



UTAH DEPARTMENT OF
HEALTH

1VWAP7A38DC054939

Utah 1115 Demonstration Waiver

Project Number: 11-W-00145/8 & 21-W-0054/8

Quarterly Monitoring Report

Reporting Period

Demonstration Year: 20 (07/01/2021-06/30/22)

Demonstration Quarter: 1 (7/01/21-9/30/21)

Executive Summary

Utah's 1115 Primary Care Network (PCN) Demonstration Waiver is a statewide demonstration that gives the Utah Department of Health (UDOH) federal authorization to administer specific medical programs and benefits that are not otherwise allowable under federal rules. This demonstration waiver was originally approved in February 2002 for the PCN program and Current Eligibles population. The waiver was implemented July 1, 2002, and is now in demonstration year 20. Over the years, additional programs and benefits have been authorized under the waiver. The current waiver has approval through June 2022. On June 30, 2021, Utah submitted a waiver renewal request that is pending a decision from CMS. If approved, the renewal will continue through June 30, 2027. This annual monitoring report will provide information for demonstration year 20, quarter one.

The demonstration waiver authorizes the following programs and benefits:

- PCN Program- Provides a limited package of preventive and primary care benefits to adults age 19-64 (PCN was suspended on March 31, 2019 with the implementation of Adult Expansion Medicaid on April 1, 2019).
- Current Eligibles/Non-Traditional Benefits- Provides a slightly reduced benefit package for adults receiving Parent/ Caretaker Relative (PCR) Medicaid.
- Adult Expansion- Provides Medicaid benefits to adults age 19-64 who have household income up to 133 percent of the federal poverty level (FPL).
- Employer Sponsored Insurance- Individuals in the Adult Expansion group are required to enroll in employer sponsored insurance (ESI), if it is available to the eligible individual.
- Targeted Adult Medicaid- Provides state plan Medicaid benefits to a targeted group of adults without dependent children.
- Targeted Adult Dental Benefits- Provides state plan dental benefits for Targeted Adult Medicaid eligible individuals who are receiving SUD treatment.
- Utah's Premium Partnership for Health Insurance (UPP)-Provides premium assistance to help pay the individual's or family's share of monthly premium costs of employer sponsored insurance or COBRA.
- Dental Benefits for Individuals who are Blind or Disabled- Provides state plan dental benefits to individuals age 18 and older, with blindness or disabilities.
- Aged Dental-Provides state plan dental benefits to Medicaid beneficiaries age 65 and older.
- Substance Use Disorder (SUD) Residential Treatment- Provides coverage of SUD Residential Treatment in an Institution for Mental Disease (IMD) for all Medicaid eligible individuals.
- Utah Medicaid Integrated Care (UMIC)- Allows the State to operate an integrated managed care pilot combining the physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population).
- Intensive Stabilization Services (ISS) - Allows the State to provide intensive stabilization services to Medicaid eligible children/youth under age 21 in state custody, or at risk of state custody, experiencing significant emotional and/or behavioral challenges.
- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)- Provides expenditure authority for services furnished to eligible individuals ages 21 through 64 who receive treatment for a SMI, and who are short-term residents in facilities that meet the definition of an IMD.
- Former Foster Care Youth from Another State- Provides state plan Medicaid benefits to former foster care youth from another state up to age 26.

Over the five-year approval period, Utah theorizes that the demonstration will:

- Improve the health of Utahns by increasing the number of low-income individuals without access to primary care coverage, which will improve the overall well-being of the health status of Demonstration Population I enrollees (PCN enrollees).
- Not negatively impact the overall health of Current Eligibles who experience reduced benefits and increased cost sharing.
- Assist previously uninsured individuals in obtaining employer-sponsored health insurance without causing a decrease in employer's contributions to premiums that is greater than any decrease in contributions to the overall health insurance market.
- Reduce the number of uninsured Utahns by enrolling eligible adults in the Targeted Adult Medicaid program.
- Reduce the number of non-emergent Emergency Room visits for the Targeted Adult population.
- Improve access to primary care, while also improving the health status of the Targeted Adult Population.
- Provide care that is more extensive to individuals suffering from a substance use disorder, in turn making this population healthier and more likely to remain in recovery.
- Reduce utilization and lengths of stay in emergency departments (EDs) among beneficiaries with SMI while awaiting mental health treatment in specialized settings.
- Reduce preventable readmissions to acute care hospitals and residential settings.
- Improve availability of crisis stabilization services including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state.
- Improve access to community-based services to address the chronic mental health care needs of beneficiaries with SMI, including through increased integration of primary and behavioral health care; and
- Improve care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.

Key Events

Adult Expansion

The State continues to see an increase in enrollment for this demonstration population and also continues to ensure Medicaid members who were eligible at the start of the public health emergency remain eligible until the emergency ends.

Adult Expansion- Employer Sponsored Insurance

Due to the Families First Coronavirus Response Act, there was a steady increase in the number of Adult Expansion individuals required to purchase employer-sponsored insurance (ESI). Although the number of individuals enrolling in ESI continues to increase each month, enrollment is still not at the level the State anticipated. This could be a result of the COVID-19 pandemic and the subsequent loss of employment (and therefore loss of ESI) of many individuals. All individuals enrolled in ESI did not lose eligibility during this quarter due to the public health emergency.

Below are the number of individuals who received an ESI reimbursement for each month of the quarter, as well as the total ESI expenditures.

	July 2021	August2021	September 2021
ESI Enrollment	183	297	308
Total ESI Payments Issued	\$35,348.46	\$33,440.90	\$31,025.79

Targeted Adult Medicaid

The State continues to cover the following subgroups under the Targeted Adult Medicaid (TAM) program:

- Chronically Homeless. These individuals are:
 - living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months, or on at least four separate occasions totaling at least 12 months in the last three years and have a substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, a chronic illness or a disability.
 - living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for a total of six months within a 12-month period and have a diagnosable substance use disorder, serious mental health disorder, diagnosable developmental disability, or post-traumatic stress disorder.
 - victims of domestic violence and living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter.
 - previously homeless and living in supportive housing.
- Justice Involved. These individuals need substance use or mental health treatment and:
 - have completed a substance use disorder treatment program while incarcerated in jail or prison;
 - are on probation or parole and have a serious mental illness or substance use disorder;
 - are court ordered to receive substance abuse or mental health treatment through a district or tribal court;
 - were discharged from the State Hospital and admitted to the civil unit.
- Individuals Needing Treatment. These individuals are:
 - discharged from the State Hospital due to a civil commitment; or
 - currently receiving General Assistance (GA) from DWS and have been diagnosed with substance use or a serious mental health disorder.

Program and procedure changes that were made in DY19 continue to help improve the TAM program. As mentioned in the DY19 Annual Report, these changes included an improved form, a decrease in eligibility determination processing time, and better communication and collaboration with TAM agencies. An increased amount of training and collaboration with TAM agencies took place this quarter due to the number of outdated forms that were being submitted. It was also determined that one agency's referrals were being approved for Adult Expansion. The increased education and resolution of improper Adult Expansion approvals may lead to increased enrollment in future months. During this quarter, one additional TAM agency was added and two additional agencies are pending approval.

Despite the improved referral process for justice-involved individuals mentioned in the DY19 Annual Report, the number of justice-involved individuals eligible for TAM remains stable. There are approximately 4,738 justice-involved individuals currently eligible for TAM.

Note: The DY19 Annual Report indicated an approximate enrollment of 781 justice-involved individuals that were currently eligible for TAM. This was an incorrect estimate. At the time the report was submitted, the correct estimate was 4,679 justice involved-individuals who were eligible for TAM.

Demonstration Population III-Premium Assistance (UPP)

On July 23, 2021 the State received approval from CMS to increase the maximum reimbursement amount currently approved for demonstration beneficiaries enrolled in Utah's UPP program from up to \$150 per adult enrollee per month to a higher amount through the state administrative rulemaking process, rather than by an amendment to the demonstration. This amendment request was directed by HB 46. Under this amendment, the State may increase the maximum premium assistance subsidy amount each subsequent fiscal year, subject to the appropriation of additional funding. As currently approved under the demonstration, the maximum premium reimbursement amount applicable to a particular beneficiary will not exceed the individual/family's share of premium costs.

Dental Benefits for Aged Medicaid Members

As of January, 2021, full dental services for Aged and Targeted Adult Medicaid members undergoing substance use disorder are provided through the University of Utah School of Dentistry (UUSOD) or their associated statewide network of providers. Utilization of dental benefits for his population is slowly increasing. However, it remains lower than expected, likely due to the COVID-19 pandemic.

Dental Benefits for Individuals with Blindness or Disabilities

On January 1, 2021, the dental services benefit delivery system for individuals with blindness or disabilities transitioned from the managed care plans to fee for service Medicaid. Services continue to be provided by the UUSOD and their associated network of providers. These individuals can also receive porcelain and porcelain-to-metal crowns.

Effective October 1, 2021, denture coverage will allow for replacing upper dentures and lower dentures once every five years when medically necessary. For example, a member that receives an immediate upper denture within the last five years would not be eligible for complete or partial upper dentures within the same five-year period. The same example is applicable to lower dentures as well.

Utah Medicaid Integrated Care

The State received waiver approval on December 23, 2019 to implement Utah Medicaid Integrated Care (UMIC). This was implemented on January 1, 2020. This approval allows the State authority to:

- Enroll 1115 demonstration populations in managed care plans;
- Create and operate an integrated managed care pilot combining the physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population);
- Enroll beneficiaries in eight counties who are not enrolled in integrated care, in Utah's Accountable Care organizations for their physical health service delivery system, and in Prepaid Mental Health Plans (PMHP)

- for their behavioral health services delivery system; and,
- Receive expenditure authority to add behavioral health services authorized under the waiver for those enrolled in managed care.

From July 1, 2021 to September 30, 2021, enrollment in UMIC plans increased from 62,941 to 65,949. This is consistent with the historical growth of the program. The UMIC plans continue to report success with addressing member's case management needs across both physical and behavioral health services.

Utah Medicaid continues to contract with Health Choice Utah, SelectHealth Community Care, Healthy U, and Molina to administer the UMIC plans. The UMIC plans operate in five of Utah's urban counties; Weber, Davis, Salt Lake, Utah, and Washington.

The integrated UMIC plans continue to allow individuals to receive care coordination from one plan that has all of the member's information. This continues to help the individual get the appropriate services, where the payers were previously unaware of the other services the individual was receiving under a different managed care plan. The UMIC plans continue to report success with addressing beneficiaries case management needs across both physical and behavioral health services.

Intensive Stabilization Services (ISS)

During quarter 1, Stabilization and Mobile Response (SMR) Administrators were able to submit 9 ISS claims to Medicaid for the 1115 Demonstration. See breakdown below:

Region Administrator	July 2021	August 2021	Sept 2021	Total
Northern	3	2	4	9
Southwest	0	0	0	0
Western	0	0	0	0

The Department of Human Services (DHS) has initiated several new objectives that will enhance the utilization of ISS, the quality of service, and leverage outcome measures provided by this demonstration.

1. *Reduction of ISS submission projections in Southwest:*

The SMR Administrator who provided ISS in Southwest will no longer be projecting or submitting any ISS reimbursements (their target was 50) for SFY22- they made this decision so they may create ways to strengthen their ISS operations internally. They had a turnover with staff and a new SMR Administrator onboarded to their agency. DHS will explore this again in Spring 2022 to look at adding them to the final total threshold count once they have ISS operations streamlined. They may still be able to submit a smaller percentage of that number after we touch base in the Spring.

2. *Successful continued ISS utilization in Northern Region:*

Northern Region anticipates a target of 100 ISS billing submissions for SFY22. Northern Region reported 9 billing

submissions for July- September of 2021.

3. *Expansion of ISS efforts within SMR; providing ISS to additional rural communities within the state:*

DHS has contracted with Intermountain HealthCare to set up an SMR team in the Western Region, covering 8 counties in Utah's rural central district. This team has negotiated an ISS projected threshold for SFY23 of 25. For SFY23, this region will likely increase its ISS projection. This creates a total of 125 anticipated ISS billing submissions projected for SFY22 for SMR.

4. *Expansion of ISS efforts, statewide:*

DHS has begun to operationalize a pathway to provide ISS services through its High Fidelity Wraparound Program, or HFW. HFW services are available to children and youth under age 21 statewide. These HFW teams provide intensive stabilization services to families who are involved in multiple community mental health and/or state systems. Most of these children and youth enrolled in HFW are at immediate risk of entering hospital, residential and other out of home settings to receive the care they need. Projections for ISS Submissions for this program have not been solidified yet. DHS will provide CMS updates for this project as it evolves through our quarterly reporting. DHS plans to include the HFW ISS children and youth in its QIS design and reporting, in addition to quarterly reporting for ISS as well.

5. *Designing a Quality Improvement Strategy (QIS) that meets CMS recommended guidelines:*

The QIS design for DHS is currently being modeled. The DHS SMR Director and Operations Administrator are working to develop a design that encompasses the needed outcomes measures and monitoring suggestions that state in the bulletin. DHS anticipates having something drafted for initial feedback by the first of next calendar year. If additional guidance is needed for this QIS design, DHS will work with UDOH to set up consultation.

DHS has scheduled its ISS audits for SFY21 ISS billing submissions this December, 2021. Audits will be intensive and will have an auditing tool that uses the framework pulled from the CMS Bulletin for QIS.

Clinically Managed Residential Withdrawal Pilot

In March 2019, CMS granted approval for the State to provide clinically managed residential withdrawal services through the Clinically Managed Residential Withdrawal Pilot to beneficiaries aged 18 and older who reside in Salt Lake County and have a primary diagnosis of opioid use disorder or another substance use disorder and require around-the-clock structure and support in order to complete withdrawal management, thereby increasing the likelihood of continuing treatment and recovery. Additional funding was appropriated by the Utah State Legislature during the 2021 General Legislative Session to make this benefit available statewide. Upon CMS approval of the State Plan Amendment, this benefit became available statewide as of April 1, 2021 to all eligible Medicaid beneficiaries. As a result, the State received approval on July 23, 2021 to remove this pilot project from Utah's 1115 demonstration waiver. Future monitoring reports will no longer include information on this pilot project.

Operational Updates

Suspension of Medicaid Benefits

The State continues to suspend benefits for incarcerated Medicaid members, allowing quick access to much needed Medicaid covered services as they are released from incarceration and transition back into the community.

The table below details the number of individuals in each demonstration population whose Medicaid benefits were in suspension status due to incarceration for each month of the demonstration quarter. This includes individuals who may have had benefits suspended in a prior month, but remain suspended. Demonstration populations are only listed if an impacted individual was placed in suspense status.

Number of Individuals with Medicaid Suspended¹

Demonstration Population	July 2021	August 2021	September 2021
Adult Expansion	740	692	623
Dental-Blind/Disabled	42	40	39
Targeted Adult Medicaid	826	766	666
Current Eligibles	78	77	64
Dental-Aged	4	5	5
Total	1,690	1,580	1,397

Enrollment²

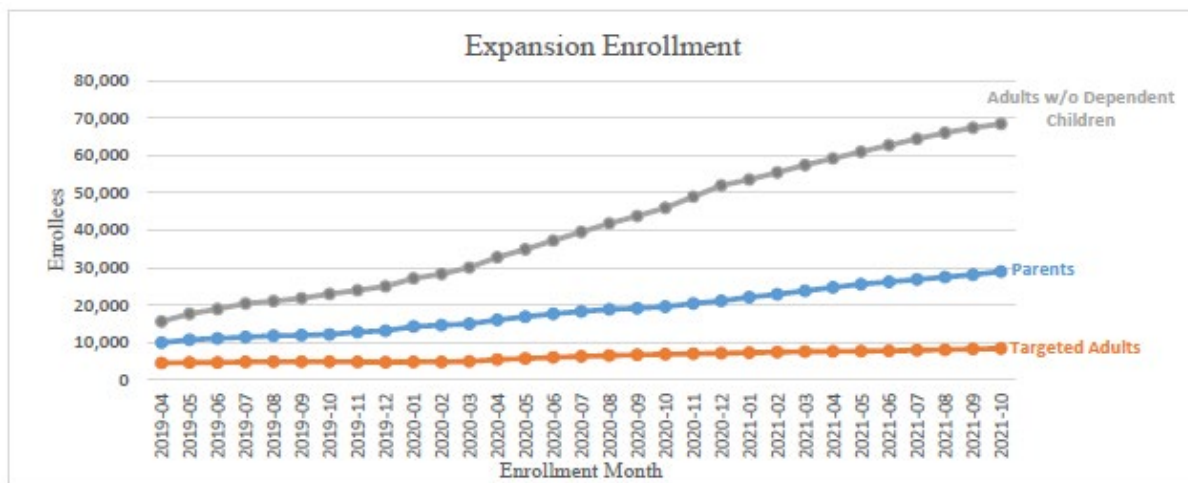
The table below details the monthly enrollment numbers for each month of the quarter, for each demonstration group covered under the waiver. Adult Expansion enrollment continues to increase each month. Enrollment for the other demonstration groups remain fairly stable. However, with the implementation of ESI for the Adult Expansion population, enrollment in ESI continued to increase each month this quarter as additional individuals are identified as having access to ESI.

Demonstration Population	July 2021	Aug 2021	Sept 2021
Current Eligibles-PCR	36,635	37,162	37,544
Adult Expansion	90,666	92,915	95,009
Employer-Sponsored Insurance	452	475	486
Targeted Adults	7,484	7,636	7,894

¹ Data Source: Dept. of Workforce Services Cognos Report- "401-Suspension of Benefits"

² Enrollment numbers are shown as of 11/12/2021. Numbers reflect all retroactive enrollment up to 11/12/2021 and are subject to change with future retroactive enrollment.

Targeted Adult Dental	200	199	224
Demonstration Population III, V, VI- Premium Assistance	226	220	217
Dental- Blind/Disabled	44,704	44,848	45,014
Aged Dental	363	373	359
Substance Use Disorder Residential Treatment	671	682	513
Utah Medicaid Integrated Care	62,941	64,407	65,949
ISS	3	2	4
SMI	57	56	25
Former Foster Care Youth	17	17	17

Expansion Enrollment by Subgroup³

2021

Category	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10
Adults w/o Dep. Children	53,527	55,408	57,377	59,190	60,901	62,688	64,397	66,042	67,387	68,418
Parents	22,119	22,872	23,801	24,768	25,547	26,224	26,830	27,459	28,115	29,001
Targeted Adults	7,290	7,418	7,555	7,665	7,738	7,812	7,953	8,103	8,279	8,410
Total	82,936	85,698	88,733	91,623	94,186	96,724	99,180	101,604	103,781	105,829

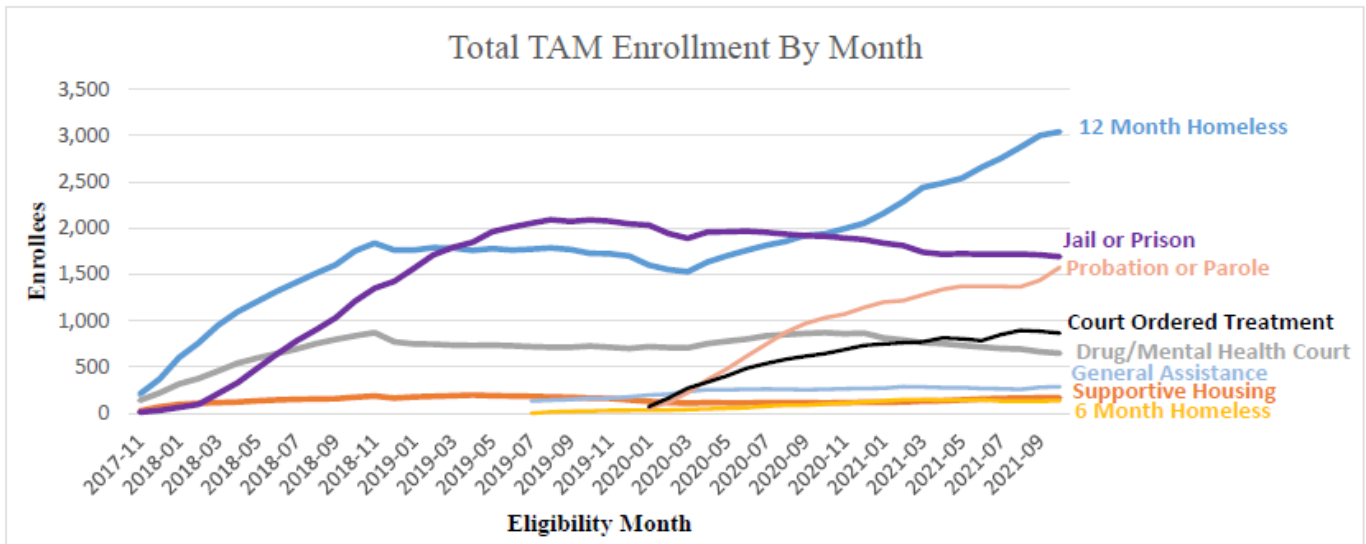
³ Enrollment as of November 9, 2021. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Targeted Adult Medicaid and Substance Use Disorder Treatment

Enrollment for Targeted Adult Medicaid and utilization of SUD residential treatment decreased from 671 in July, 2021 to 513 in September, 2021. This is likely due to billing delays. The State anticipates providing more accurate SUD data for the months of July through September, 2021 in future monitoring reports. Below is detailed data on enrollment and expenditures for the TAM population. TAM members continue to utilize the majority of SUD residential treatment among Medicaid recipients.

Targeted Adult Medicaid (TAM) Enrollment by Subgroup and Enrollment by Month⁴

By Subgroup

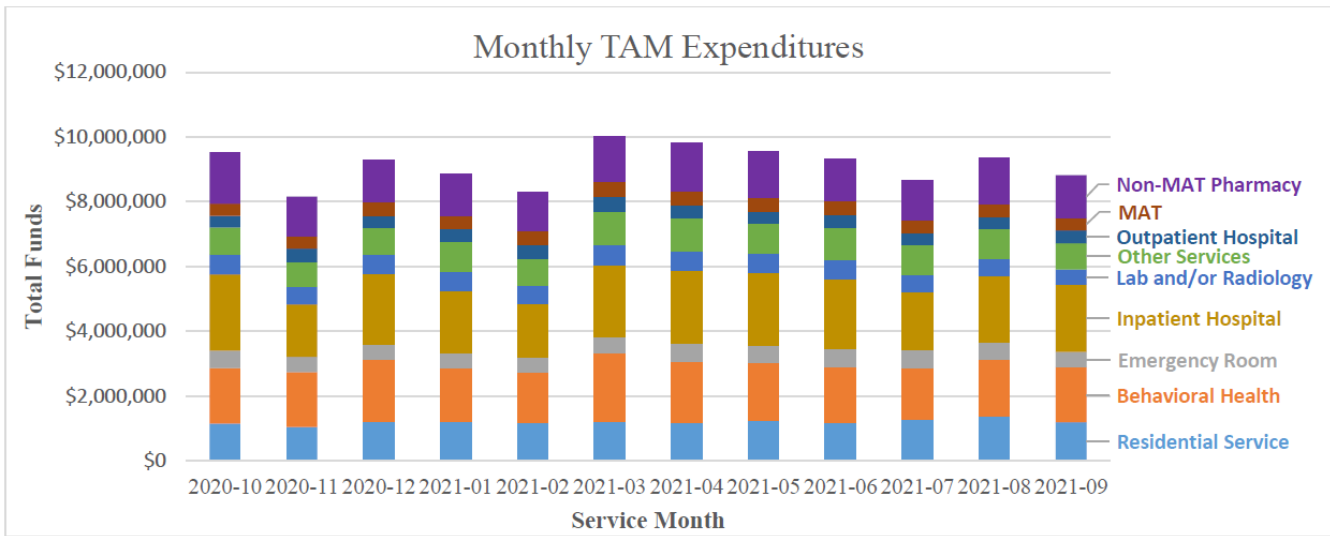


By Month

FY22 Category	2021-07	2021-08	2021-09	2021-10
12 Month Homeless	2,755	2,876	3,000	3,041
6 Month Homeless	131	132	131	133
Supportive Housing	160	162	168	167
General Assistance	266	258	282	287
Court Ordered Treatmnt	849	895	884	867
Drug/Mental Health Crt	700	693	663	647
Jail or Prison	1,722	1,721	1,712	1,691
Probation or Parole	1,370	1,367	1,439	1,576
Total	7,953	8,103	8,279	8,410

⁴ Enrollment as of November 9, 2021. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Targeted Adult Medicaid Reimbursements⁵



Monthly Expenditures (in 1,000's)				FY21								FY22			
Service Type	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	Total		
Residential Serv.	\$1,160	\$1,059	\$1,212	\$1,212	\$1,175	\$1,237	\$1,186	\$1,258	\$1,198	\$1,297	\$1,389	\$1,197	\$14,580		
Behavioral Health	\$1,714	\$1,685	\$1,937	\$1,664	\$1,568	\$2,087	\$1,896	\$1,774	\$1,708	\$1,580	\$1,740	\$1,698	\$21,051		
Emergency Room	\$534	\$479	\$461	\$460	\$448	\$503	\$556	\$525	\$548	\$560	\$529	\$473	\$6,076		
Inpatient Hospital	\$2,359	\$1,614	\$2,161	\$1,931	\$1,655	\$2,216	\$2,261	\$2,255	\$2,155	\$1,791	\$2,064	\$2,074	\$24,536		
Lab & Radiology	\$598	\$542	\$599	\$596	\$562	\$646	\$578	\$599	\$595	\$527	\$528	\$473	\$6,843		
Other Services	\$847	\$760	\$825	\$921	\$852	\$1,025	\$1,037	\$924	\$996	\$935	\$922	\$806	\$10,849		
Outpatient Hosp.	\$357	\$416	\$391	\$378	\$434	\$459	\$376	\$366	\$391	\$360	\$373	\$398	\$4,700		
MAT	\$380	\$377	\$403	\$419	\$404	\$455	\$425	\$438	\$442	\$397	\$385	\$376	\$4,901		
Non-MAT Pharm.	\$1,580	\$1,225	\$1,307	\$1,282	\$1,195	\$1,378	\$1,499	\$1,399	\$1,280	\$1,221	\$1,437	\$1,323	\$16,126		
Grand Total	\$9,529	\$8,157	\$9,296	\$8,862	\$8,292	\$10,006	\$9,814	\$9,539	\$9,314	\$8,667	\$9,366	\$8,821	\$109,661		

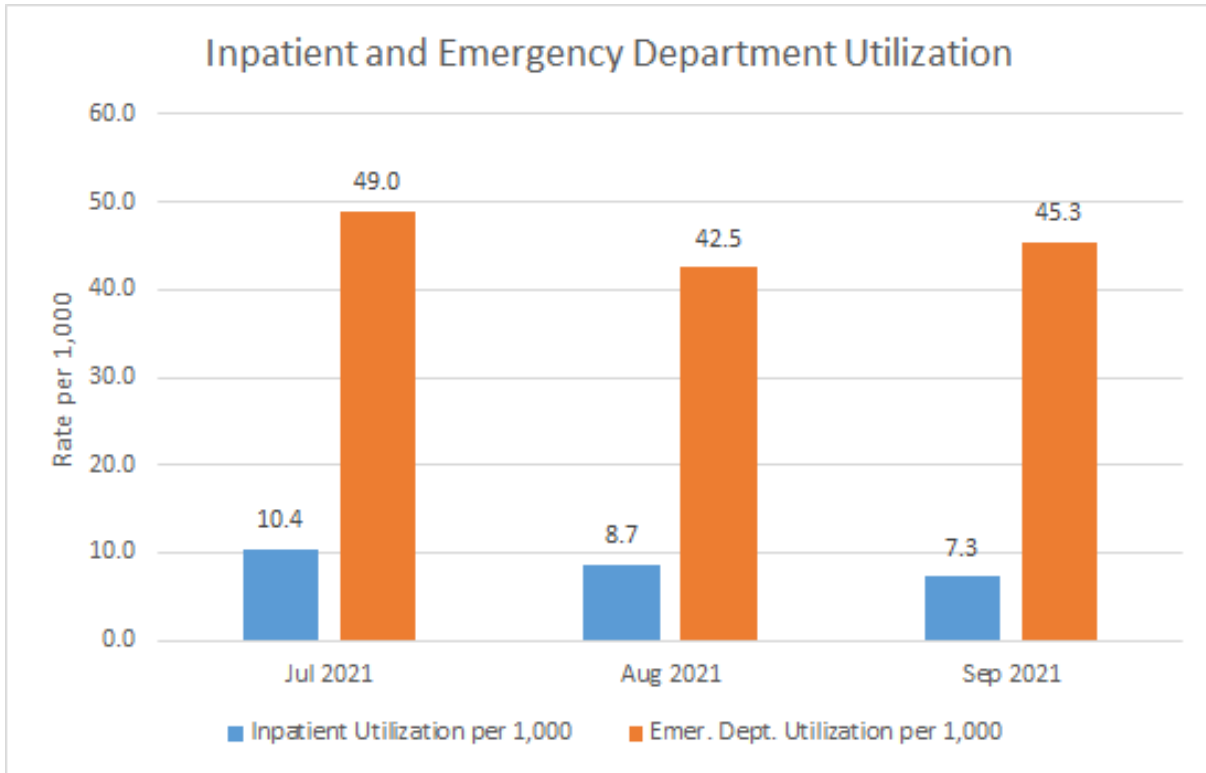
Distinct Members Served		FY21										FY22	
Service Type	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	
Residential Serv.	404	390	416	428	447	449	444	429	434	447	461	391	
Behavioral Health	1,870	1,888	1,930	1,910	1,915	1,992	1,966	1,854	1,728	1,642	1,767	1,622	
Emergency Room	666	576	580	597	570	669	670	658	680	687	655	623	
Inpatient Hospital	177	141	151	145	150	174	175	162	153	164	148	152	
Lab & Radiology	1,294	1,266	1,306	1,302	1,292	1,377	1,356	1,330	1,323	1,311	1,288	1,250	
Other Services	6,581	6,508	6,658	6,767	6,891	7,049	7,185	7,243	7,317	7,415	7,583	7,816	
Outpatient Hosp.	655	580	639	612	628	726	707	649	592	527	580	563	
MAT	737	745	770	823	863	925	872	848	849	823	785	766	
Non-MAT Pharm.	2,377	2,271	2,370	2,377	2,362	2,547	2,455	2,434	2,454	2,326	2,329	2,340	
Grand Total	6,656	6,591	6,767	6,850	6,977	7,141	7,269	7,318	7,388	7,518	7,671	7,885	

- ⁵ Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.
- The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service.

Adult Expansion Utilization

The State will continue to report specific Adult Expansion metrics in the quarterly and annual reports. For this report, the State provides inpatient utilization and emergency department utilization data. The State will provide additional metrics for the annual report including all cause hospital readmission, follow-up after hospitalization for mental health or SUD within 7 days, and initiation and engagement of alcohol or other drug abuse dependence treatment.

Despite an increase in enrollment, the State experienced a steady decrease in inpatient utilization this quarter. In addition, emergency department utilization decreased fairly significantly from July 2021 to August, 2021, followed by a slight increase the following month.



	July 2021	Aug. 2021	Sept. 2021
Members	91,308	93,590	95,613
Inpatient	1,141	1,010	944
Emergency Dept.	6,176	5,964	5,363
Inpatient Utilization per 1,000	12.5	10.8	9.9
Emer. Dept. Utilization per 1,000	67.6	63.7	56.1

Disenrollments

The State began identifying the number of disenrollments beginning in DY19, Q4. The table below identifies the number of disenrollments for DY20, Q1, listed by demonstration population and disenrollment reasons.

Demonstration Population	Reason for disenrollment	July 2021	August 2021	September 2021
Current Eligibles - PCR	Customer Moved Out of State	148	143	142
	Customer Request	57	61	56
	Death	3	5	4
	Enrolled in error	3	6	5
	Fails Utah residency	4	6	9
	Request closed	3	2	1
	Other Admin ⁶	18	16	11
Adult Expansion	Customer Moved Out of State	203	177	233
	Customer Request	132	155	152
	Death	41	43	35
	Enrolled in error	2	4	3
	Fails Utah residency	0	2	0
	Request closed	4	3	1

⁶ "Other Admin" closure reason is used when our system is unable to close for the proper reason. Proper notice of closure is given to the member to explain the true reason for closure.

	Other Admin	18	16	11
ESI	Customer Moved Out of State	3	0	4
	Customer Request	1	0	1
Targeted Adults	Customer Moved Out of State	12	8	8
	Customer Request	5	4	3
	Death	7	3	3
	Fails Utah residency	0	0	0
	Enrolled in error	0	0	1
	Other Admin	5	4	3
Demonstration Population #3	Customer Moved Out of State	1	0	0
	Customer Request	3	4	6
Dental-Blind/Disabled	Customer Moved Out of State	2	1	0
	Customer Request	0	0	0
	Death	0	0	0
	Fails Utah residency	0	0	0
	Other Admin	4	1	0
Aged Dental	Death	0	0	0
	Other Admin	0	0	1

Substance Use Disorder Residential Treatment	Other Admin	1	0	0
Former Foster Care Youth	Customer Moved Out of State	0	0	0
	Other Admin	0	0	0
Grand Total		680	664	693

Anticipated Changes to Enrollment

Adult Expansion Medicaid, ESI

As previously mentioned, the State continued to see an increase in Adult Expansion enrollment due to the Families First Coronavirus Response Act. The State continues eligibility for individuals during the emergency period in order to receive enhanced funding. This affected Adult Expansion enrollment as the State continued eligibility for these individuals, regardless of household changes.

The State also expects the Marketplace open enrollment period from November 1, 2021 through January 15, 2022 to affect Adult Expansion enrollment as individuals who appear to be eligible for Medicaid are referred to the State agency.

The ESI requirement continues to require Adult Expansion individuals to enroll in, and maintain enrollment in their available ESI or they will lose eligibility. However, all individuals enrolled in ESI did not lose eligibility during this quarter due to the public health emergency. The State anticipates the majority of individuals to participate due to the State reimbursing individuals for the full amount of their monthly insurance premium.

End of the Public Health Emergency

The State is currently developing a case review and transition plan for when the emergency period ends. Until the public health emergency plan ends and the transition plan is in place, enrollment in Adult Expansion is expected to either remain stable or continue to steadily increase as it has during this demonstration year.

Targeted Adults

As previously mentioned, the State has expanded the eligibility subgroups for the Targeted Adult population. These subgroups include:

1. An individual who is a victim of domestic violence who is living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter.
2. An individual who is court ordered to receive substance abuse or mental health treatment through a district court or Tribal court.
3. An individual on probation or parole with serious mental illness and/or serious substance use disorder.

The State had initially estimated an additional 7,000 individuals would eventually be eligible for Targeted Adult Medicaid with this implementation. Although still slower than expected, enrollment in several subgroups for the Targeted Adult

population continued to increase this quarter, as seen in the Total TAM Enrollment by Month table. The increase in 12 Month Homelessness may be due to COVID-19 while the increase in probation/parole and court ordered treatment may be due to continued program improvement efforts and increased communication with TAM agencies as mentioned in the DY19 Annual Report.

Approval of the State's two pending amendments may also have an effect on enrollment. If coverage for justice-involved individuals is approved, the State anticipates an increase in enrollment in several Medicaid programs including Adult Expansion and Targeted Adult Medicaid. The State also anticipates a slight increase in enrollment if coverage for in vitro fertilization and genetic testing for Medicaid eligible individuals who have specific qualified conditions is approved.

Community Engagement

On August 10, 2021, CMS formally withdrew approval of Utah's Community Engagement (work requirement) for individuals enrolled in the Adult Expansion Program. CMS originally approved the Community Engagement in March 2019 and later reaffirmed that approval in December 2019 as part of Utah's 1115 waiver amendment to adopt Medicaid Expansion. The community engagement requirement only applied to Adult Expansion Medicaid members, ages 19-64, with incomes up to 138% FPL, unless they met an exemption or qualified for good cause. The requirement included online job search or completion of online training programs once every 12-months. Failure to meet this requirement would have caused the individual to be ineligible for Medicaid. The State estimated that approximately 27,000 out of 90,000 adult expansion members could have been subject to the requirement. The requirement was implemented in January 2020 but was suspended in April 2020 due to the COVID-19 pandemic. Future monitoring reports will no longer include information on Community Engagement.

Benefits

In regards to other programs authorized under the demonstration waiver, there are no anticipated changes to benefits or utilization at this time.

Demonstration Related Appeals

Below are the demonstration related appeals for this DY20, Q1. Demonstration groups are only listed if there was an appeal for the quarter.

Demonstration Group	July 2021	August 2021	September 2021
Adult Expansion	0	1	0
Current Eligibles	1	0	0

There were two appeals this quarter. The first was specific to the Current Eligibles population where the individual failed to provide verification. The decision was affirmed. The second appeal was specific to an overpayment for an individual covered under Adult Expansion. This decision was affirmed as well.

Grievances

Constituent Affairs Grievances

Below is a table of grievances received from members to our Medicaid Constituent Affairs Representative. The calls are benefit related questions or concerns. The State began collecting this information in DY19, Q3. Demonstration groups are only listed if there was a grievance for the quarter.

Demonstration Group	July2021	August 2021	September 2021	Total
Adult Expansion	5	2	0	7
Aged, Blind and Disabled Dental	1	1	1	3
PCR	0	1	0	1
Total	6	4	1	11

Quarter One Grievances

There were 11 Constituent Affairs grievances filed during quarter one. Constituent affairs worked with all individuals to help resolve the issues. Below is a summary of the monthly grievances.

July:

- Adult Expansion: Three members were not able to obtain prescriptions due to third party liability and not using an approved provider. One member was not able to find a specialist and one member could not access specialized care.
- Aged, Blind and Disabled Dental: One member had a complaint about UUSOD being the provider for Aged, Blind and Disabled members.

August

- Adult Expansion: One member had a complaint about the behavioral health plan. One member was not able to find a provider.
- Aged, Blind and Disabled Dental: One member had a complaint with UUSOD and covered services.
- PCR: One member requested a health plan change outside of open enrollment.

September:

- Aged, Blind and Disabled Dental: One member tried to obtain a prior authorization for dental services and was frustrated with the process.

Accountable Care Organization (ACO) Grievances

Grievances are currently reported by the managed care plans twice per year in November and May. Due to this, the State includes six months of grievance information in this report. With the implementation of the Medicaid Managed Care Program Annual Report (MCPAR) in 2022, the managed care plans will begin reporting grievance data on a quarterly basis, by grievance type. This will allow the State to report grievance reasons in a future 1115 demonstration monitoring report.

