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July 3, 2025

Dr. Mehmet Oz  
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 Oz:

I am pleased to submit an amendment to the State of Utah's Medicaid Reform 1115 Demonstration. With this amendment, the State is requesting authority to implement a Community Engagement work requirement for the Adult Expansion Medicaid demonstration group which is currently authorized under the State's 1115 Demonstration. The Community Engagement requirement would apply to Adult Expansion Medicaid members who are able to participate in the requirement, are not already participating in other work or training activities, and do not meet an exemption or do not demonstrate good cause.

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

Respectfully,

  
Jennifer Strohecker (Jul 3, 2025 13:07 MDT)

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# Utah's Medicaid Reform 1115 Demonstration

## Amendment Request

### COMMUNITY ENGAGEMENT

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

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# State of Utah

## Section 1115 Demonstration Amendment

### Community Engagement

#### Background

On December 23, 2019, the Centers for Medicare and Medicaid Services (CMS) authorized the Utah Department of Health and Human Services (DHHS) authority to implement a full Medicaid expansion in the State. The expansion extends Medicaid eligibility to Utah adults whose annual income is up to 133% of the federal poverty level. The State also requires newly eligible adults to enroll in their employer-sponsored health plan if one is available. Medicaid will then cover the member's monthly premium and other out-of-pocket expenses like copays and deductibles. In addition, the Medicaid expansion approval included a Community Engagement (CE) requirement. CE required some expansion members to participate and report completion of specified work-related activities as a condition of continued Medicaid eligibility. This requirement went into effect January 1, 2020 but was suspended on April 1, 2020 due to the COVID-19 Public Health Emergency. In August 2021, CMS required that the community engagement requirement be removed from Utah's 1115 before they would renew it. Because the requirement was suspended and later removed before it was fully operationalized, there was no impact on Medicaid members.

The State recognizes the connection between employment and health and proposes to reinstitute the CE requirement to:

- increase an individual's health and wellbeing through incentivizing work and community engagement;
- increase their sense of purpose;
- help build a healthy lifestyle; and
- increase employment and wage earnings of able-bodied adults, while focusing funding on the State's neediest individuals.

#### Section 1. Program Description and Objectives

With this amendment, the State is requesting authority to implement a CE requirement for the Adult Expansion Medicaid (AEM) demonstration group which is currently authorized under the State's 1115 Demonstration. The State is not requesting authority to implement

a CE requirement for the Targeted Adult Medicaid demonstration group. The State will align closely with Utah's work requirements and activities of the Supplemental Nutrition Assistance Program (SNAP) program work activities to ensure consistency and reduce complexity for those members required to participate.

### **Community Engagement through a Self Sufficiency Requirement**

With this waiver amendment, the State proposes to administer the CE requirement for individuals eligible for the AEM demonstration group. The CE requirement applies to AEM members who do not meet an exemption and do not demonstrate good cause, as outlined in the sections below. Details on additional requirements including participation, suspension and closure due to non-participation, regaining eligibility, reasonable modifications, member supports, and impacts to members are also outlined below.

#### **1. Community Engagement Exemptions**

The State recognizes that not all members may be able to participate in the CE requirement, or they may already be participating in other work or training activities that meet the goals of the Demonstration. Therefore, the State will exempt certain members from the requirement, as approved under the State's 1115 Demonstration. The exemptions are largely aligned with federal SNAP exemptions. The exemptions are:

- A. Age 60 or older;
- B. Pregnant or within the twelve month postpartum period;
- C. Physically or mentally unable to meet the requirements;
- D. A parent or other member of the household with the responsibility to care for a dependent child age 13 and under;
- E. Responsible for the care of a person with a disability as defined by the ADA, section 504 of the Rehabilitation Act, or section 1557 of the Patient Protection and Affordable Care Act ;
- F. A member of a federally recognized tribe;
- G. Has applied for and is awaiting an eligibility determination for unemployment insurance benefits, or is currently receiving unemployment insurance benefits, and has registered for work at the Department of Workforce Services (DWS). Appealing an unemployment insurance decision is also an exemption;
- H. Participating regularly in a Substance Use Disorder (SUD) treatment program, including intensive outpatient treatment;
- I. Enrolled at least half time in any school (including, but not limited to, college or university) or vocational training or apprenticeship program;

- J. Participating in refugee employment services offered by the State, which may include vocational training and apprenticeship programs, case management, and employment planning;
- K. State Family Employment Program (FEP) recipients who are working with an employment counselor;
- L. A member cooperating with SNAP employment requirements;
- M. Working a total of 80 hours a month or working and earning at least federal minimum wage times 80 hours a month;
- N. A combination of education, community service, and employment to reach a total of 80 hours in a month.
- O. A justice involved member incarcerated or in the first three months after release from incarceration;
- P. A member on probation or parole who is required to complete court ordered activities such as work release, drug court etc.
- Q. Veterans with rated disabilities
- R. Foster youth and former foster youth under the age of 26

A member can claim an exemption at any time. Members meeting at least one of the above listed exemptions will not be required to complete the CE participation requirement within the 12-month certification period in which the exemption is claimed in order to maintain continued coverage. To verify exemptions, the State will maximize the use of available data sources and other mechanisms before requiring members or applicants to provide proof.

## **2. Community Engagement Participation**

Members who do not meet an exemption or do not demonstrate good cause will be referred for participation on the first of the month following approval for AEM. This will be month one of the three month participation period. This is the same participation period used for the SNAP program. Members will be required to complete participation requirements within the three-month period. Once they have met the requirement, they will be eligible for the remainder of their eligibility period. Eligibility periods are 12 months. The member must complete participation requirements every 12 months to continue to receive Medicaid.

Members who do not meet an exemption, or who do not demonstrate good cause must complete the following participation activities. Members must engage for three consecutive months within a twelve month period or until they qualify for an exemption:

- A. Register for work through the state system.
- B. Complete an evaluation of employment training needs.

- C. Complete the job training modules as determined to be relevant to the member through the assessment of employment training needs.
- D. Apply for employment with at least 48 potential employers.

Activities will be completed through the DWS, using the same online evaluation, training, and search resources offered to Utah SNAP recipients.

### **3. Suspension and Closure due to Non-participation**

- Failure to comply with the CE requirements by the end of the three month participation period will result in suspension of eligibility for a three month period unless good cause is demonstrated, or the member meets an exemption.
- If a member completes all activities within the suspension period, the member will regain eligibility back to the start of the suspension period without having to reapply.
- If a member fails to participate, they will lose eligibility at the end of the three month suspension period. The period of ineligibility continues through the end of the member's current certification period unless requirements are completed as detailed in Section 4.

### **4. Regaining Eligibility**

- Members who lose eligibility may become eligible again by completing all required activities or by demonstrating good cause or meeting an exemption.
- After completing all required participation activities, the individual must reapply for Medicaid. Benefits will be effective the first day of the month in which they reapply.
- If the individual meets the qualifications for an exemption or demonstrates good cause for the earlier non-compliance, or becomes eligible for Medicaid under an eligibility category that is not subject to the CE requirement, the individual can re-enroll with consideration for retroactive coverage.

### **5. Good Cause for Not Participating**

The State will waive loss of eligibility if a member demonstrates good cause for failure to participate in the CE requirement. The good cause will exempt the member as long as the good cause reason exists. Good cause reasons include, but are not limited to:

- A. The member or an immediate family member who was living in the home with the member experiences a hospitalization or temporary illness;
- B. The member experiences the birth, or death of a family member living with the member;
- C. The member experiences a natural disaster and therefore was unable to meet the requirement;

- D. The member has a family emergency or other life-changing event (e.g. divorce or domestic violence);
- E. The member is not able to participate due to a lack of internet access or transportation;
- F. Living in a county in which the unemployment rate is greater than 150% of the national average. ;
- G. The member is the primary caretaker of a child age 6 or older and is unable to meet the requirement due to childcare responsibilities.

To verify good cause, the State will maximize the use of available data sources and other mechanisms before requiring members or applicants to provide proof.

## **6. Reasonable Modifications**

The State will provide reasonable modifications related to meeting the CE requirement for members with disabilities protected by the ADA, Section 504, or Section 1557, when necessary, to enable them to have an equal opportunity to participate in, and benefit from, the program. The State will also provide reasonable modifications for program requirements and procedures, including but not limited to, assistance with demonstrating eligibility for an exemption from CE requirements on the basis of disability; demonstrating good cause; appealing disenrollment; documenting CE activities and other documentation requirements; understanding notices and program rules related to CE requirements; navigating ADA compliant web sites as required by 42 CFR 435.1200(f); and other types of reasonable modifications. Reasonable modifications must include exemptions from participation where a member is unable to participate for disability-related reasons, and the provision of support services necessary to participate is unavailable, where participation is otherwise possible with supports.

## **7. Member Supports**

The State will assist members in meeting the CE requirement through outreach. This outreach will reinforce the participation requirements and the member support available to complete them.

Additional support from the State may include non-Medicaid assistance with transportation, childcare, language access services, sending text message reminders and other supports; and connect members with disabilities as defined in the ADA, section 504 of the Rehabilitation Act, or section 1557 of the Patient Protection and Affordable Care Act with services to enable them to participate. Members can also utilize the DWS employment

counselors to assist in understanding employment resources and helping to successfully meet CE requirements.

