

#### **Utah Department of Health**

Richard G. Saunders Interim Executive Director

#### **Division of Medicaid and Health Financing**

Nate Checketts

Director, Division of Medicaid and Health Financing

December 30, 2020

Seema Verma 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 Verma:

I am pleased to submit an amendment to the State of Utah's Special Terms and Conditions for the 1115 Primary Care Network (PCN) Demonstration Waiver. This amendment seeks approval to allow the State to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have one of the following conditions: Cystic fibrosis, spinal muscular atrophy, Morquio syndrome, myotonic dystrophy, or sickle cell anemia.

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 1115 PCN Waiver.

Respectfully,

Emma Chacon

**Operations Director** 

Emma Chacon

Medicaid and Health Financing





## Utah 1115 Primary Care Network Demonstration Waiver

# **Amendment Request**

In Vitro Fertilization and Genetic Testing for Qualified Conditions

Demonstration Project No. 11-W-00145/8

21-W-00054/8

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## State of Utah

## Section 1115 Demonstration Amendment

## In Vitro Fertilization and Genetic Testing for Qualified Conditions

## **Section I. Program Description and Objectives**

During the 2020 General Session of the Utah State Legislature, House Bill 214 "Insurance Coverage Modifications" was passed, and signed into law by Governor Herbert. This legislation requires the Utah Department of Health, Division of Medicaid and Health Financing (DMHF) to seek 1115 waiver approval from the Centers for Medicare and Medicaid Services (CMS) to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified conditions. These qualified conditions include:

- Cystic fibrosis
- Spinal muscular atrophy
- Morquio syndrome
- Myotonic dystrophy
- Sickle cell anemia

#### 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]". The State believes this demonstration is likely to promote the objectives of Medicaid by improving health outcomes for Medicaid populations and reducing Medicaid costs to ensure the sustainability of Medicaid.

Providing these services will make it possible for Medicaid eligible individuals who have, or who carry serious inherited disorders to decrease the risk of passing the disorder on to their child.

#### **Operation and Proposed Timeline**

The demonstration will operate statewide. The State intends to implement the proposed benefit as soon as possible after approval. 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 hypothesis 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
This demonstration will decrease Medicaid expenditures associated with the conditions identified in this demonstration	Total Medicaid expenditures associated with these conditions	Claims data	Independent evaluator will design quantitative and qualitative measures to include experimental or quasiexperimental comparisons

#### **Section II. Demonstration Eligibility**

Individuals eligible under this demonstration must be Medicaid eligible individuals who meet all of the following requirements:

- 1. Be age 18 through 35
- 2. Has been diagnosed by a physician as having a genetic trait associated with a qualified condition listed below:
  - a. Cystic fibrosis
  - b. Spinal muscular atrophy
  - c. Morquio Syndrome
  - d. Myotonic dystrophy, or
  - e. Sickle cell anemia; and,
- 3. Intends to get pregnant with a partner who has been diagnosed by a physician as having a genetic trait associated with the same qualified condition as the individual.

#### **Projected Enrollment**

The projected enrollment for the demonstration population is approximately 50 individuals per year.

## **Section III. Demonstration Benefits and Cost Sharing Requirements**

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

- 1. Preimplantation genetic diagnosis to test embryos for specific genetic disorders prior to transfer to the uterus; and
- 2. In vitro fertilization services.

Qualified Medicaid members may receive these services once per lifetime.

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

## **Section IV. Delivery System**

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

#### **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 the remaining demonstration year.

	DY20 (SFY 22)
Enrollment	50
Expenditures	\$860,000

## 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)(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 in vitro fertilization and genetic testing services for qualified Medicaid members.

#### 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 notice was posted to the State's Medicaid website at <a href="https://medicaid.utah.gov/1115-waiver">https://medicaid.utah.gov/1115-waiver</a>.

Two public hearings to take public comment on this request were held. The first public hearing was held on December 14, 2020 from 4:00 p.m. to 5:00 p.m. The second public hearing was held on December 17, 2020 from 2:00 p.m. to 4:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting. Due to

the COVID-19 public health emergency and state social distancing guidelines, both public hearings were held via video and teleconferencing. Two comments in support of this amendment were submitted during the public hearings. No issues or concerns were submitted.

#### **Public Comment**

The public comment period was held November 25, 2020 through December 25, 2020. No additional public comments were submitted during the public comment period.

#### **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 began the tribal consultation process by attending the Utah Indian Health Affairs Board (UIHAB) meeting on December 11, 2020 to present this demonstration amendment. Members of the board expressed support for this amendment. No issues or concerns were raised.

