, 1998

Amendment #1 Submitted: January 28, 1999
Amendment#1 Disapproved: November 29, 1999

Amendment #2 Submitted: March 1, 2002
Effective Date: December 15, 2001; January 1, 2002; February 1, 2002
Implementation Date: January 1, 2002

Amendment #3 Submitted: November 14, 2002
Effective Date: July 1, 2002; Dental Benefits - July 1, 2003

Amendment#4 Submitted: June 2, 2005
Effective Date: July 1, 2005

Amendment#5 Submitted: August 27, 2007
Effective Date: July 1, 2007

Amendment#6 Submitted: August 8, 2008
Effective Date: July 1, 2008

Amendment#7 Submitted: April 17, 2009
Effective Date: April 17, 2009

Amendment#8 Submitted: July 28, 2009
Effective Date: July 1, 2009 (Pending CMS Approval)

Amendment#9 Submitted: August 31, 2010
Effective Date: July 1, 2010 (Pending CMS Approval)

Amendment#10 Submitted: December 1, 2010
Effective Date: September 1, 2010

4.1.9. Other standards (identify and describe):

Household Composition:

1. The following individuals who reside together must be included in the household for purposes of determining the household size and whose income will be counted, whether or not they are eligible to receive benefits.
 - A. A child, under the age of 19 who does not have access to and is not covered by a group health plan, other health insurance, or Medicaid, and who will be included in the CHIP coverage;
 - B. The child's spouse;
 - C. The child's siblings, half-siblings, adopted siblings and stepsiblings if they are also under the age of 19;
 - D. The parents and stepparents of any child who is counted in the household size;
 - E. The children of any child counted in the household size;
 - F. The unborn children of any person counted in the household size; and
 - G. The father of any unborn child who is not married to the pregnant woman but has acknowledged paternity.
2. Any individual described in number 1 who is temporarily absent solely by reason of employment, school, training, military service, or medical treatment, or who will return home to live within 30 days of the date of application is part of the household.
3. Household members who do not qualify for CHIP due to their alien status must be included in the household size and their income will be counted.
4. If an individual is caring for a child of his or her former spouse and a divorce has been finalized, the household can choose whether or not to count that child in the household size.

Institutional Status:

Residents of public institutions or of institutes for mental disease are not eligible to receive CHIP benefits.

Citizenship and Alien Status:

A resident is anyone who is: 1) a U.S. citizen; or 2) a qualified alien, as defined in Public Law 104-193 as amended, who has been in the United States in a qualified alien status for at least five years or is not subject to the five-year bar set forth in section 403 of Public Law 104-193; and 3) a resident of Utah.

The state hereby assures that the DOH will follow all federal laws and guidelines in determining whether a SCHIP eligible child is classified as a citizen of the United States, or a qualified alien.

Social Security Numbers:

Applicants for CHIP are asked to provide their social security number or verification that they have applied for a social security number. However, a child who does not provide a social security number or who has not applied for a social security number will not be denied CHIP coverage.

Express Lane Eligibility - Utah State Tax Commission:

To expedite renewal and assist in retention, CHIP enrollees have the option of using their Adjusted Gross Income (AGI) from their most recent Utah State tax return as income verification. The enrollee must give signed permission to use the AGI. A release form is included with the preprinted CHIP renewal form. After receiving the signed release form, the eligibility worker will request the AGI from the Utah State Tax Commission interface. When the AGI is received from the Tax Commission, eREP, Utah's eligibility system, will process the information and post the income to the case. The eligibility worker will then renew CHIP eligibility for the next 12 months. In situations where the AGI makes the household Medicaid eligible, or is over the CHIP income threshold, the eligibility worker will notify the household that based on the AGI, they do not qualify or that we need additional income information to decide whether or not they qualify. If using the AGI moves a household into a higher cost-sharing plan, the household will be renewed for CHIP and sent a notice telling them that they have the option to provide the actual income if it is lower than the AGI that was used.

4.4.1 Through the screening procedures used at intake and follow-up eligibility determination, including any periodic redetermination, that only targeted low-income children who are ineligible for Medicaid or not

covered under a group health plan or health insurance coverage (including access to a state health benefits plan) are furnished child health assistance under the state child health plan. (Sections 2102(b)(3)(A) and 2110(b)(2)(B)) (42 CFR 457.310(b) (42CFR457.350(a)(1))457.80(c)(3))

Applications for CHIP benefits are taken and processed by DWS (Department of Workforce Services) eligibility staff, who also determines Medicaid. The application requests information about health insurance coverage for the children in the household, including information about available coverage and whether or not the applicant has elected such coverage. Workers will interview applicants to determine if there is any available health insurance coverage for any of the children. The first step of the eligibility determination process will be to screen if any of the children qualify for Medicaid. Since Medicaid eligibility workers will be processing all CHIP applications, they are qualified to make the Medicaid determinations. Any child who is eligible for a Medicaid program (except for the Medically Needy program with an unmet spenddown) will be enrolled in Medicaid.