The state is seeking federal match for these member supports.

## **8. Impact to Members**

The State estimates approximately 89.5% percent of AEM members will meet an exemption to CE participation. Among members who do not meet an exemption or do not demonstrate good cause, the State projects that approximately 50% will comply with the CE requirements.

### **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]”. The State believes the provisions requested in this proposal are likely to promote the Medicaid goal of Improving participant health outcomes and quality of life. The State realizes the benefit of providing affordable healthcare coverage to those involved in employment and other employment-related activities for both the member and the community. This demonstration will allow the State to test the effectiveness of policy that is designed to promote member’s financial independence by encouraging members to obtain or sustain employment.

### **Operation and Proposed Timeline**

The demonstration will operate statewide. The State intends to implement the proposed benefit as soon as possible after approval, but will require at least 6 months for operational readiness. The State requests to operate the demonstration through June 30, 2027.

### **Demonstration Impact to Medicaid and CHIP**

The requirement is an eligibility restriction on the AEM demonstration group. Any new applicant will be required to meet the participation requirements or meet an exemption or demonstrate good cause. Any person presently enrolled in AEM will be required to participate or be determined exempt at the beginning of their next certification period. This requirement will not impact CHIP or traditional Medicaid.

## Demonstration Hypotheses and Evaluation

With the help of an independent evaluator, the State will develop a plan for evaluating the hypotheses indicated below. The State will identify validated performance measures that adequately assess the impact of the demonstrations to members. 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
The community engagement requirement will encourage skills development through an evaluation of job search readiness and the completion of employment related training workshops. In addition, by increasing the member's job skills and encouraging job search activities, the community engagement requirement will promote gainful employment.	<ul style="list-style-type: none"> <li>• Number of trainings completed/ ended</li> <li>• Number of job searches</li> <li>• Number of job registrations</li> <li>• Amount of earned income</li> </ul>	eREP & UWORKS system data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons.
Community engagement requirements that promote engagement with the employment process will improve the health outcomes of Medicaid members subject to the requirements, compared to Medicaid members not	<ul style="list-style-type: none"> <li>• Number of non-emergent ED visits</li> <li>• Number of inpatient stays</li> <li>• Number of well-care visits</li> </ul>	Claims/encounter data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons

subject to the requirements.			
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## Section II. Demonstration Eligibility

Adult Expansion Medicaid
<p>Individuals must meet the following requirements in order to qualify for AEM:</p> <ol style="list-style-type: none"> <li>1. The individual must be a US citizen or qualified non-citizen.</li> <li>2. The individual must be age 19 through 64 years old.</li> <li>3. The individual must meet residency requirements.</li> <li>4. Meet other non-financial requirements.</li> <li>5. The individual's household income must be at or below 133% of the Federal Poverty Level.</li> <li>6. The individual with access to qualified Employer Sponsored Insurance, must enroll or remain enrolled in their current qualified health insurance plan.</li> </ol>

## Projected Enrollment

The projected annual enrollment for members in this demonstration population is 75,200.

## Section III. Demonstration Benefits and Cost Sharing Requirements

There are no changes to the benefits provided to eligible individuals under this amendment. Individuals will continue to receive state plan benefits. Cost sharing requirements will not differ from those provided under the state plan.

## Section IV. Delivery System and Payment Rates for Services

Services for the AEM group will be provided through fee-for-service (FFS) during the month of application and potentially the following month depending on the date of approval. In addition, AEM members that live in non-mandatory managed care counties will receive services through the FFS network if they choose not to enroll in a managed care plan. FFS reimbursement rates for physical health and behavioral health services will be the same as State Plan provider payment rates.

AEM members living in mandatory managed care counties will be enrolled in managed care no later than the second month after they are approved for Medicaid Expansion. In addition, in Utah's five largest counties, members in the AEM group will be enrolled in integrated plans that provide access to both physical health and behavioral health services

through a single managed care plan. In the remaining counties, members will be enrolled in a pre-paid mental health plan for their behavioral health services.

### Section V. Implementation and Enrollment in Demonstration

Members currently enrolled in the AEM group under Utah's 1115 Demonstration waiver will remain as the AEM group under the new demonstration.

The State will provide members with official notices about when CE requirements will commence, specific activities that will satisfy the requirements, how to complete the activities, and supports that are available to assist members in meeting the requirements. Members will also be notified of the timeframe in which they have to complete these activities. This notice will be sent upon approval and renewal of AEM, if the individual does not appear to meet an exemption or demonstrate good cause.

### 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 are the projected enrollment and expenditures for the remaining demonstration year:

Enrollment	DY25(SFY 27) Community Engagement anticipated start date: 7/1/26
AEM	75,204

Expenditures	DY25(SFY 27) Community Engagement anticipated start date: 7/1/26
AEM	\$867,928,521

### Section VII. Proposed Waiver and Expenditure Authority

The State requests the following proposed waivers and expenditure authorities to operate the Demonstration.

Waiver and Expenditure Authority	Reason and Use of Waiver
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Section 1902(a)(10)(B)- Comparability of amount, duration and scope of service	To enable the State to provide additional benefits to AEM members compared to the benefits available to members eligible under the State Plan that are not affected by the Demonstration.
Section 1902(a)(8) and (a)(10)- Eligibility and Provision of Medical Assistance	<p>To the extent necessary to enable the State to suspend eligibility for, and not make medical assistance available to members subject to the community engagement requirements who fail to comply with those requirements as described in the STCs, unless the member is exempted, or demonstrates good cause, as described in the STCs.</p> <p>To the extent necessary to enable the State to require community engagement and associated reporting requirements as a condition of eligibility, as described in the STCs.</p>
Section 1902(a)(10)(A)(i)(VIII) and 1902(a)(17) Compatibility of Eligibility Requirements	To the extent necessary to enable Utah to require work, training, and/or engagement as a condition to qualify for and maintain eligibility for the eligibility category defined in 1902(a)(10)(A)(i)(VIII).

### **Expenditure Authority**

The State is requesting expenditure authority for expenditures for services delivered to the Adult Expansion population with federal financial participation pursuant to 42 U.S.C. Section 1396d(y).

## **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>.

The State originally scheduled two public hearings. Due to a public comment request provided after the May 14, 2025 public hearing, the State added a third public hearing, held on Tuesday, May 27, 2025 as indicated below, and extended the public comment period from April 22, 2025 through May 22, 2025, to April 22, 2025 through June 2, 2025.

Three public hearings to take public comment were held as indicated below:

- Friday, May 2, 2025, from 12:30 pm to 2:00 pm.
  - In person: Multi-Agency State Office Building 195 N 1950 W, Salt Lake City, Utah Room 1020 A-B-C
  - Video Conference: Google Meet Meeting [meet.google.com/ieq-iggb-pec](https://meet.google.com/ieq-iggb-pec)
  - Or join by phone: (US) +1 513-818-1049 PIN: 510 813 429#
- Wednesday, May 14, 2025, from 4:00 pm to 6:00 pm.
  - In person: Multi-Agency State Office Building 195 N 1950 W, Salt Lake City, Utah Room 1020 A-B-C
  - Video Conference: Google Meet Meeting [meet.google.com/env-pmts-caw](https://meet.google.com/env-pmts-caw)
  - Or join by phone: (US) +1 262-546-6218 PIN: 431 053 232#
- Tuesday, May 27, 2025, from 4:00 pm to 5:00 pm.
  - In person: Dr. Martha Hughes Cannon Building, 288 N 1460 W, Salt Lake City, UT 84116, room 125
  - Video Conference: Google Meet Meeting [meet.google.com/srp-oieh-qaz](https://meet.google.com/srp-oieh-qaz)
  - Or join by phone: (US)+1 321-586-0614 PIN: 800 715 753#

### **Public Comment**

The original public comment period was from April 22, 2025, through May 22, 2025, but was extended through June 2, 2025. The State received 260 public comments during the public comment period. This includes comments provided during the three public hearings, email and online portal comments, and mailed comments. The State reviewed and considered all public comments received during the public notice period. Summarized comments and the State's responses are included in Attachment 3.

In response to the comments, the State made the following changes to its application:

- Removed the research information included in the background section of the amendment.
- Modified several exemptions.
- Modified two reasons for good cause.
- Using available data sources and other mechanisms before requiring members or applicants to provide proof of meeting an exemption or good cause.
- Seeking federal match for member supports.

### **Tribal Consultation**

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act and the DHHS Intergovernmental Policy 01.19 Formal DHHS [Tribal Consultation and Urban Indian Organization Conferment Process Policy](#) , the State ensures

that a meaningful consultation process occurs in a timely manner on program decisions or policy impacting Indian Tribes and the Urban Indian Organization (UIO) in the State of Utah. DIH has notified the DHHS Tribal Health Liaison of the waiver amendment. As a result of this notification, DIH began to engage in the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on May 9, 2025, to present this demonstration amendment.

### **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, they will make a motion to pass or support by a majority. If additional Consultation is required, the UIHAB will inform the presenters of that need at that time. If a Tribal or UIO representative would like to have the presentation provided to their leadership, they can also make a formal request at that time. The Office of AI/AN Health Affairs will coordinate with the presenter and the UIHAB representatives or the Tribe or UIO to schedule an additional Consultation or Conferment meeting on the issue(s) or concern(s) raised.