#### 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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# **ATTACHMENT 1**

# **Compliance with Budget Neutrality Requirements**



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

ELIGIBILITY	TREND	MONTHS	BASE YEAR	TREND	DEMO	ONSTRATION YEARS	S (DY)				TOTAL
GROUP	RATE 1	OF AGING	DY 15 (SFY 17)	RATE 2			Y 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	WOW
			·			i	<u> </u>		<u> </u>	<u> </u>	
Current Eligibles						Pare	ent Caretaker Relative	(PCR) population 45-60% FPL: t	ransferred to Expansion Pare	ents effective 4/1/19	
Pop Type:	Medicaid						•		·		
Eligible Member Months	0.0%	0	377,866	0.0%		377,866	364,366	320,957	319,534	318,076	
PMPM Cost	5.3%	0	\$ 949.03	5.3%	\$	999.33 \$	1,052.29 \$	1,108.07 \$	1,166.79 \$	5 1,228.63	
Total Expenditure	5.675	· ·	<b>V</b> 0.0.00	0.070	\$	377,612,830 \$	383,420,334 \$	355,641,571 \$			1,880,303,842
Demo Pop I - PCN Adults with Children						P	PCN ends 3/31/19				
Pop Type:	Hypothetical						•				
Eligible Member Months	5.9%	0	104,836	5.9%		111,042	88,212	-	-	-	
PMPM Cost	5.3%	0	\$ 46.18	5.3%	\$	48.63 \$	51.21 \$	53.92 \$	56.78 \$	59.79	
Total Expenditure	5.675	· ·	10110	0.070	\$	5,399,987 \$	4,517,106 \$	- \$	- \$	5 - \$	9,917,093
Demo Pop III/V - UPP Adults with Children											
Pop Type:	Hypothetical										
Eligible Member Months	34.9%	0	6,067	34.9%		8,182	11,034	14,881	20,068	27,064	
PMPM Cost	5.3%	0	\$ 150.08	5.3%	¢	158.03 \$	166.41 \$	175.23 \$	184.52 \$	194.30	
Total Expenditure	3.370	U	ψ 130.00	3.3 /0	\$  \$	1,293,029 \$	1,836,200 \$	2,607,542 \$			14,698,089
					Ψ	1,200,020 φ	1,000,200 φ	2,001,012 ψ	0,1.02,000 4	σ,200,110 φ	1 1,000,000
Demo Pop I - PCN Childless Adults						PCN	l ends 3/31/19				
Pop Type:	Medicaid						•				
Eligible Member Months		0		2.5%		73,812	58,293	-	-	-	
PMPM Cost Total Expenditure		0		5.3%	\$ \$	51.57 \$	54.30 \$	57.18 \$ - \$			0.074.070
Total Experiulture					Ф	3,806,153 \$	3,165,223 \$	- 5	- 1	-   Þ	6,971,376
Demo Pop III/V - UPP Childless Adults											
Pop Type:	Medicaid										
Eligible Member Months	159	0		2.5%		163	167	171	176	180	
PMPM Cost	68.45	0		5.3%	¢	72.08 \$	75.90 \$	79.92 \$	84.16 \$	88.62	
Total Expenditure	00.40	Ü		0.070	\$	10,702 \$	11,237 \$	11,799 \$	12,388 \$		59,133
							, i	,	,		,
								mber months will increase when th		lude victims of	
Targeted Adults						–		nestic violence and individuals wit			
Pop Type:	Expansion		<u> </u>			ed 11/1/17		MPM will increase due to adding th			payments
Eligible Member Months PMPM Cost		0	0	2.5% 5.3%		78,000 979.53 \$	78,000 \$ 1,031.45 \$	126,000 1,522.79 \$	172,200 1,603.50	176,505 1,688.48	
Total Expenditure		U	φ -	5.5 /6	\$ \$	76,403,340 \$	80,452,717 \$	191,871,540 \$	276,122,333	•	922,875,668
•	•				•			, ,			, ,
<u>Dental - Targeted Adults</u>											
Pop Type:	Expansion					Star		celain crowns anticipated start date of			
Eligible Member Months		0		2.5%		-	12,000	36,900	37,823	38,768	
PMPM Cost	5.3%	0		5.3%	\$	-	\$33.33	37.27 \$	39.24 \$	S 41.32	
Total Expenditure	5.670				\$	- \$	400,000 \$	1,375,111 \$			4,861,228
										·	
System of Care											
Pop Type:	Hypothetical		•	-			Ant	icipated start date of 1/1/20			
Eligible Member Months	ı	0				-		720	1,440	1,440	

