

State of Utah

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July 27, 2023

Chiquita Brooks-LaSure Administrator Centers for Medicare and Medicaid Services (CMS) U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201

Dear Administrator Brooks-LaSure:

I am pleased to submit an amendment to the State of Utah's Medicaid Reform 1115 Demonstration. Approval of this amendment will allow the state to provide dental services to Medicaid-eligible adults ages 21 and older who are not already eligible for dental services.

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 Medicaid Director Division of Integrated Healthcare

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# Utah's Medicaid Reform 1115 Demonstration

# **Amendment Request**

**Dental Services for Medicaid-eligible Adults** 

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



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# **State of Utah**

Section 1115 Demonstration Amendment

# **Dental Services for Medicaid-eligible Adults**

## Section I. Program Description and Objectives

During the 2023 General Session of the Utah State Legislature, Senate Bill 19 "Medicaid Dental Waiver Amendments" was passed and signed into law by Governor Cox. This legislation requires the Utah Department of Health and Human Services (DHHS), Division of Integrated Healthcare (DIH) to seek 1115 Demonstration approval from the Centers for Medicare and Medicaid Services (CMS) to provide dental services to Medicaid-eligible adults ages 21 and older who are not already eligible for dental services.

The state would like to eliminate the dental benefits specific to the blind/disabled, aged, and/or Targeted Adult Medicaid (TAM) groups and create a dental benefit that can be accessed by adults ages 21 and older as defined in Section II. Individuals ages 18, 19, or 20 will receive dental benefits under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) state plan benefit. With this amendment, TAM individuals will no longer need to be enrolled in a Substance Use Disorder (SUD) treatment program in order to receive dental benefits.

## **Goals and Objectives**

Oral health is an important component of an individual's overall health. Untreated caries (cavities) and periodontal (gum) disease can exacerbate certain diseases, such as diabetes and cardiovascular disease, and lead to chronic pain, infections, and loss of teeth.<sup>1</sup> Lack of routine dental care can also delay diagnosis of conditions, which can lead to potentially preventable complications, high-cost emergency department visits, and adverse outcomes.<sup>2</sup> The State believes this demonstration furthers the objectives of Title XIX of the Social Security Act of promoting improved health outcomes by addressing the dental needs of Medicaid eligible individuals.

<sup>&</sup>lt;sup>1</sup> U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

<sup>&</sup>lt;sup>2</sup> Freed, M, Neuman, T, Jacobson, *Drilling Down on Dental Coverage and Costs for Medicare Beneficiaries*. March 2019. <u>https://www.kff.org/medicare/issue-brief/drilling-down-on-dental-coverage-and-costs-for-medicare-beneficiaries/</u>

The benefits of comprehensive oral care have been underscored in populations with high-severity and chronic substance use disorders. Comprehensive oral care has been shown to improve treatment outcomes in this population.<sup>3</sup> Building upon this evidence, the proposed amendment will expand dental benefits to more Medicaid-eligible adults, including those enrolled in the TAM, without requiring enrollment in a SUD treatment program.

## **Operation and Proposed Timeline**

The Demonstration will operate statewide. The state intends to implement the proposed benefit within 90 days of approval. The state requests to operate the Demonstration through the end of the current approval period, which is June 30, 2027.

### **Demonstration Hypotheses and Evaluation**

With the help of an independent evaluator, the state will develop a plan for evaluating the hypothesis indicated below. These hypotheses will be analyzed for the overall demonstration population as well as key subpopulations (e.g., by sex, age, race and ethnicity, primary language, disability status, and geography). The state will identify validated performance measures that adequately assess the impact of the Demonstration on these populations. 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.

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
Individuals in the demonstration will have increased utilization of preventative dental care.	-Utilization of preventative dental services.	Claims data	The independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons. The evaluation will include subpopulation comparisons to measure disparities.

The following hypotheses will be tested during the approval period:

<sup>&</sup>lt;sup>3</sup> Hanson, G. R., McMillan, S., Mower, K., Bruett, C. T., Duarte, L., Koduri, S., Pinzon, L., Warthen, M., Smith, K., Meeks, H., & Trump, B. (2019). Comprehensive oral care improves treatment outcomes in male and female patients with high-severity and chronic substance use disorders. Journal of the American Dental Association (1939), 150(7), 591–601. https://doi.org/10.1016/j.adaj.2019.02.016

Individuals in the demonstration will have decreased utilization of emergency dental services.	-Utilization of emergency dental services.	Claims data	The independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons. The evaluation will include subpopulation comparisons to measure disparities.
The demonstration will lead to improved oral health outcomes among Medicaid-eligible adults.	-Rates of dental caries and periodontal disease.	Claims data	The independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons. The evaluation will include subpopulation comparisons to measure disparities.
Beneficiaries will report improved satisfaction and access to dental care under the demonstration.	-Beneficiary satisfaction score -Reported access to dental care	Beneficiary survey	The independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons. The evaluation will include subpopulation comparisons to measure disparities.

# Section II. Demonstration Eligibility

Individuals eligible under this demonstration must be Medicaid eligible individuals age 21 and older in the following eligibility groups:

- Aged, Blind, and Disabled
- Parent/Caretaker Relative Medicaid
- Targeted Adult Medicaid
- Former Foster Care Youth
- Adult Expansion Population
- Spenddown Program (Medically Needy)
- Breast and Cervical Cancer Program
- Nursing Home
- 1915(c) Waiver Programs
- Refugee Medical Assistance
- Presumptive Eligibility
- Transitional Medicaid Assistance

This demonstration does not include:

1. Individuals ages 18, 19, or 20 will receive dental benefits under the EPSDT benefit.

## **Projected Enrollment**

The projected enrollment for individuals in this demonstration population is 243,247.

## Section III. Demonstration Benefits and Cost Sharing Requirements

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

## Section IV. Delivery System

The Department will deliver services through a fee for service payment model, with services provided by the University of Utah School of Dentistry (UUSOD), and their associated statewide provider network.

## Section V. Implementation and Enrollment in Demonstration

Eligible individuals will be enrolled in the Demonstration as of the implementation date of this amendment. The state intends to implement the proposed benefit within 90 days of approval.

## Section VI. Demonstration Financing and Budget Neutrality

Refer to Budget Neutrality- Attachment 1 for the state's historical and projected expenditures for the requested period of the Demonstration.

