

Utah's Medicaid Reform 1115 Demonstration

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

Quarterly Monitoring Report

Reporting Period: Demonstration Year: 23 (7/1/24-6/30/25)
 Demonstration Quarter: 1 (7/1/24-09/30/24)

Executive Summary

The Utah Medicaid Reform 1115 Demonstration is a statewide demonstration that gives the Utah Department of Health and Human Services (DHHS) federal authorization to administer specific medical programs and benefits that are not otherwise allowable under federal rules. This demonstration was originally approved in February 2002. The Demonstration was implemented July 1, 2002, and is now in year 23. Over the years, additional programs and benefits have been authorized under the demonstration. This current demonstration has been approved through June 30, 2027.

The demonstration authorizes the following programs and benefits:

- Adult Expansion- Provides Medicaid benefits to adults age 19-64 who have household income up to 133 percent of the federal poverty level (FPL).
- Aged Dental-Provides state plan dental benefits to Medicaid eligible individuals age 65 and older.
- Dental Benefits for Individuals who are Blind or Disabled- Provides state plan dental benefits to individuals age 18 and older, who are blind or have disabilities.
- 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.
- Fertility Treatment for Individuals Diagnosed with Cancer - Provides fertility preservation for eligible individuals diagnosed with cancer and requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (i.e., infertility caused by treatment for cancer).
- Former Foster Care Youth from Another State- Provides state plan Medicaid benefits to former foster care youth from another state up to age 26.
- Housing Related Services and Supports (HRSS)- Provides housing-related services and supports in the form of tenancy support, community transition, and supportive living services to TAM enrollees experiencing homelessness, food or transportation insecurity, or interpersonal violence and trauma.
- In Vitro Fertilization and Genetic Testing - Provides genetic testing services to eligible individuals, ages 18 through 35, diagnosed by a physician with a genetic trait associated with cystic fibrosis, morquio syndrome, sickle cell anemia, spinal muscular atrophy, or myotonic dystrophy.
- Intensive Stabilization Services (ISS) - Provides intensive stabilization services to Medicaid-eligible children and youth under age 21, who are in state custody, or at risk of state custody, and experiencing significant emotional and/or behavioral challenges.
- Justice Involved - Provides limited coverage of targeted services for inmates in a state prison, county jail, or juvenile justice facility for up to 90 days prior to the expected release date.
- 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 an SMI, and who are short-term residents in facilities that meet the definition of an IMD.

- Substance Use Disorder (SUD) Residential Treatment- Provides coverage of SUD Residential Treatment in an Institution for Mental Disease (IMD) for all Medicaid-eligible individuals.
- Targeted Adult Dental Benefits- Provides state plan dental benefits for Targeted Adult Medicaid-eligible individuals who are receiving Substance Use Disorder (SUD) treatment.
- Targeted Adult Medicaid- Provides state plan Medicaid benefits to a targeted group of adults without dependent children.
- Utah's Premium Partnership for Health Insurance (UPP)-Provides premium assistance to help pay the individual's or family's share of the monthly premium costs of employer-sponsored insurance or COBRA.
- Utah Medicaid Integrated Care (UMIC)- Allows the State to operate an integrated managed care pilot combining physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population).

Over the five-year approval period, Utah seeks to achieve the following goals:

- Provide health care coverage for low-income Utahns eligible under the demonstration who would not otherwise have access to, or be able to afford, health care coverage;
- Improve beneficiary health outcomes and quality of life;
- Lower the uninsured rate of low income Utahns;
- Provide continuity of coverage for individuals eligible under the demonstration;
- Increase access to primary care;
- Reduce uncompensated care provided by Utah hospitals;
- Reduce barriers to health care and housing, an important social determinant of health;
- Increase the utilization of preventive dental services, while reducing emergency dental procedure costs;
- Improve access to services across the continuum of care;
- Provide for better care coordination for individuals transitioning to community-based care;
- Reduce the utilization of emergency departments and inpatient hospital settings for treatment where utilization is preventable or medically inappropriate; and
- Reduce the overdose death rate.
- Improve access to fertility preservation services for Medicaid-eligible individuals diagnosed with cancer, as well as access to in vitro fertilization (IVF) services for individuals diagnosed with certain genetic disorders.

Key Events and Operational Updates

Amendment Approval - Justice Involved

On July 2, 2024, CMS approved the State's Justice Involved amendment request. This amendment was submitted on June 29, 2020. Revisions were made to the amendment in DY22 in order to better align with the CMS's framework for justice involved services. This demonstration provides limited coverage of targeted services for inmates in a state prison, county jail, or juvenile justice facility for

up to 90 days prior to the individual's expected release date. The State is actively working on the implementation of this demonstration and is planning on an implementation date in calendar year 2025.

Adult Expansion

During this quarter, there were no issues or changes to this demonstration and enrollment remained steady. The state expects this demonstration population to remain steady now that unwinding activities are complete.

Adult Expansion-Employer Sponsored Insurance¹

Below are the number of individuals who received an ESI reimbursement for each month of the demonstration quarter, as well as the total ESI expenditures. Note: The ESI payment issue amounts for the months of February, March, April, May and June 2024 were incorrectly reported in the DY22 Annual Report. The incorrect data included payment amounts for both ESI and UPP. The correct payment amounts are listed in the table below.

ESI Enrollment and Total Payments Issued ²	Feb. 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	Sept. 2024
Enrollment	643	668	652	634	613	607	611	616
Total Payments Issued	\$85,301	\$88,688	\$85,777	\$85,868	\$84,406	\$82,991	\$84,396	\$85,176

ESI enrollment remained steady during this demonstration quarter. The state expects this demonstration population to remain steady now that unwinding activities are complete. Employers are still being educated on how to correctly fill out the Employer Sponsored Insurance Form that is required before the reimbursement can be issued.

Dental Benefits for Targeted Adults, Aged, Blind and Disabled Medicaid Individuals

Dental services for Targeted Adult Medicaid individuals undergoing substance use disorder as well as aged, blind, and disabled individuals continue to be provided through the University of Utah

¹ Numbers reflect actual data and do not include ESI individuals who did not receive a monthly payment. This revised reporting method was first used in the DY22 Annual Report. The State will continue to use this revised reporting method in future monitoring reports.

² Data Source: MMIS, ESI Case Paid Detail Report.

School of Dentistry (UUSOD) or their associated statewide network of providers through fee-for-service Medicaid. These individuals can receive covered dental services as defined in Utah Administrative Rule R414-49 Dental, Oral and Maxillofacial Surgeons and Orthodontia as well as the Dental Oral and Maxillofacial Services provider manual. During this quarter, there were no issues or changes to this demonstration.

Fertility Treatment for Individuals Diagnosed with Cancer

On February 29, 2024, the State received approval of the Fertility Treatment for Individuals Diagnosed with Cancer amendment. This amendment enables the State to provide fertility preservation for eligible individuals diagnosed with cancer and requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (i.e., infertility caused by treatment for cancer). Services covered under this once per lifetime benefit include the collection and storage of eggs or sperm and coverage for cryopreservation storage. Coverage for cryopreservation storage is covered as a single payment in five-year increments. This demonstration went into effect on May 1, 2024. During this quarter, fertility preservation services continued to be open for members who meet the eligibility criteria for this demonstration.