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

ELIGIBILITY	TREND	MONTHS	BASE YEAR	TREND	DEMONSTRATION	VEADS (DV)			T	TOTAL
GROUP	RATE 1	OF AGING	DY 15 (SFY 17)	RATE 2	DY 16 (SFY 18)	DY 17 (SFY 19)	) DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	WOW
GROOP	RATET	OF AGING	D1 10 (01 1 17)	RAIE 2	D1 10 (01 1 10)	D1 17 (01 1 10)	)	D1 13 (01 1 21)	D1 20 (01 1 22)	VVOVV
PMPM Cost	5.3%	0		5.3%	\$ -		\$ 2,100.00	\$2,211.30	\$2,328.50	
Total Expenditure	3.3 70	U		3.370	\$ -		\$ 1,512,000			8,049,310
Total Experiation	I				Ψ -		Ψ 1,512,000	Ψ 5,104,272 ψ	σ,555,050   ψ	0,049,510
Dental - Blind/Disabled		Γ								
Pop Type:	Hypothetical							Anticipated start date of 1/1/21		
Eligible Member Months	2.5%	0			412,36	61 412,36	61 412,361	398,181	393,600	
	2.6 /				2,00	1.2,00		333, 131	353,535	
PMPM Cost	5.3%	0			\$ 18.4	19.4	40 \$ 20.42	\$ 25.49	34.10	
Total Expenditure					\$ 7,595,69	00 \$ 7,998,26				47,585,981
							21.50674765			
Dental - Aged							21.0007 1700			
Pop Type:	Hypothetical						Anticipated start date of 1/1/20	Anticipated start date of 1/1/21		
Eligible Member Months	2.5%	0	108,000				54,000		160,208	
			,						, j	
PMPM Cost	5.3%	0					\$ 30.75			
Total Expenditure					\$ -	\$ -	\$ 1,660,500	\$ 5,060,955	5,462,415 \$	12,183,870
Internal of		<u> </u>								
IVF Treatment										
Pop Type:	Hypothetical							Anticipated start date of 1/1/21		
Eligible Member Months	13.5%	0	126					63	143	
PMPM Cost	5.0%	0						\$ 18,671.00 \$	19,606.55	
Total Expenditure	3.0 %	U			<b>¢</b>	\$ -	\$ -	\$ 1,176,273	· · · · · · · · · · · · · · · · · · ·	3,980,010
Total Experiation	<b>_</b>				Ψ -	Ψ -	<u> </u>	Ψ 1,170,270 ψ	Σ,000,101 ψ	3,300,010
Former Foster										
Pop Type:	Hypothetical									
Eligible Member Months	0.0%	24			1	0 1	10 10	10	10	
PMPM Cost	4.8%	24			\$ 990.8					
Total Expenditure					\$ 9,90		34 \$ 10,883			54,534
		-								
Substance Use Disorder (SUD)										
Pop Type:	Hypothetical									
Eligible Member Months	6.9%	18	36,913	6.9%	39,456.3	31 42,17	75 40,554	43,348	46,335	
PMPM Cost	5.0%	18	•	5.0%						
Total Expenditure					\$ 131,072,26	9 \$ 147,108,39	90 \$ 148,527,403	\$ 166,698,858 \$	187,093,676 \$	780,500,596
Withdrawal Management										
Pop Type:	Hypothetical			-		Started 5/1/1				
Eligible Member Months	0.0%	0	4,018	0.0%			4,018		4,018	
PMPM Cost	5.0%	0		5.0%	\$ -	\$ 700.0				
Total Expenditure					\$ -	\$ 468,73	38 \$ 2,953,046	\$ 3,100,699	3,255,733 \$	9,778,216
		<u> </u>								
Medicaid for Justice-Involved Populations										
Pop Type:	Hypothetical							Assumes start date of 7/1/20		
Eligible Member Months	1.75%		3,200	1.75%	_			38,400	39,072	
PMPM Cost	3.0%		3,200	3.0%	_		\$ -	\$ 520.00		
Total Expenditure	0.070			3.070	_		- \$	\$ 19,968,000 \$		40,894,963
	L			1			*	Ţ 10,000,000 Ų	20,020,000 ψ	10,001,000
Mental Health Institutions for Mental Disease (IMD)										
Pop Type:	Hypothetical							Assumes start date of 1/1/21		
		_								

## 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 (SFY 19)	DY	18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	WOW
Eligible Member Months	2.5%		16,835	2.5%	-				8,418	17,256	
PMPM Cost	5.3%			5.3%	-		\$	- \$	13,527 \$	14,244	
Total Expenditure					-		\$	- \$	113,866,796 \$	245,798,558	\$ 359,665,354
F		Τ									
Expansion Parents <=100% FPL Pop Type:	Expansion						Assumes st	art date of 1/1/20			
Eligible Member Months	2.5%		339,828	2.5%	-			169,914	348,324	357,032	
PMPM Cost	5.3%		,	5.3%	\$ -		\$	671.61 \$	707.21 \$		
Total Expenditure					\$ -		\$	114,115,918 \$	246,336,326 \$		\$ 626,329,200
Expansion Adults w/out Dependent Children <=100% FPL											
Pop Type:	Expansion						Assumes st	art date of 1/1/20			
Eligible Member Months	2.5%		400,973	2.5%	-			200,487	410,997	421,272	
PMPM Cost	5.3%			5.3%	-		\$	937.16 \$	986.83 \$	-	
Total Expenditure					-		\$	187,887,968 \$	405,584,361 \$	437,757,341	\$ 1,031,229,669
Expansion Parents 101-133% FPL									10,292	10,832	
Pop Type:	Expansion						Assumes st	art date of 1/1/20 and a 3.4	4% reduction in member mo	·	payment of premiums
Eligible Member Months	5.25%		121,473	5.25%	_			58,671	123,503	129,987	<u> </u>
PMPM Cost	5.3%		,	5.3%	\$ -		\$	656.90 \$	691.72 \$		
Total Expenditure					\$ -		\$	38,541,205 \$	85,429,087 \$	94,679,562	\$ 218,649,854
Expansion Adults w/out Dependent Children 101-133% FPL									32,570	34,280	
Pop Type:	Expansion						Assumes st	art date of 1/1/20 and a 3.4	4% reduction in member mo		payment of premiums
Eligible Member Months	5.25%		384,418	5.25%				185,674	390,844	411,363	
PMPM Cost	5.3%			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 5/1/19	(2 months of SFY19)								\$ 6,584,798,337
		Assumes start date	of 1/1/2020 (SFY20)								
		Assumes start date	of 7/1/20 (SFY21)								
		_		orogoo in maanahaa	months due to come	47.600 olianta i	a over fr 5	Oontol Divid/Dissels 5	DMDM increase due to the	uorogo of managlaina and	orowno
		Anticipated start da	te or 1/1/21 (SFY21); Inc	rease in member	months due to appro	k 7,000 ciients moving	g over from L	ventai - Biind/Disabled; F	PMPM increase due to co	verage of porcelains and	CIOWNS
		Anticipated start da	te of 1/1/21 (SFY21); de	crease in membe	r months as 7,600 clie	ents move out of Dent	tal - Aged				

