



State of Utah

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## Department of Health & Human Services

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April 10, 2023

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services (CMS)  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Administrator Brooks-LaSure:

I am pleased to submit an amendment to the State of Utah's Medicaid Reform 1115 Demonstration. Approval of this amendment will allow the state to increase the maximum reimbursement allowable for children under Utah's Premium Partnership for Health Insurance Program (UPP), from \$120 per enrollee per month to a higher amount, through the state administrative rulemaking process, rather than by 1115 Demonstration amendment.

The State of Utah appreciates your consideration of this amendment request. We look forward to the continued guidance and support from CMS in administering Utah's Medicaid Reform 1115 Demonstration.

Respectfully,

  
Jennifer Strohecker (Mar 31, 2023 10:03 MDT)

Jennifer Strohecker  
Medicaid Director  
Division of Integrated Healthcare



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# State of Utah

## Section 1115 Demonstration Amendment

### Utah's Premium Partnership for Health Insurance (UPP) Premium Reimbursement Increase for Children

#### Section I. Program Description and Objectives

Utah's Premium Partnership for Health Insurance program (UPP) is currently authorized under Utah's Medicaid Reform 1115 demonstration. Through this demonstration, working adults, their spouses, and their children up to age 19 may receive premium reimbursement if they have access to a qualified employer-sponsored insurance plan (ESI) or COBRA. The reimbursement amount for children is currently capped at \$120 per enrollee per month.

This amendment request seeks authority from the Centers for Medicare and Medicaid Services (CMS) to allow the state to increase the maximum premium reimbursement amount for children enrolled in Utah's Premium Partnership (UPP) program. The amount would change from \$120 per enrollee per month to an amount set by the state through administrative rulemaking process and within CHIP allotment limits. The UPP program helps individuals pay for their health insurance premiums so they may afford their employer or COBRA health plan. For the first fiscal year of implementation, the maximum reimbursement amount will increase to \$180 per enrollee per month.

As currently approved under Utah's 1115 Demonstration, the maximum premium reimbursement amount will not exceed the individual/family's share of the costs of the premium.

#### Goals and Objectives

This Demonstration furthers the objectives of Title XIX of the Social Security Act by assisting demonstration eligible individuals in obtaining employer-sponsored insurance, thereby reducing the number of uninsured individuals in the State of Utah.

Currently, 36 percent of UPP eligible children receive the maximum reimbursement of \$120 per child per month. The state believes increasing the maximum premium reimbursement amount for children will allow individuals to continue to purchase much needed health insurance as the costs of health coverage rise.

#### Operation and Proposed Timeline

The Demonstration will continue to operate statewide. The state intends to implement the premium increase within three months of approval. The state requests to operate the

Demonstration through the end of the current waiver approval period, which is June 30, 2027.

### Demonstration Hypotheses and Evaluation

With the help of an independent evaluator, the state will develop a plan for evaluating the hypothesis indicated below. Utah will identify validated performance measures that adequately assess the impact of the Demonstration to beneficiaries. The state will submit the evaluation plan to CMS for approval.

The state will conduct ongoing monitoring of this demonstration, and will provide information regarding monitoring activities in the required quarterly and annual monitoring reports.

The following hypotheses will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
The demonstration will assist previously uninsured children in obtaining employer-sponsored health insurance.	-Children receiving assistance obtaining health insurance through their families employer sponsored insurance.  -Total costs of assistance provided to members.	Medicaid data warehouse	The independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons.

### Section II. Demonstration Eligibility

Individuals must meet the criteria for the following demonstration populations (as currently approved under the state’s 1115 Demonstration) to be eligible to receive premium reimbursement :

- Current Eligible CHIP Children is comprised of children up to age 19 with family income up to and including 200 percent of the FPL who would meet the definition of a targeted low-income child. These children are eligible for CHIP, but the children's parents have elected to receive premium subsidies for the employee's share of the cost of ESI instead of receiving coverage through CHIP.
- Demonstration Population VI is comprised of children up to age 19 with family income up to and including 200 percent of the FPL who would meet the definition of a targeted low-income child. Demonstration Population VI is subdivided into two groups:
  - COBRA-Eligible Children: A child that meets the definition of a targeted low-income child eligible under Title XXI who is eligible and able to enroll in

COBRA continuation coverage based on any qualifying event. These children are eligible for CHIP, but the child's parents have elected to receive premium subsidies for the employee's share of the cost of COBRA continuation of coverage instead of receiving coverage through CHIP.

- o COBRA Continuation Children: A child that meets the definition of a targeted low-income child except for receipt of continuation coverage in accordance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), Pub. L. 99-272, and who elect to receive such premium subsidies.

### **Projected Enrollment**

The projected enrollment for individuals in this demonstration is 302 children per month.

### **Section III. Demonstration Benefits and Cost Sharing Requirements**

The sole benefit provided to individuals eligible for premium assistance under this demonstration (through ESI or COBRA coverage) is assistance in paying the employee's, individual's, or family's share of the monthly premium cost of qualifying insurance plans. The maximum premium assistance amount must not exceed the individuals' share of the premium, and may not exceed the amount as will be stated in State Administrative Rule R414-320-16. This maximum medical monthly premium amount at the time of implementation of this amendment will be \$180 per eligible child.

Individuals eligible under this demonstration will have cost sharing requirements (including the out-of-pocket maximum) as set by their qualified ESI plan.

Dental benefits for children will be offered through two paths. If the health benefit package that is available to a child through qualified premium subsidies coverage includes dental benefits, the child's premium subsidies will be approximately equivalent to the per-child-per-month cost under the Title XXI state plan dental costs. However, if a child does not receive dental benefits through the qualified premium subsidy plan, the child will receive dental coverage through CHIP.

