



State of Utah

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December 30, 2022

Chiquita-Brooks-LaSure
Administrator Centers for Medicare and Medicaid Services (CMS)
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201

Dear Administrator Brooks-LaSure:

I am pleased to submit an amendment to the State of Utah's Special Terms and Conditions for the Medicaid Reform 1115 Demonstration. This amendment seeks approval to allow individuals to receive existing state plan covered physical and behavioral services in an integrated model through a contracted local mental health authority which will be selected through a Request for Proposal process.

The State of Utah appreciates your consideration of this amendment request. We look forward to the continued guidance and support from CMS in administering Utah's Medicaid Reform 1115 Demonstration.

Respectfully,

Jennifer Strohecker (Dec 19, 2022 13:55 MST)

Jennifer Strohecker
State Medicaid Director
Director, Division of Integrated Healthcare

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State of Utah

Medicaid Reform 1115 Demonstration Amendment

Integrated Behavioral Health Services

Section I. Program Description and Objectives

During the 2022 General Session of the Utah State Legislature, Senate Bill 41 “Behavioral Health Services Amendments” was passed and signed into law by Governor Cox. This legislation requires the Utah Department of Health and Human Services, Division of Integrated Healthcare to seek 1115 Medicaid Reform Demonstration approval from the Centers for Medicare and Medicaid Services (CMS) to allow individuals to receive existing state plan covered physical and behavioral services in an integrated model through a contracted local mental health authority which will be selected through a Request for Proposal process.

Goals and Objectives

Under Section 1115 of the Social Security Act, States may implement “experimental, pilot or demonstration projects which, in the judgment of the Secretary [of Health and Human Services] is likely to assist in promoting the objectives of [Medicaid]”. Within the Medicaid population, there are individuals that require the integration of both physical and behavioral healthcare services in order to receive necessary and effective delivery of care. Integrated approaches close gaps in care, improve overall care, provide a holistic member experience, and are cost effective. Providing integrated physical and behavioral healthcare services through a local mental health authority will make it possible for Medicaid eligible members to receive appropriate healthcare services that have not been previously available. The State believes this demonstration is likely to promote the objectives of Medicaid by improving participant health outcomes and quality of life.

Operation and Proposed Timeline

The demonstration will operate through the contracted local mental health authority selected through the Request for Proposal process. The State intends to implement the proposed benefit as soon as possible after approval, but not before January 1, 2024. The State requests to operate the demonstration through June 30, 2027.

Demonstration Hypotheses and Evaluation

With the help of an independent evaluator, the State will develop a plan for evaluating the hypothesis indicated below. Utah will identify validated performance measures that adequately assess the impact of these demonstrations to beneficiaries. The State will submit the evaluation plan to CMS for approval.

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

The following hypothesis will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
This demonstration will increase the percent of individuals with a behavioral health condition receiving primary care services compared to a matched cohort receiving care in a non-integrated clinic model.	<ul style="list-style-type: none"> Number of individuals served under this demonstration 	<ul style="list-style-type: none"> Data warehouse 	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons.

Section II. Demonstration Eligibility

Medicaid eligible individuals eligible under this demonstration must meet the following requirement:

- Medicaid members who are served by the contracted local mental health authority who accesses services through the local mental health authority.

Projected Enrollment

The projected enrollment for the demonstration population is approximately 250 Medicaid members per year.

Section III. Demonstration Benefits

If approved under this demonstration, qualified Medicaid members will be eligible to receive the following services:

- Qualified Medicaid members will be eligible to receive existing state plan covered physical and behavioral services through the contracted local mental health authority.
- Individuals receiving mental health treatment will be able to receive primary care to prevent and treat conditions in an ambulatory environment.
- Integrated health delivery models address system fragmentation to better identify and manage co-occurring conditions, improved health outcomes, and lower costs of care compared to traditional models

Section IV. Delivery System

Services for Demonstration members will be provided through a contracted local mental health authority.

Section V. Delivery System

Eligible individuals will be enrolled in the demonstration as of the implementation date of this amendment.

Section VI. Demonstration Financing and Budget Neutrality

Refer to Budget Neutrality- Attachment 1 for the State’s historical and projected expenditures for the requested period of the demonstration.

Below is the projected enrollment and expenditures for the remaining demonstration years.

	DY22 (SFY 24) (Jan-Jun 2024)	DY23 (SFY 25)	DY24 (SFY 26)	DY25(SFY 27)
Enrollment	250	250	250	250
Expenditures	\$100,000	\$200,000	\$200,000	\$200,000

Section VII. Proposed Waiver and Expenditure Authority

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

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(1) - Statewideness	This section of the Act requires a Medicaid State plan to be in effect in all political subdivisions of the State. This waiver program is not available throughout the State.

Expenditure Authority

The State requests expenditure authority to provide Medicaid members appropriate and necessary integrated physical and behavioral healthcare services through a contracted local mental health authority.

Section VIII. Compliance with Public Notice and Tribal Consultation

Public Notice Process

Public notice of the State's request for this demonstration amendment, and notice of public hearing were advertised in the newspapers of widest circulation and sent to an electronic mailing list. In addition, the abbreviated public was posted to the State's Medicaid website at <https://medicaid.utah.gov/1115-waiver>.

Two public hearings to take public comment on this request were held. The first public hearing was held on December 12, 2022 from 3:00 pm to 4:00 pm. The second public hearing was held on December 15, 2022, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting. Both public hearings were held via video and teleconferencing. The state received one comment in the MCAC meeting. The commenter stated it seemed like a limited benefit and asked how extensive the primary care services would be and how it would overlay with the UMIC contracts. The commenter also expressed concern this may be confusing to members as well as providers. In response, the state explained we are not replacing our current UMIC delivery system, the services would be for primary care, and we will take any confusing information into advisement.

Public Comment

The public comment period was held November 24, 2022 through December 23, 2022.

Tribal Consultation

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act and the Utah Department of Health (UDOH) Intergovernmental Policy 01.19 Formal UDOH Tribal Consultation and Urban Indian Organization Conferment Process Policy

<https://healthnet.utah.gov/download/policies/edo-admin/01.19-Formal-UDOH-Tribal-Consultation-UIO-Conf-Policy.pdf>, the State ensures that a meaningful consultation process occurs in a timely manner on program decisions or policy impacting Indian Tribes and the Urban Indian Organization (UIO) in the State of Utah. The state notified the UDOH Indian Health Liaison of the waiver amendment. As a result of this notification, the state began the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on December 9, 2022 to present this demonstration amendment.

Three questions were received during the meeting. One commenter asked if the state was integrating the Indian Health Systems into the contracted local mental health. The state explained this is a pilot project and that a local mental health authority would be awarded through a Request for Proposal process. Another commenter asked if this is going to be expanded to the rest of the state if successful. The state explained there are currently no mechanisms to expand this project, but that could be evaluated in the future. The third question was in relation to the time frame and the state explained this pilot would go through the end of the demonstration period.

Tribal Consultation & Conferment Policy Process

In the event that a grant, project, policy, waiver renewal or amendment is requested, the Office of AI/AN Health Affairs is contacted. If the request is within the 90 days of submission, the Office's AI/AN Health Liaison will provide an opportunity for presentation to the Utah Indian Health Advisory Board (UIHAB) Tribal and UIO representatives. The Liaison will request an executive summary of the materials to be included in the distribution of the meeting agenda and materials to the UIHAB representatives and Tribal leadership. The information is disseminated to the UIHAB representatives and leadership at least 10 days prior to the meeting for review. During the UIHAB meeting, presenters will address any questions or concerns raised by the representatives. If the UIHAB representatives provide resolutions to or are in agreement with the changes, amendments they will make a motion to pass or support by a majority. If additional Consultation is

required, the UIHAB will inform the presenters of that need at that time. If a Tribal or UIO representative would like to have the presentation provided to their leadership, they can also make a formal request at that time. The Office of AI/AN Health Affairs will coordinate with the presenter and the UIHAB representatives or the Tribe or UIO to schedule an additional Consultation or Conferment meeting on the issue(s) or concern(s) raised.

Section IX. Demonstration Administration

Name and Title: Jennifer Strohecker, Medicaid Director, Division of Integrated Healthcare

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Attachment 1

Compliance with Budget Neutrality Requirements

SAVINGS NEUTRALITY TEST - Last Five Years of Actuals

SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:

Current Eligibles	DY 11 (SFY13)	DY 12 (SFY14)	DY 13 (SFY15)	DY 14 (SFY16)	DY 15 (SFY17)	5-YEARS
TOTAL EXPENDITURES	\$ 158,083,912	\$ 159,441,228	\$ 178,218,567	\$ 168,248,999	\$ 242,692,001	\$ 906,684,707
ELIGIBLE MEMBER MONTHS	394,625	395,252	377,798	393,110	377,866	1,938,651
PMPM COST	\$ 770.13	\$ 812.82	\$ 855.90	\$ 901.26	\$ 949.03	
TREND RATES						5-YEAR
ANNUAL CHANGE						AVERAGE
TOTAL EXPENDITURE		0.86%	11.78%	-5.59%	44.25%	11.31%
ELIGIBLE MEMBER MONTHS		0.16%	-4.42%	4.05%	-3.88%	-1.08%
PMPM COST		5.54%	5.30%	5.30%	5.30%	5.36%

Demo Pop I - PCN Adults w/Children (hypothetical)	DY 11 (SFY13)	DY 12 (SFY14)	DY 13 (SFY15)	DY 14 (SFY16)	DY 15 (SFY17)	5-YEARS
TOTAL EXPENDITURES	\$ 4,157,701	\$ 1,610,638	\$ 7,090,280	\$ 3,788,396	\$ 4,841,116	\$ 21,488,131
ELIGIBLE MEMBER MONTHS	83,304	75,516	88,607	91,875	104,836	
PMPM COST	\$ 49.91	\$ 21.33	\$ 80.02	\$ 41.23	\$ 46.18	
TREND RATES						5-YEAR
ANNUAL CHANGE						AVERAGE
TOTAL EXPENDITURE		-61.26%	340.22%	-46.57%	27.79%	-3.88%
ELIGIBLE MEMBER MONTHS		-9.35%	17.34%	3.69%	14.11%	5.92%
PMPM COST		-57.27%	275.18%	-48.47%	11.99%	-1.92%