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

Eligible Member Months PMPM Cost Total Expenditure    Demo Pop III/V - UPP Adults with Children	377,86 949.0 hthetical 104,83 46.1 othetical 6,06 150.0	3       5.3%         6       5.9%         8       5.3%         7       34.9%	\$ 999.3 \$ 377,612,83 111,04 \$ 48.6 \$ 5,399,98	6 36-36-3 \$ 1,09-0 \$ 383,420 PCN ends 3 \$ 2 8 3 \$ 4,51	ker Relative 4,366 52.29 \$ 0,334 \$	DY 18 (SFY 20)  2 (PCR) population 45-60% FPL  320,957 1,108.07 \$ 355,641,571 \$  53.92 \$ \$ 14,881 \$ 175.23 \$ 2,607,542 \$	319,534 1,166.79 372,830,227 56.78 5 20,068 184.52	\$ 1,228.63 \$ 390,798,881 \$ 59.79 \$ - \$ 27,064 \$ 194.30	\$ 1,880,303, \$ 9,917,
Pop Type: Medi  Eligible Member Months  PMPM Cost Total Expenditure  Demo Pop I - PCN Adults w/Children Pop Type: Hypc  Eligible Member Months  PMPM Cost Total Expenditure  Demo Pop III/V - UPP Adults with Children Pop Type: Hyp  Eligible Member Months  PMPM Cost Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type: Medi  Eligible Member Months  PMPM Cost Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type: Medi  Eligible Member Months PMPM Cost Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi  Eligible Member Months PMPM Cost Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi  Eligible Member Months PMPM Cost Total Expenditure  Targeted Adults Pop Type: Exp.  Eligible Member Months	377,86 949.0 hthetical 104,83 46.1 othetical 6,06 150.0	3       5.3%         6       5.9%         8       5.3%         7       34.9%	\$ 999.3 \$ 377,612,83 111,04 \$ 48.6 \$ 5,399,98 \$ 158.0	6 36-36-3 \$ 1,09 \$ 383,420 PCN ends 3 \$ 2 8 3 \$ 4,51 \$ 2 \$ 1 3 \$ 1.83 \$	4,366 52.29 \$ 0,334 \$ /31/19 8,212 51.21 \$ 7,106 \$	320,957 1,108.07 355,641,571 53.92 - 3 14,881 175.23	319,534 1,166.79 372,830,227 56.78 5 20,068 184.52	\$ 1,228.63 \$ 390,798,881 \$ 59.79 \$ -	\$ 1,880,303, \$ 9,917,
Pop Type: Medi  Eligible Member Months  PMPM Cost Total Expenditure   Demo Pop I - PCN Adults w/Children Pop Type: Hypc  Eligible Member Months  PMPM Cost Total Expenditure  Demo Pop III/V - UPP Adults with Children Pop Type: Hyp  Eligible Member Months  PMPM Cost Total Expenditure  Demo Pop III/V - UPP Adults with Children Pop Type: Hyp  Eligible Member Months  PMPM Cost Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type: Medi  Eligible Member Months  PMPM Cost Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi  Eligible Member Months PMPM Cost Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi  Eligible Member Months PMPM Cost Total Expenditure  Exp.  Exp.	377,86 949.0 hthetical 104,83 46.1 othetical 6,06 150.0	3       5.3%         6       5.9%         8       5.3%         7       34.9%	\$ 999.3 \$ 377,612,83 111,04 \$ 48.6 \$ 5,399,98 \$ 158.0	6 36-36-3 \$ 1,09 \$ 383,420 PCN ends 3 \$ 2 8 3 \$ 4,51 \$ 2 \$ 1 3 \$ 1.83 \$	4,366 52.29 \$ 0,334 \$ /31/19 8,212 51.21 \$ 7,106 \$	320,957 1,108.07 355,641,571 53.92 - 3 14,881 175.23	319,534 1,166.79 372,830,227 56.78 5 20,068 184.52	\$ 1,228.63 \$ 390,798,881 \$ 59.79 \$ -	\$ 1,880,303, \$ 9,917,
Eligible Member Months PMPM Cost Total Expenditure  Demo Pop I - PCN Adults w/Children Pop Type: Hypc Eligible Member Months PMPM Cost Total Expenditure  Demo Pop III/V - UPP Adults with Children Pop Type: Hyp Eligible Member Months PMPM Cost Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost Total Expenditure  Targeted Adults Pop Type: Expenditure  Expenditure Expenditure	377,86 949.0 hthetical 104,83 46.1 othetical 6,06 150.0	3       5.3%         6       5.9%         8       5.3%         7       34.9%	\$ 999.3 \$ 377,612,83 111,04 \$ 48.6 \$ 5,399,98 \$ 158.0	3 \$ 1,09 0 \$ 383,429 PCN ends 3 2 883 3 \$ 4,511 2 \$ 1 3 \$ 10 9 \$ 1,830	52.29 \$ 0,334 \$ /31/19  8,212 51.21 \$ 7,106 \$	1,108.07 \$ 355,641,571 \$  - 53.92 \$ - \$ 14,881 \$ 175.23 \$	5 1,166.79 372,830,227 5 56.78 5 20,068 5 184.52	\$ 1,228.63 \$ 390,798,881 - \$ 59.79 \$ - \$ 27,064 \$ 194.30	\$ 9,917,
PMPM Cost Total Expenditure    Demo Pop I - PCN Adults w/Children	949.0  thetical  104,83 46.1  othetical  6,06 150.0  caid	3       5.3%         6       5.9%         8       5.3%         7       34.9%	\$ 999.3 \$ 377,612,83 111,04 \$ 48.6 \$ 5,399,98 \$ 158.0	3 \$ 1,09 0 \$ 383,429 PCN ends 3 2 883 3 \$ 4,511 2 \$ 1 3 \$ 10 9 \$ 1,830	52.29 \$ 0,334 \$ /31/19  8,212 51.21 \$ 7,106 \$	1,108.07 \$ 355,641,571 \$  - 53.92 \$ - \$ 14,881 \$ 175.23 \$	5 1,166.79 372,830,227 5 56.78 5 20,068 5 184.52	\$ 1,228.63 \$ 390,798,881 - \$ 59.79 \$ - \$ 27,064 \$ 194.30	\$ 9,917,
Total Expenditure  Demo Pop I - PCN Adults w/Children Pop Type: Hypo  Eligible Member Months  PMPM Cost \$ Total Expenditure  Demo Pop III/V - UPP Adults with Children Pop Type: Hyp  Eligible Member Months  PMPM Cost \$ Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type: Medi  Eligible Member Months  PMPM Cost \$ Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi  Eligible Member Months PMPM Cost \$ Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi  Eligible Member Months PMPM Cost \$ Total Expenditure  Targeted Adults Pop Type: Expenditure  Eligible Member Months  Figure 1	othetical 104,83 46.1  othetical 6,06 150.0	6 5.9% 8 5.3% 7 34.9%	\$ 377,612,83 111,04 \$ 48.6 \$ 5,399,98 \$ 158.0	PCN ends 3 2 8 8 9 9 1,83	0,334 \$ /31/19 8,212 51.21 \$ 7,106 \$	355,641,571 \$  -  53.92 \$  - \$  14,881 \$  175.23 \$	56.78 56.78 56.78 51.84.52	\$ 390,798,881 - \$ 59.79 \$ - \$ 27,064 \$ 194.30	\$ 9,917,
Demo Pop I - PCN Adults w/Children Pop Type: Hypo Eligible Member Months PMPM Cost \$ Total Expenditure  Demo Pop III/V - UPP Adults with Children Pop Type: Hyp Eligible Member Months PMPM Cost \$ Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Targeted Adults Pop Type: Expenditure	104,83 46.1 othetical 6,06 150.0	7 34.9%	\$ 48.6 \$ 5,399,98 \$ 8,18 \$ 158.0	PCN ends 3 2 8 3 \$ 7 \$ 4,51 2 \$ 1 3 \$ 10 9 \$ 1,83	/31/19 8,212 51.21 \$ 7,106 \$ 1,034 \$ 66.41 \$	- 53.92 \$ - \$ 14,881 \$ 175.23 \$	56.78 56.78 5 20,068 5 184.52	\$ 59.79 \$ - \$ 27,064 \$ 194.30	\$ 9,917,
Eligible Member Months PMPM Cost \$ Total Expenditure  Pop Type: Hyp Eligible Member Months PMPM Cost \$ Total Expenditure  Pop Type: Hyp Eligible Member Months PMPM Cost \$ Total Expenditure  Pomo Pop I - PCN Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Pomo Pop I - PCN Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Pomo Pop III/V - UPP Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Targeted Adults Pop Type: Expenditure  Expenditu	104,83 46.1 othetical 6,06 150.0	7 34.9%	\$ 48.6 \$ 5,399,98 \$ 8,18 \$ 158.0	2 88 3 \$ 4,51 2 \$ 1 3 \$ 10 9 \$ 1,83	8,212 51.21 \$ 7,106 \$ 1,034 \$ 66.41 \$	53.92 \$\frac{3}{2}\$ - \$\frac{3}{2}\$ 14,881 \$\frac{3}{2}\$ 175.23 \$\frac{3}{2}\$	56.78 5 - 20,068 5 184.52	\$ 59.79 \$ - \$ 27,064 \$ 194.30	
