

State of Utah

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Department of Health & Human Services

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May 16, 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 Utah Medicaid Reform 1115 Demonstration. Approval of this amendment will allow the state to provide twelve months of extended Medicaid coverage for certain postpartum women.

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 Director, Division of Integrated Healthcare



Utah's Medicaid Reform 1115 Demonstration

Amendment Request

Twelve-month Extended Postpartum Coverage

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



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State of Utah

Section 1115 Demonstration Amendment

Twelve-Month Extended Postpartum Coverage

Section I. Program Description and Objectives

During the 2023 General Session of the Utah State Legislature, Senate Bill 133, "Modifications to Medicaid Coverage", was passed. 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 twelve months of extended Medicaid coverage for certain postpartum women. The state is seeking to implement twelve months of extended postpartum coverage for this group through this amendment.

Goals and Objectives

The primary objective of the Twelve-Month Extended Postpartum Coverage Amendment is to extend the postpartum coverage from 60 days to twelve months for certain women.

Twelve-Month Extended Postpartum Coverage goals:

- Promote continuity of care for the management of chronic conditions such as depression, diabetes and hypertension.
- Align pregnancy postpartum Medicaid coverage with the newborn child Medicaid coverage.
- Reduce maternal mortality. Ensure mothers have access to preventative care and time to seek care for postpartum-related health issues.
- Decrease the incidence of short interval pregnancies, a known risk factor for poor maternal and infant health outcomes.

Postpartum care encompasses a range of important health needs, including recovery from childbirth, follow up on pregnancy complications, management of chronic health conditions, access to family planning, and addressing mental health conditions. Mental health is a major concern during and after pregnancy. Over the past ten years, depression and suicidality among pregnant and postpartum people has risen. At least one in ten women experience perinatal depression. Addressing pregnancy-related deaths (typically defined as death within one year of pregnancy) is an urgent health challenge. At least one-third of maternal deaths occur in the postpartum period. Research strongly indicates that access to health care throughout a woman's reproductive years is essential for

prevention, early detection, and treatment of some of the conditions that place women at higher risk for pregnancy-related complications, including cardiovascular disease, diabetes, and chronic hypertension.¹

Operation and Proposed Timeline

The Demonstration will operate statewide. The state intends to implement the Demonstration as soon as possible after 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 hypotheses indicated below. Utah will identify validated performance measures that adequately assess the impact of the Demonstration on beneficiaries. The state will submit the evaluation plan to CMS for approval.

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
Participants will have continuity of care for pregnancy-related conditions (hypertension, gestational diabetes, depression).	Rate of diagnosis and ongoing care, including provider visits and medication management, in comparison to an established baseline.	Claims/encounter data Enrollment data	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.
Participants will have continuity of treatment of substance use treatment.	Rate of sustained engagement in a substance use treatment program comparison to an established baseline.	Claims/encounter data	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.

The following hypothesis will be tested during the approval period:

Section II. Demonstration Eligibility

Individuals must meet the following eligibility criteria to qualify for twelve-month extended postpartum coverage:

- The woman is eligible for Medicaid during her pregnancy; and
- The woman's pregnancy ends by way of:

¹ Usha Ranji, I. G., & 2020, D. (2021, March 9). *Expanding postpartum Medicaid coverage*. KFF. Retrieved March 9, 2023, from <u>https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/</u>

- o birth
- o miscarriage
- o stillbirth; or
- o an abortion that is permitted under <u>Utah Code Section 76-7a-201</u>.

Projected Enrollment

There is no cap on enrollment for this program. The state estimates enrollment at 11,465 individuals per year.

Demonstration Disenrollment

If a woman becomes pregnant again while enrolled in the demonstration, she will be screened for eligibility in a different Medicaid program under the State Plan. If eligible she will be removed from the demonstration and provided coverage under that program. The state will not submit claims under this demonstration for any woman who is found to be eligible under the Medicaid State Plan.

Section III. Demonstration Benefits and Cost Sharing Requirements

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

Section IV. Delivery System

Twelve-month extended postpartum coverage services under this waiver will be delivered through managed care under 1915(b) authority or by amendment to this demonstration.

Section V. Implementation and Enrollment in Demonstration

Eligible individuals will be enrolled in the Demonstration as of the implementation date of this amendment.

Section VI. Demonstration Financing and Budget Neutrality

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

Below is the projected enrollment and expenditures for each remaining demonstration year.

DY22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)

Enrollment	11,667	11,545	11,415	11,233
Expenditures	\$150,103,124	\$155,227,571	\$160,385,793	\$164,917,386

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
Section 1902(a)(10)(B)- Amount,	To enable the state to extend certain coverage for
Duration, and Scope of Services and	postpartum benefits, as described in 1902(e)(16), only to
Comparability	individuals eligible under this demonstration.

Expenditure Authority

The state requests expenditure authority to provide twelve-month extended postpartum coverage to individuals in this Demonstration group.

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 newspapers of widest circulation and sent to an electronic mailing list. In addition, the abbreviated public notice was posted to the state's Medicaid website at https://medicaid.utah.gov/1115-waiver.

Two public hearings to take public comment on this request were held. The first public hearing was held on April 20, 2023 from 2:00 to 4:00 pm during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing was held on May 1, 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 April 10, 2023 through May 10, 2023. The state received comments from eight individuals and agencies. This includes comments provided during both public hearings, email and online portal comments, and mailed comments. The state reviewed and considered all public comments received. A summary of the comments and State responses are outlined below.

Abortion clause

The majority of commenters were supportive of the 12 month extended postpartum coverage but had concerns with the abortion clause. Five commenters suggested a rejection of the proposal so the state can authorize coverage through the State Plan Amendment as this would ensure all women who need access to postpartum coverage can receive services regardless of abortion restrictions. One commenter stated the exclusion contradicts federal regulations around the provision of pregnancy-related services under Medicaid and that denying someone pregnancy-related care on the basis of the pregnancy outcomes further stigmatizes people who have abortions and may have an adverse impact on their overall health. Another commenter stated the proposed amendment was not good policy as it scrutinizes women and invades their privacy.

Response: The state acknowledges the concerns raised about the abortion clause in the proposed amendment. The state recognizes that the amendment, as it currently stands, may not cover all scenarios, but was crafted in alignment with the Hyde Amendment regarding abortion services. If the amendment is not approved, the state will pursue the State Plan Amendment pathway as an alternative solution to extend postpartum coverage to a broader group of women.

Administrative burden

Two commenters were also concerned with the amount of administrative burden this amendment requires. These commenters stated a state plan amendment would have a faster approval time, thereby providing more care to postpartum women on a quicker timeline.

Response: The state recognizes the urgency of providing this coverage to postpartum women and has prioritized this amendment. State law has designed a fall back plan if the amendment is not approved by CMS by January 2024. In the event of fall back, the state will act quickly to include this coverage in the State Plan no later than January 2024.