Former Foster Care Youth from Another State

As of January 1, 2023, under Section 1002 of the SUPPORT Act, states must cover former foster care youth who received Medicaid at the time they aged out of foster care, regardless of the state they lived in at the time of age-out. These changes are effective for youth who turn 18 on or after January 1, 2023. On February 2, 2023, the State submitted a state plan amendment to cover these individuals effective January 1, 2023. The State will continue to use the 1115 Demonstration to cover existing and any newly eligible individuals who had aged out of foster care (under the 1115 Demonstration authority) prior to January 1, 2023, until they reach the age of 26. The State is using a combination of system evidence to show these individuals are from another state, as well as their date of birth, both of which will help ensure coverage properly continues. The State will plan to phase out this demonstration effective December 31, 2030.

Housing Related Services and Supports

HRSS is currently offered across the State through 14 service providers. There are currently 714 active program participants. During this demonstration quarter, 45 individuals moved into permanent housing. The HRSS Program has served 1,529 individuals, 304 of which have moved into permanent housing.

During this demonstration quarter, HRSS staff continued to provide program oversight and conducted five in-person program reviews with service providers to ensure quality of services for program participants. During these reviews, files are discussed, with an emphasis placed on detailed log-notes, easy access to receipts for landlord payments and household items. Best practices are discussed, with a focus on program improvement and adjustment, and time for question-and-

answer sessions with case managers. Enrollment, billing, and payment processes are discussed to ensure they are successfully implemented and managed. Ongoing technical instruction also continues to be provided.

HRSS staff also provided twenty-seven program overviews to educate interested community partners across the state. HRSS staff continue to meet with rural community partners, including housing authorities, associations of government, Utah Community Action leadership, and Independent Living Centers. HRSS staff also attended the Housing Matters Conference where a session focused on the HRSS Program was conducted. HRSS staff continue to participate with the National Association of Housing and Redevelopment Officials (NAHRO), the board of the Professional Development Team, and Mountain Plains NAHRO.

Additions to the HRSS Service Provider Manual were made during this demonstration quarter, allowing for increased clarity related to program criteria.

HRSS staff are currently implementing a more structured review process to begin in Calendar Year 2025. The focus will remain on participant engagement, program compliance, and quality enhancement.

In Vitro Fertilization and Genetic Testing

On February 29, 2024, the State received approval of the In Vitro Fertilization (IVF) and Genetic Testing amendment. This amendment enables the State to provide genetic testing services to eligible individuals, preimplantation genetic testing of embryos, and IVF services to eligible individuals, ages 18 through 35, diagnosed by a physician with a genetic trait associated with cystic fibrosis, morquio syndrome, sickle cell anemia, spinal muscular atrophy, or myotonic dystrophy. This demonstration went into effect on May 1, 2024. During this quarter, IVF and genetic testing services continued to be open for members who meet the eligibility criteria for this demonstration.

Intensive Stabilization Services (ISS)

During this demonstration quarter, Stabilization and Mobile Response (SMR) Administrators were able to submit the following ISS claims to Medicaid for the 1115 Demonstration.

Region Administrator	July 2024	August 2024	September 2024	Total
Northern (includes Weber, Bear River and Davis)	See below	See below	See below	See below
Weber	0	3	16	19
Bear River	0	0	0	0
Davis	2	0	0	2

Southwest	0	0	0	0
Western	1	13	8	22
Salt Lake	14	6	3	23
Eastern	0	0	0	0

SMR Administrator	Projections/goals
Northern Region Davis Behavioral Health	Davis lost most of their SMR workforce over the summer, which greatly impacted their numbers. They are working to increase their workforce and numbers. They continue to bill for services.
Northern Region Weber Human Services	Weber Human Services is continuing to bill for services. They have seen an increase in services this quarter and anticipate staying busy in the next quarter. They continue to bill timely and are in accordance with SMR policies and procedures.
Northern Region Bear River Mental Health	The Bear River SMR program manager and CFO recently stated they are already billing SMR services under different Medicaid codes and do not want to add any administrative burden. They are declining to participate in the 1115 Demonstration at this time.
Southwest Region (Southwest Behavioral Health)	The State SMR administrator met with the Southwest Region to re-explain billing the 1115 waiver and options for drawing down SMR funding. Currently, no projections for billing are available and Southwest Behavioral Health does not believe they will have the workforce or administrative capacity to bill for ISS services. Conversations around barriers are ongoing and solutions are being explored. There are no anticipated billings for the remainder of the year.
Salt Lake Region (Primary Children's):	Salt Lake Region is billing regularly and utilizing the 1115 Demonstration. They are proactive in working with the State Office of Substance Use and Mental Health to clarify ongoing questions, policies and procedures. They have seen program growth and have a streamlined billing process.

Eastern Region (Four Corners Community Behavioral Health): Finalizing SMR Administrator and subcontracting approach to serving the region. Partial Eastern Region SMR Administrator was operational in Spring 2021.	Eastern Region had no changes during this demonstration quarter. Though still considering, Four Corners Behavioral Health does not currently believe they will have the workforce or administrative capacity to bill for ISS services. Conversations around barriers are ongoing and solutions are being explored. There are no anticipated billings for the remainder of the year.
Western Region	Western Region is now able to bill for services and private insurance. Intermountain has continued to create policy and language to assure the client is not receiving bills for service copays. Intermountain continues to increase service utilization.

SUD/SMI

The SUD/SMI quarterly report for this demonstration quarter is being submitted to CMS separately. Please refer to these documents for detailed information on these demonstration populations.

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.

Agencies and providers that interact with this demonstration population continue to have interest in becoming authorized referral agencies. All TAM referrals must be completed and submitted by agencies that meet certain criteria and have been approved by the State. During this demonstration quarter, eight agencies expressed interest in becoming TAM providers. Five of those agencies were approved. One agency was denied for not meeting the required criteria, and two have not yet provided the requested information needed to determine if they can be approved as an authorized agency.

Demonstration Population III-Premium Assistance (UPP)

On February 29, 2024, the State received approval of the UPP Premium Reimbursement Increase for Children amendment. This amendment enables the State to increase the premium subsidy amount for children that would otherwise receive CHIP services under the state plan from \$120 to \$180 per month. If a plan offers dental coverage, the premium subsidy amount will increase by \$20. Additionally, the State is now able to increase the maximum subsidy amount through the State rulemaking authority. The State may increase the maximum premium assistance subsidy amount each subsequent fiscal year for the demonstration, subject to the appropriation of additional funding. The maximum premium reimbursement amount applicable to a particular beneficiary will not exceed the individual/family's share of premium costs. The State will need to request an amendment to the demonstration if, in the future, the State would like to decrease the maximum premium subsidy amount.

During this demonstration quarter, enrollment for this demonstration population remained stable. The state expects this demonstration population to remain steady now that unwinding activities are complete. During this quarter, there were no issues or changes to this demonstration.

Utah Medicaid Integrated Care

Utah Medicaid Integrated Care (UMIC) 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 individuals 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 demonstration for those enrolled in managed care.

The State continues to contract with Health Choice of Utah, Select Health Community Care, Healthy U, and Molina to administer the UMIC plans. The UMIC plans operate in five of the State’s urban counties; Weber, Davis, Salt Lake, Utah, and Washington and serve Medicaid expansion beneficiaries in these areas.