Eligible Member Months PMPM Cost \$ Total Expenditure  Pop Type: Hyp Eligible Member Months PMPM Cost \$ Total Expenditure  Pop Type: Hyp Eligible Member Months PMPM Cost \$ Total Expenditure  Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Fop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Fargeted Adults Pop Type: Expenditure	104,83 46.1 othetical 6,06 150.0	7 34.9%	\$ 48.6 \$ 5,399,98 \$ 8,18 \$ 158.0	2 8 3 \$ 4,51 2 \$ 1 3 \$ 1 9 \$ 1,83	8,212 51.21 \$ 7,106 \$ 1,034 \$ 66.41 \$	53.92 \$\frac{3}{2}\$ - \$\frac{3}{2}\$ 14,881 \$\frac{3}{2}\$ 175.23 \$\frac{3}{2}\$	56.78 5 - 20,068 5 184.52	\$ 59.79 \$ - \$ 27,064 \$ 194.30	
PMPM Cost Total Expenditure  Demo Pop III/V - UPP Adults with Children Pop Type: Hyp  Eligible Member Months PMPM Cost \$ Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type: Medi  Eligible Member Months PMPM Cost \$ Total Expenditure  Semo Pop III/V - UPP Childless Adults Pop Type: Medi  Eligible Member Months PMPM Cost \$ Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi  Eligible Member Months PMPM Cost \$ Total Expenditure  Targeted Adults Pop Type: Expenditure	6,06 150.0	7 34.9%	\$ 48.6 \$ 5,399,98 \$ 8,18 \$ 158.0	3 \$ 4,51 2 \$ 1 3 \$ 10 9 \$ 1,83	51.21 \$ 7,106 \$ 1,034 \$ 66.41 \$	53.92 \$\frac{3}{2}\$ - \$\frac{3}{2}\$ 14,881 \$\frac{3}{2}\$ 175.23 \$\frac{3}{2}\$	56.78 5 - 20,068 5 184.52	\$ 59.79 \$ - \$ 27,064 \$ 194.30	
Total Expenditure  Demo Pop III/V - UPP Adults with Children Pop Type: Hyp  Eligible Member Months  PMPM Cost \$ Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type: Medi  Eligible Member Months  PMPM Cost \$ Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi  Eligible Member Months  PMPM Cost \$ Total Expenditure  Targeted Adults Pop Type: Expenditure  Targeted Adults Pop Type: Expenditure	othetical 6,06 150.0	7 34.9%	\$ 5,399,98 \$ 8,18 \$ 158.0	2 \$ 1 3 \$ 1 9 \$ 1,83	7,106 \$ 1,034 \$ 66.41 \$	14,881 \$ 175.23 \$	20,068 184.52	\$ 27,064 \$ 194.30	
Demo Pop III/V - UPP Adults with Children Pop Type:  Eligible Member Months PMPM Cost Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type:  Eligible Member Months PMPM Cost Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type:  Medi Eligible Member Months PMPM Cost Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type:  Medi Eligible Member Months PMPM Cost Total Expenditure  Targeted Adults Pop Type: Expe	6,06 150.0 caid		\$ 8,18 \$ 158.0	2 \$ 1 3 \$ 1 9 \$ 1,83	1,034 \$ 66.41 \$	14,881 \$ 175.23 \$	20,068 184.52	\$ 27,064 \$ 194.30	
Pop Type:  Eligible Member Months  PMPM Cost Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type:  Medi Eligible Member Months PMPM Cost Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type:  Medi Eligible Member Months PMPM Cost Total Expenditure  Medi Eligible Member Months PMPM Cost Total Expenditure  Targeted Adults Pop Type:  Expenditure  Expenditure	6,06 150.0 caid		\$ 158.0	3 \$ 10 9 \$ 1,830	66.41 \$	175.23	184.52	\$ 194.30	¢ 14.600
Pop Type:  Eligible Member Months  PMPM Cost Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type:  Medi  Eligible Member Months PMPM Cost Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type:  Medi  Eligible Member Months PMPM Cost Total Expenditure  Medi  Eligible Member Months PMPM Cost Total Expenditure  Targeted Adults Pop Type:  Expi	6,06 150.0 caid		\$ 158.0	3 \$ 10 9 \$ 1,830	66.41 \$	175.23	184.52	\$ 194.30	¢ 14.600
Eligible Member Months PMPM Cost Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost Total Expenditure  Medi Eligible Member Months PMPM Cost Total Expenditure  Targeted Adults Pop Type: Eligible Member Months	6,06 150.0 caid		\$ 158.0	3 \$ 10 9 \$ 1,830	66.41 \$	175.23	184.52	\$ 194.30	¢ 14.600
PMPM Cost Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost Total Expenditure  September Months PMPM Cost Total Expenditure  Targeted Adults Pop Type: Expenditure  Eligible Member Months	150.0		\$ 158.0	3 \$ 10 9 \$ 1,830	66.41 \$	175.23	184.52	\$ 194.30	¢ 44.600
Total Expenditure  Demo Pop I - PCN Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Targeted Adults Pop Type: Expenditure	caid	0 3.370		9 \$ 1,830					¢ 14.600
Demo Pop I - PCN Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Targeted Adults Pop Type: Expenditure			Ψ 1,290,02	•	υ, <b>2</b> 00 ψ	2.007.072	5,702,300	Ψ 3,230,410	. IZ NUS
Pop Type: Medi  Eligible Member Months  PMPM Cost \$ Total Expenditure   Demo Pop III/V - UPP Childless Adults  Pop Type: Medi  Eligible Member Months  PMPM Cost \$ Total Expenditure   Targeted Adults  Pop Type: Expenditure				PCN ends 3/3		_,,,,,,,,		, , , , , ,	14,030,
Eligible Member Months PMPM Cost \$ Total Expenditure   Demo Pop III/V - UPP Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Targeted Adults Pop Type: Expenditure				. 6.1 6.146 6.6	1/19				
PMPM Cost Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Targeted Adults Pop Type: Expanditure				-					
Total Expenditure  Demo Pop III/V - UPP Childless Adults Pop Type: Medi  Eligible Member Months PMPM Cost \$ Total Expenditure  Targeted Adults Pop Type: Expa  Eligible Member Months	70,09		73,81		8,293	-	-	-	
Demo Pop III/V - UPP Childless Adults Pop Type: Medi Eligible Member Months PMPM Cost \$ Total Expenditure  Targeted Adults Pop Type: Expa Eligible Member Months	48.9	7 5.3%			54.30 \$	57.18		\$ 63.40	
Pop Type: Medi  Eligible Member Months  PMPM Cost \$  Total Expenditure  Targeted Adults  Pop Type: Expansion of the content of			\$ 3,806,15	3 \$ 3,16	5,223 \$	- 9	-	\$ -	\$ 6,971,
Eligible Member Months  PMPM Cost \$ Total Expenditure  Targeted Adults  Pop Type: Expa									
PMPM Cost Total Expenditure  Targeted Adults Pop Type: Eligible Member Months	caid								
Total Expenditure  Targeted Adults Pop Type: Expa	15	9 4.9%	16	7	175	184	193	202	
Targeted Adults Pop Type: Expa	68.4	5.3%	\$ 72.0	8 \$	75.90 \$	79.92	84.16	\$ 88.62	
Pop Type: Expa			\$ 10,70	2 \$ 1	1,237 \$	11,799	12,388	\$ 13,008	\$ 59,
Pop Type: Expa					Mer	mber months will increase whe	n the criteria is expanded	to include victims of	
Eligible Member Months					dom	nestic violence and individuals w	vith court ordered treatme	ent.	
	ansion		Started 11/1/17		PMI	PM will increase due to adding	the housing support bene	efit and new managed care	e directed payments
		2.5%	78,00	0 78	8,000	126,000	172,200	176,505	
p 1911 191 000t		5.3%	T		31.45 \$	1,522.79			
Total Expenditure			\$ 76,403,34	0 \$ 80,45	2,717 \$	191,871,540	276,122,333	\$ 298,025,737	\$ 922,875,
Dental - Targeted Adults									
	nsion			Started 3/1/19	Porc	celain crowns anticipated start o	date of 1/1/20 increases F	PMPM	
Eligible Member Months		2.5%	_		2,000	36,900	37,823		
PMPM Cost		5.3%			33.33 \$	37.27			
Total Expenditure					0,000 \$	1,375,111		·	\$ 4,861,
System of Care									
System of Care Pop Type: Hypo					Antio	cipated start date of 1/1/20			
Eligible Member Months	thetical		Π		Antic	720	1,440	1,440	
PMPM Cost	thetical		-			2,100	1,440 2,211	1,440 2,328	

