

State of Utah

1115 Primary Care Network Demonstration Waiver



Amendment Requests

June 29, 2018





State of Utah

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Governor

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Utah Department of Health

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Deputy Director, Utah Department of Health
Director, Division of Medicaid and Health Financing

June 29, 2018

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar:

I am pleased to submit amendments to the State of Utah's Special Terms and Conditions for the 1115 Primary Care Network (PCN) Demonstration Waiver.

The amendments included in this request will allow the State authority to: (1) add dental benefits for Targeted Adult Medicaid members who are receiving Substance Use Disorder (SUD) treatment; (2) implement Medicaid eligibility to provide family planning services for adults not otherwise eligible for Medicaid; and (3) provide specific services to at-risk Medicaid eligible children and youth in state custody or those at risk of being placed in state custody, and their families.

Two of the amendments are required to implement the provisions of House Bill 435 "Medicaid Dental Benefits" and House Bill 12 "Family Planning Services Amendments", which were passed during the 2018 General Session of the Utah State Legislature.

The State of Utah appreciates your consideration of these amendment requests.

Sincerely,

Nate Checketts
Deputy Director
Director, Medicaid and Health Financing

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Section 1115 Primary Care Network Demonstration Amendment

Targeted Adult Medicaid/SUD Dental Benefits

Amendment # 16

Background

Under a grant from the Health Resources and Services Administration (HRSA) the University of Utah School of Dentistry has been operating a study project titled “Facilitating a Lifetime of Oral Health Sustainability for Substance Use Disorder Patients & Families” or FLOSS for the past three years. A total of 803 participants from 2015-2017 of similar demographic features were admitted into a facility for Substance Use Disorder (SUD) treatment and self-identified at the time of admission by an expression of interest in participating in the study funded by HRSA to determine if integrated dental care influences outcomes of SUD treatment. The pilot program included two groups both receiving SUD treatment. The control group of patients were not given access to dental care through FLOSS and the second group of patients received comprehensive dental care through the U of U School of Dentistry. The pilot program demonstrated that comprehensive dental care can dramatically improve outcomes related to length-of-stay in treatment, higher rates of employment, higher rates of recovery, and lower rates of homelessness.

The FLOSS program targeted individuals that may now qualify for Medicaid under the 1115 demonstration population Targeted Adult Medicaid (TAM) that was implemented in November 2017. Based on the success of the FLOSS pilot program, the Utah State Legislature passed House Bill 435 during the 2018 legislative session. House Bill 435 directs the Utah Department of Health to seek a waiver to provide dental benefits to members of the Targeted Adult demonstration population receiving treatment for substance use disorder(s).

Section I. Program Description and Objectives

Under this amendment, the State seeks to extend dental benefits to the Targeted Adult demonstration group.

This Demonstration furthers the objectives of Title XIX of the Social Security Act by promoting better clinical outcomes and reducing costs by improving the success rate of Medicaid clients receiving SUD treatment.

Based on the findings from the FLOSS project, access to comprehensive dental services can improve the likelihood of SUD treatment completion, extend recovery periods, decrease homelessness, and increase employment opportunities.

Goals and Objectives

The primary objective of the amendment is to improve clinical health outcomes for the targeted population.

Amendment goal:

- Increase SUD treatment completion rates

Operation and Proposed Timeline

The Demonstration will operate statewide. The State intends to implement the Demonstration effective January 1, 2019. The State requests to operate the Demonstration through the end of the current waiver approval period, which is June 30, 2022.

Hypothesis

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.

By adding dental services to the benefits received by the Targeted Adult population, the Demonstration will improve clinical outcomes for participants. The following hypothesis will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
The demonstration will improve SUD treatment completion.	• Rate of SUD treatment completion	Treatment Episode Data Set (TEDS) 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.

Section II. Demonstration Eligibility

Individuals must meet the following eligibility criteria to qualify for dental benefits under this Demonstration:

- Eligible for Targeted Adult Medicaid
- Actively receiving treatment for a Substance Use Disorder(s) as defined in Utah State Code Section 40 [62A-2-101](#), licensed under Title 62A, Chapter 2, Licensure of Programs and Facilities.

Projected Enrollment

The projected enrollment for this Demonstration group is approximately 3,000 individuals.

Section III. Demonstration Benefits and Cost Sharing Requirements

The dental benefits provided under this amendment will be the same as the State Plan benefits provided to pregnant women and the blind and disabled populations.

Cost sharing requirements will not differ from those provided under the State Plan.

Section IV. Delivery System

The Department will deliver services through a fee for service payment model and by contracting with an entity that:

- Has demonstrated experience working with individuals who are being treated for both a substance use disorder and a major oral health disease;
- Operates a program, targeted at the individuals described in this amendment, that has demonstrated, through a peer-reviewed evaluation, the effectiveness of providing dental treatment to those individuals;
- Is willing to pay for an amount equal to the program's non-federal share of the cost of providing dental services to the population described.

Section V. 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.

Section VII. Proposed Waiver and Expenditure Authority

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

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the State to vary the amount, duration, and scope of services provided to individuals in the demonstration group.
Section 1902(a)(23)(A)- Freedom of Choice	To enable the State to restrict freedom of choice of providers for the population affected by this demonstration.
Section 1902(a)(43)- Early Periodic Diagnosis, Screening and Treatment (EPSDT)	To enable the State not to cover certain services required to treat a condition identified during an EPSDT screening for 19 and 20 year old Title XIX populations affected by the Demonstration.

Expenditure Authority

The State requests expenditure authority to provide dental benefits for Targeted Adult Medicaid individuals who are receiving substance use disorder treatment.

Section VIII. Compliance with Public Notice and Tribal Consultation

Public Notice of the State's request for amendment and notice of Public Hearing was published in the Utah State Bulletin on May 1, 2018 and May 15, 2018. Public notice was also advertised in the newspapers of widest circulation and sent to an electronic mailing list. The public comment period was held May 1, 2018 through May 31, 2018 (Attachment 2).

A presentation regarding the amendment request was provided to the Utah Indian Health Advisory Board (UIHAB) on May 11, 2018. This is the first step in our approved consultation process. Minutes from the UIHAB meeting are attached (Attachment 3).

Public hearings to take public comment on the amendment request were held on, May 11, 2018 from 4:00 p.m. to 6:00 p.m., and on May 17, 2018 from 2:00 p.m. to 4:00 p.m. during the monthly Medical Care Advisory Committee (MCAC) meeting. The MCAC agenda and minutes are attached (Attachment 4). The overview document that was provided during the hearings is attached (Attachment 5).

A summary of public comments received during the public comment period and public hearings, as well as the State's responses are contained in Attachment 6.

Section IX. Demonstration Administration

Name and Title: Nate Checketts, Deputy Director, Utah Department of Health

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1115 Primary Care Network Demonstration Amendment

Family Planning Services

Amendment # 17

Section I. Program Description and Objectives

During the 2018 General Session of the Utah State Legislature, House Bill 12, “Family Planning Services Amendments”, was passed. House Bill 12 directs the Utah Department of Health to seek a waiver to provide family planning services to a specific population. The State is seeking to implement family planning services for this group through this amendment.

The State is requesting approval of this amendment by January 1, 2019. However, if the Adult Expansion (Amendment # 15) is approved before this amendment, Utah’s Family Planning Services (Amendment #17) will no longer be pursued. The Adult Expansion covers the same population as Family Planning Services. Individuals enrolled in the Adult Expansion will receive State Plan services, which include family planning services.

Goals and Objectives

The primary objective of the Family Planning Services Amendment is to increase the number of individuals between the ages of 19 and 64 years with access to family planning services.

Family Planning Services Program goals:

- Increase access to family planning services
- 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 effective January 1, 2019. The State requests to operate the Demonstration through the end of the current waiver approval period, which is June 30, 2022.

Hypothesis

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 of the impact of the Demonstration to beneficiaries.

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.	<ul style="list-style-type: none"> • 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.

According to the Utah Department of Health’s *Complete Health Indicator Report of Births from Unintended Pregnancies*, during the years 2014 and 2015, 21.9 percent of Utah women reported that the birth of their child resulted from an unintended pregnancy. Of the women who reported their pregnancies as unintended, 63.5% said they were using some method to avoid pregnancy at the time of conception. Contraceptive failure rates vary between methods used but are very low when used correctly. This high rate of contraceptive failure signals the need to increase education, services, and coverage of methods of long-acting reversible contraception that may be less prone to human error.²

Section II. Demonstration Eligibility

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

- Women and men between the ages of 19 and 64
- Have a household income at or below 95 percent of the Federal Poverty Level (FPL) using the Modified Adjusted Gross Income (MAGI) methodology which includes a five percent FPL income disregard
- Be a U.S. Citizen or qualified alien
- Be a resident of Utah and not in a public institution
- 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.

Standards and Methodology

When determining eligibility under the Demonstration, the State will apply the same eligibility standards and methodologies described in the State Plan. MAGI methodology will be used and there will be no asset limit.

¹ [CDC PRAMS Questionnaire](#)

² [Complete Health Indicator Report of Births from Unintended Pregnancies, Public Health Indicator Based Information System](#)

Projected Enrollment

There is no cap on enrollment for this program. The State estimates enrollment at 11,200 individuals.

Demonstration Disenrollment

If a woman becomes pregnant while enrolled in the demonstration, she may be determined eligible for Medicaid under the State Plan and will be moved to that program. The State must 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

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;
- 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; and,
- Contraceptive management, patient education, and counseling.

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. Enrollment in Demonstration

New applicants who apply for the family planning services program within 30 days prior to the implementation date will be enrolled in the Demonstration as of the implementation date of the Demonstration.

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.

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, Duration, and Scope of Services and Comparability	To enable the State to provide to the Demonstration population a benefit package consisting of family planning services and family planning-related services.
Section 1902(a)(43)- Early Periodic Diagnosis, Screening and Treatment (EPSDT)	To enable the State not to cover certain services required to treat a condition identified during an EPSDT screening for 19 and 20 year old Title XIX populations affected by the Demonstration.
Section 1902(a)(34)- Retroactive Coverage	To the extent necessary to enable the State to not provide medical assistance to the Demonstration population for any time prior to when an application is made.

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 of the State's request for amendment and notice of Public Hearing was published in the Utah State Bulletin on May 1, 2018 and May 15, 2018. Public notice was also be advertised in the newspapers of widest circulation and sent to an electronic mailing list. The public comment period was held May 1, 2018 through May 31, 2018. (Attachment 2)

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Section IX. Demonstration Administration

Name and Title: Nate Checketts, Deputy Director, Utah Department of Health

Telephone Number: (801) 538-6689

Email Address: nchecketts@utah.gov

1115 Primary Care Network Waiver Amendment

Services for At Risk Medicaid Eligible Children/Youth

Amendment # 18

Section I. Program Description and Objectives

The State of Utah is seeking an amendment to its 1115 Primary Care Network Demonstration waiver to provide services to children and youth in state custody or those at risk of being placed in state custody and their families. The goal is to help children in custody return to their families or out on their own more quickly. The second goal is to keep children and youth who are at risk in the community from being placed in state custody and being removed from their families, schools and communities. This amendment is intended to support Utah's System of Care.

System of Care is a customized service approach to keep families safely together while effectively helping children with emotional and/or behavioral health needs thrive in their homes, schools and communities. Utah's System of Care program is part of a nationally recognized, evidence-based approach to coordinate services for families and children with emotional and/or behavioral health needs who receive support from multiple agencies or organizations. Its "wrap-around" approach has two decades of supported evidence that helps families and children get the right service at the right time and at the appropriate level.