### **Section IV. Delivery System**

Individuals eligible under this demonstration will receive services through the delivery systems provided by their respective qualified plan for ESI or COBRA premium assistance.

### **Section V. Implementation and Enrollment in Demonstration**

Eligible individuals will be enrolled in the Demonstration as of the implementation date of this amendment.

## Section VI. Demonstration Financing and Budget Neutrality

Although Title XXI expenditures are not subject to budget neutrality, the state conducts this budget neutrality exercise to demonstrate that expenditures will remain within CHIP allotment limits. Refer to Budget Neutrality- Attachment 1 for the state’s historical and projected expenditures for the requested period of the Demonstration.

Below is the projected enrollment and expenditures for each remaining demonstration year.

	DY22 (SFY 24) January-June	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)
Member Months	1,775	3,523	3,523	3,523
Expenditures	\$319,500	\$634,140	\$634,140	\$634,140

## Section VII. Proposed Waivers and Expenditure Authority

The state requests the following proposed waivers and expenditure authority to operate the Demonstration.

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(34)- Retroactive Eligibility	To permit the state to not provide retroactive eligibility for individuals under this demonstration.
Section 1902(a)(14) Cost Sharing Requirements	To permit individuals affected by this demonstration, whose benefits are limited to premium assistance, to have cost sharing requirements (including the out-of-pocket maximum) as set by the individual’s qualified ESI plan.
Section 1902(a)(23)(A) Freedom of Choice	To enable the state to restrict freedom of choice of providers for individuals under this demonstration.

### Expenditure Authority

The state requests expenditure authority to provide premium assistance related to providing 12 months of guaranteed eligibility to subsidize the employee’s share of the costs of the insurance premium for employer sponsored health insurance to children up to age 19 with family income up to and including 200 percent of the FPL who are not otherwise eligible for Medicaid and who also meet the definition of a targeted low-income child.

## Section VIII. Compliance with Public Notice and Tribal Consultation

### Public Notice Process

Public notice of the state’s request for this demonstration amendment, and notice of public hearing were advertised in the newspapers of widest circulation and sent to an electronic

mailing list. In addition, the abbreviated public was posted to the state's Medicaid website at <https://medicaid.utah.gov/1115-waiver>.

Two public hearings to take public comment on this request were held. The first public hearing was held on March 16, 2023 from 2:00 to 4:00 pm during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing was held on March 20, 2023 from 4:00 to 5:00 pm. Both public hearings were held via video and teleconferencing. The state received one comment during the MCAC meeting. The commenter asked how many UPP members' reimbursement would be at \$180. The state responded that we do not currently have that data, but we have 110 members receiving the current, maximum reimbursement rate of \$120. The question asked did not require any changes to the amendment.

### **Public Comment**

The public comment period was held February 22, 2023 through March 24, 2023. No public comments were submitted to the state.

### **Tribal Consultation**

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act and the DHHS Intergovernmental Policy 01.19 Formal DHHS Tribal Consultation and Urban Indian Organization Conferment Process Policy (<https://healthnet.utah.gov/download/policies/edo-admin/01.19-Formal-UDOH-Tribal-Consultation-UIO-Conf-Policy.pdf>), the state ensures that a meaningful consultation process occurs in a timely manner on program decisions or policy impacting Indian Tribes and the Urban Indian Organization (UIO) in the State of Utah. DIH notified the DHHS Tribal Health Liaison of the waiver amendment. As a result of this notification, DIH began to engage in the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on April 14, 2023 to present this demonstration amendment. No feedback or concerns were provided. The UIHAB meeting agenda can be found in Attachment 4.

### **Tribal Consultation & Conferment Policy Process**

In the event that a grant, project, policy, waiver renewal or amendment is requested, the Office of AI/AN Health Affairs is contacted. If the request is within the 90 days of submission, the Office's AI/AN Health Liaison will provide an opportunity for presentation to the Utah Indian Health Advisory Board (UIHAB) Tribal and UIO representatives. The Liaison will request an executive summary of the materials to be included in the distribution of the meeting agenda and materials to the UIHAB representatives and Tribal leadership. The information is disseminated to the UIHAB representatives and leadership at least 10 days prior to the meeting for review. During the UIHAB meeting, presenters will address any questions or concerns raised by the representatives. If the UIHAB representatives provide resolutions to or are in agreement with the changes, amendments they will make a motion to pass or support by a majority. If additional Consultation is required, the UIHAB will inform the presenters of that need at that time. If a Tribal or UIO representative would like to have the presentation provided to their leadership, they can



also make a formal request at that time. The Office of AI/AN Health Affairs will coordinate with the presenter and the UIHAB representatives or the Tribe or UIO to schedule an additional Consultation or Conferment meeting on the issue(s) or concern(s) raised.

### **Section IX. Demonstration Administration**

Name and Title: Jennifer Strohecker, Medicaid Director, Division of Integrated Healthcare