Below is the projected enrollment for eligible adults in this demonstration and expenditures for each remaining demonstration year.

	DY22 (SFY 24) DY 23 (SFY 25)		DY 24 (SFY 26)	DY 25 (SFY 27)
Enrollment	187,955	208,766	213,537	223,279
Expenditures	\$72,603,302	\$80,642,218	\$82,484,960	\$86,248,288

## Section VII. Proposed Waiver and Expenditure Authority

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

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the State to vary the amount, duration, and scope of services provided to individuals in the demonstration group.
Section 1902(a)(23)(A) Freedom of Choice	To enable the state to restrict freedom of choice of providers for individuals under this demonstration.

## **Expenditure Authority**

The state requests expenditure authority to provide dental benefits to all Medicaid eligible adults, age 21 and older who are not pregnant. This includes:

- Aged, Blind, and Disabled
- Parent/Caretaker Relative Medicaid
- Targeted Adult Medicaid
- Former Foster Care Youth
- Adult Expansion Population
- Spenddown Program (Medically Needy)
- Breast and Cervical Cancer Program
- Nursing Home
- 1915(c) Waiver Programs
- Refugee Medical Assistance
- Presumptive Eligibility
- Transitional Medicaid Assistance

EPSDT eligible and pregnant individuals will continue to receive state plan dental benefits.

## 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 was advertised in the newspaper 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 <a href="https://medicaid.utah.gov/1115-waiver">https://medicaid.utah.gov/1115-waiver</a>.

Two public hearings to take public comment on this request were held. The first public hearing was held on June 15, 2023, from 2:00 to 4:00 pm during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing was held on June 26, 2023, from 4:00 to 5:00 pm. Both public hearings were held via video and teleconferencing.

### **Public Comment**

The state accepted public comment during a 30-day public comment period, which was held June 7, 2023 through July 7, 2023. The state received comments from two agencies. This included comments provided during both public hearings, email and online portal comments, and mailed comments. The state reviewed and considered all public comments received. A summary of the comments and state responses are outlined below.

### **General comments**

Two comments were received. One commenter emphasized the importance of oral health and that it is an indispensable element for an individual's overall health and wellbeing, and that lack of coverage is a major constraint to access good oral health. The other commenter strongly advocated for the state to help and support Utahns in improving oral health outcomes. The commenter also suggested the state pay particular attention to accessibility and capacity related to this benefit, especially in rural, frontier and tribal communities which tend to lack dental practices and often include long wait lists in health centers that offer dental services. In addition, the commenter also suggested non-English speaking members have services delivered in their language of preference.

**Response:** The state agrees with these comments and understands the importance of oral health, adequate accessibility and capacity, and delivering services through preferred languages.

### **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 <u>Tribal</u> <u>Consultation and Urban Indian Organization Conferment Process Policy</u>, 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 June 9, 2023 to present this demonstration amendment. During this meeting, UIHAB made the motion to support this 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: jstrohecker@utah.gov

# **Attachment 1**

Compliance with Budget Neutrality Requirements

#### PCN 1115 Waiver

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

ELIGIBILITY	TREND							<b>B</b> V <b>A</b> 1 //					25 TOTAL
GROUP	RATE 1	וט	7 21 (SFY 23)	DY	22 (SFY 24)	יט	Y 23 (SFY 25)	DY 24 (S	SFY 26)	DY 25	(SFY 27)		NOM
<u>Current Eligibles</u> Pop Type:	Medicaid												
Eligible Member Months	0.0%		318,076		318,076		318,076		318,076		318,076		
PMPM Cost Total Expenditure	5.3%	\$ \$	1,293.75 411,511,221	\$ \$	1,362.32 433,321,316	\$ \$			1,510.55 470,575		1,590.61 5,935,516	\$ 2,2	87,525,974
Demo Pop I - PCN Adults with Children													
Pop Type: Eligible Member Months	Hypothetical 5.9%												
PMPM Cost Total Expenditure	5.3%											\$	-
	•	ī											
Demo Pop III/V - UPP Adults with Children * Pop Type:	Hypothetical												
Eligible Member Months	34.9%		36,498		49,222		66,380		89,520		120,727		
PMPM Cost Total Expenditure	5.3%	\$ \$	388.58 14,182,519	\$ \$	388.58 19,126,545	\$ \$	388.58 25,794,059	\$ \$  34	388.58 785,867		388.58 6,912,221	\$ 1	40,801,211
Demo Pop I - PCN Childless Adults Pop Type:	Medicaid												
Eligible Member Months	Medicald									1			
PMPM Cost Total Expenditure												\$	_
Demo Pop III/V - UPP Childless Adults *												Ψ	-
Pop Type:	Medicaid		404		100		404		100		00.1	-	
Eligible Member Months PMPM Cost	159 68.45	\$	184 388.58	\$	189 388.58	\$	194 388.58	\$	199 388.58	\$	204 388.58		
Total Expenditure	00.45	э \$	71,651	э \$	73,442	э \$		Գ \$	388.38 77,160	э \$	79,089	\$	376,620
Employer Sponsored Insurance (ESI)	I have a the - t' t												
Pop Type: Eligibile Member Months	Hypothetical 2.5%		145,638		149,279		153,011		156,836		160,757		
PMPM Cost Total Expenditure	4.7%	\$ \$	264.70 38,550,492	\$\$	277.14 41,371,424	\$ \$	290.17 44,398,778	\$ \$ 47	303.81 647,659	\$ \$ 5	318.08 51,134,277	\$2	23,102,631
Expansion Parents <=100% FPL		1											
Pop Type: Eligible Member Months	Expansion 2.5%		365,958		375,106	1	384,484		394,096	<u> </u>	403,949		
PMPM Cost Total Expenditure	5.3%	\$ \$	784.16 286,967,645	\$ \$	825.72 309,731,354	\$ \$		\$	915.56 819,204	\$ \$ 38	964.09 9,441,187	\$ 16	81,260,182
· · · · · · · · · · · · · · · · · · ·			, ,		, . ,		,				., , .		
Expansion Adults w/out Dependent Children <=100% FP													
Pop Type: Eligible Member Months	Expansion 2.5%		431,799		442,594		453,658		465,000		476,625		
PMPM Cost Total Expenditure	5.3%	\$ \$	1,094.21 472,476,451	\$\$	1,152.20 509,955,646	\$ \$	1,213.26 550,407,877		1,277.57 068,982	\$ \$ 64	1,345.28 1,193,504	\$ 2,7	68,102,461
Expansion Parents 101-133% FPL													
Pop Type: Eligible Member Months	Expansion 5.25%		132,166		139,105	-	146,408		154,094	1	162,184		
PMPM Cost Total Expenditure	5.3%	\$ \$		\$	807.63 112.345.061		850.43 124.510.065	\$ ¢ 127	895.51 992.326	\$	942.97 934.480	¢ 6	29.150.545
		Ŷ	101,000,014	Ŷ	112,343,001	φ	124,010,000	ψ Ι3/	,332,320	φί	≥,304,40U	φ 0	∠ອ, ເວບ,ວ4ວ
Expansion Adults w/out Dependent Children 101-133% F Pop Type:	Expansion											1	
Eligible Member Months PMPM Cost	5.25% 5.3%	\$	418,244 1,075.02	\$	440,201 1,132.00		463,312 1,191.99	\$	487,636 1,255.17	\$	513,237 1,321.69		
Total Expenditure	l	\$	449,621,028	\$	498,307,117	\$	552,265,058	\$ 612	065,699	\$ 67	8,341,703	\$ 2,7	90,600,606
Former Foster Pop Type:	Hypothetical												
Eligible Member Months PMPM Cost	0.0% 4.8%	\$	10 1,252.63	\$	10 1,312.76	\$	10 1,375.77	\$	10 1,441.81	\$	10 1,511.01		
Total Expenditure		\$ \$	12,526	\$	13,128	\$		\$ \$	14,418		15,110	\$	68,940
Housing Residential Support Services (HRSS) Pop Type:	Expansion	1							00.5	•			
Eligible Member Months PMPM Cost	2.5% 5.3%	\$		\$	34,346 7,706.22				36,085 3,544.73		36,987 8,997.60		
Total Expenditure	l	\$	245,225,284	\$	264,677,780	\$	285,673,345	\$ 308	334,383	\$ 33	2,793,008	\$ 1,4	36,703,800
Intense Stabilization Services (ISS) Pop Type:	Hypothetical												
Eligible Member Months	0.0%		1,440		1,440		1,440		1,440		1,440		
PMPM Cost Total Expenditure	5.3%	\$	\$2,328.50 3,353,038	\$	\$2,451.91 3,530,749	\$	\$2,581.86 3,717,879		2,718.70 914,927	\$	\$2,862.79 4,122,418	\$	18,639,012
In-Vitro Fertilization (IVF) Treatment Pop Type:	Hypothetical												
Eligible Member Months	13.5%		162		184		209		237		269		
PMPM Cost Total Expenditure	5.0%	\$ \$	20,588.98	\$	21,620.64 3,982,315	\$			3,841.63		25,036.27	¢	04 467 040
	1	¢	3,341,461	\$	3,902,315	\$	4,746,077	\$5	656,320	¢	6,741,137	\$	24,467,310