## 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 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
Total Expenditure			\$ -	, ,	1,512,000	3,184,272	3,353,038 \$	8,049,310
Dental - Blind/Disabled								
Pop Type:	Hypothetical				4	Anticipated start date of 1/1	1/21	
Eligible Member Months	ypeeueu.	0%	412,361	412,361	412,361	398,181	393,600	
PMPM Cost		3.0%			The state of the s			
Total Expenditure			\$ 7,595,690					47,585,98
Dental - Aged								
Pop Type:	Hypothetical			Aı	nticipated start date of 1/1/20	Anticipated start date of 1/1	1/21	
Eligible Member Months		2.5%	-	-	54,000	156,300	160,208	
PMPM Cost		3.0%	\$ -	\$ - \$	30.75			
Total Expenditure			\$ -	\$ - \$	1,660,500	\$ 5,060,955	\$ 5,462,415 \$	12,183,870
IVF Treatment								
Pop Type:	Hypothetical				A	Anticipated start date of 1/2	1/21	
Eligible Member Months		13.5%	-	-	-	25	50	
PMPM Cost		5.0%	\$ -	\$ - \$	- :	\$ 18,671.00		
Total Expenditure			-	\$ - \$	- !	\$ 466,775	\$ 980,328 \$	1,447,10
Former Foster Care								
Pop Type:	Hypothetical							
Eligible Member Months		0%	10	10	10	10	10	
PMPM Cost		4.8%	\$ 990.87	\$ 1,038.43 \$	1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure			\$ 9,909	\$ 10,384 \$	10,883	\$ 11,405	\$ 11,953 \$	54,53
Substance Use Disorder (SUD)								
Pop Type:	Hypothetical							
Eligible Member Months		6.9%	39,456	42,175	40,554	43,348	46,335	
PMPM Cost		5.0%						
Total Expenditure			\$ 131,072,269	\$ 147,108,390 \$	148,527,403	\$ 166,698,858	\$ 187,093,676 \$	780,500,59
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%	-	\$ 700.00 \$				
Total Expenditure			\$ -	\$ 468,738 \$	2,953,046	\$ 3,100,699	\$ 3,255,733 \$	9,778,21
Medicaid for Justice-Involved Populations								
Pop Type:	Hypothetical				A	Assumes start date of 7/1/2		
Eligible Member Months		1.75%	-	-	-	38,400	39,072	
PMPM Cost		3.0%	-	\$ - \$	-	\$ 520.00		40.004.00
Total Expenditure				\$ - \$	- 1	\$ 19,968,000	\$ 20,926,963 \$	40,894,963
Mental Health Institutions for Mental Disease (IMD)								
Pop Type:	Hypothetical				A	Assumes start date of 7/1/2		
Eligible Member Months		2.50%	-	-		8,418		
PMPM Cost		5.3%	-	_	- :	\$ 13,526.99		
Total Expenditure				\$ - \$	<del>-</del>	\$ 113,866,796	\$ 245,798,558 \$	359,665,354

