

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 family planning services to a specific population.

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



Utah's Medicaid Reform 1115 Demonstration

Amendment Request

Family Planning Services

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



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State of Utah

Section 1115 Demonstration Amendment

Family Planning Services

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 family planning services to a specific population. The state is seeking to implement family planning services for this group through this amendment.

Goals and Objectives

The primary objective of the Family Planning Services Amendment is to provide family planning services to individuals age 18 and older.

Family Planning Services goals:

- Increase access to family planning services.
- Increase access to sexually transmitted infections testing and treatment.
- Decrease the number of unintended pregnancies in Utah.
- Allow families to increase child spacing intervals through effective contraceptive use.

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 hypothesis indicated below. Utah will identify validated performance measures that adequately assess the impact of the Demonstration to beneficiaries. The state will submit the evaluation plan to CMS for approval.

The following hypothesis will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
Participants will have fewer unintended pregnancies than the statewide rate.	-Baseline rate of unintended pregnancies. -Review of claims and enrollment data from participants.	PRAMS survey ¹ 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 improved reproductive health.	-Baseline rate of Sexually Transmitted Infection (STI) screenings among Medicaid adults. -Increased rate of STI screenings among Medicaid adults and individuals covered by this demonstration.	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.

According to the Utah Department of Health's Complete Health Indicator Report of Births from Unintended Pregnancies, during the years 2019 and 2021, 19.4 percent of Utah women reported that the birth of their child resulted from an unintended pregnancy². Most unintended pregnancies result from not using contraception or from not using it consistently or correctly. Unintended pregnancies are associated with an increased risk of problems for both the mother and baby.³ These factors support the need to increase family planning-related services.

Section II. Demonstration Eligibility

Individuals must meet the following eligibility criteria to qualify for the Family Planning Services:

- Women and men age 18 and older.
- Have a household income at or below 185 percent of the Federal Poverty Level (FPL) using the Modified Adjusted Gross Income (MAGI) methodology which includes a five percent FPL income disregard.

¹ CDC PRAMS Ouestionnaire

 ² <u>Complete Health Indicator Report of Births from Unintended Pregnancies, Public Health Indicator Based Information System</u>
 ³ <u>Centers for Disease Control and Prevention, Unintended Pregnancy</u>

- Be a U.S. Citizen or qualified non-citizen.
- Be a resident of Utah and not in a public institution.
- Be ineligible for coverage under any other Medicaid program.

Individuals eligible for family planning services will not be eligible for coverage under this Demonstration prior to the date of application.

A household may opt out of being considered for family planning services.

Standards and Methodology

When determining eligibility, MAGI methodology will be used and the same income limits will apply regardless of age. There will be no asset limit.

Projected Enrollment

There is no cap on enrollment for this program. The state estimates enrollment at 5,000 individuals.

Demonstration Disenrollment

When an individual becomes eligible for Medicaid under the State Plan, the individual will be moved to that program. The state will not submit any claims under this demonstration for any individual who is found to be eligible under the Medicaid State Plan.

Section III. Demonstration Benefits and Cost Sharing Requirements

Individuals eligible under this demonstration will receive family planning services and supplies as described in section 1905(a)(4)(C) of the Act, which are reimbursable at 90 percent Federal Financial Participation. The specific family planning services provided under this demonstration are as follows:

- Family planning visits;
- Food and Drug Administration (FDA)-approved methods of contraception;
- FDA-approved vaccination for Human Papillomavirus (HPV);
- Laboratory tests done during an initial family planning visit for contraception, including pap smears, blood counts, and pregnancy tests. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the provider. Additional laboratory tests may be needed to address a family planning problem or need during an inter-periodic family planning visit for contraception;
- Drugs, supplies, or devices related to women's health services;
- Contraceptive management, patient education, and counseling;
- Testing for sexually transmitted infections;
- Treatment for sexually transmitted infections; and

• Sterilization procedures to include vasectomies, tubal occlusions, and tubal ligations. Sterilization procedures must meet the requirements of 42 CFR 441, Subpart F.

Family planning services are exempt from cost sharing.

Section IV. Delivery System

Family planning services under this waiver will be delivered fee for service. At a future date, the state may transition delivery of these services to 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	5,054	5,138	5,220	5,303	
Expenditures	\$1,309,967.79	\$1,348,050.95	\$1,386,292.79	\$1,425,154.42	

Section VII. Proposed Waiver and Expenditure Authority

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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 provide to the Demonstration
Duration, and Scope of Services and	population a benefit package consisting of family planning
Comparability	services and family planning-related services.

Expenditure Authority

The state requests expenditure authority to provide family planning service benefits 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 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 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 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 one agency. This included comments provided during both public hearings, email and online portal comments, and mailed comments. The state reviewed and considered the public comments received. A summary of the comments and state response is outlined below.

<u>General comments</u>

The commenter suggested presumptive eligibility for planning services, an outreach plan for women and men who are newly eligible for family planning services, and an outreach program for healthcare providers who care for Utahns of reproductive age be included in the amendment. In addition, the commenter suggested the state adopt a more comprehensive benefit-package ensuring 12-month supply, vasectomy, pharmacist counseling and dispensing reimbursement, and over-the-counter methods.

Response: The state appreciates the comments with suggestions for modifications. The state will not be including presumptive eligibility (PE) for family planning services because an individual can only qualify for one PE program per calendar year. If found eligible for family planning services under the PE program, the individual would not qualify for any other PE program, like Hospital Presumptive Eligibility or Baby Your Baby, until the calendar year expires. Based on the submitted comment, the state is adding surgical sterilization

procedures meeting consent requirements. The state's submission already covers counseling and dispensing reimbursement. The state will cover pharmacy products consistent with its State Plan. The State will have resources available for members to understand the benefits for which they are eligible. Although the state did not receive appropriated state funding for family planning outreach, the state does intend to conduct limited outreach where possible to ensure members and providers are aware of these valuable benefits. The state appreciates the suggestions for future expansion of family planning benefits. As there is no current state funding for the suggested expansion of services, the state will consider these funding requests in future discussions with executive and legislative partners.

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 Iribal 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 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

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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 GROUP	TREND RATE 1		MONSTRATION Y 21 (SFY 23)				7 23 (SEV 25) 1 D	Y 24 (SFY 26)		5 (SFY 27)		25 TOTAL WOW
	NATE I		21 (01 1 20)		22 (01 1 24)		20 (01 1 20)	124(01120)	012	5(51121)		
<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%	\$ \$		\$ \$	1,362.32 433 321 316	\$ \$	1,434.52 \$ 456 287 346 \$	1,510.55 480 470 575	\$ \$5	1,590.61 05 935 516	\$ 22	87 525 974
Demo Pop I - PCN Adults with Children	11											
Pop Type Eligible Member Months	Hypothetical 5.9%	⊢										
PMPM Cost	5.3%											
Total Expenditure											\$	-
Demo Pop III/V - UPP Adults with Children *												
Pop Type Eligible Member Months	Hypothetical 34.9%	⊢	36,498		49,222		66,380	89,520		120,727		
PMPM Cost	5.3%	l,		\$	388.58	\$	388.58 \$	388.58	\$	388.58		
Total Expenditure	3.3 %	\$ \$	14,182,519	\$	19,126,545	\$	25,794,059	34,785,867	\$	46,912,221	\$ 1	40,801,211
Demo Pop I - PCN Childless Adults Pop Type	Medicaid											
Eligible Member Months	medicald	\vdash										
PMPM Cost											_	
Total Expenditure		\vdash									\$	-
Demo Pop III/V - UPP Childless Adults * Pop Type	Medicaid											
Eligible Member Months	159		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 77,160	\$ \$	388.58 79,089	\$	376,620
Employer Sponsored Insurance (ESI)		_										
Pop Type Eligibile Member Months	Hypothetical 2.5%	⊢	145 620		149,279		153,011	156,836		160 757		
PMPM Cost Total Expenditure	4.7%	s	145,638 264.70 38,550,492	\$ \$	277.14	\$ \$	290.17 \$ 44,398,778 \$	303.81	\$ \$	160,757 318.08	• 1	102 102 621
		•	38,000,492	Ŷ	41,371,424	ð	44,398,118	47,647,659	ð	51,134,277	\$2	23,102,631
Expansion Parents <=100% FPL Pop Type	Expansion											
Eligible Member Months PMPM Cost	2.5% 5.3%	\$	365,958 784,16	s	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 \$	360,819,204	\$ \$3	89,441,187	\$ 1,6	81,260,182
Expansion Adulta w/out Dependent Children <-100% ED												
Expansion Adults w/out Dependent Children <=100% FP Pop Type	Expansion		10.1 700				150 050			170.005		
Eligible Member Months PMPM Cost	2.5% 5.3%	s	431,799 1,094 21		442,594 1,152.20	\$	453,658 1,213.26 \$	465,000 1,277.57	\$	476,625 1,345.28		
Total Expenditure		\$	472,476,451	\$	509,955,646	\$	550,407,877 \$	594,068,982	\$6	41,193,504	\$ 2,7	68,102,461
Expansion Parents 101-133% FPL	Europeine											
Pop Type Eligible Member Months	Expansion 5.25%	⊢	132,166		139,105		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 \$	895.51 137 992 326	\$ \$ 1	942.97 52 934 480	\$ 6	29 150 545
Expansion Adults w/out Dependent Children 101-133% F	PL			_		_						
Pop Type Eligible Member Months	Expansion 5.25%	\vdash	418,244		440,201		463,312	487,636		513,237		
PMPM Cost I otal Expenditure	5.3%	s	1,075 02	\$ \$	1,132.00 498,307,117	\$ \$	1,191.99 \$ 552,265,058 \$	1,255.17 612,065,699	\$ \$6	1,321.69	\$ 27	90,600,606
		, <u>*</u>	10,021,020	•	100,001,111	×	502,200,000 V	012,000,000	Ψ U		¥ 2,1	00,000,000
Eormer Foster Pop Type	Hypothetical					_						
Eligible Member Months PMPM Cost	0.0% 4.8%	\$ \$		\$	10 1,312.76	\$	10 1,375.77 \$	10 1,441.81	\$	10 1,511.01		
Total Expenditure		\$	12,526	\$	13,128	\$	13,758 \$	14,418	\$	15,110	\$	68,940
Housing Residential Support Services (HRSS) 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	3.370	ŝ		\$ \$	264,677,780		285,673,345 \$	308,334,383	\$3		\$ 1,4	36,703,800
Intense Stabilization Services (ISS)	llim att att a t											
Pop Type Eligible Member Months	Hypothetical 0.0%	⊢	1,440		1,440		1,440	1,440		1,440		
PMPM Cost	5.3%		\$2,328 50		\$2,451.91		\$2,581.86	\$2,718.70		, \$2,862.79		
Total Expenditure		\$		\$	3,530,749	\$	3,717,879 \$	3,914,927	\$		\$	18,639,012
In-Vitro Fertilization (IVF) Treatment Pop Type	Hypothetical											
Eligible Member Months	13.5%	⊢	162		184		209	237		269		
PMPM Cost	5.0%	s s		\$	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

PCN 1115 Waiver

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

ELIGIBILITY	TREND		MONSTRATION							DY21-25 TOTAL
GROUP	RATE 1	10	r 21 (SFY 23)	DY	22 (SFY 24)	UY 23 (SFY 2	(C)	T 24 (SFY 26)	DY 25 (SFY 27)	WOW
Medicaid for Justice-Involved Populations Pop Type	Hypothetical									
Eligible Member Months	1.75%	+	39,756		40,451	41,1	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 \$	24,089,1	131 \$	25,246,012	\$ 26,458,452	\$ 120,710,839
Mantal Handlik Institutions for Mantal Disease (IMD)										
Mental Health Institutions for Mental Disease (IMD) Pop Type	Hypothetical									
Eligible Member Months	2.5%	+	11,043		11,319	11,6	602	11,892	12,190	
PMPM Cost	5.3%	\$	14,339 69	\$	15,099.69 \$	15,899	.97 \$	16,742.67	\$ 17,630.03	
I otal Expenditure		\$	158,356,552	\$	170,918,185 \$	184,476,2	270 \$	199,109,850	\$ 214,904,239	\$ 927,765,096
Serious Mental Illness (SMI)										
Pop Type	Hypothetical	—	17.000		10,100	10.1		10.010	10 501	
Eligibile Member Months PMPM Cost	2.5% 5.3%	s	17,688 14,998 85	\$	18,130 15,793.79 \$	18,5 16,630		19,048 17,512.30	19,524 \$ 18,440.45	
Total Expenditure	0.3%	ŝ	265,296,529	ŝ	286,341,176 \$			333,570,993	\$ 360,031,512	\$ 1,554,295,400
		Ť	200,200,020	•	200,011,110	000,000,	•	000,010,000	• • • • • • • • • • • • • • • • • • • •	• 1,001,200,100
Substance Use Disorder (SUD)										
Pop Type	Hypothetical	+			FR					
Eligible Member Months PMPM Cost	6.9% 5.0%	s	49,527 4,239.75	\$	52,940 4,451.74 \$	56,5 4,674		60,486 4,908.05	64,654 \$ 5,153.45	
Total Expenditure	3.070	ŝ	4,239.75	э \$	4,451.74 \$ 235,674,067 \$			4,908.05	\$ 5,153.45 \$ 333,189,497	\$ 1,340,224,045
·						,,,				
1		Men	nber months will in	creas	e when the criteria i	is expanded to	include v	ictims of		
Targeted Adults		dom	estic violence and	indiv	iduals with court ord	dered treatment	t			
Pop Type	Expansion	PM		lue to	adding the new man				100.000	
Eligible Member Months PMPM Cost	2.5% 5.3%	s	180,918 1,495 83	\$	185,441 1,575.11 \$	190,0 1,658		194,828 1,746.50	199,699 \$ 1,839.06	
Total Expenditure	5.570	ŝ	270 622 011	ŝ	292 089 289 \$				\$ 367 258 823	\$ 1585497203
				•						• • • • • • • • • • • • • • • • • • • •
Withdrawal Management										
Pop Type	Hypothetical	_								
Eligible Member Months PMPM Cost	0.0%		4,018 850.85		4,018 893.40 \$		07	4,018 984.97	4,018 \$ 1,034.22	
Total Expenditure	5.0%	\$	3,418,520	\$ \$	893.40 \$ 3.589.446 \$				\$ 1,034.22 \$ 4,155,233	\$ 18,889,482
		Ť	0,110,020	*	0,000,110	0,100,0	•	0,001,001	• 1,100,200	• 10,000,102
Long-Term Support Services (LTSS)										
Рор Туре	Hypothetical	+			000				000	
Eligible Member Months PMPM Cost	0.0%			¢	600 9,578.00 \$		500 .90 \$	600 10,559.75	600 \$ 11,087.73	
Total Expenditure	5.070			\$ \$	5,746,800 \$			6,335,800	\$ 6,652,600	\$ 24,769,300
Integrated Behavior Health Services	I have a the stinual									
Pop Type Eligible Member Months	Hypothetical 0.0%	+		Starts	1/1/24	2(000	3,000	3,000	
PMPM Cost	5.0%			\$	66.67 \$.00 \$		\$ 77.18	
Total Expenditure	0.070			\$	100,000 \$			220,500	\$ 231,500	\$ 762,000
Demo Pop VI - UPP for Children	Unotherios				14.04					
Pop Type Eligible Member Months	Hypothetical 0.0%	+-		Starts	1/1/24	21	523	3,523	3,523	
PMPM Cost	5.0%			\$	180.00 \$				\$ 180.00	
Total Expenditure				\$	319 500 \$				\$ 634 140	\$ 2 221 920
		-								
Dental Services for Medicaid-eligible Adults	Hypothotical									
Pop Type Eligible Member Months	Hypothetical 0.0%	+			2,255,460	2,505,1	102	2,562,444	2,679,348	
PMPM Cost	0.0%			\$	32.19 \$.19 \$		\$ 32.19	
Total Expenditure				š	72,603,302 \$				\$ 86,248,288	\$ 321,978,768
SB133 12-Month Extended Postpartum	Unmethatical									
Pop Type Eligible Member Months	Hypothetical 0.0%	+-			140,004	138,5	540	136,980	134,796	
PMPM Cost	4.5%			\$	1,072.13 \$	1.120	.45 \$		\$ 1,223.46	
Total Expenditure				\$ \$	150,103,124 \$		571 \$			\$ 630,633,874
<u>SB133 Family Planning Services</u> Pop Type	Hypothetical									
Eligible Member Months	1.6%	+-			60,648	61,6	56 1	62,640	63,636	
				\$ \$	21.60 \$.86 \$		\$ 22.40 \$ 1,425,154	
	12%			é	1,309,968 \$			4 206 202	\$ 1,425,154	\$ 5,469,466
PMPM Cost Total Expenditure	1.2%			Φ	1,303,300 0	1,348,0	φlict	1,386,293	φ 1,420,104	
PMPM Cost	1.2%			Φ	1,303,300 \$	1,348,0	¢ 1CL	1,380,293		\$ 5,409,400
PMPM Cost	1.2%			Ŷ	1,309,500	1,348,0	<u>د ادر</u>	1,380,293		3 5,409,400
PMPM Cost Total Expenditure <u>SB269 Chronic Conditions Support Amendment</u> Pop Type	Hypothetical			•					· · ·	\$ 5,409,400
PMPM Cost Total Expenditure SB269 Chronic Conditions Support Amendment Pop Type Eligible Member Months	Hypothetical				9,660	19,3	320	19,320	9,660	3 3,409,400
PMPM Cost Total Expenditure <u>SB269 Chronic Conditions Support Amendment</u> Pop Type	Hypothetical			\$ \$		19,3 180		19,320 180.00	9,660 \$ 180.00	\$ 10,432,800

PCN 1115 Waiver

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

r	—		_						_			TOTAL WW
ELIGIBILITY GROUP	D	(21 (SFY 23)	DY	22 (SFY 24)	D١	Y 23 (SFY 25)	DY	24 (SFY 26)	D١	(25 (SFY 27)		
Current Eligibles Pop Type												
Eligible Member Months	Τ-	318,076		318,076		318,076		318,076		318,076		
PMPM Cost	s	1,293.75	\$	1,362.32	\$	1,434.52	\$	1,510.55	\$	1,590.61		
Total Expenditure	\$	411,511,221	\$	433,321,316	\$	456,287,346	\$	480,470,575	\$	505,935,516	\$	2,287,525,974
Demo Pop I - PCN Adults w/Children Pop Type	Г											
Eligible Member Months	╈	-		-		-		-		-		
PMPM Cost		-		-	_	-	_	-		-	1	
Total Expenditure	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
<u>Demo Pop III/V - UPP Adults with Children</u> Pop Type	Γ											
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	\$	140,801,211
Demo Pop I - PCN Childless Adults	Г											
Pop Type Eligible Member Months	┢	-		-		-		-		-	<u> </u>	
Total Expenditure	s s		\$ \$	-	\$ \$	-	\$ \$		\$ \$		\$	-
Demo Pop III/V - UPP Childless Adults	T		_		_		_		_		_	
Pop Type	Ļ		6	10-	-	10.1	-	10-	-			
Eligible Member Months PMPM Cost	\$ \$	184 388.58	\$ \$	189 388.58	\$ \$	194 388.58	\$ \$	199 388.58	\$ \$	204 388.58		
Total Expenditure	\$	71,651	\$ \$	73,442	э \$	75,278	э \$	77,160	э \$	366.56 79,089	\$	376,620
Employer Sponsored Insurance (ESI)	Г											
Pop Type Eligible Member Months	╇	145,638	_	149,279		153,011	_	156,836	_	160,757	_	
PMPM Cost	s	264.70	s	277.14	\$	290.17	\$	303.81	\$	318.08		
Total Expenditure	\$	38,550,492	\$	41,371,424	\$	44,398,778	\$	47,647,659	\$	51,134,277	\$	223,102,631
Expansion Parents <=100% FPL	Т											
Pop Type	┺	005.050	_	075 100				001000	_	100.010	_	
Eligible Member Months PMPM Cost	s	365,958 784.16	s	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		360,819,204		389,441,187	\$	1,681,260,182
Expansion Adults w/out Dependent Children <=100% FPL Pop Type	Г											
Eligible Member Months	⊢	431,799		442,594		453,658		465,000		476,625		
PMPM Cost Total Expenditure	\$ \$	1,094.21 472,476,451	\$ \$	1,152.20 509,955,646	\$ \$	1,213.26 550,407,877	\$ \$	1,277.57 594,068,982	\$ \$	1,345.28 641,193,504	\$	2,768,102,461
Expansion Parents 101-133% FPL	Т											
Рор Туре												
Eligible Member Months	Ţ	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	\$ \$	942.97 152,934,480	\$	629,150,545
Expansion Adults w/out Dependent Children 101-133% FPL	Т											
Рор Туре												
Eligible Member Months PMPM Cost	s	418,244 1,075.02	s	440,201 1,132.00	\$	463,312 1,191.99	\$	487,636 1,255.17	\$	513,237 1,321.69		
Total Expenditure		449,621,028		498,307,117		552,265,058		612,065,699		678,341,703	\$	2,790,600,606
Former Foster Care	Г											
Рор Туре							_		_			
Eligible Member Months PMPM Cost	\$	10 1,252.63	\$	10 1,312.76	\$	10 1,375.77	\$	10 1.441.81	\$	10 1,511,01		
Total Expenditure	ŝ	12,526	ŝ	13,128	\$	13,758	\$	14,418	\$	15,110	\$	68,940
Housing Residential Support Services (HRSS) Pop Type												
Eligible Member Months	Τ	33,508		34,346		35,205		36,085		36,987		
Total Expenditure	\$	7,318 245,225,284	\$	7,706 264,677,780	\$	8,115 285,673,345	\$	8,545 308,334,383	\$	8,998 332,793,008	\$	1,436,703,800
Intense Stabilization Services (ISS)			-								-	
Pop Type	╄	4.446	_	4 115		4.446	_	4.446	_	4 4 4 6	_	
Eligible Member Months PMPM Cost	1	1,440 \$2,328.50		1,440 \$2,451.91		1,440 \$2,581.86		1,440 \$2,718.70		1,440 \$2,862.79	I	
Total Expenditure	\$	3,353,038	\$	3,530,749	\$	3,717,879	\$	3,914,927	\$	4,122,418	\$	18,639,012
In-Vitro Fertilization (IVF) Treatment	Г											
Pop Type Eligible Member Months	⊢	162		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	1		I		TOTAL WW
ELIGIBILITY GROUP	DY 21 (SFY 23	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
<u>Medicaid for Justice-Involved Populations</u> Pop Type						
Eligible Member Months	39,756		41,159	41,880	42,613	
PMPM Cost Total Expenditure	\$ 551.67 \$ 21,931,981		\$ 585.26 \$ 24,089,131	\$ 602.82 \$ 25,246,012	\$ 620.91 \$ 26,458,452	\$ 120,710,839
Mental Health Institutions for Mental Disease (IMD)						
Рор Туре	11.042	11 210	11 600	11 002	12,190	
Eligible Member Months PMPM Cost	11,043 \$ 14,339.69	\$ 15,099.69			\$ 17,630.03	
Total Expenditure	\$ 158,356,552	\$ 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 PMPM Cost	17,688 \$ 14,998.85		18,583 \$ 16,630.86	19,048 \$ 17,512.30	19,524 \$ 18,440.45	
Total Expenditure	\$ 265,296,529					\$ 1,554,295,400
Substance Use Disorder (SUD)	1					
Рор Туре	40 507	E2 040	EC E07	60 406	CA CEA	
Eligible Member Months PMPM Cost Total Expenditure	49,527 \$ 4,239.75 \$ 209,983,503		56,587 \$ 4,674.33 \$ 264,507,781	60,486 \$ 4,908.05 \$ 296,869,197	64,654 \$ 5,153.45 \$ 333,189,497	\$ 1,340,224,045
Targeted Adults Pop Type						
Eligible Member Months	180,918		190,077	194,828	199,699	
PMPM Cost Total Expenditure	1,496 \$ 270,622,011		1,659 \$ 315,259,114	1,747 \$ 340,267,965	1,839 \$ 367,258,823	\$ 1,585,497,203
<u>Withdrawal Management</u> Pop Type						
Eligible Member Months	4,018		4,018	4,018	4,018	
PMPM Cost Total Expenditure	\$ 850.85 \$ 3,418,520		\$ 938.07 \$ 3,768,918	\$ 984.97 \$ 3,957,364	\$ 1,034.22 \$ 4,155,233	\$ 18,889,482
Long-Term Support Services (LTSS)	-					
Pop Type Eligible Member Months		C00				
PMPM Cost	-	600 9,578	600 10,057	600 10,560	600 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		Starts 1/1/24 1,500	3,000	3,000	3,000	
PMPM Cost Total Expenditure	\$ - \$ -	\$ 66.67 \$ 100,000	\$ 70.00 \$ 210,000	\$ 73.50 \$ 220,500	\$ 77.18 \$ 231,500	\$ 762,000
Demo Pop VI - UPP for Children	-					
Рор Туре		Starts 1/1/24				
Eligible Member Months PMPM Cost	s -	1,775 \$ 180.00	3,523 \$ 180.00	3,523 \$ 180.00	3,523 \$ 180.00	
Total Expenditure	\$ -	\$ 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 Total Expenditure	S - S -	\$ 32.19 \$ 72,603,302		\$ 32.19 \$ 82,484,960	\$ 32.19 \$ 86,248,288	\$ 321,978,768
· ·		1 . 2,000,002	00,012,210			
SB133 12-Month Extended Postpartum Pop Type						
Eligible Member Months PMPM Cost	- \$-	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		\$ 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 Total Expenditure	\$ - \$ -	\$ 21.60 \$ 1,309,968	\$ 21.86 \$ 1,348,051	\$ 22.13 \$ 1,386,293	\$ 22.40 \$ 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 Total Expenditure	\$ - \$ -	\$ 180.00 \$ 1,738,800	\$ 180.00 \$ 3,477,600	\$ 180.00 \$ 3,477,600		\$ 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

<u>Add Notice to Calendar</u>

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

Give Feedback

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

Give Feedback

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

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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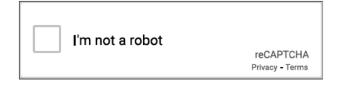
Your Name:

John Smith

Your Email:

Give Feedback





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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

<u>Add Notice to Calendar</u>

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

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07/07/23 11:59 PM

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Give Feedback

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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

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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\(\Box PIN: 955 386 753\(\Box #\)\
 Manday, here 26 2023 from 4:00 mm to 5:00 mm
- Monday, June 26, 2023, from 4:00 pm to 5:00 pm.
 Video Conference: Google Meet Meeting <u>meet.google.com/vvm-</u>
- Or join by phone: (US) +1 650-466-09742 PIN: 714 775 3272#22

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

Public Comment:

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

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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

AS THE SALT LAKE TRIBUNE, INC. LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF 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

akee Whitmen)

NOTARY PUBLIC SIGN

SIGNATURE

Attachment 3

Medical Care Advisory Committee

Public Hearing



Medical Care Advisory Committee Agenda

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
	 Approve Minutes for May 2023* Requesting Nominations for 2 Appointments Consumer Representative for Beneficiaries Consumer Representative for Native American Communities 		
2.	Committee Discussion and Vote on FY2025 Budget Recommendations	Jennifer Marchant & Committee Members	2:05 / 10 min
3.	 Public Hearing for 1115 Demonstration Waiver Amendments SB19: Dental Services for Medicaid-eligible Adults SB133: Family Planning Services SB269: Chronic Conditions Support 	Laura Belgique	2:15 / 15 min
4.	 Director's Report PRISM Update Two New CMS Proposed Rules 	Jennifer Strohecker	2:30 / 20 min
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 Members	3:20 / 5 min
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.g20</u>) 26

Attachment 4

Tribal Consultation

15 ACA	Utah Indian Health	Advisory Board						
Cttah Indian Advisor	(UIHAB) Meeting 06/09/202 8:30 AM –11:00 A Utah Department of Health & Human Servic 195 N 1950 W, Salt Lake City, UT 8412							
American Indust/Massan Indust	Multi-State Age	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						
	 DWS Medicaid Eligibility Operations SNAP MCAC Committee CHIP Advisory Committee 	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 FINALpd

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.

PDF 2023 Al-AN Health Status Report_Jun 9 2

DHHS OAIANHFS Program Updates:

Kassie John gave an update on Health Equity.

kassiejohn@utah.gov

PDF **IHFS Health Equity** Updates _ UIHAB June

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 Affilate UIHAB Ex Summary Handbook 2023-24.pe AUCH.pdf

I/T/U Updates:

PDF

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)