EPARTMENT OF HEALTH AND HUMAN SERVICES EALTHCARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193
RANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL OR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER:2. STATE:11-003-UTUtah
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOC SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR HEALTHCARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES TYPE OF PLAN MATERIAL (Check One)	4. PROPOSED EFFECTIVE DATE May 1, 2011 April 1, 2011
	T TO BE CONSIDERED AS NEW PLAN X AMENDMENT IS AN AMENDMENT (Separate Transmittal for each amendment)
FEDERAL STATUTE/REGULATION CITATION: Pub: L: No: 111-312 - Section 1902(r) and 1931	7. FEDERAL BUDGET IMPACT: a. FFY <u>2011</u> \$ <u>0</u> of b. FFY <u>2012</u> \$ <u>0</u>
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supplement 8b to Attachment 2.6-A, Page 2 Supplement 12a to Attachment 2.6-A, Page 2	Supplement 12a to Attachment 2.6-A, Page 2
Resources - Exclusion of State Income Tax 1. GOVERNOR'S REVIEW (Check One): X GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
Resources - Exclusion of State Income Tax GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMI 	D D ITTAL
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SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 2

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

- Supplemental Security Income recipients under 1902(a)(10)(A)(i)(II).
- $\frac{X}{X} \frac{X}{X} \frac{X}{X} \frac{X}{X}$ Qualified children and pregnant women under 1902(a)(10)(A)(i)(III).
 - Poverty level pregnant women and infants (133% FPL) under_1902(a)(10)(A)(i)(IV).
 - Poverty level children aged 6 up to age 19 (100% FPL) under 1902(a)(10)(A)(i)(VII).
 - Optional categorically needy groups under 1902(a)(10)(A)(ii) as listed below:
 - 1902(a)(10)(A)(ii)(I): caretaker relatives defined by 1905(a)(ii), pregnant women defined by 1905(a)(viii), (42 CFR 435.210) and children defined by 1905(a)(i) (42 CFR 435.222).
 - 1902(a)(10)(A)(ii)(IV) (42 CFR 435.211).
 - 1902(a)(10)(A)(ii)(V).
 - 1902(a)(10)(A)(ii)(VI).
 - 1902(a)(10)(A)(ii)(VIII).
 - 1902(a)(10)(A)(ii)(X).
 - 1902(a)(10)(A)(ii)(XIII).
 - 1902(a)(10)(A)(ii)(XVII).
 - Medically Needy under 1902(a)(10)(C)(i)(III).
- <u>X</u> X QMBs, SLMBs, and QIs under 1905(p).

T.N. # 11-003

Approval Date

Supersedes T.N. # <u>New</u>

Effective Date <u>4-1-11</u>

SUPPLEMENT 12a TO ATTACHMENT 2.6-A Page 2

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. # <u>11-003</u>

Approval Date ______

Supersedes T.N. # 04-019

Effective Date _____ 4-1-11