Any child who is found to have insurance coverage available through an employer and the cost to enroll is less than 5% of the household's countable income, or who is already covered by a group health plan or other health insurance coverage will be determined ineligible for CHIP. The eligibility worker will still screen Medicaid for such children.

The department will exchange information with other state agencies which may have information about the availability of insurance coverage for children applying for or determined eligible for CHIP. This exchange of information will help identify possible coverage which may not have been disclosed during the application process, or which may become available at some later time during the certification period. Information exchanges may include exchanging information with the Office of Recovery Services, the Department of Workforce Services, and the Department of Human Services. The agency may also contact the parents' employers to request information about the availability of health insurance coverage for the children. During eligibility determination and redetermination, the eligibility worker verifies who the client's employer is and they verify wages. This information will allow the eligibility worker to determine if the client has access to a state health benefit plan.

Express Lane Eligibility - Utah State Tax Commission:
When an enrollee gives permission to use their Adjusted Gross Income (AGI) as income verification for their CHIP renewal and their AGI is within Medicaid income guidelines, the eligibility worker will notify the household that they must provide their actual income so that the agency can determine their Medicaid

eligibility. If Medicaid eligible, the enrollee will be removed from CHIP and enrolled in Medicaid.

Clients are required to report to the department any time an eligible child begins to be covered under a health insurance plan and if insurance coverage becomes available. At each renewal, the client will be asked if any of the children now have access to or are covered by a group health plan or other health insurance coverage.

8.7.1 Please provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42CFR 457.570 and 457.505(c))

Consequences for an enrollee or applicant who does not pay copayments or coinsurance will be handled between the enrollee or applicant and the health care provider who has rendered the services.

A family who does not pay their quarterly premium by the due date will be terminated from CHIP. Approval notices sent at application and renewal inform enrollees of the amount of their quarterly premium, that they will receive a premium invoice when a premium is due, and that they will be terminated from CHIP if they do not pay the premium by the due date. An invoice for payment is sent in the 1st 2nd month of the quarter giving the enrollee until the 1st working last day after of the 10th of the following month to pay the premium. and telling them that They must pay it to keep their children enrolled. If the premium is not paid by the due date last day of the 2nd month of the quarter, enrollment is terminated effective, the last day of the 2nd 3rd month, and a termination notice is sent. The termination notice tells the family coverage may be reinstated if they pay the past due premiums and late fee by the last day of the following month and to call the DWS Business premium office if they have had a decrease in income.

Coverage may be reinstated when any of the following events occur:

1. The family pays the premium by the last day of the month immediately following the termination.
2. The family's countable income decreased to below 100% of the federal poverty level prior to the first month of the quarter.
3. The family's countable income decreases prior to the first month of the quarter and the family owes a lower premium amount. The new premium must be paid within 30 days.
4. A family who was terminated from CHIP, who reapplies within one year of the termination date, must pay any outstanding premiums before the children can be re-enrolled.

Section 12. Applicant and enrollee protections (Sections 2101(a))

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan.

Eligibility and Enrollment Matters

- 12.1** Please describe the review process for **eligibility and enrollment** matters that complies with 42 CFR 457.1120.

The Medicaid fair hearing process is used as the state's review process for eligibility and enrollment matters.

Express Lane Eligibility - Utah State Tax Commission:

When an enrollee gives permission to use their Adjusted Gross Income (AGI) as income verification for their CHIP renewal and their AGI is within Medicaid income guidelines the eligibility worker will notify the household that they must provide their actual income so that the agency can determine their Medicaid eligibility. If Medicaid eligible, the enrollee will be removed from CHIP and enrolled in Medicaid.

If using the AGI makes the family ineligible for CHIP, the eligibility worker will close the case and notify the family that they have the option of sending verification of their current income (check stubs, self-employment ledgers, etc) within 10 days, and their eligibility will be redetermined. If the family is eligible using the verified current income, CHIP coverage will be reopened.

If using the AGI moves a household into a higher cost-sharing plan, the household will be renewed for CHIP and sent a notice telling them that they have the option to provide the actual income if it is lower than the AGI that was used.