Demo Pop III/IV - UPP Adults w/Children (hypothetical)	DY 11 (SFY13)	DY 12 (SFY14)	DY 13 (SFY15)	DY 14 (SFY16)	DY 15 (SFY17)	5-YEARS
TOTAL EXPENDITURES	\$ 209,187	\$ 120,979	\$ 642,057	\$ 715,870	\$ 910,549	\$ 2,598,642
ELIGIBLE MEMBER MONTHS	1,834	2,099	3,949	5,989	6,067	
PMPM COST	\$ 114.06	\$ 57.64	\$ 162.59	\$ 119.53	\$ 150.08	
TREND RATES						5-YEAR
ANNUAL CHANGE						AVERAGE
TOTAL EXPENDITURE		-42.17%	430.72%	11.50%	27.19%	44.44%
ELIGIBLE MEMBER MONTHS		14.45%	88.14%	51.66%	1.30%	34.86%
PMPM COST		-49.47%	182.09%	-26.48%	25.56%	7.10%

Dental - Blind/Disabled (hypothetical)	DY 11 (SFY13)	DY 12 (SFY14)	DY 13 (SFY15)	DY 14 (SFY16)	DY 15 (SFY17)	5-YEARS
TOTAL EXPENDITURES	\$ 3,048,881	\$ 3,128,468	\$ 2,151,327	\$ 2,164,872	\$ 2,230,004	\$ 12,723,551
ELIGIBLE MEMBER MONTHS	120,972	122,940	123,996	125,700	117,204	
PMPM COST	\$ 25.20	\$ 25.45	\$ 17.35	\$ 17.22	\$ 19.03	
TREND RATES						5-YEAR
ANNUAL CHANGE						AVERAGE
TOTAL EXPENDITURE		2.61%	-31.23%	0.63%	3.01%	-7.52%
ELIGIBLE MEMBER MONTHS		1.63%	0.86%	1.37%	-6.76%	-0.79%
PMPM COST		0.97%	-31.82%	-0.73%	10.48%	-6.79%

Former Foster Care Youth (hypothetical)	DY 11 (SFY13)	DY 12 (SFY14)	DY 13 (SFY15)	DY 14 (SFY16)	DY 15 (SFY17)	5-YEARS
TOTAL EXPENDITURES	\$ 1,903,229	\$ 4,472,529	\$ 6,297,288			\$ -
ELIGIBLE MEMBER MONTHS	2,174	4,451	5,849			
PMPM COST	\$ 875.45	\$ 1,004.84	\$ 1,076.64			
TREND RATES						5-YEAR
ANNUAL CHANGE						AVERAGE
TOTAL EXPENDITURE		135.00%	40.80%	#DIV/0!	#DIV/0!	82.00%
ELIGIBLE MEMBER MONTHS		104.74%	31.41%	#DIV/0!	#DIV/0!	64.00%
PMPM COST		14.78%	7.15%	#DIV/0!	#DIV/0!	11.00%

SUD (hypothetical)	DY 11 (SFY13)	DY 12 (SFY14)	DY 13 (SFY15)	DY 14 (SFY16)	DY 15 (SFY17)	5-YEARS
TOTAL EXPENDITURES	\$ 49,226,448	\$ 58,032,731	\$ 58,061,234	\$ 73,831,559	\$ 108,542,677	\$ 347,694,648
ELIGIBLE MEMBER MONTHS	28,274	28,871	33,251	34,716	36,913	
PMPM COST	\$ 1,741.05	\$ 2,010.07	\$ 1,746.15	\$ 2,126.73	\$ 2,940.50	
TREND RATES						5-YEAR
ANNUAL CHANGE						AVERAGE
TOTAL EXPENDITURE		17.89%	0.05%	27.16%	47.01%	21.86%
ELIGIBLE MEMBER MONTHS		2.11%	15.17%	4.41%	6.33%	6.89%
PMPM COST		15.45%	-13.13%	21.80%	38.26%	14.00%

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

ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY)					DY21-25 TOTAL WOW
		DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
Current Eligibles							
Pop Type:		Medicaid					
Eligible Member Months	0.0%	318,076	318,076	318,076	318,076	318,076	
PMPM Cost	5.3%	\$ 1,293.75	\$ 1,362.32	\$ 1,434.52	\$ 1,510.55	\$ 1,590.61	
Total Expenditure		\$ 411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$ 505,935,516	\$ 2,287,525,974
Demo Pop I - PCN Adults with Children							
Pop Type:		Hypothetical					
Eligible Member Months	5.9%						
PMPM Cost	5.3%						
Total Expenditure							\$ -
Demo Pop III/IV - UPP Adults with Children *							
Pop Type:		Hypothetical					
Eligible Member Months	34.9%	36,498	49,222	66,380	89,520	120,727	
PMPM Cost	5.3%	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure		\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
Demo Pop I - PCN Childless Adults							
Pop Type:		Medicaid					
Eligible Member Months							
PMPM Cost							
Total Expenditure							\$ -
Demo Pop III/IV - UPP Childless Adults *							
Pop Type:		Medicaid					
Eligible Member Months	159	184	189	194	199	204	
PMPM Cost	68.45	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure		\$ 71,651	\$ 73,442	\$ 75,278	\$ 77,160	\$ 79,089	\$ 376,620
Dental - Aged							
Pop Type:		Hypothetical					
Eligible Member Months	2.5%	68,396	70,106	71,858	73,655	75,496	
PMPM Cost	5.3%	\$ 35.90	\$ 37.81	\$ 39.81	\$ 41.92	\$ 41.92	
Total Expenditure		\$ 2,455,608	\$ 2,650,399	\$ 2,860,641	\$ 3,087,562	\$ 3,164,751	\$ 14,218,960
Dental - Blind/Disabled							
Pop Type:		Hypothetical					
Eligible Member Months	2.5%	393,600	393,600	393,600	393,600	393,600	
PMPM Cost	5.3%	\$ 35.93	\$ 37.83	\$ 39.83	\$ 41.95	\$ 44.17	
Total Expenditure		\$ 14,140,242	\$ 14,889,675	\$ 15,678,828	\$ 16,509,805	\$ 17,384,825	\$ 78,603,375
Dental - Targeted Adults							
Pop Type:		Expansion					
Eligible Member Months		39,737	40,731	41,749	42,793	43,863	
PMPM Cost	5.3%	\$ 43.51	\$ 45.82	\$ 48.24	\$ 50.80	\$ 53.49	
Total Expenditure		\$ 1,728,934	\$ 1,866,081	\$ 2,014,108	\$ 2,173,877	\$ 2,346,320	\$ 10,129,320
Employer Sponsored Insurance (ESI)							
Pop Type:		Hypothetical					
Eligible Member Months	2.5%	145,638	149,279	153,011	156,836	160,757	
PMPM Cost	4.7%	\$ 264.70	\$ 277.14	\$ 290.17	\$ 303.81	\$ 318.08	
Total Expenditure		\$ 38,550,492	\$ 41,371,424	\$ 44,398,778	\$ 47,647,659	\$ 51,134,277	\$ 223,102,631
Expansion Parents <=100% FPL							
Pop Type:		Expansion					

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

ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY)					DY21-25 TOTAL WOW
		DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
Eligible Member Months	2.5%	365,958	375,106	384,484	394,096	403,949	
PMPM Cost	5.3%	\$ 784.16	\$ 825.72	\$ 869.48	\$ 915.56	\$ 964.09	
Total Expenditure		\$ 286,967,645	\$ 309,731,354	\$ 334,300,793	\$ 360,819,204	\$ 389,441,187	\$ 1,681,260,182

Expansion Adults w/out Dependent Children <=100% FPL							
Pop Type:		Expansion					
Eligible Member Months	2.5%	431,799	442,594	453,658	465,000	476,625	
PMPM Cost	5.3%	\$ 1,094.21	\$ 1,152.20	\$ 1,213.26	\$ 1,277.57	\$ 1,345.28	
Total Expenditure		\$ 472,476,451	\$ 509,955,646	\$ 550,407,877	\$ 594,068,982	\$ 641,193,504	\$ 2,768,102,461

Expansion Parents 101-133% FPL							
Pop Type:		Expansion					
Eligible Member Months	5.25%	132,166	139,105	146,408	154,094	162,184	
PMPM Cost	5.3%	\$ 766.98	\$ 807.63	\$ 850.43	\$ 895.51	\$ 942.97	
Total Expenditure		\$ 101,368,614	\$ 112,345,061	\$ 124,510,065	\$ 137,992,326	\$ 152,934,480	\$ 629,150,545

Expansion Adults w/out Dependent Children 101-133% FPL							
Pop Type:		Expansion					
Eligible Member Months	5.25%	418,244	440,201	463,312	487,636	513,237	
PMPM Cost	5.3%	\$ 1,075.02	\$ 1,132.00	\$ 1,191.99	\$ 1,255.17	\$ 1,321.69	
Total Expenditure		\$ 449,621,028	\$ 498,307,117	\$ 552,265,058	\$ 612,065,699	\$ 678,341,703	\$ 2,790,600,606

Former Foster							
Pop Type:		Hypothetical					
Eligible Member Months	0.0%	10	10	10	10	10	
PMPM Cost	4.8%	\$ 1,252.63	\$ 1,312.76	\$ 1,375.77	\$ 1,441.81	\$ 1,511.01	
Total Expenditure		\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940

Housing Residential Support Services (HRSS)							
Pop Type:		Expansion					
Eligible Member Months	2.5%	33,508	34,346	35,205	36,085	36,987	
PMPM Cost	5.3%	\$ 7,318.35	\$ 7,706.22	\$ 8,114.65	\$ 8,544.73	\$ 8,997.60	
Total Expenditure		\$ 245,225,284	\$ 264,677,780	\$ 285,673,345	\$ 308,334,383	\$ 332,793,008	\$ 1,436,703,800

Intense Stabilization Services (ISS)							
Pop Type:		Hypothetical					
Eligible Member Months	0.0%	1,440	1,440	1,440	1,440	1,440	
PMPM Cost	5.3%	\$2,328.50	\$2,451.91	\$2,581.86	\$2,718.70	\$2,862.79	
Total Expenditure		\$ 3,353,038	\$ 3,530,749	\$ 3,717,879	\$ 3,914,927	\$ 4,122,418	\$ 18,639,012

In-Vitro Fertilization (IVF) Treatment							
Pop Type:		Hypothetical					
Eligible Member Months	13.5%	162	184	209	237	269	
PMPM Cost	5.0%	\$ 20,588.98	\$ 21,620.64	\$ 22,703.99	\$ 23,841.63	\$ 25,036.27	
Total Expenditure		\$ 3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310