Utah System of Care for Children and Youth at risk

The State's main objective is to help youth be successful at home, in school, and in the community and to divert the need for out-of-home services. These objectives are supported by a robust system that includes a single portal for access to care that is available 24 hours per day, 7 days per week, 365 days per year. The program will seek to target children and youth and will result in:

- Improved Emotional Stability
- More Children/Youth Maintained in Communities
- Reduced Residential Lengths of Stay
- Reduced Acute Hospital Admissions and Re-admissions
- More Stable Living Environments for Children/Youth
- Improved Educational and Social Functioning
- Reduced Criminal Activity for Children/Youth Involved in Care

Core Values and Guiding Principles

Core Values

- Community based
- Family driven
- Youth guided
- Culturally and linguistically competent

Guiding Principles

- Broad array of effective services and supports
- Individualized, wraparound practice approach
- Least restrictive settings
- Family and youth partnerships
- Service coordination
- Cross agency collaborations
- Services for young children
- Services for youth and young adults in transition to adulthood
- Linkage with promotion, preventions and early identification
- Accountability

Operation and Proposed Timeframe

The Demonstration will operate statewide. The State intends to implement the services and bundled rate under this Demonstration effective January 1, 2019.

Hypothesis

With the help of an independent evaluator, the State will develop a plan for evaluating and improving the effectiveness of this program for Medicaid eligible children/youth, including key outcome and improvement measures. The State will identify validated performance measures that adequately assess the impact of the program. This will include measuring reductions in higher levels of behavioral and physical health care and increases in supportive child/youth intervention service utilization. The State expects that by identifying at risk children/youth and providing supportive services, these children/youth will avoid the need for accessing more intensive and expensive services at a later date.

Accordingly, the State will measure the impact of the Demonstration in terms of the reduction of; Emergency Room (ER) utilization, psychiatric hospitalizations, and Residential Treatment services and length of stay. These areas of measurement were chosen because they are high-cost, high level services where the largest improvement in health outcomes and cost reduction are expected. Literature supports the theory that early interventions can reduce the need for higher-level services. The state will also assess how improved behavioral health can positively impact the child/youth's physical health in terms of comprehensive care. The State will also

examine the impact this program has on the number of Early Periodic Screening Diagnosis and Treatment (EPSDT) visits and improved access to other services, such as dental care.

Hypothesis	Evaluation Approach	Data Sources
At Risk Children/Youth		
The Demonstration will reduce the number of emergency room visits, psychiatric hospitalizations, and residential treatment services and length of stay.	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the demonstration.	Claims/encounter data from the State’s system
The Demonstration will increase the number of Early Periodic, Screening, Diagnosis and Treatment (EPSDT) visits and improve access to other services, such as dental care.	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the demonstration.	Claims/encounter data from the State’s system

Although not included as hypotheses for this Demonstration, the State will also assess how improved behavioral health can positively impact the child/youth’s physical health in terms of comprehensive care. In addition, the State will evaluate the social impact of this effort program by measuring the impacts to social determinants of health, such as truancy, usage of the juvenile justice system, high school drop-out and graduation rates, and future employment.

Section II. Demonstration Eligibility

Children or youth who meet the following criteria are eligible under this Demonstration:

- Medicaid eligible child/youth under age 22, who is a;
 - Recipient of services, or an individual at risk of receiving services, from two or more Utah Department of Human Service (DHS) agencies (child welfare, juvenile justice, services for people with disabilities, mental health or substance abuse, and/or the courts), and is
 - Experiencing significant emotional and/or behavioral challenges

And meets one of the following:

- At risk of being placed into the custody of a state agency
- Behavioral or emotional concerns prevent the child/youth from returning home or to a permanent community-based placement OR place the child/youth at risk of reverting back to a higher level of care.
- Has been involved in the Juvenile Competency process
- Has been referred to the DHS High Level Staffing Committee

Projected Number of Children/Youth Impacted

The projected enrollment for this Demonstration group is approximately 720 children/youth.

Section III. Demonstration Benefits

The waiver amendment will cover services related to Crisis Stabilization Services:

Individualized short-term or ongoing mental health intervention provided in or outside the home that is designed to evaluate, manage, monitor, stabilize and support the client's well-being and appropriate behavior consistent with the client's individual crisis/safety plan.

In addition, services are intended to help ensure adherence of the child/youth and family (as individually indicated) to the crisis/safety plan including helping the individual and family recognize high risk behaviors, modeling and teaching effective interventions to deescalate the crisis, identifying and assisting the individual and family with accessing community resources that will aide in the crisis intervention and/or stabilization.

Interventions may include medically necessary services as follows:

- Operation of any At Risk Children/Youth crisis lines
- Transitions from one provider or entity to another provider or entity (Warm hand off)
- Operation and deployment of mobile crisis response teams
- Caring connection/follow up
- Developing crisis/safety plan
- Providing 1:1 counseling and support
- Providing crisis related transportation as needed. This is a lower level than emergency medical transportation but requires a higher level of staffing than non-emergency medical transportation
- Implementing strategies identified in the crisis plan
- Removing the child/youth from stressful situations (e.g., take to an activity to reduce stress)
- Providing information and feedback to child/youth's team/Child and Family Team
- Documenting and writing reports
- Attending Plan of Care, Child and Family Team and other team meetings
- Providing supervision services to aid in sustaining the child or youth safely in the community
- Assisting the child/youth to manage routine daily responsibilities by providing observation, monitoring, direction, and support services for the identified child/youth in areas such as: compliance with safety plan requirements, attendance at support or therapy sessions, taking prescribed medications, accessing essential community resources/supports, attending school/work, management of curfews or other tasks or events as specified in the individual child/youth's crisis/safety plan

- Maintaining availability seven day per week/daily individual/family contact (face-to-face or by phone)
- Respite
- Behavioral Health and Primary Health Coordination

State Plan Service	Covered under At Risk Children/Youth	Services to be included in the Bundled Daily Rate for At Risk Children/Youth
Telemedicine	Yes	No
Psychiatric Diagnostic Evaluation	Yes	Yes
Mental Health Assessment by a Non-Mental Health Therapist	Yes	Yes
Psychological Testing	Yes	No
Psychotherapy with Patient and/or Family Member	Yes	Yes
Family psychotherapy with Patient Present and Family Psychotherapy without Patient Present	Yes	Yes
Group Psychotherapy and Multiple Family Group Psychotherapy	Yes	Yes
Psychotherapy for Crisis	Yes	Yes
Psychotherapy with Evaluation and Management (E/M) Services	Yes	Yes
Evaluation and Management (E/M) Services (Pharmacologic Management)	Yes	No
Therapeutic Behavioral Services	Yes	Yes
Psychosocial Rehabilitative Services	Yes	Yes
Peer Support Services	Yes	Yes

Provider Qualifications

Provider qualifications are outlined in the Utah Medicaid Provider Manual Rehabilitative Mental Health and Substance Use Disorder Services (April 2018) Section 1.5.

<https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Rehabilitative%20Mental%20Health%20And%20Substance%20Use%20Disorder%20Services/RehabMentalHealthSubAbuse4-18.pdf>

DHS will comply with provider qualification requirements when allowing DHS staff to provide services under the waiver.

Services Not Currently provided under the Utah State Plan

Services Not Included in the Utah State Plan	Covered under At Risk Children/Youth	Services to be included in the Bundled Daily Rate for At Risk Children/Youth
Non-medical transportation	Yes	Yes
Respite	Yes	Yes
Care Management	Yes	Yes

Non-Medical Transportation

Service Description: This transportation service will be provided to children from ages 5 to 21 and/or their primary caregiver that are determined by the Care Manager to be in need of short-term transportation to and/or from a non-medical activity that is an integral part of the youth’s individualized service plan where there are no other feasible transportation options. These non-medical services could include, but are not limited to, recreational activities, youth training sessions, transitioning youth services, after-school programs not associated with a youth’s Individual Education Plan (IEP), and parent support services.

Service Limits: This service must be a part of a comprehensive individualized service plan developed by a Care Manager and requires prior authorization. The youth must be currently authorized and receiving care management services. Frequency and duration of service must be supported by a needs assessment and included in the Demonstration participant’s individualized service plan. This service must be provided in a community setting and is not to be used in a residential or hospital setting.

Provider Specifications: Providers and their staff must meet minimum levels of education, experience, and training as delineated by DHS and the provider and staff must be enrolled as a Utah Medicaid provider.

Respite

Service Description: Services provided to children/youth on a short-term basis because of the absence or need for relief of those persons who normally provide care for the Demonstration participant. Respite may be delivered in multiple periods of duration such as partial hour, hourly, daily without overnight, or daily with overnight. Respite may be provided in the Demonstration participant's home, a DHS licensed group home, or another community-based setting approved by DHS.

Service Limits: Room and board costs will not be paid when services are provided in the Demonstration participant's home. The service will be approved if it complies with DHS respite policies.

Case/Care Management

Service Description: Services which will assist individuals who receive program services, in gaining access to needed program and specific state plan services, as well as needed medical, social, behavioral, educational and other services. The Case/Care Manager is responsible for convening team meetings, developing and implementing the treatment plan, community resource development, information management, quality assessment and improvement, coordination of care with all providers and agencies with whom the child/youth and their family are involved, and routine coordination (including regular contact, sharing of treatment plan documents, and regular team meetings) to assist the individual in accessing physical health care.

Service Limits: None

Provider Specifications:

1. Must meet qualifications as specified by DHS.
2. Must be a Medicaid enrolled provider.

Section IV. Delivery System

The services noted above will be provided as a bundled daily rate on a fee for service (FFS) basis. Claims will only be submitted for the Medicaid eligible child/youth. Medicaid eligible children/ youth will continue to be eligible for all other Medicaid covered services currently available under the state plan. They will receive these services through either managed care or FFS depending on the service and whether the child/youth resides in a mandatory managed care county (Please see Utah's 1915(b) waivers).

Rates will be established through a fee schedule developed by the State. Claims will be submitted to the State and paid on a FFS basis.

Section V. Enrollment in Demonstration

Medicaid eligible children/youth will be enrolled in the demonstration on the effective date of this amendment.

Section VI. Demonstration Financing and Budget Neutrality

The funds for the state share of Medicaid expenditures already exist within the current DHS budget. Many of these services are included in Utah’s Medicaid State Plan and are currently provided and billed separately through individual CPT codes.

This amendment would allow the State to pay for services on behalf of at risk children/ youth based on a bundled daily rate. This would allow the State to more efficiently implement these interventions and would reduce costs overall due to more consistent early intervention.

Under this Demonstration, the State is seeking the authority to claim federal Medicaid matching funds for an assessment and service package to serve children/youth at risk.

Please refer to Budget Neutrality -Attachment 1 for the State’s historical and projected expenditures for the requested period of the Demonstration.

Section VII. Proposed Waiver and Expenditure Authority

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

Waiver Authority	Reason and Use of Waiver
Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services, Comparability	To enable the State to provide benefits to populations affected by this Demonstration that differ from those available to other individuals under the State Plan.
Section 1902(a)(23)(A)- Freedom of Choice	To enable the State to restrict freedom of choice of providers for Title XIX populations affected by this Demonstration.

Expenditure Authority

The State requests expenditure authority to provide additional services to Medicaid eligible children and Youth who are at risk and to reimburse for services based on a daily bundled rate.

Section VIII. Compliance with Public Notice and Tribal Consultation

Public Notice of the State’s request for amendment and notice of Public Hearing was published in the Utah State Bulletin on May 1, 2018 and May 15, 2018. Public notice was advertised in the newspapers of widest circulation and sent to an electronic mailing list. The public comment period was held May 1, 2018 through May 31, 2018 (Attachment 2).

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A summary of public comments received during the public comment period and public hearings, as well as the State's responses are contained in Attachment 6.