Additional evaluation metrics

In regards to the evaluation process, one commenter suggested additional hypotheses be added to the amendment to show how essential services are utilized in postpartum care. Suggested metrics included the initiation of contraception placements according to patient preference, incidence of sterilization procedures according to patient preference, and the evaluation of patient satisfaction with contraception placements and sterilization procedures. **Response:** The state will work with the independent evaluator to discuss and develop evaluation metrics.

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 the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on June 9, 2023 to present this demonstration amendment. No comments were received.

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	DEI	MONSTRATION	I YE/	ARS (DY)						DY21-25 TOTAI
GROUP	RATE 1				(22 (SFÝ 24)	D	Y 23 (SFY 25)	D	7 24 (SFY 26)	DY 25 (SFY 27)	wow
<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	\$ \$	1,434.52 456,287,346	\$ \$	1,510.55 480,470,575	\$	\$ 2,287,525,97
Demo Pop I - PCN Adults with Children Pop Type	Hypothetical										
Eligible Member Months	5.9%										
PMPM Cost Total Expenditure	5.3%										\$-
Demo Pop III/V - UPP Adults with Children * Pop Type	Hypothetical										
Eligible Member Months	34 9%	ŀ	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	\$ \$		\$ 388.58 \$ 46,912,221	\$ 140,801,21
Demo Pop I - PCN Childless Adults Pop Type	Medicaid	T									
Eligible Member Months	Medicald										
PMPM Cost Total Expenditure											\$-
Demo Pop III/V - UPP Childless Adults * Pop Type	Medicaid										
Eligible Member Months	159	1	184		189		194		199	204	
PMPM Cost Total Expenditure	68.45	\$ \$	388.58 71,651	\$ \$	388.58 73,442	\$ \$	388.58 75,278	\$ \$		\$ 388.58 \$ 79,089	\$ 376,62
<u>Dental - Aged</u> Pop Type	Hypothetical										
Eligible Member Months	2.5%		68,396		70,106		71,858		73,655	75,496	
PMPM Cost Total Expenditure	5.3%	\$ \$	35.90 2,455,608	\$ \$	37.81 2,650,399	\$ \$	39.81 2,860,641	\$ \$		\$ 41.92 \$ 3,164,751	\$ 14,218,96
Dental - Blind/Disabled	Umothatical										
Pop Type Eligible Member Months	Hypothetical 2.5%		393,600		393,600		393,600		393,600	393,600	
PMPM Cost Total Expenditure	5.3%	\$ \$	35.93 14,140,242	\$ \$	37.83 14,889,675	\$	39.83 15,678,828	\$ \$	41.95 16,509,805	\$ 44.17 \$ 17,384,825	\$ 78,603,37
<u>Dental - Targeted Adults</u> Pop Type	Expansion	T									
Eligible Member Months	Expansion	1	39,737		40,731		41,749		42,793	43,863	
PMPM Cost Total Expenditure	5.3%	\$ \$	43.51 1,728,934	\$	45.82 1,866,081	\$	48.24 2,014,108	\$ \$	50.80 2,173,877	\$	\$ 10,129,32
Employer Sponsored Insurance (ESI)											
Pop Type Eligibile Member Months	Hypothetical 2.5%	1	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	\$ \$		\$ 318.08 \$ 51 134 277	\$ 223 102 63
<u>Expansion Parents <=100% FPL</u> Pop Type	Expansion										
Eligible Member Months PMPM Cost	2.5% 5.3%	\$	365,958 784.16	\$	375,106 825.72	\$	384,484 869.48	\$	394,096 915.56	403,949 \$ 964.09	
Total Expenditure		\$	286,967,645	\$	309,731,354	\$	334,300,793	\$		\$ 389,441,187	\$ 1,681,260,18
Expansion Adults w/out Dependent Children <=100% FF Pop Type	PL Expansion										
Eligible Member Months PMPM Cost Total Expenditure	2.5% 5.3%	\$\$	431,799 1,094.21 472 476 451	\$	442,594 1,152.20 509 955 646	\$	453,658 1,213.26 550 407 877	\$		476,625 \$ 1,345.28 \$ 641 193 504	\$ 2 768 102 46
Expansion Parents 101-133% FPL		\$	472 476 451	Þ	509 955 646	Ş	550 407 877	¢	594 068 982	\$ 641 193 504	\$ 2768 102 46
Pop Type Eligible Member Months	Expansion 5 25%	<u> </u>	132,166	1	139,105	I	146,408		154,094	162,184	
PMPM Cost Total Expenditure	5.3%	\$ \$	766.98 101 368 614	\$ \$	807.63 112 345 061	\$ \$	850.43 124 510 065	\$ \$		\$ 942.97 \$ 152 934 480	\$ 629 150 54
Expansion Adults w/out Dependent Children 101-133% Pop Type	<u>-PL</u> Expansion										
Eligible Member Months PMPM Cost Total Expenditure	5 25% 5.3%	\$	418,244 1,075.02 449,621,028	\$	440,201 1,132.00 498,307,117	\$	463,312 1,191.99 552,265,058	\$ \$		513,237 \$ 1,321.69 \$ 678,341,703	\$ 2,790,600,60
Former Foster		φ	U20,021,020	Ψ	+00,007,117	φ	JJZ,ZUJ,UJÓ	φ	012,000,099	Ψ 070,041,7U3	ψ <i>2,1 9</i> 0,000,00
Pop Type Eligible Member Months	Hypothetical 0.0%	┢	10		10	1	10		10	10	
PMPM Cost Total Expenditure	4.8%	\$ \$	1,252.63 12,526	\$ \$	1,312.76 13,128	\$ \$	1,375.77 13,758	\$ \$	1,441.81 14,418	\$	\$ 68,94
<u>Housing Residential Support Services (HRSS)</u> Pop Type	Expansion										
Eligible Member Months PMPM Cost	2.5% 5.3%	\$\$	33,508 7,318.35	\$	34,346 7,706.22	\$	35,205 8,114.65	\$\$	36,085 8,544.73	36,987 \$ 8,997.60	
Total Expenditure		\$	245,225,284	\$	264,677,780	\$	285,673,345	\$	308,334,383	\$ 332,793,008	\$ 1,436,703,80