During this demonstration quarter, the UMIC plans implemented a standardized process for provider credentialing, as well as a standardized service authorization policies for substance use residential treatment and mental health residential treatment. Both the plans and several providers have indicated these processes are going well. The State has requested the plans prepare a presentation on physical and behavioral health comorbidities in the UMIC population, including the efforts made to address these issues, to be presented during upcoming monthly UMIC meetings. The State will soon request additional information from plans related to appeal and grievance decisions that are in excess of CMS allowed timeframes. The State is also making efforts to determine the reason(s) for disparity with grievance reporting across plans. Once this information is gathered, a strategy for reporting consistency will be developed.

Suspension of Medicaid Benefits

The State continues to suspend benefits for incarcerated Medicaid individuals, 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 suspended status.

Number of Individuals with Medicaid Suspended³

Demonstration Population	July 2024	August 2024	September 2024	Total
Adult Expansion	986	932	871	2,789

³ Data Source: Dept. of Workforce Services Cognos Report- “401-Suspension of Benefits”

Dental- Aged	3	5	6	14
Dental-Blind/Disabled	60	67	67	194
Targeted Adult Medicaid	852	839	782	2,473
Total	1,901	1,843	1,726	5,470

Enrollment⁴

The table below details the monthly enrollment numbers for the demonstration quarter, for each demonstration group covered under the 1115 Demonstration.

Demonstration Population	July 2024	August 2024	September 2024
Adult Expansion	72,765	72,790	72,088
Aged Dental	343	405	326
COBRA	0	0	0
Employer-Sponsored Insurance	607	611	616
Demonstration Population III, V, VI-Premium Assistance	423	411	398
Dental-Blind/Disabled	2,215	2,361	2,126
Former Foster Care Youth	23	22	22
HRSS	2,563	2,593	1,911. ⁵
ISS	0	0	0
SMI	194	172	93 ⁶

⁴ Enrollment as of November 4, 2024. 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.

^{5,6,7} The September 2024 enrollment decrease for these demonstrations is likely due to the time required to submit claims. These numbers are expected to increase after several months.

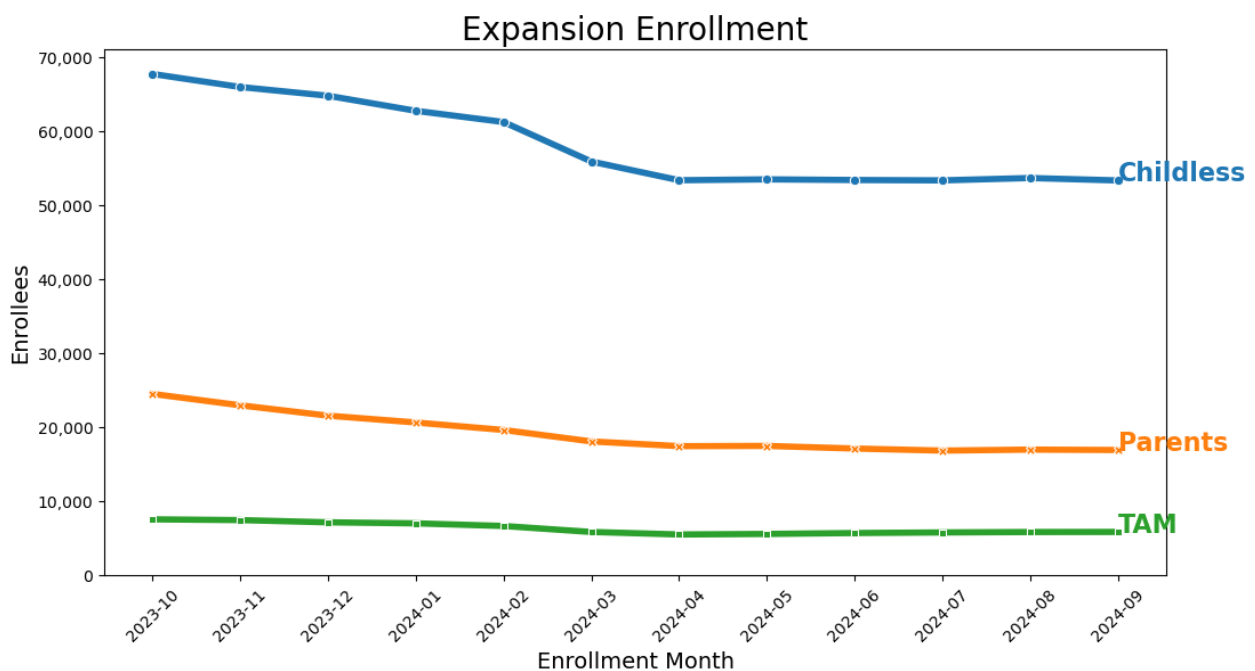
SUD	687	692	170 ⁷
Targeted Adults	6,212	6,297	6,295
Targeted Adult Dental	218	198	231
Utah Medicaid Integrated Care	49,221	49,314	49,522

Medicaid Expansion and Targeted Adult Medicaid Enrollment

Below are detailed data on expansion enrollment by subgroup. Beginning with the DY22, quarter three monitoring report, the State began reporting Adult Expansion Expenditures in addition to Targeted Adult Medicaid Expenditures.

Expansion Enrollment by Subgroup⁶

servicemonth	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09
expansiongroup												
Childless	67,663	65,902	64,721	62,686	61,172	55,833	53,308	53,426	53,336	53,288	53,607	53,279
Parents	24,439	22,899	21,501	20,578	19,564	18,020	17,380	17,411	17,059	16,780	16,915	16,861
TAM	7,492	7,390	7,089	6,952	6,593	5,787	5,447	5,519	5,640	5,721	5,778	5,790
Total	99,594	96,191	93,311	90,216	87,329	79,640	76,135	76,356	76,035	75,789	76,300	75,930



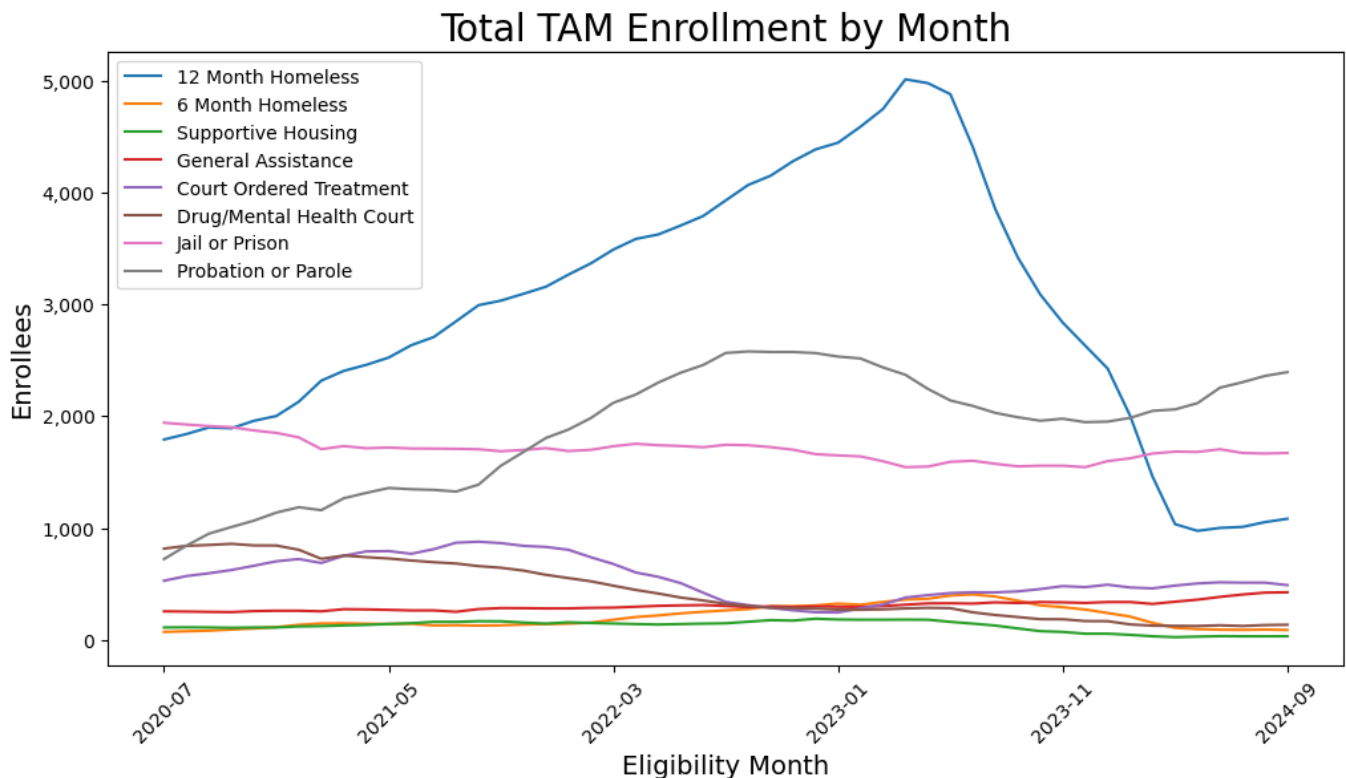
⁶ Enrollment as of November 4, 2024. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Targeted Adult Medicaid and Substance Use Disorder Treatment

Below is detailed data on enrollment and expenditures for the TAM population. TAM individuals continue to utilize the majority of SUD residential treatment amongst Medicaid recipients.

TAM Enrollment by Month⁷

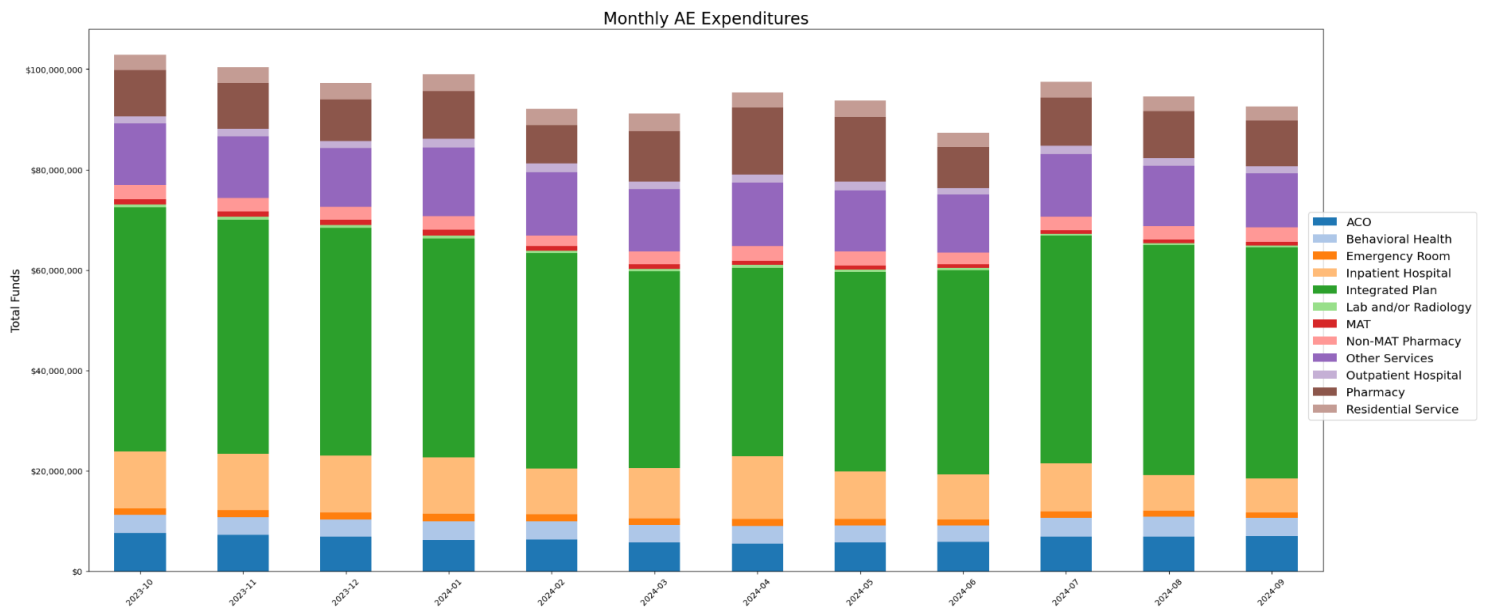
	2024-07	2024-08	2024-09
12 Month Homeless	1,011	1,054	1,084
6 Month Homeless	91	94	90
Supportive Housing	34	34	34
General Assistance	407	424	427
Court Ordered Treatment	513	513	491
Drug/Mental Health Court	126	134	137
Jail or Prison	1,672	1,667	1,672
Probation or Parole	2,304	2,360	2,394



⁷Enrollment as of November 4, 2024. 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.

Monthly AE Expenditures⁸

Distinct Members Served	FY 2024												FY 2025
	servicemonth												
	servicetype												
ACO	10,505	9,986	9,557	8,171	8,251	7,354	6,856	7,215	7,347	7,658	7,680	7,701	
Behavioral Health	21,883	21,277	20,552	19,215	18,223	16,581	15,950	15,807	15,518	15,415	15,328	14,951	
Emergency Room	1,664	1,655	1,797	1,850	1,634	1,619	1,668	1,508	1,484	1,509	1,450	1,262	
Inpatient Hospital	432	414	440	454	374	434	431	367	338	364	330	295	
Integrated Plan	63,490	60,382	58,163	54,589	53,608	47,961	45,236	47,749	48,827	48,831	49,147	49,306	
Lab and/or Radiology	1,656	1,680	1,615	1,641	1,680	1,682	1,556	1,463	1,450	1,264	1,207	1,197	
MAT	3,030	2,968	2,840	2,868	2,537	2,356	2,303	2,353	2,222	2,202	2,212	2,199	
Non-MAT Pharmacy	3,027	2,986	2,909	2,902	2,496	2,524	2,500	2,526	2,454	2,573	2,676	2,680	
Other Services	76,865	74,995	73,258	85,419	86,670	79,031	75,630	75,916	75,583	75,310	75,883	75,565	
Outpatient Hospital	1,826	1,780	1,695	2,034	1,837	1,698	1,788	1,615	1,426	1,438	1,483	1,299	
Pharmacy	21,174	20,695	19,918	20,678	17,811	20,725	22,987	22,627	18,328	19,269	19,483	19,293	
Residential Service	655	696	656	715	682	708	633	603	613	639	612	581	
Total	99,594	96,191	93,311	90,216	87,329	79,640	76,135	76,356	76,035	75,789	76,300	75,930	



⁸ 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. 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.

Monthly TAM Expenditures⁹

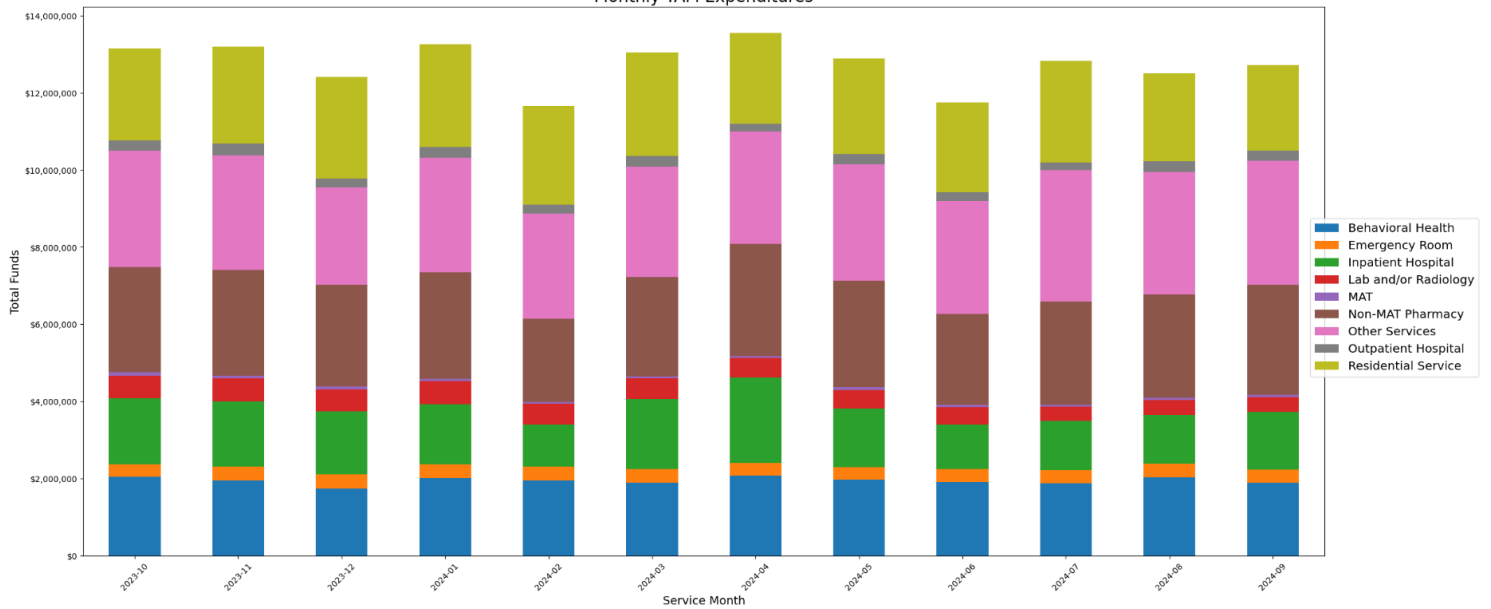
Expenditures (1,000s)									FY 2024			FY 2025		Total
servicemonth	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09		
servicetype														
Behavioral Health	\$2,048	\$1,950	\$1,743	\$2,006	\$1,954	\$1,885	\$2,081	\$1,962	\$1,905	\$1,878	\$2,036	\$1,890	\$23,338	
Emergency Room	\$328	\$362	\$365	\$354	\$345	\$361	\$313	\$327	\$341	\$338	\$348	\$338	\$4,120	
Inpatient Hospital	\$1,701	\$1,692	\$1,630	\$1,564	\$1,097	\$1,814	\$2,220	\$1,528	\$1,153	\$1,280	\$1,262	\$1,489	\$18,430	
Lab and/or Radiology	\$589	\$596	\$575	\$593	\$546	\$540	\$515	\$481	\$454	\$363	\$392	\$384	\$6,029	
MAT	\$87	\$71	\$71	\$69	\$43	\$44	\$43	\$67	\$53	\$57	\$56	\$62	\$722	
Non-MAT Pharmacy	\$2,730	\$2,729	\$2,644	\$2,762	\$2,149	\$2,577	\$2,907	\$2,758	\$2,354	\$2,682	\$2,679	\$2,859	\$31,830	
Other Services	\$3,016	\$2,980	\$2,519	\$2,975	\$2,742	\$2,865	\$2,918	\$3,020	\$2,937	\$3,399	\$3,173	\$3,221	\$35,764	
Outpatient Hospital	\$259	\$302	\$233	\$267	\$226	\$283	\$199	\$268	\$223	\$199	\$275	\$265	\$2,999	
Residential Service	\$2,401	\$2,522	\$2,638	\$2,667	\$2,548	\$2,668	\$2,361	\$2,486	\$2,331	\$2,630	\$2,288	\$2,218	\$29,758	
Total	\$13,159	\$13,203	\$12,417	\$13,258	\$11,651	\$13,037	\$13,557	\$12,897	\$11,750	\$12,825	\$12,509	\$12,728	\$152,989	

Distinct Members Served									FY 2024				FY 2025	
servicemonth	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09		
servicetype														
Behavioral Health	1,572	1,606	1,454	1,492	1,424	1,443	1,448	1,438	1,468	1,473	1,459	1,410		
Emergency Room	569	547	600	551	510	522	471	486	515	525	538	504		
Inpatient Hospital	95	80	92	87	61	91	96	77	69	78	80	90		
Lab and/or Radiology	1,656	1,680	1,615	1,641	1,680	1,682	1,556	1,463	1,450	1,264	1,207	1,197		
MAT	286	265	252	230	185	178	171	204	206	208	208	220		
Non-MAT Pharmacy	3,027	2,986	2,909	2,902	2,496	2,524	2,500	2,526	2,454	2,573	2,676	2,680		
Other Services	7,425	7,322	7,041	6,877	6,535	5,721	5,386	5,437	5,551	5,652	5,701	5,699		
Outpatient Hospital	457	448	435	470	409	401	385	400	374	379	424	382		
Residential Service	594	632	585	635	601	621	561	543	562	589	559	526		
Total	7,492	7,390	7,089	6,952	6,593	5,787	5,447	5,519	5,640	5,721	5,778	5,790		

⁹ 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. Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.

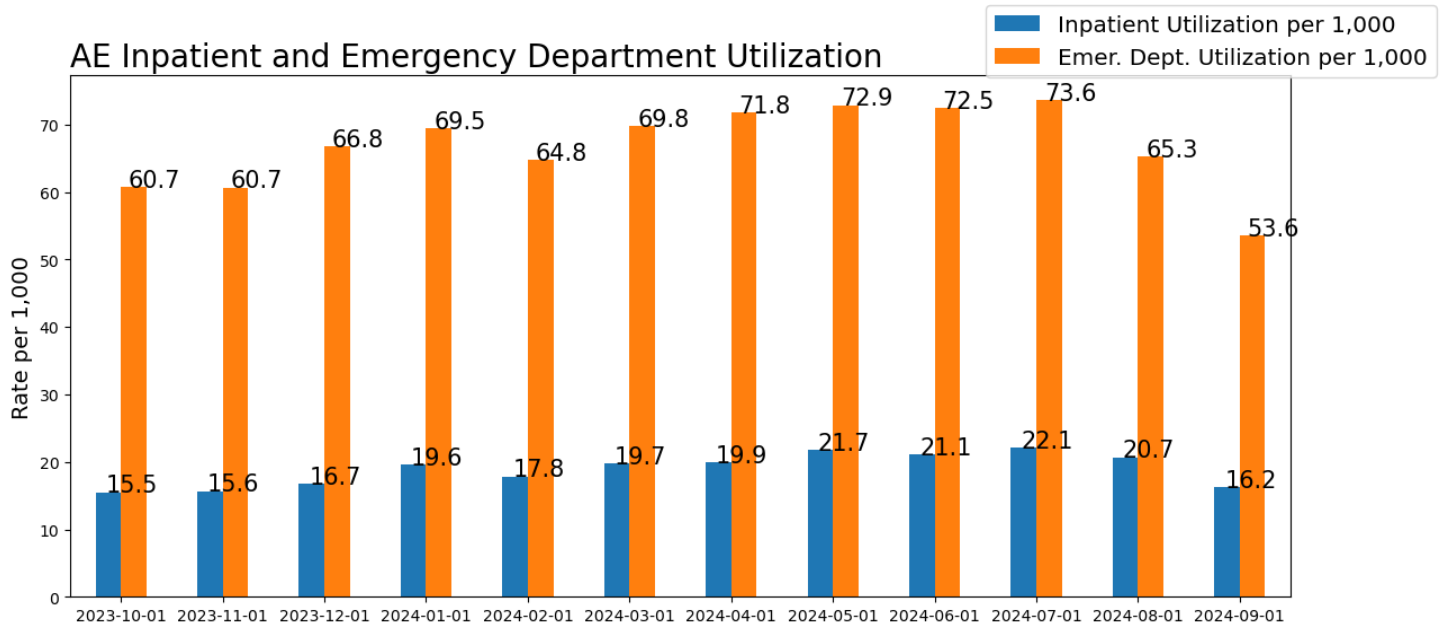
- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.

Monthly TAM Expenditures

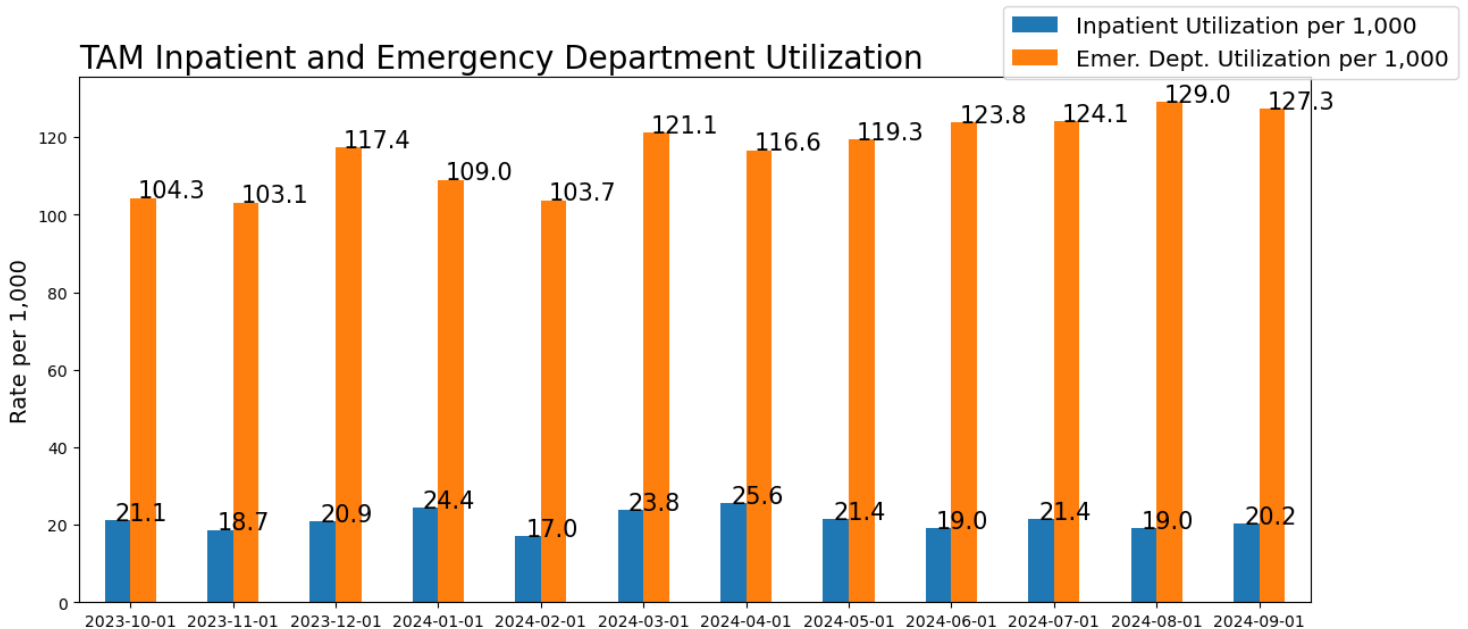


Adult Expansion and ED Utilization

AE Inpatient and Emergency Department Utilization



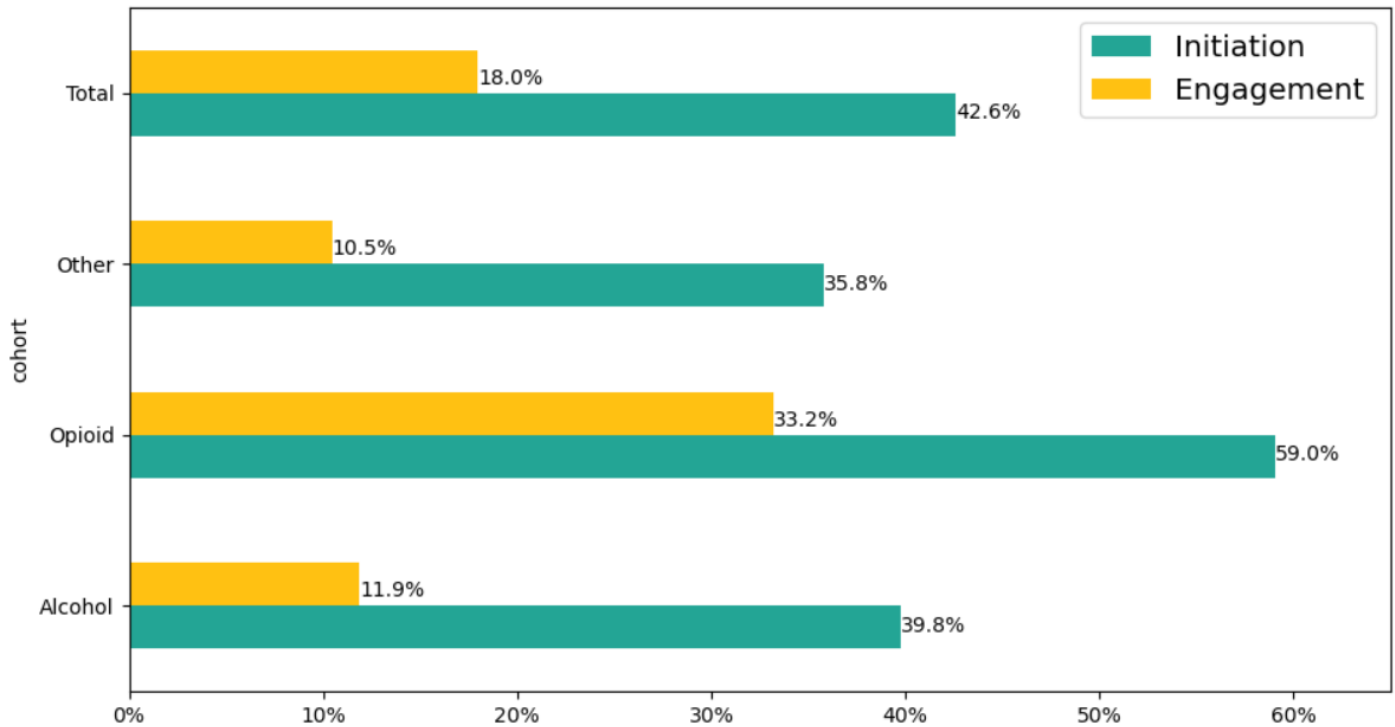
	2024-07-01	2024-08-01	2024-09-01
Members	79,669.0	79,850.0	79,296.0
Inpatient	1,762.0	1,652.0	1,288.0
Emergency Dept.	5,865.0	5,214.0	4,247.0
Inpatient Utilization per 1,000	22.1	20.7	16.2
Emer. Dept. Utilization per 1,000	73.6	65.3	53.6



	2024-07-01	2024-08-01	2024-09-01
Members	6,211.0	6,300.0	6,333.0
Inpatient	133.0	120.0	128.0
Emergency Dept.	771.0	813.0	806.0
Inpatient Utilization per 1,000	21.4	19.0	20.2
Emer. Dept. Utilization per 1,000	124.1	129.0	127.3

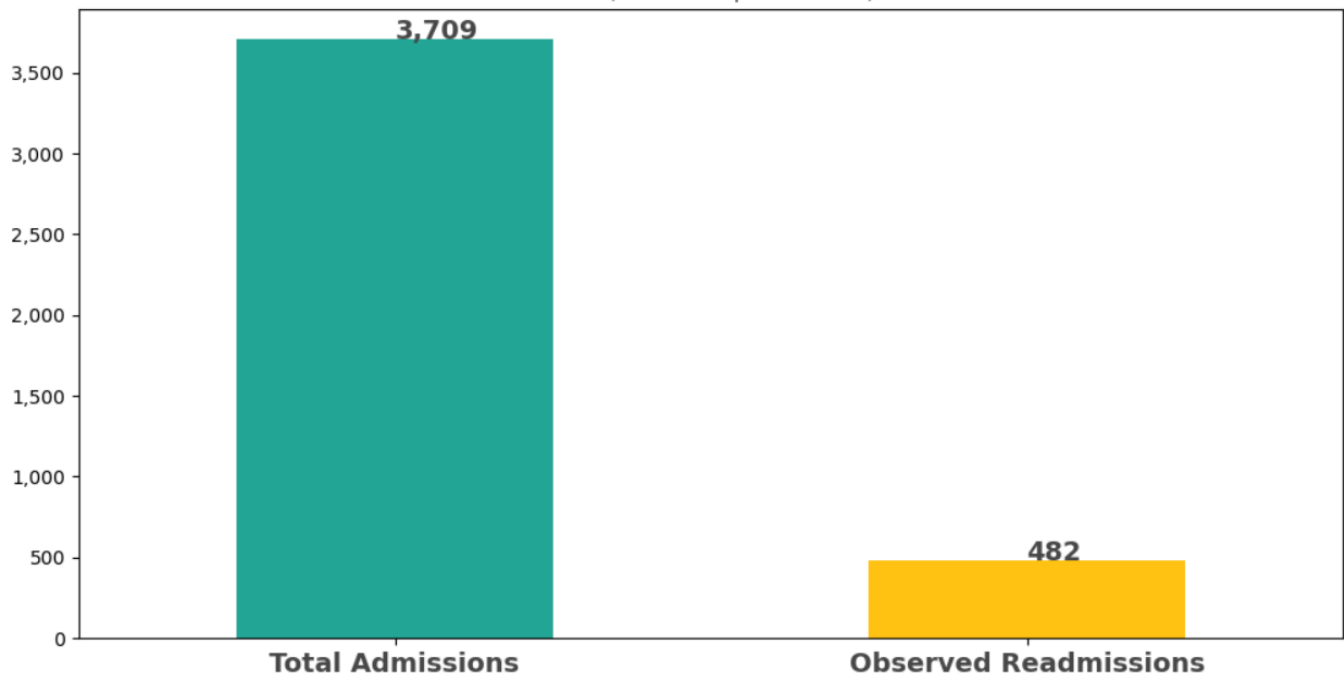
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment for Adult Expansion Members

2023-10-01 - 2024-09-30



All-cause Hospital Readmission for all AE Members: 13.0%

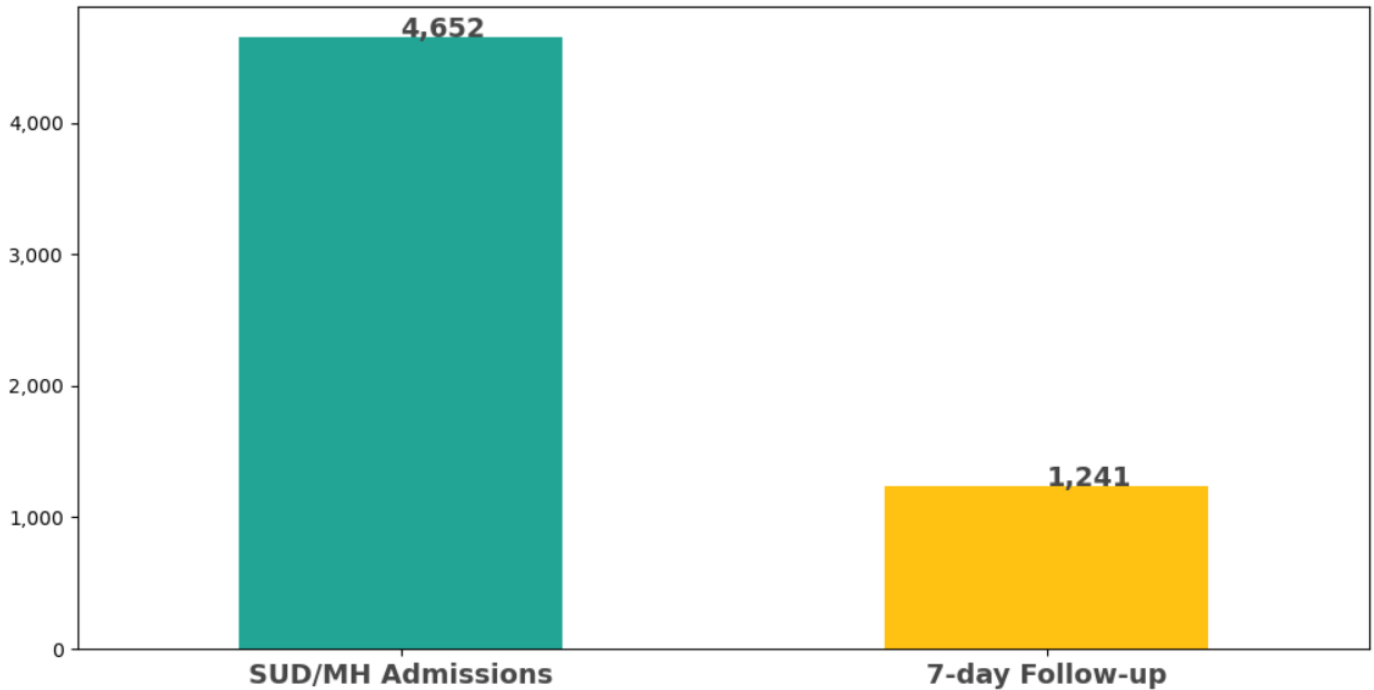
October 01, 2023 - September 30, 2024



July 1, 2024 - September 30, 2024

SUD/MH 7-day Follow-up Rate: 26.7%

October 01, 2023 - September 30, 2024



Disenrollments

The table below identifies the number of disenrollments for this demonstration quarter, listed by demonstration population. Beginning with DY22, Q4, the process for labeling disenrollment reasons is no longer available. Disenrollment data is now being reported by subgroups only.

Demonstration Population	July 2024	August 2024	September 2024	Total
Adult Expansion	2,716	2,530	2,748	7,994
Aged Dental	263	239	301	803
COBRA	0	0	0	0
ESI	36	16	25	77

July 1, 2024 - September 30, 2024

Demonstration Population III, V, VI-Premium Assistance	20	30	22	72
Dental-Blind/ Disabled	1,596	1,530	1,720	4,846
Former Foster Care Youth	0	1	1	2
HRSS	236	257	630	1,123
ISS	0	0	0	0
SMI	41	46	39	126
Substance Use Disorder Residential Treatment	25	28	33	86
Targeted Adults	262	265	265	792
Targeted Adult Dental	3	1	0	4
UMIC	1,282	1,224	1,300	3,806
Grand Total	6,480	6,167	7,084	19,731

Anticipated Changes to Enrollment

Pending Amendments

Approval of the pending amendments may influence enrollment. With the recent approval of the Justice Involved Demonstration, the State anticipates an increase in enrollment in several Medicaid programs including Adult Expansion and Targeted Adult Medicaid. The State also anticipates an increase in enrollment if the HRSN amendment is approved. For more information on pending amendments, refer to the "Pending Amendments" section below.

Benefits

The State anticipates a benefit increase if the Dental Services for Medicaid-eligible Adults amendment is approved.

The State anticipates continued growth in benefit utilization for HRSS in DY23.

Demonstration Related Appeals

There were no demonstration-related appeals for this quarter.

Grievances

Constituent Affairs Grievances

Below is a chart of grievances received from individuals to our Medicaid Constituent Affairs Representative. The calls are benefit related questions or concerns. The State began collecting this information in Demonstration Year 19, Quarter 3. Constituent affairs worked with all individuals to help resolve the issues. Data and summaries of the quarterly grievances are below. Only impacted demonstration populations are listed.

Demonstration Group	July 2024	August 2024	September 2024	Total
Aged, Blind, Disabled Dental	0	1	0	1
TAM	1	0	0	1
Total	1	1	0	2

There were two Constituent Affairs Grievances filed during this demonstration quarter:

July:

- A TAM member used a provider who did not realize the member was enrolled in a fee for service network and could therefore bill Medicaid. The Constituent Affairs Representative

advised the provider to contact the State's provider enrollment team to verify the member's fee for service enrollment. The provider verified the enrollment and was subsequently willing to bill so the member could continue to receive services from the chosen provider.

August:

- An Aged, Blind, Disabled Dental Member who received services from a UUSOD dentist claimed his teeth were not properly cleaned. The Constituent Affairs Representative informed the member that he could receive services from a different UUSOD dentist who could submit a prior authorization in order for him to receive teeth cleaning services.

Accountable Care Organization (ACO) Grievances

Below are the number of grievances reported by the managed care plans for this demonstration quarter. With the implementation of the Medicaid Managed Care Program Annual Report (MCPAR) in 2022, the managed care plans are now reporting the grievance reason for each grievance.

Demonstration Group	July 2024	August 2024	September 2024	Total
Adult Expansion	12	8	7	27
UMIC	0	1	0	1
SUD IMDI	0	1	0	1
Former Foster Care Youth	0	1	0	1
Total	12	11	7	30

Grievance Reasons	July 2024	August 2024	September 2024	Total
Related to outpatient services	0	0	0	0
Related to Inpatient Services	0	0	0	0

Related to coverage of outpatient prescription drugs	0	0	0	0
Related to other service types	0	0	0	0
Related to plan or provider customer service	0	0	0	0
Related to plan or provider care management/case management	0	0	0	0
Related to access to care/services from plan or provider	2	6	4	12
Related to quality of care	0	0	0	0
Related to plan communications	0	0	0	0
Related to payment or billing issues	4	2	1	7
File for other reasons	6	3	2	11
Suspected Fraud	0	0	0	0
Total	12	11	7	30

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 three 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 Approval ¹⁰

Program Type	July 2024	August 2024	September 2024	Avg. Total
Adult Expansion	11.86	11.38	11.21	11.48
Targeted Adults	6.69	6.20	6.74	6.54
Premium Assistance UPP	20.3	15.42	28.43	21.38

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 does not anticipate any significant financial changes in the upcoming months.

Evaluator Updates and Demonstration Evaluations

The State continues to contract with Public Consulting Group, Inc. (PCG) to evaluate the 1115 Demonstration. The revised (July 2017 through June 2022) Summative Evaluation Report was submitted to CMS on July 16, 2024. On August 1, 2024, CMS approved the revised Evaluation Design which incorporates the two fertility amendments approved on February 29, 2024.

Pending Amendment Requests

The following information summarizes the status of the State's 1115 Demonstration amendment requests. These amendment requests are pending a decision from CMS:

¹⁰ Data Source: Dept. of Workforce Services Cognos Report- "104-Days to Approval"

- Chronic Conditions Support: This amendment seeks approval from CMS to provide additional Medicaid services to fee for service enrolled individuals with qualified chronic health conditions.
- Dental Services for Medicaid-eligible Adults: This amendment seeks approval from CMS to provide dental services to Medicaid-eligible adults ages 21 and older who are not already eligible for dental services.
- Family Planning Services: This amendment seeks approval from CMS to provide family planning services to a specific population.
- Health Related Social Needs: This amendment seeks to provide health related social services to additional qualifying Medicaid-eligible groups, provide medical respite care to qualified Adult Expansion Medicaid and Targeted Adult Medicaid members, and change the age eligibility for fertility preservation treatment for Medicaid-eligible individuals diagnosed with cancer. Note: In light of conversations with CMS, the State has recently evaluated the approval pathway available for the previously submitted Medical Respite amendment (submitted to CMS on 12/30/21) and understands this demonstration is approvable under the Health-Related Social Needs (HRSN) framework.
- Integrated Behavioral Health Services: This amendment seeks approval to allow individuals to receive existing state plan covered physical and behavioral services in an integrated model through a contracted local mental health authority which will be selected through a request for proposal process.
- Long Term Services and Supports for Behaviorally Complex Individuals: This amendment seeks approval to allow individuals to provide Long Term Services and Supports to individuals with behaviorally complex conditions.

As mentioned in previous monitoring reports, the State submitted an amendment to fulfill additional requirements of Senate Bill 96 “Medicaid Expansion Adjustments”. This amendment included the following provisions, which are pending a decision from CMS:

- Lock-out from the Medicaid expansion for committing an intentional program violation.
- Not allow hospitals to make presumptive eligibility determinations for the Medicaid Expansion.
- Require premiums for Adult Expansion individuals 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 individuals with income over 100 percent FPL through 133 percent of the FPL.
- Implement defined flexibilities and cost savings provisions for the Medicaid Expansion through the state administrative rulemaking process within the parameters defined by the demonstration amendment.
- Additional flexibility for providing services through managed care for all Medicaid individuals.