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# Attachment 1

## Compliance with Budget Neutrality Requirements

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY)					DY21-25 TOTAL WOW
		DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
<b>Current Eligibles</b>							
<b>Pop Type:</b>		<b>Medicaid</b>					
Eligible Member Months	0.0%	318,076	318,076	318,076	318,076	318,076	
PMPM Cost	5.3%	\$ 1,293.75	\$ 1,362.32	\$ 1,434.52	\$ 1,510.55	\$ 1,590.61	
Total Expenditure		\$ 411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$ 505,935,516	\$ 2,287,525,974
<b>Demo Pop I - PCN Adults with Children</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	5.9%						
PMPM Cost	5.3%						
Total Expenditure							\$ -
<b>Demo Pop III/IV - UPP Adults with Children *</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	34.9%	36,498	49,222	66,380	89,520	120,727	
PMPM Cost	5.3%	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure		\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
<b>Demo Pop I - PCN Childless Adults</b>							
<b>Pop Type:</b>		<b>Medicaid</b>					
Eligible Member Months							
PMPM Cost							
Total Expenditure							\$ -
<b>Demo Pop III/IV - UPP Childless Adults *</b>							
<b>Pop Type:</b>		<b>Medicaid</b>					
Eligible Member Months	159	184	189	194	199	204	
PMPM Cost	68.45	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure		\$ 71,651	\$ 73,442	\$ 75,278	\$ 77,160	\$ 79,089	\$ 376,620
<b>Dental - Aged</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	2.5%	68,396	70,106	71,858	73,655	75,496	
PMPM Cost	5.3%	\$ 35.90	\$ 37.81	\$ 39.81	\$ 41.92	\$ 41.92	
Total Expenditure		\$ 2,455,608	\$ 2,650,399	\$ 2,860,641	\$ 3,087,562	\$ 3,164,751	\$ 14,218,960
<b>Dental - Blind/Disabled</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	2.5%	393,600	393,600	393,600	393,600	393,600	
PMPM Cost	5.3%	\$ 35.93	\$ 37.83	\$ 39.83	\$ 41.95	\$ 44.17	
Total Expenditure		\$ 14,140,242	\$ 14,889,675	\$ 15,678,828	\$ 16,509,805	\$ 17,384,825	\$ 78,603,375
<b>Dental - Targeted Adults</b>							
<b>Pop Type:</b>		<b>Expansion</b>					
Eligible Member Months		39,737	40,731	41,749	42,793	43,863	
PMPM Cost	5.3%	\$ 43.51	\$ 45.82	\$ 48.24	\$ 50.80	\$ 53.49	
Total Expenditure		\$ 1,728,934	\$ 1,866,081	\$ 2,014,108	\$ 2,173,877	\$ 2,346,320	\$ 10,129,320
<b>Employer Sponsored Insurance (ESI)</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	2.5%	145,638	149,279	153,011	156,836	160,757	
PMPM Cost	4.7%	\$ 264.70	\$ 277.14	\$ 290.17	\$ 303.81	\$ 318.08	
Total Expenditure		\$ 38,550,492	\$ 41,371,424	\$ 44,398,778	\$ 47,647,659	\$ 51,134,277	\$ 223,102,631
<b>Expansion Parents &lt;=100% FPL</b>							
<b>Pop Type:</b>		<b>Expansion</b>					
Eligible Member Months	2.5%	365,958	375,106	384,484	394,096	403,949	
PMPM Cost	5.3%	\$ 784.16	\$ 825.72	\$ 869.48	\$ 915.56	\$ 964.09	
Total Expenditure		\$ 286,967,645	\$ 309,731,354	\$ 334,300,793	\$ 360,819,204	\$ 389,441,187	\$ 1,681,260,182
<b>Expansion Adults w/out Dependent Children &lt;=100% FPL</b>							
<b>Pop Type:</b>		<b>Expansion</b>					
Eligible Member Months	2.5%	431,799	442,594	453,658	465,000	476,625	
PMPM Cost	5.3%	\$ 1,094.21	\$ 1,152.20	\$ 1,213.26	\$ 1,277.57	\$ 1,345.28	
Total Expenditure		\$ 472,476,451	\$ 509,955,646	\$ 550,407,877	\$ 594,068,982	\$ 641,193,504	\$ 2,768,102,461
<b>Expansion Parents 101-133% FPL</b>							
<b>Pop Type:</b>		<b>Expansion</b>					
Eligible Member Months	5.25%	132,166	139,105	146,408	154,094	162,184	
PMPM Cost	5.3%	\$ 766.98	\$ 807.63	\$ 850.43	\$ 895.51	\$ 942.97	
Total Expenditure		\$ 101,368,614	\$ 112,345,061	\$ 124,510,065	\$ 137,992,326	\$ 152,934,480	\$ 629,150,545
<b>Expansion Adults w/out Dependent Children 101-133% FPL</b>							
<b>Pop Type:</b>		<b>Expansion</b>					
Eligible Member Months	5.25%	418,244	440,201	463,312	487,636	513,237	
PMPM Cost	5.3%	\$ 1,075.02	\$ 1,132.00	\$ 1,191.99	\$ 1,255.17	\$ 1,321.69	
Total Expenditure		\$ 449,621,028	\$ 498,307,117	\$ 552,265,058	\$ 612,065,699	\$ 678,341,703	\$ 2,790,600,606
<b>Former Foster</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	0.0%	10	10	10	10	10	
PMPM Cost	4.8%	\$ 1,252.63	\$ 1,312.76	\$ 1,375.77	\$ 1,441.81	\$ 1,511.01	
Total Expenditure		\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY)					DY21-25 TOTAL WOW
		DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
<b>Housing Residential Support Services (HRSS)</b>							
<b>Pop Type:</b>		<b>Expansion</b>					
Eligible Member Months	2.5%	33,508	34,346	35,205	36,085	36,987	
PMPM Cost	5.3%	\$ 7,318.35	\$ 7,706.22	\$ 8,114.65	\$ 8,544.73	\$ 8,997.60	
Total Expenditure		\$ 245,225,284	\$ 264,677,780	\$ 285,673,345	\$ 308,334,383	\$ 332,793,008	\$ 1,436,703,800
<b>Intense Stabilization Services (ISS)</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	0.0%	1,440	1,440	1,440	1,440	1,440	
PMPM Cost	5.3%	\$ 2,328.50	\$ 2,451.91	\$ 2,581.86	\$ 2,718.70	\$ 2,862.79	
Total Expenditure		\$ 3,353,038	\$ 3,530,749	\$ 3,717,879	\$ 3,914,927	\$ 4,122,418	\$ 18,639,012
<b>In-Vitro Fertilization (IVF) Treatment</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	13.5%	162	184	209	237	269	
PMPM Cost	5.0%	\$ 20,588.98	\$ 21,620.64	\$ 22,703.99	\$ 23,841.63	\$ 25,036.27	
Total Expenditure		\$ 3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310
<b>Medicaid for Justice-involved Populations</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	1.75%	39,756	40,451	41,159	41,880	42,613	
PMPM Cost	3.0%	\$ 551.67	\$ 568.22	\$ 585.26	\$ 602.82	\$ 620.91	
Total Expenditure		\$ 21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839
<b>Mental Health Institutions for Mental Disease (IMD)</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	2.5%	11,043	11,319	11,602	11,892	12,190	
PMPM Cost	5.3%	\$ 14,339.69	\$ 15,099.69	\$ 15,899.97	\$ 16,742.67	\$ 17,630.03	
Total Expenditure		\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,096
<b>Serious Mental Illness (SMI)</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	2.5%	17,688	18,130	18,583	19,048	19,524	
PMPM Cost	5.3%	\$ 14,998.85	\$ 15,793.79	\$ 16,630.86	\$ 17,512.30	\$ 18,440.45	
Total Expenditure		\$ 265,296,529	\$ 286,341,176	\$ 309,055,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400
<b>Substance Use Disorder (SUD)</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	6.9%	49,527	52,940	56,587	60,486	64,654	
PMPM Cost	5.0%	\$ 4,239.75	\$ 4,451.74	\$ 4,674.33	\$ 4,908.05	\$ 5,153.45	
Total Expenditure		\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045
<b>Targeted Adults</b>							
<i>Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment.</i>							
<b>Pop Type:</b>		<b>Expansion</b>					
<i>PMPM will increase due to adding the new managed care directed payments</i>							
Eligible Member Months	2.5%	180,918	185,441	190,077	194,828	199,699	
PMPM Cost	5.3%	\$ 1,495.83	\$ 1,575.11	\$ 1,658.59	\$ 1,746.50	\$ 1,839.06	
Total Expenditure		\$ 270,622,011	\$ 292,089,289	\$ 315,259,114	\$ 340,267,965	\$ 367,258,823	\$ 1,585,497,203
<b>Withdrawal Management</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	0.0%	4,018	4,018	4,018	4,018	4,018	
PMPM Cost	5.0%	\$ 850.85	\$ 893.40	\$ 938.07	\$ 984.97	\$ 1,034.22	
Total Expenditure		\$ 3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482
<b>Long-Term Support Services (LTSS)</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
Eligible Member Months	0.0%		600	600	600	600	
PMPM Cost	5.0%		\$ 9,578.00	\$ 10,056.90	\$ 10,559.75	\$ 11,087.73	
Total Expenditure			\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600	\$ 24,769,300
<b>Integrated Behavior Health Services</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
<i>Starts 1/1/24</i>							
Eligible Member Months	0.0%		1,500	3,000	3,000	3,000	
PMPM Cost	5.0%		\$ 66.67	\$ 70.00	\$ 73.50	\$ 77.18	
Total Expenditure			\$ 100,000	\$ 210,000	\$ 220,500	\$ 231,500	\$ 762,000
<b>Demo Pop VI - UPP for Children</b>							
<b>Pop Type:</b>		<b>Hypothetical</b>					
<i>Starts 1/1/24</i>							
Eligible Member Months	0.0%		1,775	3,523	3,523	3,523	
PMPM Cost	5.0%		\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure			\$ 319,500	\$ 634,140	\$ 634,140	\$ 634,140	\$ 2,221,920