Medicaid for Justice-Involved Populations							
Pop Type:		Hypothetical					
Eligible Member Months	1.75%	39,756	40,451	41,159	41,880	42,613	
PMPM Cost	3.0%	\$ 551.67	\$ 568.22	\$ 585.26	\$ 602.82	\$ 620.91	
Total Expenditure		\$ 21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839

Mental Health Institutions for Mental Disease (IMD)							
Pop Type:		Hypothetical					
Eligible Member Months	2.5%	11,043	11,319	11,602	11,892	12,190	
PMPM Cost	5.3%	\$ 14,339.69	\$ 15,099.69	\$ 15,899.97	\$ 16,742.67	\$ 17,630.03	
Total Expenditure		\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,096

Serious Mental Illness (SMI)							
Pop Type:		Hypothetical					
Eligible Member Months							
PMPM Cost							
Total Expenditure							

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

ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY)					DY21-25 TOTAL WOW
		DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
Eligible Member Months	2.5%	17,688	18,130	18,583	19,048	19,524	
PMPM Cost	5.3%	\$ 14,998.85	\$ 15,793.79	\$ 16,630.86	\$ 17,512.30	\$ 18,440.45	
Total Expenditure		\$ 265,296,529	\$ 286,341,176	\$ 309,055,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400

Substance Use Disorder (SUD)							
Pop Type:	Hypothetical						
Eligible Member Months	6.9%	49,527	52,940	56,587	60,486	64,654	
PMPM Cost	5.0%	\$ 4,239.75	\$ 4,451.74	\$ 4,674.33	\$ 4,908.05	\$ 5,153.45	
Total Expenditure		\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045

Targeted Adults							
Pop Type:	Expansion	<i>Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment. PMPM will increase due to adding the new managed care directed payments</i>					
Eligible Member Months	2.5%	180,918	185,441	190,077	194,828	199,699	
PMPM Cost	5.3%	\$ 1,495.83	\$ 1,575.11	\$ 1,658.59	\$ 1,746.50	\$ 1,839.06	
Total Expenditure		\$ 270,622,011	\$ 292,089,289	\$ 315,259,114	\$ 340,267,965	\$ 367,258,823	\$ 1,585,497,203

Withdrawal Management							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%	4,018	4,018	4,018	4,018	4,018	
PMPM Cost	5.0%	\$ 850.85	\$ 893.40	\$ 938.07	\$ 984.97	\$ 1,034.22	
Total Expenditure		\$ 3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482

Long-Term Support Services (LTSS)							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%		600	600	600	600	
PMPM Cost	5.0%		\$ 9,578.00	\$ 10,056.90	\$ 10,559.75	\$ 11,087.73	
Total Expenditure			\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600	\$ 24,769,300

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

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
Current Eligibles						
Pop Type:						
Eligible Member Months	318,076	318,076	318,076	318,076	318,076	
PMPM Cost	\$ 1,293.75	\$ 1,362.32	\$ 1,434.52	\$ 1,510.55	\$ 1,590.61	
Total Expenditure	\$ 411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$ 505,935,516	\$ 2,287,525,974
Demo Pop I - PCN Adults w/Children						
Pop Type:						
Eligible Member Months	-	-	-	-	-	
PMPM Cost	-	-	-	-	-	
Total Expenditure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Demo Pop III/IV - UPP Adults with Children						
Pop Type:						
Eligible Member Months	\$ 36,498	\$ 49,222	\$ 66,380	\$ 89,520	\$ 120,727	
PMPM Cost	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure	\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
Demo Pop I - PCN Childless Adults						
Pop Type:						
Eligible Member Months	-	-	-	-	-	
PMPM Cost	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Expenditure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Demo Pop III/IV - UPP Childless Adults						
Pop Type:						
Eligible Member Months	\$ 184	\$ 189	\$ 194	\$ 199	\$ 204	
PMPM Cost	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure	\$ 71,651	\$ 73,442	\$ 75,278	\$ 77,160	\$ 79,089	\$ 376,620
Dental - Aged						
Pop Type:						
Eligible Member Months	68,396	70,106	71,858	73,655	75,496	
PMPM Cost	\$ 35.90	\$ 37.81	\$ 39.81	\$ 41.92	\$ 41.92	
Total Expenditure	\$ 2,455,608	\$ 2,650,399	\$ 2,860,641	\$ 3,087,562	\$ 3,164,751	\$ 14,218,960
Dental - Blind/Disabled						
Pop Type:						
Eligible Member Months	393,600	393,600	393,600	393,600	393,600	
PMPM Cost	\$ 35.93	\$ 37.83	\$ 39.83	\$ 41.95	\$ 44.17	
Total Expenditure	\$ 14,140,242	\$ 14,889,675	\$ 15,678,828	\$ 16,509,805	\$ 17,384,825	\$ 78,603,375
Dental - Targeted Adults						
Pop Type:						
Eligible Member Months	39,737	40,731	41,749	42,793	43,863	
PMPM Cost	\$ 43.51	\$ 45.82	\$ 48.24	\$ 50.80	\$ 53.49	
Total Expenditure	\$ 1,728,934	\$ 1,866,081	\$ 2,014,108	\$ 2,173,877	\$ 2,346,320	\$ 10,129,320
Employer Sponsored Insurance (ESI)						
Pop Type:						
Eligible Member Months	145,638	149,279	153,011	156,836	160,757	
PMPM Cost	\$ 264.70	\$ 277.14	\$ 290.17	\$ 303.81	\$ 318.08	
Total Expenditure	\$ 38,550,492	\$ 41,371,424	\$ 44,398,778	\$ 47,647,659	\$ 51,134,277	\$ 223,102,631

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

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
Expansion Parents <=100% FPL						
Pop Type:						
Eligible Member Months	365,958	375,106	384,484	394,096	403,949	
PMPM Cost	\$ 784.16	\$ 825.72	\$ 869.48	\$ 915.56	\$ 964.09	
Total Expenditure	\$ 286,967,645	\$ 309,731,354	\$ 334,300,793	\$ 360,819,204	\$ 389,441,187	\$ 1,681,260,182
Expansion Adults w/out Dependent Children <=100% FPL						
Pop Type:						
Eligible Member Months	431,799	442,594	453,658	465,000	476,625	
PMPM Cost	\$ 1,094.21	\$ 1,152.20	\$ 1,213.26	\$ 1,277.57	\$ 1,345.28	
Total Expenditure	\$ 472,476,451	\$ 509,955,646	\$ 550,407,877	\$ 594,068,982	\$ 641,193,504	\$ 2,768,102,461
Expansion Parents 101-133% FPL						
Pop Type:						
Eligible Member Months	132,166	139,105	146,408	154,094	162,184	
PMPM Cost	\$ 766.98	\$ 807.63	\$ 850.43	\$ 895.51	\$ 942.97	
Total Expenditure	\$ 101,368,614	\$ 112,345,061	\$ 124,510,065	\$ 137,992,326	\$ 152,934,480	\$ 629,150,545
Expansion Adults w/out Dependent Children 101-133% FPL						
Pop Type:						
Eligible Member Months	418,244	440,201	463,312	487,636	513,237	
PMPM Cost	\$ 1,075.02	\$ 1,132.00	\$ 1,191.99	\$ 1,255.17	\$ 1,321.69	
Total Expenditure	\$ 449,621,028	\$ 498,307,117	\$ 552,265,058	\$ 612,065,699	\$ 678,341,703	\$ 2,790,600,606
Former Foster Care						
Pop Type:						
Eligible Member Months	10	10	10	10	10	
PMPM Cost	\$ 1,252.63	\$ 1,312.76	\$ 1,375.77	\$ 1,441.81	\$ 1,511.01	
Total Expenditure	\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940
Housing Residential Support Services (HRSS)						
Pop Type:						
Eligible Member Months	33,508	34,346	35,205	36,085	36,987	
PMPM Cost	7,318	7,706	8,115	8,545	8,998	
Total Expenditure	\$ 245,225,284	\$ 264,677,780	\$ 285,673,345	\$ 308,334,383	\$ 332,793,008	\$ 1,436,703,800
Intense Stabilization Services (ISS)						
Pop Type:						
Eligible Member Months	1,440	1,440	1,440	1,440	1,440	
PMPM Cost	\$2,328.50	\$2,451.91	\$2,581.86	\$2,718.70	\$2,862.79	
Total Expenditure	\$ 3,353,038	\$ 3,530,749	\$ 3,717,879	\$ 3,914,927	\$ 4,122,418	\$ 18,639,012
In-Vitro Fertilization (IVF) Treatment						
Pop Type:						
Eligible Member Months	162	184	209	237	269	
PMPM Cost	\$ 20,588.98	\$ 21,620.64	\$ 22,703.99	\$ 23,841.63	\$ 25,036.27	
Total Expenditure	\$ 3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310
Medicaid for Justice-Involved Populations						
Pop Type:						
Eligible Member Months	39,756	40,451	41,159	41,880	42,613	
PMPM Cost	\$ 551.67	\$ 568.22	\$ 585.26	\$ 602.82	\$ 620.91	
Total Expenditure	\$ 21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839

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

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
Mental Health Institutions for Mental Disease (IMD)						
Pop Type:						
Eligible Member Months	11,043	11,319	11,602	11,892	12,190	
PMPM Cost	\$ 14,339.69	\$ 15,099.69	\$ 15,899.97	\$ 16,742.67	\$ 17,630.03	
Total Expenditure	\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,096
Serious Mental Illness (SMI)						
Pop Type:						
Eligible Member Months	17,688	18,130	18,583	19,048	19,524	
PMPM Cost	\$ 14,998.85	\$ 15,793.79	\$ 16,630.86	\$ 17,512.30	\$ 18,440.45	
Total Expenditure	\$ 265,296,529	\$ 286,341,176	\$ 309,055,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400
Substance Use Disorder (SUD)						
Pop Type:						
Eligible Member Months	49,527	52,940	56,587	60,486	64,654	
PMPM Cost	\$ 4,239.75	\$ 4,451.74	\$ 4,674.33	\$ 4,908.05	\$ 5,153.45	
Total Expenditure	\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045
Targeted Adults						
Pop Type:						
Eligible Member Months	180,918	185,441	190,077	194,828	199,699	
PMPM Cost	1,496	1,575	1,659	1,747	1,839	
Total Expenditure	\$ 270,622,011	\$ 292,089,289	\$ 315,259,114	\$ 340,267,965	\$ 367,258,823	\$ 1,585,497,203
Withdrawal Management						
Pop Type:						
Eligible Member Months	4,018	4,018	4,018	4,018	4,018	
PMPM Cost	\$ 850.85	\$ 893.40	\$ 938.07	\$ 984.97	\$ 1,034.22	
Total Expenditure	\$ 3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482
Long-Term Support Services (LTSS)						
Pop Type:						
Eligible Member Months	-	600	600	600	600	
PMPM Cost	\$ -	\$ 9,578	\$ 10,057	\$ 10,560	\$ 11,088	
Total Expenditure	\$ -	\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600	\$ 24,769,300