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

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

Telephone Number: (801) 538-6689

Email Address: [medicaiddirector@utah.gov](mailto:medicaiddirector@utah.gov)

# Attachment 1

## **Compliance with Budget Neutrality Requirements**

PCN 1115 Waiver

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

ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY)					DY21-25 TOTAL WOW
		DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
<b>Current Eligibles</b>							
Pop Type:	Medicaid						
Eligible Member Months	0.0%	479,104	196,941	Pop. Ended 12/31/23			
PMPM Cost	5.3%	\$ 628.81	\$ 649.69				
Total Expenditure		\$ 347,560,796	\$ 145,816,589				\$ 493,377,385
<b>Demo Pop I - PCN Adults with Children</b>							
Pop Type:	Hypothetical						
Eligible Member Months	5.9%						
PMPM Cost	5.3%						
Total Expenditure							\$ -
<b>Demo Pop III/V - UPP Adults with Children *</b>							
Pop Type:	Hypothetical						
Eligible Member Months	34.9%	36,498	49,222	66,380	89,520	120,727	
PMPM Cost	0.0%	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure		\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
<b>Demo Pop I - PCN Childless Adults</b>							
Pop Type:	Medicaid						
Eligible Member Months							
PMPM Cost							
Total Expenditure							\$ -
<b>Demo Pop III/V - UPP Childless Adults *</b>							
Pop Type:	Medicaid						
Eligible Member Months	159	184	189	194	199	204	
PMPM Cost	\$ 68.45	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure		\$ 71,651	\$ 73,442	\$ 75,278	\$ 77,160	\$ 79,089	\$ 376,620
<b>Employer Sponsored Insurance (ESI)</b>							
Pop Type:	Hypothetical						
Eligible Member Months		11,310	9,192	8,650	8,140	7,660	
PMPM Cost	5.3%	\$266.22	\$280.33	\$295.19	\$310.83	\$327.31	
Total Expenditure		\$ 3,010,948	\$ 2,576,793	\$ 2,553,384	\$ 2,530,186	\$ 2,507,200	\$ 13,178,511
<b>Adult Expansion Population</b>		<i>Assumes higher PMPM from Mid-Course Correction then trended forward at 4.7%</i>					
Pop Type:	Expansion	<i>Community Engagement: Assumes start date of 7/1/2026</i>					
Eligible Member Months		1,537,011	1,082,920	1,019,071	958,987	902,445	
PMPM Cost	4.7%	\$ 651.40	\$ 837.96	\$ 877.34	\$ 918.58	\$ 961.75	
Total Expenditure		\$ 1,001,208,965	\$ 907,443,643	\$ 894,075,982	\$ 880,905,241	\$ 867,928,521	\$ 4,551,562,363
<b>Former Foster</b>							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%	10	10	10	10	10	
PMPM Cost	4.8%	\$ 1,252.63	\$ 1,312.76	\$ 1,375.77	\$ 1,441.81	\$ 1,511.01	
Total Expenditure		\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940
<b>Intense Stabilization Services (ISS)</b>							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%	1,440	1,440	1,440	1,440	1,440	
PMPM Cost	5.3%	\$2,328.50	\$2,451.91	\$2,581.86	\$2,718.70	\$2,862.79	
Total Expenditure		\$ 3,353,038	\$ 3,530,749	\$ 3,717,879	\$ 3,914,927	\$ 4,122,418	\$ 18,639,012
<b>In-Vitro Fertilization (IVF) Treatment</b>							
Pop Type:	Hypothetical						
Eligible Member Months	13.5%	162	184	209	237	269	
PMPM Cost	5.0%	\$ 20,588.98	\$ 21,620.64	\$ 22,703.99	\$ 23,841.63	\$ 25,036.27	
Total Expenditure		\$ 3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310
<b>Medicaid for Justice-Involved Populations</b>							
Pop Type:	Hypothetical						
Eligible Member Months	1.75%	39,756	40,451	41,159	41,880	42,613	
PMPM Cost	3.0%	\$ 551.67	\$ 568.22	\$ 585.26	\$ 602.82	\$ 620.91	
Total Expenditure		\$ 21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839
<b>Mental Health Institutions for Mental Disease (IMD)</b>							
Pop Type:	Hypothetical						
Eligible Member Months	2.9%	11,043	11,319	11,602	11,892	12,190	
PMPM Cost	5.3%	\$ 14,339.69	\$ 15,099.69	\$ 15,899.97	\$ 16,742.67	\$ 17,630.03	
Total Expenditure		\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,086

PCN 1115 Waiver

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

ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY)					DY21-25 TOTAL WOW
		DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
<b>Serious Mental Illness (SMI)</b>							
Pop Type:	Hypothetical						
Eligible Member Months	2.5%	17,688	18,130	18,583	19,048	19,524	
PMPM Cost	5.3%	\$ 14,998.85	\$ 15,793.79	\$ 16,630.86	\$ 17,512.30	\$ 18,440.45	
Total Expenditure		\$ 265,296,529	\$ 286,341,176	\$ 309,055,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400
<b>Substance Use Disorder (SUD)</b>							
Pop Type:	Hypothetical						
Eligible Member Months	6.9%	49,527	52,940	56,587	60,486	64,654	
PMPM Cost	5.0%	\$ 4,239.75	\$ 4,451.74	\$ 4,674.33	\$ 4,908.05	\$ 5,153.45	
Total Expenditure		\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045
<b>Targeted Adults</b>							
Pop Type:	Expansion	Member months will increase when the criteria is expanded to include victims of PMPM will increase due to adding the new managed care directed payments					
Eligible Member Months		120,464	89,798	84,504	79,521	74,833	
PMPM Cost	5.5%	\$1,177.22	\$1,242.97	\$1,310.28	\$1,382.35	\$1,458.38	
Total Expenditure		\$141,812,630	\$111,616,220	\$110,723,259	\$109,926,107	\$109,134,388	\$ 583,212,604
<b>Long-Term Support Services (LTSS)</b>							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%		600	600	600	600	
PMPM Cost	5.0%		\$ 9,578.00	\$ 10,056.90	\$ 10,559.75	\$ 11,087.73	
Total Expenditure			\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600	\$ 24,769,300
<b>Integrated Behavior Health Services</b>							
Pop Type:	Hypothetical	Starts 1/1/24					
Eligible Member Months	0.0%		1,500	3,000	3,000	3,000	
PMPM Cost	5.0%		\$ 66.67	\$ 70.00	\$ 73.50	\$ 77.18	
Total Expenditure			\$ 100,000	\$ 210,000	\$ 220,500	\$ 231,500	\$ 762,000
<b>Demo Pop VI - UPP for Children</b>							
Pop Type:	Hypothetical	Starts 1/1/24					
Eligible Member Months	0.0%		1,775	3,523	3,523	3,523	
PMPM Cost	0.0%		\$ 190.00	\$ 190.00	\$ 190.00	\$ 190.00	
Total Expenditure			\$ 337,250	\$ 669,370	\$ 669,370	\$ 669,370	\$ 2,345,360
<b>IVF and Genetic Testing</b>							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%		5	20	20	20	
PMPM Cost	5.3%		\$ 7,421.38	\$ 7,814.71	\$ 8,228.89	\$ 8,665.02	
Total Expenditure			\$ 37,107	\$ 156,294	\$ 164,578	\$ 173,300	\$ 531,280
<b>Oncofertility</b>							
Pop Type:	Hypothetical						
Eligible Member Months	2.4%	119	244	250	256	262	
PMPM Cost	3.0%	\$ 7,485.29	\$ 7,700.82	\$ 7,927.20	\$ 8,164.84	\$ 8,414.50	
Total Expenditure		\$ 890,750	\$ 1,879,000	\$ 1,981,800	\$ 2,090,200	\$ 2,204,600	\$ 9,046,350
<b>Dental Services for Medicaid-eligible Adults</b>							
Pop Type:	Hypothetical						
Eligible Member Months	varies		2,255,460	2,505,192	2,562,444	2,679,348	
PMPM Cost	0.0%		\$ 32.19	\$ 32.19	\$ 32.19	\$ 32.19	
Total Expenditure			\$ 72,603,302	\$ 80,642,218	\$ 82,484,960	\$ 86,248,288	\$ 321,978,768
<b>SB132 12-Month Extended Postpartum</b>							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%		140,004	138,540	136,980	134,796	
PMPM Cost	4.5%		\$ 1,072.13	\$ 1,120.45	\$ 1,170.87	\$ 1,223.46	
Total Expenditure			\$ 150,103,124	\$ 155,227,571	\$ 160,385,793	\$ 164,917,386	\$ 630,633,874
<b>SB133 Family Planning Services</b>							
Pop Type:	Hypothetical						
Eligible Member Months	1.6%		60,648	61,656	62,640	63,636	
PMPM Cost	1.2%		\$ 21.60	\$ 21.86	\$ 22.13	\$ 22.40	
Total Expenditure			\$ 1,309,968	\$ 1,348,051	\$ 1,386,293	\$ 1,425,154	\$ 5,469,466
<b>SB269 Chronic Conditions Support Amendment</b>							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%		9,660	19,320	19,320	9,660	
PMPM Cost	0.0%		\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure			\$ 1,738,800	\$ 3,477,600	\$ 3,477,600	\$ 1,738,800	\$ 10,432,800

PCN 1115 Waiver

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

ELIGIBILITY GROUP	DY 15	DEMO TYPE RATE	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
<b>Current Eligibles</b>								
<b>Pop Type:</b>	<b>Medicaid</b>							
Eligible Member Months	377,888	0.0%	478,104	198,941				
PMPM Cost	\$ 949.03	5.3%	\$ 1,283.75	\$ 1,362.32				
Total Expenditure			\$ 619,841,397	\$ 269,296,675				\$ 889,138,072
<b>Demo Pop I - PCN Adults w/Children</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
Eligible Member Months	104,836	5.9%	-	-	-	-	-	
PMPM Cost	\$ 46.18	5.3%	-	-	-	-	-	
Total Expenditure			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Demo Pop IIIIV - UPP Adults with Children</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
Eligible Member Months	6,067	34.9%	\$ 36,498	\$ 48,222	\$ 66,380	\$ 89,520	\$ 120,727	
PMPM Cost	\$ 150.08	0.0%	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure			\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
<b>Demo Pop I - PCN Childless Adults</b>								
<b>Pop Type:</b>	<b>Medicaid</b>							
Eligible Member Months	70,097	4.9%	-	-	-	-	-	
PMPM Cost	\$ 48.97	5.3%	-	-	-	-	-	
Total Expenditure			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Demo Pop IIIIV - UPP Childless Adults</b>								
<b>Pop Type:</b>	<b>Medicaid</b>							
Eligible Member Months	159	4.9%	\$ 184	\$ 189	\$ 194	\$ 199	\$ 204	
PMPM Cost	\$ 68.45	5.3%	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure			\$ 71,651	\$ 73,442	\$ 75,278	\$ 77,160	\$ 79,089	\$ 376,820
<b>Employer Sponsored Insurance (ESI)</b>								
<b>Pop Type:</b>	<b>Expansion</b>							
Eligible Member Months			11,310	9,192	8,650	8,140	7,660	
PMPM Cost		5.3%	\$ 266.22	\$ 280.33	\$ 295.19	\$ 310.83	\$ 327.31	
Total Expenditure			\$ 3,010,948	\$ 2,576,793	\$ 2,553,394	\$ 2,530,156	\$ 2,507,195	\$ 13,178,486
<b>Adult Expansion Population</b>								
<b>Pop Type:</b>	<b>Expansion</b>							
Eligible Member Months		4.7%	1,537,011	1,082,920	1,019,071	958,987	902,445	
PMPM Cost			\$ 651.40	\$ 837.96	\$ 877.34	\$ 918.58	\$ 961.75	
Total Expenditure			\$ 1,001,208,965	\$ 907,443,843	\$ 894,075,982	\$ 880,905,241	\$ 867,826,521	\$ 4,551,562,353
<b>Former Foster Care</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
Eligible Member Months		0.0%	10	10	10	10	10	
PMPM Cost		4.8%	\$ 1,252.63	\$ 1,312.76	\$ 1,375.77	\$ 1,441.81	\$ 1,511.01	
Total Expenditure			\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940
<b>Intense Stabilization Services (ISS)</b>								
<b>Pop Type:</b>	<b>Expansion</b>							
Eligible Member Months		2.5%	1,440	1,440	1,440	1,440	1,440	
PMPM Cost		5.3%	\$ 2,328.50	\$ 2,451.91	\$ 2,581.86	\$ 2,718.70	\$ 2,862.79	
Total Expenditure			\$ 3,353,038	\$ 3,530,749	\$ 3,717,879	\$ 3,914,927	\$ 4,122,418	\$ 18,639,012
<b>In-Vitro Fertilization (IVF) Treatment</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
Eligible Member Months		13.5%	182	184	208	237	269	
PMPM Cost		5.0%	\$ 20,588.98	\$ 21,620.64	\$ 22,703.99	\$ 23,841.63	\$ 25,036.27	
Total Expenditure			\$ 3,341,481	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310
<b>Medicaid for Justice-Involved Populations</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
Eligible Member Months		1.8%	39,756	40,451	41,159	41,880	42,613	
PMPM Cost		3.0%	\$ 551.67	\$ 568.22	\$ 585.26	\$ 602.82	\$ 620.91	
Total Expenditure			\$ 21,831,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839
<b>Mental Health Institutions for Mental Disease (IMD)</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
Eligible Member Months		2.5%	11,043	11,319	11,602	11,892	12,190	
PMPM Cost		5.3%	\$ 14,339.68	\$ 15,099.69	\$ 15,899.97	\$ 16,742.67	\$ 17,630.03	
Total Expenditure			\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,238	\$ 927,765,086
<b>Serious Mental Illness (SMI)</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
Eligible Member Months		2.5%	17,888	18,130	18,583	19,048	19,524	
PMPM Cost		5.3%	\$ 14,989.85	\$ 15,793.78	\$ 16,630.86	\$ 17,512.30	\$ 18,440.45	
Total Expenditure			\$ 265,296,529	\$ 285,341,176	\$ 309,055,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400
<b>Substance Use Disorder (SUD)</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
Eligible Member Months		6.9%	48,527	52,940	58,587	60,488	64,854	
PMPM Cost		5.0%	\$ 4,239.75	\$ 4,451.74	\$ 4,674.33	\$ 4,908.05	\$ 5,153.45	
Total Expenditure			\$ 209,863,503	\$ 235,674,087	\$ 264,507,781	\$ 298,869,187	\$ 333,189,497	\$ 1,340,224,045
<b>Targeted Adults</b>								
<b>Pop Type:</b>	<b>Expansion</b>							
Eligible Member Months			120,464	89,798	84,504	79,521	74,833	
PMPM Cost		5.5%	\$ 1,177	\$ 1,243	\$ 1,310	\$ 1,382	\$ 1,458	
Total Expenditure			\$ 141,812,830	\$ 111,616,220	\$ 110,723,801	\$ 109,925,854	\$ 109,134,951	\$ 583,213,556
<b>Long-Term Support Services (LTSS)</b>								
<b>Pop Type:</b>	<b>Hypothetical</b>							
Eligible Member Months		0.0%	-	600	600	600	600	
PMPM Cost		5.0%	-	\$ 9,578	\$ 10,057	\$ 10,560	\$ 11,088	

WW

Page 1

PCN 1115 Waiver

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

ELIGIBILITY GROUP	DY 15	DEMO 1 REND RATE	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
Total Expenditure			-	5,746,800	6,034,100	6,335,800	6,652,600	\$ 24,769,300
<b>Integrated Behavior Health Services</b>								
Pop Type:	Hypothetical		Starts 1/1/24					
Eligible Member Months	0.0%	0.0%	-	1,500	3,000	3,000	3,000	
PMFM Cost	5.0%	0.0%	\$ -	\$ 66.67	\$ 70.00	\$ 73.50	\$ 77.18	
Total Expenditure			\$ -	\$ 100,000	\$ 210,000	\$ 220,500	\$ 231,500	\$ 762,000
<b>Demo Pop VI - UPP for Children</b>								
Pop Type:	Hypothetical		Starts 1/1/24					
Eligible Member Months	0.0%	0.0%	-	1,775	3,523	3,523	3,523	
PMFM Cost	0.0%	0.0%	\$ -	\$ 190.00	\$ 190.00	\$ 190.00	\$ 190.00	
Total Expenditure			\$ -	\$ 337,250	\$ 669,370	\$ 669,370	\$ 669,370	\$ 2,345,360
<b>IVF and Genetic Testing</b>								
Pop Type:	Hypothetical							
Eligible Member Months	0.0%	0.0%	-	5	20	20	20	
PMFM Cost	5.0%	5.3%	\$ -	\$ 7,421.38	\$ 7,814.71	\$ 8,228.89	\$ 8,665.02	
Total Expenditure			\$ -	\$ 37,107	\$ 156,294	\$ 164,578	\$ 173,300	\$ 531,280
<b>Oncofertility</b>								
Pop Type:	Hypothetical							
Eligible Member Months	0.0%	2.4%	119	244	250	258	262	
PMFM Cost	5.0%	3.0%	\$ 7,485.29	\$ 7,700.82	\$ 7,927.20	\$ 8,164.84	\$ 8,414.50	
Total Expenditure			\$ 890,750	\$ 1,879,000	\$ 1,981,800	\$ 2,090,200	\$ 2,204,600	\$ 9,046,350
<b>Dental Services for Medicaid-eligible Adults</b>								
Pop Type:	Hypothetical							
Eligible Member Months	0.0%	varies	-	2,255,460	2,505,192	2,562,444	2,679,348	
PMFM Cost	5.0%	0.0%	\$ -	\$ 32.19	\$ 32.19	\$ 32.19	\$ 32.19	
Total Expenditure			\$ -	\$ 72,603,302	\$ 80,842,218	\$ 82,484,960	\$ 86,248,288	\$ 321,979,768
<b>SB133 12-Month Extended Postpartum</b>								
Pop Type:	Hypothetical							
Eligible Member Months	0.0%	varies	-	140,004	138,540	136,980	134,796	
PMFM Cost	5.0%	4.5%	\$ -	\$ 1,072.13	\$ 1,120.45	\$ 1,170.87	\$ 1,223.46	
Total Expenditure			\$ -	\$ 150,103,124	\$ 155,227,571	\$ 160,395,793	\$ 164,817,998	\$ 630,633,874
<b>SB133 Family Planning Services</b>								
Pop Type:	Hypothetical							
Eligible Member Months	0.0%	1.6%	-	60,648	61,656	62,640	63,636	
PMFM Cost	5.0%	1.2%	\$ -	\$ 21.60	\$ 21.86	\$ 22.13	\$ 22.40	
Total Expenditure			\$ -	\$ 1,309,968	\$ 1,348,051	\$ 1,386,293	\$ 1,425,154	\$ 5,469,466
<b>SB269 Chronic Conditions Support Amendment</b>								
Pop Type:	Hypothetical							
Eligible Member Months	0.0%	varies	-	9,660	19,320	19,320	9,660	
PMFM Cost	0.0%	0.0%	\$ -	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure			\$ -	\$ 1,738,800	\$ 3,477,600	\$ 3,477,600	\$ 1,738,800	\$ 10,432,800
<b>SB161 Native American Health Amendments</b>								
Pop Type:	Hypothetical							
Eligible Member Months	0.0%	varies	-	-	3,300	3,300	3,300	
PMFM Cost	5.0%	0.0%	\$ -	Not approved	\$ 2,322.52	\$ 2,322.52	\$ 2,322.52	
Total Expenditure			\$ -	-	\$ 7,664,300	\$ 7,664,300	\$ 7,664,300	\$ 22,992,900
<b>Health Related Social Needs (HRSN) excluding transportation</b>								
Pop Type:	Hypothetical							
Eligible Member Months	0.0%	0.0%	-	-	-	-	-	
PMFM Cost	0.0%	0.0%	\$ -	Not approved	\$ -	\$ -	\$ -	
Total Expenditure			\$ -	-	\$ -	\$ 94,157,357	\$ 94,157,357	\$ 188,314,713
<b>Health Related Social Needs (HRSN) transportation only</b>								
Pop Type:	Hypothetical							
Eligible Member Months	0.0%	0.0%	-	-	-	59,076	59,076	
PMFM Cost	0.0%	0.0%	\$ -	-	\$ -	\$ 8.58	\$ 8.58	
Total Expenditure			\$ -	-	\$ -	\$ 506,760	\$ 506,760	\$ 1,013,520