DEMONSTRATION WITH WAIVER (WW ALL) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
<b>Current Eligibles</b>						
<b>Pop Type:</b>						
Eligible Member Months	318,076	318,076	318,076	318,076	318,076	
PMPM Cost	\$ 1,293.75	\$ 1,362.32	\$ 1,434.52	\$ 1,510.55	\$ 1,590.61	
Total Expenditure	\$ 411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$ 505,935,516	\$ 2,287,525,974
<b>Demo Pop I - PCN Adults w/Children</b>						
<b>Pop Type:</b>						
Eligible Member Months	-	-	-	-	-	
PMPM Cost	-	-	-	-	-	
Total Expenditure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Demo Pop III/IV - UPP Adults with Children</b>						
<b>Pop Type:</b>						
Eligible Member Months	\$ 36,498	\$ 49,222	\$ 66,380	\$ 89,520	\$ 120,727	
PMPM Cost	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure	\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
<b>Demo Pop I - PCN Childless Adults</b>						
<b>Pop Type:</b>						
Eligible Member Months	-	-	-	-	-	
PMPM Cost	-	-	-	-	-	
Total Expenditure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Demo Pop III/IV - UPP Childless Adults</b>						
<b>Pop Type:</b>						
Eligible Member Months	\$ 184	\$ 189	\$ 194	\$ 199	\$ 204	
PMPM Cost	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure	\$ 71,651	\$ 73,442	\$ 75,278	\$ 77,160	\$ 79,089	\$ 376,620
<b>Dental - Aged</b>						
<b>Pop Type:</b>						
Eligible Member Months	68,396	70,106	71,858	73,655	75,496	
PMPM Cost	\$ 35.90	\$ 37.81	\$ 39.81	\$ 41.92	\$ 41.92	
Total Expenditure	\$ 2,455,608	\$ 2,650,399	\$ 2,860,641	\$ 3,087,562	\$ 3,164,751	\$ 14,218,960
<b>Dental - Blind/Disabled</b>						
<b>Pop Type:</b>						
Eligible Member Months	393,600	393,600	393,600	393,600	393,600	
PMPM Cost	\$ 35.93	\$ 37.83	\$ 39.83	\$ 41.95	\$ 44.17	
Total Expenditure	\$ 14,140,242	\$ 14,889,675	\$ 15,678,828	\$ 16,509,805	\$ 17,384,825	\$ 78,603,375
<b>Dental - Targeted Adults</b>						
<b>Pop Type:</b>						
Eligible Member Months	39,737	40,731	41,749	42,793	43,863	
PMPM Cost	\$ 43.51	\$ 45.82	\$ 48.24	\$ 50.80	\$ 53.49	
Total Expenditure	\$ 1,728,934	\$ 1,866,081	\$ 2,014,108	\$ 2,173,877	\$ 2,346,320	\$ 10,129,320
<b>Employer Sponsored Insurance (ESI)</b>						
<b>Pop Type:</b>						
Eligible Member Months	145,638	149,279	153,011	156,836	160,757	
PMPM Cost	\$ 264.70	\$ 277.14	\$ 290.17	\$ 303.81	\$ 318.08	
Total Expenditure	\$ 38,550,492	\$ 41,371,424	\$ 44,398,778	\$ 47,647,659	\$ 51,134,277	\$ 223,102,631
<b>Expansion Parents &lt;=100% FPL</b>						
<b>Pop Type:</b>						
Eligible Member Months	365,958	375,106	384,484	394,096	403,949	
PMPM Cost	\$ 784.16	\$ 825.72	\$ 869.48	\$ 915.56	\$ 964.09	
Total Expenditure	\$ 286,967,645	\$ 309,731,354	\$ 334,300,793	\$ 360,819,204	\$ 389,441,187	\$ 1,681,260,182
<b>Expansion Adults w/out Dependent Children &lt;=100% FPL</b>						
<b>Pop Type:</b>						
Eligible Member Months	431,799	442,594	453,658	465,000	476,625	
PMPM Cost	\$ 1,094.21	\$ 1,152.20	\$ 1,213.26	\$ 1,277.57	\$ 1,345.28	
Total Expenditure	\$ 472,476,451	\$ 509,955,646	\$ 550,407,877	\$ 594,068,982	\$ 641,193,504	\$ 2,768,102,461
<b>Expansion Parents 101-133% FPL</b>						
<b>Pop Type:</b>						
Eligible Member Months	132,166	139,105	146,408	154,094	162,184	
PMPM Cost	\$ 766.98	\$ 807.63	\$ 850.43	\$ 895.51	\$ 942.97	
Total Expenditure	\$ 101,368,614	\$ 112,345,061	\$ 124,510,065	\$ 137,992,326	\$ 152,934,480	\$ 629,150,545
<b>Expansion Adults w/out Dependent Children 101-133% FPL</b>						
<b>Pop Type:</b>						
Eligible Member Months	418,244	440,201	463,312	487,636	513,237	
PMPM Cost	\$ 1,075.02	\$ 1,132.00	\$ 1,191.99	\$ 1,255.17	\$ 1,321.69	
Total Expenditure	\$ 449,621,028	\$ 498,307,117	\$ 552,265,058	\$ 612,065,699	\$ 678,341,703	\$ 2,790,600,606

DEMONSTRATION WITH WAIVER (WW ALL) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
<b>Former Foster Care</b>						
<b>Pop Type:</b>						
Eligible Member Months	10	10	10	10	10	
PMPM Cost	\$ 1,252.63	\$ 1,312.76	\$ 1,375.77	\$ 1,441.81	\$ 1,511.01	
Total Expenditure	\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940
<b>Housing Residential Support Services (HRSS)</b>						
<b>Pop Type:</b>						
Eligible Member Months	33,508	34,346	35,205	36,085	36,987	
PMPM Cost	7,318	7,706	8,115	8,545	8,998	
Total Expenditure	\$ 245,225,284	\$ 264,677,780	\$ 285,673,345	\$ 308,334,383	\$ 332,793,008	\$ 1,436,703,800
<b>Intense Stabilization Services (ISS)</b>						
<b>Pop Type:</b>						
Eligible Member Months	1,440	1,440	1,440	1,440	1,440	
PMPM Cost	\$2,328.50	\$2,451.91	\$2,581.86	\$2,718.70	\$2,862.79	
Total Expenditure	\$ 3,353,038	\$ 3,530,749	\$ 3,717,879	\$ 3,914,927	\$ 4,122,418	\$ 18,639,012
<b>In-Vitro Fertilization (IVF) Treatment</b>						
<b>Pop Type:</b>						
Eligible Member Months	162	184	209	237	269	
PMPM Cost	\$ 20,588.98	\$ 21,620.64	\$ 22,703.99	\$ 23,841.63	\$ 25,036.27	
Total Expenditure	\$ 3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310
<b>Medicaid for Justice-Involved Populations</b>						
<b>Pop Type:</b>						
Eligible Member Months	39,756	40,451	41,159	41,880	42,613	
PMPM Cost	\$ 551.67	\$ 568.22	\$ 585.26	\$ 602.82	\$ 620.91	
Total Expenditure	\$ 21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839
<b>Mental Health Institutions for Mental Disease (IMD)</b>						
<b>Pop Type:</b>						
Eligible Member Months	11,043	11,319	11,602	11,892	12,190	
PMPM Cost	\$ 14,339.69	\$ 15,099.69	\$ 15,899.97	\$ 16,742.67	\$ 17,630.03	
Total Expenditure	\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,096
<b>Serious Mental Illness (SMI)</b>						
<b>Pop Type:</b>						
Eligible Member Months	17,688	18,130	18,583	19,048	19,524	
PMPM Cost	\$ 14,998.85	\$ 15,793.79	\$ 16,630.86	\$ 17,512.30	\$ 18,440.45	
Total Expenditure	\$ 265,296,529	\$ 286,341,176	\$ 309,055,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400
<b>Substance Use Disorder (SUD)</b>						
<b>Pop Type:</b>						
Eligible Member Months	49,527	52,940	56,587	60,486	64,654	
PMPM Cost	\$ 4,239.75	\$ 4,451.74	\$ 4,674.33	\$ 4,908.05	\$ 5,153.45	
Total Expenditure	\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045
<b>Targeted Adults</b>						
<b>Pop Type:</b>						
Eligible Member Months	180,918	185,441	190,077	194,828	199,699	
PMPM Cost	1,496	1,575	1,659	1,747	1,839	
Total Expenditure	\$ 270,622,011	\$ 292,089,289	\$ 315,259,114	\$ 340,267,965	\$ 367,258,823	\$ 1,585,497,203
<b>Withdrawal Management</b>						
<b>Pop Type:</b>						
Eligible Member Months	4,018	4,018	4,018	4,018	4,018	
PMPM Cost	\$ 850.85	\$ 893.40	\$ 938.07	\$ 984.97	\$ 1,034.22	
Total Expenditure	\$ 3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482
<b>Long-Term Support Services (LTSS)</b>						
<b>Pop Type:</b>						
Eligible Member Months	-	600	600	600	600	
PMPM Cost	-	9,578	10,057	10,560	11,088	
Total Expenditure	-	5,746,800	6,034,100	6,335,800	6,652,600	\$ 24,769,300
<b>Integrated Behavior Health Services</b>						
<b>Pop Type:</b>						
Eligible Member Months	-	1,500	3,000	3,000	3,000	
PMPM Cost	\$ -	\$ 66.67	\$ 70.00	\$ 73.50	\$ 77.18	
Total Expenditure	\$ -	\$ 100,000	\$ 210,000	\$ 220,500	\$ 231,500	\$ 762,000
<b>Demo Pop VI - UPP for Children</b>						
<b>Pop Type:</b>						
Eligible Member Months	-	1,775	3,523	3,523	3,523	
PMPM Cost	\$ -	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure	\$ -	\$ 319,500	\$ 634,140	\$ 634,140	\$ 634,140	\$ 2,221,920