DEMONSTRATION WITH WAIVER (WW NONE) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
<u>Current Eligibles</u>						
Pop Type:						
Eligible Member Months	318,076	318,076	318,076	318,076	318,076	
PMPM Cost	1,294	1,362	1,435	1,511	1,591	
Total Expenditure	411,511,221	433,321,316	456,287,346	480,470,575	505,935,516	\$ 2,287,525,974
<u>Demo Pop I - PCN Adults w/Children</u>						
Pop Type:						
Eligible Member Months						
PMPM Cost						
Total Expenditure						\$ -
<u>Demo Pop III/V - UPP Adults with Children</u>						
Pop Type:						
Eligible Member Months	\$ 36,498	\$ 49,222	\$ 66,380	\$ 89,520	\$ 120,727	
PMPM Cost	\$ 389	\$ 389	\$ 389	\$ 389	\$ 389	
Total Expenditure	\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
<u>Demo Pop I - PCN Childless Adults</u>						
Pop Type:						
Eligible Member Months						
PMPM Cost						
Total Expenditure						\$ -
<u>Demo Pop III/V - UPP Childless Adults</u>						
Pop Type:						
Eligible Member Months	\$ 184	\$ 189	\$ 194	\$ 199	\$ 204	
PMPM Cost	\$ 389	\$ 389	\$ 389	\$ 389	\$ 389	
Total Expenditure	\$ 71,651	\$ 73,442	\$ 75,278	\$ 77,160	\$ 79,089	\$ 376,620
<u>Dental - Aged</u>						
Pop Type:						
Eligible Member Months	\$ 68,396	\$ 70,106	\$ 71,858	\$ 73,655	\$ 75,496	
PMPM Cost	\$ 36	\$ 38	\$ 40	\$ 42	\$ 42	
Total Expenditure	\$ 2,455,608	\$ 2,650,399	\$ 2,860,641	\$ 3,087,562	\$ 3,164,751	\$ 14,218,960
<u>Dental - Blind/Disabled</u>						

DEMONSTRATION WITH WAIVER (WW NONE) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
Pop Type:						
Eligible Member Months	\$ 393,600	\$ 393,600	\$ 393,600	\$ 393,600	\$ 393,600	
PMPM Cost	\$ 36	\$ 38	\$ 40	\$ 42	\$ 44	
Total Expenditure	\$ 14,140,242	\$ 14,889,675	\$ 15,678,828	\$ 16,509,805	\$ 17,384,825	\$ 78,603,375
Dental - Targeted Adults						
Pop Type:						
Eligible Member Months						
PMPM Cost						
Total Expenditure						\$ -
Employer Sponsored Insurance (ESI)						
Pop Type:						
Eligible Member Months	\$ 145,638	\$ 149,279	\$ 153,011	\$ 156,836	\$ 160,757	
PMPM Cost	\$ 265	\$ 277	\$ 290	\$ 304	\$ 318	
Total Expenditure	\$ 38,550,492	\$ 41,371,424	\$ 44,398,778	\$ 47,647,659	\$ 51,134,277	\$ 223,102,631
Expansion Parents <=100% FPL						
Pop Type:						
Eligible Member Months	\$ 365,958	\$ 375,106	\$ 384,484	\$ 394,096	\$ 403,949	
PMPM Cost	\$ 784.16	\$ 825.72	\$ 869.48	\$ 915.56	\$ 964.09	
Total Expenditure	\$ 286,967,645	\$ 309,731,354	\$ 334,300,793	\$ 360,819,204	\$ 389,441,187	\$ 1,681,260,182
Expansion Adults w/out Dependent Children <=100% FPL						
Pop Type:						
<i>PMPM will decrease for non-medically frail individuals removing certain benefits from the traditional package.</i>						
Eligible Member Months	\$ 431,799	\$ 442,594	\$ 453,658	\$ 465,000	\$ 476,625	
PMPM Cost	\$ 1,049.68	\$ 1,105.32	\$ 1,163.90	\$ 1,225.58	\$ 1,290.54	
Total Expenditure	\$ 453,251,506	\$ 489,205,681	\$ 528,011,922	\$ 569,896,468	\$ 615,103,505	\$ 2,655,469,082
Expansion Parents 101-133% FPL						
<i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums. Further reduction of 8.3% to account for premium payment required prior to enrollment. Further reduction of 1.4% to account for removal of retroactive enrollment.</i>						
Pop Type:						
Eligible Member Months	119,499	125,773	132,376	139,326	146,640	
PMPM Cost	\$ 730.74	\$ 769.47	\$ 810.25	\$ 853.19	\$ 898.41	
Total Expenditure	\$ 87,322,808	\$ 96,778,340	\$ 107,257,740	\$ 118,871,877	\$ 131,743,621	\$ 541,974,385

DEMONSTRATION WITH WAIVER (WW NONE) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
<p><i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums. Further reduction of 8.3% to account for premium payment required prior to enrollment. Further reduction of 1.4% to account for removal of retroactive enrollment.</i></p>						
Expansion Adults w/out Dependent Children 101-133						
<p><i>Pop Type: PMPM will decrease for non-medically frail individuals removing certain benefits from the traditional package.</i></p>						
Eligible Member Months	378,160	398,013	418,909	440,902	464,049	
PMPM Cost	\$ 1,030.50	\$ 1,085.12	\$ 1,142.63	\$ 1,203.19	\$ 1,266.95	
Total Expenditure	\$ 389,693,459	\$ 431,890,441	\$ 478,656,618	\$ 530,486,753	\$ 587,929,185	\$ 2,418,656,458
Former Foster Care						
<p><i>Pop Type:</i></p>						
Eligible Member Months	10	10	10	10	10	
PMPM Cost	\$ 1,252.63	\$ 1,312.76	\$ 1,375.77	\$ 1,441.81	\$ 1,511.01	
Total Expenditure	\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940
Housing Residential Support Services (HRSS)						
<p><i>Pop Type:</i></p>						
Eligible Member Months	33,508	34,346	35,205	36,085	36,987	
PMPM Cost	\$ 7,318.35	\$ 7,706.22	\$ 8,114.65	\$ 8,544.73	\$ 8,997.60	
Total Expenditure	\$ 245,225,284	\$ 264,677,780	\$ 285,673,345	\$ 308,334,383	\$ 332,793,008	\$ 1,436,703,800
Intense Stabilization Services (ISS)						
<p><i>Pop Type:</i></p>						
Eligible Member Months	1,440	1,440	1,440	1,440	1,440	
PMPM Cost	2,328	2,452	2,582	2,719	2,863	
Total Expenditure	3,353,038	3,530,749	3,717,879	3,914,927	4,122,418	\$ 18,639,012
In-Vitro Fertilization (IVF) Treatment						
<p><i>Pop Type:</i></p>						
Eligible Member Months	162	184	209	237	269	
PMPM Cost	\$ 20,588.98	\$ 21,620.64	\$ 22,703.99	\$ 23,841.63	\$ 25,036.27	
Total Expenditure	\$ 3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310
Medicaid for Justice-Involved Populations						
<p><i>Pop Type:</i></p>						
Eligible Member Months	39,756	40,451	41,159	41,880	42,613	
PMPM Cost	\$ 551.67	\$ 568.22	\$ 585.26	\$ 602.82	\$ 620.91	
Total Expenditure	\$ 21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839

DEMONSTRATION WITH WAIVER (WW NONE) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
Mental Health Institutions for Mental Disease (IMD)						
Pop Type:						
Eligible Member Months	11,043	11,319	11,602	11,892	12,190	
PMPM Cost	\$ 14,339.69	\$ 15,099.69	\$ 15,899.97	\$ 16,742.67	\$ 17,630.03	
Total Expenditure	\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,096
Serious Mental Illness (SMI)						
Pop Type:						
Eligible Member Months	17,688	18,130	18,583	19,048	19,524	
PMPM Cost	\$ 14,998.85	\$ 15,793.79	\$ 16,630.86	\$ 17,512.30	\$ 18,440.45	
Total Expenditure	\$ 265,296,529	\$ 286,341,176	\$ 309,055,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400
Substance Use Disorder (SUD)						
Pop Type:						
Eligible Member Months	49,527	52,940	56,587	60,486	64,654	
PMPM Cost	\$ 4,239.75	\$ 4,451.74	\$ 4,674.33	\$ 4,908.05	\$ 5,153.45	
Total Expenditure	\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045
Targeted Adults						
<i>Member months will increase when the criteria is expanded to include victims of domestic violence, individuals with court ordered treatment and certain individuals on probation or parole. Also, member months will decrease due to the removal of continuous eligibility. PMPM will increase due to adding new managed care directed payments.</i>						
<i>PMPM will decrease due to removing the housing support benefit, and for non-medically frail individuals removing certain benefits from the traditional package.</i>						
Pop Type:						
Eligible Member Months	163,378	163,378	163,378	163,378	163,378	
PMPM Cost	\$ 1,495.82	\$ 1,575.10	\$ 1,658.58	\$ 1,746.49	\$ 1,839.05	
Total Expenditure	\$ 244,384,294	\$ 257,336,662	\$ 270,975,505	\$ 285,337,207	\$ 300,460,079	\$ 1,358,493,746
Withdrawal Management						
Pop Type:						
Eligible Member Months	4,018	4,018	4,018	4,018	4,018	
PMPM Cost	\$ 850.85	\$ 893.40	\$ 938.07	\$ 984.97	\$ 1,034.22	
Total Expenditure	\$ 3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482
Long-Term Support Services (LTSS)						
Pop Type:						
<i>Start after 7/1/23</i>						
Eligible Member Months	-	600	600	600	600	
PMPM Cost	\$ -	\$ 9,578.00	\$ 10,056.90	\$ 10,559.75	\$ 11,087.73	

DEMONSTRATION WITH WAIVER (WW NONE) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
Total Expenditure	\$ -	\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600	\$ 24,769,300

Budget Neutrality Summary

Without-Waiver Total Expenditures

	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL
Medicaid Populations						
Current Eligibles	\$ 411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$ 505,935,516	\$ 2,287,525,974
TOTAL	\$ 411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$ 505,935,516	\$ 2,287,525,974

With-Waiver Total Expenditures

	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL
Medicaid Populations						
Current Eligibles	\$ 411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$ 505,935,516	\$ 2,287,525,974
Expansion Populations						
Excess Spending From Hypotheticals						
Other WW Categories						
Category 3						\$ -
Category 4						\$ -
TOTAL	\$ 411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$ 505,935,516	\$ 2,287,525,974

4,575,051,948

VARIANCE*						\$ -
DY11-15 CARRYOVER						\$ -

*Note: If Variance in line 34 is positive, the state may keep 25% of such variance.

