Appendix 1: Regulatory Impact Summary Table*

Fiscal Costs	FY 2020	FY 2021	FY 2022
State Government	$435,800,000	$0	$0
Local Government	$0	$0	$0
Small Businesses	$0	$0	$0
Non-Small Businesses	$0	$0	$0
Other Person	$0	$0	$0
Total Fiscal Costs:	$435,800,000	**$0**	**$0**
Fiscal Benefits			
State Government	$0	$0	$0
Local Government	$0	$0	$0
Small Businesses	$145,300,000	$0	$0
Non-Small Businesses	$145,200,000	$0	$0
Other Persons	$145,300,000	$0	$0
Total Fiscal Benefits:	**$435,800,000**	**$0**	**$0**
Net Fiscal Benefits:	**$0**	**$0**	**$0**

***This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts for State Government, Local Government, Small Businesses and Other Persons are described in the narrative. Inestimable impacts for Non-Small Businesses are described in Appendix 2.**

Appendix 2: Regulatory Impact to Non-Small Businesses

About 25,200 non-small business providers of Medicaid services may see a portion of annual revenue that totals $435,800,000, based on expansion to the Adult Medicaid population. Additionally, up to 90,000 individuals will see a share of out-of-pocket savings based on that amount.

R414. Health, Health Care Financing, Coverage and Reimbursement Policy.
R414-312. Adult Expansion Medicaid.
R414-312-1. Introduction and Authority.

(1) This rule is authorized by Sections 26-1-5 and 26-18-3 and allowed under Subsection 1115(f) of the Social Security Act.

(2) This rule establishes eligibility requirements for enrollment under the Primary Care Network 1115 Demonstration Waiver for Adults, also known as the Adult Expansion Medicaid program.

R414-312-2. Definitions.

The definitions in Rules R414-1 and R414-301 apply to this rule.

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) Individuals eligible for any Medicaid program 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) The eligibility agency may only enroll applicants during an open enrollment period. The Department may limit the number it enrolls and may stop enrollment at any time.

(4) The eligibility agency shall waive the open enrollment requirement if the enrollee completes a review within three months of case closure as outlined in Section R414-308-6.

(5) A resource test is not required.

R414-312-5. Application, Eligibility Reviews, and Improper Medical Assistance.

The provisions of Rule R414-308 apply to all applicants and enrollees.

R414-312-6. Household Composition and Income Provisions.

(1) The eligibility agency shall use the provisions of 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 95% of the federal poverty level (FPL).

KEY: Medicaid, adult expansion, eligibility
Date of Enactment or Last Substantive Amendment:
Authorizing, and Implemented or Interpreted Law: 26-18