



## State of Utah

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DAVID LITVACK  
*Deputy Director*

NATE WINTERS  
*Deputy Director*

November 25, 2024

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 Special Terms and Conditions for the Medicaid Reform 1115 Demonstration. Approval of this amendment will allow the state to reimburse for traditional healing services provided by a traditional healing provider in an eligible facility to Medicaid enrollees who are members of an American Indian or Alaskan Native (AI/AN) tribe

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  
Director, Division of Integrated Healthcare

# Amendment Request

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

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# State of Utah

## Section 1115 Demonstration Amendment

### Native American Health Amendments

#### Section I. Program Description

During the 2024 General Session of the Utah State Legislature, Senate Bill 181 “Native American Health Amendments” was passed and signed into law. This legislation directs 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 reimburse for traditional healing services provided by a traditional healing provider in an eligible facility to Medicaid enrollees who are members of an American Indian or Alaskan Native (AI/AN) tribe.

#### Background

The World Health Organization defines traditional healing as the sum of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and the prevention, diagnosis, improvement or treatment of physical and mental illness<sup>1</sup>. Traditional healing embodies a holistic approach and considers health as the sum of a person’s physical, spiritual, emotional and intellectual well-being<sup>2</sup>. Traditional healing services are a fundamental element of AI/AN health that helps individuals achieve wellness and healing for a specific physical or mental ailment or affliction and restores emotional balance. Traditional healing services have been a part of the AI/AN traditions of the eight tribal nations that reside in the state of Utah.

The Indian Health Care Improvement Act (U.S.Code Title 25 Chapter 18) contains several sections noting the acceptance and respect for these services and specifically incorporating them into various preventative service categories, including behavioral health services and treatment. In addition, federal officials have called for Medicaid to improve its ability to provide culturally competent services to AI/AN beneficiaries and many Tribes have incorporated traditional healing services into their health care delivery. While Congress

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<sup>1</sup> World Health Organization. *Traditional Medicine*.

<https://www.who.int/news-room/questions-and-answers/item/traditional-medicine>. Published August 2023. Accessed August 28, 2024.

<sup>2</sup> Li R. Indigenous identity and traditional medicine: Pharmacy at the crossroads. *Can Pharm J* (Ott). 2017 Aug 10;150(5):279-281. doi: 10.1177/1715163517725020. PMID: 28894496; PMCID: PMC5582679.

granted the Indian Health Service the ability to bill Medicaid, traditional healing services are not currently a Medicaid covered service<sup>3</sup>. The incorporation of a Medicaid traditional healing services benefit will further enhance delivery of culturally appropriate AI/AN health care.

### Goals and Objectives

The primary objective of the Native American Health Amendment is to provide culturally appropriate options for AI/AN members to maintain and sustain health and wellness through traditional healing services made available at, in, or as part of services offered by qualified entities as defined in Section IV that provide or arrange traditional healing services. By providing these services in a complimentary fashion with physician-led healthcare teams and other licensed professionals, members can achieve wellness and healing for specific physical, mental, holistic and emotional ailments or afflictions, and restore emotional balance and one's relationship to the environment, and aid care coordination.

Specific goals include:

- Provide culturally appropriate options for AI/AN members to maintain and sustain physical, mental, holistic and emotional health and wellness through traditional healing services.
- Provide an integrated service delivery by combining Western medicine with traditional healing services.
- Incorporate traditional healing services into various preventative service categories including behavioral health services and treatment.

### Operation and Proposed Timeline

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

### Demonstration Hypotheses and Evaluation

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

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<sup>3</sup> American Medical Association. *Report on the Council on Medical Services*. <https://www.ama-assn.org/system/files/a24-cms03.pdf>. Published 2024. Accessed August 21, 2024.

The State will conduct ongoing monitoring of this demonstration and will provide information regarding monitoring activities in the required quarterly and annual monitoring reports.