#### PCN 1115 Waiver

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

ELIGIBILITY GROUP	TREND RATE 1		MONSTRATIOI Y 21 (SFY 23)			ים	Y 23 (SFY 25) DY	( 24 (SFY 26)	DY 25 (SFY 27)	Y21-25 TOTAL WOW
Medicaid for Justice-Involved Populations			(00)		(0)		. 10 (0 10) .	1 (01 1 10)	20 (01 1 2.)	non
Pop Type: Eligible Member Months	Hypothetical 1.75%		39,756	1	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
Mental Health Institutions for Mental Disease (IMD)										
Рор Туре:	Hypothetical			_						
Eligible Member Months PMPM Cost	2.5% 5.3%	\$	11,043 14,339.69	\$	11,319 15,099.69	\$	11,602 15,899.97 \$	11,892 16,742.67 \$	12,190 17,630.03	
Total Expenditure	5.5%	э \$	158,356,552	э \$	170,918,185	э \$	15,899.97 \$ 184,476,270 \$	199,109,850 \$	214,904,239 \$	927,765,096
Serious Mental Illness (SMI)										
Pop Type: Eligibile Member Months	Hypothetical 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
Substance Use Disorder (SUD)		1								
Pop Type:	Hypothetical									
Eligible Member Months PMPM Cost	6.9% 5.0%	\$	49,527 4,239.75	\$	52,940 4,451.74	\$	56,587 4,674.33 \$	60,486 4,908.05 \$	64,654 5,153.45	
Total Expenditure	5.070	э \$	4,239.75 209,983,503	۹\$	235,674,067	э\$	264,507,781 \$	4,908.05 \$		1,340,224,045
Targeted Adults					ase when the criter viduals with court		expanded to include vie red treatment	ctims of		
Рор Туре:	Expansion						aged care directed payn			
Eligible Member Months	2.5%	6	180,918 1,495,83	é	185,441	6	190,077	194,828 1,746,50 \$	199,699	
PMPM Cost Total Expenditure	5.3%	\$ \$	270,622,011	\$ \$	1,575.11 292,089,289	\$ \$	1,658.59 \$ 315,259,114 \$	1,746.50 \$ 340,267,965 \$	1,839.06 367,258,823 \$	1,585,497,203
Withdrawal Management Pop Type:	Hypothetical									
Eligible Member Months	0.0%		4,018		4,018		4,018	4,018	4,018	
PMPM Cost Total Expenditure	5.0%	\$ \$	850.85	\$ \$	893.40 3.589.446	\$ \$	938.07 \$ 3,768,918 \$	984.97 \$ 3,957,364 \$	1,034.22 4.155.233 \$	10 000 400
		¢	3,418,520	Ŷ	3,369,440	à	3,768,918 \$	3,957,304 \$	4,155,233 \$	18,889,482
Long-Term Support Services (LTSS)										
Pop Type: Eligible Member Months	Hypothetical 0.0%	-		1	600	r	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
Integrated Behavior Health Services		Т								
Pop Type:	Hypothetical			Star	ts 1/1/24		0.000	0.000	0.000	
Eligible Member Months PMPM Cost	0.0% 5.0%			\$	1,500 66.67	\$	3,000 70.00 \$	3,000 73.50 \$	3,000 77.18	
Total Expenditure	0.070			\$	100,000	\$	210,000 \$	220,500 \$	231,500 \$	762,000
Demo Pop VI - UPP for Children										
Pop Type:	Hypothetical			Star	ts 1/1/24					
Eligible Member Months	0.0%				1,775	_	3,523	3,523	3,523	
PMPM Cost Total Expenditure	5.0%			\$ \$	180.00 319,500	\$ \$	180.00 \$ 634,140 \$	180.00 \$ 634,140 \$	180.00 634,140 \$	2,221,920
	• •				,		······································	· · · · · · · · · · · · · · · · · · ·		,
Dental Services for Medicaid-eligible Adults Pop Type:	Hypothetical									
Eligible Member Months	0.0%			T	2,255,460	1	2,505,192	2,562,444	2,679,348	
PMPM Cost	0.0%			\$ \$	32.19	\$	32.19 \$	32.19 \$	32.19	204 070 700
Total Expenditure				\$	72,603,302	\$	80,642,218 \$	82,484,960 \$	86,248,288 \$	321,978,768
SB133 12-Month Extended Postpartum		T								
Pop Type:	Hypothetical	_		-	140.004	-	120 540	120.000	104 700	
Eligible Member Months PMPM Cost	0.0% 4.5%			\$	140,004 1,072.13	\$	138,540 1,120.45 \$	136,980 1,170.87 \$	134,796 1,223.46	
Total Expenditure	-			\$ \$	150,103,124	\$	155,227,571 \$	160,385,793 \$	164,917,386 \$	630,633,874
SB133 Family Planning Services		T								
Рор Туре:	Hypothetical									
Eligible Member Months	1.6%			ç	60,648	¢	61,656	62,640	63,636	
PMPM Cost Total Expenditure	1.2%			\$ \$	21.60 1,309,968	\$ \$	21.86 \$ 1,348,051 \$	22.13 \$ 1,386,293 \$	22.40 1,425,154 \$	5,469,466
· · ·				1	,,		,, <b></b> . •	,	, <b>v</b>	.,,
SB269 Chronic Conditions Support Amendment										
Pop Type: Eligible Member Months	Hypothetical	_		-	0.000	-	10.000	10.000	0.000	
Eligible Member Months PMPM Cost	0.0% 0.0%			\$	9,660 180.00	\$	19,320 180.00 \$	19,320 180.00 \$	9,660 180.00	
Total Expenditure				\$ \$	1,738,800	\$	3,477,600 \$	3,477,600 \$	1,738,800 \$	10,432,800