Demonstration Group	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Total
Adult Expansion	20	23	21	15	19	15	113
Current Eligibles-PCR	24	41	53	39	39	35	231

Substance Use Disorder Residential Treatment	0	0	0	1	0	0	1
UMIC	7	5	7	6	9	4	38

Quality

Eligibility Determination and Processing

As an indicator of quality, the State tracks application processing timeframes to determine if medical assistance applications are processed in a timely manner. The table below indicates available data for four of the demonstration groups. Data for other demonstration groups is not available because they are related to specific benefits issued, rather than programs.

Application Processing-Average days to Approval⁷

Program Type	July 2021	Aug 2021	Sept 2021	Average Total
Adult Expansion	8.85	9.04	9.01	8.96
Current Eligibles-PCR	9.05	10.62	10.41	10.03
Targeted Adults	11.04	13.79	12.32	12.38
Premium Assistance-UPP	0	45	32.8	25.93

Financial/Budget Neutrality

The budget neutrality documents for this demonstration quarter are being submitted to CMS separately. Please refer to these documents for detailed information on the State's budget neutrality.

Financial Anticipated Changes

The State will experience an increase in expenditures due to the expected continued increase in enrollment for Adult Expansion. The State also anticipates a continued increase in expenditures for all waiver populations due to the continued COVID-19 public health emergency, as the State continues Medicaid eligibility for these populations, regardless of household changes (with few exceptions).

As previously mentioned, on July 23, 2021 the State received approval from CMS to increase the maximum premium assistance reimbursement for beneficiaries enrolled in the State's Premium Partnership for Health Insurance (UPP)-approved employer sponsored insurance (ESI) plans or continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). Due to this change, the State estimates UPP payments will increase approximately \$14,000, or 15%, in the upcoming demonstration quarter compared to the same quarter last year.

Annual Public Forum

The State plans to hold the annual public forum during the January 2022 Medical Care Advisory Committee (MCAC) meeting. The State will report on the results of this forum in the next quarterly report.

⁷ Data Source: Dept. of Workforce Services Cognos Report- "104-Days to Approval"

Demonstration Renewal

Utah's existing demonstration is currently approved through June 30, 2022. In June 2021, the State submitted a five-year renewal request. This request is pending a decision from CMS. If approved, the State will continue to operate the demonstration waiver as currently approved, with minimal changes, through June 30, 2027. Abbreviated public hearings for the renewal application were held on May 20, 2021 and May 24, 2021. Since a full public notice is required as part of the waiver renewal, the State allowed an additional 30 day comment period from July 20, 2021 through August 19, 2021. No additional comments were received during this period.

Demonstration Evaluations

The State continues to contract with both Public Consulting Group, Inc. (PCG) and the University of Utah Social Research Institute (SRI) to conduct an evaluation of the following components of the State's waiver:

PCG:

- Adult Expansion
- Employer-Sponsored Insurance Requirement (ESI)
- Utah Medicaid Integrated Care (UMIC)
- Community Engagement Requirement⁸

SRI:

- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)
- Substance Use Disorder (SUD) Residential Treatment
- Intensive Stabilization Services (ISS)
- Aged Dental
- Targeted Adult Dental Benefits

Evaluator updates and submissions

PCG:

- The State submitted the interim report for Adult Expansion and ESI in August, 2021. This report provides a summary of the evaluation activities to date as well as the timeline, status of deliverables, and upcoming evaluation activities. It also provides a high-level work plan for data collection and analysis.
- PCG completed a final UMIC evaluation design which was submitted in October, 2021 and is awaiting approval from CMS. Once the evaluation design has been approved by CMS, PCG will complete the required evaluation.

SRI:

- The State submitted a revised SUD Evaluation Design in November, 2021 and is awaiting approval from CMS.
- The Aged Dental Evaluation Design was submitted in October, 2021 and is awaiting approval from CMS.
- The ISS Evaluation Design was submitted in October, 2021 and is awaiting approval from CMS.
- The SUD Annual Monitoring Report DY4 was submitted in October, 2021.
- The Final SMI Evaluation Design will be submitted to CMS in November, 2021.

Pending Amendments

As mentioned in previous monitoring reports, the State submitted a waiver amendment to fulfill additional requirements of Senate Bill 96 "Medicaid Expansion Adjustments". This waiver amendment included the following provisions, which are

⁸ Since CMS formally withdrew approval of Utah's Community Engagement for individuals enrolled in the Adult Expansion Program on August 10, 2021, this component was removed from the contract and not evaluated.

pending a decision from CMS:

- Lock-out from the Medicaid expansion for committing an intentional program violation.
- Federal expenditure authority to provide housing related services and supports (HRSS) for groups within Medicaid Expansion.
- Not allow hospitals to make presumptive eligibility determinations for the Medicaid Expansion.
- Require premiums for Adult Expansion beneficiaries with income over 100 percent through 133 percent of the FPL.
- Require a \$10 surcharge for each non-emergent use of the emergency department after having received a warning for inappropriate use of the emergency department for Adult Expansion beneficiaries with income over 100 percent FPL through 133 percent FPL.
- Implement defined flexibilities and cost savings provisions for the Medicaid Expansion through the state administrative rulemaking process within the parameters defined by the waiver amendment.
- Additional flexibility for providing services through managed care for all Medicaid members.
- In addition, the following waiver amendments are also pending a decision from CMS:
 - In Vitro Fertilization and Genetic Testing for Qualified Conditions- requests authority to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified conditions.
 - Medicaid Coverage for Justice Involved Populations- requests authority to provide Medicaid coverage for qualified justice-involved individuals. These individuals must have a chronic physical or behavioral health condition, a mental illness as defined by Section 62A-15-602 of Utah State Code, or an opioid use disorder. If approved, Medicaid coverage will be provided in the 30-day period immediately prior to release of the incarcerated individual from a correctional facility.