PCN 1115 Waiver

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

ELIGIBILITY	TREND	DEN	ONSTRATION	N YEA	RS (DY)							DY21	-25 TOTAL
GROUP	RATE 1		21 (SFY 23)		22 (SFY 24)	DY	23 (SFY 25)	DY	24 (SFY 26)	DY 2	5 (SFY 27)		wow
Intense Stabilization Services (ISS) 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	1	\$2,451.91		\$2.581.86		\$2,718.70	l	\$2,862.79		
Total Expenditure	3.370	\$	\$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
In-Vitro Fertilization (IVF) Treatment		T											
Рор Туре	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
Medicaid for Justice-Involved Populations		T											
Pop Type Eligible Member Months	Hypothetical 1.75%		39,756	-	40.451	-	41 150		41,880	-	42,613		
PMPM Cost	3.0%	\$	551.67	\$	40,451 568.22	\$	41,159 585.26	\$	602.82	\$ \$	620.91		
Total Expenditure		\$	21,931,981	\$	22,985,264	\$	24,089,131	\$	25,246,012	\$	26,458,452	\$	20,710,839
Mental Health Institutions for Mental Disease (IMD)		1											
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	0.070	\$	158,356,552	\$ \$	170,918,185	\$	184,476,270	\$\$	199,109,850	\$ \$ 2	14,904,239	\$ 9	27,765,096
<u>Serious Mental Illness (SMI)</u> Pop Type	Hypothetical												
Eligibile Member Months	2.5%	+	17,688	1	18,130		18,583		19,048		19,524		
PMPM Cost Total Expenditure	5.3%	\$ \$	14,998.85 265,296,529		15,793.79 286,341,176	\$ \$	16,630.86 309,055,190	\$ \$	17,512.30 333,570,993	\$ \$3	18,440.45 60,031,512	¢ 14	554,295,400
i	······	φ	200,200,029	φ	200,041,170	φ	303,033,190	φ	333,310,883	ψ 3	50,001,012	ψ Ι,	,J7,28J,400
Substance Use Disorder (SUD)	Lynoth die el												
Pop Type Eligible Member Months	Hypothetical 6.9%	+	49,527	T	52,940		56,587		60,486	I	64,654		
PMPM Cost	5.0%	\$	4,239.75	\$ \$	4,451.74	\$	4,674.33	\$ \$	4,908.05	\$ \$3	5,153.45		
Total Expenditure		\$	209,983,503	\$	235,674,067	\$	264,507,781	\$	296,869,197	\$ 3	33,189,497	\$ 1,3	340,224,045
		Merr	ber months will	increas	e when the crit	eria is	expanded to inc	clude	victims of				
<u>Targeted Adults</u> Pop Type	Expansion		estic violence an										
Eligible Member Months	Expansion 2.5%	PIVI	180,918		185,441	mana	aged care direct 190,077	eu pa	194,828		199,699		
PMPM Cost Total Expenditure	5.3%	\$	1,495.83	\$	1,575.11	\$	1,658.59	\$	1,746.50	\$ \$ 3	1,839.06	• • •	
Total Experiditure		\$	270,622,011	\$	292,089,289	\$	315,259,114	\$	340,267,965	ې ن ک	67,258,823	\$ I,	585,497,203
Withdrawal Management	11												
Pop Type Eligible Member Months	Hypothetical 0.0%	-	4,018	1	4,018		4,018	r	4,018		4,018		
PMPM Cost	5.0%	\$ \$	850.85	\$	893.40	\$	938.07	\$ \$	984.97	\$	1,034.22	•	40.000.400
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	Hypothetical 0.0%	-		T	600		600		600	1	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		T											
Pop Type Eligible Member Months	Hypothetical 0.0%	_		Starts	1/1/24 1,500		3,000		3,000	r	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
Demo Pop VI - UPP for Children													
Pop Type Eliaible Member Months	Hypothetical 0.0%			Starts	1/1/24 1,775		3,523		3,523	r	3,523		
PMPM Cost	5.0%			\$ \$	180.00	\$	180.00	\$	180.00	\$ \$	180.00		
Total Expenditure				\$	319,500	\$	634,140	\$	634,140	\$	634,140	\$	2,221,920
Dental Services for Medicaid Eligible Adults		T											
Pop Type	Hypothetical	1			4 310 500	-	4 111 000	r	4 510 000	r	4 550 170		
Eligible Member Menths				1	1,712,568 32.20	\$	1,444,392		1,512,036	¢	1,553,472		
Eligible Member Months PMPM Cost	0.0% 0.0%			\$			32.20	\$	32.20	2	32.20		
				\$ \$	55,136,665	\$	32.20 46,507,201	\$	32.20 48,685,123	\$ \$	32.20 50,019,355	\$ 2	200,348,344
PMPM Cost				\$ \$			32.20 46,507,201	\$ \$		» \$		\$ 2	200,348,344
PMPM Cost Total Expenditure <u>SB133 12-Month Extended Postpartum</u> Pop Type	0.0% Hypothetical			\$	55,136,665		46,507,201	\$	48,685,123	\$	50,019,355	\$ 2	200,348,344
PMPM Cost Total Expenditure SB133 12-Month Extended Postpartum Pop Type Eligible Member Months	0.0% Hypothetical 0.0%				55,136,665	\$	46,507,201	\$	48,685,123	\$	50,019,355	\$ 2	200,348,344
PMPM Cost Total Expenditure <u>SB133 12-Month Extended Postpartum</u> Pop Type	0.0% Hypothetical			\$	55,136,665		46,507,201	\$	48,685,123	\$	50,019,355		
PMPM Cost Total Expenditure SB133 12-Month Extended Postpartum Pop Type Eligible Member Months PMPM Cost Total Expenditure	0.0% Hypothetical 0.0%				55,136,665 140,004 1,072.13	\$	46,507,201 138,540 1,120.45	\$	48,685,123 136,980 1,170.87	\$	50,019,355 134,796 1,223.46		
PMPM Cost Total Expenditure SB133 12-Month Extended Postpartum Pop Type Eligible Member Months PMPM Cost	0.0% Hypothetical 0.0%				55,136,665 140,004 1,072.13	\$	46,507,201 138,540 1,120.45	\$	48,685,123 136,980 1,170.87	\$	50,019,355 134,796 1,223.46		
PMPM Cost Total Expenditure SB133 12-Month Extended Postpartum Pop Type Eligible Member Months PMPM Cost Total Expenditure SB133 Family Planning Services Pop Type Eligible Member Months	0.0% Hypothetical 0.0% 4.5% Hypothetical 1.6%			\$ \$	55,136,665 140,004 1,072.13 150,103,124 60,648	\$	46,507,201 138,540 1,120.45 155,227,571 61,656	\$	48,685,123 136,980 1,170.87 160,385,793 62,640	\$ \$ 1	50,019,355 134,796 1,223.46 64,917,386 63,636		
PMPM Cost Total Expenditure SB133 12-Month Extended Postpartum Pop Type Eligible Member Months PMPM Cost Total Expenditure SB133 Family Planning Services Pop Type	0.0% Hypothetical 0.0% 4.5% Hypothetical				140,004 1,072.13 150,103,124	\$	46,507,201 138,540 1,120.45 155,227,571	\$	48,685,123 136,980 1,170.87 160,385,793	\$	50,019,355 134,796 1,223.46 64,917,386		630,633,874
PMPM Cost Total Expenditure SB133 12-Month Extended Postpartum Pop Type Eligible Member Months PMPM Cost Total Expenditure SB133 Family Planning Services Pop Type Eligible Member Months PMPM Cost	0.0% Hypothetical 0.0% 4.5% Hypothetical 1.6%			\$ \$	55,136,665 140,004 1,072.13 150,103,124 60,648 21.60	\$	46,507,201 138,540 1,120.45 155,227,571 61,656 21.86	\$	48,685,123 136,980 1,170.87 160,385,793 62,640 22.13	\$ \$ 1	50,019,355 134,796 1,223.46 64,917,386 63,636 22.40		630,633,874
PMPM Cost Total Expenditure SB133 12-Month Extended Postpartum Pop Type Eligible Member Months PMPM Cost Total Expenditure SB133 Family Planning Services Pop Type Eligible Member Months PMPM Cost Total Expenditure SB269 Chronic Conditions Support Amendment	0.0% Hypothetical 0.0% 4.5% Hypothetical 1.6% 1.2%			\$ \$	55,136,665 140,004 1,072.13 150,103,124 60,648 21.60	\$	46,507,201 138,540 1,120.45 155,227,571 61,656 21.86	\$	48,685,123 136,980 1,170.87 160,385,793 62,640 22.13	\$ \$ 1	50,019,355 134,796 1,223.46 64,917,386 63,636 22.40		630,633,874
PMPM Cost Total Expenditure SB133 12-Month Extended Postpartum Pop Type Eligible Member Months PMPM Cost Total Expenditure SB133 Family Planning Services Pop Type Eligible Member Months PMPM Cost Total Expenditure	0.0% Hypothetical 0.0% 4.5% Hypothetical 1.6%			\$ \$	55,136,665 140,004 1,072.13 150,103,124 60,648 21.60	\$	46,507,201 138,540 1,120.45 155,227,571 61,656 21.86	\$	48,685,123 136,980 1,170.87 160,385,793 62,640 22.13	\$ \$ 1	50,019,355 134,796 1,223.46 64,917,386 63,636 22.40		630,633,874
PMPM Cost Total Expenditure SB133 12-Month Extended Postpartum Pop Type Eligible Member Months PMPM Cost Total Expenditure SB133 Family Planning Services Pop Type Eligible Member Months PMPM Cost Total Expenditure SB269 Chronic Conditions Support Amendment Pop Type	0.0% Hypothetical 0.0% 4.5% Hypothetical 1.6% 1.2% Hypothetical			\$ \$	55,136,665 140,004 1,072.13 150,103,124 60,648 21.60 1,309,968	\$	46,507,201 138,540 1,120.45 155,227,571 61,656 21.86 1,348,051	\$	48,685,123 136,980 1,170.87 160,385,793 62,640 22,13 1,386,293	\$ \$ \$ \$ \$	50,019,355 134,796 1,223.46 64,917,386 63,636 22.40 1,425,154		200,348,344 330,633,874 5,469,466 10,432,800

