State of Utah

Section 1115 Demonstration Amendment

Dental Benefits for Individuals with Blindness or Disabilities Porcelain and Porcelain-to-Metal Crowns

Section I. Program Description and Objectives

The State is currently authorized to provide state plan dental benefits to individuals with blindness or disabilities under the State's 1915(b) Dental Choices Waiver and the 1115 Primary Care Network Demonstration Waiver. These benefits are provided through the State's dental managed care delivery system. However, due to recent legislative budget reductions due to the impact of the COVID-19 pandemic on the economy, the State no longer has funding to provide the State's share for dental benefits for individuals with blindness or disabilities. In order to continue to provide these much needed dental services to this population, the University of Utah (state teaching hospital) School of Dentistry has agreed to provide the State matching funds for these services through an Intergovernmental transfer. In addition, this will result in a change to the benefit delivery system for this population. With this waiver amendment, the State is requesting the following:

- 1. Authority to change the benefit delivery system for dental benefits for individuals with blindness or disabilities. Benefits will be provided through the University of Utah School of Dentistry, and it's associated statewide network of dental providers, rather than the current managed care delivery system.
- 2. Authority to provide porcelain and porcelain-to-metal crowns for this population, as is currently authorized under the State's 1115 demonstration waiver for aged individuals, and Targeted Adult Medicaid beneficiaries who are eligible for dental benefits.

Goals and Objectives

Oral health is an important component of an individual's overall health. Untreated caries (cavities) and periodontal (gum) disease can exacerbate certain diseases, such as diabetes and cardiovascular disease, and lead to chronic pain, infections, and loss of teeth. Lack of routine dental care can also delay diagnosis of conditions, which can lead to potentially preventable complications, high-cost emergency department visits, and adverse outcomes. The State believes this demonstration furthers the objectives of Title XIX of the Social Security Act of promoting improved health outcomes by addressing the dental needs of demonstration eligible individuals. This amendment proposes to continue to provide an expanded scope of coverage and benefits for vulnerable individuals with blindness or disabilities. Without this demonstration, this population would not be able to receive much needed dental benefits.

¹ U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General.*Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000

² Freed, M, Neuman, T, Jacobson, *Drilling Down on Dental Coverage and Costs for Medicare Beneficiaries*. March 2019.https://www.kff.org/medicare/issue-brief/drilling-down-on-dental-coverage-and-costs-for-medicare-beneficiaries/

Operation and Proposed Timeline

The demonstration will operate statewide. The State intends to implement the proposed changes on January 1, 2021. The State requests to operate the demonstration through the end of the current waiver approval period, which is June 30, 2022.

Demonstration Hypotheses and Evaluation

With the help of an independent evaluator, the State will develop a plan for evaluating the hypotheses indicated below. Utah will identify validated performance measures that adequately assess the impact of the demonstration 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
Individuals in the demonstration will have increased utilization of preventive dental care and decreased utilization of emergency dental services.	 Utilization of preventive dental services Utilization of emergency dental services 	Claims data	Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons

Porcelain crowns are considered an added benefit to the benefit package for individuals with blindness or disabilities. As such, the impact of porcelain crowns will be evaluated with the identified hypothesis above identified.

Section II. Demonstration Eligibility

Individuals eligible under this demonstration must be Medicaid eligible individuals age 18 and older, with blindness or disabilities.

Projected Enrollment

The projected enrollment for the demonstration population is 32,000.

Section III. Demonstration Benefits and Cost Sharing Requirements

There are no changes to the dental benefits provided to eligible individuals under this amendment. Individuals will continue to receive state plan dental benefits. In addition, if approved under this demonstration, this population will also be eligible to receive porcelain and porcelain-to-metal crowns.

Cost sharing requirements will not differ from those provided under the state plan.

Section IV. Delivery System

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

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

At present, the only entity that qualifies to provide services is the University of Utah School of Dentistry, and their associated statewide provider network. The University of Utah School of Dentistry currently provides dental services to Aged Medicaid and Targeted Adult Medicaid members, as authorized by the State's 1115 demonstration waiver.

Section V. Enrollment in Demonstration

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

Section VI. Demonstration Financing and Budget Neutrality

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

Below is the projected enrollment and expenditures for each remaining demonstration year.

Individuals with Blindness or Disabilities	DY19 (SFY 21)*	DY 20 (SFY 22)
Enrollment	32,000	32,800
Expenditures**	\$6,220,000	\$13,420,000

^{*}Represents half year estimate January 2021 - June 2021

^{**} Includes expenditures for porcelain crowns

Section VII. Proposed Waiver and Expenditure Authority

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

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the State to vary the amount, duration, and scope of services provided to individuals in the demonstration group.
Section 1902(a)(23)(A)- Freedom of Choice	To enable the State to restrict freedom of choice of providers for the population affected by this demonstration.

Expenditure Authority

The State requests expenditure authority to provide state plan dental benefits to Medicaid eligible individuals with blindness or disabilities. The State also requests expenditure authority to provide porcelain or porcelain-to-metal crowns to this population.

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 will be advertised in the newspapers of widest circulation, and sent to an electronic mailing list. In addition, the abbreviated public notice will be posted to the State's Medicaid website at https://medicaid.utah.gov/1115-waiver.

Two public hearings to take public comment on this request will be held. The first public hearing will be held on August 18, 2020 from 4:30 p.m. to 5:30 p.m. The second public hearing will be held on August 20, 2020 from 2:00 p.m. to 4:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting. Due to the COVID-19 emergency and state social distancing guidelines, both public hearings will be held via video and teleconferencing.

Public Comment

The public comment period will be held July 31, 2020 through August 29, 2020.

Tribal Consultation

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act, the State ensures that a meaningful consultation process occurs in a timely manner on program decisions impacting Indian Tribes in the State of Utah. DMHF notified the UDOH Indian Health Liaison of the waiver amendment. As a result of this notification, DMHF will begin the tribal consultation process by attending the Utah Indian Health Affairs Board (UIHAB) meeting on August 14, 2020 to present this demonstration amendment.

Tribal Consultation Policy

The consultation process will include, but is not limited to:

- An initial meeting to present the intent and broad scope of the policy and waiver application to the UIHAB.
- Discussion at the UIHAB meeting to more fully understand the specifics and impact of the proposed policy initiation or change;
- Open meeting for all interested parties to receive information or provide comment;
- A presentation by tribal representatives of their concerns and the potential impact of the proposed policy;
- Continued meetings until concerns over intended policy have been fully discussed;
- A written response from the Department of Health to tribal leaders as to the action on, or outcome of tribal concerns.

Tribal consultation policy can be found at: http://health.utah.gov/indianh/consultation.html.

Section IX. Demonstration Administration

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

ELIGIBILITY	TREND	MONTHS	BASE YEAR		DEMONSTRATION `						TOTAL
GROUP	RATE 1	OF AGING	DY 15 (SFY 17)	RATE 2	DY 16 (SFY 18)	DY 17 (SF)	′ 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	WOW
Current Eligibles						Parent Caretal	ker Relative (PC	CR) population 45-60% FPL:	transferred to Expansion P	Parents effective 4/1/19	
Pop Type:	Medicaid					4	,	, , ,	·		
Eligible Member Months	0.0%	0	377,866	0.0%	377,866	364	1,366	320,957	319,534	318,076	
PMPM Cost	5.3%	0	\$ 949.03	5.3%	\$ 999.33	\$ 1.09	52.29 \$	1,108.07 \$	1,166.79	\$ 1,228.63	
Total Expenditure	0.072		Ť 0.000		\$ 377,612,830),334 \$	355,641,571 \$			1,880,303,842
Demo Pop I - PCN Adults with Children						PCN ends 3	//31/19				
Pop Type:	Hypothetical					- ON Shad d	701110				
Eligible Member Months	5.9%	0	104,836	5.9%	111,042	88	3,212	-	-	-	
PMPM Cost	5.3%	0	\$ 46.18	5.3%	\$ 48.63	¢ ,	51.21 \$	53.92 \$	56.78	\$ 59.79	
Total Expenditure	0.070	Ŭ	Ψ 40.10	0.070	\$ 5,399,987		7,106 \$	- \$	-	\$ - \$	9,917,093
<u>Demo Pop III/V - UPP Adults with Children</u> Pop Type:	Hypothetical										
Eligible Member Months	34.9%	0	6,067	34.9%	8,182	1	1,034	14,881	20,068	27,064	
PMPM Cost	5.3%	0	\$ 150.08	5.3%	\$ 158.03	¢ 10	66.41 \$	175.23 \$	184.52	\$ 194.30	
Total Expenditure	J.J //	0	Ψ 130.00	3.3 %	\$ 1,293,029		6,200 \$	2,607,542 \$			14,698,089
Demo Pop I - PCN Childless Adults	1		1			PCN ends 3/3	1/10				
Pop Type:	Medicaid					T CIV ellas 3/3	1719				
Eligible Member Months		0		2.5%	73,812	58	3,293	-	-	-	
PMPM Cost Total Expenditure		0		5.3%	\$ 51.57 \$ 3,806,153		54.30 \$ 5,223 \$	57.18 \$ - \$	60.21	\$ 63.40	6,971,376
Total Exponential					φ 0,000,100	Ψ 0,100	σ,220 ψ	Ψ		Ψ	0,071,070
Demo Pop III/V - UPP Childless Adults											
Pop Type: Eligible Member Months	Medicaid 159	0		2.5%	163		167	171	176	180	
		U									
PMPM Cost Total Expenditure	68.45	0		5.3%	\$ 72.08 \$ 10,702		75.90 \$ 1,237 \$	79.92 \$ 11,799 \$			59,133
	<u> </u>		<u> </u>		Ψ 10,7 02	Ψ 1	1,201 ψ	11,700 φ	12,000	Ψ 10,000 Ψ	00,100
								months will increase when		nclude victims of	
Targeted Adults Pop Type:	Expansion				Started 11/1/17			c violence and individuals w		and new managed care directed	navments
Eligible Member Months	Lxpansion	0	0.1	2.5%		78	3,000 \$	126,000	172,200	176,505	payments
PMPM Cost		0	\$ -	5.3%			31.45 \$	1,522.79 \$			
Total Expenditure					\$ 76,403,340	\$ 80,452	2,717 \$	191,871,540 \$	276,122,333	\$ 298,025,737 \$	922,875,668
Dental - Targeted Adults	T										
Pop Type:	Expansion					Started 3/1/19		n crowns anticipated start date			
Eligible Member Months		0		2.5%	-	12	2,000	36,900	37,823	38,768	
PMPM Cost	5.3%	0		5.3%	\$ -	\$3	33.33 \$	37.27 \$	39.24	\$ 41.32	
Total Expenditure	1	_	ı I		1 .		0,000 \$	1,375,111 \$			4,861,228

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

I=						V= 1 = 2 (5) 0					
ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 15 (SFY 17)	TREND RATE 2	DEMONSTRATION DY 16 (SFY 18)	YEARS (DY) DY 17 (SFY 1	19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	TOTAL WOW
System of Care	11										
Pop Type: Eligible Member Months	Hypothetical	0	_				Anti	cipated start date of 1/1/20 720	1,440	1,440	
Ligible Member Member		· ·						720	1,110	1,110	
PMPM Cost	5.3%	0		5.3%	\$ -		\$	2,100.00	\$2,211.30	\$2,328.50	0.040.040
Total Expenditure					\$ -		\$	1,512,000 \$	3,184,272	\$ 3,353,038 \$	8,049,310
Dental - Blind/Disabled	1										
Pop Type:	Hypothetical							Ar	nticipated start date of 1/1/21	1	
Eligible Member Months	2.5%	0			412,361	412,3	361	412,361	398,181	393,600	
PMPM Cost	5.3%	0			\$ 18.42	° \$ 10	.40 \$	20.42 \$	25.49	\$ 34.10	
Total Expenditure	0.070	O			\$ 7,595,690		261 \$	8,422,169 \$			47,585,981
								21.50674765			
Dental - Aged											
Pop Type: Eligible Member Months	Hypothetical 2.5%	0	108,000				Anti	cipated start date of 1/1/20 Ar 54,000	nticipated start date of 1/1/21 156,300	160,208	
Eligible Metribel Months	2.5%	U	100,000					34,000	130,300	100,200	
PMPM Cost	5.3%	0					\$	30.75 \$			
Total Expenditure					\$ -	\$	- \$	1,660,500 \$	5,060,955	\$ 5,462,415 \$	12,183,870
Farman Fastan											
Former Foster Pop Type:	Hypothetical										
Eligible Member Months	0.0%	24			10		10	10	10	10	
PMPM Cost Total Expenditure	4.8%	24			\$ 990.87 \$ 9,909		3.43 \$	1,088.28 \$ 10,883 \$			54.504
Total Experiulture					φ 9,908	Ф 10,	384 \$	10,00ა ֆ	11,405	\$ 11,953 \$	54,534
Substance Use Disorder (SUD)											
Pop Type:	Hypothetical										
Eligible Member Months	6.9%	18	36,913	6.9%	39,456.31	42,	175	40,554	43,348	46,335	
PMPM Cost Total Expenditure	5.0%	18		5.0%	\$ 3,321.96 \$ 131,072,269	\$ 3,488 \$ 147,108,3	3.06 \$	3,662.46 \$ 148,527,403 \$			780,500,596
retar Experiance					101,072,200	Ψ 117,100,0	σου φ	110,021,100 φ	100,000,000	Ψ 101,000,010 Ψ	700,000,000
Withdrawal Management	II and attack					0, , , =,,					
Pop Type: Eligible Member Months	Hypothetical 0.0%	0	4,018	0.0%		Started 5/1	670	4,018	4,018	4,018	
PMPM Cost	5.0%	0	4,010	5.0%	\$ -		.00 \$	735.00 \$		\$ 810.34	
Total Expenditure					\$ -	\$ 468,7	738 \$	2,953,046 \$	3,100,699	\$ 3,255,733 \$	9,778,216
	1										
Medicaid for Justice-Involved Populations											
Pop Type:	Hypothetical							As	ssumes start date of 7/1/20		
Eligible Member Months PMPM Cost	1.75% 3.0%		3,200	1.75% 3.0%	-		¢	•	38,400 520.00	39,072 \$ 535.60	
Total Expenditure	3.0 %			3.0 %	-		\$ \$	- \$ - \$	19,968,000		40,894,963
										<u>, </u>	
Expansion Parents <=100% FPL											
Pop Type:	Expansion	•		a =c:1			Ass	umes start date of 1/1/20	0.12.22.	0== 000 1	
Eligible Member Months	2.5%		339,828	2.5%	-			169,914	348,324	357,032	
PMPM Cost	5.3%			5.3%	\$ -		Φ.	671.61 \$	707.21		

WOW

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

ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 15 (SFY 17)	TREND RATE 2	DEMONSTRATION Y DY 16 (SFY 18)	EARS (DY) DY 17 (SFY 19)	DY 1	8 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	TOTAL WOW
Expansion Adults w/out Dependent Children <=100% FPL Pop Type:	Expansion						Assumes sta	rt date of 1/1/20			
Eligible Member Months PMPM Cost Total Expenditure	2.5% 5.3%		400,973	2.5% 5.3%			\$ \$	200,487 937.16 \$ 187,887,968 \$	410,997 986.83 405,584,361		\$ 1,031,229,669
Expansion Parents 101-133% FPL Pop Type:	Expansion						Assumes sta	rt date of 1/1/20 and a 3	10,292 3.4% reduction in member n	10,832 months as an estimate for noi	npayment of premiums
Eligible Member Months PMPM Cost Total Expenditure	5.25% 5.3%		121,473	5.25% 5.3%			\$ \$	58,671 656.90 \$ 38,541,205 \$			\$ 218,649,854
Expansion Adults w/out Dependent Children 101-133% FPL Pop Type:	Expansion						Assumes sta	rt date of 1/1/20 and a 3	32,570 3.4% reduction in member n	34,280 months as an estimate for no	npayment of premiums
Eligible Member Months PMPM Cost Total Expenditure	5.25% 5.3%		384,418	5.25% 5.3%			\$ \$	185,674 920.73 \$ 170,955,560 \$	390,844 969.53 378,934,111	411,363 \$ 1,020.91	
		Start date of 5/1/1	9 (2 months of SFY19)							;	\$ 6,584,798,337
		-	e of 1/1/2020 (SFY20)								
		_	e of 7/1/20 (SFY21) ate of 1/1/21 (SFY21); i	increase in mem	ber months due to ap _l	prox 7,600 clients m	noving over fr	om Dental - Blind/Dis	sabled; PMPM increase o	due to coverage of porcel	lains and crowns
		Anticipated start d	ate of 1/1/21 (SFY21); o	decrease in men	nber months as 7,600	clients move out of	Dental - Age	d			

PCN 1115 Waiver

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

				DEMONSTRATION Y	EARS (DY)					TOTAL WW
ELIGIBILITY GROUP	DY 15		DEMO TREND RATE	DY 16 (SFY 18)	DY 17 (SFY	10)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
ELIGIBILITY GROUP	Dit)	RAIL	D1 16 (3F1 16)	ווע (ארו	19)	D1 10 (3F1 20)	D1 19 (3F1 21)	D1 20 (3F1 22)	
Current Eligibles					Parent Careta	ker Relative	e (PCR) population 45-60% FF	PL: transferred to Expansi	ion Parents effective 4/1/19	
Pop Type:	Medicaid				4	<u> </u>				
Eligible Member Months		377,866	0%	377,866		1,366	320,957	319,534		
PMPM Cost	\$	949.03	5.3%	\$ 999.33		52.29 \$	1,108.07			
Total Expenditure				\$ 377,612,830	\$ 383,420),334 \$	355,641,571	\$ 372,830,227	\$ 390,798,881	\$ 1,880,303,842
Domo Don I. DCN Advito w/Children					DOM and a	(24/40				
<u>Demo Pop I - PCN Adults w/Children</u> Pop Type:	Hypothetical				PCN ends 3/	31/19				
Eligible Member Months	пуроппецсан	104,836	5.9%	111,042	00	3,212				
PMPM Cost	\$	46.18	5.3%			51.21 \$	- 53.92	\$ 56.78	\$ 59.79	
Total Expenditure	Φ	40.10	5.5%	\$ 5,399,987		7,106 \$			\$ 59.79	\$ 9,917,093
Total Experiature				φ 5,399,96 <i>1</i>	Φ 4,517	, 100 ф	-	Φ -	Φ - 3	9,917,093
Demo Pop III/V - UPP Adults with Children										
Pop Type:	Hypothetical									
Eligible Member Months		6,067	34.9%			,034 \$	14,881			
PMPM Cost	\$	150.08	5.3%	\$ 158.03		66.41 \$		\$ 184.52		
Total Expenditure				\$ 1,293,029	\$ 1,836	5,200 \$	2,607,542	\$ 3,702,908	\$ 5,258,410	\$ 14,698,089
Demo Pop I - PCN Childless Adults					PCN ends 3/3	1/10				
Pop Type:	Medicaid				T ON Chas 5/5	1713				
Eligible Member Months	modiodia	70,097	4.9%	73,812	58	3,293				
PMPM Cost	\$	48.97	5.3%			54.30 \$	57.18	\$ 60.21	\$ 63.40	
Total Expenditure	•	10.07	0.070	\$ 3,806,153	•	5,223 \$			\$ -	\$ 6,971,376
Demo Pop III/V - UPP Childless Adults										
Pop Type:	Medicaid	1=0	4.00/					100		
Eligible Member Months	•	159	4.9%	167		175	184	193		
PMPM Cost	\$	68.45	5.3%			75.90 \$	79.92			
Total Expenditure				\$ 10,702	\$ 17	,237 \$	11,799	\$ 12,388	\$ 13,008	\$ 59,133
						Ме	ember months will increase wh	en the criteria is expanded	to include victims of	
Targeted Adults						don	mestic violence and individuals	with court ordered treatme	ent.	
Pop Type:	Expansion			Started 11/1/17		PN	MPM will increase due to adding	g the housing support ben	efit and new managed care	directed payments
Eligible Member Months	<u> </u>		2.5%	78,000	78	3,000	126,000	172,200	176,505	
PMPM Cost				\$ 979.53		31.45 \$	1,522.79	\$ 1,603.50		
Total Expenditure				\$ 76,403,340	\$ 80,452	2,717 \$	191,871,540	\$ 276,122,333	\$ 298,025,737	\$ 922,875,668
Dental - Targeted Adults										
Pop Type:	Expansion				Started 3/1/19	Por	rcelain crowns anticipated start	t date of 1/1/20 increases	PMPM	
Eligible Member Months	=Apanoion		2.5%			2,000	36,900	37,823		
PMPM Cost			5.3%	\$ -		33.33 \$	37.27			
Total Expenditure			0.070	\$ -	•	0,000 \$	1,375,111			\$ 4,861,228
							· ·	· · · · ·	· •	<u> </u>
						_				
System of Care										
Pop Type:	Hypothetical					Anti	ticipated start date of 1/1/20			
Pop Type: Eligible Member Months	Hypothetical			<u>-</u>		Anti	720	1,440		
Pop Type:	Hypothetical		5.3%	- \$ -		Anti	•	1,440 2,211 3,184,272	2,328	\$ 8,049,310

PCN 1115 Waiver

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

			DEMONSTRATION Y	EARS (DY)				TOTAL WW
	5.V.45	DEMO TREND		, ,	DV 40 (DTV 00)	DV 40 (DTV 04)	DV 00 (0TV 00)	
ELIGIBILITY GROUP	DY 15	RATE	DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<u>Dental - Blind/Disabled</u> Pop Type:	Hypothetical					Anticipated start date of 1/	1/21	
Eligible Member Months	rrypothetical	0%	412,361	412,361	412,361	398,181		
PMPM Cost		3.0%	\$ 18.42					
Total Expenditure			\$ 7,595,690		1			47,585,981
							_	
Dental - Aged	l le constitue d'anni				Australia - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Austicia etc. d. etc. etc. etc. etc. etc. etc.	4 (0.4	
Pop Type: Eligible Member Months	Hypothetical	2.5%		-	Anticipated start date of 1/1/20 54,000	· ·		
PMPM Cost		3.0%	\$ -	- <mark> </mark> \$ -	\$ 30.75	\$ 32.38		
Total Expenditure		0.070	\$ -	*			•	12,183,870
·				,	, , , , , , , , , , , , , , , , , , , ,	,	, , , , , , , , , , , , , , , , , , , ,	,
Former Foster Care								
Pop Type:	Hypothetical	20/1	10			10	40.1	
Eligible Member Months PMPM Cost		0% 4.8%	10 \$ 990.87		10	10	10 0 1 10 5 20	
Total Expenditure		4.0%	\$ 990.87					54,534
Total Diponalist			φ σ,σσσ	Ψ 10,004	10,000	Ψ 11,400	Ψ 11,000 Ψ	04,004
Substance Use Disorder (SUD)								
Pop Type:	Hypothetical							
Eligible Member Months		6.9%	39,456	42,175	40,554	43,348	46,335	
PMPM Cost Total Expenditure		5.0%	\$ 3,321.96 \$ 131,072,269					780,500,596
Total Experiulture			131,072,209	φ 147,100,390	140,327,403	φ 100,096,656	Φ 167,093,070 Φ	780,500,596
Withdrawal Management								
Pop Type:	Hypothetical			Started 5/1/19				
Eligible Member Months		0.0%	-	670	4,018	4,018	4,018	
PMPM Cost		5.0%	\$ -	Ψ	\$ 735.00		•	0.770.040
Total Expenditure			\$ -	\$ 468,738	\$ 2,953,046	\$ 3,100,699	\$ 3,255,733 \$	9,778,216
Medicaid for Justice-Involved Populations								
Pop Type:	Hypothetical					Assumes start date of 7/1/	2021	
Eligible Member Months	<u>, , , , , , , , , , , , , , , , , , , </u>	1.75%	-	-	-	38,400	39,072	
PMPM Cost		3.0%	-	•	\$ -	\$ 520.00	\$ 535.60	
Total Expenditure				\$ -	\$ -	\$ 19,968,000	\$ 20,926,963 \$	40,894,963
Expansion Parents <=4009/ EDI								
Expansion Parents <=100% FPL Pop Type:	Expansion				Assumes start date of 1/1/20			
Eligible Member Months	Expansion	2.5%		_	169,914	348,324	357,032	
PMPM Cost		5.3%	\$ -	\$ -	\$ 671.61			
Total Expenditure			\$ -	\$ -	\$ 114,115,918			626,329,200

PCN 1115 Waiver

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

		DEMO TREND	DEMONSTRATION Y	EARS (DY)				TOTAL WW
ELIGIBILITY GROUP	DY 15	RATE	DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
Expansion Adults w/out Dependent Children <=100% FPL Pop Type:	Expansion			,	Assumes start date of 1/1/20			
Eligible Member Months	Expansion	2.5%	I _		200,487	410,997	421,272	
PMPM Cost		5.3%	-	<u>-</u> ¢	\$ 937.16	-		
Total Expenditure		3.370	-	\$ -	\$ 187,887,968			\$ 1,031,229,669
Expansion Parents 101-133% FPL		1						
Pop Type:	Expansion			A	Assumes start date of 1/1/20 and	a 3.4% reduction in memb	oer months as an estimate	for nonpayment of premiums
Eligible Member Months		5.25%	-	-	58,671	123,503	129,987	
PMPM Cost		5.3%	\$ -	\$ -	\$ 656.90			
Total Expenditure			\$ -	\$ -	\$ 38,541,205	\$ 85,429,087	\$ 94,679,562	\$ 218,649,854
Expansion Adulta w/out Dependent Children 404 4229/ EDI		_						
Expansion Adults w/out Dependent Children 101-133% FPL Pop Type:	Expansion			A	Assumes start date of 1/1/20 and	a 3.4% reduction in memb	per months as an estimate	for nonpayment of premiums
Eligible Member Months	•	5.25%	-	-	185,674	390,844	411,363	·
PMPM Cost		5.3%	-	\$ -	\$ 920.73	\$ 969.53	\$ 1,020.91	
Total Expenditure			-	\$ -	\$ 170,955,560	\$ 378,934,111	\$ 419,966,044	\$ 969,855,715
		Start date of 5/1/1	9 (2 months of SFY19)				\$ 6,584,798,337
		Assumes start dat	te of 1/1/2020 (SFY20)					
		Assumes start dat	te of 7/1/20 (SFY21)					
		 						unu.
		porcelains and cro	, ,	increase in member m	nonths due to approx 7,600 clie	nts moving over from De	ental - Blind/Disabled; Pl	MPM increase due to coverage of
		Anticipated start d	ate of 1/1/21 (SFY21);	decrease in member r	months as 7,600 clients move c	out of Dental - Aged		

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

			DEMONSTRATION Y	EARS (DY)				TOTAL WW
ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
(T.)		_						
Current Eligibles Pop Type:	Medicaid			Parent Caretaker Rela	ative (PCR) population 45-60% Fi	PL: transferred to Expansion	n Parents effective 4/1/19	
Eligible Member Months	377,866	0%	377,866	364,366	320,957	319,534	318,076	
PMPM Cost	\$ 949.03	5.3%			\$ 1,108.07			4 000 000 040
Total Expenditure			\$ 377,612,830	\$ 383,420,334	\$ 355,641,571	\$ 372,830,227	\$ 390,798,881	\$ 1,880,303,842
Demo Pop I - PCN Adults w/Children				PCN ends 3/31/19				
Pop Type:	Hypothetical			7 014 61143 3/31/13				
Eligible Member Months	104,836	5.9%			-	- 50.70	-	
PMPM Cost Total Expenditure	\$ 46.18	5.3%	\$ 48.63 \$ 5,399,987	\$ 51.21 \$ 4,517,106	\$ 53.92 \$	Φ.	\$ 59.79 \$ -	\$ 9,917,093
Total Exportantic			Ψ 0,000,007	Ψ,517,100	Ψ	Ψ -	Ψ	Ψ 3,317,030
Demo Pop III/V - UPP Adults with Children								
Pop Type: Eligible Member Months	Hypothetical	34.9%	\$ 8,182	\$ 11,034	\$ 14,881	\$ 20,068	\$ 27,064	
PMPM Cost	6,067 \$ 150.08	5.3%			\$ 14,001 \$ 175.23			
Total Expenditure	Ψ 100.00	0.070	\$ 1,293,029	\$ 1,836,200				\$ 14,698,089
<u>Demo Pop I - PCN Childless Adults</u> Pop Type:	Medicaid			PCN ends 3/31/19				
Eligible Member Months	70,097	4.9%	73,812	58,293			_	
PMPM Cost	\$ 48.97	5.3%			\$ 57.18	\$ 60.21	\$ 63.40	
Total Expenditure			\$ 3,806,153	\$ 3,165,223	\$ -	\$ -	\$ -	\$ 6,971,376
Demo Pop III/V - UPP Childless Adults								
Pop Type:	Medicaid							
Eligible Member Months	159	4.9%		175	184	193	202	
PMPM Cost Total Expenditure	\$ 68.45	5.3%	\$ 72.08 \$ 10,702		\$ 79.92 \$ 11,799	\$ 84.16 \$ 12,388	\$ 88.62	¢ 50.122
Total Expericiture			\$ 10,702	Φ 11,237	\$ 11,799	Φ 12,300	\$ 13,008	\$ 59,133
					Member months will increase wh	en the criteria is expanded t	to include victims of domes	stic violence, individuals
					with court ordered treatment and	-	ntion or parole. Also, memb	per months will decrease
Former Targeted Adults					due to the removal of continuous	•	4- d 4-	
					PMPM will increase due to addir	•		
Pop Type:	Expansion		Started 11/1/17		PMPM will decrease due to remo removing certain benefits from th		enetit, and for non-medica	ily trail individuals
Eligible Member Months		2.5%	78,000	78,000	121,696	163,378	167,462	
PMPM Cost		5.3%						
Total Expenditure			\$ 76,403,340	\$ 80,452,717	\$ 155,909,778	\$ 220,402,517	\$ 237,885,946	\$ 771,054,298
Dental - Targeted Adults								
Pop Type:	Expansion			Started 3/1/19				
Eligible Member Months		2.5%	<u>-</u>	12,000	18,450		.	
PMPM Cost Total Expenditure		5.3%	- \$ -	\$ 33.33 \$ 400,000		<mark>-</mark>	\$ 41.32 \$ -	\$ 1,087,556
Total Experience		1	Ψ -	φ 400,000	Ψ 001,330	ψ -	ψ -	ψ 1,007,000

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

		DEMO TREND	DEMONSTRATION Y	EARS (DY)					TOTAL WW
ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DY 16 (SFY 18)	DY 17 (SFY 19)		DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
System of Care									
Pop Type: Eligible Member Months	Hypothetical		<u> </u>		Antici	pated start date of 1/1/20 720	1,440	1,440	
PMPM Cost		5.3%	\$ -			2,100	2,211	2,328	
Total Expenditure			\$ -			1,512,000	3,184,272	3,353,038	\$ 8,049,310
Dental - Blind/Disabled		1							
Pop Type:	Hypothetical						Anticipated start date of 1/1	/21	
Eligible Member Months		0%	412,361	412,361		412,361	398,181	393,600	
PMPM Cost Total Expenditure		3.0%	\$ 18.42 \$ 7,595,690	\$ 19.40 \$ 7,998,261		20.42 8,422,169		\$ 34.10 \$ 13,420,241	\$ 47,585,981
Total Experiatore			Ψ 1,555,050	ψ 7,330,201	Ψ	0,422,103	Ψ 10,145,021	ψ 15,425,241	Ψ 47,303,301
Dental - Aged	Uynothotical				Antin	inated start data of 1/1/20	Australia ata di ata ut alata afi 1/1	/04	
Pop Type: Eligible Member Months	Hypothetical	0%			Antici	ipated start date of 1/1/20 54,000	Anticipated start date of 1/1 156,300	160,208	
PMPM Cost		3.0%	\$ -	\$ -	\$	30.75			
Total Expenditure			-	\$ -	\$	1,660,500	\$ 5,060,955	\$ 5,462,415	\$ 12,183,870
Former Foster Care		1							
Pop Type:	Hypothetical								
Eligible Member Months		0%	10	10		10	10	10	
PMPM Cost Total Expenditure		4.8%	\$ 990.87 \$ 9,909	\$ 1,038.43 \$ 10,384		1,088.28 10,883			\$ 54,534
Total Experiatore			φ 9,909	φ 10,364	Ψ	10,003	ψ 11,403	ψ 11,933 <u> </u>	φ 54,554
Substance Use Disorder (SUD)									
Pop Type: Eligible Member Months	Hypothetical	6.9%	39,456	42,175		40,554	43,348	46,335	
PMPM Cost		5.0%				3,662.46			
Total Expenditure			\$ 131,072,269			148,527,403			\$ 780,500,596
Withdrawal Management									
Pop Type:	Hypothetical			Started 5/1/19					
Eligible Member Months		0.0%		670		4,018	4,018	4,018	
PMPM Cost Total Expenditure		5.0%	- \$ -	\$ 700.00 \$ 468,738		735.00 2,953,046			\$ 9,778,216
Total Exponditare			Ψ	Ψ 400,700	Ψ	2,000,040	Ψ 0,100,000	Ψ 0,200,700	ψ 0,770,210
Medicaid for Justice-Involved Populations	Hypothetical						Assumas start data of 74/0	020	
Pop Type: Eligible Member Months	Hypothetical	1.75%	I -			-	Assumes start date of 71/20 38,400	39,072	
PMPM Cost		3.0%		\$ -	Ψ	-	\$ 520.00	\$ 535.60	
Total Expenditure				\$ -	\$	-	\$ 19,968,000		\$ 40,894,963
Expansion Parents <=100% FPL					Assu	mes start date of 1/1/20			
Pop Type:	Expansion								
Eligible Member Months		2.5%		<u>-</u>	¢.	169,914	348,324	357,032	
PMPM Cost Total Expenditure		5.3%	- \$ -	\$ - \$ -	Φ	640.57 108,841,789			\$ 597,381,956
. S Exposition o			<u> </u>	-	Ψ	100,041,703	Ψ 20π,001,021	Ψ 200,000,071	y 001,001,000

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

	DEMO TREND	DEMONSTRATION Y	EARS (DY)				TOTAL WW
ELIGIBILITY GROUP DY	15 RATE	DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
Expansion Adults w/out Dependent Children <=100% FPL				Assumes start date of 1/1/20			
Pop Type: Expansion				PMPM will decrease for non-med	-	ving certain benefits from	the traditional package.
Eligible Member Months PMPM Cost	2.5% 5.3%		\$ -	200,487 \$ 899.03	410,997 \$ 946.68	421,272 \$ 996.85	
Total Expenditure	0.070	-	\$ -	\$ 180,242,854	•		\$ 989,269,198
Expansion Parents 101-133% FPL Pop Type: Expansion				Assumes start date of 1/1/20 and premiums. Further reduction of 8 reduction of 1.4% to account for r	.3% to account for premium	n payment required prior to	
Eligible Member Months	5.25%			53,048	111,667	117,529	
PMPM Cost Total Expenditure	5.3%	\$ - \$ -	\$ - \$ -	\$ 625.86 \$ 33,200,871			\$ 188,353,362
Expansion Adults w/out Dependent Children 101-133% FPL				Assumes start date of 1/1/20 and premiums. Further reduction of 8 reduction of 1.4% to account for r	.3% to account for premium	n payment required prior to	
Pop Type: Expansion				PMPM will decrease for non-med	lically frail individuals remov	ving certain benefits from	the traditional package.
Eligible Member Months	5.25%		- -	167,879		371,939	
PMPM Cost Total Expenditure	5.3%	-	\$ - \$ -	\$ 882.60 \$ 148,169,813			\$ 840,588,862

Start date of 5/1/19 (2 months of SFY19)

Assumes start date of 1/1/2020 (SFY20)

Assumes start date of 7/1/20 (SFY21)

Anticipated start date of 1/1/21 (SFY21); increase in member months due to approx 7,600 clients moving over from Dental - Blind/Disabled; PMPM increase due to coverage of porcelains and crowns

Anticipated start date of 1/1/21 (SFY21); decrease in member months as 7,600 clients move out of Dental - Aged