**R414. Health and Human Services, Integrated Healthcare.**

**R414-312. Adult Expansion Medicaid.**

**R414-312-1. Introduction and Authority.**

(1) This rule is authorized by Sections 26B-1-213 and 26B-3-108 and allowed under Subsection 1115(f) of the Social Security Act.

(2) This rule establishes eligibility requirements for enrollment in the Adult Expansion Medicaid program.

**R414-312-2. Definitions.**

The definitions in Rules R414-1 and R414-301 apply to this rule. In addition, the following definitions apply.

(1) "Certification period" means the 12-month time frame in which an individual is eligible for coverage based on an approved application or review.

(2) "Employer-sponsored health plan" means a health insurance plan offered by an employer.

(3) "Medically frail" means an individual as described in 42 CFR 440.315(f).

(4) "Qualified health plan" means a health plan that meets the following:

(a) the plan covers physician visits, hospital inpatient services, pharmacy, well-child exams, and child immunizations;

(b) the network deductible is $4,000 or less per person;

(c) the plan pays at least 70% of an in-network inpatient stay after the deductible;

(d) the plan does not cover abortion services, or the plan only covers abortion services when the life of the mother would be endangered if the fetus were carried to term, or in the case of incest or rape;

(e) the employer pays at least 50% of the premium for the primary-insured individual; and

(f) the lifetime maximum benefits must be at least $1,000,000.

**R414-312-3. General Provisions.**

The provisions in Rule R414-301 apply to all applicants and enrollees.

**R414-312-4. General Eligibility Requirements.**

Unless otherwise stated, the provisions in Rule R414-302 and Section R414-306-4 apply to all applicants and enrollees.

(1) The following individuals are not eligible for Adult Expansion Medicaid:

(a) with the exception of the Targeted Adult Medicaid program, individuals eligible for other Medicaid programs without a spenddown; or

(b) individuals eligible for or receiving Medicare.

(2) An individual must be at least 19 years old and not yet 65 years old to enroll in Adult Expansion Medicaid.

(a) The month in which an individual turns 19 years old is the first month in which the individual may enroll in Adult Expansion Medicaid.

(b) An individual may only enroll in Adult Expansion Medicaid through the month in which the individual turns 65 years old.

(3) Eligibility for Adult Expansion Medicaid does not require a resource test.

(4) A member is required as a condition of eligibility, to enroll or remain enrolled in a qualified health insurance plan offered by the member's employer.

**R414-312-5. Enrollment in Employer-Sponsored Insurance Requirements.**

The department may require individuals with access to a qualified health plan through their employer to enroll. The employer-sponsored insurance (ESI) must meet the qualified health plan requirements as described in Section R414-312-2.

(1) The following individuals are not required to participate in ESI:

(a) a member of a federally recognized tribe;

(b) an individual who is under 26 years of age and on a parent's health insurance plan; and

(c) an individual who is already enrolled in a non-qualified health plan.

(2) A member must enroll in ESI within 30 days of receiving the approval notice, and provide proof of enrollment and the premium start date within the following 15 days or be sanctioned from receiving adult expansion coverage.

(a) The department shall sanction an individual who does not participate in ESI from receiving adult expansion coverage for a period of 12 consecutive months.

(b) An individual may qualify for a different medical assistance program during the sanction period. If so, the sanction does not apply to that assistance program. The 12-month sanction period, however, continues to apply to the Adult Expansion program if the individual loses other eligibility and could only qualify under the Adult Expansion program.

(3) Individuals whose assistance ends due to an ESI sanction may reapply at any time.

(4) The department may only lift a sanction and approve Adult Expansion coverage if the individual verifies one of the following:

(a) enrollment in ESI coverage;

(b) the employer no longer offers ESI;

(c) the employer no longer offers a qualified health insurance plan; or

(d) the member no longer has access to health insurance due to termination or loss of job.

(5) If the department lifts a sanction, a beneficiary must report the exemption and verify it timely for the effective date of coverage to be the first day of the month of report or month of reapplication.

(6) If a beneficiary does not report timely or verify an exemption, the effective date of coverage is the first day of the month in which the beneficiary verifies the exemption.

(7) The department may reimburse an individual for ESI premiums. If the employer deducts the health insurance premium in a month before the effective date, the department may send the first ESI reimbursement payment in the month the premium is paid, but not before the application date. The department shall send subsequent ESI premium reimbursements on a monthly basis.

**R414-312-6. Application, Eligibility Reviews, and Improper Medical Assistance.**

Rule R414-308 applies to all applicants and enrollees.

**R414-312-7. Household Composition and Income Provisions.**

(1) The eligibility agency shall use Section R414-304-5 to determine household composition and countable income.

(2) Section R414-304-12 applies to the budgeting of income through the modified adjusted gross income (MAGI) methodology.

(3) For an individual to be eligible to enroll in Adult Expansion Medicaid, the individual must have countable income at or below 133% of the federal poverty level (FPL).

**KEY: Medicaid, adult expansion, eligibility**

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