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

	T		T		r –				1		1	TOTAL WW
ELIGIBILITY GROUP	DY	21 (SFY 23)	DY 2	22 (SFY 24)	D	Y 23 (SFY 25)	D١	24 (SFY 26)	D١	( 25 (SFY 27)		
Current Eligibles Pop Type:												
Eligible Member Months	T	318,076	1	318,076	r –	318.076		318,076	-	318,076		
PMPM Cost	\$	1,293.75	\$	1,362.32	\$	1,434.52	\$	1,510.55	\$	1,590.61		
Total Expenditure	\$	411,511,221	\$ 43	33,321,316	\$	456,287,346	\$	480,470,575	\$	505,935,516	\$	2,287,525,974
Demo Pop I - PCN Adults w/Children Pop Type:												
Eligible Member Months	-	-	1	-	r –	-		-	-	-		
PMPM Cost		-		-		-		-		-		
Total Expenditure	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Demo Pop III/V - UPP Adults with Children	T											
Рор Туре:			_									
Eligible Member Months PMPM Cost	\$	36,498 388.58	\$ ¢	49,222 388.58	\$ \$	66,380 388.58	\$ \$	89,520 388.58	\$ ¢	120,727 388.58		
Total Expenditure	\$ \$	300.50 14,182,519	\$ \$	300.50 19,126,545	э \$	388.58 25,794,059	э \$	360.50 34,785,867	\$ \$	300.50 46,912,221	\$	140,801,211
Demo Pop I - PCN Childless Adults	1											
Pop Type:	_		1		r				1		1	
Eligible Member Months PMPM Cost	\$	-	\$	-	\$	-	\$	-	\$	-		
Total Expenditure	\$	-	\$	-	\$ \$	-	\$	-	\$	-	\$	-
Demo Pop III/V - UPP Childless Adults	1											
Рор Туре:			6				-		-		_	
Eligible Member Months PMPM Cost	\$ \$	184 388.58	\$ \$	189 388.58	\$ \$	194 388.58	\$ \$	199 388.58	\$ \$	204 388.58		
Total Expenditure	ъ \$	300.50 71,651	э \$	300.50 73,442	э \$	300.50 75,278	э \$	300.50 77,160	э \$	300.50 79,089	\$	376,620
·				- 1								
Employer Sponsored Insurance (ESI) Pop Type:												
Eligible Member Months	-	145,638	1	149,279	[	153,011		156,836	1	160,757	ſ	
PMPM Cost	\$	264.70	\$	277.14	\$	290.17	\$	303.81	\$	318.08		
Total Expenditure	\$	38,550,492	\$ 4	41,371,424	\$	44,398,778	\$	47,647,659	\$	51,134,277	\$	223,102,631
Expansion Parents <=100% FPL												
Рор Туре:												
Eligible Member Months	<i>•</i>	365,958	<u>^</u>	375,106	¢	384,484	¢	394,096	¢	403,949		
PMPM Cost Total Expenditure	\$ \$	784.16 286,967,645	\$ \$30	825.72 09,731,354	\$ \$	869.48 334,300,793	\$ \$	915.56 360,819,204	\$ \$	964.09 389,441,187	\$	1,681,260,182
						, ,						
Expansion Adults w/out Dependent Children <=100% FPL Pop Type:												
Eligible Member Months		431,799	1	442,594		453,658		465,000	1	476,625	[	
PMPM Cost	\$	1,094.21	\$	1,152.20	\$	1,213.26	\$	1,277.57	\$	1,345.28		
Total Expenditure	\$	472,476,451	\$ 50	09,955,646	\$	550,407,877	\$	594,068,982	\$	641,193,504	\$	2,768,102,461
Expansion Parents 101-133% FPL												
Рор Туре:												
Eligible Member Months		132,166	<u>^</u>	139,105		146,408	•	154,094	•	162,184		
PMPM Cost Total Expenditure	\$ \$	766.98 101,368,614	\$ \$ 1	807.63 12,345,061	\$ \$	850.43 124,510,065	\$ \$	895.51 137.992.326	\$ \$	942.97 152.934.480	\$	629,150,545
	Ý		* '	_,0,001	Ψ	,0 . 0,000	Ŷ	,	Ý	,-0	Ŷ	,.00,040
Expansion Adults w/out Dependent Children 101-133% FPL												
Pop Type: Eligible Member Months	+	418,244	T	440,201	r	463.312		487,636	1	513,237	1	
PMPM Cost	\$	1,075.02		1,132.00	\$	1,191.99	\$	1,255.17	\$	1,321.69		
Total Expenditure	\$	449,621,028	\$ 49	98,307,117	\$	552,265,058	\$	612,065,699	\$	678,341,703	\$	2,790,600,606
Former Foster Care	1											
Рор Туре:												
Eligible Member Months PMPM Cost	¢	10	¢	10	¢	10	¢	10	¢	10		
PMPM Cost Total Expenditure	\$ \$	1,252.63 12,526	\$ \$	1,312.76 13,128	\$ \$	1,375.77 13,758	\$ \$	1,441.81 14,418	\$ \$	1,511.01 15,110	\$	68,940
Housing Residential Support Services (HRSS)												
Pop Type:												
Eligible Member Months		33,508		34,346		35,205		36,085		36,987		
PMPM Cost Total Expenditure	¢	7,318	e 04	7,706	¢	8,115 285,673,345	¢	8,545 308,334,383	¢	8,998 332 703 008	¢	1 436 702 000
	\$	245,225,284	<b>э</b> 26	04,0 <i>11</i> ,780	\$	∠00,073,345	φ	300,334,383	φ	332,793,008	φ	1,436,703,800
Intense Stabilization Services (ISS)	1											
Рор Туре:												
Eligible Member Months		1,440		1,440		1,440		1,440		1,440		
PMPM Cost Total Expenditure	\$	\$2,328.50 3,353,038	\$	\$2,451.91 3,530,749	\$	\$2,581.86 3,717,879	\$	\$2,718.70 3,914,927	\$	\$2,862.79 4,122,418		18,639,012
	Ť	-,500,000	· *	.,	<b>–</b>	-,,0/0	Ť	-,,021	Ť	.,,+10	Ť	, ,
In-Vitro Fertilization (IVF) Treatment												
Pop Type: Eligible Member Months	+	162	1	184		209		237		269		
PMPM Cost	\$	20,588.98	\$	21,620.64		22,703.99	\$	23,841.63		25,036.27		
Total Expenditure	\$	3,341,461		3,982,315	\$	4,746,077	\$	5,656,320	\$	6,741,137	\$	24,467,310