Section IX. Demonstration Administration

Name and Title: Nate Checketts, Deputy Director, Utah Department of Health

Telephone Number: (801) 538-6689

Email Address: nchecketts@utah.gov

ATTACHMENT 1

Compliance with Budget Neutrality Requirements



HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

	A	B	C	D	E	F	G	H	I	J	K
1	DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS										
2											
3											
4	ELIGIBILITY	TREND	MONTHS	BASE YEAR	TREND	DEMONSTRATION YEARS (DY)					TOTAL
5	GROUP	RATE 1	OF AGING	DY 15 (SFY 17)	RATE 2	DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	WOW
6											
7	Current Eligibles										
8	Pop Type:	Medicaid									
9	Eligible Member Months	0%	0	377,866	0.0%	377,866	377,866.00	377,866	377,866.00	377,866	
10	PMPM Cost	5.30%	0	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
11	Total Expenditure					\$ 377,612,829.78	\$ 397,626,309.76	\$ 418,700,504.18	\$ 440,891,630.90	\$ 464,258,887.33	\$ 2,099,090,162
12											
13	Demo Pop I - PCN Adults with Children										
14	Pop Type:	Hypothetical									
15	Eligible Member Months	5.92%	0	104,836	5.9%	111,042	117,615.99	124,579	131,953.93	139,766	
16	PMPM Cost	5.30%	0	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
17	Total Expenditure					\$ 5,399,986.62	\$ 6,022,808.12	\$ 6,717,464.35	\$ 7,492,240.57	\$ 8,356,377.61	\$ 33,988,877
18											
19	Demo Pop III/V - UPP Adults with Children										
20	Pop Type:	Hypothetical									
21	Eligible Member Months	34.9%	0	6,067	34.9%	8,181.96	11,034.19	14,880.70	20,068.12	27,063.86	
22	PMPM Cost	5.3%	0	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 184.51	\$ 194.29	
23	Total Expenditure					\$ 1,292,995	\$ 1,836,150	\$ 2,607,473	\$ 3,702,809	\$ 5,258,269	\$ 14,697,695
24											
25	Adult Expansion I										
26	Pop Type:	Expansion					Est. Start: 1/1/19				
27	Eligible Member Months						-	258,930	517,860	791,088	904,416
28	PMPM Cost	5.3%			5.3%	\$ -	\$ 542.08	\$ 542.08	\$ 570.81	\$ 601.06	
29	Total Expenditure					\$ -	\$ 140,360,774	\$ 280,721,549	\$ 451,561,131	\$ 543,611,159	\$ 1,416,254,614
30											
31	Employee Sponsored Insurance (ESI)										
32	Pop Type:	Expansion					Est. Start: 1/1/19				
33	Eligible Member Months			-		-	39,782	79,564	125,401	142,086	
34	PMPM Cost	5.3%		\$ -	5.3%	\$ -	\$ 230.63	\$ 230.63	\$ 242.85	\$ 255.72	
35	Total Expenditure					\$ -	\$ 9,174,946	\$ 18,349,892	\$ 30,454,166	\$ 36,334,799	\$ 94,313,803
36											
37	Dental - Blind/Disabled										
38	Pop Type:	Hypothetical									
39	Eligible Member Months	0%	0			412,361	412,361	412,361	412,361	412,361	
40	PMPM Cost	3.0%	0			\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
41	Total Expenditure					\$ 7,595,689.62	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	\$ 40,326,548
42											
43	Former Foster										
44	Pop Type:	Hypothetical									
45	Eligible Member Months	0%	24			10	10	10	10	10	
46	PMPM Cost	4.8%	24			\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
47	Total Expenditure					\$ 9,908.70	\$ 10,384.32	\$ 10,882.76	\$ 11,405.14	\$ 11,952.58	\$ 54,533.50
48											
49	SUD										
50	Pop Type:	Hypothetical									
51	Eligible Member Months	6.9%	18	36,913	6.9%	39,456	42,175	45,081	48,187	51,507	
52	PMPM Cost	5.0%	18	\$ 3,163.77	5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
53	Total Expenditure					\$ 131,072,269	\$ 147,108,390	\$ 165,106,231	\$ 185,306,008	\$ 207,977,324	\$ 836,570,223

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

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
Current Eligibles								
Pop Type: Medicaid								
Eligible Member Months	377,866	0.0%	377,866	377,866	377,866	377,866	377,866	
PMPM Cost	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.06	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 377,612,297	\$ 397,625,749	\$ 418,699,913	\$ 440,891,009	\$ 464,258,232	\$ 2,099,087,200
Demo Pop I - PCN Childless Adults								
Pop Type: Medicaid								
Eligible Member Months	70,097	4.9%	73,812	77,724	81,844	86,181	90,749	
PMPM Cost	\$ 48.97	5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40	
Total Expenditure			\$ 3,806,153	\$ 4,220,297	\$ 4,679,503	\$ 5,188,675	\$ 5,753,250	\$ 23,647,879
Demo Pop III/V - UPP Childless Adults								
Pop Type: Medicaid								
Eligible Member Months	159	4.9%	167	175	184	193	202	
PMPM Cost	\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 84.16	\$ 88.62	
Total Expenditure			\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	\$ 59,133
Targeted Adults								
Pop Type: Expansion								
Eligible Member Months		0%	78,000	78,000	78,000	78,000	78,000	
PMPM Cost		5.3%	\$ 979.53	\$ 1,031.45	\$ 1,086.11	\$ 1,143.68	\$ 1,204.29	
Total Expenditure			\$ 76,403,340	\$ 80,452,717	\$ 84,716,711	\$ 89,206,697	\$ 93,934,652	\$ 424,714,116
Adult Expansion I								
Pop Type: Expansion Est. Start: 1/1/19								
Eligible Member Months			-	258,930	517,860	791,088	904,416	
PMPM Cost		5.3%	\$ -	\$ 542.08	\$ 542.08	\$ 570.81	\$ 601.06	
Total Expenditure			\$ -	\$ 140,360,774	\$ 280,721,549	\$ 451,561,131	\$ 543,611,159	\$ 1,416,254,614
Employee Sponsored Insurance (ESI)								
Pop Type: Expansion Est. Start: 1/1/19								
Eligible Member Months			-	39,782	79,564	125,401	142,086	
PMPM Cost		5.3%	\$ -	\$ 230.63	\$ 230.63	\$ 242.85	\$ 255.72	
Total Expenditure			\$ -	\$ 9,174,946	\$ 18,349,892	\$ 30,454,166	\$ 36,334,799	\$ 94,313,803

Demo Pop I - PCN Adults w/Children								
Pop Type:		Hypothetical						
Eligible Member Months	104,836	5.9%	111,042	117,616	124,579	131,954	139,766	
PMPM Cost	\$ 46.18	5.3%	\$ 48.63	\$ 51.20	\$ 53.92	\$ 56.77	\$ 59.78	
Total Expenditure			\$ 5,399,479	\$ 6,022,242	\$ 6,716,833	\$ 7,491,536	\$ 8,355,592	\$ 33,985,680

Demo Pop III/V - UPP Adults with Children								
Pop Type:		Hypothetical						
Eligible Member Months	6,067	34.9%	\$ 8,181.96	\$ 11,034.19	\$ 14,880.70	\$ 20,068.12	\$ 27,063.86	
PMPM Cost	\$ 150.08	5.3%	\$ 158.04	\$ 166.41	\$ 175.23	\$ 184.52	\$ 194.30	
Total Expenditure			\$ 1,293,049	\$ 1,836,227	\$ 2,607,582	\$ 3,702,963	\$ 5,258,489	\$ 14,698,309

Dental - Blind/Disabled								
Pop Type:		Hypothetical						
Eligible Member Months		0%	412,361	412,361	412,361	412,361	412,361	
PMPM Cost		3.0%	\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
Total Expenditure			\$ 7,595,690	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	\$ 40,326,548

Former Foster Care								
Pop Type:		Hypothetical						
Eligible Member Months		0%	10	10	10	10	10	
PMPM Cost		4.8%	\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure			\$ 9,909	\$ 10,384	\$ 10,883	\$ 11,405	\$ 11,953	\$ 54,534

SUD								
Pop Type:		Hypothetical						
Eligible Member Months		6.9%	39,456	42,175	45,081	48,187	51,507	
PMPM Cost		5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
Total Expenditure			\$ 131,072,269	\$ 147,108,390	\$ 165,106,231	\$ 185,306,008	\$ 207,977,324	\$ 836,570,223

HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

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2											
3											
4	ELIGIBILITY	TREND	MONTHS	BASE YEAR	TREND	DEMONSTRATION YEARS (DY)					TOTAL
5	GROUP	RATE 1	OF AGING	DY 15 (SFY 17)	RATE 2	DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	WOW
6											
7	Current Eligibles										
8	Pop Type:	Medicaid									
9	Eligible Member Months	0.00%	0	377,866	0.0%	377,866	377,866.00	377,866	377,866.00	377,866	
10	PMPM Cost	5.30%	0	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
11	Total Expenditure					\$ 377,612,829.78	\$ 397,626,309.76	\$ 418,700,504.18	\$ 440,891,630.90	\$ 464,258,887.33	\$ 2,099,090,162
12											
13	Demo Pop I - PCN Adults with Children										
14	Pop Type:	Hypothetical									
15	Eligible Member Months	5.92%	0	104,836	5.9%	111,042	117,615.99	124,579	131,953.93	139,766	
16	PMPM Cost	5.30%	0	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
17	Total Expenditure					\$ 5,399,986.62	\$ 6,022,808.12	\$ 6,717,464.35	\$ 7,492,240.57	\$ 8,356,377.61	\$ 33,988,877
18											
19	Demo Pop III/IV - UPP Adults with Children										
20	Pop Type:	Hypothetical									
21	Eligible Member Months	34.9%	0	6,067	34.9%	8,181.96	11,034.19	14,880.70	20,068.12	27,063.86	
22	PMPM Cost	5.3%	0	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 184.51	\$ 194.29	
23	Total Expenditure					\$ 1,292,995	\$ 1,836,150	\$ 2,607,473	\$ 3,702,809	\$ 5,258,269	\$ 14,697,695
24											
25	Dental - Targeted Adults										
26	Pop Type:	Expansion					Est. Start: 1/1/19				
27	Eligible Member Months		0			-	18,000	36,000	36,000	36,000	
28	PMPM Cost	5.3%	0		5.3%	\$ -	\$ 33.33	\$ 35.10	\$ 36.96	\$ 38.92	
29	Total Expenditure					\$ -	\$ 600,000	\$ 1,263,600	\$ 1,330,571	\$ 1,401,091	\$ 4,595,262
30											
31	Family Planning										
32	Pop Type:	Hypothetical					Est. Start: 1/1/19				
33	Eligible Member Months		0	-		-	67,200	134,400	134,400	134,400	
34	PMPM Cost	5.3%	0	\$ -	5.3%	\$ -	\$ 19.54	\$ 20.58	\$ 21.67	\$ 22.81	
35	Total Expenditure					\$ -	\$ 1,313,050	\$ 2,765,283	\$ 2,911,843	\$ 3,066,171	\$ 10,056,348
36											
37	System of Care										
38	Pop Type:	Hypothetical					Est. Start: 1/1/19				
39	Eligible Member Months		0			-	720	1,440	1,440	1,440	
40	PMPM Cost	5.3%	0		5.3%	\$ -	\$ 2,100.00	\$ 2,211.30	\$ 2,328.50	\$ 2,451.91	
41	Total Expenditure					\$ -	\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	\$ 3,530,749	\$ 11,580,060
42											
43	Dental - Blind/Disabled										
44	Pop Type:	Hypothetical									
45	Eligible Member Months	0%	0			412,361	412,361	412,361	412,361	412,361	
46	PMPM Cost	3.0%	0			\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
47	Total Expenditure					\$ 7,595,689.62	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	\$ 40,326,548
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54											
55	SUD										
56	Pop Type:	Hypothetical									
57	Eligible Member Months	6.9%	18	36,913	6.9%	39,456	42,175	45,081	48,187	51,507	
58	PMPM Cost	5.0%	18	\$ 3,163.77	5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
59	Total Expenditure					\$ 131,072,269	\$ 147,108,390	\$ 165,106,231	\$ 185,306,008	\$ 207,977,324	\$ 836,570,223