## 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 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)		
Expansion Parents <=100% FPL Pop Type:	Expansion			As	ssumes start date of 1/1/20				
Eligible Member Months		2.5%	-	-	169,914	348,324	357,032		
PMPM Cost		5.3%	\$ -	•	671.61			Φ	200
Total Expenditure			\$ -	\$ - \$	114,115,918	\$ 246,336,326	\$ 265,876,956	\$ 626,329,2	200
Expansion Adults w/out Dependent Children <=100% FPL		T							$\neg$
Pop Type:	Expansion			As	sumes start date of 1/1/20				
Eligible Member Months		2.5%	-	-	200,487	410,997	421,272		
PMPM Cost		5.3%	-	\$ - \$	937.16		•	4 004 000	200
Total Expenditure			-	\$ - \$	187,887,968	\$ 405,584,361	\$ 437,757,341	\$ 1,031,229,6	69
Expansion Parents 101-133% FPL									$\neg$
Pop Type:	Expansion			As	sumes start date of 1/1/20 and a	a 3.4% reduction in membe	er months as an estimate	for nonpayment of premiums	
Eligible Member Months		5.25%	_	-	58,671	123,503	129,987		
PMPM Cost			\$ -	\$ - \$	656.90				
Total Expenditure			\$ -	\$ - \$	38,541,205	\$ 85,429,087	\$ 94,679,562	\$ 218,649,8	354
Expansion Adults w/out Dependent Children 101-133% FPL		T							$\neg$
Pop Type:	Expansion			As	sumes start date of 1/1/20 and a	a 3.4% reduction in membe	er 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				
Total Expenditure			-	\$ - \$	170,955,560	\$ 378,934,111	\$ 419,966,044	\$ 969,855,7	′15
		Start date of 5/1/19	9 (2 months of SFY19)					\$ 6,584,798,3	337
		- -							
		Assumes start date	e of 1/1/2020 (SFY20)						
		Assumes start date	e of 7/1/20 (SFY21)						
		Anticipated start da porcelains and cro		increase in member mo	onths due to approx 7,600 clie	nts moving over from De	ntal - Blind/Disabled; P	MPM increase due to coverage	of
		Anticipated start da	ate of 1/1/21 (SFY21);	decrease in member m	onths as 7,600 clients move o	out of Dental - Aged			