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

						1	TOTAL WW
ELIGIBILITY GROUP	DY 21 (SF	Y 23) [	OY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
Medicaid for Justice-Involved Populations							
Pop Type: Eligible Member Months	39	,756	40,451	41,159	41,880	42,613	
PMPM Cost	\$ 55	1.67 \$	568.22	\$ 585.26	\$ 602.82	\$ 620.91	<b>•</b> 100 710 000
Total Expenditure	\$ 21,931	,981 3	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839
Mental Health Institutions for Mental Disease (IMD)							
Pop Type: Eligible Member Months	11	,043	11,319	11.602	11,892	12.190	
PMPM Cost	\$ 14,33	9.69 \$	5 15,099.69	\$ 15,899.97	\$ 16,742.67	\$ 17,630.03	* 007 705 000
Total Expenditure	\$ 158,356	,552 3	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,096
<u>Serious Mental Illness (SMI)</u> Pop Type:							
Eligible Member Months		,688	18,130	18,583	19,048	19,524	
PMPM Cost Total Expenditure	\$ 14,99 \$ 265,296		5 15,793.79 5 286,341,176	\$ 16,630.86 \$ 309,055,190	\$ 17,512.30 \$ 333,570,993	\$ 18,440.45 \$ 360,031,512	\$ 1,554,295,400
Outbetenes Lies Diseader (OUD)							
<u>Substance Use Disorder (SUD)</u> Pop Type:							
Eligible Member Months PMPM Cost		,527 9.75 S	52,940 4,451.74	56,587 \$ 4,674.33	60,486 \$ 4,908.05	64,654 \$ 5,153.45	
Total Expenditure	\$ 4,23 \$ 209,983		4,451.74 235,674,067	\$ 4,674.33 \$ 264,507,781	\$ 4,908.05 \$ 296,869,197	\$ 5,153.45 \$ 333,189,497	\$ 1,340,224,045
Targeted Adults							
Pop Type:	100	040	405 444	400.077	404.000	400.000	
Eligible Member Months PMPM Cost		,918 ,496	185,441 1,575	190,077 1,659	194,828 1,747	199,699 1,839	
Total Expenditure	\$ 270,622		\$ 292,089,289	\$ 315,259,114		\$ 367,258,823	\$ 1,585,497,203
Withdrawal Management							
Pop Type: Eligible Member Months	4	,018	4,018	4,018	4,018	4,018	
PMPM Cost	\$ 85	0.85	\$ 893.40	\$ 938.07	\$ 984.97	\$ 1,034.22	
Total Expenditure	\$ 3,418	,520 \$	3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482
Long-Term Support Services (LTSS)							
Pop Type: Eligible Member Months		- 1	600	600	600	600	
PMPM Cost		-	9,578	10,057	10,560	11,088	
Total Expenditure		-	5,746,800	6,034,100	6,335,800	6,652,600	\$ 24,769,300
Integrated Behavior Health Services							
Pop Type: Eligible Member Months		- S	tarts 1/1/24 1,500	3,000	3,000	3,000	
PMPM Cost	\$	- 8	66.67	\$ 70.00	\$ 73.50	\$ 77.18	
Total Expenditure	\$	- 8	\$ 100,000	\$ 210,000	\$ 220,500	\$ 231,500	\$ 762,000
Demo Pop VI - UPP for Children							
Pop Type: Eliaible Member Months		- S	tarts 1/1/24 1,775	3,523	3,523	3,523	
PMPM Cost	\$		\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure	\$	- 8	\$ 319,500	\$ 634,140	\$ 634,140	\$ 634,140	\$ 2,221,920
Dental Services for Medicaid-eligible Adults							
Pop Type: Eligible Member Months		-	2,255,460	2,505,192	2,562,444	2,679,348	
PMPM Cost	\$	- 8	\$ 32.19	\$ 32.19	\$ 32.19	\$ 32.19	
Total Expenditure	\$	- 8	\$ 72,603,302	\$ 80,642,218	\$ 82,484,960	\$ 86,248,288	\$ 321,978,768
SB133 12-Month Extended Postpartum							
Pop Type: Eligible Member Months		- 1	140,004	138,540	136,980	134,796	
PMPM Cost	\$	- 8	\$ 1,072.13	\$ 1,120.45	\$ 1,170.87	\$ 1,223.46	
Total Expenditure	\$	- 3	\$ 150,103,124	\$ 155,227,571	\$ 160,385,793	\$ 164,917,386	\$ 630,633,874
SB133 Family Planning Services							
Pop Type: Eligible Member Months		-	60,648	61,656	62,640	63,636	
PMPM Cost	\$	- 8	\$ 21.60	\$ 21.86	\$ 22.13	\$ 22.40	
Total Expenditure	\$	- 8	\$ 1,309,968	\$ 1,348,051	\$ 1,386,293	\$ 1,425,154	\$ 5,469,466
SB269 Chronic Conditions Support Amendment							
Pop Type: Eligible Member Months		-	9,660	19,320	19,320	9,660	
PMPM Cost	\$	- 8	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure	\$	- 8	\$ 1,738,800	\$ 3,477,600	\$ 3,477,600	\$ 1,738,800	\$ 10,432,800