# Attachment 2

## Public Notice Requirements

4/24/25, 3:57 PM

Notice | Public Notice Website

Support

PUBLIC NOTICE WEBSITE  
DIVISION OF ARCHIVES AND RECORDS SERVICE

## Utah Medicaid Reform 1115 Demonstration

### General Information

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Government Type:

**State Agency**

Entity:

**Department of Health and Human Services (DHHS)**

Public Body:

**Medicaid Expansion Workgroup**

Give Feedback

### Notice Information

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[Add Notice to Calendar](#)

Notice Title:

**Utah Medicaid Reform 1115 Demonstration**

Notice Subject(s):

**Medicaid , Health Care**

Notice Type(s):

**Hearing**

4/24/25, 3:57 PM

Notice | Public Notice Website

Event Start Date & Time:

May 2, 2025 12:30 PM

Event End Date & Time:

May 2, 2025 02:00 PM

Event Deadline Date & Time:

05/02/25 02:00 PM

Description/Agenda:

### Community Engagement Public Hearing

The Utah Department of Health & Human Services, Division of Integrated Healthcare will hold public hearings to discuss an amendment to Utah's Medicaid Reform 1115 Demonstration. The Department will also accept public comments regarding the amendment online, by email, or mail during the public comment period from April 22, 2025, through May 22, 2025.

Utah Medicaid is requesting authority from the Centers for Medicare & Medicaid Services to implement a Community Engagement (CE) work requirement for the Adult Expansion Medicaid (AEM) demonstration group, which is currently authorized under the State's 1115 Demonstration. The CE requirement applies to AEM members who can participate in the CE requirement, are not already participating in other work or training activities, and do not meet an exemption or do not demonstrate good cause.

### Public Hearings:

The Department will conduct two public hearings to discuss the demonstration amendment. The dates and times are listed below.

- Friday, May 2, 2025, from 12:30 pm to 2:00 pm.
  - In person: Multi-Agency State Office Building 195 N 1950 W, Salt Lake City, Utah Room 1020 A-B-C
  - Video Conference: Google Meet Meeting [meet.google.com/ieq-jggb-pec](https://meet.google.com/ieq-jggb-pec)
  - Or join by phone: (US) +1 513-818-1049 PIN: 510 813 429 #
- Wednesday, May 14, 2025, from 4:00 pm to 5:00 pm.
  - Video Conference: Google Meet Meeting [meet.google.com/env-pmts-caw](https://meet.google.com/env-pmts-caw)
  - Or join by phone: (US) +1 262-546-6218 PIN: 431 053 232 #

Individuals requiring an accommodation to fully participate in either meeting may contact

Give Feedback

4/24/25, 3:57 PM

Notice | Public Notice Website

Laura Belgique at lbelgique@utah.gov or 1 (801) 538-6241 by April 28, 2025.

Public Comment:

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

The public may comment on the proposed amendment request during the public comment period from April 22, 2025, through May 22, 2025.

Comments may be submitted using the following methods:

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

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

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

Notice of Special Accommodations (ADA):

In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify Laura Belgique at 1 (801) 538-6241.

Notice of Electronic or Telephone Participation:

Video Conference: Google Meet Meeting [meet.google.com/ieq-jggb-pec](https://meet.google.com/ieq-jggb-pec) Or join by phone:  
(US) +1 513-818-1049 PIN: 510 813 429 #

Give Feedback

## Meeting Information

Meeting Location:

Video/Teleconferencing

Video/Teleconferencing, UT 84116

[Show in Apple Maps](#)

[Show in Google Maps](#)

Contact Name:

Laura Belgique

4/24/25, 3:57 PM

Notice | Public Notice Website

Contact Email:

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

Contact Phone:

(801)538-6241

### Notice Posting Details

Notice Posted On:

April 24, 2025 03:26 PM

Notice Last Edited On:

April 24, 2025 03:57 PM

Deadline Date:

May 2, 2025 02:00 PM

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Support

PUBLIC NOTICE WEBSITE  
DIVISION OF ARCHIVES AND RECORDS SERVICE

## Utah Medicaid Reform 1115 Demonstration

### General Information

---

Government Type:

**State Agency**

Entity:

**Department of Health and Human Services (DHHS)**

Public Body:

**Medicaid Expansion Workgroup**

Give Feedback

### Notice Information

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[Add Notice to Calendar](#)

Notice Title:

**Utah Medicaid Reform 1115 Demonstration**

Notice Subject(s):

**Medicaid , Health Care**

Notice Type(s):

**Hearing**

4/24/25, 3:51 PM

Notice | Public Notice Website

Event Start Date & Time:

May 14, 2025 04:00 PM

Event End Date & Time:

May 14, 2025 05:00 PM

Event Deadline Date & Time:

05/14/25 05:00 PM

Description/Agenda:

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Give Feedback

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  - Or join by phone: (US) +1 513-818-1049 PIN: 510 813 429 #
- Wednesday, May 14, 2025, from 4:00 pm to 5:00 pm.
  - Video Conference: Google Meet Meeting [meet.google.com/env-pmts-caw](https://meet.google.com/env-pmts-caw)
  - Or join by phone: (US) +1 262-546-6218 PIN: 431 053 232 #

Individuals requiring an accommodation to fully participate in either meeting may contact

4/24/25, 3:51 PM

Notice | Public Notice Website

Laura Belgique at [lbelgique@utah.gov](mailto:lbelgique@utah.gov) or 1 (801) 538-6241 by April 28, 2025.

**Public Comment:**

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

The public may comment on the proposed amendment request during the public comment period from April 22, 2025, through May 22, 2025.

Comments may be submitted using the following methods:

Online: <https://medicaid.utah.gov/1115-waiver/>  
Email: [Medicaid1115waiver@utah.gov](mailto:Medicaid1115waiver@utah.gov)  
Mail: Utah Department of Health & Human Services  
Division of Integrated Healthcare  
PO Box 143106  
Salt Lake City, UT 84114-3106  
Attn: Laura Belgique

**Notice of Special Accommodations (ADA):**

In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify Laura Belgique at 1 (801) 538-6241.

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**Meeting Information**

**Meeting Location:**

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Video/Teleconferencing, UT 84116

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**Contact Name:**

Laura Belgique

4/24/25, 3:51 PM

Notice | Public Notice Website

Contact Email:

lbelgique@utah.gov

Contact Phone:

(801)538-6241

### Notice Posting Details

Notice Posted On:

April 24, 2025 03:34 PM

Notice Last Edited On:

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# Utah Medicaid Reform 1115 Demonstration

## General Information

Government Type:

State Agency

Entity:

Department of Health and Human Services (DHHS)

Public Body:

Medicaid Expansion Workgroup

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## Notice Information

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Notice Title:

Utah Medicaid Reform 1115 Demonstration

Notice Type(s):

Notice

Event Start Date & Time:

May 27, 2025 04:00 PM

7/3/25, 9:57 AM

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Event End Date & Time:

May 27, 2025 05:00 PM

Event Deadline Date & Time:

05/27/25 05:00 PM

Description/Agenda:

#### **PUBLIC NOTICE**

Utah's Medicaid Reform 1115 Demonstration  
Community Engagement Public Hearing

The Utah Department of Health & Human Services, Division of Integrated Healthcare will hold public hearings to discuss an amendment to Utah's Medicaid Reform 1115 Demonstration. The Department will also accept public comments regarding the amendment online, by email, or mail during the public comment period. The original public comment period was from April 22, 2025, through May 22, 2025, but has been extended through June 2, 2025. An additional public hearing will be held on May 27, 2025, as indicated below.

Utah Medicaid is requesting authority from the Centers for Medicare & Medicaid Services to implement a Community Engagement (CE) work requirement for the Adult Expansion Medicaid (AEM) demonstration group which is currently authorized under the State's 1115 Demonstration. The CE requirement applies to AEM members who can participate in the CE requirement, are not already participating in other work or training activities, and do not meet an exemption or do not demonstrate good cause.

#### **Public Hearings:**

The Department will conduct three public hearings to discuss the demonstration amendment. The dates and times are listed below.

Friday, May 2, 2025, from 12:30 pm to 2:00 pm.

In person: Multi-Agency State Office Building 195 N 1950 W, Salt Lake City, Utah Room 1020 A-B-C

Video Conference: Google Meet Meeting [meet.google.com/ieq-jggb-pec](https://meet.google.com/ieq-jggb-pec)

Or join by phone: (US) +1 513-818-1049 PIN: 510 813 429 #

Wednesday, May 14, 2025, from 4:00 pm to 6:00 pm.

In person: Multi-Agency State Office Building 195 N 1950 W, Salt Lake City, Utah Room 1020 A-B-C

Video Conference: Google Meet Meeting [meet.google.com/env-pmts-caw](https://meet.google.com/env-pmts-caw)

Or join by phone: (US) +1 262-546-6218 PIN: 431 053 232 #

Tuesday, May 27, 2025, from 4:00 pm to 5:00 pm.

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In person: Dr. Martha Hughes Cannon Building, 288 N 1460 W, Salt Lake City, UT 84116, Room 125

Video Conference: Google Meet Meeting [meet.google.com/srp-oieh-qaz](https://meet.google.com/srp-oieh-qaz)

Or join by phone: ( US ) +1 321-586-0614 PIN: 800 715 753#

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at [lbelgique@utah.gov](mailto:lbelgique@utah.gov) or 1 (801) 538-6241 by May 26, 2025.

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

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**Meeting Information**

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Meeting Location:

7/3/25, 9:57 AM

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Video/Teleconferencing  
Video/Teleconferencing, UT 84116

Show in Apple Maps Show in Google Maps

Contact Name:

Laura Belgique

Contact Email:

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

Contact Phone:

(801)538-6241

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May 21, 2025 04:02 PM

Notice Last Edited On:

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cdevashrayee@utah.gov

### ACCOUNT NUMBER

8405

### ACCOUNT NAME

DIVISION OF MEDICAID AND HEALTH FINANCING

### TELEPHONE

801-538-6641

### ORDER #

SLT0033072

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### CAPTION

PUBLIC NOTICE Utah's Medicaid Reform 1115 Demonstration  
Community Engagement Public Hearing The Utah Department of  
Health & Human Services, Division of Integrated Healthcare will  
hold public hearings to discuss an amendment to Utah's Medicaid  
Reform 1115 Demonstration.

### TOTAL COST

\$231.80

### PUBLIC NOTICE

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- Or join by phone: (US) +1 513-818-1049 PIN: 510 813 429 #

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- Or join by phone: (US) +1 262-546-6218 PIN: 431 053 232 #

Tuesday, May 27, 2025, from 4:00 pm to 5:00 pm.

- In person: Dr. Marthe Hughes Cannon Building, 288 N 1460 W, Salt Lake City, UT 84116, Room 125
- Video Conference: Google Meet Meeting [meet.google.com/szp-oleh-sax](https://meet.google.com/szp-oleh-sax)

- Or join by phone: (US) +1 321-586-0614 PIN: 800 715 7538

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

Mail: Utah Department of Health & Human Services

Division of Integrated Healthcare

PO Box 143106

Salt Lake City, UT 84114-3106

Attn: Laura Belgique

SLT0033072

## AFFIDAVIT OF PUBLICATION

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

PUBLISHED ON 05/25/2025

DATE 05/30/2025

STATE OF UTAH  
COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 30th DAY OF MAY IN THE YEAR 2025

BY Doug Ryle

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## **PUBLIC NOTICE**

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

# Attachment 3

## **Public Comments and State Responses**

## **CE Public comments and responses**

### **General comments**

Many commenters generally opposed the community engagement (CE) requirement. Several commenters stated that able bodied Medicaid members are already working and that placing work requirements on the broader population of Medicaid adults not working is unnecessary, punitive and counterproductive. Other commenters stated CE is unlikely to promote employment in a meaningful way, that tying health coverage to employment harms families and could lead to loss of care and homelessness. A few other commenters stated that the proposed process for compliance verification, including tracking job applications, monitoring exemption status, and handling appeals, is not clearly outlined. Another commenter stated the amendment fails to address how data will be integrated across Medicaid and workforce systems to ensure accuracy.

**Response:** The State appreciates the thoughtful feedback provided through public comment. While some commenters expressed concern that the CE requirements may not promote meaningful employment, the State's design attempts to align with the Supplemental Nutrition Assistance Program (SNAP) work requirement, where many operational and exemption pathways already exist. The State acknowledges the risks identified and intends to mitigate them as much as possible by strengthening member supports and maximizing use of available data sources. The goal of the CE requirement is to increase employment since studies show associations between employment and improved health outcomes, including physical and mental health.<sup>1</sup> The State has added additional detail regarding its intent to maximize available data sources in the verification process.

### **Barriers to compliance**

Many commenters stated there are significant barriers to compliance which will affect the poorest, sickest, least-educated and more vulnerable members including those experiencing homelessness, disability, mental illness, people of color, individuals with physical challenges as well as those with cancer, members receiving supportive housing, members with chronic conditions, and justice involved members. Several commenters stated CE only adds administrative burden that will cut off benefits and that the process of

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<sup>1</sup> Silver SR, Li J, Quay B. Employment status, unemployment duration, and health-related metrics among US adults of prime working age: Behavioral Risk Factor Surveillance System, 2018-2019. *Am J Ind Med.* 2022 Jan;65(1):59-71. doi: 10.1002/ajim.23308. Epub 2021 Nov 8. PMID: 34748231; PMCID: PMC8678322.

documenting and providing compliance is complex and stressful for members who are already facing many other obstacles and burdens. Examples of barriers include lack of reliable transportation, unaffordable childcare, limited internet access, unstable housing, undiagnosed physical or mental health conditions, caregiving obligations, limited job opportunities in their area, lack of devices (computer, wifi), and lack of email addresses. Other examples include not being able to successfully navigate the Department of Workforce Services (DWS) system, difficulty getting third party verifications from employers and providers, not having the support to meet these burdens, and not receiving or understanding the requirements. One commenter stated that aligning Medicaid with SNAP is not only administratively unsound, but will likely replicate access barriers already experienced by families. Another commenter stated that the requirements will disproportionately harm the State's rural and frontier communities. Several other commenters noted many that employers prohibit more than 29 hours of work per week so they do not have to provide insurance and exemptions will be difficult for those with shift work and seasonal schedules.

**Response:** The State acknowledges that members may face barriers to meeting CE requirements and is committed to designing a program that will actively reduce those burdens wherever possible. In designing its approach, the State has aligned with SNAP to streamline compliance and avoid duplicative reporting. The State is committed to maximizing available electronic data sources to limit the member reporting burden. The State will also implement a range of supports that assist members in navigating the CE requirement. Additional support from the State may include Medicaid-related assistance with transportation, childcare, language access services, sending text message reminders and other supports; and connect members with disabilities as defined in the ADA, section 504 of the Rehabilitation Act, or section 1557 of the Patient Protection and Affordable Care Act with services to enable them to participate. Members can claim a good cause exception due to lack of internet access or transportation. Members living in a county in which the unemployment rate is greater than 150% of the national average can also claim a good cause exception. Where self-reporting is necessary, the State's intent is to capture attestation in a manner that supports accurate and streamlined reporting while reducing complexity for members. Members can also utilize the DWS employment centers to assist in understanding employment resources and helping to successfully meet CE requirements. Recognizing the need and concern with barriers, the State is seeking federal match for navigation supports.

## **Cost concerns**

Many commenters expressed concern with associated costs and stated the administrative systems and overhead required to track compliance, process exemptions, and manage increased churn and appeals can consume millions of taxpayer dollars and will far exceed the cost of healthcare. One commenter stated the administrative cost is not considered in the amendment and not adequately funding this will set members up for failure. A few commenters stated the State will see an increase in uncompensated care costs, resulting in a greater strain on the safety-net hospitals and clinics and an increase in emergency room visits. One commenter referred to a Government Accountability Office (GAO) study of work reporting requirements which estimated that the administrative costs could be up to \$272 million and that in Georgia, the state spent over \$86 million within a year of implementing the Georgia Pathways to Coverage Program, despite the low enrollment, and it is estimated that 90% of this was for administrative and consulting costs.