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

						TOTAL WW
ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
Current Eligibles Pop Type:						
Eligible Member Months PMPM Cost	318,076 \$ 1,293.75	318,076 \$ 1,362.32	318,076 \$ 1,434.52	318,076 \$ 1,510.55	318,076 \$ 1,590.61	
Total Expenditure	\$ 1,293.75 \$ 411,511,221	\$ 1,302.32 \$ 433,321,316	\$ 1,434.52 \$ 456,287,346	\$ 1,510.55 \$ 480,470,575	\$ 1,590.61 \$ 505,935,516	\$ 2,287,525,97
Demo Pop I - PCN Adults w/Children Pop Type:						
Eligible Member Months	-	-	-	-	-	
PMPM Cost Total Expenditure	- \$-	- \$-	- \$-	- \$-	- \$-	\$-
Demo Pop III/V - UPP Adults with Children Pop Type:						
Eligible Member Months	\$ 36,498	\$ 49,222	\$ 66,380	\$ 89,520	\$ 120,727	
PMPM Cost Total Expenditure	\$ 388.58 \$ 14,182,519	\$ 388.58 \$ 19,126,545	\$ 388.58 \$ 25,794,059	\$ 388.58 \$ 34,785,867	\$ 388.58 \$ 46,912,221	\$ 140,801,21
Demo Pop I - PCN Childless Adults Pop Type:						
Eligible Member Months	۔ ج	- \$	- \$	- د	- \$	
PMPM Cost Total Expenditure	\$- \$-	\$- \$-	\$- \$-	\$ - \$ -	\$- \$-	\$-
Demo Pop III/V - UPP Childless Adults Pop Type:						
Eligible Member Months	\$ 184 \$ 388.58	\$ 189	\$ 194 \$ 388.58	\$ 199	\$ 204	
PMPM Cost Total Expenditure	\$ 388.58 \$ 71,651	\$ 388.58 \$ 73,442	\$ 388.58 \$ 75,278	\$ 388.58 \$ 77,160	\$ 388.58 \$ 79,089	\$ 376,62
<u>Dental - Aged</u> Pop Type:						
Eligible Member Months	68,396	70,106	71,858	73,655	75,496	
PMPM Cost Total Expenditure	\$ 35.90 \$ 2,455,608	\$ 37.81 \$ 2,650,399	\$ 39.81 \$ 2,860,641	\$ 41.92 \$ 3,087,562	\$ 41.92 \$ 3,164,751	\$ 14,218,96
<u>Dental - Blind/Disabled</u> Pop Type:	Γ					
Eligible Member Months	393,600	393,600	393,600	393,600	393,600	
PMPM Cost Total Expenditure	\$ 35.93 \$ 14,140,242	\$ 37.83 \$ 14,889,675	\$ 39.83 \$ 15,678,828	\$ 41.95 \$ 16,509,805	\$ 44.17 \$ 17,384,825	\$ 78,603,37
Dental - Targeted Adults						
Pop Type: Eligible Member Months	39,737	40,731	41,749	42,793	43,863	
PMPM Cost Total Expenditure	\$ 43.51 \$ 1,728,934	\$ 45.82 \$ 1,866,081	\$ 48.24 \$ 2,014,108	\$ 50.80 \$ 2,173,877	\$ 53.49 \$ 2,346,320	\$ 10,129,32
Employer Sponsored Insurance (ESI)	Γ					
Pop Type: Eligible Member Months	145,638	149,279	153,011	156,836	160,757	
PMPM Cost Total Expenditure	\$ 264.70 \$ 38,550,492	\$ 277.14 \$ 41,371,424	\$ 290.17 \$ 44,398,778	\$ 303.81 \$ 47,647,659	\$ 318.08 \$ 51,134,277	\$ 223,102,63
Expansion Parents <=100% FPL						
Pop Type: Eligible Member Months	365,958	375,106	384,484	394,096	403,949	
PMPM Cost Total Expenditure	\$ 784.16 \$ 286,967,645	\$ 825.72 \$ 309,731,354	\$ 869.48 \$ 334,300,793	\$ 915.56 \$ 360,819,204	\$ 964.09 \$ 389,441,187	\$ 1,681,260,18
Expansion Adults w/out Dependent Children <=100% FPL						
Pop Type: Eligible Member Months	431,799	442,594	453,658	465,000	476,625	
PMPM Cost Total Expenditure	\$ 1,094.21	\$ 1,152.20	\$ 1,213.26	\$ 1,277.57	\$ 1,345.28 \$ 641,193,504	\$ 2,768,102,46
Expansion Parents 101-133% FPL						
Pop Type: Eligible Member Months	132,166	139,105	146,408	154,094	162,184	
PMPM Cost Total Expenditure	\$ 766.98 \$ 101,368,614	\$ 807.63 \$ 112,345,061	\$ 850.43 \$ 124,510,065	\$ 895.51 \$ 137,992,326	\$ 942.97	\$ 629,150,54
Expansion Adults w/out Dependent Children 101-133% FPL						
Pop Type: Eligible Member Months	418,244	440,201	463,312	487,636	513,237	
PMPM Cost Total Expenditure	\$ 1,075.02 \$ 449,621,028	\$ 1,132.00 \$ 498,307,117	\$ 1,191.99 \$ 552,265,058	\$ 1,255.17 \$ 612,065,699	\$ 1,321.69	\$ 2,790,600,60
Former Foster Care						
Pop Type: Eligible Member Months	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	\$ 68,94
Housing Residential Support Services (HRSS) Pop Type:						
	00.500	24.246	25 205	26.095	26.097	1
Eligible Member Months PMPM Cost	33,508 7,318	34,346 7,706	35,205 8,115	36,085 8,545	36,987 8,998	

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

	T	-		1						т	OTAL WW
ELIGIBILITY GROUP	DY 21 (SFY 2	23) DY	22 (SFY 24)	DY 23	8 (SFY 25)	DY	24 (SFY 26)	DY 25	5 (SFY 27)		
Intense Stabilization Services (ISS) Pop Type:											
Eligible Member Months PMPM Cost	1,4 \$2,328		1,440 \$2,451.91		1,440 \$2,581.86		1,440 \$2,718.70		1,440 \$2,862.79		
Total Expenditure	\$ 3,353,03		3,530,749		3,717,879	\$	3,914,927		4,122,418	\$	18,639,012
In-Vitro Fertilization (IVF) Treatment Pop Type:											
Eligible Member Months PMPM Cost	1 \$ 20,588.9	62 98 \$	184 21,620.64	\$	209 22,703.99	\$	237 23,841.63	\$ 2	269 25,036.27		
Total Expenditure	\$ 3,341,4		3,982,315		4,746,077	\$	5,656,320		6,741,137	\$	24,467,310
Medicaid for Justice-Involved Populations Pop Type:											
Eligible Member Months PMPM Cost	39,7 \$ 551.0		40,451 568.22	\$	41,159 585.26	\$	41,880 602.82	\$	42,613 620.91		
Total Expenditure	\$ 21,931,98		22,985,264		4,089,131		25,246,012		6,458,452	\$	120,710,839
<u>Mental Health Institutions for Mental Disease (IMD)</u> Pop Type:											
Eligible Member Months PMPM Cost	11,04 \$ 14,339.0		11,319 15,099.69	\$	11,602 15,899.97	\$	11,892 16,742.67	\$ 1	12,190 17,630.03		
Total Expenditure			170,918,185	\$ 18	4,476,270	\$1	99,109,850	\$ 214		\$	927,765,096
<u>Serious Mental Illness (SMI)</u> Pop Type:											
Eligible Member Months PMPM Cost	17,68 \$ 14,998.8	85 \$				\$			19,524 18,440.45		
Total Expenditure	\$ 265,296,5	29 \$	286,341,176	\$ 30	9,055,190	\$ 3	33,570,993	\$ 360	0,031,512	\$ 1	,554,295,400
Substance Use Disorder (SUD) Pop Type:											
Eligible Member Months PMPM Cost	49,52 \$ 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	\$ 209,983,50	03 \$	235,674,067	\$ 26	4,507,781	\$ 2	96,869,197	\$ 333	3,189,497	\$ 1	,340,224,045
Targeted Adults											
Pop Type: Eligible Member Months	180,9	18	185,441		190,077		194,828		199,699		
PMPM Cost Total Expenditure	1,49 \$ 270,622,0		1,575 292,089,289	¢ 01	1,659	¢ 0	1,747	\$ 367	1,839 7,258,823	¢ 1	,585,497,203
		φ.	292,009,209	२ २।	5,259,114	ა ა	40,267,965	ψ 307	,200,020	9	,505,437,205
Withdrawal Management		, V	292,009,209	३ ३।	5,259,114	р Э	40,267,965	ψ 307	,200,020	φı	,565,457,265
Withdrawal Management Pop Type: Eligible Member Months	4,0	18	4,018		4,018		4,018		4,018	φ I	,505,437,205
Pop Type:	4,0 \$ 850.3 \$ 3,418,52	18 85 \$		\$		э э э э э	4,018	\$		÷	18,889,482
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS)	\$ 850.8	18 85 \$	4,018 893.40	\$	4,018 938.07		4,018 984.97	\$	4,018 1,034.22		
Pop Type: Eligible Member Months PMPM Cost Total Expenditure	\$ 850.8	18 85 \$	4,018 893.40	\$	4,018 938.07		4,018 984.97	\$	4,018 1,034.22		
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS) Pop Type:	\$ 850.8 \$ 3,418,52	18 85 \$	4,018 893.40 3,589,446	\$	4,018 938.07 3,768,918		4,018 984.97 3,957,364	\$ \$ 4	4,018 1,034.22 4,155,233		
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS) Pop Type: Eligible Member Months PMPM Cost Total Expenditure Integrated Behavior Health Services	\$ 850.6 \$ 3,418,52	18 35 \$ 20 \$	4,018 893,40 3,589,446 600 9,578 5,746,800	\$	4,018 938.07 3,768,918 600 10,057		4,018 984.97 3,957,364 600 10,560	\$ \$ 4	4,018 1,034.22 4,155,233 600 11,088	\$	18,889,482
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS) Pop Type: Eligible Member Months PMPM Cost Total Expenditure Integrated Behavior Health Services Pop Type: Eligible Member Months	\$ 850.1 \$ 3,418,52 - - - - -	18 35 \$ 20 \$	4,018 893,40 3,589,446 9,578 5,746,800 ds 1/1/24 1,500	\$	4,018 938.07 3,768,918 600 10,057 6,034,100 3,000	\$	4,018 984.97 3,957,364 600 10,560 6,335,800 3,000	\$ \$	4,018 1,034.22 4,155,233 600 11,088 6,652,600 3,000	\$	18,889,482
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS) Pop Type: Eligible Member Months PMPM Cost Total Expenditure Integrated Behavior Health Services Pop Type:	\$ 850.6 \$ 3,418,52	18 35 \$ 20 \$	4,018 893.40 3,589,446 600 9,578 5,746,800 rts 1/1/24	\$	4,018 938.07 3,768,918 600 10,057 6,034,100		4,018 984.97 3,957,364 600 10,560 6,335,800 3,000	\$ \$ 4	4,018 1,034.22 4,155,233 600 11,088 6,652,600	\$	18,889,482
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS) Pop Type: Eligible Member Months PMPM Cost Total Expenditure Integrated Behavior Health Services Pop Type: Eligible Member Months PMPM Cost Total Expenditure Demo Pop VI - UPP for Children	\$ 850.1 \$ 3,418,52 - - - - - - - - - - - - - - - - - - -	18 35 \$20 \$ <i>Star</i> \$ \$	4,018 893.40 3,589,446 600 9,578 5,746,800 ns 1/1/24 1,500 66.67 100,000	\$ \$	4,018 938.07 3,768,918 600 10,057 5,034,100 3,000 70.00	\$	4,018 984.97 3,957,364 600 10,560 6,335,800 3,000 73,50	\$	4,018 1,034.22 4,155,233 600 11,088 6,652,600 3,000 77.18	\$	18,889,482 24,769,300
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS) Pop Type: Eligible Member Months PMPM Cost Total Expenditure Integrated Behavior Health Services Pop Type: Eligible Member Months PMPM Cost Total Expenditure Demo Pop VI - UPP for Children Pop Type: Eligible Member Months	\$ 850.1 \$ 3,418,50 	18 35 \$ 20 \$ <i>Star</i> \$ \$ <i>Star</i>	4,018 893,40 3,589,446 9,578 5,746,800 1,500 66.67 100,000 ds 1/1/24 1,775	\$\$	4,018 938,07 3,768,918 10,057 5,034,100 3,000 210,000 3,523	\$\$	4,018 984.97 3,957,364 6,00 10,560 6,335,800 3,000 73,50 220,500 3,523	\$ { \$ \$	4,018 1,034,22 4,155,233 600 11,088 3,652,600 3,000 77.18 231,500 3,523	\$	18,889,482 24,769,300
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS) Pop Type: Eligible Member Months PMPM Cost Total Expenditure Integrated Behavior Health Services Pop Type: Eligible Member Months PMPM Cost Total Expenditure Demo Pop VI - UPP for Children Pop Type:	\$ 850.1 \$ 3,418,52 - - - - - - - - - - - - - - - - - - -	18 35 \$20 \$ <i>Star</i> \$ \$	4,018 893.40 3,589.446 600 9,578 5,746,800 1,500 66.67 100,000 rts 1/1/24	\$\$	4,018 938.07 3,768,918 600 10,057 5,034,100 3,000 70.00 210,000	\$\$	4,018 984.97 3,957,364 600 10,560 6,335,800 3,000 73,50 220,500 3,523 180,00	\$	4,018 1,034.22 4,155,233 600 11,088 6,652,600 77.18 231,500	\$	18,889,482 24,769,300
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS) Pop Type: Eligible Member Months PMPM Cost Total Expenditure Integrated Behavior Health Services Pop Type: Eligible Member Months PMPM Cost Total Expenditure Demo Pop VI - UPP for Children Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental Services for Medicaid Eligible Adults	\$ 850.1 \$ 3,418,52 	18 35 \$ 20 \$ <i>Star</i> \$ \$ <i>Star</i> \$	4,018 893.40 3,589,446 600 9,578 5,746,800 ds 1/1/24 1,500 66.67 100,000 ds 1/1/24 1,775 180.00	\$ \$	4,018 938.07 3,768,918 10,057 6,034,100 3,000 210,000 210,000	\$\$ \$\$ \$\$	4,018 984.97 3,957,364 600 10,560 6,335,800 3,000 73.50 220,500 3,523 180.00	\$ <u></u>	4,018 1,034.22 1,155,233 600 11,088 6,652,600 3,000 77.18 231,500 3,523 180.00	\$	18,889,482 24,769,300 762,000
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS) Pop Type: Eligible Member Months PMPM Cost Total Expenditure Integrated Behavior Health Services Pop Type: Eligible Member Months PMPM Cost Total Expenditure Demo Pop VI - UPP for Children Pop Type: Eligible Member Months PMPM Cost Total Expenditure Demo Pop VI - UPP for Children Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental Services for Medicaid Eligible Adults Pop Type: Eligible Member Months	\$ 850.1 \$ 3,418,52 	18 35 \$ 20 \$ <i>Star</i> \$ \$ \$	4,018 893.40 3,589,446 600 9,578 5,746,800 ts 1/1/24 1,500 66.67 100,000 tts 1/1/24 1,775 180.00 319,500	\$ \$	4,018 938.07 3,768,918 10,057 6,034,100 3,000 210,000 3,523 180.00 634,140	\$\$ \$\$ \$\$ \$\$	4,018 984.97 3,957,364 600 10,560 6,335,800 3,000 73.50 220,500 3,523 180.00 634,140	\$ <u>2</u> 6 5 5 5 5	4,018 1,034.22 4,155,233 600 11,088 6,652,600 3,000 77.18 231,500 3,523 180,00 634,140	\$	18,889,482 24,769,300 762,000
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS) Pop Type: Eligible Member Months PMPM Cost Total Expenditure Integrated Behavior Health Services Pop Type: Eligible Member Months PMPM Cost Total Expenditure Demo Pop VI - UPP for Children Pop Type: Eligible Member Months PMPM Cost Total Expenditure Eligible Member Months PMPM Cost Total Expenditure Eligible Member Months PMPM Cost Total Expenditure Dental Services for Medicaid Eligible Adults Pop Type:	\$ 850.1 \$ 3,418,52 	18 35 \$ 20 \$ <i>Star</i> \$ \$ <i>Star</i> \$	4,018 893,40 3,589,446 0,9,578 5,746,800 tts 1/1/24 1,500 66,67 100,000 tts 1/1/24 1,775 180,00 319,500	\$\$	4,018 938,07 3,768,918 10,057 5,034,100 3,000 70,00 210,000 3,523 180,00 634,140	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4,018 984.97 3,957,364 6,00 10,560 6,335,800 73,50 220,500 3,523 180,00 634,140 1,512,036 32,20	\$ 4 6 5 5 5 5 1	4,018 1,034.22 4,155,233 11,088 5,652,600 3,000 77.18 231,500 3,523 180.00 634,140	\$	18,889,482 24,769,300 762,000
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS) Pop Type: Eligible Member Months PMPM Cost Total Expenditure Integrated Behavior Health Services Pop Type: Eligible Member Months PMPM Cost Total Expenditure Demo Pop VI - UPP for Children Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental Services for Medicaid Eligible Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental Services for Medicaid Eligible Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure SB133 12-Month Extended Postpartum	\$ 850.1 \$ 3,418,52 	18 \$ 35 \$ 20 \$ <i>Stat</i> \$ \$ <i>Stat</i> \$ \$	4,018 893,40 3,589,446 9,578 5,746,800 rts 1/1/24 1,500 66,67 100,000 rts 1/1/24 1,775 180,00 319,500 1,712,568 32,20	\$\$	4,018 938,07 938,07 3,768,918 10,057 3,034,100 3,000 70.00 210,000 3,523 180.00 634,140 1,444,392 32.20	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4,018 984.97 3,957,364 0,560 6,335,800 73,50 220,500 3,523 180,00 634,140 1,512,036 32,20	\$ 4 6 5 5 5 5 1	4,018 1,034,22 4,155,233 600 11,088 3,652,600 3,000 77.18 231,500 3,523 180,00 634,140 1,553,472 32,20	\$	18,889,482 24,769,300 762,000 2,221,920
Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS) Pop Type: Eligible Member Months PMPM Cost Total Expenditure Eligible Member Months PMPM Cost Total Expenditure Demo Pop VI - UPP for Children Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental Services for Medicaid Eligible Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental Services for Medicaid Eligible Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure SB133 12-Month Extended Postpartum Pop Type: Eligible Member Months	\$ 850.1 \$ 3,418,52 	18 \$	4,018 893,40 3,589,446 9,578 5,746,800 45,746,800 66,67 100,000 45,11/1/24 1,775 180,00 319,500 1,712,568 32,20 55,136,665	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4,018 938.07 3,768,918 10,057 3,034,100 3,000 70.00 210,000 3,523 180.00 634,140 1,444,392 3,507,201	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	4,018 984.97 3,957,364 0,560 6,335,800 73,50 220,500 3,523 180,00 634,140 1,512,036 32,20 48,685,123	\$ 2 6 5 5 5 5 7	4,018 1,034.22 4,155,233 600 11,088 6,652,600 3,000 77.18 231,500 3,523 180,00 634,140 1,553,472 32.20 0,019,355 134,796	\$	18,889,482 24,769,300 762,000 2,221,920
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Pop Type: Eligible Member Months PMPM Cost Total Expenditure Long-Term Support Services (LTSS) Pop Type: Eligible Member Months PMPM Cost Total Expenditure Demo Pop VI - UPP for Children Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental Services for Medicaid Eligible Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure Dental Services for Medicaid Eligible Adults Pop Type: Eligible Member Months PMPM Cost Total Expenditure SB133 12-Month Extended Postpartum Pop Type: Eligible Member Months PMPM Cost Total Expenditure SB133 12-Month Extended Postpartum Pop Type: Eligible Member Months PMPM Cost Total Expenditure SB133 Family Planning Services Pop Type: Eligible Member Months PMPM Cost Total Expenditure	\$ 850.1 \$ 3,418,53 	18 \$ 320 \$ 520 \$ 520 \$ 520 \$ 520 \$ 520 \$ 520 \$ 520 \$ 520 \$ 520 \$ 520 \$ 520 \$ 520 \$ 520 \$ 520 \$ 520 \$ 520 \$ 520 \$	4,018 893.40 3,589,446 600 9,578 5,746,800 1,500 66.67 100,000 1,500 1,712,568 32.20 55,136,665 140,004 1,072.13 150,103,124 60,648 21.60	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4,018 938.07 3,768,918 10,057 5,034,100 3,503,100 210,000 3,523 180.00 634,140 1,444,392 32.20 5,507,201 138,540 1,120.45 5,227,571 61,656 61,656	\$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4,018 984.97 3,957,364 600 10,560 6,335,800 73.50 220,500 3,523 180.00 634,140 1,512,036 634,140 1,512,036 634,140 1,512,036 1,170.87 60,385,793 136,980 1,170.87 60,385,793	\$ 2 6 5 5 5 5 5 6 7 1 1 5 5 6 5 5 6 5 5 5 5 5 5 5 5 5 5 5 5	4,018 1,034,22 4,155,233 11,088 3,652,600 77.18 231,500 3,523 180,00 634,140 1,553,472 32,20 0,019,355 134,796 1,223,46 4,917,386 63,636 22,40	\$ \$ \$ \$ \$	18,889,482 24,769,300 762,000 2,221,920 200,348,344 630,633,874

Attachment 2

Public Notice Requirements

Support

PUBLIC NOTICE WEBSITE DIVISION OF ARCHIVES AND RECORDS SERVICE

Public Hearing for 12-Month Extended Postpartum Coverage

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 for 12-Month Extended Postpartum Coverage

Notice Subject(s):

Medicaid, Health Care

Notice Type(s):

Meeting, Hearing

Give Feedback

Event Start Date & Time:

April 20, 2023 02:00 PM

Event End Date & Time:

April 20, 2023 04:00 PM

Event Deadline Date & Time:

04/20/23 04:00 PM

Description/Agenda:

12-Month Extended Postpartum Coverage Public Hearing

The Utah Department of Health and 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 comment regarding the amendments online, by email, or mail during the public comment period from April 10, 2023, to May 10, 2023.

This amendment request seeks authority from the Centers for Medicare & Medicaid Services to provide 12 months of extended Medicaid coverage for certain postpartum women.

Public Hearings:

The Department will conduct two public hearings to discuss the demonstration amendment. The dates and times are listed below. Due to the COVID-19 public health emergency, both public hearings will be held via video and teleconferencing.

Thursday, April 20, 2023, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting

Video Conference: Google Meet Meeting meet.google.com/uie-fezw-oxe Or join by phone: (US) +1 402-866-0280 PIN: 536 926 076# Monday, May 1, 2023, from 4:00 pm to 5:00 pm. Video Conference: Google Meet Meeting meet.google.com/rjn-oyyk-fsi Or join by phone: (US) +1 531-600-8110 PIN: 389 498 124 #

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at lbelgique@utah.gov or 1 (801) 538-6241 by April 14, 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 April 10, 2023, to May 10, 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 Laura Belgique at 801-538-6241.

Notice of Electronic or Telephone Participation:

Video Conference: Google Meet Meeting meet.google.com/uie-fezw-oxe Or join by phone: (US) +1 402-866-0280 PIN: 536 926 076#

Meeting Information

Meeting Location:

Video/Teleconferencing

Video/Teleconferencing, UT 84116

Show in Apple Maps || Show in Google Maps

Contact Name:

Laura Belgique

Give Feedback

Contact Email:

lbelgique@utah.gov

Contact Phone:

(801)538-6241

Notice Posting Details

Notice Posted On:

April 03, 2023 04:49 PM

Notice Last Edited On:

April 03, 2023 04:59 PM

Deadline Date:

April 20, 2023 04:00 PM

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5/5

Support

PUBLIC NOTICE WEBSITE DIVISION OF ARCHIVES AND RECORDS SERVICE

Public Hearing for 12-Month Extended Postpartum Coverage

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 for 12-Month Extended Postpartum Coverage

Notice Subject(s):

Medicaid, Health Care

Notice Type(s):

Hearing

Give Feedback

Event Start Date & Time:

May 1, 2023 04:00 PM

Event End Date & Time:

May 1, 2023 05:00 PM

Event Deadline Date & Time:

05/01/23 05:00 PM

Description/Agenda:

12-Month Extended Postpartum Coverage Public Hearing

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Video Conference: Google Meet Meeting meet.google.com/uie-fezw-oxe Or join by phone: (US) +1 402-866-0280 PIN: 536 926 076# Monday, May 1, 2023, from 4:00 pm to 5:00 pm. Video Conference: Google Meet Meeting meet.google.com/rjn-oyyk-fsi Or join by phone: (US) +1 531-600-8110 PIN: 389 498 124 #

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at lbelgique@utah.gov or 1 (801) 538-6241 by April 14, 2023, at 5:00 p.m.

Public Comment:

Give Feedback

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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

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Notice of Electronic or Telephone Participation:

Video Conference: Google Meet Meeting meet.google.com/rjn-oyyk-fsi Or join by phone: (US) +1 531-600-8110 PIN: 389 498 124 #

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:

April 03, 2023 04:57 PM

Notice Last Edited On:

April 03, 2023 04:57 PM

Deadline Date:

May 1, 2023 05:00 PM

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John Smith

Your Email:

username@example.com

4/5

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The Salt Lake Tribune

PROOF OF PUBLICATION

CUSTOMER NAME AND ADDRESS

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 #

SLT0022243

CUSTOMER REFERENCE NUMBER

CAPTION

12-Month Extended Postpartum Coverage Public Hearing The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss an amendment to Utah's Medicaid Reform 1115 Demonstration.

TOTAL COST

\$188.60

CUSTOMER'S COPY

12-Month Extended Postpartum Coverage Public Hearing

The Utah Department of Health and 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 comment regarding the amendments online, by email, or mail during the public comment period from April 10, 2023, to May 10, 2023.

This amendment request seeks authority from the Centers for Medicare & Medicaid Services to provide 12 months of extended Medicaid coverage for certain postpartum women.

Public Hearings:

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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 SLT0022243

AFFIDAVIT OF PUBLICATION

AS THE SALT LAKE TRIBUNE, INC. LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF 12-Month Extended Postpartum Coverage Public Hearing The Utah Department of Health and 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 IN-DEFINITELY. COMPLIES WITH UTAH DIGITAL SIGNATURE ACT UTAH CODE 46-2-101; 46-3-104.

PUBLISHED ON 04/09/2023

DATE 05/04/2023

STATE OF UTAH COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 4th DAY OF MAY IN THE YEAR 2023

BY Jordyn Gallegos



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

Jakee Whitmen)

fordyn gallegog

NOTARY PUBLIC SIGN

SIGNATURE

Attachment 3

Medical Care Advisory Committee

Public Hearing



Meeting:	Medical Care Advisory Committee
Date:	April 20, 2023
Start Time:	2:00 p.m.
End Time:	4:00 p.m.
Location:	meet.google.com/uie-fezw-oxe Google Chrome)
By Phone:	1-402-866-0280 PIN# 536 926 076#

Agenda Items

1.	WelcomeApprove Minutes for March 2023*	Michael Hales	2:00 / 5 min
2.	Public Hearing - 1115 Demonstration Waiver Amendment for 12 months Extended Postpartum**	Laura Belgique / Members of the Public	2:05 / 10 min
3.	 Director's Report PRISM Update End of Public Health Emergency (PHE) - May 11 Policy Update Rules/SPAs Update 	Jennifer Strohecker	2:15 / 30 min
4.	 Eligibility and Enrollment Update** Unwinding Continuous Medicaid Eligibility 	Jeff Nelson	2:45 / 30 min
5.	Committee Members UpdatesLegislative Behavioral and Mental Health Update	Committee Members Jennifer Marchant	3:15 / 20 min

Reminder: Next month we will host budget recommendation presentations for FY2025. To sign up email Sharon Steigerwalt <u>ssteigerwalt@utah.gov</u> May 18 from 4:00 to 6:00

* 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: May 18, 2023, from 4:00 p.m. – 6:00 p.m.

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

Attachment 4

Tribal Consultation

	Utah Indian Health	Advisory Board
Cttah Indian Health Advisor	()	UIHAB) Meeting 04/14/2023 8:30 AM -11:30 AM
American Indian/Manue		ment of Health & Human Services Salt Lake City, UT 84114 (385) 227-2078 Google Meeting Format Web Link: <u>crh-kvdf-svi?hs=122&authuser=0</u> 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 materials	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 DWS Medicaid Eligibility Operations SNAP MCAC & CHIP Advisory Committees Federal/State Policy Impacting I/T/U ICWA Liaison Indian Health Liaison Data Reporting Updates Contracts/Grant Update UT DHHS OAIANHFS Program Updates Opioids & Tobacco Health Equity 	Jeff Nelson, UT Medicaid, Dir. BMEP Craig Devashrayee, UT Medicaid, BMEP Jessica Ware, AI/AN Elig. Spec., DWS Paul Birkbeck, Snap Program Specialist Mike Jensen, UNHS & Courtney Muir, NWBSN Jeremy Taylor, IHFS Jamie Harvey, IHFS Vacant, IHFS Alex Merrill, IHFS Jeremy Taylor, IHFS Hilary Makris, IHFS Kassie John, IHFS
09:45 AM	Medicaid: Utah PRISM Updates	Nate Checketts, Deputy Dir. UDHHS Eric Grant, Asst. Division Dir. UDHHS
10:15 AM	Medicaid 1115 Demonstration Amendment: 12-Month Extended Postpartum Coverage	Laura Belgique, 1115 Demonstration Program. Mgr. UDHHS
10:45 AM	Non-Emergency Medical Transportation: Grant Renewal	Joshua Meyers, Health Program Manager, UDHHS
11:00 AM	I/T/U updates	I/T/U
11:30 AM	Other Business and ADJOURN <i>Next Mtg. May 12, 2023</i>	27