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

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Current Eligibles								
Pop Type: Medicaid								
Eligible Member Months	377,866	0%	377,866	377,866	377,866	377,866	377,866	
PMPM Cost	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.06	\$ 1,166.79	\$ 1,228.63	
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							\$ 23,647,879	
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Pop Type: Medicaid								
Eligible Member Months	159	4.9%	167	175	184	193	202	
PMPM Cost	\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 84.16	\$ 88.62	
Total Expenditure			\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	
							\$ 59,133	
Targeted Adults								
Pop Type: Expansion								
Eligible Member Months		0%	78,000	78,000	78,000	78,000	78,000	
PMPM Cost		5.3%	\$ 979.53	\$ 1,031.45	\$ 1,086.11	\$ 1,143.68	\$ 1,204.29	
Total Expenditure			\$ 76,403,340	\$ 80,452,717	\$ 84,716,711	\$ 89,206,697	\$ 93,934,652	
							\$ 424,714,116	
Dental - Targeted Adults								
Pop Type: Expansion			Est. Start: 1/1/19					
Eligible Member Months			-	18,000	36,000	36,000	36,000	
PMPM Cost		5.3%	\$ -	\$ 33.33	\$ 35.10	\$ 36.96	\$ 38.92	
Total Expenditure			\$ -	\$ 600,000	\$ 1,263,600	\$ 1,330,571	\$ 1,401,091	
							\$ 4,595,262	
Family Planning								
Pop Type: Hypothetical			Est. Start: 1/1/19					
Eligible Member Months			-	67,200	134,400	134,400	134,400	
PMPM Cost		5.3%	\$ -	\$ 19.54	\$ 20.58	\$ 21.67	\$ 22.81	
Total Expenditure			\$ -	\$ 1,313,050	\$ 2,765,283	\$ 2,911,843	\$ 3,066,171	
							\$ 10,056,348	

System of Care								
Pop Type: Hypothetical		Est. Start: 1/1/19						
Eligible Member Months			-	720	1,440	1,440	1,440	
PMPM Cost	5.3%	\$	-	\$ 2,100.00	\$ 2,211.30	\$ 2,328.50	\$ 2,451.91	
Total Expenditure		\$	-	\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	\$ 3,530,749	\$ 11,580,060

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Pop Type: Hypothetical								
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Pop Type: Hypothetical								
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PMPM Cost	\$ 150.08	5.3%	\$ 158.04	\$ 166.41	\$ 175.23	\$ 184.52	\$ 194.30	
Total Expenditure		\$	\$ 1,293,049	\$ 1,836,227	\$ 2,607,582	\$ 3,702,963	\$ 5,258,489	\$ 14,698,309

Dental - Blind/Disabled								
Pop Type: Hypothetical								
Eligible Member Months		0%	412,361	412,361	412,361	412,361	412,361	
PMPM Cost		3.0%	\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
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Former Foster Care								
Pop Type: Hypothetical								
Eligible Member Months		0%	10	10	10	10	10	
PMPM Cost		4.8%	\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure		\$	\$ 9,909	\$ 10,384	\$ 10,883	\$ 11,405	\$ 11,953	\$ 54,534

SUD								
Pop Type: Hypothetical								
Eligible Member Months		6.9%	39,456	42,175	45,081	48,187	51,507	
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Total Expenditure		\$	\$ 131,072,269	\$ 147,108,390	\$ 165,106,231	\$ 185,306,008	\$ 207,977,324	\$ 836,570,223

ATTACHMENT 2

Public Notice Requirements



4770 S. 5600 W.
WEST VALLEY CITY, UTAH 84118
FED.TAX I.D.# 87-0217663
801-204-6910

Deseret News

Utah Media Group

The Salt Lake Tribune

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CUSTOMER NAME AND ADDRESS

UTAH DEPARTMENT OF HEALTH BUREAU OF
COVERAGE/REIMBURSEME,
CRAIG DEVASHRAYEE
PO BOX 143102

ACCOUNT NUMBER

9001406923

DATE

5/7/2018

SALT LAKE CITY UT 84114

ACCOUNT NAME

UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURSEME,

TELEPHONE

8015386641

ORDER # / INVOICE NUMBER

0001206604 /

PUBLICATION SCHEDULE

START 05/06/2018 END 05/06/2018

CUSTOMER REFERENCE NUMBER

QAZ: Public Hearing 1115 PCN Waiver Amendments

CAPTION

PUBLIC HEARING 1115 Primary Care Network Waiver Amendments The Utah Departm

SIZE

68 LINES 2 COLUMN(S)

TIMES

3

TOTAL COST

233.48

**PUBLIC HEARING
1115 Primary Care Network Waiver Amendments**

The Utah Department of Health - Division of Medicaid and Health Financing (DMHF) will hold public hearings to discuss proposed amendments to the 1115 Primary Care Network Demonstration Waiver. Proposed changes to the waiver are required to implement the provisions of House Bill 472 "Medicaid Expansion Revisions", House Bill 435 "Medicaid Dental Benefits", and House Bill 12 "Family Planning Services Amendments", which were passed during the 2018 General Session. In addition, the State is requesting authority to provide specific services to at-risk Medicaid children and youth.

DMHF is requesting authority to implement Medicaid eligibility for adults, age 19-64 who have household income up to 95% of the Federal Poverty Level (FPL). In addition, the amendment adds a work requirement for this adult group, provides the authority to require that an adult purchase Employer Sponsored Insurance (if available), and requests the ability to close enrollment in the program if costs are projected to be higher than the money provided for the program.

- The State is also requesting authority to:
- Add dental benefits for Targeted Adult Medicaid members who are receiving Substance Use Disorder (SUD) treatment;
 - Implement Medicaid eligibility for adults not otherwise eligible for Medicaid to provide them with family planning services; and
 - Provide specific services to at-risk Medicaid eligible children and youth in state custody or those at risk of being placed in state custody, and their families.

These topics will be discussed at public hearings to be held on Friday, May 11, 2018, from 4:00 p.m. to 6:00 p.m., and on Thursday, May 17, 2018, from 2:00 p.m. to 4:00 p.m. as part of the Medical Care Advisory Committee (MCAC) meeting.

The first hour of each meeting will cover dental benefits for Targeted Adult Medicaid members, the family planning services amendment, and services for at-risk Medicaid children and youth.

The second hour of each meeting will cover the amendment to implement Medicaid eligibility for adults with income up to 95% FPL and the related requirements from House Bill 472.

Both hearings will be held in Room 125 at the Cannon Health Building, 288 North 1460 West, Salt Lake City, Utah.

A conference line is available for those who would like to participate by phone: 1-877-820-7831, passcode 378804#.

Individuals requiring an accommodation to fully participate in the meeting should contact Jennifer Meyer-Smart at 801-538-6338 by 5:00 p.m. on Friday, May 8, 2018.

A copy of the DMHF Request for Amendment is available online at <https://medicaid.utah.gov/1115-waiver-1206604>

UPA\JLP

AFFIDAVIT OF PUBLICATION

AS NEWSPAPER AGENCY COMPANY, LLC dba UTAH MEDIA GROUP LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF **PUBLIC HEARING 1115 Primary Care Network Waiver Amendments The Utah Department of Health Division of Medicaid and Health Financing (DMHF) will hold public he** FOR **UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURSEME**, WAS PUBLISHED BY THE NEWSPAPER AGENCY COMPANY, LLC dba UTAH MEDIA GROUP, AGENT FOR DESERET NEWS AND THE SALT LAKE TRIBUNE, DAILY NEWSPAPERS 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 Start 05/06/2018 End 05/06/2018

DATE 5/7/2018

SIGNATURE Jae Levi

STATE OF UTAH)

COUNTY OF SALT LAKE)

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 6TH DAY OF MAY IN THE YEAR 2018

BY JAE LEVI



Ludmudson
NOTARY PUBLIC SIGNATURE

Department of Health:
UDOH - General Notices

Entity: Department of Health

Body: [UDOH - General Notices](#)

Subject: Medicaid Health Care

Notice Title: Public Hearing on 1115 PCN Waiver Amendments

Notice Type: Hearing

Event Start Date & Time: May 11, 2018 04:00 PM

Event End Date & Time: May 11, 2018 06:00 PM

Description/Agenda:

PUBLIC HEARING

1115 Primary Care Network Waiver Amendments

The Utah Department of Health - Division of Medicaid and Health Financing (DMHF) will hold public hearings to discuss proposed amendments to the 1115 Primary Care Network Demonstration Waiver. Proposed changes to the waiver are required to implement the provisions of House Bill 472 'Medicaid Expansion Revisions', House Bill 435 'Medicaid Dental Benefits', and House Bill 12 'Family Planning Services Amendments', which were passed during the 2018 General Session. In addition, the State is requesting authority to provide specific services to at-risk Medicaid children and youth.

DMHF is requesting authority to implement Medicaid eligibility for adults, age 19-64 who have household income up to 95% of the Federal Poverty Level (FPL). In addition, the amendment adds a work requirement for this adult group, provides the authority to require that an adult purchase Employer Sponsored Insurance (if available), and requests the ability to close enrollment in the program if costs are projected to be higher than the money provided for the program.

The State is also requesting authority to:

- Add dental benefits for Targeted Adult Medicaid members who are receiving Substance Use Disorder (SUD) treatment;

- Implement Medicaid eligibility for adults not otherwise eligible for Medicaid to provide them with family planning services; and
- Provide specific services to at-risk Medicaid eligible children and youth in state custody or those at risk of being placed in state custody, and their families.

These topics will be discussed at public hearings to be held on Friday, May 11, 2018, from 4:00 p.m. to 6:00 p.m., and on Thursday, May 17, 2018, from 2:00 p.m. to 4:00 p.m. as part of the Medical Care Advisory Committee (MCAC) meeting.

The first hour of each meeting will cover dental benefits for Targeted Adult Medicaid members, the family planning services amendment, and services for at-risk Medicaid children and youth.

The second hour of each meeting will cover the amendment to implement Medicaid eligibility for adults with income up to 95% FPL and the related requirements from House Bill 472.

Both hearings will be held in Room 125 at the Cannon Health Building, 288 North 1460 West, Salt Lake City, Utah.

A conference line is available for those who would like to participate by phone: 1-877-820-7831, passcode 378804#.

Individuals requiring an accommodation to fully participate in the meeting should contact Jennifer Meyer-Smart at 801-538-6338 by 5:00 p.m. on Friday, May 8, 2018.

A copy of the DMHF Request for Amendment is available online at <https://medicaid.utah.gov/1115-waiver>.

Notice of Special Accommodations:

In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify Betsy Coleman or Jennifer Meyer-Smart at 801-538-6338.

Notice of Electronic or telephone participation:

A conference line is available for those who would like to participate by phone: 1-877-820-7831, passcode 378804#.

Other Information

This notice was posted on: April 30, 2018 03:44 PM

This notice was last edited on: April 30, 2018 03:44 PM

Deadline Date: May 11, 2018 06:00 PM

Department of Health:
UDOH - General Notices

Entity: Department of Health

Body: [UDOH - General Notices](#)

Subject: Medicaid Health Care

Notice Title: Public Hearing on 1115 PCN Waiver Amendments

Notice Type: Hearing

Event Start Date & Time: May 17, 2018 02:00 PM

Event End Date & Time: May 17, 2018 04:00 PM

Description/Agenda:

PUBLIC HEARING

1115 Primary Care Network Waiver Amendments

The Utah Department of Health - Division of Medicaid and Health Financing (DMHF) will hold public hearings to discuss proposed amendments to the 1115 Primary Care Network Demonstration Waiver. Proposed changes to the waiver are required to implement the provisions of House Bill 472 'Medicaid Expansion Revisions', House Bill 435 'Medicaid Dental Benefits', and House Bill 12 'Family Planning Services Amendments', which were passed during the 2018 General Session. In addition, the State is requesting authority to provide specific services to at-risk Medicaid children and youth.

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Other Information

This notice was posted on: April 30, 2018 03:54 PM

This notice was last edited on: April 30, 2018 03:54 PM

Deadline Date: May 17, 2018 04:00 PM

SPECIAL NOTICES

Health Health Care Financing, Coverage and Reimbursement Policy

Public Hearing on Proposed Rule R414-518, Emergency Services Program for Non-Citizens

There is a public hearing on proposed Rule R414-518 at the Utah Department of Health, Cannon Health Building, 288 North 1460 West, Room 125, Salt Lake City, Utah on Thursday, May 3, 2018, from 1:00 p.m. - 3:00 p.m.

The agenda is as follows:

1. Welcome - Blake Anderson, Hearing Officer
2. Introduction to Rule R414-518, Emergency Services Program for Non-Citizens
3. Public comments
4. Conclusion

Individuals who wish to participate in this meeting by telephone may contact the Conference Line at 1-877-820-7831. The Participant Passcode is 154788#.

A copy of this proposed rule may be obtained from Craig Devashrayee (801-538-6641), or by writing the Technical Writing Unit, Utah Department of Health, P.O. Box 143102, Salt Lake City, UT 84114-3102.

Please send any written comments regarding this proposed rule to cdevashrayee@utah.gov or to the Director's Office, Division of Medicaid and Health Financing, PO Box 143101, Salt Lake City, Utah 84114-3101.

Health Health Care Financing, Coverage and Reimbursement Policy

Hearings on 1115 Primary Care Network Demonstration Waiver

The Utah Department of Health -- Division of Medicaid and Health Financing (DMHF) will hold public hearings to discuss proposed amendments to the 1115 Primary Care Network Demonstration Waiver. Proposed changes to the waiver are required to implement the provisions of H.B. 472 "Medicaid Expansion Revisions", H.B. 435 "Medicaid Dental Benefits", and H.B. 12 "Family Planning Services Amendments", which were passed during the 2018 General Session. In addition, the state is requesting authority to provide specific services to at-risk Medicaid children and youth.

DMHF is requesting authority to implement Medicaid eligibility for adults, age 19-64 who have household income up to 95% of the Federal Poverty Level (FPL). In addition, the amendment adds a work requirement for this adult group, provides the authority to require that an adult purchase Employer Sponsored Insurance (if available), and requests the ability to close enrollment in the program if costs are projected to be higher than the money provided for the program.

The State is also requesting authority to:

1. Add dental benefits for Targeted Adult Medicaid members who are receiving Substance Use Disorder (SUD) treatment;
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SPECIAL NOTICES

3. Provide specific services to at-risk Medicaid eligible children and youth in state custody or those at risk of being placed in state custody, and their families.

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A conference line is available for those who would like to participate by phone: 1-877-820-7831, passcode 378804#. Individuals requiring an accommodation to fully participate in the meeting should contact Jennifer Meyer-Smart at 801-538-6338 by 5:00 pm on Friday, May 4, 2018.

**Health
Health Care Financing, Coverage and Reimbursement Policy**

Comments on 1115 Primary Care Network Demonstration Waiver

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) is accepting comments regarding proposed amendments to the Primary Care Network 1115 Demonstration Waiver.

A copy of the DMHF Request for Amendment is available online at <https://medicaid.utah.gov/1115-waiver>

The public may comment on the proposed amendments through May 31, 2018, by submitting comments online at: <https://medicaid.utah.gov/public-comments-0>

<http://health.utah.gov/MedicaidExpansion/comments.html>.

End of the Special Notices Section

SPECIAL NOTICES

Health Health Care Financing, Coverage and Reimbursement Policy

Notice for June 2018 Medicaid Rate Changes

Effective June 1, 2018, Utah Medicaid will adjust its rates consistent with approved methodologies. Rate adjustments include new codes priced consistent with approved Medicaid methodologies as well as potential adjustments to existing codes. All rate changes are posted to the web and can be viewed at: <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

Health Health Care Financing, Coverage and Reimbursement Policy

Hearing on 1115 Primary Care Network Demonstration Waiver

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) will hold public hearings to discuss proposed amendments to the 1115 Primary Care Network Demonstration Waiver. Proposed changes to the waiver are required to implement the provisions of H.B. 472 "Medicaid Expansion Revisions", H.B. 435 "Medicaid Dental Benefits", and H.B. 12 "Family Planning Services Amendments", which were passed during the 2018 General Session. In addition, the State is requesting authority to provide specific services to at-risk Medicaid children and youth.

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Health
Health Care Financing, Coverage and Reimbursement Policy
Comments on 1115 Primary Care Network Demonstration Waiver

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) is accepting comments regarding proposed amendments to the Primary Care Network 1115 Demonstration Waiver.

A copy of the DMHF Request for Amendment is available online at <https://medicaid.utah.gov/1115-waiver>.

The public may comment on the proposed amendments through May 31, 2018 by submitting comments online at <https://medicaid.utah.gov/public-comments-0>

<http://health.utah.gov/MedicaidExpansion/comments.html>.

Health
Health Care Financing, Coverage and Reimbursement Policy
Outpatient Hospital Supplemental Payments

The Division of Medicaid and Health Financing (DMHF) will submit a change to the Medicaid State Plan to reference the utilization and inflation trend rates for each state fiscal year regarding outpatient hospital supplemental payments.

This change, therefore, references the Medicaid website to find the utilization and inflation trend rates for State Fiscal Year (SFY) 2019 moving forward.

DMHF expects annual savings of about \$977,800 in SFY 2019 to result from this change.

This State Plan Amendment (SPA 18-0003-UT) is pending approval from the Centers for Medicare & Medicaid Services and the proposed effective date is July 1, 2018.

A copy of this change may be obtained from Craig Devashrayee (801-538-6641), or by writing the Technical Writing Unit, Utah Department of Health, P.O. Box 143102, Salt Lake City, UT 84114-3102. Comments are welcome at the same address. Copies of this change are also available at local county health department offices.

Health
Health Care Financing, Coverage and Reimbursement Policy
Annual Rebasing Update

The Division of Medicaid and Health Financing (DMHF) will submit an amendment to the Medicaid State Plan based on the existing requirement to annually rebase pricing of physician codes.

This State Plan Amendment (SPA 18-0006-UT), therefore, updates the effective date of the pricing to July 1, 2018, for the following services:

- Home Health Services;
- Physician and Anesthesia Services;
- Optometry Services;

ATTACHMENT 3

Tribal Consultation





Utah Indian Health Advisory Board (UIHAB) Meeting

5/11/2018

9 AM –1:00 PM

Utah Department of Health

Cannon Health Building

288 North 1460 West

Room 128

Salt Lake City, UT 84114

(801) 538-6771 or (801) 712-9346

Meeting called by:	UIHAB
Type of meeting:	Consultation Meeting with Medicaid & Monthly UIHAB
Facilitator:	Melissa Zito
Note taker:	Ginny Henderscheid Call In 1-877-820-7831 <u>passcode 120741#</u>
Please Review:	Consultation Documents. Board minutes Medicaid Rules & SPA document(s), & additional materials via presenters.

Agenda topic

8:30 AM	Welcome & Introductions	LeAnna VanKeuren, Acting Chair
	Consultation Utah Medicaid Expansion Waiver	Nate Checketts, Medicaid Dir.
10:00 AM	<i>BREAK</i>	
10:15 AM	UIHAB Meeting: Committee Updates & Discussion	
	<ul style="list-style-type: none"> ✦ UT Medicaid Eligibility Policy ✦ Medicaid & CHIP State Plan Amendments (SPA) & Rules ✦ DWS Medicaid Eligibility Operations ✦ Federal and State Health Policy Impacting I/T/U ✦ MCAC & CHIP Advisory Committee 	Jeff Nelson & Team (Amanda/Michelle) Craig Devashrayee Jacoy Richins Melissa Zito Donna Singer LeAnna VanKeuren
11:15 AM	<u>UIHAB PRIORITIES</u>	
	<ul style="list-style-type: none"> ✦ Diabetes/Obesity <ul style="list-style-type: none"> ✓ MCH Building Block ✓ MCH Teen Pregnancy Prevention Grant ✦ Data/Data Sharing ✦ Strengthening Families <ul style="list-style-type: none"> ✓ Preparedness Training Opportunity ✦ Medicaid/Medicaid Expansion 	Lynne Nilson Elizabeth Gerke Lilian Tom-Orm (invited)
12:15 PM		
12:30 PM	I/T/U & UDOH Updates	
1:00 PM	Wrap UP –Adjourn	



Utah Indian Health Advisory Board Tribal Leadership Reporting Tool

DATE: _____

Consultation: Medicaid Expansion Waiver

UIHAB Meeting: State Agency Updates & Discussions: Policy & Legislative Updates

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

DWS Medicaid Eligibility

MCAC

CHIP Advisory Committee

Agenda Item Updates: I/T/U Program Updates

UIHAB Priorities

Guest Speakers/In-service/Activities

Tribal leadership Feedback

NOTES

Tribal Consultation & UIO Conferment Meeting

Minutes of Meeting May 11, 2018

Utah Department of Health, Conference Room 128

8:30 a.m. – 10:30 a.m.

Participants

LeAnna VanKeuren, Health Director, Urban Indian Center of Salt Lake

Mike Jensen, CEO, Utah Navajo Health System, Inc. **(via phone)**

Christine Steele, Community Health Representative, Confederated Tribes of the Goshute Reservation

Lorena Horse, Director, Sacred Circle Health Care

Helen Steele, Transportation Coordinator, Confederated Tribes of the Goshute Reservation

Elaine Cantsee, Councilwoman, Ute Mountain Ute White Mesa **(via phone)**

Vida Khow, Navajo Area Indian Health Service

Michele Lefebvre, Health Director, Paiute Indian Tribe of Utah

Tami Borhardt-Slayton, Chairwoman, Paiute Indian Tribe of Utah

Ryan Ward, Navigator, Urban Indian Center of Salt Lake

Tim McCreary, PA, Uintah & Ouray Service Unit, IHS, Ft. Duchesne UT

Rupert Steele, Chairman, Confederate Tribes of Goshute Reservation

James Toledo, Utah Division of Indian Affairs

Carol Chicharello, Phoenix Area Office, Indian Health Services (IHS) **(via phone)**

Lora Tom, Deputy Health Director, Paiute Indian Tribe of Utah

Tyler Goddard, Behavioral Health Director, Paiute Indian Tribe of Utah

Paul Tsoie, Legal Service, Confederate Tribes of the Goshute Reservation

Gloria Segay, MD, Director, Navajo Nation Department of Health **(via phone)**

Hope Jackson, Councilwoman, Confederated Tribes of the Goshute Reservation

DOH Staff

Nate Checketts, Director, Medicaid and Health Financing, Utah Department of Health

Marc Babitz, Deputy Director, Utah Department of Health

Tonya Hales, Assistant Division Director, Medicaid and Health Financing, Utah Department of Health

Jennifer Meyer-Smart, Program manager, Medicaid and Health Financing, Utah Department of health

Jeff Nelson, Director, Bureau of Eligibility Policy (BEP), Medicaid and Director of CHIP

Melissa Zito, AI/AN Health Liaison/Health Policy Consultant, Office of AI/AN Health Affairs, Utah Department of Health

Jeremy Taylor, Intern, Office of AI/AN Health Affairs, Utah Department of Health

Ginny Henderscheid, Meeting Recorder, Medicaid Administrative Secretary, **BMHC**, Utah Department of Health

Welcome and Introductions

Melissa Zito

Meeting started at 8:34 a.m. Melissa welcomed everyone and asked for introductions. After introductions Melissa turned over the meeting to Nate Checketts, Director of Utah Medicaid.

Utah Medicaid Expansion Waiver – Nate Checketts, Medicaid Director

Nate welcomed everyone to this consultation meeting and gave a summary of the Utah Medicaid Adult Expansion Waiver.

As a result of House Bill 472, Medicaid Expansion Revisions were passed during the 2018 General Session. This allows the State to expand Medicaid eligibility to adults using the eligibility criteria. Projected enrollment is approximately 70,000 to 90,000 individuals. Four requests proposed are:

1. Requesting a 90% Federal 10% State match, up to the federal poverty level (FPL).
2. Authority to apply enrollment limits, if the state does not have sufficient funds to continue program.
3. Employee sponsored insurance (ESI) reimbursement. Individuals will be required to enroll in and purchase their employer's insurance plan. The State will reimburse the eligible individual for their portion of the premium.
4. Requiring individuals eligible for adult expansion to participate in a work requirement. Exemptions will include pregnant women, American Indian/Alaska Natives (AI/AN), and those receiving SNAP and complying with the requirements.

Eligibility criteria:

- Adults ages 19 through 64
- U.S. citizen or qualified alien
- Resident of Utah and not residing in a public institution.
- Household income at or below 95% of the FPL.
- Ineligible for other Medicaid programs that do not require a spenddown to qualify.

Section 1115 PCN Demonstration Amendment – Adult Expansion Medicaid

Michele LeFebvre commented on Medicaid work requirements. She reported there are concerns from the tribal leader advisory council and on the federal side, that CMS has discussed the exemption of work requirements for AI/AN as a civil or race concern. Michele appreciated the states position in supporting the tribes and other states supporting tribes but there is still the concern it leads the way to CMS possibly imposing their position which will ultimately negatively impact AI/AN's. Michele stated, tribes are taking a precedence to this issue in that this is not a civil rights issue but a trust responsibility from the federal government.

Paul Tsosie commented the right wording and language would be beneficial for all tribes in the state of Utah in issuing a statement. Jennifer Meyer-Smart will contact Paul for assistance.

Dr. Segay from the Navajo Nation commented the civil rights and race matter has also been discussed in length. Dr. Segay stated the Navajo Nation is in full support of taking opposition in this matter and urged tribal leaders to contact the Navajo Nation for any assistance.

Michele shared letters to Senator Hatch, and Alex Hazier that were submitted by the Paiute Indian Tribe of Utah (PITU) and encouraged all tribes to voice their support for an exemption in sending letters to their representative. Melissa Zito indicated letter templates are also available on the National Indian Health Board (NIHB) web site and can be forwarded to tribal leaders and Utah Indian Health Advisory Board (UIHAB) representatives.

Rupert Steele commented on the AI/AN eligibility criteria issue and stated this is not the first time administration has AI/AN in a race category rather than a political entity. Rupert spoke of other federal issues in the past and stated even those issues that were opposed were still put in place without further consideration.

A question regarding work requirements that the State proposes to exempt certain individuals from the requirement stating if a person is physically or mentally unable to work they are exempt. How is this determined? Nate responded when applying the individual may indicate on the application they are unable to work and the eligibility staff will accept that declaration. If clarification is needed a doctor's statement may be necessary.

LeAnna asked to clarify work requirements as mandatory and voluntary.

Nate responded by Mandatory work requirement participation is if an individual does not meet an exemption they are required to complete participation requirements within the three-month period. Once they have met the work requirement, they will be eligible for the remainder of their eligibility period. Eligibility periods are 12 months where the individual must complete participation requirements every 12 months to continue to receive Medicaid. The activities include completing an evaluation, receiving online job training, performing online job searches and making job contacts. Failure to complete requirements after the fourth month they will lose Medicaid eligibility and not able to be eligible for Medicaid again until the requirements are completed. This is all handled by DWS.

Volunteer requirements will open up the same system to individuals but failure to participate in the work requirements will not result in a change in Medicaid eligibility and coverage will remain.

Elaine Cantsee commented in remote areas there is lack of employment and no options for job opportunities, how is this going to be handled? Nate responded that this has been taken into consideration by proposing AI/AN will be exempt from the work requirement. AI/AN will not lose eligibility if they fail to participate referencing the *Good Cause Exemption* stating the State will waive loss of eligibility if an individual claims good cause, but if they wanted to participate it is by choice.

Ryan Ward questioned the projected enrollment for 70,000-90,000 individuals. When the projected enrollment is reach is this where the cap will merge? Nate indicated that this is based on the funds that is appropriated and subjected to several factors. A cap could be put in place when funds are running low. However, if the legislature views that funds are low it may be possible to appropriate more funding towards the program for more enrollment.

Ryan asked to clarify the 95% of FPL with the 5% disregard making it 100%. Nate responded the Affordable Care Act stated this is the highest FPL that can be covered by any population. The government requirement is to apply a 5% FPL income disregard. It was explained an individual may report income of 100% FPL however, the requirement is to take 5% FPL income disregard making the individual eligible for this program with 95% FPL. To match the 100% federal exchange DOH requests 95% FPL with the knowledge that the 5% will be processed making this 100% FPL.

LeAnna asked if the Targeted Adult Medicaid (TAM) might merge with the Adult Expansion Medicaid. Nate responded TAM individuals are included in this expansion population. One way to pay for the expansion is that TAM is paid by 30% state funds and if the expansion is approved this will move to 10% state funds in which is a better match rate indicating left over state funds that will be used to cover new individuals in the expansion. It is intended to keep TAM separate to protect the benefits of the 12 month continuous eligibility. It was explained if an individual is on the TAM and starts with zero income and three months down they get employment these individuals may continue for the full year and not be taken off the program.

Rupert Steele asked if the 70 federal 30 state match would ever change. Nate responded every year it is adjusted based on Utah's per capita income relative to the national per capita income.

Hope Jackson regarding supporting the use of employer-sponsored insurance is there an income limit? Nate responded currently the income limit is up to the FPL. Nate clarified the Utah Premium Partnership (UPP) program which will help make health insurance more affordable for individuals and families who do not have insurance by helping them pay their monthly premium. After you enroll and begin paying your health insurance premiums, you receive a monthly

reimbursement of up to \$1500 for individuals and \$1200 for children. There are also options for your child's dental coverage.

Section 1115 PCN Demonstration Amendment – Family Planning Services

Family Planning Services was the results of House Bill 12, Family Planning Services Amendments which passed during the 2018 General Session. Projected enrollments is 11,200 individuals for eligible individuals who will receive specific family planning services. This waiver is for the same population as the adult expansion.

- Women and men ages 19-64.
- Household income at or below 95% FPL.
- Ineligible for coverage under any other Medicaid program.

Nate reported, if the Adult Expansion Medicaid is approved the family planning services will not be pursued. The adult expansion waiver will provide all the benefits of family planning, such as physical, and behavioral health. This waiver is a backup if there is a possibility that the adult expansion is not on track or approval is denied.

Vida Rkow questioned the age eligibility of 19-64 years with accessing to family planning services, as below this age limit the younger population would be in need of this service. Nate responded those under nineteen and at the income level are eligible for full Medicaid and these services are covered. This waiver applies only to those individuals that are taken off Medicaid at age 19.

Section 1115 PCN Demonstration Amendment –SUD Dental Benefits

The State seeks to extend dental benefits to the 2,000 Targeted Adult groups. The objectives is to promote better clinical outcomes and reducing costs by improving the success rate of Medicaid. Eligibility to qualify for dental benefits are:

- Actively receiving mental health treatment.
- Those receiving substance use treatment from licensed facilities.
- Chronically homeless individuals.
- Those that are in the justice system.
- Dental benefits has to be provided by certain providers that meets the programs 70/30 state match and willing to pay an amount equal to the program's non-federal share of the cost of providing dental services.

Nate reported that currently only one entity that meets the definition in statute is the University of Utah Dental School. Currently, UDOH is working with U of U Dental School to meet the requirements. There is a limited group that qualify.

Melissa questioned if there is consideration to utilize health centers to provide dental service? Nate responded CMS will only accept entities that is willing to pay for an amount equal to the program's non-federal share. Nate indicated those funds would need to be provided by public funds. Most health centers do not have access to state or local appropriations. The funds can't be federal or private.

Third party donations was discussed. Nate stated this could be considered but explained to meet the 70/30 state match, CMS would examine thoroughly any public donation of funds scrutinizing that the services could not benefit the dental providers in any way. Also, traditional donations are usually one-time only and this program would need to be on-going.

Michele Lefabvre commented this should be considered stating that IHS center goals are to serve the under-served populations and currently the infra-structure is already in place and providing services.

Nate asked how many facilities are providing substance abuse and dental services. A majority showed providing one or the other, Nate will review the statute for future reference to consider this.

Section 1115 PCN Demonstration Amendment – Services for At Risk Medicaid Eligible Children/Youth Amendment #18

This waiver was requested from Utah Department of Human Services (DHS) to provide services to children and youth in state custody or those at risk of being placed in state custody and their families. This amendment is intended to support Utah's System of Care. Services will be provided as a bundled daily rate on a fee for service (FFS) basis. Claims will only be submitted for the Medicaid eligible child/youth. The goal is to help children in custody return to their families and to keep children and youth who are at risk in the community from being placed in state custody and being removed from their families, schools and communities. Eligibility criteria are:

- Medicaid eligible child/youth under age 22.
- Recipient of services, or an individual at risk of receiving services from two or more DHS agencies.
- Experiencing significant emotional and/or behavioral challenges.
- At risk of being placed into the custody of a state agency.
- Behavioral or emotional concerns prevent the child/youth from returning home or to a permanent community-based placement.
- Has been involved in the Juvenile Competency process.
- Has been referred to the DHS High Level Staffing Committee.

Hope Jackson questioned, for those children in state custody what was provided and covered? Nate referred to the handout Amendment #18, page 5 and 6 regarding the services and what services are to be included in the bundled daily rate for At Risk Children/Youth. Services not currently provided under the Utah State Plan are:

- Non-medical transportation
- Respite
- Care Management

LeAnna asked if the tribal transportation is still valid. Nate responded that this will not change any of the existing tribal transportation contracts.

Rupert Steele questioned if a tribal member has custody over an individual, what is the state representative's authority? Nate was not able to respond and would need to clarify with DHS.

OTHER

Nate Checketts

Nate gave a summary of the process of the amendment waivers for approval. Three public comments meeting to discuss these four waiver. Forms are available for comments. Submit comment may be sent by website, email or formal letters are recommended. Submission of comments is June 30, 2018 to Center for Medicaid Services (CMS) which CMS has 30 days for public comment. After the 30 day public comment CMS has 15 days to review. Utah's start dates, if approved is January 1, 2019.

Melissa encourage all public comments. UIHAB has written a position paper on issues and concerns that is provided to Medicaid. Also, Utah tribal leaders meetings has been included for comments and input and has also been submitted to Medicaid. The final steps is that all comments are processed to CMS. All tribes are encouraged to submit to Melissa for any submissions.

Adjourn with no further comments to consider, the meeting was adjourned at 10:34 a.m.

ATTACHMENT 4

Medical Care Advisory Committee

Public Hearing

May 17, 2018



Medical Care Advisory Committee Agenda

Meeting: Medical Care Advisory Committee
 Date: May 17, 2018
 Start Time: 2:00 p.m.
 End Time: 4:00 p.m.
 Location: Room 125
 Cannon Health Building
 288 North 1460 West
 Salt Lake City, UT, 84114

Agenda Items

- | | | | |
|---|---|----------------|------------|
| 1. | Welcome | Andrew Riggle | 5 Minutes |
| **1115 Primary Care Network Waiver Amendments Public Hearing** | | | |
| 2. | Family Planning Services, Dental Benefits for Targeted Adult Medicaid Members, Services for At-Risk Medicaid Children and Youth | Nate Checketts | 55 Minutes |
| 3. | Medicaid Eligibility for Adults with Income up to 95% FPL | Nate Checketts | 60 Minutes |

* Informational handout in the packet sent to Committee members

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

*** Please send meeting topics or other correspondence to Krisann Bacon

(krisannbacon@utah.gov)

**** If unable to attend in person, the phone # is (877) 820-7831 guest passcode 378804#****

Next Meeting: Thursday June 21, 2018
4:00 pm – 6:00 pm **Note the atypical time**
 Room 125
 Cannon Health Building
 288 North 1460 West
 Salt Lake City, UT, 84114

Medical Care Advisory Committee

Minutes of May 17, 2018

Participants

Committee Members Present

Andrew Riggle (Chair), Mark Brasher (via phone), Steven Mickelson, Christine Evans (via phone), Adam Cohen, Mark Ward, Dale Ownby, Ginger Phillips, Pete Ziegler, Debra Mair, Doug Springmeyer.

Committee Members Absent

Dr. William Cosgrove, Jenifer Lloyd, Danny Harris, Jonathan George, Donna Singer, Dr. Samuel Bailey. Jessie Mandel, Sara Carbajal-Salisbury

DOH Staff

Nate Checketts, Krisann Bacon, Ginny Henderscheid.

Guests

Tracy Altman-UUHP, Joyce Dolcourt-LCPD, Melissa Zito-UDOH, Indian Health, Kris Fawson-LLPD, Michael Cunningham, Glen Hansen, Courtney Bullard, Beth Noyce, Rachel Howard Montague

Welcome

Meeting commenced at 2:04 p.m. Chairperson Andrew Riggle welcomed all attendees present. Andrew announced four 1115 waiver amendments are scheduled for today's public hearing:

- 1) Family Planning Services
- 2) Targeted Adults Medicaid (TAM) /Substance Use Disorder (SUD) Dental Benefit
- 3) Services for At-Risk Medicaid Eligible Children/Youth
- 4) Adult Expansion.

1115 Primary Care Network Waiver Amendments Public Hearing

Nate Checketts, Medicaid Director, opened the official Public Hearing for public comments. Nate requested Krisann Bacon give an overview of the first three waiver amendments.

Family Planning Services

House Bill 12 passed during the 2018 General Session. Eligible individuals will receive specific family planning services with a projected enrollment of 11,200 individuals. Eligibility criteria are:

- Women and men between the ages of 19 – 64.
- Household income at or below 95% Federal Poverty Level (FPL).
- US Citizen or qualified alien
- Resident of Utah and not residing in a public institution.
- Ineligible for coverage under any other Medicaid program.
- If Adult Expansion is approved, this amendment will not be needed as the Adult Expansion enrollees will receive State Plan services, which includes family planning benefits.

Targeted Adult Medicaid (TAM)/Substance Use Disorder (SUD) Dental Benefits

House Bill 435 passed during the 2018 General Session. The eligibility criteria is:

- Eligible for TAM program.
- Actively receiving treatment for a SUD.
- Eligible individuals will receive the same State Plan dental benefits provided to pregnant women and blind and disabled populations.
- Benefits will be delivered Fee for Service (FFS); and by contracting with an entity that has demonstrated experience work with individual who are being treated for both substance use disorder and a major oral health disease, operates a program that provides dental treatment, and is willing to pay for an amount equal to the program's non-federal cost of the providing dental services.
- Project enrollment is 3,000 individuals.

Services for At-Risk Medicaid Eligible Children/Youth

This amendment will allow the state to provide services to children and youth in state custody, or those at risk of being placed in state custody, and their families. The project enrollment is 720 children/youth with the following criteria:

- Medicaid eligible children/youth, under age 22.
- A recipient of services or at-risk of receiving services from two or more Utah Department of Human Services (DHS) agencies (child welfare, juvenile justice, services for people with disabilities, mental health or substance abuse, and or the courts) and is experiencing significant emotional and/or behavioral challenges.
- The amendment will cover benefits related to Crisis Stabilization Services.
- Services will be paid as a bundled daily rate on a FFS basis.

Public Comments

Speaker: Ginger Phillips

Ginger commented that after reviewing these waivers she noticed there is no reference to coverage regarding adult mental health care. Nate responded by addressing each waiver.

- Family Planning Services - is just limited solely to family planning benefits.
- Targeted Adult Medicaid/SUD Dental Benefits – This SUD dental benefit is an addition only. The existing benefits to the TAM waiver already cover behavioral health and SUD services.
- Services for At-Risk Medicaid Children/Youth – This waiver does have a mental and behavioral package for children and youth.

Nate indicated mental health care is not noted specifically in the material today, as there are no changes to the existing benefits.

Ginger commented on TAM criteria regarding “actively receiving treatment for a SUD”, questioning why individuals with mental illness do not have this coverage. Nate responded that mental health care was not noted specifically, as there were no changes. Ginger stated that by omitting coverage of adult mental health care it is easy to overlook this issue and asked that the language be included. Ginger is very aware of the large number advocating for youth and families and this is commendable. Ginger commented that adult mental health care is severely neglected and overlooked, and requested to add this to the waiver.

Nate explained that the scope of this waiver is bound by state statute and it has limited flexibility to add or change as this is a specific waiver request. Andrew suggested to prioritize this by addressing this to the department as part of the budget hearing at the June's meeting. Ginger confirmed this action.

Speaker: Courtney Bullard

On behalf of the Utah Decides Healthcare Ballot Initiative, Medicaid Expansion. Courtney explained this expansion will provide affordable, comprehensive health insurance coverage to Utah's most vulnerable citizens.

Courtney indicated the initiative would cover all services, deeming these waivers today as unnecessary. Courtney indicated Utah Health Policy Project (UHPP) is also supporting the initiative to provide dental benefits to select targeted adult Medicaid enrollees. Courtney also noted data has shown the need for behavioral health for all adults which this initiative constitutes. Courtney specified that formal written comments were forthcoming.

Speaker: Michael Cunningham

Michael spoke of his personal experience raised by a family with no financial means and was unable to get help at a young age that led him to health issues today. How do you help children who do not have health care insurance? Nate responded there is information regarding this question and requested that he stay after the meeting so that someone can provide him with additional information. Michael agreed.

Medicaid Expansion

Jennifer Meyer-Smart gave an overview of this waiver amendment reporting this is the result of House Bill 472, Medicaid Expansion Revision which passed during the 2018 General Session. This waiver allows the State to expand Medicaid to adults. Projected enrollment is 70,000-90,000 individuals with the following criteria:

- Adults ages 19 through 64
- US citizen or qualified alien
- Resident of Utah and not residing in a public institution.
- Household income at or below 95% of the FPL. This includes a 5% FPL income disregard
- Ineligible for other Medicaid programs that do not require a spenddown to qualify.

The State is requesting to apply enrollment limits to this population. Individuals with access to Employer Sponsored Insurance (ESI) will be required to enroll in, and purchase their employer's insurance plan. The State will reimburse the eligible individual for their portion of the premium, and they will receive Medicaid wrap-around coverage.

Individuals eligible for Adult Expansion are required to participate in a work requirement, unless they meet an exemption. Adults with children will receive non-traditional Medicaid benefits and adults without children will receive traditional Medicaid benefits. Benefits will be paid fee for service (FFS). The amendment requests a waiver to allow the State to obtain the increased 1115 Federal Medical Assistance Percentage (FMAP) for this population (90% federal funds, 10% state match). If Adult Expansion is approved and implemented, the waiver would also authorize the State to change the income limit range for the Utah Premium Program (UPP) program from 0 to 200 % FPL, to above 100 % FPL up to 200 % FPL.

Public Comments

Speaker: Ginger Phillips

Ginger questioned the eligibility of the 95% household income. Was this not already in place? Nate reported not for this group. Nate reported this population would not have to be chronically homeless, justice involved or have mental health or substance use issues. This waiver is based on income level.

Ginger asked what the UPP program was. Utah Premium Partnership program (UPP) helps low-income families, including those eligible for CHIP, pay a portion of their monthly health insurance premiums for their employer sponsored health insurance plan. Individuals qualify for UPP based on several eligibility criteria including income, citizenship, and access to affordable insurance.

Ginger asked what the Medicaid work incentive program looks like under the benefit package. Nate responded for any individual that is working and does not have employer sponsored coverage they will receive the traditional Medicaid package. Andrew stated this waiver will not affect the work incentive program. Ginger asked about those on spenddown. Nate responded this would only affect the parent population for those who income is 60% FPL to 100% FPL. They would then be covered under this waiver.

Speaker: Christine Evans (via phone)

Christine about the work requirement for those that have disabilities and cannot work. What are the exemptions? Nate reported on the few exemptions proposed and suggested to view the waiver on the website that lists all exemptions. Christine asked to further clarify if individuals that are declared disabled are exempt by social security standards. Nate responded they would be eligible and placed on Medicaid and not on this waiver. They would not be subject to the work requirement.

Speaker: Courtney Bullard

On behalf of Utah Health Policy Project (UHPP) Courtney commented they are supporting the Ballot Initiative Medicaid Expansion. Coverage would be available to Utah residents with income up to 138% of the FPL, or just under \$35,000 for a family of four. If passed, Utah's ballot initiative would bypass lawmakers and implement full Medicaid expansion, as called for in the ACA. UHPP is opposing HB472 waiver expansion as there are indications this expansion will not be approved by the federal government. Expanding Medicaid to 95% of FPL instead of 138% places more expense to the federal government, which increases the deficit, and leads to spending more money for a program that is lacking. UHPP is also concerned about the cap this waiver requests. This will leave out many individuals who are promised coverage. This waiver stands on shaky legal ground and gives false hope to uninsured Utahans in need of care. For these reasons, UHPP is opposing this expansion. Courtney specified that formal written comments were forthcoming.

Speaker: Rachel Howard Montague

Commented as an individual with mental health issues that there needs to be improvement for mental health care and better access to care and treatment.

Speaker: Beth Noyce

Beth asked to clarify the following:

- Difference between traditional and non-traditional Medicaid coverage.
- Questioned those still in the gap.
- How will this waiver affect those on spenddown?

Nate reported non-traditional covers Medicaid adults with dependent children and adult care-taker relatives. Emma responded those parents with dependent children on non-traditional Medicaid receive fewer benefits which excludes some therapies and non-emergency transportation. Traditional Medicaid includes; children, pregnant women, aged, blind or disabled adults.

For individuals still in the gap this proposal would eliminates the gap and cover all individuals up to 100% FPL, which have not been covered since 2014. Those above the FPL still have the opportunity to receive tax credits and cost sharing reduction available in the market place. Beth questioned the 95% with the 5% disregard. Nate explained the federal process of receiving the 100% FPL.

How will this waiver affect those on spenddown? Nate explained, if this proposal is approved the spenddown for the parent population is currently at 60% FPL. This will take the income level up to 100%. Those on the spenddown in the past will be eligible for a non-traditional Medicaid benefit without a spenddown. This waiver is only to increase the income level for parents and to cover adults without dependent children up to the FPL.

Speaker: Andrew Riggle

Andrew asked for additional information on the exemption regarding a caregiver of an incapacitated person. Nate reported the exemptions are largely aligned with the federal Supplemental Nutrition Assistance Program (SNAP). Individuals will declare an exemption to DWS, and their staff will act on this declaration.

Speaker: Beth Noyce

What will happen if the Ballot Initiative passes? Would this Medicaid expansion waiver be obsolete? Nate responded this question has been asked, and that the Department's attorneys are reviewing the law to determine what would happen.

Speaker: Ginger Phillips

Ginger asked Dale Ownby-DWS, how much money can someone can make and be able to be on the SNAP program. Dale responded gross income level is 138% FPL, and it depends on household size and the net income after deductions.

At this time, Nate asked for any more comments. No more comments were given. Nate suspended the public hearing until further comments were made before closing.

Adjourn Public Hearing was dismissed at 4:00 p.m.

DRAFT

ATTACHMENT 5

Public Hearing Overview

May 11th and May 17th, 2018



MEDICAID 1115 Waiver Amendments Overview

Family Planning Services

- Result of House Bill 12, “Family Planning Services Amendments” which passed during the 2018 General Session
- Eligible individuals will receive specific family planning services
- **Projected Enrollment:** 11,200 individuals
- **Eligibility Criteria:**
 - Women and men between the ages of 19 and 64
 - Household income at or below 95 percent FPL using the MAGI methodology, which includes a five percent FPL income disregard
 - U.S. Citizen or qualified alien
 - Resident of Utah and not residing in a public institution
 - Ineligible for coverage under any other Medicaid program
- If Adult Expansion is approved, this amendment will not be needed, as Adult Expansion enrollees will receive State Plan services, which includes family planning benefits

Targeted Adult Medicaid/SUD Dental Benefits

- Result of House Bill 435, “Medicaid Dental Benefits” which passed during the 2018 General Session
- **Projected Enrollment:** 3,000 individuals
- **Eligibility Criteria:**
 - Eligible for Targeted Adult Medicaid program
 - Actively receiving treatment for a Substance Use Disorder(s) as defined in Utah State Code Section 40 62A-2-101, licensed under Title 62A, Chapter 2, Licensure of Programs and Facilities
- Eligible individuals will receive the same State Plan dental benefits provided to pregnant women and blind and disabled populations
- Benefits will be delivered FFS and by contracting with an entity that:
 - Has demonstrated experience working with individuals who are being treated for both a substance use disorder and a major oral health disease;
 - Operates a program, targeted to the individuals described in this amendment, that has demonstrated through a peer-reviewed evaluation, the effectiveness of providing dental treatment to those individuals; and
 - Is willing to pay for an amount equal to the program’s non-federal share of the cost of providing dental services to the population described.

Services for At-Risk Medicaid Eligible Children/Youth

- This amendment will allow the state to provide services to children and youth in state custody or those at risk of being placed in state custody and their families
- **Projected Enrollment:** 720 children/youth

- **Eligibility Criteria:**
 - o Medicaid eligible child/youth, under age 22, who is:
 - o A recipient of services or an individual at-risk of receiving services from two or more Utah Department of Human Services (DHS) agencies (child welfare, juvenile justice, services for people with disabilities, mental health or substance abuse, and/or the courts), and is experiencing significant emotional and/or behavioral challenges, meeting one of the following:
 - At-risk of being placed into the custody of a state agency
 - Behavioral or emotional concerns prevent the child/youth from returning home or to a permanent community-based placement OR place the child/youth at-risk of reverting back to a higher level of care
 - Has been involved in the Juvenile Competency process
 - Has been referred to the DHS High Level Staffing Committee
- The amendment will cover benefits related to Crisis Stabilization Services
- Services will be paid as a bundled daily rate on a FFS basis

Adult Expansion

- Result of House Bill 472, "Medicaid Expansion Revisions" which passed during the 2018 General Session
- Allows the State to expand Medicaid eligibility to adults using the eligibility criteria below
- **Projected Enrollment:** 70,000-90,000 individuals
- **Eligibility Criteria:**
 - o Adults ages 19 through 64
 - o U.S. citizen or qualified alien
 - o Resident of Utah and not residing in a public institution
 - o Household income at or below 95 percent of the federal poverty level (FPL) using the modified adjusted gross income (MAGI) methodology, which includes a five percent FPL income disregard
 - o Ineligible for other Medicaid programs that do not require a spenddown to qualify
- The State is requesting to apply enrollment limits to this population, as done for PCN and Targeted Adult Medicaid
- **Employer Sponsored Insurance (ESI) Reimbursement:** Individuals with access to ESI will be required to enroll in and purchase their employer's insurance plan. The State will reimburse the eligible individual for their portion of the premium. They will receive Medicaid wraparound coverage, which includes cost-sharing coverage.
- **Community Engagement Requirement:** Requires individuals eligible for Adult Expansion to participate in a work requirement, if they do not meet an allowable exemption.
 - o These exemptions largely align with the federal SNAP exemptions. Additional exemptions include pregnant women, American Indian/Alaska Natives, and individuals receiving SNAP and complying with the SNAP requirement, or those who are exempt from the SNAP work requirement.
 - o Participation activities for the work requirement are the same as the SNAP program which include completing an online assessment, receiving online job training, performing job searches and making job contacts.
- **Benefit Package:** Adults with children will receive non-traditional Medicaid benefits and adults without children will receive traditional Medicaid benefits. Benefits will be paid fee for service (FFS).
- The amendment requests a waiver to allow the State to obtain the increased 1115 Federal Medical Assistance Percentage (FMAP) for this population (90% federal funds, 10% state match).
- If Adult Expansion is approved and implemented, the waiver would also authorize the State to change the income limit range for the UPP program from 0 to 200 percent FPL, to above 100 percent FPL up to 200 percent FPL

ATTACHMENT 6

Public Comments and State Responses



Summary of Public Comments and State Responses

Targeted Adult Medicaid/SUD Dental Benefits- Amendment #16

Overall, commenters were supportive of the amendment to provide dental benefits to Targeted Adult Medicaid members who are actively receiving substance use disorder (SUD) treatment. However, there were a few concerns, which are outlined below.

Comment: One commenter expressed concern that the waiver, as written, requires Targeted Adult Medicaid members to utilize one provider, the University of Utah Dental School. They believed this could disrupt a member's relationship with a dental provider who has offered low or no-cost dental care to them in the past.

Response: The waiver amendment is drafted to implement the provisions of House Bill 435. The bill specifies the requirements an entity must meet to contract with the State to deliver dental services. If multiple entities are able to meet the criteria, the State may elect to contract with more than one. The individual can make the choice to continue with their previous provider. However, Medicaid will not reimburse for those services.

Comment: One commenter stated the proposed structure for providers allowed to provide care does not allow for statewide access to care, and asked how the provider would meet this requirement. They also believe the proposed structure for delivering dental care discriminates against dental providers for reasons unrelated to quality of care.

Response: Any entity who meets the requirements of state statute will be required to demonstrate they can provide for statewide access to care. Currently, the University of Utah's School of Dentistry is the only entity that appears likely to be able to meet the requirements.

Comment: One commenter also stated that they believe the proposed payment structure may constitute an improper use of Medicaid funds. They quoted language that states the department shall contract with an entity that "is willing to pay all state costs associated with applying for the waiver" described in Subsection (1)(b) and administering the program described in Subsection (2)(b) of House Bill 435.

Response: An 1115 demonstration waiver allows States to design and improve their programs by waiving existing federal regulations. One of the purposes of an 1115 waiver is to demonstrate and evaluate State specific approaches to serving eligible Medicaid individuals. This includes experimenting with innovative ways to deliver services. The State believes this amendment meets this purpose. Any entity who can meet the requirements contained in state statute and federal regulation may contract with the State to provide services.

Family Planning Services- Amendment #17

Overall, commenters were very supportive of the proposal to implement the family planning services program. An overview of comments and concerns is detailed below.

Comment: Several commenters requested that the income limit be more on trend with states operating similar programs, which is at or above 133 percent of the federal poverty level (FPL).

Response: The waiver amendment is drafted to implement the provisions of House Bill 12. The bill requires the State to request an income limit of 95 percent FPL for this amendment.

Comment: Several commenters requested that presumptive and retroactive eligibility be included in the waiver amendment for family planning services.

Response: The State intends to allow hospital presumptive eligibility for the family planning services program. Most family planning waivers approved by the Centers for Medicare and Medicaid Services (CMS) do not include retroactive coverage. The State believes the proposed services will be sufficient to meet an individual's family planning needs.

Comment: Two commenters requested that the State extend family planning benefits automatically to postpartum women for one year following the termination of pregnancy-related Medicaid.

Response: Currently, when a pregnancy ends for any reason, the State will automatically determine if the individual is eligible for any other medical program, which would include family planning. Because of this, the State does not see a need to include the requested change.

Comment: Two commenters requested that the State pursue a state plan amendment to implement family planning services, rather than an 1115 waiver amendment, in order to expedite implementation and make the program permanent.

Response: Because the State is requesting provisions that are more limited in nature, such as an age range and the types of services covered, the State must pursue an 1115 waiver amendment. A state plan amendment does not allow for these limitations.

Comment: Several commenters asked that budget caps and work requirements not be applied to the family planning services program.

Response: The waiver amendment does not propose to apply budget caps or implement work requirements for this program.

Comment: Several commenters asked that the State proceed with the family planning services amendment, regardless of whether the adult expansion amendment is approved. This is in response to the State's intention to not pursue the family planning services program if adult expansion is approved. One commenter stated the Utah Department of Health (UDOH) does not have the authority to withdraw the amendment, as House Bill 12 does not allow or instruct UDOH to do so.

Response: House Bill 12 directs the State to submit the 1115 waiver amendment for this program. The State will comply with the requirement. The goal of this program is to provide needed family planning

benefits. If the adult expansion amendment is approved, adult expansion will cover the population impacted by this amendment.

Comment: One commenter stated that the UDOH must allow individuals to be free to choose their method of family planning without coercion, and that the UDOH appears overly focused on long-acting reversible contraceptives (LARCs) as the solution to contraceptive failures experienced by Utahns.

Response: The State believes there is nothing in the waiver that suggests individuals will not be free to choose their method of family planning, nor does it focus on LARCs. The waiver amendment states all Food and Drug Administration-approved methods of contraception will be covered.

Comment: Two commenters stated that family planning services for non-traditional Medicaid enrollees should be comparable to those services covered under this amendment for the family planning services program.

Response: The benefit plan for the family planning services program will be the same as the non-traditional and traditional benefit plan.

Comment: Two commenters indicated that the evaluation of this amendment should be consistent regarding the use of rate measures rather than total numbers. They suggested that multiple data sources be used in addition to Utah PRAMS data and enrollment data. They also suggested the State change the reduction target of unintended pregnancies to less than 35 percent, rather than 21 percent.

Response: The State appreciates the feedback. The State will consider these suggestions when the evaluation plan is drafted with the independent evaluator.

Comment: In regards to the State's proposed hypothesis, one commenter suggested the State focus on program enrollment and increases in family planning-related Medicaid claims, rather than reducing the State's unintended pregnancy rate.

Response: The State plans to focus on outcome measures. However, the State will include these input measures when drafting the evaluation plan with the independent evaluator.

Services for At Risk Medicaid Eligible Children/Youth- Amendment #18

Comment: One commenter asked the State to consider allowing young children who may not yet have a defined medical or psychological condition, to rapidly and easily enter the system of care, before firm criteria has been met.

Response: The criteria for this amendment was outlined by the Department of Human Services (DHS) in support of the State of Utah's System of Care program. Utah's System of Care is part of a nationally recognized, evidence-based approach to services for families and children with emotional and/or behavioral needs who receive support from multiple agencies or organizations. The criteria does include being "at risk of receiving services". System of Care is focused on prevention efforts and does provide services to young children who may not yet have met the criteria, but who are considered to be at risk of meeting the criteria.