The following hypotheses will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
Participants will have increased access to culturally appropriate services, including traditional healing services.	Participants will have increased utilization of traditional healing.	Administrative claims data.	The independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons.

## Section II. Demonstration Eligibility

Individuals eligible under this demonstration must be Medicaid eligible individuals who are members of an AI/AN tribe. Acceptable documents to verify AI/AN tribe members include:

- Tribal Identification/Enrollment Card with number/tribal census document issued by a federally recognized tribe indicating the individual's affiliation with the tribe.
- Certificate of Degree of Indian or Alaska Native Blood (CDIB) signed by the Bureau of Indian Affairs (BIA), or another document from BIA recognizing the person as American Indian/Alaskan Native.
- Tribal court documents containing identifying information such as name and the date of birth.
- Indian Health Services (IHS) document indicating the individual is eligible for IHS services as an American Indian/Alaskan Native. (Such documents must have identifying information about the individual. IE, name and date of birth.)

### AI/AN Descendent

- Documents of ascendent (parent or grandparent) that verifies status as member of federally recognized AI/AN tribe.
- Provider document: Birth certificate, tribal court document or IHS fact sheet showing lineal descent from ascendant to descendant.

## **Projected Enrollment**

The projected enrollment for individuals in this demonstration population is 3,300.

## **Section III. Demonstration Benefits and Cost Sharing Requirements**

Eligible individuals will receive culturally appropriate healing methods for physical, mental, holistic and emotional healing. Traditional healing services must be included in the member's care plan in order to be deemed medically necessary.

AI/AN individuals enrolled in the Demonstration are subject to cost sharing exemptions of section 5006 of the American Recovery Reinvestment Act of 2009, and are not required to pay premiums or cost sharing for services received through the Indian health care system.

## **Section IV. Delivery System**

Services for Demonstration individuals will be reimbursed through fee for service. Traditional healing services must be part of a comprehensive plan of health care that includes specific individualized goals. The covered traditional services, limitations, and exclusions shall be described by a Qualified Entity (working with each tribe they primarily serve) seeking to participate in this program. A Qualified Entity means any of the following:

- an Indian Health Service facility;
- a tribal health program designated under the Indian Self-Determination and Education assistance Act, Pub. L. No. 93-638;
- an Urban Indian organization as defined in 25 U.S.C. Sect. 1603; or
- a facility operated by a person that contracts with an Urban Indian organization.

It is recognized that the training and qualifications of traditional healing providers may vary widely depending on the tribe. For this reason, the array of services provided by traditional healers shall be in accordance with an individual tribe's established and accepted traditional healing services as identified by the Qualifying Entity. A facility or clinic governing body may serve as the Qualifying Entity or the tribe(s) served by the facility may choose to designate another governing body as its Qualifying Entity to define what constitutes as a traditional healing service. In addition, the Qualifying Entity will be responsible for identifying the type of practitioner, including educational or cultural requirements traditional healing providers must possess.

## Section V. Implementation and Enrollment in Demonstration

Eligible individuals will be enrolled in the Demonstration as of the implementation date of this amendment. The state intends to implement the coverage as soon as possible after approval.

## Section VI. Demonstration Financing and Budget Neutrality

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

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

	DY22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)
Enrollment	3,300	3,300	3,300	3,300
Expenditures	\$7,664,300	\$7,664,300	\$7,664,300	\$7,664,300

## Section VII. Proposed Waiver and Expenditure Authority

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

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(B) of the Social Security Act and 42 CFR 440.240 (comparability)	To the extent necessary to enable the State to reimburse for traditional healing services for AI/AN members provided in, at, or as part of services offered by facilities and clinics operated by the Indian Health Service, a tribe or tribal organization, or an Urban Indian health program.
Expenditure authority for services not covered under Section 1905 of the Social Security Act	To the extent necessary to enable the State to claim FFP for the cost of traditional healing services provided in, at, or as a part of services offered by facilities and clinics operated by the Indian Health Service, a tribe or tribal organization, or an Urban Indian health program and receive 100 percent FMAP.