TOTAL VARIANCE (WITH CARRYOVER)**						\$ -
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**Note: If state spending for the hypotheticals populations/services exceeds the hypotheticals WOW limit, such spending may count against the total variance in line 37.

HYPOTHETICALS ANALYSIS

Without-Waiver Total Expenditures

	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL
Demo Pop I - PCN Adults with Children	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Demo Pop III/V - UPP Adults with Children *	\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
Dental - Aged	\$ 2,455,608	\$ 2,650,399	\$ 2,860,641	\$ 3,087,562	\$ 3,164,751	\$ 14,218,960
Dental - Blind/Disabled	\$ 14,140,242	\$ 14,889,675	\$ 15,678,828	\$ 16,509,805	\$ 17,384,825	\$ 78,603,375
Expansion Parents <=100% FPL	\$ 286,967,645	\$ 309,731,354	\$ 334,300,793	\$ 360,819,204	\$ 389,441,187	\$ 1,681,260,182
Expansion Adults w/out Dependent Children <=100% FPL	\$ 472,476,451	\$ 509,955,646	\$ 550,407,877	\$ 594,068,982	\$ 641,193,504	\$ 2,768,102,461
Expansion Parents 101-133% FPL	\$ 101,368,614	\$ 112,345,061	\$ 124,510,065	\$ 137,992,326	\$ 152,934,480	\$ 629,150,545
Expansion Adults w/out Dependent Children 101-133% FPL	\$ 449,621,028	\$ 498,307,117	\$ 552,265,058	\$ 612,065,699	\$ 678,341,703	\$ 2,790,600,606
Former Foster	\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940
Intense Stabilization Services (ISS)	\$ 3,353,038	\$ 3,530,749	\$ 3,717,879	\$ 3,914,927	\$ 4,122,418	\$ 18,639,012
In-Vitro Fertilization (IVF) Treatment	\$ 3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310
Medicaid for Justice-Involved Populations	\$ 21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839
Mental Health Institutions for Mental Disease (IMD)	\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,096
Substance Use Disorder (SUD)	\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045
Withdrawal Management	\$ 3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482
Long-Term Support Services (LTSS)	\$ -	\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600	\$ 24,769,300
TOTAL	\$ 1,741,609,689	\$ 1,913,445,751	\$ 2,097,171,235	\$ 2,300,433,333	\$ 2,525,611,356	\$ 10,578,271,364

With-Waiver Total Expenditures

	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL
Demo Pop I - PCN Adults w/Children	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Demo Pop III/V - UPP Adults with Children	\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
Dental - Aged	\$ 2,455,608	\$ 2,650,399	\$ 2,860,641	\$ 3,087,562	\$ 3,164,751	\$ 14,218,960
Dental - Blind/Disabled	\$ 14,140,242	\$ 14,889,675	\$ 15,678,828	\$ 16,509,805	\$ 17,384,825	\$ 78,603,375
Expansion Parents <=100% FPL						
Expansion Adults w/out Dependent Children <=100% FPL						
Expansion Parents 101-133% FPL						
Expansion Adults w/out Dependent Children 101-133% FPL						
Former Foster Care	\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940
In-Vitro Fertilization (IVF) Treatment	\$ 3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310
Medicaid for Justice-Involved Populations	\$ 21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839
Mental Health Institutions for Mental Disease (IMD)	\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,096
Substance Use Disorder (SUD)	\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045
Withdrawal Management	\$ 3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482
Long-Term Support Services (LTSS)	\$ -	\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600	\$ 24,769,300

TOTAL	\$	427,822,912	\$	479,575,824	\$	531,969,563	\$	591,572,196	\$	659,578,064	\$	2,690,518,558
HYPOTHETICALS VARIANCE	\$	1,313,786,777	\$	1,433,869,927	\$	1,565,201,672	\$	1,708,861,138	\$	1,866,033,292	\$	7,887,752,806

	DY11 (SFY13)	DY12 (SFY14)	DY13 (SFY15)	DY14 (SFY16)	DY15 (SFY17)	Sum
Current Eligibles BN Ceiling	\$ 303,912,551	\$ 321,268,731	\$ 323,357,104	\$ 354,295,156	\$ 358,605,801	\$ 1,661,439,344
Current EligibleTotal Computable Costs	\$ 158,083,912	\$ 159,441,228	\$ 178,218,567	\$ 168,248,999	\$ 242,692,001	\$ 906,684,707
Demo Pop I PCN Childless Adults Total Computable Costs	\$ 6,925,024	\$ 679,104	\$ 18,481,025	\$ 6,439,590	\$ 5,957,509	\$ 38,482,252
Demo Pop III/IV ESI Childless Adults Total Computable Costs	\$ 5,022	\$ 12,198	\$ 18,416	\$ 15,096	\$ 21,614	\$ 72,346
5-Year Savings to be Carried Forward	\$ 138,898,593	\$ 161,136,201	\$ 126,639,096	\$ 179,591,471	\$ 109,934,677	\$ 716,200,039

Note: The last time we established a trend rate with a full renewal was in 2010 (this trend rate lasted through 2013). The rate at that time (2010) was 6.3%. During the state's temporary extensions, we updated the state's trend rates to 5.54% in DY12, 5.00% in DY 12 and 4.9% in DY14. We do not believe this was consistent with CMS policy to only revise trends at the time of full renewal, so we thought it appropriate to use a trend rate that captures DY12-DY20 (2013-2022 in the President's Budget), which includes the temporary extensions and this full extension period. However, this PB trend was 5.1%, which is lower than what we agreed to with the state in DY12, which was a trend of 5.54%. Since it was our mistake to revise the PMPMs from 6.3% during the temporary extension years, and we do not want to penalize the state for CMS's error, we are using a PB trend rate that captures DY13-20 (2014-2022 in the President's Budget), which is 5.3%. We used this 5.3% to trend off of the agreed to PMPM for DY12 (\$812.82). The PMPMs in column F are what will be included in the STCs.

Updated: October 2017

SFY - Start	SFY - End	DY	STC PMPM	STC PMPM Trend	Revised PMPM	Revised PMPM Trend
7/1/2012	6/30/2013	11	\$770.13	6.30%	\$ 770.13	6.30%
7/1/2013	6/30/2014	12	\$ 812.82	5.54%	\$ 812.82	5.54%
7/1/2014	6/30/2015	13	\$ 853.46	5.00%	\$ 855.90	5.30%
7/1/2015	6/30/2016	14	\$ 895.28	4.90%	\$ 901.26	5.30%
7/1/2016	6/30/2017	15	NA	NA	\$ 949.03	5.30%
<u>New Demo Period Begins</u>						
7/1/2017	6/30/2018	16			\$ 999.33	5.30%
7/1/2018	6/30/2019	17			\$ 1,052.29	5.30%
7/1/2019	6/30/2020	18			\$ 1,108.07	5.30%
7/1/2020	6/30/2021	19			\$ 1,166.79	5.30%
7/1/2021	6/30/2022	20			\$ 1,228.63	5.30%

The cost per bed and number of beds used by Medicaid clients were provided by Volunteers of America, the provider for the social detox services.

- Medicaid females (Parent, Caretaker, Relative)

Cost Justification - Medicaid Expansion

Milliman PMPM estimates used with an estimated 12% medically frail among the population.

Adult Expansion I (Parents >45% FPL and Childless Adults >0% FPL) ¹

	FY19	FY20	FY21	FY22
Enrollment	43,155	43,155	65,924	75,368
Member months per year	517,860	517,860	791,088	904,416
Costs	\$280,721,549	\$280,721,549	\$451,561,131	\$543,611,159
PMPM	\$542.08	\$542.08	\$570.81	\$601.06
% Change		0.00%	5.30%	5.30%

Utah Medicaid's experienced PMPM for limited premium assistance program.

Employee Sponsored Insurance (ESI) 0-95% FPL

	FY19	FY20	FY21	FY22
Enrollment	6,630	6,630	10,450	11,840
Member months per year	79,564	79,564	125,401	142,086
Costs	\$18,349,892	\$18,349,892	\$30,454,166	\$36,334,799
PMPM	\$230.63	\$230.63	\$242.85	\$255.72
% Change		0.00%	5.30%	5.30%

¹ Includes residential treatment costs

	DY18	DY19	DY20
Adults with Dependent Children up to 100% FPL			
Enrollment	28,319	29,027	29,753
Member Months	339,828	348,324	357,036
Childless Adults up to 100% FPL			
Enrollment	33,414	34,250	35,106
Member Months	400,968	411,000	421,272
Adults with Dependent Children over 100% FPL			
Enrollment	9,779	10,292	10,832
Member Months	117,348	123,504	129,984
Childless Adults over 100% FPL			
Enrollment	30,946	32,570	34,280
Member Months	371,352	390,840	411,360

Dental - Blind & Disabled

	DY 19	DY 20
Enrollment	32,000	32,800
Member Months	384,000	393,600
Expenditures	12,440,000	\$13,420,241
PMPM	\$32.40	\$34.10

COST JUSTIFICATION

Increase in the number of member months due to approximately 7,600 clients moving over from dental Blind/Disabled
PMPM increase due to coverage of procelains and crowns.