**Response:** The State's alignment with SNAP provides a strong foundation for implementing a CE requirement within Medicaid. State's usage of existing systems, interfaces, established workflows and usage of online processes helps control administrative cost. Existing infrastructure at DWS (e.g., systems for job assessment, training, and employment tracking) will be leveraged to reduce the need for entirely new systems. This approach helps contain administrative costs compared to states that developed stand-alone CE systems from scratch. However, the State acknowledges that additional administrative resources may be needed to fully support members, including the development of new data connections, navigation supports, and mechanisms to capture streamlined attestations. The State is actively assessing these needs and will pursue opportunities, including federal match funding, to ensure successful implementation of CE requirements.

### **Unrealistic requirements**

Many commenters stated that the requirements to apply for 48 jobs within 3 months or work 30 hours per week are unrealistic and would be a significant burden for members who are already employed. One commenter suggested a reduction to 24 applications for those with no employment and 12 for members with part time or irregular work. Another commenter suggested reducing the required weekly hours to 20. One commenter stated the requirements detract from meaningful job searching and that the State should be focusing on quality job searching as opposed to quantity.

**Response:** The State is using SNAP as the standard for proposing the CE requirements. The State reinforces that exemptions exist for members that meet these requirements. However, in light of public comment, the State has modified the proposed exemption criteria for employment from 30 hours per week to at least

80 hours per month or working and earning at least federal minimum wage times 80 hours a month. This modification also better aligns with the federal proposal for CE.

### **Consequences of coverage loss**

Many commenters stated CE will result in coverage loss which will reduce access to care, disrupt access to critical and lifesaving services, and lead to disease, distress, homelessness, emergency visits, overdose, worsened health outcomes, incarceration, mental health hospitalization and death. One commenter stated the loss of coverage can make it difficult for members to find or maintain employment. Another commenter stated that the community health centers will struggle financially to accommodate an increase in uninsured patients. A few other commenters stated that work requirements do not improve health outcomes or increase employment; instead, they risk cutting off access to essential care for those who need it most and that the policy in practice will harm the very people it is meant to help. One commenter stated that while the State would reinstate coverage after 3 months when beneficiaries are found to be in compliance, the proposed amendment does not indicate whether services received during the suspended period would be retroactively covered and if not, could leave low-income families facing medical debt incurred during this time.

**Response:** The State recognizes concerns about potential coverage disruptions and has included numerous exemptions for vulnerable populations. Members who are physically unable to work will be exempt. The State will maximize available data sources to limit the reporting burden for members who meet an exemption. The State intends to provide member support for members in order to help them navigate the requirements. For individuals who become compliant during a suspension period, eligibility will be retroactively reinstated to the beginning of the suspension period without having to reapply.

### **Create evidence based programs**

Many commenters suggested that the State create programs that will help members become more self-sufficient, including strategies and employment services that support beneficiaries holistically, such as strengthening connections to voluntary employment and training programs, addressing social determinants of health like housing and transportation, and ensuring robust access to physical and behavioral healthcare. One commenter suggested a program with incentives for helping members get a better job

while another stated that resources should be aimed at helping members find work that comports with their abilities and subsequently supporting them in that work.

**Response:** The State will continue to provide employment supportive services through DWS and provide high quality healthcare services to all enrolled members. The State is committed to active engagement with our federal partners to broaden the scope of employment support services that are billable under the Medicaid benefit. Likewise, the State will actively coordinate with existing community services to build robust employment support services for Medicaid members.

### **CE undermines the objectives of Medicaid**

Many commenters discussed the purpose of Medicaid is to provide access to healthcare for low-income individuals and families, and that the CE approach is counter productive to that and likely to exacerbate health disparities and hardships. One commenter stated that Medicaid is a healthcare program and not a workforce program while another stated that for many, stable health coverage is a prerequisite for, not a result of, stable employment. Another commenter addressed one of the hypotheses included in the amendment, stating that it is difficult to logically see the link between employment and improved health outcomes not being from healthcare coverage but instead from interacting with the “employment process” and that this fails to address the fundamental purpose of Medicaid spelled out in *Gresham v. Azar*: “...covering health costs’ through the provision of free or low-cost health coverage.”

**Response:** Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations. The State is seeking a waiver to demonstrate that employment is a social determinant of health and can contribute to improved health outcomes for Medicaid members.

### **Research and experience from other states demonstrates ineffectiveness**

Many commenters discussed that research and experiences from other states that have attempted similar work requirements often leads to substantial coverage losses among eligible individuals without significantly increasing employment or improving health outcomes, and are prohibitively expensive. Instead, studies show work requirements do not meet objectives, but rather decrease mental health and promote the burden of red

tape. In addition, prior attempts to impose work requirements have shown that even those who are working or otherwise exempt from work requirements can be disenrolled due to the high paperwork burden required to prove those exemptions to the State. One commenter stated that the State is misrepresenting the research included in the amendment and that there is no evidence that work requirements lead to positive outcomes. Several commenters discussed Arkansas' work requirements, indicating that studies determined there to be an association of significant Medicaid coverage loss, but no corresponding increase in employment and that the U.S. Court of Appeals for the D.C. Circuit ruled that CMS's approval of Arkansas' work requirement was "arbitrary and capricious." In addition, one commenter stated that the amendment acknowledges that the previous CE requirement, implemented briefly in 2020, was suspended and removed before it could be fully operationalized or evaluated. Therefore, there is no State-specific evidence to suggest this policy will achieve its stated goals. In addition, one commenter stated that the State's own Office of the Legislative Auditor General found in a 2023 audit that DWS programs do not make a meaningful difference in helping people find stable employment.

**Response:** The State's proposal differs from other states in its impact to members. The State recognizes the data produced by other state programs and believes that our proposal has meaningful differences in its design. The State is structuring its CE requirements to be similar to SNAP requirements in order to align with an existing model. Individuals who are meeting the SNAP requirement or who are already exempt under the SNAP requirement will meet the Medicaid CE requirements. Finally, due to the simplicity of the State's CE requirement and the options for exemption or hardship, the State's estimates on the impact on enrollment may differ from those estimated by other states. The State is committed to maximizing available data sources to limit the reporting burden for members who meet an exemption. The State intends to provide member support for members subject to the CE requirement in order to help them navigate the requirement.

### **Lack of State staff needed to operationalize**

A few commenters stated that DWS does not have enough staff or employment centers to adequately operationalize CE and that there is no mention of hiring additional staff to manage the increased workload. One commenter stated that DWS is already challenged to meet its existing obligations to the public and the State will need to invest significant money to meet the additional administrative burden of implementing CE. Another commenter stated that recent experience with DWS suggests that they may not be ready to manage this additional burden without additional staff as they are currently not meeting

call wait times, and that during Medicaid unwinding, the call wait time and volumes increased substantially, and staff were overwhelmed by the number of cases assigned to them, resulting in delays to questions and complaints being resolved. Without an increase in staff, the commenter does not believe that DWS can process exemption requests for the over 67,000 Medicaid expansion members who should qualify for one, nor would they be able to adequately support the approximately 7,500 Medicaid expansion members who would be subject to the work requirement.

**Response:** The State acknowledges the importance of sufficient staffing and resources to implement CE effectively. DWS is committed to ensuring adequate staffing levels to manage the implementation and maintenance of CE.

### **Opposed to proposed federal requirements**

Three commenters expressed opposition to the proposed federal requirements, noting that accelerating biannual redeterminations and limiting retroactive Medicaid coverage will only deepen coverage interruptions and hardship, leading to worse health outcomes and higher public costs through emergency care, hospitalization, or homelessness.

**Response:** The State is only reviewing and responding to public comments related to the State's CE amendment proposal.

### **Request for additional exemptions**

Twenty two comments requesting additional exemptions were received. Examples include those experiencing homelessness, caregivers (including grandparents, parents and guardians of children under 19), those with serious and chronic health conditions including HIV, cancer patients, mental health treatment), those who volunteer, students in postgraduate programs, pregnancy, changing the 60 years of age exemption to 50, and ensuring the exemption for American Indian and Alaska Native people is implemented in a way that is inclusive of all American Indian and Alaska Native beneficiaries including those who receive care at all Indian Health Service (IHS), Tribal, and UIO facilities, and those who live off Tribal lands and receive health care services at UIOs. In addition, one commenter stated the exemption description in the amendment is not clear (including how exemptions will be verified) and can cause confusion and subsequent non-compliance, and that it is also unclear how CE will address fluctuating disability status.

**Response:** Based on public feedback, the State has revised several exemptions. New exemptions include parents of a dependent child 13 years or younger, veterans with rated disabilities, and former foster care youth under the age of 26. Additionally, the CE requirement has been modified to allow for working 80 hours per month or working and earning at least federal minimum wage times 80 hours a

month. For justice involved members, the State is also modifying the time period exemption from six months after release from incarceration to three months.

The State appreciates the comment to ensure that the exemption for American Indian and Alaska Native (AI/AN) people will be implemented in a way that is inclusive of all AI/AN beneficiaries. The State met with the UIHAB on May 9, 2025, to discuss the CE amendment. The State has robust processes in place to work closely with the AI/AN community to include a specialized team at DWS that provides outreach and support.

As stated in the amendment, a member can claim an exemption at any time. Members meeting at least one exemption will not be required to complete the CE participation requirement within the 12-month certification period in which the exemption is claimed in order to maintain continued coverage.

### **Supportive comments**

The State received three comments supporting the proposed amendment. One commenter stated that Medicaid members need to be nudged into better, productive lives. Two additional commenters stated that members who abuse Medicaid should be held accountable or removed from Medicaid.

**Response:** The State appreciates the range of perspectives shared through public comment.

# Attachment 4

## **Tribal Consultation**

## Utah Indian Health Advisory Board (UIHAB) Meeting

5/9/2025 8:30 AM – 11:00 AM	Join via Google Meeting: <a href="https://meet.google.com/krh-kvdf-svjzhs=122&amp;authuser=0">https://meet.google.com/krh-kvdf-svjzhs=122&amp;authuser=0</a>
In person: 660 S 200 E, SLC, UT 84111. Sacred Circle Healthcare: Salt Lake City Main Clinic (4th floor)	Join via Phone: 1-(414)-909-6377 PIN: 211 599 534



Time	Agenda Topic	Presenter
8:30 am	Welcome and Introductions and Roll Call	LaTosha Mayo, Chairperson
8:45 am	Committee Updates	
	UT Medicaid Eligibility Policy	Gina Boren (DHHS)
	UT Medicaid Policy Update	Jim Stamos (DHHS)
	Medicaid and CHIP State Plan Amendments	Craig Devashrayee (DHHS)
	Medicaid 1115 Wavier	Laura Belgique (DHHS)
	DWS Medicaid Eligibility Operations	Jessica Ware (DWS)
	SNAP	Frank Vega (DWS)
	MCAC Committee	Michael Jensen (UNHS)
	CHIP Advisory Committee	Rachel Greymountain
9:30 am	Office of AI/AN Health and Family Services Updates	
	Data Reporting Updates	Alex Merrill (IHFS)
	Program Manager Updates	Hilary Makris (DHHS)
	Tobacco & Opioid Updates	Kassie John (DHHS)
	ICWA Liaison	Jamie Harvey (IHFS)
	Tribal Health Liaison	Jeremy Taylor (IHFS)

Time	Topic	Presenter
10:00 am	UIHAB Priorities	IHFS Team
10:15 am	I/T/U Partner Spotlight	Lorena Horse
10:45 am	I/T/U Updates	I/T/U partners
11:00 am	Adjourn	
	Lunch and tour	

**Next UIHAB Meeting will be June 13, 2025**

Hosted by:

SKVB - TBD

Facilitated by: Utah Department of Health and Human Services Office of AI/AN Health & Family Services

Note Taker: Dorrie Reese (All meetings are recorded)

## UIHAB Meeting

May 9, 2025 (Hybrid)  
8:30 a.m. – 11:00 a.m.

## Participants: (Hybrid)

**Lorena Horse**, *Confederated Tribes of the Goshute*  
**Rachel Greymountain**, *Confederated Tribes of the Goshute*  
**Josh Anderson**, *Confederated Tribes of the Goshute*  
**LaTosha Mayo (Chair)**, *Paiute Indian Tribe of Utah*  
**Shawn Begay**, *Utah Navajo Health Systems*  
**Craig Sandoval**, *Urban Indian Center of Salt Lake*  
**Matt Pass**, *Urban Indian Center of Salt Lake*  
**Tracie Tso**, *Utah Division of Indian Affairs*  
**Maurice James**, *Ute & Ouray, IHS*  
**MaryLynn Old Coyote**, *Ute & Ouray, IHS*  
**Hope Johnson**, *PHX, IHS*  
**Tyler Deines**, *CMS*  
**Barbara Prehmus**, *CMS*

## Guests:

**Jessica Ware**, *AI/AN Eligibility Specialist, DWS*  
**Frank Vega**, *SNAP Specialist, DWS*

## DHHS Staff:

**Jennifer Strohecker**, *State Medicaid Director, Division of Integrated Healthcare, DHHS*  
**Brian Roach**, *Assistant Division Director, Division of Integrated Healthcare, DHHS*  
**Gina Boren**, *Assistant Office Director, Office of Eligibility Policy, DHHS*  
**Craig Devashrayee**, *Office of Reimbursement Coordinated Care & Audit, DHHS*  
**Jim Stamos**, *Office Director, Office of Health Policy & Authorization, DHHS*  
**Laura Belgique**, *Office of Eligibility Policy, DHHS*  
**Jeremy Taylor**, *Tribal Health Liaison, Office of AI/AN Health Affairs, DHHS*  
**Alex Merrill**, *EPI, Office of AI/AN Health Affairs, DHHS*  
**Kassie John**, *Opioid & Tobacco Health Program Coordinator, Office of AI/AN Health Affairs, DHHS*  
**Dorrie Reese**, *Recorder/Minutes, DIH Administrative Assistant, DHHS*

## Welcome and Introductions:

The UIHAB Chairperson welcomed everyone starting the meeting at 8:30 a.m.

## Approval of Minutes:

The Oct 11, 2019, Nov 15, 2019, Dec 13, 2019, Jan 10, 2020, Mar 13, 2020, Apr 25, 2020, May 8, 2020, Jun 12, 2020, Aug 14, 2020, Sep 11, 2020, Oct 9, 2020, Nov 13, 2020, Dec 11, 2020, Jan 21, 2021, Feb 12, 2021, Mar 12, 2021, Apr 9, 2021, May 14, 2021, Jun 11, 2021, Aug 13, 2021, Sep 10, 2021, Oct 8, 2021, Nov 12, 2021, Dec 10, 2021, Jan 28, 2022, Mar 11, 2022, Apr 8, 2022, May 13, 2022, Jun 10, 2022, Aug 12, 2022, Sep 9, 2022, Oct 14, 2022, Nov 10, 2022, Dec 9, 2022, Jan 13, 2023, Feb 10, 2023, Mar 10, 2023, Apr 14, 2023, May 12, 2023, June 9, 2023, Aug 11, 2023, Sep 8, 2023, Oct 13, 2023, Nov 9, 2023, Dec 9, 2023, Jan 12, 2024, Mar 8, 2024, Apr 12, 2024, May 10, 2024, Jun 14, 2024, Aug 9, 2024, Sep 13, 2024, Oct 11, 2024, Nov 8, 2024, Dec 13, 2024, Jan 10, 2025, Mar 14, 2025, Apr 11, 2025 UIHAB minutes will be approved at a later UIHAB meeting.

## Medicaid Eligibility Policy:

Gina Boren gave an update.

<https://medicaid.utah.gov/administration-publications/>

### Policy Updates:

Jim Stamos gave an update.

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

### Medicaid and CHIP State Plan Amendments:

Craig Devashrayee gave an update.

The documents which were presented are embedded in this document.



UIHAB MATRIX  
5-9-25-1.pdf



SPA MATRIX  
5-9-25-1.pdf

### Medicaid 1115 Waiver:

Jennifer Strohecker and Laura Belgique gave an update.

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

<https://medicaid-documents.dhhs.utah.gov/CommunityEngagementAmendment.pdf>

### DWS Medicaid Eligibility/SNAP:

Jessica Ware gave an update on DWS Medicaid Eligibility Unwinding.

Frank Vega gave an update on SNAP.



SNAP-ebtlookup  
pdf

### MAC & CHIP Advisory Committees:

The next MAC meeting is scheduled for May 15, 2025, at 4:00 -6:00pm.

The next CHIPAC meeting is scheduled for July 17, 2025, at 1:00-1:55 pm

### Data Reporting:

Alex Merrill gave an update.

### IHFS Opioids and Tobacco Updates:

Kassie John gave an update.

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

Please share in this chat which of the following your organization uses to engage and inform your service population: -

Good Health TV - Newsletter - Social Media (Facebook, Instagram, Twitter) - Webpage - Email - Text messages

**Substance Misuse Survey:** Please fill out this form before the end of May 2025:

<https://forms.gle/ImgetkYK1UMcontx6>



Traditional Tobacco  
Pamphlet.pdf

### UIHAB Priorities:

Lorena Horse mentioned that Consultation claims and billings formal requests go through Jeremy Taylor at [jeremytaylor@utah.gov](mailto:jeremytaylor@utah.gov)

#### Tribal Health Liaison:

Jeremy Taylor gave an update.



CDC Measles  
Response Briefing for

#### Sacred Circle Presentation:

Lorena Horse gave an update.

<https://sacredcircle.com/about-us/>



Sacred Circle  
Healthcare.pdf

#### I/T/U Updates:

- Shawn Begay: Utah Navajo Health Systems
- LaTosha Mayo: Paiute Indian Tribe
- Hope Johnson: PHX, IHS



IHS PHX area UIHAB  
updates May 2025.pdf

- Jeremy Taylor: AI/AN: Made the announcement that the UIHAB has a vacant Vice Chair position available. If anyone is interested to please email Jeremy at [jeremytaylor@utah.gov](mailto:jeremytaylor@utah.gov)

#### Adjourn:

The meeting ended at 11:35. Lorena Horse made that motion to adjourn the meeting. Craig Sandoval seconded that motion.

The next meeting: Jun 13, 2025 @ 8:30 a.m. (Hybrid)  
Skull Valley Band of Goshute  
TBD