## **Expenditure Authority**

The State is seeking waiver authority to reimburse traditional healing services provided in, at, or as part of services offered by Qualified Entities. The State is seeking to claim FFP for these services when provided by Qualified Entities at the 100 percent Federal Medical Assistance Percentage (FMAP) pursuant to Sections 1903(a)(1) and 1905(b) of the Act. When delivered by an Indian Health Service facility or a tribal health program, reimbursement will be equivalent to the All-Inclusive Rate. Otherwise, it will be a rate developed using a prospective payment system (PPS).

## **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 October 17, 2024, from 2:00 to 4:00 pm during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing was held on October 21, 2024, from 4:00 to 5:00 pm. Both public hearings were held via video and teleconferencing.

### ***Public Comment***

The public comment period was held October 9, 2024, through November 9, 2024. The original dates for the public comment period were October 9, 2024 through November 8, 2024. Due to technical difficulties, the 30 day public comment period was extended through November 9, 2024. Other than through UIHAB and Tribal Consultation, no comments were received.

### **Tribal Consultation**

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act and the DHHS Intergovernmental Policy 01.19 Formal DHHS [Tribal Consultation and Urban Indian Organization Conferment Process Policy](#), the state ensures that a meaningful consultation process occurs in a timely manner on program decisions or policy impacting Indian Tribes and the Urban Indian Organization (UIO) in the State of Utah. DIH 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 September 13, 2024 to present this

demonstration amendment. During this meeting, the following comment and response was made:

**Reimbursement vs. providing services**

One commenter was concerned with the language in the amendment draft specific to providing services not being in alignment with the language in the Senate bill. The commenter explained that the services are to be provided by the Tribes who would then receive reimbursement and that this was not clear in the amendment.

**Response:** The State explained the language could be revised to clarify that services will be provided by the Tribes and then reimbursed by Medicaid. The State subsequently changed the language to align with the commenter's suggestions.

During the November 8, 2024 UIHAB meeting, the State presented the Tribal Consultation discussion and response items outlined in the table below. No comments or feedback were received.

In accordance with CMS requirements and Utah's Tribal Consultation and Urban Indian Organization Conferment Process Policy, a Dear Tribal Letter, which included an invitation for consultation, was distributed on September 23, 2024 to all of Utah's Eight Federally Recognized Tribes and UIO. The 1115 Medicaid Waiver Tribal Consultation occurred via a hybrid in-person and videoconference on October 8, 2024. Attendees included Federally Recognized Tribes, Indian Health Service partners and Urban Indian Organization.

At Tribal Consultation, DHHS reviewed the amendment draft. DHHS provided an opportunity for Tribes to ask any questions they had about any aspect of the Waiver amendment application, which had been sent out to the Tribes with the Dear Tribal Leader Letter in advance.

Summary of discussion and response:

Discussion	Response
<u>Definition of Qualified Entities:</u> The Tribes recommend adding other non-tribal facilities and clinics to the list of qualified entities. The Tribes also requested	The Senate Bill 181 language is specific to prohibiting non-tribal facilities and clinics as qualified entities under this Demonstration. Therefore, no changes can be made. The language also includes the

clarification on what constitutes an Urban Indian “organization.”	“organization” description and can therefore cannot be changed.
<u>Adding midlevel, licensed providers to those who can administer services:</u> The Tribes explained that not all services are led through physicians. Other licensed professionals provide services as well and should be included in the description of who can provide services under this Demonstration.	The State agreed and will add “other licensed professionals” in the amendment description of who can be part of the healthcare team.
<u>Adding “spiritual” as a component of health and wellness needs:</u> In addition to physical, mental and emotional, the Tribes explained the spiritual component of healing is very important and needs to be added as a health and wellness element throughout the amendment application.	The State appreciates the suggestion and has decided to use “holistic” as an alternate word.
<u>Concerns with administering a Health Satisfaction Survey as an evaluation method:</u> The Tribes expressed concern with the invasiveness of administering a health satisfaction survey to members who receive services and suggested finding alternate methods to evaluate the effectiveness of the Demonstration. The Tribes emphasized the importance of data sovereignty and their concerns with who is going to use and distribute the data. They also expressed the importance of providing the evaluator the background necessary to understand and respect the AI/AN members.	The State proposed aligning the proposed evaluation method with New Mexico’s simple hypothesis which involves using administrative claims data as opposed to a survey. The State therefore revised the survey description in the evaluation section of the amendment. The State indicated they will continue to consult with the Tribes on the evaluation methods as they are developed.

<u>Adding additional detail to eligibility criteria:</u> The Tribes expressed the need to add detail to the description of what documents can be used to verify who is a member of an AI/AN tribe.	The State added Medicaid policy's list of acceptable eligibility documents to the amendment application.
<u>Projected Enrollment number</u> The Tribes asked what methodology was used to come up with a projected enrollment number.	The State explained the methodology and that this number is a projection and not a cap.
<u>Delivery System:</u> The Tribes inquired on what billing codes will be used in the delivery system.	The State indicated they will consult with the Tribes when developing billing codes and that this will take place after the Demonstration has been approved.
<u>Referral Process</u> The Tribes inquired on how the referral process will work. For example, will the State require a referral by a physician or other licensed healthcare practitioner before reimbursing for traditional healing?	The State indicated they will consult with the Tribes when developing any necessary referral processes and that this will take place after the Demonstration has been approved. The State also explained that the state does not intend to restrict referral pathways to a certain way, nor will they limit services.
<u>Expenditure Authority</u> The Tribes asked if recent expenditure authority policy will change the reimbursement rate.	The State explained that the existing reimbursement methodology for IHS, Tribal 638, and Urban Indian facilities will continue and that the current rates would only change if there are changes to federal regulation.
<u>Overall comment: Federal Involvement in Traditional Healing:</u> The Tribes expressed their concerns with allowing the government to have involvement in their traditional healing practices. They must ensure they can always provide the support needed to heal their people in traditional ways. This is an expensive process and they need Medicaid involvement in order to continue their practices and support necessary resources. They feel they should never have to open their doors to do this but understand the reasoning and are willing to partner with the government in order to protect and move forward. However, doing it in a respectful way is critical. The patient	

and their perspective is always highly considered and this will be a critical component of the Demonstration. Traditional healing would have never been discussed in the past due to previous restrictions and regulations but it is important to now discuss and can utilize the 1115 Waiver to help with these discussions. Traditional healing is a way of life and how they have been able to remain healthy.

### **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](mailto:jstrohecker@utah.gov)

# Attachment 1

## Compliance with Budget Neutrality Requirements

<u>Waiver Year</u>	<u>DY21</u>	<u>DY22</u>	<u>DY23</u>	<u>DY24</u>	<u>DY25</u>
With Waiver	0	0	\$7,664,300	\$7,664,300	\$7,664,300
Without Waiver	0	0	\$7,664,300	\$7,664,300	\$7,664,300

# Attachment 2

## **Public Notice Requirements**

Support

PUBLIC NOTICE WEBSITE  
DIVISION OF ARCHIVES AND RECORDS SERVICE

## Amendment to Medicaid Reform 1115 Demonstration

### General Information

Government Type:

**State Agency**

Entity:

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

Public Body:

**Medicaid Expansion Workgroup**

Give Feedback

### Notice Information

[Add Notice to Calendar](#)

Notice Title:

**Amendment to Medicaid Reform 1115 Demonstration**

Notice Subject(s):

**Medicaid , Health Care**

Notice Type(s):

**Meeting**



Event Start Date & Time:

October 17, 2024 02:00 PM

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Event End Date & Time:

October 17, 2024 04:00 PM

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Event Deadline Date & Time:

10/17/24 04:00 PM

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Description/Agenda:

### Native American Health Amendments 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 amendment online, by email, or mail during the public comment period from October 9, 2024, through November 8, 2024.

Utah Medicaid is requesting authority from the Centers for Medicare and Medicaid Services to reimburse for traditional healing services provided by a traditional healing provider in an eligible facility to Medicaid enrollees who are members of an American Indian or Alaskan Native tribe.

### Public Hearings:

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

Thursday, October 17, 2024, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting.

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

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

Monday, October 21, 2024, from 4:00 pm to 5:00 pm.

Video Conference: Google Meet Meeting [meet.google.com/hen-avvv-ove](https://meet.google.com/hen-avvv-ove)

Or join by phone: (US) +1 323-920-8881 PIN: 503 950 427 #

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at [lbelgique@utah.gov](mailto:lbelgique@utah.gov) or 1 (801) 538-6241 by October 10, 2024.

Give Feedback

**Public Comment:**

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

The public may comment on the proposed amendment request during the public comment period from October 9, 2024, through November 8, 2024.

Comments may be submitted using the following methods:

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

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

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

Give Feedback

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

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

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**Notice of Electronic or Telephone Participation:**

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(US) +1 513-818-1049 PIN: 510 813 429 #

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**Meeting Information**

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**Meeting Location:**

Video/Teleconferencing  
Video/Teleconferencing, UT 84116

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[Show in Google Maps](#)

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Contact Name:

Laura Belgique

Contact Email:

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

Contact Phone:

(801)538-6241

### Notice Posting Details

Notice Posted On:

October 02, 2024 11:44 AM

Notice Last Edited On:

October 02, 2024 12:03 PM

Deadline Date:

October 17, 2024 04:00 PM

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**State Agency**

Entity:

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

Public Body:

**Medicaid Expansion Workgroup**

Give Feedback

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[Add Notice to Calendar](#)

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**Amendment to Medicaid Reform 1115 Demonstration**

Notice Subject(s):

**Medicaid , Health Care**

Notice Type(s):

**Meeting, Hearing**

Event Start Date & Time:

October 21, 2024 04:00 PM

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Event End Date & Time:

October 21, 2024 05:00 PM

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Event Deadline Date & Time:

10/21/24 05:00 PM

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

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(US) +1 323-920-8881 PIN: 503 950 427 #

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**Meeting Information**

---

**Meeting Location:**

Video/Teleconferencing  
Video/Teleconferencing, UT 84116

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---

Contact Name:

Laura Belgique

Contact Email:

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

Contact Phone:

(801)538-6241

### Notice Posting Details

Notice Posted On:

October 02, 2024 11:54 AM

Notice Last Edited On:

October 02, 2024 12:34 PM

Deadline Date:

October 21, 2024 05:00 PM

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Native American Health Amendments 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
\$195.80

## CUSTOMER'S COPY

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- Thursday, October 17, 2024, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting.
- Video Conference: Google Meet Meeting  
[meet.google.com/leq-jggb-pec](https://meet.google.com/leq-jggb-pec)
- Or join by phone: (US) +1 513-818-1049 PIN: 510 813 429#
- Monday, October 21, 2024, from 4:00 pm to 5:00 pm.
- Video Conference: Google Meet Meeting  
[meet.google.com/hen-nvww-ova](https://meet.google.com/hen-nvww-ova)
- Or join by phone: (US) +1 323-920-8881 PIN: 503 950 427#

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at [lbelgique@utah.gov](mailto:lbelgique@utah.gov) or 1 (801) 538-6241 by October 10, 2024.

#### Public Comment:

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

The public may comment on the proposed amendment request during the public comment period from October 9, 2024, through November 8, 2024.

Comments may be submitted using the following methods:

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

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

Mail: Utah Department of Health and Human Services  
Division of Integrated Healthcare  
PO Box 143106  
Salt Lake City, UT 84114-3106  
Attn: Laura Belgique  
SLT0029691

## AFFIDAVIT OF PUBLICATION

AS THE SALT LAKE TRIBUNE, INC. LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF Native American Health Amendments 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 INDEFINITELY. COMPLIES WITH UTAH DIGITAL SIGNATURE ACT UTAH CODE 46-2-101; 46-3-104.

PUBLISHED ON 10/06/2024

DATE 10/11/2024

SIGNATURE

STATE OF UTAH  
COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 11th DAY OF OCTOBER IN THE YEAR 2024

BY Doug Ryle



NOTARY PUBLIC SIGNATURE

# Attachment 3

**Medical Care Advisory Committee**

**Public Hearing**

## *Medical Care Advisory Committee Agenda*

Meeting: Medical Care Advisory Committee  
 Date: October 17, 2024  
 Start Time: 2:00 p.m.  
 End Time: 4:00 p.m.  
 Location: [meet.google.com/ieq-iggb-pec](https://meet.google.com/ieq-iggb-pec) Google Chrome)  
 By Phone: 1-513-818-1049 PIN# 510 813 429#

### **Agenda Items**

1. Welcome	Rachel Craig	2:00 / 10 min
<ul style="list-style-type: none"> <li>• Approve Minutes for September 2024*</li> <li>• Thank you, Dr. Baird, for your service to the MCAC</li> <li>• Welcome Dr. Scott Folkman, dental community</li> <li>• Welcome Joey Ulrich, business community</li> <li>• Accepting nominations for Local Health Departments representative</li> </ul>		
2. Public Hearing: 1115 Waiver Amendment for SB 181 Native American Health Amendments	Laura Belgique	2:10 / 10 min
3. MAC and BAC discussion for the changes to the bylaws	Rachel Craig	2:20 / 10 min
<ul style="list-style-type: none"> <li>• Vote to adopt will occur in the November meeting</li> <li>• Accepting nominations for the BAC</li> </ul>		
4. EPSDT Overview of CMS Requirements	Jim Stamos	2:30 / 10 min
5. Notices Workgroup Quarterly Report	Workgroup Member	2:40 / 15 min
6. Eligibility and Enrollment Update	Michelle Smith	2:55 / 10 min
7. Media Campaign	Kolbi Young	3:05 / 10 min
8. Post-unwinding data analysis and strategy	Brian Roach	3:15 / 15 min
9. Director's Report	Jennifer Strohecker	3:30 / 20 min
<ul style="list-style-type: none"> <li>• Upcoming policy changes</li> </ul>		
10. Committee Member Updates	Committee Members	3:50 / 5 min

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

**Next Meeting:** November 21, 2024, from 2:00 p.m. – 4:00 p.m.

Please send meeting topics or other correspondence to Sharon Steigerwalt ([ssteigerwalt@utah.gov](mailto:ssteigerwalt@utah.gov))

# Attachment 4

## **Tribal Consultation**

## Utah Indian Health Advisory Board (UIHAB) Meeting

UIHAB - September 09/13/2024 8:30 AM –11:00 AM	<b>Join via Google Meeting:</b> <a href="https://meet.google.com/krh-kvdf-sv?hs=122&amp;authuser=0">https://meet.google.com/krh-kvdf-sv?hs=122&amp;authuser=0</a>
<b>In person:</b> 195 N 1950 W, Salt Lake City, UT 84116. Multi-State Agency Building <b>Room 2082</b> DHHS side (385) 227-2078	<b>Join via Phone:</b> 1-(414)-909-6377 PIN: 211 599 534



## Agenda

Time	Topic	Presenter
8:30 am	Welcome and Introductions Roll Call	Shawn Begay, Chairperson
8:45 am	<b>Committee Updates</b>	
	UT Medicaid Eligibility Policy	Michelle Smith (DHHS)
	Medicaid and CHIP State Plan Amendments	Craig Devashrayee (DHHS)
	DWS Medicaid Eligibility Operations	Jessica Ware (DWS)
	SNAP	Frank Vega (DWS)
	MCAC Committee	Michael Jensen (UNHS)
	CHIP Advisory Committee	TBD
9:30 am	<b>Office of AI/AN Health and Family Services Updates</b>	
	Data Reporting Updates	Alex Merrill (IHFS)
	Program Manager Updates	Hilary Makris (IHFS)
	IHFS Opioids and Tobacco	Kassie John (IHFS)
	ICWA Liaison	Jamie Harvey (IHFS)
	Tribal Health Liaison	Jeremy Taylor (IHFS)

Time	Topic	Presenter
10:00 am	Traditional Health Waiver	Laura Belgique, DHHS Brian Roach, DHHS
10:30 am	November full scale exercise - Earthquake	Mindy Colling, DHHS
10:45am	AUCH - Partner Spotlight	Melissa Zito, AUCH
11:00 am	I/T/U Updates	I/T/U partners
11:25 am	Other Business	All
11:30 am	Adjourn	

**Next UIHAB Meeting will be October 11, 2024**

Hosted by:  
Urban Indian Center of Salt Lake  
120 W 1300 S St, Salt Lake City, UT 84115

**Facilitated by:** Utah Department of Health and Human Services Office of AI/AN Health & Family Services  
Note Taker: Dorrie Reese (All meetings are recorded)

## Utah Indian Health Advisory Board (UIHAB) Meeting

11/08/2024 8:30 AM –11:00 AM	<b>Join via Google Meeting:</b> <a href="https://meet.google.com/krh-kvdf-sv?hs=122&amp;authuser=0">https://meet.google.com/krh-kvdf-sv?hs=122&amp;authuser=0</a>
<b>In person:</b> 195 N 1950 W, Salt Lake City, UT 84116. Multi-State Agency Building Room 2082 DHHS side (385) 227-2078	<b>Join via Phone:</b> 1-(414)-909-6377 PIN: 211 599 534



## Agenda

Time	Topic	Presenter
8:30 am	Welcome and Introductions Roll Call	Shawn Begay, Chairperson
8:45 am	<b>Committee Updates</b>	
	UT Medicaid Eligibility Policy	Michelle Smith (DHHS)
	Medicaid and CHIP State Plan Amendments	Craig Devashrayee (DHHS)
	DWS Medicaid Eligibility Operations	Jessica Ware (DWS)
	SNAP	Frank Vega (DWS)
	MCAC Committee	Michael Jensen (UNHS)
	CHIP Advisory Committee	TBD (Nomination)
9:30 am	<b>Office of AI/AN Health and Family Services Updates</b>	
	Data Reporting Updates	Alex Merrill (IHFS)
	IHFS Opioids and Tobacco	Hilary Makris (IHFS)
	Health Equity	Kassie John (IHFS)
	ICWA Liaison	Jamie Harvey (IHFS)
	Tribal Health Liaison/ Program Updates	Jeremy Taylor (IHFS)



<b>Time</b>	<b>Topic</b>	<b>Presenter</b>
10:00 am	Traditional Healing Waiver	Brian Roach (DHHS)
10:30 am	HAN (Health Alert Network)	Michelle Hale (DHHS)
10:45 am	I/T/U Updates	I/T/U partners
11:00 am	Other Business	All
	Adjourn	

**Next UIHAB Meeting will be December 13, 2024**

Hosted by:  
Utah Department of Health and Human Services  
195 N 1950 W, Salt Lake City, UT 84116  
Multi-State Agency Building (MASOB)  
(385) 227-2078

**Facilitated by:** Utah Department of Health and Human Services Office of AI/AN Health & Family Services  
**Note Taker:** Dorrie Reese (All meetings are recorded)