AGED DENTAL

	DY 18	DY 19 (7/1/20 - 6/30/21)	DY 20
Enrollment	9000	9225	9456
Member Months	54,000	110,700	113,472
Expenditures	\$3,321,000	\$3,584,438	\$3,868,774
PMPM	\$61.50	\$32.38	\$34.09

Cost Justification - Other Populations

Dental - Targeted Adults (Childless Adults 0% FPL receiving SUD treatment)

The following estimates were provided by Dr. Glen R. Hanson, D.D.S., Ph.D, Associate Dean, Professor of Pharmacology, School of Dentistry, University of Utah on April 10, 2018

Approximate # of patients per year:	3,000
Member months per year:	36,000
Approximate cost per patient per year:	\$400
Approximate cost per year:	\$1,200,000
PMPM (\$1.2M / 36,000)	\$33.33

Porcelain Crowns

	DY 18	DY 19 (7/1/20 - 6/30/21)	DY 20
Member Months		362	378
Expenditures		\$111,460	\$116,386
PMPM		\$307.90	\$307.90

Intense Stabilization Services (System of Care Children/Youth) <22 years old

The following information and estimates were provided by Ruth Wilson, Assistant Division Director, Utah Department of Human Services on April 18, 2018

Target population is children/youth under the age of 22.

Who will be eligible?

- Are Medicaid eligible and their families
- Receive CHIP insurance who require crisis stabilization services with incomes up to 200% FPL
- Receive services from multiple providers, or are at risk of...
 - Experiencing significant emotional and/or behavioral challenges
 - Being placed into custody of the state
 - Not returning home from state's custody
 - Placement in residential, inpatient or state hospital

Approximate # of patients per year:	720 ¹
Members served per month	120
Members months per year	1,440
Approximate cost per episode (8-week treatment) ²	\$4,200
Approximate cost per year:	\$3,024,000
PMPM (\$3,024,000 / 1,440)	\$2,100

¹: During fiscal year 2015, there were approximately 7,200 children/youth in custody. Estimated that 10% would use stabilization services.

². Episode includes psycho-social rehabilitation services, psychoeducation, individual skills training and development, case management, family and youth peer support, respite, behavior management, individual and family therapeutic behavioral services, crisis stabilization related transportation, coordination of care, other behavioral support as needed to maintain stabilization.

Withdrawal Management Adults >18

The cost per bed and number of beds used by Medicaid clients were provided by Volunteers of America, the provider for the social detox services.

Target population: adults greater than 18

Starts May 1, 2019

Who will be eligible?

- Medicaid males without children 1
- Medicaid females (Parent, Caretaker, Relative) 1
- Medicaid females without children 1

# of beds available	96
Beds used by Medicaid clients per month	77 ²
Medicaid bed days per month (77 x 365.25 / 12)	2,344
Average number of Medicaid bed days per month per client	7
Average number of Medicaid clients per month (2,344 / 7)	335
Estimated cost per bed per day	\$100
Estimated Medicaid annual cost (2,344 x \$100 x 12)	\$2,812,425
Number of Medicaid member months per year (335 x 12)	4,018
PMPM (\$2,812,425 / 4,018)	\$700

1 Resides in Salt Lake County

2 Assumes 100% occupancy once the State implements full Medicaid Expansion

Dental - Targeted Adults (Childless Adults 0% FPL receiving SUD)

The following estimates were provided by Dr. Glen R. Hanson, D.D.S., Ph.D, Associate Dean, Professor of Pharmacology, School of Dentistry, University of Utah on April 10, 2018

Approximate # of patients per year:	3,000
Member months per year:	36,000
Approximate cost per patient per year:	\$400
Approximate cost per year:	\$1,200,000
PMPM (\$1.2M / 36,000)	\$33.33

Porcelain Crowns

	DY 18	DY 19 (7/1/20 - 6/30/21)	DY 20
Member Months	362	378	394
Expenditures	\$111,460	\$116,386	\$121,313
PMPM	\$307.90	\$307.90	\$307.90

Withdrawal Management Adults >18

The cost per bed and number of beds used by Medicaid clients were provided by Volunteers of America, the provider

Target population: adults greater than 18

Starts May 1, 2019

Who will be eligible?

- Medicaid males without children	1
- Medicaid females (Parent, Caretaker, Relative)	1
- Medicaid females without children	1
# of beds available	96
Beds used by Medicaid clients per month	77 ²
Medicaid bed days per month (77 x 365.25 / 12)	2,344
Average number of Medicaid bed days per month per client	7
Average number of Medicaid clients per month (2,344 / 7)	335
Estimated cost per bed per day	\$100
Estimated Medicaid annual cost (2,344 x \$100 x 12)	\$2,812,425
Number of Medicaid member months per year (335 x 12)	4,018
PMPM (\$2,812,425 / 4,018)	\$700

1 Resides in Salt Lake County

2 Assumes 100% occupancy once the State implements full Medicaid Expansion

HRSS

Demonstration Years	DY 17 (SFY 19) (Historical)	DY 18 (SFY 20) (Historical)	DY19 (SFY 21) (Historical)	DY 20 (SFY 22) (Projection)
Enrollment	2,286	2,469	2,569	2,724
Member Months	27,434	29,630	30,828	32,691
PMPM	5816	6459	6564	6950
Total Expenditures	\$ 159,556,144	\$ 191,380,170	\$ 202,354,992	\$ 227,202,450

Cost Justification

PMPM and projected expenditures based on similar residential support services delivered through the state's 1915(c) Community Supports demonstration.

SMI

Experience considered for the SMI budget neutrality includes inpatient hospitalizations with the following diagnoses:
 Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
 Manic episode
 Bipolar disorder
 Major depressive disorder, recurrent
 Conduct disorders
 Homicidal and suicidal ideations

**Historical
 2017 - 2019**

Experience among Adult SMI recipients*

YEARQTR	MEMBERMONTHS	TOTALCOMPUTABLE	PMPM
2017-4	15	\$160,929	\$10,729
2018-1	45	\$492,861	\$10,952
2018-2	72	\$814,718	\$11,316
2018-3	74	\$992,727	\$13,415
2018-4	86	\$1,211,392	\$14,086
2019-1	89	\$1,196,866	\$13,448
2019-2	626	\$7,734,741	\$12,356
2019-3	699	\$8,218,375	\$11,757
2019-4	719	\$8,871,702	\$12,339

*Experience used for budget neutrality estimate includes Targeted Adults and Adult Expansion.
 Member Months limited to those with inpatient stays with diagnoses most commonly associated with SMI.

Values	Year-Qtr									Projected		
	2017-4	2018-1	2018-2	2018-3	2018-4	2019-1	2019-2	2019-3	2019-4	2020	2021	2022
Member Months	15	45	72	74	86	89	626	699	719	16,425	16,835	17,256
PMPM	\$10,729	\$10,952	\$11,316	\$13,415	\$14,086	\$13,448	\$12,356	\$11,757	\$12,339	\$12,846	\$13,527	\$14,244

Projected	DY19.5 (SFY21.5)	DY20 (SFY 22)
Member Months	8,418	17,256
PMPM	\$13,527	\$14,244
Total Expenditures	\$113,866,796	\$245,798,558

Intense Stabilization Services (System of Care Children/Youth) <22 years old

The following information and estimates were provided by Ruth Wilson, Assistant Division Director, Utah Department of Human Services on April 18, 2018

Target population is children/youth under the age of 22.

Who will be eligible?

- Are Medicaid eligible and their families
- Receive CHIP insurance who require crisis stabilization services with incomes up to 200% FPL
- Receive services from multiple providers, or are at risk of...
 - Experiencing significant emotional and/or behavioral challenges
 - Being placed into custody of the state
 - Not returning home from state's custody
 - Placement in residential, inpatient or state hospital

Approximate # of patients per year:	720 ¹
Members served per month	120
Members months per year	1,440
Approximate cost per episode (8-week treatment) ²	\$4,200
Approximate cost per year:	\$3,024,000
PMPM (\$3,024,000 / 1,440)	\$2,100

¹ During fiscal year 2015, there were approximately 7,200 children/youth in custody. Estimated that 10% would use stabilization services.

² Episode includes psycho-social rehabilitation services, psychoeducation, individual skills training and development, case management, family and youth peer support, respite, behavior management,

Experience among Adult SMI recipients*				
YEAR	QTR	MONTHS	TOTAL FUNDS	PMPM
2017-4		12	\$97,542	\$8,128
2018-1		50	\$483,466	\$9,669
2018-2		74	\$718,363	\$9,708
2018-3		93	\$914,180	\$9,830
2018-4		111	\$992,929	\$8,945
2019-1		127	\$1,211,295	\$9,538
2019-2		495	\$6,054,128	\$12,231
2019-3		587	\$6,944,986	\$11,831
2019-4		625	\$7,180,314	\$11,489

Values	C Year										Projected		
	2017-4	2018-1	2018-2	2018-3	2018-4	2019-1	2019-2	2019-3	2019-4	2020	2021	2022	
Member Months	12	50	74	93	111	127	495	587	625	10,255	10,511	10,774	
PMPM	\$8,128	\$9,669	\$9,708	\$9,830	\$8,945	\$9,538	\$12,231	\$11,831	\$11,489	\$12,282	\$12,933	\$13,618	

Projected	DY19.5 (SFY21.5)	DY20 (SFY 22)
Member Months	5,256	10,774
PMPM	\$12,933	\$13,618
Total Expenditures	\$67,967,542	\$146,718,135

*Experience used for budget neutrality estimate includes Targeted Adults and Adult Expansion. Individuals in the subgroups limited to those with the highest acuity and diagnoses most commonly associated with SMI.

SERVICE YEAR	GROUP	MEMBER MONTHS	TOTAL FUNDS	PMPM
2016	Adult with	8,348	\$36,072,275	\$4,321
2016	Non-Disabl	1,443	\$2,829,500	\$1,961
2017	Adult with	7,579	\$33,556,283	\$4,428
2017	Non-Disabl	1,215	\$2,278,335	\$1,875
2017	Targeted A	12	\$97,542	\$8,128
2018	Adult with	7,341	\$32,863,852	\$4,477
2018	Non-Disabl	1,270	\$2,191,336	\$1,725
2018	Targeted A	330	\$3,117,095	\$9,446
2019	Adult with	7,052	\$31,871,548	\$4,520
2019	Expansion	1,302	\$15,996,948	\$12,286
2019	Non-Disabl	1,138	\$2,023,710	\$1,778
2019	Targeted A	529	\$5,367,481	\$10,146

Without Waiver Calculation

SFY	Expenses	MemberMonths	PMPM
2018	\$1,240,350	79	\$15,701
2019	\$1,438,617	84	\$17,126
2020	\$1,985,602	113	\$17,572

Trended	Expenses	Member Months	PMPM
2021	\$2,352,502	126	\$18,671
2022	\$2,803,684	143	\$19,606

*Expenses and member months are Medicaid children with one of the following diagnoses:

- Cystic Fibrosis
- Morquio Syndrome
- Spinal Muscular Atrophy
- Sickle-Cell Disorders

And child is on Utah's 1915(c) Technology Dependent Waiver

These expenses are considered for "Without Waiver" budget neutrality calculation, as the proposed demonstration is intended to reduce inherited genetic disorders.

