



State of Utah

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Governor

DEIDRE M. HENDERSON  
Lieutenant Governor

## Department of Health & Human Services

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*Deputy Director*

NATE WINTERS  
*Deputy Director*

December 30, 2022

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 Special Terms and Conditions for the Medicaid Reform 1115 Demonstration. This amendment seeks approval to allow individuals to receive existing state plan covered physical and behavioral services in an integrated model through a contracted local mental health authority which will be selected through a Request for Proposal process.

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 (Dec 19, 2022 13:55 MST)

Jennifer Strohecker  
State Medicaid Director  
Director, Division of Integrated Healthcare



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# State of Utah

## Medicaid Reform 1115 Demonstration Amendment

### Integrated Behavioral Health Services

#### Section I. Program Description and Objectives

During the 2022 General Session of the Utah State Legislature, Senate Bill 41 “Behavioral Health Services Amendments” was passed and signed into law by Governor Cox. This legislation requires the Utah Department of Health and Human Services, Division of Integrated Healthcare to seek 1115 Medicaid Reform Demonstration approval from the Centers for Medicare and Medicaid Services (CMS) to allow individuals to receive existing state plan covered physical and behavioral services in an integrated model through a contracted local mental health authority which will be selected through a Request for Proposal process.

#### Goals and Objectives

Under Section 1115 of the Social Security Act, States may implement “experimental, pilot or demonstration projects which, in the judgment of the Secretary [of Health and Human Services] is likely to assist in promoting the objectives of [Medicaid]”. Within the Medicaid population, there are individuals that require the integration of both physical and behavioral healthcare services in order to receive necessary and effective delivery of care. Integrated approaches close gaps in care, improve overall care, provide a holistic member experience, and are cost effective. Providing integrated physical and behavioral healthcare services through a local mental health authority will make it possible for Medicaid eligible members to receive appropriate healthcare services that have not been previously available. The State believes this demonstration is likely to promote the objectives of Medicaid by improving participant health outcomes and quality of life.

#### Operation and Proposed Timeline

The demonstration will operate through the contracted local mental health authority selected through the Request for Proposal process. The State intends to implement the proposed benefit as soon as possible after approval, but not before January 1, 2024. The State requests to operate the demonstration through 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 these demonstrations 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 hypothesis will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
This demonstration will increase the percent of individuals with a behavioral health condition receiving primary care services compared to a matched cohort receiving care in a non-integrated clinic model.	<ul style="list-style-type: none"> <li>Number of individuals served under this demonstration</li> </ul>	<ul style="list-style-type: none"> <li>Data warehouse</li> </ul>	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons.

## Section II. Demonstration Eligibility

Medicaid eligible individuals eligible under this demonstration must meet the following requirement:

- Medicaid members who are served by the contracted local mental health authority who accesses services through the local mental health authority.

## Projected Enrollment

The projected enrollment for the demonstration population is approximately 250 Medicaid members per year.

### Section III. Demonstration Benefits

If approved under this demonstration, qualified Medicaid members will be eligible to receive the following services:

- Qualified Medicaid members will be eligible to receive existing state plan covered physical and behavioral services through the contracted local mental health authority.
- Individuals receiving mental health treatment will be able to receive primary care to prevent and treat conditions in an ambulatory environment.
- Integrated health delivery models address system fragmentation to better identify and manage co-occurring conditions, improved health outcomes, and lower costs of care compared to traditional models

### Section IV. Delivery System

Services for Demonstration members will be provided through a contracted local mental health authority.

### Section V. Delivery System

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

### Section VI. Demonstration Financing and Budget Neutrality

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 the remaining demonstration years.

	DY22 (SFY 24) (Jan-Jun 2024)	DY23 (SFY 25)	DY24 (SFY 26)	DY25(SFY 27)
Enrollment	250	250	250	250
Expenditures	\$100,000	\$210,000	\$220,500	\$231,500

## Section VII. Proposed Waiver and Expenditure Authority

The State requests the following proposed waivers and expenditure authority to operate the demonstration.

<b>Waiver and Expenditure Authority</b>	<b>Reason and Use of Waiver</b>
Section 1902(a)(1) - Statewideness	This section of the Act requires a Medicaid State plan to be in effect in all political subdivisions of the State. This waiver program is not available throughout the State.

### Expenditure Authority

The State requests expenditure authority to provide Medicaid members appropriate and necessary integrated physical and behavioral healthcare services through a contracted local mental health authority.

## 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 December 12, 2022 from 3:00 pm to 4:00 pm. The second public hearing was held on December 15, 2022, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting. Both public hearings were held via video and teleconferencing. The state received one comment in the MCAC meeting. The commenter stated it seemed like a limited benefit and asked how extensive the primary care services would be and how it would overlay with the UMIC contracts. The commenter also expressed concern this may be confusing to members as well as providers. In response, the state explained we are not replacing our current UMIC delivery system, the services would be for primary care, and we will take any confusing information into advisement.

### **Public Comment**

The public comment period was held November 24, 2022 through December 23, 2022.

### **Tribal Consultation**

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act and the Utah Department of Health (UDOH) Intergovernmental Policy 01.19 Formal UDOH 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. The state notified the UDOH Indian Health Liaison of the waiver amendment. As a result of this notification, the state began the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on December 9, 2022 to present this demonstration amendment.

Three questions were received during the meeting. One commenter asked if the state was integrating the Indian Health Systems into the contracted local mental health. The state explained this is a pilot project and that a local mental health authority would be awarded through a Request for Proposal process. Another commenter asked if this is going to be expanded to the rest of the state if successful. The state explained there are currently no mechanisms to expand this project, but that could be evaluated in the future. The third question was in relation to the time frame and the state explained this pilot would go through the end of the demonstration period.

### **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

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>Former Foster</b>							
Pop Type:	Hypothetical						
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
<b>Housing Residential Support Services (HRSS)</b>							
Pop Type:	Expansion						
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>							
Pop Type:	Hypothetical						
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>							
Pop Type:	Hypothetical						
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>							
Pop Type:	Hypothetical						
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>							
Pop Type:	Hypothetical						
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>							
Pop Type:	Hypothetical						
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>							
Pop Type:	Hypothetical						
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>							
Pop Type:	Expansion						
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
<i>Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment. PMPM will increase due to adding the new managed care directed payments</i>							
<b>Withdrawal Management</b>							
Pop Type:	Hypothetical						
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>							
Pop Type:	Hypothetical						
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>							
Pop Type:	Hypothetical						
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

\$ 17,675,902,312

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/V - 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/V - 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

**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>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
<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

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>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>						
	<i>Starts 1/1/24</i>					
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

\$ 17,676,664,312

# Attachment 2

## Public Notice Requirements



PUBLIC NOTICE WEBSITE  
DIVISION OF ARCHIVES AND RECORDS SERVICE

# Public Hearing on Amendments to Utah's Medicaid Reform 1115 Demonstration

## General Information

---

Government Type:

**State Agency**

---

Entity:

**Department of Health and Human Services**

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Public Body:

**Medicaid Expansion Workgroup**

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## Notice Information

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[Add Notice to Calendar](#)

Notice Title:

**Public Hearing on Amendments to Utah's Medicaid Reform 1115 Demonstration**

---

Notice Subject(s):

**Medicaid , Health Care**

---

Notice Type(s):

**Hearing**

---

Event Start Date & Time:

**December 12, 2022 03:00 PM**

---

Event End Date & Time:

**December 12, 2022 04:00 PM**

---

Event Deadline Date & Time:

12/12/22 04:00 PM

---

Description/Agenda:

## Integrated Behavioral Health Services and Long-Term Services and Supports for Behaviorally Complex Individuals Public Hearings

The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss two amendments 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 November 24, 2022, to December 23, 2022.

Utah Medicaid is requesting authority to implement provisions of Senate Bill 41 'Behavioral Health Services Amendments', which passed during the 2022 Utah Legislative General Session. This amendment seeks approval from the Centers for Medicare & Medicaid Services (CMS) to allow individuals to receive existing state plan-covered physical and behavioral services through a contracted local mental health authority, which will be selected through a Request for Proposal process.

Utah Medicaid is also requesting authority to implement a second amendment to Utah's Medicaid Reform 1115 Demonstration. This amendment seeks approval from CMS to provide Long Term Services and Supports (LTSS) to individuals who have behaviorally complex conditions. One LTSS provider will be selected through a Request for Proposal process.

### Public Hearings:

The Department will conduct two public hearings to discuss the demonstration amendments. 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.

Monday, December 12, 2022, from 3:00 pm to 4:00 pm.

Video Conference: Google Meet Meeting [meet.google.com/dtv-read-thf](https://meet.google.com/dtv-read-thf)

Or join by phone: (US) +1 209-806-3237 PIN: 354 734 298 #

Thursday, December 15, 2022, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting

Video Conference: Google Meet Meeting [meet.google.com/hdo-xdkn-yvt](https://meet.google.com/hdo-xdkn-yvt)

Or join by phone: (US) +1 405-696-0719 PIN: 248 965 765 #

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at [lbelgique@utah.gov](mailto:lbelgique@utah.gov) or (801) 538-6241 by 5:00 p.m. on December 8, 2022.

### 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

November 24, 2022, to December 23, 2022.

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

---

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:

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---

## Meeting Information

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 Posted On:

November 17, 2022 03:48 PM

---

Notice Last Edited On:

November 17, 2022 04:04 PM

---

Deadline Date:

December 12, 2022 04:00 PM

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PUBLIC NOTICE WEBSITE  
DIVISION OF ARCHIVES AND RECORDS SERVICE

# Public Hearing on Amendments to Utah's Medicaid Reform 1115 Demonstration

## General Information

---

Government Type:

**State Agency**

---

Entity:

**Department of Health and Human Services**

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Public Body:

**Medicaid Expansion Workgroup**

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## Notice Information

---

[Add Notice to Calendar](#)

Notice Title:

**Public Hearing on Amendments to Utah's Medicaid Reform 1115 Demonstration**

---

Notice Subject(s):

**Medicaid , Health Care**

---

Notice Type(s):

**Hearing**

---

Event Start Date & Time:

December 15, 2022 02:00 PM

---

Event End Date & Time:

December 15, 2022 04:00 PM

---

Event Deadline Date & Time:

12/15/22 04:00 PM

---

Description/Agenda:

### Integrated Behavioral Health Services and Long-Term Services and Supports for Behaviorally Complex Individuals Public Hearings

The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss two amendments 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 November 24, 2022, to December 23, 2022.

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Public Hearings:

The Department will conduct two public hearings to discuss the demonstration amendments. 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.

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Video Conference: Google Meet Meeting [meet.google.com/dtv-read-thf](https://meet.google.com/dtv-read-thf)

Or join by phone: (US) +1 209-806-3237 PIN: 354 734 298 #

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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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(US) +1 405-696-0719 PIN: 248 965 765 #

---

## Meeting Information

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Meeting Location:

Video/Teleconferencing  
Salt Lake City, 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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Notice Posted On:

November 17, 2022 04:02 PM

---

Notice Last Edited On:

November 17, 2022 04:02 PM

---

Deadline Date:

December 15, 2022 04:00 PM

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cdevashrayee@utah.gov

ACCOUNT NUMBER

8405

ACCOUNT NAME

DIVISION OF MEDICAID AND HEALTH FINANCING

TELEPHONE

801-538-6641

ORDER #

SLT0020265

CUSTOMER REFERENCE NUMBER

CAPTION

Integrated Behavioral Health Services and Long- Term Services and Supports for Behaviorally Complex Individuals Public Hearings The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss two amendments to Utah's Medicaid Reform 1115 Demonstration.

TOTAL COST

\$235.40

**Integrated Behavioral Health Services and Long- Term Services and Supports for Behaviorally Complex Individuals Public Hearings**

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  - Or join by phone: (US) +1 209-806-3237 PIN: 354 734 298 #
- Thursday, December 15, 2022, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting
  - Video Conference: Google Meet Meeting [meet.google.com/hdo-xd-ku-yvt](https://meet.google.com/hdo-xd-ku-yvt)
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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  
**SLT0020265**

### AFFIDAVIT OF PUBLICATION

AS THE SALT LAKE TRIBUNE, INC. LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF Integrated Behavioral Health Services and Long- Term Services and Supports for Behaviorally Complex Individuals Public Hearings The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss two amendments 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 11/20/2022

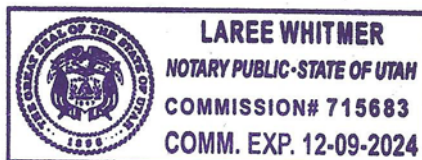
DATE 11/24/2022

STATE OF UTAH  
COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 24th DAY OF NOVEMBER IN THE YEAR 2022

BY Jordyn Gallegos

SIGNATURE

  
NOTARY PUBLIC SIGNATURE

# Attachment 3

**Medical Care Advisory Committee**

**Public Hearing**

Meeting: Medical Care Advisory Committee  
 Date: December 15, 2022  
 Start Time: 2:00 p.m.  
 End Time: 4:00 p.m.  
 Location: [meet.google.com/hdo-xdkn-yvt](https://meet.google.com/hdo-xdkn-yvt) (Google Chrome)  
 By Phone: 1-405-696-0719 PIN# 248 965 765#

### Agenda Items

1. Welcome	Michael Hales	2:00 / 10 min
<ul style="list-style-type: none"> <li>• Approve Minutes for October 2022 MCAC*</li> <li>• Welcome New MCAC member: Dr. Jennifer Brinton           <ul style="list-style-type: none"> <li>○ Provider Rep for Utah Physicians</li> </ul> </li> </ul>		
2. California’s CalAIM Initiative	Aaron Toyama	2:10 / 30 min
3. Public Hearings – 1115 Demonstration Amendments**	Laura Belgique / Members of the Public	2:40 / 10 min
<ul style="list-style-type: none"> <li>• S.B. 41 Integrated Behavioral Healthcare Services</li> <li>• Long Term Services and Supports for Behaviorally Complex Individuals</li> </ul>		
4. Director’s Report	Jennifer Strohecker	2:50 / 15 min
5. Governor’s Budget Proposal	Eric Grant	3:05 / 10 min
6. Discuss and Vote on the MCAC Bylaws*	Michael Hales	3:15 / 10 min
7. Eligibility and Enrollment Discussion**	Jeff Nelson	3:25 / 10 min
<ul style="list-style-type: none"> <li>• PHE Unwinding Update</li> </ul>		
8. Committee Member 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:** January 19, 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))

# Medical Care Advisory Committee

*Minutes of December 15, 2022*

## Participants

### Committee Members (via phone)

Michael Hales (Chair), Jennifer Marchant, Rachel Craig, Luis Rios, Muris Prses for Dale Ownby, Brian Monsen, Stephanie Burdick, Kim Dansie, Gina Tuttle, and Cassidy Matthew

### Committee Members Absent

Lisa Heaton, Dr. Robert Baird, Nate Checketts, Dr. Jennifer Brinton, Alan Ormsby, Michael Jensen, and Davis Moore

### DOH Staff (via phone)

Eric Grant, Brian Roach, Tracy Barkley, Laura Belgique, Emma Chacon, Dave Lewis, Matt Lund, Jennifer Meyer-Smart, Jeff Nelson, Michelle Smith, James Stamos, Jeremy Taylor, Greg Trollan, Kolbi Young, Sharon Steigerwalt, and Dorrie Reese

### Guest (via phone)

Justin Allen, Ciriac Alvarez, Brittany Carver, Jill Chang, Clayton Nelson, Adam Cohen, William Cosgrove, Nate Crippes, Kaitlynn Drollinger, Jim Dunnigan, Kevin Eastman, Jeannie Edens, Russ Elbel, Julie Eqing, Ron Faerber, Melissa Garrett, Matt Hansen, Geoff Harding, Scott Horne, Ryan Jackson, Michelle Jenson, Vicki Jessup, Kristeen Jones, Rosemary Lesser, Jesse Liddell, Rebecca Martinez, Noah Miterko, Elise Napper, Joni Nebeker, Andrea Neilson, Andrew Riggie, Destiny Rockwood, Ken Schaecher, Randall Serr, Kristen Taden, Aaron Toyama, Ryan Westergard, Audry Wood, Todd Wood, Sheila Young, and Emily Zheutlin

### California's CalAIM Initiative:

Aaron Toyama discussed California's CalAIM Initiative.

[Aaron.toyama@dhcs.ca.gov](mailto:Aaron.toyama@dhcs.ca.gov)

<https://www.dhcs.ca.gov/calaim>

The document which was presented is embedded in this document.



CalAIM Overview for  
Utah MCAC.pdf

### Welcome New MCAC member: Dr. Jennifer Brinton:

Michael Hales welcomed new MCAC Member Dr. Jennifer Brinton-Provider Representative for Utah Physicians

### Approval of Minutes:

Brian Monson made the motion to approve the October 20, 2022, MCAC minutes. Rachel Craig seconded that motion. The group unanimously agreed.

## 1115 Demonstration Waiver Public Hearings:

Laura Belgique discussed S.B 41: Integrated Behavioral Healthcare Services, and Long-Term Services & Supports Behaviorally Complex Individuals.

The documents which were presented are embedded in this document.



LTSS for BC  
Individuals Public Hea



SB41 Public Hearing  
Overview.pdf

### Questions:

Andrew Riggle asked a couple of questions. 1. on the population eligibility for the behavioral complex amendment, who would be eligible for this, how would their eligibility be determined? 2. Would this be a contract with a single facility? 3. Is this a short-term placement? 3.1. How long would an individual be served under this program, and how would transition out of the facility be happening?

Brian Roach mentioned I will respond to each question individually. 2. Yes, the intent language in the funding would go in the RFP as a single entity. 3. It is designed to be somewhat short-term. However, we're not writing into the waiver any specific boundaries. We are envisioning a tiered rates structure for the first 60 days, then a lower rate for days after that with the goal to transition members to the community. 1. I think the intent is to require multiple specialties in a single setting, substance use disorder counselors, mental health counselors, psychologist, and psychiatrist. At this stage we are probably keeping it fairly broad for CMS authority and then later we would refine it a little bit when it comes to the contract setting.

Andrew Riggle asked there don't seem to be a lot of skilled nursing facilities that have staff or the expertise for folks with cognitive intellectual behavioral or psychological needs. Is it the states sense that you can find a provider in a skilled nursing who is able to provide all of the necessary support in a setting or how are the unique needs of this population going to be addressed in a skilled nursing environment?

Brian Roach mentioned the intent of the funding is to allow some capacity building by skilled nursing facility.

Ron Farber asked rehab verses long-term care our concern is if an individual is renting an apartment and goes to the hospital then is transferred to a LTSS facility. How long is rehab going to take place.

Brian Roach mentioned our New Choices Waiver does not have

## Director's Report:

Brian Roach gave an update on Medicaid ARPA Funds, Medicaid Policies, SPAs, and Rules.

The document which was presented is embedded in this document.



MCAC Director's  
Office Updates- Dece

### SPA's Rules:

The documents which were presented are embedded in this document



MCAC SPA Matrix  
12-15-22.pdf



MCAC Rule Summary  
12-15-22.pdf

## Governor's Budget Proposal:

Eric Grant gave an update on the Governor's Budget Proposal.

The document which was presented is embedded in this document.



Governor's Budget  
Presentation.pdf

## Questions:

## Enrollment and Expansion Discussion:

Jeff Nelson gave an update on Public Health Emergency Unwinding.

The documents which were presented are embedded in this document



December 2022  
MCAC PHE Report.pdf

## Committee Member Updates:

## Adjourn

Meeting was adjourned at 3:47pm. The next meeting is scheduled for January 20, 2022 at 2:00-4:00 p.m.

# Attachment 4

## Tribal Consultation





# Utah Indian Health Advisory Board (UIHAB) Meeting

12/9/2022

8:30 AM –11:30 AM

Utah Department of Health & Human Services

Salt Lake City, UT 84114

(801) 712-9346

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#



Meeting called by:

UIHAB

Type of meeting:

Monthly UIHAB

Note taker:

Dorrie Reese

Please Review:

Medicaid Rules & SPA document(s), additional materials via presenters.

## Agenda topic

8:30 AM

### UIHAB Meeting

Welcome & Introductions

Lorena Horse, Chairperson

8:40 AM

### Committee Updates & Discussion

- ✦ **UT Medicaid Eligibility Policy**
- ✦ **Medicaid & CHIP State Plan Amendments (SPA) & Rules**
- ✦ **DWS Medicaid Eligibility Operations**
- ✦ **MCAC & CHIP Advisory Committees**
- ✦ **Federal/State Policy Impacting I/T/U**  
ICWA Liaison  
Indian Health Liaison
- ✦ **Data Reporting Updates**
- ✦ **UT DHHS OAIANHFS Program Updates**  
Opioids & Tobacco  
Health Equity

Jeff Nelson, UT Medicaid, Dir. BMEP  
Craig Devashrayee, UT Medicaid, BMEP

Jessica Ware, AI/AN Elig. Spec., DWS  
Mike Jensen, UNHS & Courtney Muir,  
NWBSN

Jeremy Taylor, IHFS  
Jamie Harvey, IHFS  
Melissa Zito, IHFS  
Alex Merrill, IHFS

Hilary Makris, IHFS  
Kassie John, IHFS

09:45 AM

### Medicaid 1115 Waiver

- ✦ **Behavioral Health Integration**
- ✦ **Community Based Waiver; LTS & BC**

Laurie Belgique & Michelle Smith  
Medicaid, Integrated Healthcare

10:15 AM

### Viral Hep C.

Ethan Farnsworth, MPH, Pop. Health

10:45 AM

**BREAK 5 min**

10:50 AM

**I/T/U updates:** Good News, Changes, Pressing Issue, Questions, Any Requests for Support, etc.

Open to UIHAB Reps.

11:15 AM

**Upcoming Annual UIHAB Retreat; Dates & Location**

Lorena Horse & Jeremy Taylor

11:30 AM

**ADJOURN** *Next Mtg. January 13, 2023*



# Utah Indian Health Advisory Board Tribal Leadership Reporting Tool

DATE: \_\_\_\_\_

## **State Agency Updates & Discussions:**

Medicaid State Plan Amendments (SPA) & Rules (see Matrices)

DWS Medicaid Eligibility

MCAC & CHIP Advisory Committees

Federal/State Policy Impacting I/T/U

ICWA Liaison

AI/AN Health Liaison

Data Updates

IHFS Program Updates

Opioid/Tobacco

Health Equity Grants

## **Agenda Item Updates**

Medicaid 1115 Waivers: Behavior Health Integration and Long Term Services & Behaviorally Complex Individuals

Viral Hepatitis C :

I/T/U Updates:

Annual Retreat; Dates & Location: