State of Utah

1115 Primary Care Network Demonstration Waiver

Adult Expansion Amendment Request

June 22, 2018

UTAH DEPARTMENT OF
HEALTH
MEDICAID

STATE OF UTAH

GARY R. HERBERT
GOVERNOR

OFFICE OF THE GOVERNOR
SALT LAKE CITY, UTAH
84114-2220

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LIEUTENANT GOVERNOR

June 22, 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 an amendment to the State of Utah's 1115 Primary Care Network (PCN) Demonstration Waiver. This amendment is required to implement the provisions of House Bill 472 "Medicaid Expansion Revisions," which was passed during the 2018 General Session of the Utah State Legislature.

This amendment will allow the State to expand Medicaid eligibility to adults age 19–64 with household income up to 95% of the federal poverty level (FPL) and receive the enhanced match allowed under the Affordable Care Act (ACA). This amendment also includes the following provisions: (1) implementation of a community engagement requirement for individuals eligible under the expansion, who do not meet an allowable exemption; (2) implementation of a requirement that individuals with access to Employer Sponsored Insurance purchase the available insurance with a reimbursement provided by the State; and (3) the ability to close expansion enrollment in order to stay within the State's appropriated budget for this program.

Under the previous administration, states sought the flexibility to operate an expansion program that would not bust their budgets but were denied. I believe Utah has developed a thoughtful proposal to cover individuals stuck in the ACA gap without incurring unlimited liability. Approval of this amendment will allow the State to provide Medicaid coverage for up to 90,000 adults who do not otherwise have access to affordable medical care. Many of these individuals suffer from mental health and substance use issues. They desperately need help to overcome their challenges and become more productive citizens of the State and the nation.

The State of Utah appreciates your consideration of this request.

Sincerely,

Gary R. Herbert
Governor

Utah 1115 Primary Care Network Demonstration Waiver

Adult Expansion

Amendment Request

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

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Section 1115 Primary Care Network Demonstration Amendment

Adult Expansion Medicaid

Amendment # 15

Section I. Program Description and Objectives

During the 2018 General Session, the Utah State Legislature passed House Bill 472 "Medicaid Expansion Revisions". This legislation directed the Utah Department of Health, Division of Medicaid and Health Care Financing (DMHF) to seek 1115 waiver approval from the Centers for Medicare and Medicaid Services (CMS) to implement Medicaid eligibility for adults ages 19-64 and obtain the increased Federal medical assistance percentage (FMAP) for this population. In order to meet the intent of the legislation, the State is seeking to implement the following with this amendment:

- Adult Expansion – Expand Medicaid eligibility to adults ages 19-64, who have household income up to 95 percent of the federal poverty level (FPL) using the modified adjusted gross income (MAGI) methodology, which includes a five percent of FPL income disregard.
- Community Engagement – Require individuals eligible under this Demonstration to participate in a work requirement, if they do not meet an allowable exemption.
- Employer Sponsored Insurance (ESI) – Provide premium reimbursement and wrap-around Medicaid coverage to individuals under this Demonstration who have access to ESI.

In addition, in order to coordinate the Adult Expansion with existing programs, the State also requests to change the income limit range for Demonstration Group III – Utah's Premium Partnership (UPP) Adults. Currently the income limit is up to 200 percent FPL. If approved, the income limit would change from the range of 0 to 200 percent FPL, to the range of over the Adult Expansion income level up to 200 percent FPL.

Goals and Objectives

The State's goals and objectives of this Demonstration are as follows:

- Provide health care coverage for low-income and other vulnerable populations that would not otherwise have access to, or be able to afford health care coverage.
- Lower the uninsured rate of low income Utahns.
- Support the use of employer-sponsored insurance by encouraging work engagement and providing premium reimbursement for employer-sponsored health plans.
- Provide continuity of coverage for individuals.
- Improve the health and well-being of individuals through incentivizing work engagement.

Approval of this Demonstration will allow the State to provide coverage to uninsured adults who have limited options for affordable health coverage. These individuals fall in the coverage gap and are not eligible for subsidies to purchase coverage through the Marketplace.

Operation and Proposed Timeframe

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.

Hypotheses

With the help of an independent evaluator, the State will develop a plan for evaluating the hypotheses indicated below. Utah will identify validated performance measures that adequately assess the impact of the Demonstration on beneficiaries.

The State intends to test the following hypotheses during the Demonstration period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
Adult Expansion			
The Demonstration will improve the health and well-being of individuals in Utah.	• Number of Utahns without health coverage	Utah Behavioral Risk Factor Surveillance System (BRFSS)	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.
The Demonstration will increase access to primary care and improve appropriate utilization of emergency department (ED) services by Adult Expansion members.	• Review of claims for Primary Care • Review of claims for ED Visits	Claims/encounter data	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.
The Demonstration will reduce uncompensated care provided by Utah hospitals.	• Amount of statewide hospital-reported uncompensated care	Hospital Costs Report	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.
The Demonstration will assist previously uninsured individuals in purchasing	• Number of enrolled members with	Enrollment data	Comparison and trending of measures. This will

employer sponsored insurance to help reduce the number of uninsured adults.	employer-sponsored insurance		include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.
Work Requirement			
The work requirement will encourage skills development through an evaluation of job search readiness and the completion of employment-related training workshops. In addition, by increasing the individual's job skills and encouraging job search activities, the work requirement will promote gainful employment.	• Number of trainings completed/attended • Number of job searches • Number of job registrations • Amount of earned income	eREP & UWORKS Data	Track and compare rates of recipients who obtain employment and complete work requirement activities.
The work requirement will not negatively impact an individual's health.	• Number of prescriptions • Number of non-emergent ED visits • Number of cancer screenings • Number of vaccinations • Number of well-care visits	Claims/encounter data	Track and compare utilization for exempt and non-exempt groups and those who increase their hours worked.

Section II. Demonstration Eligibility

Individuals must meet the following criteria to be eligible for the Demonstration:

- Adults ages 19 through 64
- A U.S. Citizen or qualified alien
- A resident of Utah and not in a public institution
- Have a household income at or below 95 percent of FPL using the MAGI methodology which includes a five percent FPL income disregard
- Ineligible for other Medicaid programs that do not require a spenddown to qualify

Retroactive coverage will be allowed, but may not begin prior to the implementation date of the Demonstration program. In addition, pursuant to 42 CFR 435.1110(c)(2), hospitals would be permitted to make presumptive eligibility determinations for this Demonstration group.

Standards and Methodology

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

Enrollment Limits

The State requests to apply enrollment limits to the Demonstration group. Under the State's current Demonstration waiver, enrollment limits are used for both the Primary Care Network (PCN) program and the Targeted Adult Medicaid program. The State proposes to use the same process of applying enrollment limits to this Demonstration group, as is used for PCN and Targeted Adults. All eligible individuals that apply before an enrollment limit is put in place will be placed on the program. Individuals already enrolled in the program at the time enrollment is closed will remain enrolled. Individuals that apply after an enrollment limit is enacted would not be eligible for the program. The State is requesting to implement enrollment limits to allow the State to stay within its appropriated budget.

Projected Enrollment

The projected enrollment for the Demonstration group is approximately 70,000-90,000 individuals.

Employer Sponsored Insurance (ESI) Reimbursement

For individuals who are eligible under the Demonstration and have access to ESI, the State is proposing to reimburse the eligible individual for the health insurance premium amount for that individual. Individuals will be required to purchase available health insurance in order to be eligible under the Demonstration. Failure to purchase the insurance plan will result in ineligibility for Medicaid. The State estimates that approximately 10,000 individuals may be eligible for ESI reimbursement.

ESI Benefit Package

Eligible individuals will be reimbursed for the full amount of the individual's share of the monthly premium cost of the qualified plan. In addition, the individual will receive wrap-around benefits through the State's fee for service (FFS) Medicaid program.

Qualified Plan

In order to be eligible for reimbursement, the health insurance plan must meet the criteria for a qualified health plan, as defined in state rule. The State is considering establishing the same criteria for this program as the criteria used for the Demonstration Group III – UPP Adults.

Verification of Coverage

Verification of ESI coverage and the individual's premium amount will be verified at initial application, routinely between reviews, and at review.

Change to the Income Limit for Demonstration Group III – UPP Adults

If the ESI premium reimbursement component of this Demonstration is approved and implemented, the State is requesting to amend and change the income limit range for Demonstration Group III – UPP

Adults. Under the current Demonstration waiver, adults with countable household income up to 200 percent of the FPL are eligible for premium assistance. If this Demonstration is approved, the Demonstration Group III – UPP Adults income range would change to; above the income limit for the Adult Expansion and up to and including 200 percent of the FPL.

Community Engagement through a Work Requirement

With this amendment, the State proposes to implement a work requirement for able-bodied adults eligible under this Demonstration, as directed by House Bill 472. Many studies have concluded that employed individuals have better physical and mental health, and are more financially stable than unemployed individuals.[1] Recognizing the connection between employment and health, the State proposes that the work requirement will; increase an individual's health and well-being through incentivizing work and community engagement, increase their sense of purpose, help to build a healthy lifestyle, and increase employment and wage earnings of able-bodied adults, while focusing funding on the State's neediest individuals. The State proposes to align closely with the work requirements and activities of the Supplemental Nutrition Assistance Program (SNAP) program, as well as Temporary Assistance for Needy Families (TANF) work activities.

The State recognizes that not all individuals may be able to participate in the work requirement, or they may already be participating in work or training activities that meet the goals of the Demonstration. Therefore, the State proposes to exempt certain individuals from the requirement. The exemptions are largely aligned with federal SNAP exemptions. The exemptions are:

1. Age 60 or older.

2. Physically or mentally unable to work.

3. Parents or other members of households with the responsibility of a dependent child under age six.

4. Responsible for the care of an incapacitated person.

5. Receiving Unemployment Insurance benefits or has applied and/or waiting for a decision and has registered for work at the Department of Workforce Services (DWS).

6. Participating regularly in a substance use disorder treatment program, including involvement in intensive outpatient treatment.

7. A student enrolled at least half time in any school or training program. The student remains exempt until the individual drops out, is suspended or expelled, or does not intend to register for the next normal school term (Summer school is not considered a normal school term).

[1] Karsent I. Paul, Klaus Moser, (2009), Unemployment Impairs Mental Health: Meta-Analyses*, Journal of Vocational Behavior,* 74 (3), 264-282. McKee-Ryan, Z.Song, C.R. Wanbert, and A.J. Kinicki. (2005). Psychological and physical well-being during employment: a meta-analytic study. *Journal of Applied Technology*, 90 (1), 53-75.

8. Participating in refugee employment services.

9. TANF recipients.

10. Individuals issued a Family Employment Program (FEP)/TANF diversion payment (for the month of issuance only).

11. Individuals working at least 30 hours a week OR earning at least Federal Minimum Wage times 30 hours a week.

Additional exceptions:

- Pregnant women will not be required to participate. If a woman is receiving Medicaid under this Demonstration and pregnancy is reported, she will be moved to the Pregnant Woman program provided under the State Plan.
- Individuals with verified membership in a federally recognized tribe will not be required to participate, but they may participate in the work requirement if they choose. They will not lose eligibility if they fail to participate.
- Individuals receiving SNAP benefits who are compliant with the SNAP work requirement, or who are exempt from the SNAP work requirement, will be considered to be complying with the Medicaid work requirement.

Work Requirement Participation

Individuals who do not meet an exemption and are required to participate will be referred for participation on the first of the month following approval for the Demonstration program. This will be month one of the three-month participation period (this is the same as SNAP). Individuals will be 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. The individual must complete participation requirements every 12 months to continue to receive Medicaid.

Participation activities include completing an evaluation, receiving online job training, performing online job searches, and making job contacts. Activities will be completed through the DWS, using the same online evaluation, training, and search resources offered to Utah SNAP recipients.

Closure Due to Non-Participation and Regaining Eligibility

Failure to comply with the work requirement will result in a loss of Medicaid eligibility.
The following will apply:

- Only those individuals who fail to participate will lose eligibility.
- Individuals who lose eligibility may become eligible again by completing all required activities OR by meeting an exemption.
- After completing all required activities, the individual must reapply for benefits.
- As long as the individual applies for benefits in the month following the month they complete all required activities, open enrollment requirements will not apply if enrollment limits are approved under this Demonstration.

Good Cause Exemptions

The State will waive loss of eligibility if an individual claims good cause for failure to participate in the work requirement. Good cause exemptions include, but are not limited to:

1. The individual has a disability as defined by the ADA, section 504 of the Rehabilitation Act, or section 1557 of the Patient Protection and Affordable Care Act, and was unable to meet the requirement for reasons related to that disability; or has an immediate family member in the home with a disability under federal disability rights laws and was unable to meet the requirement for reasons related to the disability of that family member; or the individual or an immediate family member who was living in the home with the individual experiences a hospitalization or serious illness;
2. The individual experiences the birth, or death, of a family member living with the individual;
3. The individual experiences severe inclement weather (including natural disaster) and therefore was unable to meet the requirement;
4. The individual has a family emergency or other life-changing event (e.g. divorce or domestic violence); or
5. The individual is not able to participate due to a lack of transportation or child care.

Work Requirement Community Supports

The State will work with DWS and other community partners to make a good faith effort to connect participating individuals to existing community supports that are available to assist individuals in meeting the work requirement. This may include non-Medicaid assistance with transportation, child care, language access services, and other supports; and connect individuals with disabilities as defined in the ADA, section 504 of the Rehabilitation Act, or section 1557 of the Patient Protection and Affordable Care Act with services to enable them to participate.

Section III. Demonstration Benefits and Cost Sharing Requirements

The Demonstration benefits will be provided as indicated in the table below.

Eligibility Group	Benefit Package
Adults with Dependent Children	Non-Traditional Benefits (same as Current Eligibles)
Adults without Dependent Children	State Plan Benefits
ESI Eligible Adults with Dependent Children	Premium Reimbursement with Non-Traditional Benefit Wrap-around
ESI Eligible Adults without Dependent Children	Premium Reimbursement with State Plan Benefit Wrap-around

Early and Periodic Screening, Diagnostic, and Treatment

The State is requesting to waive the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement for adults age 19 and 20 years old in the Demonstration.

Cost Sharing

Cost Sharing for Individuals without ESI: Cost sharing requirements provided under the State Plan will apply to Demonstration individuals who do not have ESI.

Cost Sharing for ESI: For ESI eligible individuals, the State will pay cost sharing imposed by the ESI. The State will pay such cost sharing directly to providers, provided that such providers are enrolled in the Medicaid program.

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

Section IV. Delivery System

Services for Demonstration individuals will be provided initially through FFS. At a future date, the State may continue delivery of these services through FFS or may transition delivery of these services to managed care under 1915(b) authority or by amendment to the Demonstration. FFS rates will be the same as State Plan provider payment rates.

Demonstration individuals who receive ESI reimbursement will receive services through the delivery systems provided by their respective qualified plan for ESI. Wrap-around benefits provided by Medicaid will be delivered through FFS.

Section V. Enrollment in Demonstration

New Applicants

New applicants who apply for the program within 30 days prior to the implementation date will be enrolled in the Demonstration as of the implementation date of the Demonstration. Applicants will submit an application to DWS for an eligibility determination. The individual will be sent a Notice of Decision regarding the eligibility decision.

Individuals Currently Eligible for Medicaid, PCN or UPP

As of the implementation date of this Demonstration, the PCN program will be suspended. Therefore, individuals eligible for PCN at the time of implementation will be identified by the system and moved to the Demonstration program as of the first day of implementation, if eligible.

Individuals who are currently eligible for UPP or Medically Needy, who will be eligible for the Demonstration program, will also be identified by the system and moved to the new program as of the first day of program implementation.

Eligible individuals will be notified they have been moved to the new program, and notified of any benefit changes.

At a future date, if the State elects to enroll the Adult Expansion group in managed care, enrollment in managed care plans for the Demonstration group will occur as it does for those covered under the State plan. Individuals eligible for the Demonstration who reside in one of the thirteen managed care counties

will be notified of the requirement to choose a managed care plan. If they do not choose one, one will be assigned. All eligibles will also be enrolled in a prepaid mental health plan.

Individuals Eligible for ESI Reimbursement

Individuals with household income up to 95 percent of the FPL who are determined eligible for the Demonstration and have access to, or are enrolled in, a qualified ESI will receive premium reimbursement for the cost of the eligible individual's premium amount. ESI eligible individuals will be notified of the following:

- Eligibility for ESI reimbursement
- Requirement to purchase their ESI plan, if not already enrolled
- Availability of wrap-around benefits, including cost sharing protections
- Failure to purchase or maintain the ESI plan will result in ineligibility for Medicaid

If an individual voluntarily disenrolls from the ESI coverage, the individual will become ineligible for Medicaid coverage under this Demonstration. If the individual involuntarily disenrolls from the ESI plan, such as when the plan no longer meets the criteria for a qualified health plan, the individual will remain enrolled in the Demonstration and will receive direct Medicaid coverage.

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 Waivers and Expenditure Authorities

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

Waiver Authority	Reason and Use of Waiver
Section 1902(a)(1)-Statewideness/Uniformity	To enable the State to provide differing types of managed care plans in certain geographical areas of the state for the populations affected by this Demonstration.
Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the State to provide benefits to populations affected by this Demonstration that are less than those available to other individuals under the State Plan. In addition this waiver enables the State to include additional benefits for Demonstration eligibles, who are enrolled in managed care delivery system, such as case management and health education, compared to the benefits available to individuals eligible under the State Plan that are not affected by the Demonstration.
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. This does not apply to family planning providers.

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)(10)(A)(i)(VIII)- 133 Percent Income Level	To enable the State to implement a lower income level for the Demonstration group.

The State is requesting a waiver of the income level specified in Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, which will permit the State to implement an income level of 95 percent of the FPL, rather than 133 percent of the FPL, for the Demonstration group. This will allow the State to receive the full FMAP allowable under 42 U.S.C. Section 1396d(y), which is 93 percent for 2019 and 90 percent for 2020 and each year thereafter, for the Demonstration group. Authority to set the income level at 95 percent of the FPL will allow the State to provide Medicaid benefits to 70,000-90,000 individuals who would not otherwise be eligible for full Medicaid coverage, and are ineligible for the Marketplace. The State is requesting this waiver for the Demonstration group, which includes adults with dependent children with household income using the 2014 Parent Caretaker Relative income standard up to 95 percent of the FPL, and adults without dependent children with household income between zero percent and 95 percent of the FPL. This would also include the Targeted Adult Medicaid group, whose income is zero percent of the FPL.

Expenditures

Adult Expansion Demonstration Group: Expenditures for optional services not covered under Utah's State Plan or beyond the State Plan's service limitations and for cost-effective alternative services, to the extent those services are provided in compliance with the federal managed care regulations at 42 CFR 438 et seq.

ESI Premium Reimbursement: Expenditures for premium reimbursement related to reimbursing the eligible individual's portion of the costs of the ESI.

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 was the first step in our approved consultation process. The agenda and minutes from the UIHAB meeting are attached (Attachment 3). In addition, the UIHAB provided a position paper regarding the work requirement provision of this amendment (Attachment 4).

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 Medical Care Advisory Committee (MCAC) meeting. The MCAC agenda and minutes are attached (Attachment 5). The overview document that was provided during the hearings is attached (Attachment 6).

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 7.

Section IX. Demonstration Administration

Name and Title: Nate Checketts, Deputy Director, Utah Department of Health
Telephone Number: (801) 538-6689
Email Address: ncheckets@utah.gov

ATTACHMENT 1

Compliance with Budget Neutrality Requirements

	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) DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	TOTAL WW
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

	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	0.00%	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/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	**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
48											
49	**Former Foster**										
50	**Pop Type:**	**Hypothetical**									
51	Eligible Member Months	0%	24			10	10	10	10	10	
52	PMPM Cost	4.8%	24			$ 990.87	$ 1,038.43	$ 1,088.28	$ 1,140.51	$ 1,195.26	
53	Total Expenditure					$ 9,908.70	$ 10,384.32	$ 10,882.76	$ 11,405.14	$ 11,952.58	$ 54,533.50
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

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY) DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	TOTAL WW
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	
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
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			
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			

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

PROOF OF PUBLICATION **CUSTOMER'S COPY**

CUSTOMER NAME AND ADDRESS	ACCOUNT NUMBER
UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURSEME, CRAIG DEVASHRAYEE PO BOX 143102 SALT LAKE CITY UT 84114	9001406923 DATE 5/7/2018

ACCOUNT NAME
UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURSEME,

TELEPHONE	ORDER # / INVOICE NUMBER
8015386641	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	TOTAL COST
3	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 UPAXLP

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.

LORAINE MARIE GUDMUNDSON
NOTARY PUBLIC-STATE OF UTAH
COMMISSION# 699563
COMM. EXP. 03-19-2022

Lgudmundson
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.

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- Implement Medicaid eligibility for adults not otherwise eligible for Medicaid to provide them with family planning services; and
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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.

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.

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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 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 03:54 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;

2. Implement Medicaid eligibility for adults not otherwise eligible for Medicaid to provide them with family planning services; 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.

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

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 H.B. 472.

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

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Health
Health Care Financing, Coverage and Reimbursement Policy

Hearing on 1115 Primary Care Network Demonstration Waiver

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The State is also requesting authority to:

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

2. Implement Medicaid eligibility for adults not otherwise eligible for Medicaid to provide them with family planning services; and

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These topics will be discussed at a public hearing to be held 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 hearing will be held in Room 125 at the Cannon Health Building, 288 North 1460 West, Salt Lake City, Utah.

The first hour of the 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 the meeting will cover the amendment to implement Medicaid eligibility for adults with income up to 95% FPL and the related requirements from H.B. 472.

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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** **passcode 120741#**
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	***BREAK***	
10:15 AM	**UIHAB Meeting**: Committee Updates & Discussion	
	▪ UT Medicaid Eligibility Policy	Jeff Nelson & Team (Amanda/Michelle)
	▪ Medicaid & CHIP State Plan Amendments (SPA) & Rules	Craig Devashrayee
	▪ DWS Medicaid Eligibility Operations	Jacoy Richins
	▪ Federal and State Health Policy Impacting I/T/U	Melissa Zito
	▪ MCAC & CHIP Advisory Committee	Donna Singer LeAnna VanKeuren
11:15 AM	*UIHAB PRIORITIES*	
	▪ Diabetes/Obesity ✓ MCH Building Block ✓ MCH Teen Pregnancy Prevention Grant	Lynne Nilson Elizabeth Gerke
	▪ Data/Data Sharing	
12:15 PM	▪ Strengthening Families ✓ Preparedness Training Opportunity	Lilian Tom-Orm (invited)
	▪ Medicaid/Medicaid Expansion	
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 Tsosie, *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, **B**MHC, 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.

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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 results 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.

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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

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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 pursed. 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.

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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 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.

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ATTACHMENT 4

Utah Indian Health Advisory Board

Work Requirement Position Paper

Utah Indian Health Advisory Board

May 14, 2018

Confederated Tribes of the Goshute Reservation

Navajo Nation Tribe & Tribal Organizations

Northwestern Band of the Shoshone Nation

Paiute Indian Tribe of Utah

San Juan Southern Paiute

Skull Valley Band of Goshute

Ute Mountain Ute Tribe

Ute Indian Tribe

Urban Indian Center of Salt Lake

Position Paper: Centers for Medicare & Medicaid Services (CMS) Medicaid Policy

Subject: Medicaid Work Requirement

Issue: American Indian/Alaska Native (AI/AN) Exemption from Requirement

Position: The Utah Indian Health Advisory Board (UIHAB) strongly supports exemption from a work requirement for AI/AN's.

Discussion:

Background: In July of 2017, Utah Medicaid requested a revision to the 1115 Waiver, Amendment #20, being submitted to CMS. The revision contained seven (7) additions to the Waiver. One of those additions was a Work Requirement. Utah Department of Health (UDOH) Tribal Consultation Policy was initiated during the July 14, 2017 UIHAB meeting. Consensus was that the federal government has an obligation through it's trust responsibility through treaties and by the Snyder Act of 1921, to fulfill health promises to American Indians who lost their land and homes due to acts of war. All recommended revisions did not honor that responsibility or the government to government relationship. The work requirement was not supported by the UIHAB. The UIHAB recommended an exemption similar to cost sharing. In addition, the UIHAB recommended presenting this revision request to the Utah Tribal Leaders (UTL). The UTL met on July 19, 2017. The consensus of the UTL focused on health care as part of the treaties signed between the US and Tribal governments when lands were ceded due to acts of war and removal of their people to reservations. Requiring AI/AN to work in order to gain access to medical care is against federal policy. The UTL did not support the work requirement and requested an exemption. In addition to consultation with the UTL & UIHAB, there was an opportunity to obtain feedback from the AI/AN community at large during the Governor's Annual Summit on 7/20/17. It was voiced that the work requirement would be hard for AI/AN communities to meet due to the high unemployment on reservations. There would be an additional negative impact to health programs overall due to the loss of medical care resources and access to Medicaid, thus impacting overall health status. This Waiver amendment is currently pending a decision from CMS.

Current: On January 11, 2018 CMS issued a State Medicaid Director letter providing authority for States to mandate work requirements through the 1115 Waiver process. Several states, including UT, had already submitted waiver requests. During the 2018 Utah Legislative Session, House Bill 472 was passed, and signed into law in April of 2018. The legislation focuses on expanding Medicaid services to a broader population through an 1115 Waiver amendment to CMS.

C//O Indian Health PO Box 141000 Salt Lake City, UT 84116

Confederated Tribes of the Goshute Reservation

Navajo Nation Tribe & Tribal Organizations

Northwestern Band of the Shoshone Nation

Paiute Indian Tribe of Utah

San Juan Southern Paiute

Skull Valley Band of Goshute

Ute Mountain Ute Tribe

Ute Indian Tribe

Urban Indian Center of Salt Lake

May 14, 2018

Discussion Continued:

A mandate for Work Requirements is part of this new Waiver amendment. On May 11,2018 a formal Consultation meeting was held with the UTL and the UIHAB to discuss the new 1115 Waiver Amendment mandating work requirements. Again, the UTL and UIHAB expressed concern over the mandate in AI/AN communities on reservations and the negative impacts that would follow. The UTL expressed the unique political relationship Tribal governments have with the US. It is not about a racial/ethnic category.

Health and Human Services (HHS) has taken the position that to exempt AI/AN from the work requirement would raise some civil rights concerns. However, as UTL and UIHAB noted, because of this political relationship, an exemption to the work requirement would not violate the equal protections clause of the 14th Amendment or statues prohibiting discrimination based on race. Tribes operate as political governments that have been in situ prior to the US being founded. Treaties are a form of government to government dealings. The US government currently has 370 ratified treaties with Tribal nations. The CMS Tribal Technical Advisory Group (T-TAG) has provided expansive legal authority legitimizing access to health care without any violations. In addition, as ruled by the Supreme Count in Morton –v-Mancari, American Indian status is a political designation through federal recognition, not a designation based on race or ethnicity.

Recommendations:

1. The UIHAB continue to request an exemption of AI/AN from any work requirements to the Utah Medicaid 1115 Waiver Amendment # 15 Adult Expansion Medicaid, based on their political relationship with the US and the state of Utah.
2. Continue discussion through the formal Consultation & Conferment process with the Utah Medicaid program and HHS.
3. Present Position Paper at upcoming UTL meeting in June 2018.

ATTACHMENT 5

Medical Care Advisory Committee

Public Hearing

May 17, 2018

UTAH DEPARTMENT OF HEALTH

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 Mandle, 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-Rick 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.

<u>Family Planning Services</u>

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.

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

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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.

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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.

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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 wavier 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 wavier affect those on spenddown? Nate explained, if this proposal is approved the spenddown for the parent population is currently at 60% FPL. Tthis 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 Intuitive 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.

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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.

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ATTACHMENT 6

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

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- **Eligibility Criteria:**
  - 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 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:**
  - 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 percent of the federal poverty level (FPL) using the modified adjusted gross income (MAGI) methodology, which includes a five percent 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, 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.
  - 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.
  - 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 7

Public Comments and State Responses

Summary of Public Comments and State Responses

Adult Expansion- Amendment #15

The State received twenty-nine comments from individuals, advocacy groups and other community partners. The State appreciates all comments and feedback submitted regarding the adult expansion amendment. A summary of the comments submitted, and the State's responses are detailed below. Some comments were outside the scope of the waiver amendment and are not addressed in the State responses.

Income Limit and Request to Obtain Increased Federal Medical Assistance Percentage (FMAP)

Comment: Several commenters stated they do not support the State's proposal to expand to 95 percent of the Federal Poverty Level (FPL). Instead, they requested the State fully expand to 138 percent of FPL, as allowed under the Affordable Care Act (ACA).

Response: This waiver amendment is drafted in accordance with the provisions of House Bill 472-Medicaid Expansion Revisions. House Bill 472 only allows the Utah Department of Health (UDOH) to request authorization to expand to 95 percent FPL. Expanding the income limit to 95 percent FPL would allow the State to effectively close the coverage gap, and provide Medicaid benefits to approximately 70,000-90,000 eligible individuals.

Comment: A few commenters stated they do not believe the State has any standing to request enhanced funding for the Adult Expansion population. They stated the increased FMAP can only be approved if the State expands to 138 percent FPL.

Response: Section 1115 of the Social Security Act gives the Secretary of Health and Human Services the authority to approve demonstration projects that are likely to assist in promoting the objectives of the Medicaid program. Under an 1115 demonstration waiver, a State can request that the Secretary waive compliance with certain sections of the Social Security Act. Specifically, the State is asking that the Secretary waive Section 1902 of the act and its requirement to cover all individuals whose income does not exceed 133 percent FPL. If approved, this would allow the State to receive the increased FMAP while covering individuals whose income does not exceed 95 percent FPL.

Community Engagement through a Work Requirement

All commenters opposed the State's proposal to implement community engagement through a work requirement, viewing the requirement as a barrier to access to care. The concerns are detailed below.

Comment: Several commenters expressed concern that disabled individuals will be required to participate or will "fall through the cracks" even if they meet an exemption, and would lose coverage due to the work requirement.

Response: The State's proposal exempts individuals who meet both the Social Security Administration disability definition, as well as the definition of disability under the Americans with Disability Act. Individuals who report they are unable to work due to a physical or mental disability will be exempt from participating in the work requirement. In addition, individuals will be provided with detailed information regarding how to notify the Department of Workforce Services (DWS) if they believe they are not subject to the work requirement.

Comment: Several commenters stated they are concerned about an individual losing eligibility if they fail to comply with the work requirement, specifically if they are in the middle of receiving life-saving treatment. They also asked for assurance that all due process and fair hearing rights of individuals be adhered to if they are sanctioned. In addition, they asked for clarification on the length of ineligibility.

Response: Individuals who become ineligible due to failure to comply with the work requirement will retain all federally mandated appeals rights. All decision notices sent to enrollees contain information on how to appeal decisions. Individuals will also be able to claim a work requirement exemption or good cause at any time. An individual receiving life-saving treatment may qualify for a variety of exemptions proposed in the waiver, including being "physically or mentally unable to work". As stated in the waiver amendment, if an individual fails to participate, they will be ineligible until they complete all required participation activities or meet an exemption.

Comment: One commenter asked that the department more clearly define the number of participation hours individuals are required to complete to better allow stakeholders to determine how enrollees will be impacted.

Response: The work requirement being proposed does not require a specific number of participation hours. The individual will be required to complete specific online activities to meet the requirement, regardless of the time it takes to complete the activities. The activities include completing an evaluation, receiving job training, performing job searches, and making job contacts. Once an individual completes all of these requirements, they have met the requirement for the 12-month certification period. All activities must be completed within three months of being notified of the requirement.

Comment: Many commenters stated that a work requirement would result in individuals losing coverage due to the difficulty of navigating compliance processes or satisfying requirements. They also noted that work requirements are a barrier to individuals and that medical care should not be dependent up on complying.

Response: The State has drafted the program to be consistent with requirements and exemptions of the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistant to Needy Families (TANF), in order to streamline administration and decrease the difficulty for an individual to navigate the process. The proposed exemptions (including those for good cause) will allow individuals who face significant challenges to continue to receive much needed medical care. Approval of this demonstration will allow the State to evaluate whether the requirement will result in more beneficiaries being employed, thereby improving the beneficiaries' health and well-being.

Comment: Several commenters stated that the work requirement will result in increased administrative burden and costs, and that the money is better spent on providing needed medical care.

Response: The State will use existing systems and processes already used by DWS for SNAP. Individuals will participate using online resources. Because of this, the State believes there will be minimal increased administrative burden and cost.

Comment: Several commenters requested exemptions be added for specific populations, for example; individuals with cystic fibrosis, cancer, and those with end-stage renal disease or kidney failure.

Response: The State expects that individuals affected by cancer, cystic fibrosis, kidney failure and other disorders or diseases will likely be exempt from the work requirement. The State believes the current exemption of being physically or mentally unable to work sufficiently covers these specific populations

Comment: Several commenters stated sufficient information has not been provided on who will qualify for exemptions and how exemptions will be identified, documented and verified, both initially and on an ongoing basis.

Response: The State's proposal identifies the fourteen exemptions and good cause exemptions that will be allowable. Some exemptions will automatically be determined by the system (for example, receiving unemployment compensation), while the remaining exemptions will be reported by the individual using the application (for example, age 60 or older, being unable to work, etc.). Whenever possible, documentation and verification will be completed using existing systems and information available in the case file. Verification of a claimed exemption will only be requested if there is a question about the claim. Additional information regarding documentation and verification will be provided as the State drafts policy and administrative rules.

Comment: One commenter voiced concern regarding the evaluation measures proposed for the following hypothesis: "The work requirement will not negatively impact an individual's health". They suggest tracking actual health outcomes, such as lung cancer screenings, tobacco cessation, vaccination rates, and rates of illness and premature death.

Response: The State agrees with this suggestion and added positive outcome measures in defining how the proposed hypothesis is to be evaluated. The State will work with its independent evaluator to determine how best to evaluate the hypothesis using these positive measures.

Enrollment Limit

Comment: Several commenters stated they oppose an enrollment limit for the Adult Expansion program. They indicated limits would harm individuals by leaving many individuals without coverage. They also stated enrollment limits do not align with the goals of the Medicaid program.

Response: The State currently has enrollment limits approved under the 1115 PCN Waiver for the PCN and Targeted Adult Medicaid programs. The State is proposing to use the same method of applying enrollment limits for the Adult Expansion program. House Bill 472 directs the State to request approval of an enrollment limit to stay within the appropriations for this program.

Employer Sponsored Insurance (ESI) Reimbursement

Commenters were generally supportive of the ESI reimbursement. However, there were a few concerns, which are detailed below.

Comment: A few commenters asked for clarification regarding the sanction period for failing to enroll in, and purchase ESI coverage, specifically the length of sanction and safeguards for errors made by the individual or the agency.

Response: The State is currently working to define the sanction period and will provide additional information as it drafts policy and administrative rules. As required by law, administrative rules will be posted for public comment. In regards to safeguards for errors made by the individual or agency, the State intends to follow current processes for reviewing case actions to ensure correct determinations occur. In addition, individuals will retain all fair hearing and due process rights required by federal regulation, and may request a hearing if they do not agree with an agency decision.

Comment: One commenter strongly encouraged the State to monitor the health outcomes of individuals receiving ESI reimbursement and compare these outcomes to Medicaid enrollees.

Response: Individuals who receive an ESI reimbursement will also receive wrap-around Medicaid benefit. Because of this, the State expect health outcomes to be the same or similar as individuals only receiving Adult Expansion Medicaid. Unfortunately, the State will not be able to assess the health outcomes for individuals with ESI coverage in the same way it does for other individuals in the program because it does not have access to the claims information from private health insurance plans.

Comment: Several commenters stated they are concerned with the proposal for ESI reimbursement and the impact it will have on families' available monies for other basic needs.

Response: The State intends to pay the full premium amount for the eligible individual. In addition, the Medicaid wrap-around benefit will bring the member's out of pocket costs down to the same amount as other Medicaid members. Once an individual has verified they have enrolled with their ESI plan, the State will issue a reimbursement in the same way reimbursement is processed for the Utah Premium Partnership (UPP) program.

Comment: One commenter stated a concern that individuals enrolled in ESI plans could see an impact to seamless birth control coverage. They stated some ESI plans do not cover birth control and Medicaid wrap-around benefits would have to provide the coverage.

Response: The State believes the waiver proposal adequately addresses this concern. If an individual's ESI plan does not cover birth control, this benefit will be available to the individual through the Medicaid wrap-around benefit.

Comment: One commenter stated they believe the administration and beneficiary communications regarding wrap-around benefits will create unnecessary complexity and create barriers for beneficiaries.

Response: The State intends to provide detailed, understandable information to individuals regarding how the wrap-around benefit will function. The member's ESI will be treated as third party liability coverage.

Comment: One commenter stated there are no stated mechanisms in place for monitoring and evaluation of the effectiveness of the ESI reimbursement to ensure beneficiaries are receiving benefits and cost-sharing protections.

Response: The State is required to contract with an independent evaluator to evaluate the effectiveness of any programs authorized by the 1115 PCN Waiver. The State intends to work with the evaluator in monitoring and evaluating the effectiveness of not only the ESI reimbursement, but all components of the waiver.

Comment: One commenter stated individuals should be allowed to access cost-sharing protections when seeing providers within their private plans, not only Medicaid providers.

Response: Individuals who receive an ESI reimbursement are Medicaid eligible. Out of pocket costs are already limited for Medicaid members by federal regulation. The State will provide wrap-around services for Medicaid members who are required to enroll in ESI. This includes coverage to assure these members pay no more out of pocket costs than what is allowable for Medicaid members.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Comment: Several comments opposed the State's request to waive EPSDT for 19 and 20 year olds eligible for the Adult Expansion program. They stated that doing so is not consistent with best practices in pediatric care.

Response: The State currently has a waiver of the EPSDT requirement for 19 and 20 year olds for all programs authorized under the 1115 PCN Waiver. The benefits packages that Adult Expansion members will receive provide a comprehensive range of services and benefits, including but not limited to, doctors' visits, lab and x-ray, prescriptions, hospital visits, specialists and mental health and substance use disorder treatment and services.

Measurement and Evaluation

Comment: Two commenters expressed concern regarding how the impact or effectiveness of the Adult Expansion amendment will be monitored and evaluated. They specifically cited the effectiveness of increasing coverage or access, and improving quality, efficiency and health outcomes.

Response: As indicated above, the State is required to contract with an independent evaluator to evaluate the effectiveness of any programs authorized by the 1115 PCN Waiver. The State intends to work with the evaluator in monitoring and evaluating the effectiveness of the Adult Expansion program in regards to increasing access and improving quality, efficiency and health outcome.

Implementation

Comment: One commenter requested that implementation plans for this amendment be made public and open to stakeholder input and engagement.

Response: The State will follow the administrative rulemaking process, which requires a 30-day public comment period. In addition, information and updates regarding implementation plans will be provided at Medical Care Advisory Committee meetings, which are open to the public and regularly attended by many Medicaid stakeholders.