# Attachment 2

**Public Notice Requirements** 

Support

#### PUBLIC NOTICE WEBSITE DIVISION OF ARCHIVES AND RECORDS SERVICE

# Public Hearing on Medicaid Reform 1115 Demonstration

General Information

Government Type:

State Agency

Entity:

Department of Health and Human Services

Public Body:

Medicaid Expansion Workgroup

Notice Information

Add Notice to Calendar

Notice Title:

Public Hearing on Medicaid Reform 1115 Demonstration

Notice Subject(s):

Medicaid, Health Care

Notice Type(s):

Hearing

Give Feedback

Event Start Date & Time:

June 15, 2023 02:00 PM

Event End Date & Time:

#### June 15, 2023 04:00 PM

Event Deadline Date & Time:

#### 07/07/23 11:59 PM

#### Description/Agenda:

Dental Services for Medicaid-eligible Adults, Family Planning Services, and Chronic Conditions Support Public Hearings

The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss three amendments to Utah's Medicaid Reform 1115 Demonstration. The Department will also accept public comment regarding the amendments online, by email, or mail during the public comment period from June 7, 2023, through July 7, 2023.

The Dental Services for Medicaid-eligible Adults amendment seeks authority from the Centers for Medicare & Medicaid Services (CMS) to provide dental services to Medicaideligible adults ages 21 and older who are not already eligible for dental services.

The Family Planning Services amendment seeks authority from CMS to provide family planning services to a specific population that is otherwise ineligible for Medicaid.

The Chronic Conditions Support amendment seeks authority from CMS to provide additional Medicaid services to individuals in rural areas of the state with qualified chronic health conditions.

#### Public Hearings:

The Department will conduct two public hearings to discuss the demonstration amendments. The dates and times are listed below. Both public hearings will be held via video and teleconferencing.

Thursday, June 15, 2023, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting

Video Conference: Google Meet Meeting meet.google.com/ppd-afmv-vnw

Or join by phone: (US) +1 401-552-4511 PIN: 955 386 753 # Monday, June 26, 2023, from 4:00 pm to 5:00 pm. Video Conference: Google Meet Meeting meet.google.com/vvm-yxkz-eah Or join by phone: (US) +1 650-466-0974 PIN: 714 775 327 #

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at lbelgique@utah.gov or 1 (801) 538-6241 by June 9, 2023, at 5:00 p.m.

Public Comment:

A copy of the public notice and proposed amendments are available online at:

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

The public may comment on the proposed amendment requests during the public comment period from June 7, 2023, through July 7, 2023.

Comments may be submitted using the following methods:

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

Email: Medicaid1115waiver@utah.gov

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

Notice of Special Accommodations (ADA):

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

Notice of Electronic or Telephone Participation:

Video Conference: Google Meet Meeting meet.google.com/ppd-afmv-vnw Or join by phone: (US) +1 401-552-4511 PIN: 955 386 753 #

#### Meeting Information

Meeting Location:

Video/Teleconferencing

Video/Teleconferencing, UT 84116

Show in Apple Maps || Show in Google Maps

Contact Name:

### Laura Belgique

Contact Email:

## lbelgique@utah.gov

Contact Phone:

(801)538-6241

Notice Posting Details

Notice Posted On:

June 02, 2023 10:20 AM

Notice Last Edited On:

June 02, 2023 10:42 AM

Deadline Date:

July 7, 2023 11:59 PM

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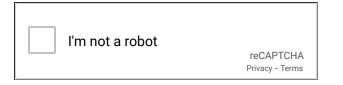
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Support

#### PUBLIC NOTICE WEBSITE DIVISION OF ARCHIVES AND RECORDS SERVICE

# Public Hearing on Medicaid Reform 1115 Demonstration

General Information

Government Type:

State Agency

Entity:

Department of Health and Human Services

Public Body:

Medicaid Expansion Workgroup

Notice Information

Add Notice to Calendar

Notice Title:

Public Hearing on Medicaid Reform 1115 Demonstration

Notice Subject(s):

Medicaid, Health Care

Notice Type(s):

Hearing

Give Feedback

Event Start Date & Time:

#### June 26, 2023 04:00 PM

Event End Date & Time:

#### June 26, 2023 05:00 PM

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### 07/07/23 11:59 PM

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Video Conference: Google Meet Meeting meet.google.com/vvm-yxkz-eah Or join by phone: (US) +1 650-466-0974 PIN: 714 775 327 #

#### Meeting Information

Meeting Location:

Video/Teleconferencing

Video/Teleconferencing, UT 84116

Show in Apple Maps || Show in Google Maps

Contact Name:

### Laura Belgique

Contact Email:

## lbelgique@utah.gov

Contact Phone:

(801)538-6241

Notice Posting Details

Notice Posted On:

June 02, 2023 10:36 AM

Notice Last Edited On:

June 02, 2023 10:36 AM

Deadline Date:

July 7, 2023 11:59 PM

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# The Salt Lake Tribune

# **PROOF OF PUBLICATION**

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#### DIVISION OF MEDICAID AND HEALTH FINANCING CRAIG DEVASHRAYEE PO BOX 143102 SALT LAKE CITY, UT 84114 cdevashrayee@utah.gov

#### ACCOUNT NUMBER

8405

#### ACCOUNT NAME

DIVISION OF MEDICAID AND HEALTH FINANCING

TELEPHONE

801-538-6641

ORDER #

SLT0023121

CUSTOMER REFERENCE NUMBER

CAPTION

Dental Services for Medicaid-eligible Adults, Family Planning Services, and Chronic Conditions Support Public Hearings The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss three amendments to Utah's Medicaid Reform 1115 Demonstration.

#### TOTAL COST

\$224.60

## CUSTOMER'S COPY

Dental Services for Medicaid-eligible Adults, Family Planning Services, and Chronic Conditions Support Public Hearings

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- Or join by phone: (US) +1 401-552-4511 PIN: 955 386 753 #
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- <u>yxkz-eah</u> Or join by phone: (US) +1 650-466-0974 PIN: 714 775 327 #

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#### **Public Comment:**

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Email: Medicaid1115waiver@utah.gov

Mail: Utah Department of Health and Human Services Division of Integrated Healthcare PO Box 143106 Salt Lake City, UT 84114-3106 Attn: Laura Belgique SLT0023121

#### AFFIDAVIT OF PUBLICATION

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

PUBLISHED ON 06/04/2023

DATE 06/20/2023

STATE OF UTAH COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 20th DAY OF JUNE IN THE YEAR 2023

BY Jordyn Gallegos



LAREE WHITMER NOTARY PUBLIC . STATE OF UTAH COMMISSION# 715683 COMM. EXP. 12-09-2024

Jakee Whitmen)

NOTARY PUBLIC SIGN

SIGNATURE

# **Attachment 3**

Medical Care Advisory Committee

**Public Hearing** 



Meeting:	Medical Care Advisory Committee					
Date:	June 15, 2023					
Start Time:	2:00 p.m.					
End Time:	4:00 p.m.					
Location:	https://meet.google.com/ppd-afmv-vnw (Google Chrome)					
By Phone:	1-401-552-4511 PIN: 955 386 753#					

## Agenda Items

1.	Welcome	Jennifer Marchant	2:00 / 5 min
	<ul> <li>Approve Minutes for May 2023*</li> </ul>	-	
	<ul> <li>Requesting Nominations for 2 Appointments</li> </ul>		
	<ul> <li>Consumer Representative for Beneficiaries</li> </ul>		
	<ul> <li>Consumer Representative for Native</li> </ul>		
_	American Communities		
2.	Committee Discussion and Vote on FY2025 Budget	Jennifer Marchant &	2:05 / 10 min
	Recommendations	Committee Members	
3.	Public Hearing for 1115 Demonstration Waiver	Laura Belgique	2:15 / 15 min
٦.	Amendments	Laura beigique	2.157 15 11111
	SB19: Dental Services for Medicaid-eligible		
	Adults		
	SB133: Family Planning Services		
	SB269: Chronic Conditions Support		
4.	Director's Report	Jennifer Strohecker	2:30 / 20 min
	PRISM Update	5	
	Two New CMS Proposed Rules		
5.	Unwinding Continuous Medicaid Eligibility Update**	Jeff Nelson	2:50 / 15 min
6.	UTA Pass Utilization	Brian Roach	3:05 / 15 min
7.	Committee Updates	Committee	3:20 / 5 min
		Members	
8.	Voting Results for Priority Budget Recommendations	Sharon Steigerwalt	

\* Action Item - MCAC Members must be present to vote (substitutes are not allowed to vote)

\*\* Informational handout in the packet sent to committee members

\*\*\*In accordance with the Open and Public Meetings Act Utah Code 52-4-207, the Chair of the MCAC committee has determined providing an anchor location for the MCAC meeting presents substantial risk to the health and safety of the attendees due to the COVID-19 pandemic. The MCAC meeting will be conducted remotely via electronic means only. The committee members and the public may attend via Google Meet or by calling in to the Google Meet session as listed on the meeting agenda. MCAC meetings will be held in an electronic format until further notice.

**Next Meeting:** July 20, 2023, from 2:00 p.m. – 4:00 p.m. Please send meeting topics or other correspondence to Sharon Steigerwalt (<u>ssteigerwalt@utah.g@</u>)

# **Attachment 4**

**Tribal Consultation** 

utah na san Health Advisor		Advisory Board UIHAB) Meeting 06/09/2023 8:30 AM -11:00 AM tment of Health & Human Services				
And the second design of the s	Multi-State Age	I 1950 W, Salt Lake City, UT 84116 ency Building (MASOB) Room 2082 (385) 227-2078 Google Meeting Format Web Link: krh-kvdf-svj?hs=122&authuser=0 Call In: 1-414-909-6377 PIN: 211 599 534#				
Meeting called by:	UIHAB					
Type of meeting:	Monthly UIHAB					
Note taker:	Dorrie Reese					
Please Review:	Medicaid Rules & SPA document(s), additional material	s via presenters.				
	Agenda topic					
8:30 AM	UIHAB Meeting Welcome & Introductions	Ed Napia, Chairperson				
8:40 AM	Committee Updates & Discussion UT Medicaid Eligibility Policy Medicaid & CHIP State Plan Amendments (SPA) & Rules CHIP SPA	Michelle Smith, Medicaid, Asst. Dir. BMEP Craig Devashrayee, Medicaid, BMEP Jenifer Wiser, Dental & CHIP Prg. Mgr				
	<ul> <li>DWS Medicaid Eligibility Operations</li> <li>SNAP</li> <li>MCAC Committee</li> <li>CHIP Advisory Committee</li> </ul>	Jessica Ware, AI/AN Elig. Spec., DWS Paul Birkbeck, Snap Program Specialist Mike Jensen, UNHS Courtney Muir, NWBSN				
	ICWA Liaison Tribal Health Liaison Data Reporting Updates Program /Contracts/Grant Updates UT DHHS OAIANHFS Program Updates Opioids & Tobacco Health Equity	Jamie Harvey, IHFS Jeremy Taylor, IHFS Alex Merrill, IHFS Jeremy Taylor, IHFS Hilary Makris, IHFS Kassie John, IHFS				
09:45 AM	Medicaid 1115 Demonstration Amendments	Laura Belgique, 1115 Demo. Pgr. Manager				
10:15 AM	Project Firstline Outreach (UDHHS)	James Morales, Epidemiologist UDHHS Population Health				
10:30 AM	AUCH Presentation	Melissa Zito, AUCH Tribal Liaison				
10:50 AM	I/T/U updates	I/T/U				
11:30 AM	Other Business ADJOURN <i>Next Mtg. August 11, 2023</i>	28				



