State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Utah Department of Health
Division of Medicaid and Health Financing

Nate Checketts, M.P.A.
Executive Director, Department of Health

Tonya Hales
Interim Director, Division of Medicaid and Health Financing

December 30, 2021

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 1115 Primary Care Network (PCN) Demonstration Waiver. This amendment seeks approval to allow the State to provide temporary medical respite care for homeless individuals covered under the Adult Expansion Medicaid program.

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 1115 PCN Waiver.

Respectfully,

[redacted]
Tonya Hales (Dec 22, 2021 09:38 MST)

Tonya Hales
Interim Medicaid Director
Division of Medicaid and Health Financing

Utah 1115 Primary Care Network Demonstration Waiver

Amendment Request

Medical Respite Care

Demonstration Project No.	11-W-00145/8
	21-W-00054/8

Contents

State of Utah

1115 Primary Care Network Demonstration Amendment

Medical Respite Care

Section I. Program Description and Objectives

During the 2021 General Session of the Utah State Legislature, House Bill 34 “Medical Respite Care Pilot Program'' was passed and signed into law by Governor Cox. This legislation requires the Utah Department of Health, Division of Medicaid and Health Financing (DMHF) to seek 1115 waiver approval from the Centers for Medicare and Medicaid Services (CMS) to provide temporary medical respite care for homeless individuals covered under the Adult Expansion Medicaid program.

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]”. Providing Medical Respite Services will allow individuals covered under the Adult Expansion program, who are homeless, to receive time-limited medical care in a stable environment. These services will result in reduced hospital stays, improved health outcomes and quality of life.

Operation and Proposed Timeline

The demonstration will operate statewide. The State intends to implement the proposed benefit as soon as possible after approval. The State is requesting to operate the demonstration through the end of the extended waiver period which is pending approval by CMS. If approved, the end of the extended waiver period 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 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 improve participant health outcomes and reduce health care costs.	● Plan All-Cause Readmissions	● MMIS Data Warehouse	Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons.

Section II. Demonstration Eligibility

Individuals eligible under this demonstration must be Medicaid eligible individuals who meet all of the following requirements:

1. An individual covered under the Adult Expansion program.
2. Is chronically homeless or was chronically homeless and is currently living in supported housing for the chronically homeless.

Projected Enrollment

The projected enrollment for the demonstration population is approximately 400 to 500 individuals per year.

Section III. Demonstration Benefits and Cost Sharing Requirements

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

1. Time-limited medical care in a stable environment.
2. Maximum benefit period: 40 days in a 365-day period. Assessed based on a rolling year.

Cost sharing requirements will not differ from those provided under the state plan.

Section IV. Delivery System

Services for Demonstration individuals will be provided initially through fee for service (FFS). At a future date, the State may transition delivery of these services through managed care under 1915(b) authority or by amendment to the Demonstration.

The Department will contract with a single entity selected through the state's procurement process that:

- Has demonstrated experience working with individuals who are homeless; and,
- Capable of providing medical respite in a residential facility.

Section V. 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

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.

	DY20 (SFY 22) Jan-June	DY21 (SFY 23)	DY22 (SFY 24)	DY23 (SFY 25)	DY24 (SFY 26)	DY25 (SFY 27)
Enrollment	218	446	457	468	479	490
Expenditures	$918,000	$1,979,000	$2,134,000	$2,301,000	$2,482,000	$2,676,000

Section VII. Proposed Waiver 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)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the State to vary the amount, duration, and scope of services provided to individuals in the demonstration group.
Section 1902(a)(23)(A)- Freedom of Choice	To enable the State to restrict freedom of choice of providers for the population affected by this demonstration.

Expenditure Authority

The State requests expenditure authority to provide medical respite care to homeless individuals enrolled in the Adult Expansion Medicaid program.

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 notice 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 Monday, November 15, 2021 from 4:00 pm to 5:00 pm. The second public hearing was held Thursday, November 18, 2021, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting. Both public hearings were held via video and teleconferencing.

Public Comment

The State accepted public comment during a 45-day public comment period, which was held November 1, 2021 through December 15, 2021. The public comment period was originally scheduled from November 1, 2021 to November 30, 2021. In late November, 2021, the State received a request to extend the public comment period. As a result, the comment period was extended to December 15, 2021. The State received comments from several individuals and agencies. This includes comments provided during both public hearings, email and online portal comments, and mailed comments. The State reviewed and considered all public comments received. A summary of the comments and State responses are outlined below.

General comments

One commenter was concerned about the 40 day per year medical respite limit and indicated a portion of the population will have higher acuity compared to the majority of Medicaid recipients.

Response: Through this service, the State will provide an individual who is homeless and discharging from the hospital with a safe place to receive time-limited, post-acute medical care. The State originally considered limiting stays to a maximum of three, 13 consecutive day stays, but ultimately decided on a 40 day maximum per year to allow treating clinicians maximum flexibility regarding length of stay for an episode of care. In developing this proposal, community subject matter experts expressed belief that the 40-day annual limit would meet the needs of the population.

One commenter suggested additional measures be added to the evaluation plan.

Response: As stated in the waiver amendment, the State will work with an independent evaluator to develop an evaluation plan. The suggested hypotheses may be refined and/or amended after consulting with the evaluator.

Single entity contract

One commenter was concerned with operating under a single entity as there is no entity that provides medical respite statewide. Suggested an enhanced definition of "residential facility" and that it should not be limited to a licensed facility or that the requirement be removed. The commenter also suggested redefining "chronically homeless."

Response: Authorizing legislation directed Medicaid to operate this program as a pilot using a single entity as the service provider. Policy makers have also directed that we define homelessness according to Section 26-18-411 of the Utah Health Code.

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. DMHF notified the UDOH Indian Health Liaison of the waiver amendment. As a result of this notification, DMHF began to engage in the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on November 12, 2021 to present this demonstration amendment. No public comments were provided during this meeting or in the public comment 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: Tonya Hales, Interim Medicaid Director, Division of Medicaid and Health Financing
Telephone Number: (801) 538-9136
Email Address: thales@utah.gov

Attachment 1

Compliance with Budget Neutrality Requirements

	A	B	C	D	E	F	G	H	I	J	K
1	**DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS**										
2											
3											
4	**ELIGIBILITY**	**TREND**	**MONTHS**	**BASE YEAR**	**TREND**	**DEMONSTRATION YEARS (DY)**					**TOTAL**
5	**GROUP**	**RATE 1**	**OF AGING**	**DY 20**	**RATE 2**	**DY 21**	**DY 22**	**DY 23**	**DY 24**	**DY 25**	**WOW**
6											
7	**Medicaid Pop 1: Current Eligibles**										
8	**Pop Type:**	**Medicaid**									
9	Eligible Member Months	2.4%		411,952	2.4%	421,674	431,626	441,812	452,239	462,912	
10	PMPM Cost	5.3%	0	$ 1,228.63	5.3%	$ 1,293.75	$ 1,362.32	$ 1,434.52	$ 1,510.55	$ 1,590.61	
11	Total Expenditure					$ 545,539,764	$ 588,012,196	$ 633,788,109	$ 683,129,219	$ 736,311,768	$ 3,186,781,056
12											
13	**Hypo 2: ESI Adults w/Children (3)/ ESI Adult Children (3)/COBRA Adults with Children (5)**										
14	**Pop Type:**	**Hypothetical**									
15	Eligible Member Months					5,140	5,217	5,295	5,374	5,455	
16	PMPM Cost					$ 1,293.75	$ 1,362.32	$ 1,434.52	$ 1,510.55	$ 1,590.61	
17	Total Expenditure					$ 6,649,503	$ 7,106,956	$ 7,595,879	$ 8,118,437	$ 8,676,945	$ 38,147,720
18											
19	**Hypo 3: Former Foster Care Youth From Another State**										
20	**Pop Type:**	**Hypothetical**									
21	Eligible Member Months					165	165	165	165	165	
22	PMPM Cost					$ 1,293.75	$ 1,362.32	$ 1,434.52	$ 1,510.55	$ 1,590.61	
23	Total Expenditure					$ 213,468	$ 224,782	$ 236,696	$ 249,240	$ 262,450	$ 1,186,637
24											
25	**Hypo 4: Adult Expansion Pop**										
26	**Pop Type:**	**Hypothetical**									
27	Eligible Member Months					1,073,480	1,089,582	1,105,926	1,122,515	1,139,353	$ -
28	PMPM Cost					$ 1,293.75	$ 1,362.32	$ 1,434.52	$ 1,510.55	$ 1,590.61	
29	Total Expenditure					$ 1,388,812,259	$ 1,484,355,598	$ 1,586,471,841	$ 1,695,613,172	$ 1,812,262,880	$ 7,967,515,750
30											
31	**Hypo 5: Mandatory Employer Sponsored Insurance**										
32	**Pop Type:**	**Hypothetical**									
33	Eligible Member Months					1,581	1,605	1,629	1,654	1,678	
34	PMPM Cost					$ 266.22	$ 280.33	$ 295.19	$ 310.83	$ 327.31	
35	Total Expenditure					$ 420,991	$ 449,954	$ 480,908	$ 513,992	$ 549,352	$ 2,415,198
36											
37	**Hypo 6: Targeted Adults**										
38	**Pop Type:**	**Hypothetical**									
39	Eligible Member Months					69,937	70,637	71,343	72,057	72,777	
40	PMPM Cost					$ 1,495.83	$ 1,575.11	$ 1,658.59	$ 1,746.49	$ 1,839.06	
41	Total Expenditure					$ 104,614,439	$ 111,260,595	$ 118,328,980	$ 125,846,420	$ 133,841,443	$ 593,891,878
42											
43	**Hypo 7: Dental - Blind/Disabled**										
44	**Pop Type:**	**Hypothetical**									
45	Eligible Member Months					484,975	492,250	499,633	507,128	514,735	
46	PMPM Cost					$ 22.98	$ 24.20	$ 25.48	$ 26.83	$ 28.26	

	A	B	C	D	E	F	G	H	I	J	K
47	Total Expenditure					$ 11,146,349	$ 11,913,162	$ 12,732,728	$ 13,608,676	$ 14,544,885	$ 63,945,800
48											
49	**Hypo 8: Dental - Targeted Adults**										
50	**Pop Type:**	**Hypothetical**									
51	Eligible Member Months					15,858	16,096	16,338	16,583	16,831	
52	PMPM Cost					$ 40.57	$ 42.72	$ 44.99	$ 47.37	$ 49.88	
53	Total Expenditure					$ 643,407	$ 687,670	$ 734,978	$ 785,541	$ 839,582	$ 3,691,178
54											
55	**Hypo 9: Dental - Aged**										
56	**Pop Type:**	**Hypothetical**									
57	Eligible Member Months					259	263	267	271	275	
58	PMPM Cost					$ 34.62	$ 36.46	$ 38.39	$ 40.42	$ 42.57	
59	Total Expenditure					$ 8,961	$ 9,578	$ 10,237	$ 10,941	$ 11,693	$ 51,410
60											
61	**Hypo 10: SUD**										
62	**Pop Type:**	**Hypothetical**									
63	Eligible Member Months					7,032	7,032	7,032	7,032	7,032	
64	PMPM Cost					$4,300.67	$4,528.61	$4,768.62	$5,021.36	$5,287.49	
65	Total Expenditure					$ 30,242,321	$ 31,845,164	$ 33,532,958	$ 35,310,204	$ 37,181,645	$ 168,112,292
66											
67	**Hypo 11: Withdrawal Management Services**										
68	**Pop Type:**	**Hypothetical**									
69	Eligible Member Months					2,427	202				
70	PMPM Cost					$ 841.16	$ 885.74				
71	Total Expenditure					$ 2,041,489	$ 178,919				$ 2,220,408
72											
73	**Hypo 12: ISS Services**										
74	**Pop Type:**	**Hypothetical**									
75	Eligible Member Months					1,440	1,440	1,440	1,440	1,440	
76	PMPM Cost					$ 2,528.20	$ 2,662.19	$ 2,803.29	$ 2,951.87	$ 3,108.31	
77	Total Expenditure					$ 3,640,609	$ 3,833,561	$ 4,036,739	$ 4,250,687	$ 4,475,973	$ 20,237,568
78											
79	**Hypo 13: Medical Respite Care**										
80	**Pop Type:**	**Hypothetical**									
81	Eligible Member Months	2.4%		218		446	457	468	479	490	
82	PMPM Cost	5.3%		$4,216		$4,438	$4,674	$4,921	$5,184	$5,458	
83	Total Expenditure			$918,000		$1,979,000	$2,134,000	$2,301,000	$2,482,000	$2,676,000	$ 11,572,000
84											
85	**Hypo 14: Cancer Fertility Treatment**										
86	**Pop Type:**	**Hypothetical**									
87	Eligible Member Months	2.4%				119	244	250	256	262	
88	PMPM Cost	5.3%				$ 7,485	$ 7,701	$ 7,927	$ 8,165	$ 8,415	
89	Total Expenditure					$ 890,750	$ 1,879,000	$ 1,981,800	$ 2,090,200	$ 2,204,600	$ 9,046,350

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

ELIGIBILITY GROUP	DY 20	DEMO TREND RATE	DEMONSTRATION YEARS (DY) DY 21	DY 22	DY 23	DY 24	DY 25	TOTAL WW
Medicaid Pop 1: Current Eligibles								
Pop Type: Medicaid								
Eligible Member Months	411,952	2.4%	421,674	431,626	441,812	452,239	462,912	
PMPM Cost	$ 1,228.63	5.3%	$ 598.94	$ 630.69	$ 664.12	$ 699.32	$ 736.38	
Total Expenditure			$ 252,558,974	$ 272,221,954	$ 293,416,166	$ 316,259,591	$ 340,878,820	$ 1,475,335,505
Medicaid Pop 2: ESI Childless Adults (3)/ COBRA Childless Adults (5) (Utah's Premium Partnership)								
Pop Type: Medicaid								
Eligible Member Months						-	-	
PMPM Cost						$ -	$ -	
Total Expenditure			$ 31,670	$ 31,670	$ 31,670	$ 31,670	$ 31,670	$ 158,350
Hypo 2: ESI Adults w/Children (3)/ ESI Adult Children (3)/COBRA Adults with Children (5)								
Pop Type: Hypothetical								
Eligible Member Months								
PMPM Cost								
Total Expenditure			$ 577,328	$ 577,328	$ 577,328	$ 577,328	$ 577,328	$ 2,886,640
Hypo 3: Former Foster Care Youth From Another State								
Pop Type: Hypothetical								
Eligible Member Months								
PMPM Cost								
Total Expenditure			$ 265,111	$ 265,111	$ 265,111	$ 265,111	$ 265,111	$ 1,325,555
Hypo 4: Adult Expansion Pop								
Pop Type: Expansion								
Eligible Member Months								
PMPM Cost								
Total Expenditure			$ 943,388,567	$ 943,388,567	$ 943,388,567	$ 943,388,567	$ 943,388,567	$ 4,716,942,834
Hypo 5: Mandatory Employer Sponsored Insurance								
Pop Type: Expansion								
Eligible Member Months								
PMPM Cost								
Total Expenditure			352,697	352,697	352,697	352,697	352,697	$ 1,763,483
Hypo 6: Targeted Adults								
Pop Type: Expansion								
Eligible Member Months								
PMPM Cost								
Total Expenditure			$ 78,931,530	$ 78,931,530	$ 78,931,530	$ 78,931,530	$ 78,931,530	$ 394,657,651

Hypo 7: Dental - Blind/Disabled										
Pop Type: Expansion										
Eligible Member Months										
PMPM Cost										
Total Expenditure		$ 8,841,309	$ 8,841,309	$ 8,841,309	$ 8,841,309	$ 8,841,309	$ 44,206,545			

Hypo 8: Dental - Targeted Adults										
Pop Type: Expansion										
Eligible Member Months										
PMPM Cost										
Total Expenditure		$ 404,776	$ 404,776	$ 404,776	$ 404,776	$ 404,776	$ 2,023,880			

Hypo 9: Dental - Aged										
Pop Type: Expansion										
Eligible Member Months										
PMPM Cost										
Total Expenditure		$ 8,501	$ 8,628	$ 8,758	$ 8,889	$ 9,022	$ 43,797			

Hypo 10: SUD										
Pop Type: Expansion										
Eligible Member Months										
PMPM Cost										
Total Expenditure		$ 26,561,252	$ 26,561,252	$ 26,561,252	$ 26,561,252	$ 26,561,252	$ 132,806,260			

Hypo 11: Withdrawal Management Services										
Pop Type: Expansion										
Eligible Member Months										
PMPM Cost										
Total Expenditure		$ 2,041,489	$ 178,919				$ 2,220,408			

Hypo 12: ISS Services										
Pop Type: Expansion										
Eligible Member Months										
PMPM Cost										
Total Expenditure		$ 3,640,609	$ 3,833,561	$ 4,036,739	$ 4,250,687	$ 4,475,973	$ 20,237,568			

Hypo 13: Medical Respite Care										
Pop Type: Expansion										
Eligible Member Months										
PMPM Cost										
Total Expenditure		$ 1,979,000	$ 2,134,000	$ 2,301,000	$ 2,482,000	$ 2,676,000	$ 11,572,000			

Hypo 14: Cancer Fertility Treatment										
Pop Type: Expansion										
Eligible Member Months										
PMPM Cost										
Total Expenditure		$ 890,750	$ 1,879,000	$ 1,981,800	$ 2,090,200	$ 2,204,600	$ 9,046,350			

Attachment 2

Public Notice Requirements

Entity: Department of Health

Body: Medicaid Expansion Workgroup

Subject:	Medicaid
Notice Title:	1115 Waiver Demonstration Waiver Amendments
Meeting Location:	Video/Teleconferencing Salt Lake City UT 84116
Event Date & Time:	November 15, 2021 November 15, 2021 04:00 PM - November 15, 2021 05:00 PM
Description/Agenda:	Medical Respite Care and Fertility Treatment for Individuals Diagnosed with Cancer Public Hearings The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss two amendments to the State's 1115 Demonstration Waiver. The Department will also accept public comment regarding the demonstration amendments during the 30-day public comment period from November 1, 2021, through November 30, 2021. DMHF is requesting authority to implement provisions of House Bill 192 'Fertility Treatment Amendments', which passed during the 2021 Utah Legislative General Session. This amendment seeks approval from the Centers for Medicare and Medicaid Services (CMS) to expand Medicaid coverage for fertility preservation for an individual diagnosed with cancer. DMHF is also requesting authority to implement provisions of House Bill 34 'Medical Respite Care Pilot Program', which passed during the 2021 Utah Legislative General Session. This amendment seeks approval from CMS to provide temporary medical respite care for homeless individuals covered under the Adult Expansion Medicaid program. Public Hearings: The Department will conduct two public hearings to discuss these 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, November 15, 2021, from 4:00 pm to 5:00 pm. Video Conference: Google Hangout Meeting (only works in the Chrome web browser) meet.google.com/nft-sdrz-yjb Or join by phone: 1-413-489-4240 (PIN: 868 696 766#)

Thursday, November 18, 2021, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting
Video Conference: Google Hangout Meeting (only works in the Chrome web browser) meet.google.com/bnd-mrsz-wjt
Or join by phone: 1-786-540-4282 (PIN: 722 472 380#)

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at lbelgique@utah.gov or 1-801-538-6241 by 5:00 p.m. on November 11, 2021.

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 30-day public comment period from November 1, 2021, through November 30, 2021.

Comments may be submitted:

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

Email: Medicaid1115waiver@utah.gov

Mail: Utah Department of Health
Division of Medicaid and Health Financing
PO Box 143106
Salt Lake City, UT 84114-3106
Attn: Laura Belgique

Notice of Special Accommodations:	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 Hangout Meeting (only works in the Chrome web browser) meet.google.com/bnd-mrsz-wjt Or join by phone: 1-786-540-4282 (PIN: 722 472 380#)
Other information:	
Contact Information:	Laura Belgique (801)538-6241 lbelgique@utah.gov
Posted on:	October 27, 2021 04:49 PM
Last edited on:	October 27, 2021 05:01 PM

Entity: Department of Health

Body: Medicaid Expansion Workgroup

Subject:	Medicaid
Notice Title:	1115 Waiver Demonstration Waiver Amendments
Meeting Location:	Video/Teleconferencing Salt Lake City UT 84116
Event Date & Time:	November 18, 2021 November 18, 2021 02:00 PM - November 18, 2021 04:00 PM
Description/Agenda:	Medical Respite Care and Fertility Treatment for Individuals Diagnosed with Cancer Public Hearings The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss two amendments to the State's 1115 Demonstration Waiver. The Department will also accept public comment regarding the demonstration amendments during the 30-day public comment period from November 1, 2021, through November 30, 2021. DMHF is requesting authority to implement provisions of House Bill 192 'Fertility Treatment Amendments', which passed during the 2021 Utah Legislative General Session. This amendment seeks approval from the Centers for Medicare and Medicaid Services (CMS) to expand Medicaid coverage for fertility preservation for an individual diagnosed with cancer. DMHF is also requesting authority to implement provisions of House Bill 34 'Medical Respite Care Pilot Program', which passed during the 2021 Utah Legislative General Session. This amendment seeks approval from CMS to provide temporary medical respite care for homeless individuals covered under the Adult Expansion Medicaid program. Public Hearings: The Department will conduct two public hearings to discuss these 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, November 15, 2021, from 4:00 pm to 5:00 pm. Video Conference: Google Hangout Meeting (only works in the Chrome web browser) meet.google.com/nft-sdrz-yjb Or join by phone: 1-413-489-4240 (PIN: 868 696 766#)

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Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at lbelgique@utah.gov or 1-801-538-6241 by 5:00 p.m. on November 11, 2021.

Public Comment:

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The public may comment on the proposed amendment requests during the 30-day public comment period from November 1, 2021, through November 30, 2021.

Comments may be submitted:

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

Email: Medicaid1115waiver@utah.gov

Mail: Utah Department of Health
Division of Medicaid and Health Financing
PO Box 143106
Salt Lake City, UT 84114-3106
Attn: Laura Belgique

Notice of Special Accommodations:	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 Hangout Meeting (only works in the Chrome web browser) meet.google.com/nft-sdrz-yjb Or join by phone: 1-413-489-4240 (PIN: 868 696 766#)
Other information:	
Contact Information:	Laura Belgique (801)538-6241 lbelgique@utah.gov
Posted on:	October 27, 2021 04:56 PM
Last edited on:	October 27, 2021 04:56 PM

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801-538-6641

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DN0014114

CUSTOMER REFERENCE NUMBER

QAZ: Medical Public Hearings

CAPTION

Medical Respite Care and Fertility Treatment for Individuals Diagnosed with Cancer Public Hearings The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss two amendments to the State's 1115 Demonstration Waiver.

TOTAL COST

$152.32

Medical Respite Care and Fertility Treatment for Individuals Diagnosed with Cancer Public Hearings

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss two amendments to the State's 1115 Demonstration Waiver. The Department will also accept public comment regarding the demonstration amendments during the 30-day public comment period from November 1, 2021, through November 30, 2021.

DMHF is requesting authority to implement provisions of House Bill 192 "Fertility Treatment Amendments", which passed during the 2021 Utah Legislative General Session. This amendment seeks approval from the Centers for Medicare and Medicaid Services (CMS) to expand Medicaid coverage for fertility preservation for an individual diagnosed with cancer.

DMHF is also requesting authority to implement provisions of House Bill 34 "Medical Respite Care Pilot Program", which passed during the 2021 Utah Legislative General Session. This amendment seeks approval from CMS to provide temporary medical respite care for homeless individuals covered under the Adult Expansion Medicaid program.

Public Hearings:
The Department will conduct two public hearings to discuss these 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, November 15, 2021, from 4:00 pm to 5:00 pm.
- Video Conference: Google Hangout Meeting (only works in the Chrome web browser) meet.google.com/nft-sdrz-yjb
- Or join by phone: 1-413-489-4240 (PIN: ⌜ 868 696 766#)
- Thursday, November 18, 2021, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting
- Video Conference: Google Hangout Meeting (only works in the Chrome web browser) meet.google.com/bnd-mrsz-wjt
- Or join by phone: 1-786-540-4282 (PIN: ⌜ 722 472 380#)

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at lbelgique@utah.gov or 1-801-538-6241 by 5:00 p.m. on November 11, 2021.

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 30-day public comment period from November 1, 2021, through November 30, 2021.

Comments may be submitted:
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Email: Medicaid1115waiver@utah.gov
Mail: Utah Department of Health
Division of Medicaid and Health Financing
PO Box 143106
Salt Lake City, UT 84114-3106
Attn: Laura Belgique
DN0014114

AFFIDAVIT OF PUBLICATION

AS THE DESERET NEWS, INC. LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF LEGAL NOTICE FOR UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURSEMENT WAS PUBLISHED BY DESERET NEWS, 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 10/29/2021

DATE 11/02/2021

SIGNATURE Loraine Gudmundson

STATE OF UTAH
COUNTY OF Salt Lake

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 2nd DAY OF NOVEMBER IN THE YEAR 2021

BY Loraine Gudmundson

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NOTARY PUBLIC-STATE OF UTAH
COMMISSION# 712892
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8405

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DIVISION OF MEDICAID AND HEALTH FINANCING

TELEPHONE

801-538-6641

ORDER #

SLT0014412

CUSTOMER REFERENCE NUMBER

CAPTION

Medical Respite Care and Fertility Treatment for Individuals Diagnosed with Cancer Public Hearings The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss two amendments to the State's 1115 Demonstration Waiver.

TOTAL COST

$212.90

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Mail: Utah Department of Health
Division of Medicaid and Health Financing
PO Box 143106
Salt Lake City, UT 84114-3106
Attn: Laura Belgique

SLT0014412

AFFIDAVIT OF PUBLICATION

AS THE SALT LAKE TRIBUNE, INC. LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF Medical Respite Care and Fertility Treatment for Individuals Diagnosed with Cancer Public Hearings The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss two amendments to the State's 1115 Demonstration Waiver. 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 10/31/2021

DATE 11/02/2021

SIGNATURE Jordyn gallegos

STATE OF UTAH
COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 2nd DAY OF NOVEMBER IN THE YEAR 2021

BY Jordyn Gallegos

MAKAYLA THEE
Notary Public, State of Utah
Commission # 718815
My Commission Expires
June 15, 2025

NOTARY PUBLIC SIGNATURE

Attachment 3

Medical Care Advisory Committee

Public Hearing

UTAH DEPARTMENT OF HEALTH

Medical Care Advisory Committee Agenda

Meeting:	Medical Care Advisory Committee
Date:	November 18, 2021
Start Time:	2:00 p.m.
End Time:	4:00 p.m.
Location:	meet.google.com/bnd-mrsz-wjt (Google Chrome) By Phone: 1-786-540-4282 PIN# 722 472 380#

Agenda Items

1.	Welcome • Approve Minutes for October 2021 MCAC* • Open & Public Meetings Act Notice of Virtual Meeting*** • Nominations for Business Community Consumer Rep	Jessie Mandle	2:00 / 10 min
2.	Committee Member Updates	Committee Members	2:10 / 5 min
3.	1115 Demonstration Waiver Public Hearings • Medical Respite Care • Fertility Treatment for Individuals Diagnosed with Cancer	Laura Belgique	2:15 / 15 min
4.	Enrollment and Expansion Discussion** • Public Health Emergency Unwinding Plan Update • Updates from DWS on items impacting Medicaid/CHIP Eligibility • Communication Committee Update on Member Letters	Jeff Nelson & Muris Prses	2:30 / 20 min
5.	HB 262 Children's Coverage Outreach Plan	Kolbi Young	2:50 / 15 min
6.	DHHS Consolidation	Emma Chacon	3:05 / 5 min
7.	Director's Report • Medicaid ARPA Funds Update • Medicaid Policies, SPAs, and Rules	Emma Chacon	3:10/ 20 min

* 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: December 16, 2021
2:00 p.m. – 4:00 p.m.

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

Medical Care Advisory Committee

Minutes of Nov 18, 2021

Participants

Committee Members (via phone)

Jessie Mandle (Chair), Michael Hales, Stephanie Burdick, Jenifer Lloyd, Christine Evans, Luis Rios, Muris Prses for Dale Ownby, Brian Monsen, Joey Hanna, Dr. Cosgrove, Gina Tuttle, Michael Jensen, Jennifer Marchant and Mary Kuzel.

Committee Members Absent

Dr. Robert Baird, Adam Cohen, Nate Checketts, and Alan Ormsby.

DOH Staff (via phone)

Emma Chacon, Tonya Hales, Eric Grant, Josip Ambrenac, Krisann Bacon, Tracy Barkley, Laura Belgique, Dave Lewis, Matt Lund, Jennifer Meyer-Smart, Todd Neff, Jeff Nelson, Brian Roach, Michelle Smith, Jennifer Strohecker, Jeremy Taylor, Jennifer Wiser, Kolbi Young, Sharon Steigerwalt and Dorrie Reese

Guest (via phone)

Michael Allred, Courtney Bullard, Daniel Cheung, Rachel Craig, Marcia Damm, Jeannie Edens, Neil Erickson, Julie Ewing, Ron Ferber, Becky Gonzales, Matt Hansen, Geoff Harding, Allison Heffernan, Kristeen Jones, Jesse Liddell, Rebecca Martinez, Thomas Merrill, Elisa Napper, Joni Nebeker, Andrew Riggle, Destiny Rockwood, Leigha Rodak, Caitlin Schneider, Suzanne Smith, Stacy Stanford, Audry Wood, Todd Wood, and Sheila Young.

Approval of Minutes:

Joey Hanna made the motion to approved the October 21, 2021 MCAC minutes. Jenifer Lloyd seconded that motion. The group unanimously agreed.

Open & Public Meetings Act Notice of Virtual Meetings:

Jessie Mandle announced that we will be holding these meetings virtual until further notice.

Nominations for Business Community Consumer Rep:

Jessie Mandle announced that there is an opening for a Business Community Consumer Representative, Sharon Steigerwalt will send information on that, if interested, please email nominations to Sharon Steigerwalt at ssteigerwalt@utah.gov .

Committee Member Updates:

Michael Hales mentioned as a follow-up to our meeting last month on the Medicaid Expansion fund, I just wanted to bring the attention to the committee that the legislative fiscal analyst released a report earlier this week in Executive Appropriations that included some information about the Medicaid Expansion fund, it did show the same balance that Eric presented. The fund is at $158.9M, but it also showed that the forecast for the current FY projects revenues exceeding expenses by $16M and that is after the legislature took out the $56M of one-time funds for FY2023 where the on-going $56M is still assumed to be in play that the projected revenues will exceed the projected expenditures by $71M in that FY. Which shows a projected balance $246M in the Medicaid Expansion fund and that is with over a $168M being diverted out of that program over three fiscal years.

Questions:

Jessie Mandle mentioned I am curious if that was anticipated by the department or if there are any surprises in that report.

Emma Chacon mentioned the report is a reflection to our discussions in consensus.

Eric Grant mentioned that it is good news all around, the fact that there is a good healthy surplus in there means the program is going to be viable for several years to come.

Stephanie Burdick asked was the whole consensus report discussed in Executive Appropriations?

Emma Chacon mentioned what LFA put out is a basically a synopsis of what was discussion in consensus, I think that is the report Michael is referring to.

Michael Hales mentioned every year in the November EAC the Fiscal Analyst presents a document titled Medicaid Consensus Forecasting. I will share the link in the chat.

Stephanie Burdick asked is that also where they discuss rate increases?

Emma Chacon stated this is the process we use to determine how much of an increase in the base budget for ACOs consistent with the state statute.

Courtney Bullard asked if the department has any ideas or recommendations of what to do with this surplus. Has the legislature asked for recommendations or do we have any indication if the legislature wants to start taking back from the expansion fund again since there is such a healthy surplus?

Emma Chacon mentioned that there is always a discussion about needs and additional appropriations. That is handled through the Governor's or Executive Branch Appropriations request process. In addition, everything is still up in the air because of the PHE, the maintenance of effort, and not knowing how quickly we are going to get through that process, how many individuals are currently on Medicaid/CHIP because of the maintenance of effort will stay on the program because they are eligible. So, it is a little premature to discuss what to do with the surplus at this point in time.

Courtney Bullard asked does any representatives from the Health Plans have further insight to the per member per month decreases that was illustrated in the EAC report.

Michael Hales mentioned that the report talked about some runout from fee-for-service for some of the population that had claims continuing on while the significant portion population was put into the ACOs, the premiums were paid at the beginning of each month, when that happens you are artificially high for a period of time until the previous claims runout takes place, and that was called out in the report as a factor.

Michael Hales mentioned in terms of people getting excited about diverting the funds, the money is put into the fund for the purpose of covering the expenses of the expansion population. I don't think that there is a lot of latitude to move that money elsewhere in fact if the balance in this account drops too low there is some pretty draconian cuts required on all of the social services agencies and many of their programs before additional funding is considered. So, if anyone want to revisit SB96, you will see that there are 10% cuts in many programs and state agencies that would be required before any additional funds will be put into this account.

Emma Chacon mentioned that we are still working with CMS to get approval of the housing support services portion on our 1115 Waiver. We will likely have that approved sometime in January to 2022
Andrew Riggle mentioned that he heard a rumor that the caregiver compensation is ending at the end of the calendar year. CMS is not allowing continuation of using the enhanced Medicaid match. Is that the case? If so, are there any plans to look at ways to continue that?

Emma Chacon stated that is true, to the extent that CMS gave us a response that we could not use the ARPA 10% FMAP to fund those services. These services were only to continue until the end of last fiscal year, June 30,2021. DSPD was able to use some carry forward money to fund these services until the end of December.

Tonya Hales mentioned that we submitted our HCBS Spending plan in June 2021. We have had multiple conversation with CMS about this provision of the state's proposed spending plan. Essentially their argument is that it would amount to supplanting of funds that were already intended for this purpose prior to April 1, 2021 for which the provisions of § 98.17-of the ARPA regulations. We have

discussed with CMS that this was a temporary program, that was only allowed through the enhanced FMAP Cares provisions during COVID, and we have been successful at this point. Senator Harper passed a bill last session to allow spouses to receive caregiver compensation on an ongoing basis beyond the PHE, but to date we do not have the ongoing appropriations to allow the family caregiver compensation to continue beyond just spouses.

Andrew Riggle asked how many families are currently getting compensation, and how are you working with them to transition away from it, and into other services if possible?

Tonya Hales mentioned that approximately over 500 families have received this support. I am not sure how many families are still actively engaged. I know a letter was sent to the impacted families with guidance to work with a case manager or a support coordinator to try to address their service needs through other services that are covered within the waiver.

Emma Chacon mentioned that DSPD also sent a copy of the communication to case managers and support coordinators to give them a heads up.

Jennifer Marchant asked to clarify at this moment only spouses are eligible for caregiver compensation, not children or grandchildren?

Tonya Hales mention currently through the end of the calendar year funding has been identified to allow family caregiver compensation to apply to parents and to others in addition to spouses. Senator Harper passed a bill last session and made it specific to spouses only, so that portion will continue. Whereas, the compensation for other types of caregivers like parents, guardians, children and grandchildren, the funding is only available through the end of the calendar year.

The document which was presented is embedded in this document.

Summary Medicaid Consensus Forecastin

1115 Demonstration Waiver Public Hearings:

Laura Belgique discussed Medical Respite Care (HB34), and Fertility Treatment for Individuals Diagnosed with Cancer (HB192).
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 1, 2021 to December 15, 2021.

Comments may be submitted: Online: https://medicaid.utah.gov/1115-waiver/
Email: Medicaid1115waiver@utah.gov

The documents which were presented are embedded in this document

ABBREVIATED PUBLIC NOTICE HB192 and H

Public Hearing Overview-HB 34- Med

Public Hearing Overview-HB 192- Fer

<u>Questions:</u>

Andrew Riggle asked you mentioned that medical hospice limit was 40-days a year, can you shed some light on how that number was decided upon?

Tonya Hales mentioned that were trying to provide more acute time limited services to individuals who maybe discharging from a hospital, who needs to be on an antibiotic, and needs a safe place to receive that medical care. One of the things that we looked at was the respite care that was provided in our HCBS waiver program We do impose some limits on the amount of time that someone can receive this service. We had originally crafted the language to say that an individual would receive a maximum 4 10-day stays. After some discussion we decided to allow 40-days of treatment and it would be up to the clinical folks who are managing the

individual's care to figure out what is needed. This provides more flexibility, but at the same time we wanted to make sure to let them know that it is a time limited service.

Andrew Riggle asked has there been discussions about this population being higher acuity then the majority of the regular Medicaid population, did that factor into the discussion at all?

Tonya Hales mentioned that many individuals that are homeless. Some may have chronic conditions where others may just have a temporary issue, this 40-day reflects some of the experience by some entities that are providing this type of care already. We believe that this limitation would meet the majority of the individuals who Medicaid has not been covering but who has been receiving this type of service that had been funded through means that have been cobbled together.

Ron Ferber mentioned that there is a huge emergency situation with home care services, aids, nurses, and case managers. These agencies have job posting out and nobody is applying. We have a serious reimbursement problem because inflation has gone up and it is hard work to come into a home and care for an individual (bath, feed, and care for them), and not getting paid good wages. With inflation going up reimbursement is insufficient and people are leaving in droves. Nurses and others who are staying they are burning out fast, they are taking 2-3 times more caseloads and then mistakes start to happen. We understand it is a combination of the pandemic, but the inflation has really hit us hard. We need to quickly move at reimbursing those rates for these employees.

Emma Chacon mentioned that we are very well aware of this situation, and it is not only hitting that part of the program, but many of our other programs. We have also made the Executive branch, Governor's office and Legislators aware. One of the things that we are doing is using part of the increase the 10% increase in the FMAP rate to make supplemental payments to specific groups of providers. We are asking providers to attest to the fact that they know these funds are temporary, and to commit to using the bulk of these funds to reimburse direct care staff. These funds are going to be available through March 2024.

Jennifer Marchant mentioned that this relates back to caregiver compensation like Ron mentioned there is so much turnover, and that it is so difficult to find staff to care for loved ones. When they leave home healthcare the family members need to pick up the pace, and there is no longer caregiver compensation, so it is an endless ping pong game and it is very serious.

Jenifer Lloyd mentioned that she will be submitting comments on both of the waivers, we are generally supportive of both. On the fertility waiver, our main concern is that we would like to see some more description about the process that would take place once the eggs or sperm are stored, and if there would be any fertility restoration for folks who still might be on Medicaid when they are hopefully treated for cancer.

On the Medical Respite, again we are generally supportive of this amendment for the homeless folks having surgery and being turned out on the street the next day, it sounds horrible. I think our concerns are with the single entity arrangement, because that wouldn't provide statewide coverage. We would like to see a broader definition of residential facility. Our other concern is that language requires "someone to be chronically homeless", we know from 4th Street and other Health Centers who worked with the homeless population documenting that chronically homeless status is really challenging, so excluding a person who are homeless who doesn't meet that criteria will exclude some people who will really benefit from the Medical Respite program. We will be submitting a formal letter with more detail.

Enrollment and Expansion Discussion:

Jeff Nelson and Muris Prses gave an update on Public Health Emergency Unwinding Plan, Items impacting Medicaid/CHIP Eligibility from DWS, and Communication Committee on Member letters.

Public Health Emergency Unwinding Plan

Jeff Nelson stated that the Public Health Emergency is in effect until mid-January 2022. This effort is about what happens when the PHE ends. We are working with DWS to develop a plan based on the guidance and requirements set out by CMS States will have 12-months after the termination of the PHE to conduct an eligibility review for each case. We don't have a plan yet to share, we hope to have one soon.

Questions:

Stephanie Burdick asked with the merger who has the final say on the unwinding, what is the decision-making flowchart?

Jeff Nelson mentioned that we do work together with DWS. Ultimately, the final say rests with the single state agency, but overall we are developing this plan together.

Emma Chacon mentioned there are financial implications to the state which need to be considered as part of this plan. The goal is to make sure we don't disrupt continuity of care and we make sure that individuals who are eligible, stay eligible. One of the tenants of the Medicaid program is that individuals that are eligible, should be eligible. We want to make sure that eligibility is not disrupted, because when it is, it has a ripple effect to all of our provider system, to our managed care plans, and most importantly to those individuals.

Jeff Nelson mentioned that there are a lot of moving pieces to this There are approximately 130,000 individuals, or 73,000 cases that will need to be reviewed after the PHE ends.

Stacy Stanford asked have you all examined the unwinding previsions in the Build Back Better bill?

Emma Chacon stated we have reviewed the provisions of the Build Back Better bill. IT's unknown if this bill will pass. There are some significant changes to the unwinding, and the maintenance of effort as well as the continuation and ramp down of the enhanced federal match. So, if that passes then our plan will have to be re-worked based on the provisions of that bill.

Jeff Nelson mentioned that CMS has not given us all of their guidance, which we are still waiting on.

Stephanie Burdick asked do you know at what stage it would be helpful to have some feedback, about how to get the message out to the Medicaid community.

Emma Chacon mentioned If you have some ideas now we will take them at any time. The real challenge is how to reach people to make sure they are informed about the need to complete their renewal., We are working on a communication plan. I think I mentioned in the last meeting that we have our Health Program Representatives updating member addresses as members call in

Jeff Nelson mentioned that there are several companies that are reaching out to states offering data matching services

Brian Monson mentioned on the Health Plan side we are doing everything we can as well, we are forwarding any new email addresses, home addresses, and phone numbers as we get those changes to the HPRs.

Sheila Young asked what is the email address that was provided for the HPRs to update information. Is there any plan or thought to share that email address with some of the sister organizations, because I am hearing that a lot of members will call back to the people who helped them sign up initially for Medicaid or answer unrelated questions? Since they are member facing it might not be a bad idea to engage them in updating addresses as well.

Emma Chacon mentioned that is a good idea, that is something that we can look into. If you have some specific entities in mind if you want to send that over to Sharon Steigerwalt at ssteigerwalt@utah.gov that would be great.

Muris Prses mentioned that there are various avenues to actually be able to change an address that we have at DWS, so it would be important to share our number with the numerous customers, it gives them a choice what is most convenient to get that accomplished.

Sheila Young mentioned that they have also been sharing that information as well. I don't know what the barrier is there, I haven't worked in the system through Mycase, but it has been a little challenging to get members to actually do it themselves.

Muris Prses mentioned the only other thing that we have not talked about is the workload that DWS is going to have to handle once the PHE ends. We will be doing all of those reviews. Staffing, has been a problem. We have had a lot of turnover, more than what we are used to seeing in the past years. We are continuing to hire, and have hired more people in the last two years than we have in the last five years combined. In February we are opening another 50 positions for eligibility workers.

Jessie Mandle mentioned that the unwinding will be a standing part of our agenda. Jessie also stated that she heard a rumor that there might be some changes coming to MyCase and that DWS might be making some updates and changes. We talked in the past how difficult it is to navigate, the texting function, and for people to get notifications. Is that rumor true? What process are you involved in, and how can we get involved?

Muris Prses mentioned that they had a conversation with some advocates, Utah Against Hunger. What we are planning on doing is giving a presentation of what the Mycase efforts have been, which will give an opportunity for feedback. We plan to do demo after February 2022.

Jeff Nelson mentioned that when Mycase was built only about 5% of Medicaid members had smartphones. Today that number is closer to 70%. The current Mycase program is not mobile compliant, so the new version will be mobile compliant, and you will be able to do more from your phone which is important.

Jessie Mandle asked how many people use the electronic system versus paper?

Muris Prses mentioned that roughly two thirds of our population interface with us electronically, complete applications, receive paperless applications, and receive electronic notices.

Jessie Mandle asked right now is Google Translate, is there going to be other consideration for other languages is there going to be a Spanish version?

Muris Prses mentioned that they have not got that far in the conversation, that is an option that we can consider.

Communication Committee on Member letters

Jeff Nelson mentioned that a communication committee continues to meet to review eligibility notices. We met over the past several months and had some good interactions. We worked on a notice to send out to folks that are in this predicament we just talked about.,. That was a combined effort, I think we got a better product because of the advocate involvement. This is a monthly meeting that will continue

The documents which were presented are embedded in this document

Medicaid Trends.pdf

Expansion Report_20211109.pdf

HB262 Children's Coverage Outreach Plan:

Kolbi Young gave an update on Children's Coverage Outreach Plan (HB262).

Implementing Campaign

- Survey
  - Reasons for disenrollment, and the barriers they encountered while they were enrolled
  - Improvements to the User Experience on the DWS Website, Work with DWS to Improve online navigation, make website more intuitive and assessible for individuals
- Social Media Advertising online and television campaign
  - Facebook, Instagram, You Tube, Pandora, Spotify, Audio Streaming, and Hulu
- Social Media Platform
- All efforts will be in Spanish & English
- Partnering with sports and parent associations.
- Targeting Hispanic and Latino communities

Questions:

Jesse Liddell asked what the timeframe will be when the social media will start, and does the money have to be spent by the end of the FY?

Kolbi Young mentioned that we need to have the funding spent by the end of the fiscal year. We still have to build the campaign. We are just getting a state contractor on board. That process took a little longer than we expected. We don't have a start date, but our end date has to before the end of the calendar year.

Jesse Liddell asked but you won't be doing anything probably before January it sounds like.

Jessie Mandle mentioned that they have been doing some community outreach that we can share as you get that going, and is this ongoing funding? When you said that it needs to be spent by the end of the fiscal year. I just wanted to clarify that.

Emma Chacon mentioned that this is ongoing funding.

Jessie Mandle asked so this campaign and the outreach position?

Kolbi Young mentioned yes both are ongoing

Emma Chacon mentioned that they have had discussion with a marketing firm. They have connections with Chambers of Commerce, and local and professional sport teams. They have suggested that they would be willing to talk to some of their other clients to see if they would be willing to participate in getting the message out. That is very preliminary information at this point.

Jessie Mandle mentioned maybe down the road we can discuss rebranding some of these programs.
Emma Chacon mentioned we have brought this up in the past, I think that is a great idea to bring it up again. I know that other states have given their Medicaid and CHIP programs other names in an effort to take away some of the stigma around these programs.

DHHS Consolidation:

Emma Chacon gave an update on DHHS Consolidation.

- They are working on the bill to actually formalize the consolidation of the departments.
- Workgroups continue to work to combine policies, procedures, and shape performance measures for the new department. We have 1,600 pages of code to combine, 296 statutory changes, 3,332 legal agreements, and 180 federal grant programs to transfer to the DHHS over the next eight months.
    - Continuing efforts to identify the next level of leadership for positions who report to Deputies and Asst Deputies.

<u>Questions:</u>
Jessie Mandle asked about the metrics and how the consolidation is going to be measured. How is that going to be measured?

Emma Chacon mentioned there are no specific metrics in the bill. However, the new administration is very aware of the expectations that the new Department must have metrics identified up front. There is a commitment to transparency and accountability. The new department has already begun discussions regarding the establishment of goals and performance measures.

Christine Evans mentioned that was some of my concerns. That the difference in code between the two departments that are combining, because families saw a stark difference in a way both waivers were handled during the pandemic. I just want to make sure that we are going to have parents input on the what has been working on DSPD, and what has been working at DOH, and what hasn't worked. I have really been appreciative of the way Angie has provided so many opportunities to obtain the publics input on what DSPD has been doing during this whole pandemic. I feel like she has kept our families informed of what is really going on. So, I would strongly ask that parents are involved in providing feedback on the consolidation of the two departments.

Emma Chacon mentioned that is our hope as well. We hope that by merging the two departments we can get more consistency across programs and waivers. This is going to be an ongoing opportunity not just at this point of consolidation.

Stephanie Burdick asked how would you measure the feedback process, do you feel like you all are getting a lot of feedback throughout the process. I know that the opportunity has been out there, is there intermediate metrics that you are looking at beyond the long-term metrics for performance, but what about some of the process ones?

Emma Chacon mentioned that this whole process is going to be iterative. There have been over 100 people between the two departments involved in planning for the consolidation. We tried to get feedback through public webinars, meeting with different groups, Tracy, Nate and others did tours throughout the state and received feedback from stakeholders, and individuals from around the states. If anyone has ideas or feedback you can also go to http://hhsplan.utah.gov/ to provide feedback.

Stephanie Burdick asked in this feedback and on the Medicaid focus group, is there going to be a centralized location of how that is being gathered and how accountability to the public.

Emma Chacon mentioned it has been a challenge to document all of the feedback as well as to provide updates. I know a document has been prepared to capture all of the questions and responses that have come up in the webinars. I believe that they implementing a similar process regarding the feedback they received from the statewide visits., Let us take that question back to the consolidation executive steering committee for consideration.

The document which was presented is embedded in this document

PUBLIC 10.4.21 DHHS Leadership Structure ·

Director's Report:

Emma Chacon gave an update on Medicaid ARPA Funds, Medicaid Policies, SPAs, and Rules.

Medicaid ARPA Funds

The document which was presented is embedded in this document.

American Rescue Plan Initial Spending F

Medicaid Policies:

- HB178, effective Jan 1, 22: This bill will allow Pharmacists to prescribe medications in certain limited areas, we submitted a SPA for this.
- SB27 & SB28: Which allows Physician Assistants to practice and bill independent of their physician. We implemented that into our system, Nov 1 2021, the law went into effect in May 2021. Providers and Physician Assistants can now submit claims back to the effective date to get those paid separately.
- Clarifying the rules for the Transition program
- Rule to change in the maximum premium amount for adults in the UPP program up to $150 each month to up to $300.00 per month
- Emergency rule regarding ARPA funds 10% *FMAP Increase Supplemental Payments for Provers
- Nursing Facility rule changes agreed to by the industry regarding their quality improvement program
- A rule to establish a definition of Extraordinary care for the purpose of caregiver compensation when it is provided by a spouse
- Non-Emergent Transportation-CMS has changed screening requirements for contractors and drivers., We are required to submit a SPA by the end of the calendar year. , Every Contractor/Broker and every individual driver will need to be vetted against the to make sure they are not excluded from participation in the Medicaid program In addition, states will need to have process to assure every driver has a valid driver's license, and has no violations of any state drug laws, or any traffic violations.
- There are federal statutory changes regarding third party liability in the Medicaid programs. States are now required to cost avoidance to prenatal services including labor and delivery, and postpartum care. State may pay claims without consideration of other insurance for preventative pediatric services, and anytime the claims for a child who is the subject of a

child support order that establishes responsibility for medical support/TPL. This SPA will need to be submitted by the end of the calendar year.

- UTA is doing away with their current punch pass and will be going to an electronic tap card effective July 1, 2022.

Questions:

Stephanie Burdick asked can you clarify more on the third-party thing, or where can I find out more information on that.

Emma Chacon mentioned that she will have Sharon Steigerwalt email the CMS bulletins to the group

Allison Heffernan asked what if members do not have access to a phone for a digital card?

Jennifer Strohecker mentioned that it an electronic fare card (EFC). You can use the EFC system by simply tapping your EFC card on a UTA electronic card reader.

Jessie Mandle asked if there is any update about the LogistiCare contract?

Jennifer Stohecker mentioned that the transportation contract currently held by MotiveCare expires at the end of the March, we were able to put 120-day extension on that, so we have adequate time to issue an RFP. That is being written right now.

Laura Belgique asked if anyone has any question or comments on the 1115 Waivers. If you do you have any, you can email them.
Comments may be submitted: Online: https://medicaid.utah.gov/1115-waiver/
Email: Medicaid1115waiver@utah.gov

SPA's Rules:

The documents which were presented are embedded in this document

MCAC SPA Summary 11-18-21.pdf

MCAC Rule Summary 11-18-21.pdf

Adjourn

Meeting was adjourned at 3:47pm. The next meeting is scheduled for December 16, 2021 at2:00-4:00 p.m.

Attachment 4

Tribal Consultation

Utah Indian Health Advisory Board (UIHAB) Meeting

11/12/2021
8:30 AM –11:30 AM

Utah Department of Health
Google Meeting Format Web Link:
meet.google.com/krh-kvdf-svj
Salt Lake City, UT 84114
(801) 712-9346

Meeting called by:	UIHAB
Type of meeting:	Monthly UIHAB
Note taker:	Dorrie Reese Call In: **1-617-675-4444 PIN: 760 419 415 5523#**
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 SPA's Medicaid & CHIP**	Jeff Nelson, UT Medicaid, BMEP
	▪ **Medicaid & CHIP State Plan Amendments (SPA) & Rules**	Craig Devashrayee, UT Medicaid
	▪ **DWS Medicaid Eligibility Operations**	Jacoy Richins & Jessica Ware, AI/AN Elig. Spec. DWS
	▪ **MCAC & CHIP Advisory Committees**	Mike Jensen & Ryan Ward
	▪ **Opioid Grant Updates**	Hilary Makris, OAIANHA
	▪ **Data Reporting**	Alex Merrill, OAIANHA
	▪ **Federal and State Health Policy Impacting I/T/U**	Jeremy Taylor OAIANHA
09:40 AM	**Medicaid 1115 Waivers; HB 192 & HB 32**	Laura Belgique & Michelle Smith
10:00 AM	**The Fentanyl Meth. Connection**	Hilary Makris, AI/AN Opioid Coord.
10:45 AM	**Hlthy Aging Program; Dealing w/Dementia**	Kristy Russell & Celsa Bowman, UDOH Shelby Benally, Coimagine
11:15 AM	**Traditional Healing Reimbursement**	Racheal Craig, AUCH Legislative Liaison
11:30 AM	**ADJOURN** ***Next Mtg. 12/10/2021***	