G:\Legislative and GOMB Items\2022 General Session\Building Blocks\Business Cases\Building Block Back-up.xlsx; see "LTSS" tab
 Number of Beds 50

Psychiatric Medical Director	\$36,000
Mental Health Program Director	\$107,977
Mental Health Counselors	\$124,800
Substance Use Disorder Counselor	\$67,392
Activity Staff	\$132,787
Additional RN/psychiatric nurse	\$210,240
Psychiatric Case Manager	\$99,840
Other costs including GLPL, marketing, Resident incentives, consultants	\$30,000
	\$809,036

Daily Rate to Cover Staff Costs (Assumes Fully Staffed) \$44.33 \$809,036.00

Long Term Care in HCBS outside of the facility 50

Residential Tier 1 Rate	\$366	60	\$1,097,532	\$133,533.06	Daily rate * 1.2
Residential Tier 2 Rate	\$305	305	\$4,649,268	\$111,277.55	Daily rate
Annual Amount			\$5,746,800		
Grand Total					

AA Personnel Services LGAA (LGC)

	<u>Est Hourly Rate</u>	<u>Est. Fixed B</u>	<u>Est. Variable Ben</u>	<u>Est Avg</u>	<u>Units</u>	<u>Total</u>	<u>Match Rate</u>	<u>State Share</u>	<u>Federal Share</u>
Health Program Manager II	\$37.89	\$701.20	0.3861	\$129,656.21	1	\$129,700.00	50%	\$64,850.00	\$64,850.00
Health Program Specialist III	\$26.88	\$701.20	0.3861	\$97,278.55	2	\$194,600.00	50%	\$97,300.00	\$97,300.00
					3				

DD Current Expense LGAA (LGC)

	<u>Monthly</u>	<u>Hourly</u>	<u>Hours</u>	<u>Est Avg</u>	<u>Units</u>	<u>Total</u>	<u>Match Rate</u>	<u>State Share</u>	<u>Federal Share</u>
Phone	\$32.20			\$386.40	3	\$1,200.00	50%	\$600.00	\$600.00
Voicemail	\$0.00			\$0.00	3	\$0.00	50%	\$0.00	\$0.00
Long Distance	\$7.80			\$93.60	3	\$300.00	50%	\$150.00	\$150.00
Limited Liability Insurance	\$31.57			\$378.84	3	\$1,100.00	50%	\$550.00	\$550.00
UTA Pass	\$10.00			\$120.00	3	\$360.00	50%	\$180.00	\$180.00
Current Expense Total						\$2,960.00		\$1,480.00	\$1,480.00

EE Data Processing Current Expense - LGAA (LGC)

	<u>Monthly</u>	<u>Hourly</u>	<u>Hours</u>	<u>Est Avg</u>	<u>Units</u>	<u>Total</u>	<u>Match Rate</u>	<u>State Share</u>	<u>Federal Share</u>
Computer (every 3 years)	\$49.99			\$599.88	3	\$1,800.00	50%	\$900.00	\$900.00
Network Services	\$46.92			\$563.04	3	\$1,700.00	50%	\$850.00	\$850.00
Network Security	\$21.44			\$257.28	3	\$800.00	50%	\$400.00	\$400.00
Desktop Support	\$66.36			\$796.32	3	\$2,400.00	50%	\$1,200.00	\$1,200.00
Email	\$4.95			\$59.40	3	\$200.00	50%	\$100.00	\$100.00
Email Encryption	\$1.57			\$18.84	3	\$100.00	50%	\$50.00	\$50.00
DP Current Expense Total						\$7,000.00		\$3,500.00	\$3,500.00

	<u>Total</u>	<u>Match Rate</u>	<u>State Share</u>	<u>Federal Share</u>
NH Program	\$809,036	66.83%	\$268,357	\$540,679
HCBS Program	\$5,746,800	66.83%	\$1,906,213	\$3,840,586
Admin	\$139,660.00	50.00%	\$69,830	\$69,830
Waiver Evaluation	\$100,000.00	50.00%	\$50,000	\$50,000
	\$6,795,496		\$2,294,401	\$4,501,095

* Does not include the present daily rate paid

Attachment 2

Public Notice Requirements

PUBLIC NOTICE WEBSITE
DIVISION OF ARCHIVES AND RECORDS SERVICE

Public Hearing on Amendments to Utah's Medicaid Reform 1115 Demonstration

General Information

Government Type:

State Agency

Entity:

Department of Health and Human Services

Public Body:

Medicaid Expansion Workgroup

Notice Information

[Add Notice to Calendar](#)

Notice Title:

Public Hearing on Amendments to Utah's Medicaid Reform 1115 Demonstration

Notice Subject(s):

Medicaid , Health Care

Notice Type(s):

Hearing

Event Start Date & Time:

December 12, 2022 03:00 PM

Event End Date & Time:

December 12, 2022 04:00 PM

Event Deadline Date & Time:

12/12/22 04:00 PM

Description/Agenda:

Integrated Behavioral Health Services and Long-Term Services and Supports for Behaviorally Complex Individuals Public Hearings

The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss two amendments to Utah's Medicaid Reform 1115 Demonstration. The Department will also accept public comment regarding the amendments online, by email, or mail during the public comment period from November 24, 2022, to December 23, 2022.

Utah Medicaid is requesting authority to implement provisions of Senate Bill 41 'Behavioral Health Services Amendments', which passed during the 2022 Utah Legislative General Session. This amendment seeks approval from the Centers for Medicare & Medicaid Services (CMS) to allow individuals to receive existing state plan-covered physical and behavioral services through a contracted local mental health authority, which will be selected through a Request for Proposal process.

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Public Hearings:

The Department will conduct two public hearings to discuss the demonstration amendments. The dates and times are listed below. Due to the COVID-19 public health emergency, both public hearings will be held via video and teleconferencing.

Monday, December 12, 2022, from 3:00 pm to 4:00 pm.

Video Conference: Google Meet Meeting meet.google.com/dtv-read-thf

Or join by phone: (US) +1 209-806-3237 PIN: 354 734 298 #

Thursday, December 15, 2022, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting

Video Conference: Google Meet Meeting meet.google.com/hdo-xdkn-yvt

Or join by phone: (US) +1 405-696-0719 PIN: 248 965 765 #

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at lbelgique@utah.gov or (801) 538-6241 by 5:00 p.m. on December 8, 2022.

Public Comment:

A copy of the public notice and proposed amendments are available online at:

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

The public may comment on the proposed amendment requests during the public comment period from

November 24, 2022, to December 23, 2022.

Comments may be submitted using the following methods:

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

Email: Medicaid1115waiver@utah.gov

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

Notice of Special Accommodations (ADA):

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

Notice of Electronic or Telephone Participation:

Video Conference: Google Meet Meeting meet.google.com/dtv-read-thf Or join by phone: (US) +1 209-806-3237 PIN: 354 734 298 #

Meeting Information

Meeting Location:

Video/Teleconferencing
Video/Teleconferencing, UT 84116

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Contact Name:

PBM-00005664

Contact Email:

lbelgique@utah.gov

Contact Phone:

(801)538-6241

Notice Posted On:

November 17, 2022 03:48 PM

Notice Last Edited On:

November 17, 2022 04:04 PM

Deadline Date:

December 12, 2022 04:00 PM

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PUBLIC NOTICE WEBSITE
DIVISION OF ARCHIVES AND RECORDS SERVICE

Public Hearing on Amendments to Utah's Medicaid Reform 1115 Demonstration

General Information

Government Type:

State Agency

Entity:

Department of Health and Human Services

Public Body:

Medicaid Expansion Workgroup

Notice Information

[Add Notice to Calendar](#)

Notice Title:

Public Hearing on Amendments to Utah's Medicaid Reform 1115 Demonstration

Notice Subject(s):

Medicaid , Health Care

Notice Type(s):

Hearing

Event Start Date & Time:

December 15, 2022 02:00 PM

Event End Date & Time:

December 15, 2022 04:00 PM

Event Deadline Date & Time:

12/15/22 04:00 PM

Description/Agenda:

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Video/Teleconferencing
Salt Lake City, UT 84116

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Contact Name:

PBM-00005664

Contact Email:

lbelgique@utah.gov

Contact Phone:

(801)538-6241

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Deadline Date:

December 15, 2022 04:00 PM

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CAPTION

Integrated Behavioral Health Services and Long- Term Services and Supports for Behaviorally Complex Individuals Public Hearings The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss two amendments to Utah's Medicaid Reform 1115 Demonstration.

TOTAL COST

\$235.40

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Attn: Laura Belgique
SLT0020265

AFFIDAVIT OF PUBLICATION

AS THE SALT LAKE TRIBUNE, INC. LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF Integrated Behavioral Health Services and Long- Term Services and Supports for Behaviorally Complex Individuals Public Hearings The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss two amendments to Utah's Medicaid Reform 1115 Demonstration. FOR DIVISION OF MEDICAID AND HEALTH FINANCING WAS PUBLISHED BY THE SALT LAKE TRIBUNE, INC., WEEKLY NEWSPAPER PRINTED IN THE ENGLISH LANGUAGE WITH GENERAL CIRCULATION IN UTAH, AND PUBLISHED IN SALT LAKE CITY, SALT LAKE COUNTY IN THE STATE OF UTAH. NOTICE IS ALSO POSTED ON UTAHLEGALS.COM ON THE SAME DAY AS THE FIRST NEWSPAPER PUBLICATION DATE AND REMAINS ON UTAHLEGALS.COM INDEFINITELY. COMPLIES WITH UTAH DIGITAL SIGNATURE ACT UTAH CODE 46-2-101; 46-3-104.

PUBLISHED ON 11/20/2022

DATE 11/24/2022

STATE OF UTAH
COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 24th DAY OF NOVEMBER IN THE YEAR 2022

BY Jordyn Gallegos

SIGNATURE



NOTARY PUBLIC SIGNATURE

Attachment 3

Medical Care Advisory Committee

Public Hearing

Meeting: Medical Care Advisory Committee
 Date: December 15, 2022
 Start Time: 2:00 p.m.
 End Time: 4:00 p.m.
 Location: meet.google.com/hdo-xdkn-yvt (Google Chrome)
 By Phone: 1-405-696-0719 PIN# 248 965 765#

Agenda Items

1. Welcome	Michael Hales	2:00 / 10 min
<ul style="list-style-type: none"> • Approve Minutes for October 2022 MCAC* • Welcome New MCAC member: Dr. Jennifer Brinton <ul style="list-style-type: none"> ○ Provider Rep for Utah Physicians 		
2. California’s CalAIM Initiative	Aaron Toyama	2:10 / 30 min
3. Public Hearings – 1115 Demonstration Amendments**	Laura Belgique / Members of the Public	2:40 / 10 min
<ul style="list-style-type: none"> • S.B. 41 Integrated Behavioral Healthcare Services • Long Term Services and Supports for Behaviorally Complex Individuals 		
4. Director’s Report	Jennifer Strohecker	2:50 / 15 min
5. Governor’s Budget Proposal	Eric Grant	3:05 / 10 min
6. Discuss and Vote on the MCAC Bylaws*	Michael Hales	3:15 / 10 min
7. Eligibility and Enrollment Discussion**	Jeff Nelson	3:25 / 10 min
<ul style="list-style-type: none"> • PHE Unwinding Update 		
8. Committee Member Updates	Committee Members	Time Remaining

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

** Informational handout in the packet sent to committee members

***In accordance with the Open and Public Meetings Act Utah Code 52-4-207, the Chair of the MCAC committee has determined providing an anchor location for the MCAC meeting presents substantial risk to the health and safety of the attendees due to the COVID-19 pandemic. The MCAC meeting will be conducted remotely via electronic means only. The committee members and the public may attend via Google Meet or by calling in to the Google Meet session as listed on the meeting agenda. MCAC meetings will be held in an electronic format until further notice.

Next Meeting: January 19, 2023, from 2:00 p.m. – 4:00 p.m.

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

Medical Care Advisory Committee

Minutes of December 15, 2022

Participants

Committee Members (via phone)

Michael Hales (Chair), Jennifer Marchant, Rachel Craig, Luis Rios, Muris Prses for Dale Ownby, Brian Monsen, Stephanie Burdick, Kim Dansie, Gina Tuttle, and Cassidy Matthew

Committee Members Absent

Lisa Heaton, Dr. Robert Baird, Nate Checketts, Dr. Jennifer Brinton, Alan Ormsby, Michael Jensen, and Davis Moore

DOH Staff (via phone)

Eric Grant, Brian Roach, Tracy Barkley, Laura Belgique, Emma Chacon, Dave Lewis, Matt Lund, Jennifer Meyer-Smart, Jeff Nelson, Michelle Smith, James Stamos, Jeremy Taylor, Greg Trollan, Kolbi Young, Sharon Steigerwalt, and Dorrie Reese

Guest (via phone)

Justin Allen, Ciriac Alvarez, Brittany Carver, Jill Chang, Clayton Nelson, Adam Cohen, William Cosgrove, Nate Crippes, Kaitlynn Drollinger, Jim Dunnigan, Kevin Eastman, Jeannie Edens, Russ Elbel, Julie Eqing, Ron Faerber, Melissa Garrett, Matt Hansen, Geoff Harding, Scott Horne, Ryan Jackson, Michelle Jenson, Vicki Jessup, Kristeen Jones, Rosemary Lesser, Jesse Liddell, Rebecca Martinez, Noah Miterko, Elise Napper, Joni Nebeker, Andrea Neilson, Andrew Riggle, Destiny Rockwood, Ken Schaecher, Randall Serr, Kristen Taden, Aaron Toyama, Ryan Westergard, Audry Wood, Todd Wood, Sheila Young, and Emily Zheutlin

California's CalAIM Initiative:

Aaron Toyama discussed California's CalAIM Initiative.

Aaron.toyama@dhcs.ca.gov

<https://www.dhcs.ca.gov/calaim>

The document which was presented is embedded in this document.



CalAIM Overview for
Utah MCAC.pdf

Welcome New MCAC member: Dr. Jennifer Brinton:

Michael Hales welcomed new MCAC Member Dr. Jennifer Brinton-Provider Representative for Utah Physicians

Approval of Minutes:

Brian Monson made the motion to approve the October 20, 2022, MCAC minutes. Rachel Craig seconded that motion. The group unanimously agreed.

1115 Demonstration Waiver Public Hearings:

Laura Belgique discussed S.B 41: Integrated Behavioral Healthcare Services, and Long-Term Services & Supports Behaviorally Complex Individuals.

The documents which were presented are embedded in this document.



LTSS for BC
Individuals Public Hea



SB41 Public Hearing
Overview.pdf

Questions:

Andrew Riggle asked a couple of questions. 1. on the population eligibility for the behavioral complex amendment, who would be eligible for this, how would their eligibility be determined? 2. Would this be a contract with a single facility? 3. Is this a short-term placement? 3.1. How long would an individual be served under this program, and how would transition out of the facility be happening?

Brian Roach mentioned I will respond to each question individually. 2. Yes, the intent language in the funding would go in the RFP as a single entity. 3. It is designed to be somewhat short-term. However, we're not writing into the waiver any specific boundaries. We are envisioning a tiered rates structure for the first 60 days, then a lower rate for days after that with the goal to transition members to the community. 1. I think the intent is to require multiple specialties in a single setting, substance use disorder counselors, mental health counselors, psychologist, and psychiatrist. At this stage we are probably keeping it fairly broad for CMS authority and then later we would refine it a little bit when it comes to the contract setting.

Andrew Riggle asked there don't seem to be a lot of skilled nursing facilities that have staff or the expertise for folks with cognitive intellectual behavioral or psychological needs. Is it the states sense that you can find a provider in a skilled nursing who is able to provide all of the necessary support in a setting or how are the unique needs of this population going to be addressed in a skilled nursing environment?

Brian Roach mentioned the intent of the funding is to allow some capacity building by skilled nursing facility.

Ron Farber asked rehab verses long-term care our concern is if an individual is renting an apartment and goes to the hospital then is transferred to a LTSS facility. How long is rehab going to take place.

Brian Roach mentioned our New Choices Waiver does not have

Director's Report:

Brian Roach gave an update on Medicaid ARPA Funds, Medicaid Policies, SPAs, and Rules.

The document which was presented is embedded in this document.



MCAC Director's
Office Updates- Dece

SPA's Rules:

The documents which were presented are embedded in this document



MCAC SPA Matrix
12-15-22.pdf



MCAC Rule Summary
12-15-22.pdf

Governor's Budget Proposal:

Eric Grant gave an update on the Governor's Budget Proposal.

The document which was presented is embedded in this document.



Governor's Budget
Presentation.pdf

Questions:

Enrollment and Expansion Discussion:

Jeff Nelson gave an update on Public Health Emergency Unwinding.

The documents which were presented are embedded in this document



December 2022
MCAC PHE Report.pdf

Committee Member Updates:

Adjourn

Meeting was adjourned at 3:47pm. The next meeting is scheduled for January 20, 2022 at 2:00-4:00 p.m.

Attachment 4

Tribal Consultation



Utah Indian Health Advisory Board (UIHAB) Meeting

12/9/2022
8:30 AM –11:30 AM

Utah Department of Health & Human Services
Salt Lake City, UT 84114
(801) 712-9346

Google Meeting Format Web Link:

<https://meet.google.com/krh-kvdf-svj?hs=122&authuser=0>

Call In: 1-414-909-6377
PIN: 211 599 534#



Meeting called by:	UIHAB
Type of meeting:	Monthly UIHAB
Note taker:	Dorrie Reese
Please Review:	Medicaid Rules & SPA document(s), additional materials via presenters.

Agenda topic

8:30 AM	UIHAB Meeting Welcome & Introductions	Lorena Horse, Chairperson
8:40 AM	Committee Updates & Discussion <ul style="list-style-type: none"> ✦ UT Medicaid Eligibility Policy ✦ Medicaid & CHIP State Plan Amendments (SPA) & Rules ✦ DWS Medicaid Eligibility Operations ✦ MCAC & CHIP Advisory Committees ✦ Federal/State Policy Impacting I/T/U ICWA Liaison Indian Health Liaison ✦ Data Reporting Updates ✦ UT DHHS OAIANHFS Program Updates Opioids & Tobacco Health Equity 	<p>Jeff Nelson, UT Medicaid, Dir. BMEP Craig Devashrayee, UT Medicaid, BMEP</p> <p>Jessica Ware, AI/AN Elig. Spec., DWS Mike Jensen, UNHS & Courtney Muir, NWBSN</p> <p>Jeremy Taylor, IHFS Jamie Harvey, IHFS Melissa Zito, IHFS Alex Merrill, IHFS</p> <p>Hilary Makris, IHFS Kassie John, IHFS</p>
09:45 AM	Medicaid 1115 Waiver <ul style="list-style-type: none"> ✦ Behavioral Health Integration ✦ Community Based Waiver; LTS & BC 	Laurie Belgique & Michelle Smith Medicaid, Integrated Healthcare
10:15 AM	Viral Hep C.	Ethan Farnsworth, MPH, Pop. Health
10:45 AM	BREAK 5 min	
10:50 AM	I/T/U updates: Good News, Changes, Pressing Issue, Questions, Any Requests for Support, etc.	Open to UIHAB Reps.
11:15 AM	Upcoming Annual UIHAB Retreat; Dates & Location	Lorena Horse & Jeremy Taylor
11:30 AM	ADJOURN <i>Next Mtg. January 13, 2023</i>	



Utah Indian Health Advisory Board Tribal Leadership Reporting Tool

DATE: _____

State Agency Updates & Discussions:

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

DWS Medicaid Eligibility

MCAC & CHIP Advisory Committees

Federal/State Policy Impacting I/T/U

ICWA Liaison

AI/AN Health Liaison

Data Updates

IHFS Program Updates

Opioid/Tobacco

Health Equity Grants

Agenda Item Updates

Medicaid 1115 Waivers: Behavior Health Integration and Long Term Services & Behaviorally Complex Individuals

Viral Hepatitis C :

I/T/U Updates:

Annual Retreat; Dates & Location: