



Full Public Notice

Utah Section 1115 Demonstration Waiver Renewal

Note: The initial public notice for the 1115 Waiver Renewal was posted online May 5 through June 11, 2021. The Department is extending public notice an additional thirty (30) days. No changes have been made to the Renewal. Additional comments during this extended public notice period are welcomed. All comments previously submitted during the original public comment period (May 5 through June 11, 2021) are still relevant and being considered. Public hearings for this renewal application were previously held on May 20, 2021 and May 24, 2021.

The Utah Department of Health is requesting a five-year renewal of Utah's demonstration waiver under Section 1115 of the Social Security Act. Utah's existing demonstration waiver is currently approved through June 30, 2022. With this application, Utah is seeking a renewal period from July 1, 2022 through June 30, 2027. This 1115 waiver renewal requests authority to continue to operate as currently approved, with minimal changes.

Section I. Overview of Current Program Features to Continue under Demonstration Renewal

With this renewal, the state is requesting to continue all currently approved demonstration populations here and components, with the exception of clinically managed residential withdrawal services. This service will be added as a state plan service effective April 1, 2021, and will be phased-out of the 1115 demonstration.

A description of the currently approved demonstration populations, including eligibility requirements, is detailed below.

- **Current Eligibles**- includes the following individuals, whose eligibility is derived from the state plan, but whose coverage is affected by the demonstration: 1) adults age 19 and above who are eligible through section 1925 and 1931 of the Act, including those eligible through any liberalized section 1931 criteria already in the state plan; 2) adults age 19 through 64 who are medically needy and not aged, blind, or disabled. Individuals who are pregnant are excluded, through the 60th day postpartum.
- **Demonstration Population I (PCN)**- includes individuals age 19 through 64 with incomes at or below 95 percent of the FPL (effectively 100 percent of the FPL considering a disregard of 5 percent of income), who are U.S. citizens/qualified non-citizen, are residents of Utah, are not otherwise eligible for Medicaid, do not qualify for Medicare or Veterans benefits, and do not have other health insurance. PCN was suspended as of March 31, 2019 due to the implementation of Adult Expansion. The state requests continued approval of this demonstration population, although the state will leave this program suspended as long as Adult Expansion is operating.

- **Demonstration Population III**- includes working adults, age 19 through 64, their spouses, and their children who are ages 19 through 26, with countable gross family incomes up to and including 200 percent of the FPL, who are U.S. citizens/ qualified non- citizen, are residents of Utah, are not otherwise eligible for Medicaid, Medicare, or Veterans benefits, have no other health insurance, and participate in an Utah's Premium Partnership for Health Insurance (UPP)- approved ESI plan where the employee's cost to participate in the plan is at least five percent of the household's countable income.
- **Demonstration Population V**- includes adults age 19 through 64 with countable gross family income up to and including 200 percent of FPL, are U.S. citizens or qualified non- citizen, are resident(s) of Utah, do not qualify for Medicaid, Medicare, or Veterans benefits, have no other health insurance, and would otherwise be eligible as a member of Demonstration Population III (except that the eligible individual or custodial parent/caretaker is able to enroll in COBRA continuation coverage based on any qualifying event rather than a qualifying ESI plan, and that COBRA-eligibles are not subject to the requirement that an employer subsidize at least 50 percent of the premium cost for the employee's health coverage).
- **Current Eligible CHIP Children**- includes children up to age 19 with family income up to and including 200 percent of the FPL who would meet the definition of a targeted low-income child. These children are eligible for the CHIP, but the children's parents have elected to receive premium assistance for the employee's share of the cost of ESI instead of receiving CHIP direct coverage.
- **Demonstration Population VI**- includes children up to age 19 with family income up to and including 200 percent of the FPL who would meet the definition of a targeted low-income child.
- **Targeted Adults**- includes adults, ages 19 through 64, with incomes at zero percent of the FPL (effectively five percent of the FPL with the five percent disregard) and no dependent children, who meet one of the following additional criteria:
 - Be chronically homeless, defined as:
 1. An individual who has been continuously homeless for at least 12 months or on at least four separate occasions in the last three years (totaling at least 12 months); and has a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability;
 2. An individual living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for a total of six months within a 12-month period; and has a diagnosable substance use disorder or serious mental health disorder. At the option of the state, these criteria may be expanded to include individuals with a diagnosable developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability;
 3. An individual who is a victim of domestic violence who is living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter; or (4) An individual currently living in supportive housing who has previously met the definition of chronically homeless as specified in 1 or 2 above.
 - Involved in the criminal justice system and in need of substance use or mental health treatment, defined as:

1. An individual who has complied with and substantially completed a substance use disorder treatment program while they were incarcerated in jail or prison, including Tribal jails;
 2. An individual who is court ordered to receive substance abuse or mental health treatment by a district court or Tribal court;
 3. An individual on probation or parole with serious mental illness and/or serious substance use disorder;
 4. An individual discharged from the Utah State Hospital who was admitted to the civil unit of the hospital in connection with a criminal charge, or admitted to the forensic unit due to a criminal offense with which the individual was charged or of which the individual was convicted; or
 5. Individuals involved with a Drug Court or Mental Health Court, including Tribal courts, related to a criminal charge or conviction.
 - Needing substance use or mental health treatment, defined as:
 1. An individual receiving General Assistance from the Department of Workforce Services (DWS), who has been diagnosed with a substance use or mental health disorder; or
 2. An individual recently discharged from the Utah State Hospital who was civilly committed.
- **Former Foster Care Youth from Another State**- consists of individuals under age 26, who were in foster care under the responsibility of a state other than Utah, or a tribe in such other state when they turned 18 (or such higher age as the state has elected for termination of federal foster care assistance under title IV-E of the Act), were ever enrolled in Medicaid, are now applying for Medicaid in Utah, and are not otherwise eligible for Medicaid.
 - **Adult Expansion Population**- consists of adults, age 19 through 64, who are not Current Eligibles, who are U.S. citizens/qualified non-citizens, are residents of Utah, and have household income at or below 133 percent of the FPL. To remain eligible for Medicaid, individuals in this eligibility group who have access to ESI are required to enroll in a qualified ESI plan, as defined by the state. Individuals are also required to participate in the community engagement requirement, if they do not meet an exemption or good cause exception.
 - **Intensive Stabilization Services (ISS) Population**- consists of Medicaid eligible children/youth under age 21, whose eligibility is derived from the state plan, and are experiencing significant emotional and/or behavioral challenges while in state custody or are at risk of being placed in state custody.
 - **Substance Use Disorder Services in an IMD**- provides authority for Medicaid recipients to receive opioid use disorder (OUD)/substance use disorder (SUD) treatment services provided in a residential or inpatient treatment setting that qualifies as an IMD.
 - **Targeted Adult Dental Benefits**- includes individuals who are eligible for the Targeted Adult Medicaid program and are receiving SUD treatment, to receive state plan dental benefits, as well as porcelain or porcelain-to metal crowns.
 - **Dental Benefits for Aged Individuals**- includes individuals who are age 65 and older, and are eligible for Medicaid, who are eligible to enroll in the state plan under Section 1902(a)(10)(C) of the Act and 42 CFR 435.320 and 435.330. They receive dental benefits that are defined in the

Utah Medicaid Provider Manual, Dental Services, and if needed, porcelain or porcelain-to-metal crowns.

- **Dental Benefits for Individuals with Blindness or Disabilities-** includes individuals who are blind or disabled, 18 and older, who are enrolled in the state plan under Section 1902(a)(10)(C) of the Act and 42 CFR 435.322, 435.324 and 435.330. They receive dental benefits that are defined in the Utah Medicaid Provider Manual, Dental Services, and if needed, porcelain or porcelain-to-metal crowns.
- **Serious Mental Illness Services in an IMD-** Provides authority for Medicaid recipients, age 21 through 64, to receive SMI services in IMD treatment settings.
- **Community Engagement through a Self Sufficiency Requirement-** The community engagement requirement applies to individuals eligible for the Adult Expansion Population, not to include Targeted Adults. It requires individuals to participate in specific community engagement activities unless the individual meets an exemption or good cause reason. Failure to participate will result in ineligibility for Adult Expansion Medicaid.
- **Employer Sponsored Insurance (ESI Reimbursement)-** Individuals who are eligible for the Adult Expansion Population, and have access to an ESI plan, are required to purchase such plans. The State will reimburse the eligible individual for the health insurance premium amount for that individual. Failure to enroll in, and purchase, the insurance plan will result in ineligibility for Medicaid.
- **Utah Medicaid Integrated Care (UMIC)-** The state proposes to continue to mandatorily enroll the Adult Expansion Population into UMIC managed care organizations (MCO) for delivery of their physical and behavioral health services in the five urban counties in the state (Davis, Salt Lake, Utah, Washington, and Weber). The state also mandatorily enrolls members of the Adult Expansion Population in an ACO and a PMHP or FFS, for beneficiaries residing in the remaining eight counties (Box Elder, Cache, Iron, Morgan, Rich, Summit, Tooele, and Wasatch) in which beneficiaries are not enrolled into UMIC.

Section II. Proposed Changes to Current Demonstration

The state requests the following changes to the current demonstration for the identified waiver populations or components.

Name of Waiver

The waiver was originally approved to provide benefits for individuals eligible for the PCN program. As indicated in the Historical Background section above, Utah's 1115 demonstration has expanded significantly over the 19 years of the demonstration to include many different programs and benefits. Due to the expansion of the purpose and goals of this waiver, the state requests to change the name of the waiver to "Utah's Medicaid Reform 1115 Demonstration Waiver", to provide a more comprehensive representation of the waiver.

Intensive Stabilization Services (ISS)

The state implemented ISS on July 1, 2020. These services are provided to Medicaid eligible children and youth who are experiencing significant emotional and/or behavioral challenges based on medical

necessity, acuity, and need. The ISS includes state plan and home community-based services provided during the first eight weeks of the intensive program. With this renewal the state requests to make the following changes to ISS:

1. The current approval states that ISS services will be provided and billed during the first eight weeks of the program. Since implementation, it has been determined that these services may be needed for a longer period of time. The state requests approval to provide these services during the entire period of the intensive program, rather than during the first eight weeks.
2. The state requests to make a technical correction to references to “Stabilization and Mobile Response team(s) (SMR)” in the waiver STCs. The state requests to change this reference to “intensive stabilization services (ISS) team(s)”. In addition, the state also requests any references to “care manager” be changed to “ISS staff”.
3. The state requests to remove “Psychotherapy with Evaluation and Management (E/M) Services” from the ISS table of services (2c). This service will not be provided as part of ISS, as the staff providing ISS do not have the licensure required to provide it.
4. The state requests a technical correction to STC #82 by removing the term “contracted” from the sentence stating “The ISS *contracted* providers are all Medicaid enrolled providers”.

Utah’s Premium Partnership for Health Insurance (UPP)- Demonstration Populations III, V, VI, and Current Eligible CHIP Children

The state is requesting the following changes to the waiver STCs related to the UPP populations.

1. Combining the four UPP demonstration populations (III, V, VI and Current Eligible CHIP children) into one demonstration population. The state is requesting this change to simplify reporting, because the overall group population has remained relatively small, and because the state considers these to be one population for administration purposes.
2. Through the American Recovery and Reinvestment Act (ARRA,) individuals and families affected by involuntary job loss occurring September 1, 2008 through May 31, 2010 were eligible to receive a COBRA subsidy of 65 percent of the cost of COBRA coverage and could last up to 9 months. Once the ARRA subsidy ended, or for those not eligible for the ARRA COBRA subsidy, the state continued to provide a monthly premium payment for up to 18 months to offset the cost of COBRA coverage. Since this program has sunsetted, the state is requesting to remove ARRA language from the STC’s, except as needed for historical reference.

Pending Waiver Amendments

At this time, the state has several waiver amendment requests pending a decision from CMS. These amendments can be found in Attachment 3, and on the state’s 1115 waiver website at <https://medicaid.utah.gov/1115-waiver>. The state requests that these amendments be considered in addition to the waiver renewal, with the hope of gaining approval for these amendments prior to the approval of the full waiver renewal. A brief overview of the amendments is contained below.

UPP Premium Reimbursement Increase Amendment

On February 19, 2021 the state submitted an amendment as a result of House Bill 6003 “Premium Subsidy Amendments” which passed during the 2020 Sixth Special Session of the Utah State Legislature. This amendment requests authority to allow the state to increase the maximum reimbursement allowable under Utah’s Premium Partnership for Health Insurance Program (UPP), from \$150 per

enrollee per month, to a higher amount, through the state administrative rulemaking process, rather than by waiver amendment.

In Vitro Fertilization and Genetic Testing for Qualified Conditions

On December 30, 2020, the state submitted an amendment as a result of the 2020 General Session of the Utah State Legislature, House Bill 214 “Insurance Coverage Modifications” which passed, and was signed into law by Governor Herbert. This legislation required the Utah Department of Health, Division of Medicaid and Health Financing (DMHF) to seek 1115 waiver approval from the Centers for Medicare and Medicaid Services (CMS) to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified conditions.

Medicaid Coverage for Justice Involved Populations

On June 29, 2020, the state submitted an amendment as a result of the 2020 General Session of the Utah Legislative Session, House Bill 38 “Substance Use and Health Care Amendments”, which passed and was signed into law. This legislation directed the Utah Department of Health (UDOH), Division of Medicaid and Health Financing (DMHF), to seek 1115 waiver approval from the Centers for Medicare and Medicaid Services (CMS), to provide Medicaid coverage for qualified justice-involved individuals. These individuals must have a chronic physical or behavioral health condition, a mental illness as defined by Section 62A-15-602 of Utah State Code, or an opioid use disorder. If approved, Medicaid coverage will be provided in the 30-day period immediately prior to release of the incarcerated individual from a correctional facility.

Housing Related Services and Supports

As part of the Fallback waiver amendment submitted to CMS on November 1, 2019, the state requested federal expenditure authority to provide housing related services and supports (HRSS) for groups within Medicaid Expansion. Approval of this request will allow the state to help Individuals address barriers that influence their health and well-being. These barriers include but are not limited to; acute and chronic medical and behavioral health conditions, criminal justice system involvement, and extended periods of unemployment and poverty. Individuals having these experiences often lack health insurance and may have limited access to health care. These challenges pose significant barriers to achieving housing stability, pursuing mental health or substance use disorder recovery, improving health outcomes, and reducing health care costs.

Other Amendments

At this time the state is not requesting action on the following waiver amendments as part of the waiver renewal. However, the state is not withdrawing these amendment requests at this time;

- Fallback Plan
- Per Capita Cap

Section III. Demonstration Goals, Objectives and Evaluation

Since the initial approval in 2002, Utah has received CMS authority to implement many additional programs and benefits through its 1115 demonstration waiver. With these additions, Utah’s primary objectives have remained consistent. Utah’s demonstration strives to do the following:

- Provide health care coverage for low-income Utahns that would not otherwise have access to, or be able to afford, health care coverage
- Improve participant health outcomes and quality of life
- Lower the uninsured rate of low income Utahns
- Provide continuity of coverage for individuals
- Increase access to primary care
- Improve appropriate utilization of emergency department visits
- Reduce uncompensated care provided by Utah hospitals
- Increase the utilization of preventive dental services, while reducing emergency dental procedure costs.

With the addition of the SUD and SMI IMD treatment approvals, the state has expanded its objectives to include the following for individuals with a substance use disorder or serious mental illness:

- Improve access to services across the continuum of care
- Provide for better care coordination for individuals transitioning to community-based care
- Reduce the utilization of emergency departments and inpatient hospital settings for treatment where utilization is preventable or medically inappropriate
- Reduce the overdose death rate
- Improve access to care for physical health conditions for these individuals.

Demonstration Evaluation

To determine if Utah's 1115 waiver is meeting its intended goals and objectives, the state has contracted with two independent evaluators to conduct an evaluation of the demonstration. These evaluators are; the University of Utah Social Research Institute (SRI) and Public Consulting Group, Inc. (PCG). Each evaluator is responsible for conducting an evaluation of specific demonstration populations. The University of Utah SRI is responsible to conduct an evaluation of the following waiver populations and components;

- Current Eligibles
- Demonstration Population I (PCN)
- Demonstration Populations III, V, VI, Current Eligible CHIP Children (UPP)
- Targeted Adults
- Targeted Adult Dental
- Intensive Stabilization Services
- Dental Benefits for Aged Members
- Dental Benefits for Individuals with Blindness or Disabilities
- SUD treatment in an IMD
- SMI treatment in an IMD

PCG is responsible to conduct an evaluation of the following waiver populations and components;

- Adult Expansion, including the ESI component
- Community Engagement
- Utah Medicaid Integrated Care (UMIC)

The evaluations have been designed by each independent evaluator to meet the STCs of Utah’s 1115 demonstration. The evaluations will test the specific hypotheses and performance measures as identified by the evaluation designs for the demonstration populations.

Demonstration Hypotheses

Utah proposes the following research hypotheses and design approach for Utah’s Demonstration renewal. The hypotheses below are consistent with those already approved in the evaluation designs. The state is not requesting any changes at this time.

Table 1: Demonstration Objectives and Proposed Hypotheses		
Objectives	Proposed Hypotheses	Potential Approaches/Data Sources
Current Eligibles		
Not negatively impact the health and well-being of the demonstration population by offering a slightly reduced benefit package.	The demonstration will not negatively impact the overall well-being, in relation to health status, of Current Eligibles who experience reduced benefits and increased cost sharing.	Utah All Payer Claims Database Utah Medicaid claims Medicaid data warehouse
Demonstration Populations III, V and VI - UPP		
Increase the number of individuals with access to employer-sponsored health insurance in obtaining that coverage.	The demonstration will assist previously uninsured individuals in obtaining employer-sponsored health insurance.	Utah All Payer Claims Database Utah Medicaid claims Medicaid data warehouse
Targeted Adults		
Reduce the number of uninsured, while improving access to primary care and improving the overall health of the population.	The demonstration will reduce the number of uninsured Utahns.	Medicaid data warehouse HEDIS Adult Core Set
	The demonstration will improve access to primary care, while also improving the overall health status of the target population.	Utah Medicaid claims BRFSS insurance questions HEDIS Adult Core Set
	The demonstration will reduce the number of non-emergent Emergency Room visits for the	Utah Medicaid claims Medicaid data from other states HEDIS Adult Core Set

	chronically homeless population.	
	The demonstration will reduce uncompensated care provided by Utah hospitals.	Hospital costs reports
Dental for Blind and Disabled Members		
Improve preventive dental services and reduce emergency dental procedure costs.	The demonstration will reduce the number of individuals who have an emergency dental procedure performed, while increasing the number of members who receive preventive dental services.	Medicaid claims data
Targeted Adult Medicaid Dental		
Improve the SUD treatment completion rate among demonstration participants, while providing much needed dental care.	The demonstration will improve SUD treatment completion.	Medicaid claims data
Adult Expansion		
Improve the health of Utahns, increase access to primary care, improve appropriate utilization of emergency department visits, and reduce uncompensated care provided by Utah hospitals.	The demonstration will improve the health and well-being of individuals in Utah.	Behavioral Risk Factor Surveillance System (BRFSS) Medicaid claims data Utah All Payer Claims Database
	The demonstration will increase access to primary care and improve appropriate utilization of emergency department (ED) services by Adult Expansion members.	Medicaid claims data Utah All Payer Claims Database
	The demonstration will reduce uncompensated care provided by Utah hospitals.	Comparison to other states based on Center for Budget & Policy Priority definition: any services for which a provider is not reimbursed

	The demonstration will assist previously uninsured individuals in purchasing employer sponsored insurance to help reduce the number of uninsured adults.	Medicaid claims data State administrative data
Community Engagement		
To increase employment which will contribute to increased health and well-being.	The demonstration will improve employment levels of individuals.	State administrative data eREP & UWorks data State individual survey
	The demonstration will increase the average income of individuals.	State individual survey
	The demonstration will increase the likelihood that Medicaid individuals will transition to commercial insurance.	State individual survey
	The demonstration will improve the health outcomes of current and former Medicaid individuals.	State individual survey State administrative data
	There are common barriers to compliance with community engagement requirements.	State individual survey
	Individuals subject to the requirements understand how to be compliant.	State individual survey State administrative data
Utah Medicaid Integrated Care		
By integrating the services delivery system for the Adult Expansion group, the State expects to see better health outcomes, better compliance with treatment, and an overall improvement in the quality of life of the individuals.	The demonstration will show that an integrated care delivery model results in better health outcomes for Medicaid individuals.	Beneficiary Surveys BRFSS Medicaid administrative data
	The demonstration will show that the Adult Expansion population has better health	Beneficiary Surveys BRFSS Medicaid administrative data

	outcomes when enrolled in managed care.	
Substance Use Disorder Services in an IMD		
Increased rates of identification, initiation and engagement in SUD treatment.	The demonstration will increase the percentage of members who are referred and engage in SUD treatment.	NQF Measures Individual Survey Adult SUD consumer Satisfaction Survey
Increased adherence to and retention in SUD treatment	The demonstration will increase the percentage of members who adhere to SUD treatment.	NQF Measures Medicaid claims
Reduced utilization of emergency department and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services.	The demonstration will decrease the rate of emergency department and inpatient visits within the individual population for SUD.	Medicaid claims
Improved access to care for comorbid physical health conditions commonly associated with SUD among members.	The demonstration will increase the percentage of members with SUD who experience care for comorbid conditions.	Medicaid claims
Reduce the rate of overdose deaths, particularly those due to opioids.	The demonstration will decrease the rate of overdose deaths due to opioids.	Vital Statistics
Intensive Stabilization Services (ISS)		
To keep children and youth at risk in the community from being placed in state custody, while helping children who are in state custody to return to their families or become independent more quickly.	The demonstration will reduce the number of emergency room visits, psychiatric hospitalizations, and residential treatment services and length of stay.	Medicaid claims APCD
	The demonstration will increase the number of Early Periodic, Screening, Diagnosis and Treatment (EPSDT) visits and improve access to other services, such as dental care.	Medicaid claims APCD YRBS

Dental for Aged Individuals		
To increase the utilization of preventive dental services and improve the quality of life for the demonstration population.	Aged individuals will have increased utilization of preventive dental services.	Medicaid claims Utah All Payer Claims Database
	Aged individuals will have decreased utilization of emergency dental services.	Medicaid claims Utah All Payer Claims Database
	Aged individuals receiving comprehensive dental care will experience increased quality of life.	Aged Dental Survey, with Oral Health Impact Profile -14, quality of life
Serious Mental Illness Services in an IMD		
Reduced utilization of emergency departments (EDs) among Medicaid individuals with SMI/SED while awaiting mental health treatment in specialized settings.	The SMI demonstrations will result in reductions in utilization and length of stay in EDs among Medicaid individuals with SMI while awaiting mental health treatment.	Medicaid claims data
Reduced preventable readmissions to acute care hospitals and residential settings among Medicaid individuals with SMI/SED.	The SMI demonstration will result in reductions in preventable readmissions to acute care hospitals and residential settings.	Medicaid claims data
Improved availability of crisis stabilization services, including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state.	The SMI demonstration will result in improved availability of crisis stabilization services throughout the state.	Medicaid claims data Monitoring reports Environmental scan

Improved access to community-based services to address the chronic mental health care needs of individuals with SMI/SED, including through increased integration of primary and behavioral health care.	Access of individuals with SMI to community-based services to address their chronic mental health care needs will improve under the demonstration, including through increased integration of primary and behavioral health care.	Medicaid claims data Monitoring reports Environmental scan Interviews
Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.	The SMI demonstration will result in improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.	Medicaid claims data Monitoring reports

Section IV. Benefits, Delivery System and Cost Sharing

The state intends to continue to provide demonstration benefits per the delivery systems outlined below.

Table 2: Demonstration Benefits and Delivery System		
Demonstration Populations	Benefits	Delivery System
Demonstration Population I- PCN (currently suspended)	<ul style="list-style-type: none"> Limited benefit package of primary and preventative care services. Services include primary care physician, lab, radiology, durable medical equipment, emergency room services, pharmacy (four per month), dental, and vision. Inpatient hospital, specialty care, and mental health services are among the services that are not covered. 	Benefits are delivered through Fee For Service (FFS).
Current Eligibles	<ul style="list-style-type: none"> Individuals enrolled in this eligibility category receive most of the benefits covered under Utah’s state plan according to limitations specified in the state plan, except as outlined in Table 2 below. Current Eligibles also receive benefits that are the equivalent of (b)(3) services under 	Benefits are delivered through ACOs and PMHPs for required counties. Voluntary counties may choose to receive benefits through managed care or FFS.

	the state’s 1915(b) PMHP waiver, which include; psychoeducational services, personal services, respite care and supportive living services (mental health services in residential treatment settings).	
Demonstration Populations III, V, VI and Current Eligible CHIP Children (UPP)	Individuals in this eligibility category are eligible to receive premium assistance (through ESI or COBRA) in paying the employee’s, individual’s, or family’s share of the monthly premium cost of qualifying insurance plans.	Benefits are delivered by their respective qualified plan for ESI or COBRA.
Dental for Blind and Disabled Adults	Individuals that are enrolled in this eligibility category will receive state plan dental benefits that are defined in the Utah Medicaid Provider Manual, Dental Services, and if needed, porcelain or porcelain-to-metal crowns.	Benefits are delivered through a FFS model by contracting with the University of Utah School of Dentistry, and their associated network of providers.
Targeted Adults	Individuals enrolled in this eligibility category will receive full Medicaid state plan benefits.	Benefits are delivered through FFS Benefits may be delivered through a managed care delivery system in the future.
Dental for Targeted Adults	Individuals that are enrolled in this eligibility category who are receiving SUD treatment will receive state plan dental benefits that are defined in the Utah Medicaid Provider Manual, Dental Services, and if needed, porcelain or porcelain-to-metal crowns.	Benefits are delivered through a FFS model by contracting with the University of Utah School of Dentistry, and their associated network of providers.
Dental for Aged Adults	Individuals that are enrolled in this eligibility category will receive state plan dental benefits that are defined in the Utah Medicaid Provider Manual, Dental Services, and if needed, porcelain or porcelain-to-metal crowns.	Benefits are delivered through a FFS model by contracting with the University of Utah School of Dentistry, and their associated network of providers.
Adult Expansion Population	<ul style="list-style-type: none"> ● Expansion adults without dependent children will receive state plan benefits ● Expansion adults with dependent children will receive most of the benefits covered 	<ul style="list-style-type: none"> ● Benefits are provided through UMIC in five counties. ● Adult Expansion

	<p>under Utah’s state plan according to limitations specified in the state plan, except as outlined in Table 2 below.</p> <ul style="list-style-type: none"> Expansion adults also receive benefits that are the equivalent of (b)(3) services under the state’s 1915(b) PMHP waiver, which include; psychoeducational services, personal services, respite care and supportive living services (mental health services in residential treatment settings). 	<p>individuals in eight additional counties are enrolled in an Accountable Care Organization (ACO) for their physical health services and in a Prepaid Mental Health Plan (PMHP) for their behavioral health services. Adult Expansion individuals in the remaining 16 counties receive their physical health services on a FFS basis and are enrolled in a PMHP for their behavioral health services.</p>
Adult Expansion- ESI	<p>Individuals in this eligibility group will be reimbursed for the full amount of the individual’s share of the monthly premium cost of the qualified ESI plan.</p>	<ul style="list-style-type: none"> Individuals will receive services through the delivery systems provided by their respective qualified plan. Wrap-around benefits will be provided through a FFS delivery system.
Intensive Stabilization Services	<p>Individuals eligible for this category will receive state plan and home community-based services.</p>	<p>Benefits are managed through DHS and are delivered FFS using a daily bundled rate.</p>
Former Foster Care Youth from Another State	<p>Individuals enrolled in this eligibility category will receive full Medicaid state plan benefits.</p>	<p>Benefits are delivered through the individual’s applicable delivery system (ACO, PMHP, UMIC, or FFS).</p>
SUD IMD	<p>Individuals will receive state plan services, including SUD treatment services provided in residential treatment settings that qualify as an IMD.</p>	<p>Benefits are delivered through the individual’s applicable delivery system (PMHP, UMIC, or FFS).</p>

SMI IMD	Individuals will receive state plan services, including mental health treatment services provided in residential and inpatient treatment settings that qualify as an IMD.	Benefits are delivered through the individual's applicable delivery system (PMHP, UMIC, or FFS).
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Cost Sharing

Cost sharing requirements for individuals under this demonstration are as defined in the Medicaid state plan, with two exceptions:

- Individuals receiving premium assistance under the UPP program (Demonstration populations III, V, VI and current eligible CHIP children) will have cost sharing requirements set by their qualified ESI or COBRA plan.
- American Indian/Alaska Natives enrolled in the demonstration are exempt from cost sharing requirements under section 5006 of the American Recovery Reinvestment Act of 2009.

Benefit Differences for Current Eligibles and Adult Expansion Members with Dependent Children

The table below identifies benefits for Current Eligibles and members of the Adult Expansion population who are custodial parents/caretaker relatives that are different from state plan covered services and limitations.

Table 3: Benefit Differences from State Plan for Current Eligibles and Adult Expansion with Children	
Service	Special Limitations for Current Eligibles and Adult Expansion Population Parents
Hospital Services	Additional surgical exclusions. Refer to the Administrative Rule UT Admin Code R414-200 Non-Traditional Medicaid Health Plan Services and the Coverage and Reimbursement Code Lookup
Vision Care	One eye examination every 12 months; No eye glasses
Physical Therapy	Visits to a licensed PT professional (limited to a combination of 16 visits per policy year for PT and OT)
Occupational Therapy	Visits to a licensed PT professional (limited to a combination of 16 visits per policy year for PT and OT)
Speech and Hearing Services	Hearing evaluations or assessments for hearing aids are covered, Hearing aids covered only if hearing loss is congenital

Private Duty Nursing	Not covered
Medical Supplies and Medical Equipment	Same as traditional Medicaid with exclusions. (See Utah Medicaid Provider Manual, Non-Traditional Medicaid Plan)
Organ Transplants	The following transplants are covered: kidney, liver, cornea, bone marrow, stem cell, heart and lung (includes organ donor)
Long Term Care	Not covered
Transportation Services	Ambulance (ground and air) for medical emergencies only (non-emergency transportation, including bus passes, is not covered)
Dental	Dental services are not covered, with exceptions.

Section V. Annual Enrollment and Expenditures

The table below indicates the projected demonstration enrollees for each demonstration year (DY).

Enrollment	DY 21	DY 22	DY 23	DY 24	DY 25
Adult Expansion	1,073,480	1,089,582	1,105,926	1,122,515	1,139,353
Current Eligibles- PCR	421,674	431,626	441,812	452,239	462,912
*Demonstration Population III, V, VI, Current Eligible CHIP Children (UPP)	5,140	5,217	5,295	5,374	5,455
Blind/Disabled Dental	484,975	492,250	499,633	507,128	514,735
Former Foster Care Youth	165	165	165	165	165
Targeted Adults	69,937	70,637	71,343	72,057	72,777
Substance Use Disorder Treatment in an IMD	7,032	7,032	7,032	7,032	7,032

Targeted Adult Dental	15,858	16,096	16,338	16,583	16,831
Aged Dental	259	263	267	271	275
Employer Sponsored Insurance	1,581	1,605	1,629	1,654	1,678
Intensive Stabilization Services	1,440	1,440	1,440	1,440	1,440
Serious Mental Illness Treatment in an IMD	17,688	18,130	18,583	19,048	19,524

*For this population, the State is anticipating stable enrollment, neither increased nor decreased over the near future. This is evidenced by the State Fiscal Year (SFY) 2021 enrollment growth of only 0.2% over SFY 2020. The State is not expecting any expenditure increases beyond normal healthcare inflationary. Such inflation could affect premium payments, but the State is expecting those to be minimal in the near term.

The table below shows the projected expenditures for each demonstration year (DY).

Expenditures	DY 21	DY 22	DY 23	DY 24	DY 25
Adult Expansion	\$1,388,812,259	\$1,484,355,598	\$1,586,471,841	\$1,695,613,172	\$1,812,262,880
Current Eligibles- PCR	\$545,539,764	\$588,012,196	\$633,788,109	\$683,129,219	\$736,311,768
Demonstration Population III, V, VI, Current Eligible CHIP Children (UPP)	\$6,649,503	\$7,106,956	\$7,595,879	\$8,118,437	\$8,676,945
Blind/Disabled Dental	\$11,146,349	\$11,913,162	\$12,732,728	\$13,608,676	\$14,544,885
Former Foster Care Youth	\$213,468	\$224,782	\$236,696	\$249,240	\$262,450
Targeted Adults	\$104,614,439	\$111,260,595	\$118,328,980	\$125,846,420	\$133,841,443
Aged Dental	\$30,242,321	\$31,845,164	\$33,532,958	\$35,310,204	\$37,181,645

Employer Sponsored Insurance	\$420,991	\$449,954	\$480,908	\$513,992	\$549,352
Intensive Stabilization Services	\$3,640,609	\$3,833,561	\$4,036,739	\$4,250,687	\$4,475,973
Serious Mental Illness Treatment in an IMD	\$265,296,529	\$286,341,176	\$309,055,190	\$333,570,993	\$360,031,512

Section VI. Requested Waiver and Expenditure Authorities

The following table summarizes the current demonstration waiver and expenditure authorities, and whether Utah is requesting to continue these authorities with this renewal request.

Table 4: Requested Waiver Authorities			
Waiver Authority	Reason and Use of Waiver	Demonstration Populations Applicable To	Status under Renewal
Section 1902(a)(34)- Retroactive Eligibility	To permit the state to not provide retroactive eligibility for individuals under this demonstration.	Demonstration Populations I and III	Continue
Section 1902(a)(14)- Cost Sharing Requirements	To permit individuals affected by this demonstration, whose benefits are limited to premium assistance, to have cost sharing requirements (including the out-of-pocket maximum) as set by the individual's qualified ESI plan.	Demonstration Populations III, V and VI	Continue
Section 1902(a)(43)- Early Periodic Screening, Diagnosis and Treatment (EPSDT)	To enable the state not to cover certain services required to treat a condition identified during an EPSDT screening.	19 and 20-year olds who are not in the Adult Expansion Population (not including blind and disabled enrollees who receive dental through this demonstration)	Continue

Section 1902(a)(23)(A)- Freedom of Choice	To enable the state to restrict freedom of choice of providers for individuals under this demonstration.	Title XIX Populations affected by this demonstration	Continue
Section 1902(a)(4) insofar as it incorporates 42 CFR 431.54- Methods of Administration	To the extent necessary to relieve the state of the responsibility to assure non-emergency medical transportation to and from providers for individuals with dependent children enrolled in the Adult Expansion Population, except that this requirement nevertheless shall apply with respect to those eligible for EPSDT services.	Adult Expansion with Dependent Children	Continue
Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the state to vary the amount, duration, and scope of services offered to individuals by demonstration group.	-Individuals affected by this demonstration with the exception of Former Foster Care Youth from Another State -Targeted Adults -Blind, Disabled and Aged expenditure populations -Adult Expansion population -Intensive Stabilization Services Population	Continue
Section 1902(a)(8) and (a)(10)- Eligibility and Provision of Medical Assistance	To the extent necessary to enable Utah to require community engagement as a condition of eligibility for individuals in the Adult Expansion Population as described in these STCs. To the extent necessary to enable Utah to terminate eligibility for, and not make medical assistance available to, individuals in the Adult Expansion Population who fail to comply with the community engagement requirement unless the	Adult Expansion Population	Continue

	individual is exempted, or demonstrates good cause, as described in the STCs.		
Section 902(a)(10(A)(i)(VIII) insofar as it incorporates section 1902(k) and sections 1902(k) and 1903(i)(26) insofar as they incorporate section 1937 and CFR 440.390 - Compliance with ABP Requirements	In order to permit federal financial participation (FFP) to be provided in expenditures to the extent that non-emergency medical transportation (NEMT) is not covered for certain individuals for whom its assurance would otherwise be required.	Adult Expansion Population	Continue
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 Title XIX populations affected by this demonstration.	Title XIX Populations affected by this demonstration	Continue
Section 1902(a)(15) and Section 1902(bb)- Federally Qualified Health Centers Payments	To permit the state to pay for Federally Qualified Health Center services provided to Demonstration Population I individuals on a basis other than a prospective payment system.	Demonstration Population I	Continue

Expenditure Authorities

Table 5: Requested Expenditure Authorities		
Demonstration Population	Reason and Use of Expenditure Authority	Status Under Renewal
Current Eligibles	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.	Continue
Demonstration Population I	Expenditures to provide health services to non-disabled and non-elderly individuals age 19 through 64 with incomes	Continue

	above the Medicaid standard but at or below 95 percent of the federal poverty level (FPL) (effectively 100 percent with the five percent income disregard) who are not otherwise eligible for Medicaid, as described in the waiver STCs. This expenditure authority will end effective April 1, 2019.	
Demonstration Population III	Expenditures for premium assistance related to providing 12 months of guaranteed eligibility to subsidize the employee's share of the costs of the insurance premium for employer sponsored health insurance to non-disabled and non-elderly low-income workers age 19 through 64 with incomes above the Medicaid standard but at or below 200 percent of the FPL, as well as their spouses and their children, age 19 through 26, who are enrolled in their parents' employer sponsored insurance (ESI) plan, who are not otherwise eligible for Medicaid, as described in the STCs.	Continue
Demonstration Population V	Expenditures for premium assistance related to providing up to a maximum of 18 months of eligibility to subsidize the employee's share of the costs of the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) premium for COBRA continuation of coverage to non-disabled and non-elderly low-income workers age 19 through 64 with incomes above the Medicaid standard but at or below 200 percent of the FPL, as well as their spouses, who are not otherwise eligible for Medicaid, as described in the STCs.	Continue
Individuals who are Blind or Disabled	Expenditures for dental benefits for individuals who are blind or disabled and who are eligible for Medicaid.	Continue
Individuals who are Aged	Expenditures for dental benefits for individuals who are age 65 and older, and are eligible for Medicaid.	Continue
Former Foster Care Youth from Another State	Expenditures to extend eligibility for full Medicaid state plan benefits to former foster care youth who are defined as individuals under age 26, that were in foster care under the responsibility of a state other than Utah or tribe in such other state on the date of attaining 18 years of age or such higher age as the state has elected for termination of federal foster care assistance under title IV-E of the Act, were ever enrolled in Medicaid, and are now applying for Medicaid in Utah.	Continue
Targeted Adults	Expenditures to provide state plan coverage to certain individuals, age 19 through 64, without dependent children, who have incomes at zero percent of the FPL (effectively up to five percent with the five percent income disregard), as described in these STCs, who are not otherwise eligible for Medicaid. Expenditures to provide dental benefits for individuals in this expenditure population who are receiving substance use disorder (SUD) treatment.	Continue
Substance Use Disorder	Expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving	Continue

	treatment and withdrawal management services for SUD who are short-term residents in facilities that meet the definition of an institution for mental diseases (IMD).	
Adult Expansion	Expenditures to provide coverage to adults, ages 19 through 64, who are not Current Eligibles, and have household income at or below 133 percent of the FPL, as described in the STCs. Members of the Adult Expansion Population who are childless/non-custodial parents will receive state plan coverage, while members of the Adult Expansion Population who are custodial parents/caretaker relatives will receive the Current Eligibles benefit package,	Continue
Mandatory Employer Sponsored Insurance	Expenditures to provide premium assistance and wrap-around benefits to the Adult Expansion Population individuals who are enrolled in ESI plans.	Continue
Intensive Stabilization Services Program	Expenditures to provide an assessment and service package including state plan behavioral services and home and community-based respite and non-medical transportation services reimbursed using a daily bundled rate during the first eight weeks of the 16-week intensive stabilization program for Medicaid eligible children/youth in state custody or at risk of being placed in state custody experiencing significant emotional and/or behavioral challenges.	Continue
Residential and Inpatient Treatment for Individuals with Serious Mental Illness	Expenditures for services furnished to eligible individuals ages 21 through 64 who receive treatment for a SMI and who are short-term residents in facilities that meet the definition of an IMD.	Continue
COBRA Children-Demonstration Population VI	Expenditures to provide premium assistance and benefits specified in the STCs, to children up to age 19 with family income up to and including 200 percent of the FPL who would meet the definition of a targeted low-income child except for continuation of coverage in accordance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), Pub. L. 99-272. Such expenditures are authorized without regard to the funding limitation under section 2105(c)(2) of the Act. Moreover, the Title XXI requirements listed below do not apply to the benefits for this population.	Continue
Title XXI Requirements Not Applicable to CHIP Expenditure Authorities for Demonstration Population VI		
Section 2102 General Requirements, and Eligibility Screening Requirements	The state child health plan does not have to reflect the demonstration population. Eligibility screening is not required to exclude eligibility for individuals enrolled in continuation coverage pursuant to COBRA.	Continue
Section 2013 and 2110-Restrictions on Coverage and Eligibility to Targeted Low-Income Children	Coverage and eligibility are not restricted to targeted low-income children, to the extent that it includes individuals enrolled under continuation coverage pursuant to COBRA.	Continue

Section 2105(c)(1)- Qualified Employer Sponsored Coverage	To permit the state to offer a premium assistance subsidy that does not meet the requirements of section 2105(c).	Continue
Section 2102- Cost Sharing Exemption for American Indian/Alaska Native (AI/AN) Children	To the extent necessary to permit AI/AN children who are in all CHIP populations affected by this demonstration, and whose benefits are limited to premium assistance, to be charged premiums and/or cost sharing by the plans in which they are enrolled.	Continue
Section 2103(e) Cost Sharing	To the extent necessary to permit all CHIP populations affected by this demonstration, whose benefits are limited to premium assistance, to have cost sharing imposed by employer-sponsored insurance plans.	Continue
Section 2103 Benefit Package Requirements	To permit the state to offer a benefit package for all CHIP populations affected by this demonstration that is limited to premium assistance.	Continue

Section VII. Annual Public Forums

All annual public forums were held during the Medical Care Advisory Committee (MCAC) meetings on the following dates, and include all comments provided:

- April 19, 2018
 - No comments received
- December 19, 2019
 - Two individuals asked questions regarding non-traditional and traditional benefits received by waiver populations. The questions were in regards to whether the State needs to continue with non-traditional benefits, and if it would be less expensive to just administer traditional state plan benefits. Nate Checketts, Medicaid Director, explained that non-traditional benefits are still needed to achieve savings to administer other waiver programs and benefits, and that the State does not believe savings would be achieved if all Adult Expansion members received traditional state plan benefits.
- January 21, 2021
 - One commentator states they appreciate the flexibility of CMS in approving the variety of programs and benefits included in the waiver, and that these benefits greatly benefit the State of Utah. No other comments were provided.

Section VIII. Review of Documents and Submission of Comments

Location and Internet Address of Demonstration Application for Public Comment and Review:

A copy of DMHF's proposed demonstration renewal is available for review at:

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

A copy of the DMHF's proposed demonstration may be required in writing from:
Utah Department of Health

Division of Medicaid and Health Financing
PO Box 143106
Salt Lake City, UT 84114-3106
Attn: Laura Belgique

Submitting Public Comments:

The public may comment on the proposed demonstration application during the 30-day public comment period, from July 20, 2021 to August 19, 2021.

Comments may be submitted:

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

Email: Medicaid1115waiver@utah.gov

Mail: Utah Department of Health
Division of Medicaid and Health Financing
PO Box 143106 Salt Lake City, UT 84114-3106
Attn: Laura Belgique