# Attachment 2

## Public Notice Requirements

Support

PUBLIC NOTICE WEBSITE  
DIVISION OF ARCHIVES AND RECORDS SERVICE

# 1115 Demonstration Waiver Amendment

## General Information

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Government Type:

**State Agency**

---

Entity:

**Department of Health and Human Services**

---

Public Body:

**Medicaid Expansion Workgroup**

---

Give Feedback

## Notice Information

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[Add Notice to Calendar](#)

Notice Title:

**1115 Demonstration Waiver Amendment**

---

Notice Subject(s):

**Medicaid , Health Care**

---

Notice Type(s):

**Notice, Hearing**

---



Event Start Date & Time:

March 16, 2023 02:00 PM

---

Event End Date & Time:

March 16, 2023 04:00 PM

---

Event Deadline Date & Time:

03/16/23 04:00 PM

---

Description/Agenda:

Utah's Premium Partnership-  
Reimbursement Increase for Children  
Public Hearing

The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss an amendment to Utah's Medicaid Reform 1115 Demonstration. The Department will also accept public comment regarding the amendments online, by email, or mail during the public comment period from February 22, 2023, to March 24, 2023.

This amendment request seeks authority from the Centers for Medicare & Medicaid Services to allow the state to increase the maximum premium reimbursement amount for children enrolled in Utah's Premium Partnership (UPP) program. The amount would change from \$120 per enrollee per month to an amount set by the state through the administrative rulemaking process and within budget neutrality limits. The UPP program helps individuals pay for their health insurance premiums so they may afford their employer or COBRA health plan. For the first fiscal year of implementation, the maximum reimbursement amount will increase to \$180 per enrollee per month, with an additional \$20 per month if the plan provides dental coverage.

Public Hearings:

The Department will conduct two public hearings to discuss the demonstration amendment. The dates and times are listed below. Due to the COVID-19 public health emergency, both public hearings will be held via video and teleconferencing.

Thursday, March 16, 2023, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting

Video Conference: Google Meet Meeting [meet.google.com/phj-yprf-iui](https://meet.google.com/phj-yprf-iui)

Give Feedback

Or join by phone: (US) +1 252-517-9050 PIN: 852185406

Monday, March 20, 2023, from 4:00 pm to 5:00 pm.

Video Conference: Google Meet Meeting [meet.google.com/oqf-vej-m-vcn](https://meet.google.com/oqf-vej-m-vcn)

Or join by phone: (US) +1 209-850-2432 PIN: 436 259 388 #

Public Comment:

A copy of the public notice and proposed amendments are available online at:  
<https://medicaid.utah.gov/1115-waiver/>

The public may comment on the proposed amendment requests during the public comment period from February 22, 2023, to March 24, 2023.

Comments may be submitted using the following methods:

Online: <https://medicaid.utah.gov/1115-waiver/>

Email: [Medicaid1115waiver@utah.gov](mailto:Medicaid1115waiver@utah.gov)

Mail: Utah Department of Health and Human Services  
Division of Integrated Healthcare  
PO Box 143106  
Salt Lake City, UT 84114-3106  
Attn: Laura Belgique

Give Feedback

---

Notice of Special Accommodations (ADA):

In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify Laura Belgique at 801-538-6241.

---

Notice of Electronic or Telephone Participation:

Video Conference: Google Meet Meeting [meet.google.com/phj-yprf-iui](https://meet.google.com/phj-yprf-iui) Or join by phone: (US) +1 252-517-9050 PIN: 852185406

---

## Meeting Information

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Meeting Location:

Video/Teleconferencing

Video/Teleconferencing, UT 84116

[Show in Apple Maps](#)

[Show in Google Maps](#)

---

Contact Name:

PBM-00005664

---

Contact Email:

[lbelgique@utah.gov](mailto:lbelgique@utah.gov)

---

Contact Phone:

(801)538-6241

---

## Notice Posting Details

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Give Feedback

Notice Posted On:

February 09, 2023 02:16 PM

---

Notice Last Edited On:

February 09, 2023 02:16 PM

---

Deadline Date:

March 16, 2023 04:00 PM

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PUBLIC NOTICE WEBSITE  
DIVISION OF ARCHIVES AND RECORDS SERVICE

# 1115 Demonstration Waiver Amendment

## General Information

---

Government Type:

**State Agency**

---

Entity:

**Department of Health and Human Services**

---

Public Body:

**Medicaid Expansion Workgroup**

---

Give Feedback

## Notice Information

---

[Add Notice to Calendar](#)

Notice Title:

**1115 Demonstration Waiver Amendment**

---

Notice Subject(s):

**Medicaid , Health Care**

---

Notice Type(s):

**Notice, Hearing**

---

Event Start Date & Time:

March 20, 2023 04:00 PM

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Event End Date & Time:

March 20, 2023 05:00 PM

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Reimbursement Increase for Children  
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Give Feedback

Or join by phone: (US) +1 252-517-9050 PIN: 852185406

Monday, March 20, 2023, from 4:00 pm to 5:00 pm.

Video Conference: Google Meet Meeting [meet.google.com/oqf-vej-mvcn](https://meet.google.com/oqf-vej-mvcn)

Or join by phone: (US) +1 209-850-2432 PIN: 436 259 388 #

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at [lbelgique@utah.gov](mailto:lbelgique@utah.gov) or 1 (801) 538-6241 by 5:00 p.m. on March 9, 2023.

Public Comment:

A copy of the public notice and proposed amendments are available online at:

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Mail: Utah Department of Health and Human Services  
Division of Integrated Healthcare  
PO Box 143106  
Salt Lake City, UT 84114-3106  
Attn: Laura Belgique

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---

## Meeting Information

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Meeting Location:

Video/Teleconferencing

Video/Teleconferencing, UT 84116

[Show in Apple Maps](#)

[Show in Google Maps](#)

---

Contact Name:

PBM-00005664

---

Contact Email:

[lbelgique@utah.gov](mailto:lbelgique@utah.gov)

---

Contact Phone:

(801)538-6241

---

## Notice Posting Details

---

Give Feedback

Notice Posted On:

February 09, 2023 02:27 PM

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Notice Last Edited On:

February 09, 2023 02:27 PM

---

Deadline Date:

March 20, 2023 05:00 PM

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CUSTOMER NAME AND ADDRESS

DIVISION OF MEDICAID AND HEALTH FINANCING  
CRAIG DEVASHRAYEE  
PO BOX 143102  
SALT LAKE CITY, UT 84114  
cdevashrayee@utah.gov

ACCOUNT NUMBER

8405

ACCOUNT NAME

DIVISION OF MEDICAID AND HEALTH FINANCING

TELEPHONE

801-538-6641

ORDER #

SLT0021461

CUSTOMER REFERENCE NUMBER

CAPTION

Utah's Premium Partnership- Reimbursement Increase for Children Public Hearing The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss an amendment to Utah's Medicaid Reform 1115 Demonstration.

TOTAL COST

\$213.80

### Utah's Premium Partnership- Reimbursement Increase for Children Public Hearing

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- Or join by phone: (US) +1 209-850-2432 PIN: 436 259 388 #

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Email: [Medicaid1115waiver@utah.gov](mailto:Medicaid1115waiver@utah.gov)  
Mail: Utah Department of Health and Human Services  
Division of Integrated Healthcare  
PO Box 143106  
Salt Lake City, UT 84114-3106  
Attn: Laura Belgique  
**SLT0021461**

## AFFIDAVIT OF PUBLICATION

AS THE SALT LAKE TRIBUNE, INC. LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF Utah's Premium Partnership- Reimbursement Increase for Children Public Hearing The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss an amendment to Utah's Medicaid Reform 1115 Demonstration. FOR DIVISION OF MEDICAID AND HEALTH FINANCING WAS PUBLISHED BY THE SALT LAKE TRIBUNE, INC., WEEKLY NEWSPAPER PRINTED IN THE ENGLISH LANGUAGE WITH GENERAL CIRCULATION IN UTAH, AND PUBLISHED IN SALT LAKE CITY, SALT LAKE COUNTY IN THE STATE OF UTAH. NOTICE IS ALSO POSTED ON UTAHLEGALS.COM ON THE SAME DAY AS THE FIRST NEWSPAPER PUBLICATION DATE AND REMAINS ON UTAHLEGALS.COM INDEFINITELY. COMPLIES WITH UTAH DIGITAL SIGNATURE ACT UTAH CODE 46-2-101; 46-3-104.

PUBLISHED ON 02/12/2023

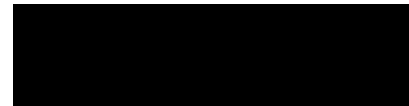
DATE 03/22/2023

STATE OF UTAH  
COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 22nd DAY OF MARCH IN THE YEAR 2023

BY Jordyn Gallegos

SIGNATURE



NOTARY PUBLIC SIGNATURE

# Attachment 3

**Medical Care Advisory Committee**

**Public Hearing**

Meeting: Medical Care Advisory Committee  
 Date: March 16, 2023  
 Start Time: 2:00 p.m.  
 End Time: 4:00 p.m.  
 Location: [meet.google.com/phj-yprf-iui](https://meet.google.com/phj-yprf-iui) (Google Chrome)  
 By Phone: 1-252-517-9050 PIN# 852 185 406#

### Agenda Items

1. Welcome	Michael Hales	2:00 / 5 min
<ul style="list-style-type: none"> <li>• New Member: Calleen Kenney Consumer Rep for Medicaid beneficiaries</li> <li>• Approve Minutes for January 2023*</li> </ul>		
2. Public Hearing - 1115 Demonstration Waiver amendment for UPP Reimbursement Increase for Children**	Laura Belgique / Members of the Public	2:05 / 10 min
3. Renewal of the Tech Dependent and Medically Complex Children’s Waiver programs**	Josip Ambrenac	2:15 / 10 min
4. Legislative and Appropriations Update from General Session	Jennifer Strohecker / Eric Grant	2:25 / 35 min
5. Director’s Report	Jennifer Strohecker	3:00 / 15 min
<ul style="list-style-type: none"> <li>• PRISM Update</li> <li>• Policy Update</li> <li>• Rules/SPAs Update</li> </ul>		
6. Eligibility and Enrollment Update**	Jeff Nelson	3:15 / 15 min
<ul style="list-style-type: none"> <li>• Unwinding Continuous Medicaid Eligibility</li> </ul>		
7. Legislative Behavioral and Mental Health Update	Jennifer Marchant	3:30 / 10 min
8. Committee Members Updates	Committee Members	Time Remaining

\* Action Item - MCAC Members must be present to vote (substitutes are not allowed to vote)

\*\* Informational handout in the packet sent to committee members

\*\*\*In accordance with the Open and Public Meetings Act Utah Code 52-4-207, the Chair of the MCAC committee has determined providing an anchor location for the MCAC meeting presents substantial risk to the health and safety of the attendees due to the COVID-19 pandemic. The MCAC meeting will be conducted remotely via electronic means only. The committee members and the public may attend via Google Meet or by calling in to the Google Meet session as listed on the meeting agenda. MCAC meetings will be held in an electronic format until further notice.

**Next Meeting:** April 20, 2023, from 2:00 p.m. – 4:00 p.m.

Please send meeting topics or other correspondence to Sharon Steigerwalt ([ssteigerwalt@utah.gov](mailto:ssteigerwalt@utah.gov))

# Attachment 4

## Tribal Consultation



# Utah Indian Health Advisory Board (UIHAB) Meeting

03/10/2023  
8:30 AM –11:30 AM

Utah Department of Health & Human Services  
Salt Lake City, UT 84114  
(385) 227-2078

Google Meeting Format Web Link:

<https://meet.google.com/krh-kvdf-svj?hs=122&authuser=0>

Call In: 1-414-909-6377  
PIN: 211 599 534#



<b>Meeting called by:</b>	UIHAB
<b>Type of meeting:</b>	Monthly UIHAB
<b>Note taker:</b>	Dorrie Reese
<b>Please Review:</b>	Medicaid Rules & SPA document(s), additional materials via presenters.

## Agenda topic

<b>8:30 AM</b>	<b>UIHAB Meeting</b> Welcome & Introductions	Ed Napia, Chairperson
<b>8:40 AM</b>	<b>Committee Updates &amp; Discussion</b> <ul style="list-style-type: none"> <li>✦ <b>UT Medicaid Eligibility Policy</b></li> <li>✦ <b>Medicaid &amp; CHIP State Plan Amendments (SPA) &amp; Rules</b></li> <li>✦ <b>DWS Medicaid Eligibility Operations</b></li> <li>✦ <b>SNAP</b></li> <li>✦ <b>MCAC &amp; CHIP Advisory Committees</b></li>   <li>✦ <b>Federal/State Policy Impacting I/T/U</b> ICWA Liaison Indian Health Liaison</li> <li>✦ <b>Data Reporting Updates</b></li> <li>✦ <b>Contracts/Grant Update</b></li> <li>✦ <b>UT DHHS OAIANHFS Program Updates</b> Opioids &amp; Tobacco Health Equity</li> </ul>	Jeff Nelson, UT Medicaid, Dir. BMEP Craig Devashrayee, UT Medicaid, BMEP Jessica Ware, AI/AN Elig. Spec., DWS Paul Birkbeck, Snap Program Specialist Mike Jensen, UNHS & Courtney Muir, NWBSN Jeremy Taylor, IHFS Jamie Harvey, IHFS Vacant, IHFS Alex Merrill, IHFS Carrie Larson, IHFS Hilary Makris, IHFS Kassie John, IHFS
<b>09:30 AM</b>	<b>Medicaid 1115 Demonstration Amendment: UPP Reimbursement Increase for Children</b>	Laura Belgique, 1115 Demonstration Program. Mgr
<b>10:00 AM</b>	<b>Medicaid Home and Community Based Services</b>	Josip Ambrenac, Dir. Office of Long Term Services and Supports
<b>10:30 AM</b>	<b>Alzheimer’s Disease and Related Dementias</b>	Kristy Russell, ADRD State Plan Specialist
<b>11:00 AM</b>	<b>I/T/U updates</b>	I/T/U
<b>11:20 AM</b>	<b>Other Business</b>	
<b>11:30 AM</b>	<b>ADJOURN</b> <i>Next Mtg. April 14, 2023</i>	