Utah Indian Health Advisory Board Tribal Leadership Reporting Tool

DATE:

# State Agency Updates & Discussions:

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

DWS Medicaid Eligibility

MCAC & CHIP Advisory Committees

Federal/State Policy Impacting I/T/U ICWA Liaison AI/AN Health Liaison

Data Updates

IHFS Program Updates Opioid/Tobacco

Health Equity Grants

## **Agenda Item Updates**

Medicaid: I/T/U Claims Submission Updates

Healthy Environments Active Living Program

I/T/U Updates: NWBSN, SJSP & SVBG

Section 105 (I) Leasing; IHS & BIA Facilities

# **UIHAB** Meeting

June 9, 2023 (via phone) 8:30 a.m. – 11:00 a.m.

# Participants: (via phone)

Hunter Timbimboo, Northwestern Band of Shoshone Nation George Gover, Northwestern band of Shoshone Nation Tyler Goddard, Paiute Indian Tribe of Utah Ed Napa (Chair), Skull Valley Band of Goshute Selwyn Whiteskunk, Ute Mtn Ute Thomas Stephenson, Ute Mtn Ute Mike Jensen, Utah Navajo Health Systems Marquis Yazzie, Navajo Area- IHS Hope Johnson, PHX, IHS Tina Valencia, PHX, IHS

### **Guests:**

Jessica Ware, AI/AN Eligibility Specialist, DWS Paul Birkbeck, SNAP Program Specialist, DWS Melissa Zito, Tribal Liaison, AUCH Alan Pruhns, AUCH Cyndi Gillaspie, Technical Director, CMS

# **DHHS Staff:**

Michelle Smith, Assistant Office Director, Office of Eligibility Policy, DHHS Craig Devashrayee, Office of Eligibility Policy, DHHS Jennifer Wiser, Office of Managed Healthcare, DHHS Laura Belgique, Office of Eligibility Policy, DHHS Suzanne Puckett, Health Policy & Authorization, DHHS Kirk Poulsen Health Policy & Authorization, DHHS Justin Morales, Office of Population Health, DHHS Sarah Rigby, Office of Population Health, DHHS Jamie Harvey, ICWA Liaison, Office of Al/AN Health Affairs, DHHS Jeremy Taylor, Tribal Health Liaison, Office of Al/AN Health Affairs, DHHS Hilary Makris, Opioid & Tobacco Health Program Coordinator, Office of Al/AN Health Affairs, DHHS Alex Merrill, EPI, Office of Al/AN Health Affairs, DHHS Kassie John, Health Equity Program Coordinator, Office of Al/AN Health Affairs, DHHS

# Welcome and Introductions:

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

# **Approval of Minutes:**

The Oct 11, 2019, Nov 152019, Dec 13,2019, Jan 10, 2020, Mar 13,2020, Apr 10, 2020, May 8, 2020, Jun 12, 2020, Aug, 14, 2020, Sep 11, 2020, Oct 9, 2020, Nov 13, 2020, Dec 11, 2020, Jan 8, 2021, Feb 11, 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, and May 12, 2023 UIHAB minutes will be approved at a later UIHAB meeting.

# **Medicaid Eligibility Policy:**

Michelle Smith gave an update on PHE Unwinding- Ended: May 11, 2023 https://jobs.utah.gov/mycase-app/ui/home https://medicaid.utah.gov/unwinding/

# Medicaid & CHIP State Plan Amendments (SPA) & Rules:

Craig Devashrayee gave an update.

The documents which were presented are embedded in this document.

PDF SPA MATRIX 6-9-23-1.pdf



6-9-23.pdf

# **Dental SPA:**

PDF

Jennifer Wiser gave an update.

The documents which were presented are embedded in this document.



SB19\_ Adult Dental SB19 Adult Dental Public Hearing Overvi Amendment FINAL.pd

# **DWS Medicaid Eligibility:**

Jessica Ware gave an update on DWS Medicaid Eligibility Unwinding. Paul Birkbeck gave update on SNAP.

# **Ozzy Escarate:**

Ozzy Escarate gave an update in the Office of AI/AN Health Affairs

# **Data Reporting:**

Alex Merrill gave an update on data reporting.

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# **DHHS OAIANHFS Program Updates:**

Kassie John gave an update on Health Equity.

kassiejohn@utah.gov



Hilary Makris gave an update on Opioids and Tobacco. hmakris@utah.gov

# Jamie Harvie:

Jamie Harvie gave an update on ICWA.

# Medicaid 1115 Demonstration Amendments:

Laura Belgique discussed Medicaid 1115 Demonstration Amendment.

The documents which were presented are embedded in this document.



#### Motion:

The Utah Indian Health Advisory Board made the motion to support these amendments. Representatives: SKBG, UNHS, PITU, and Ute Mtn Ute Tribe.

# Project Firstline Outreach:

Justin Morales gave an update.

The document which was presented is embedded in this document.



# **AUCH Presentation:**

Melissa Zito gave an update.

The documents which were presented are embedded in this document.



AUCH Affiliate UIHAB Ex Summary Handbook 2023-24.pc AUCH.pdf

# I/T/U Updates:

POF

Ed Napia: Skull Valley Band of Goshute Tyler Goddard: Paiute Indian Tribe of Utah Hunter Timbimboo: Northwestern Band of Shoshone Nation Mike Jensen: Utah Navajo Health Systems Thomas Stephenson: Ute Mountain Ute Tribe Selwyn Whiteskunk: Ute Mountain Ute Tribe Hope Johnson: PHX, IHS

# Adjourn:

The meeting ended at 10:50. Tyler Goddard made that motion to adjourn the meeting. Hunter Timbimboo seconded that motion. The next meeting: August 11, 2023 @ 8:30 a.m. (Hybrid)