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

				DEMONSTRAT	ION YE	ARS (DY)					TOTAL WW
			DEMO TREND			, ,					
ELIGIBILITY GROUP	DY 1	5	RATE	DY 16 (SFY	18)	DY 17 (SFY 19)		DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
Current Eligibles					E	Parent Caretaker Pr	elative	(PCR) population 45-60% FPL	transferred to Evnansia	on Parents effective 1/1/10	
Pop Type:	Medicaid					areni Carelaker Ri	eialive	(PCR) population 45-60% PPL	. transierieu to Expansio	on Parents enective 4/1/19	
Eligible Member Months	Micaidaia	377,866	0%	37	7,866	364,366	<u> </u>	320,957	319,534	318,076	
PMPM Cost	\$	949.03	5.3%		99.33	•		1,108.07	·		
Total Expenditure	•	0.0.00	0.070	\$ 377,61		\$ 383,420,334		355,641,571	•		\$ 1,880,303,842
Demo Pop I - PCN Adults w/Children						PCN ends 3/31/19	9				
Pop Type:	Hypothetical					•					
Eligible Member Months		104,836	5.9%		1,042	88,212		-	-	-	
PMPM Cost	\$	46.18	5.3%		48.63			53.92			
Total Expenditure				\$ 5,39	9,987	\$ 4,517,106	\$	- (	-	- \$	\$ 9,917,093
Demo Pop III/V - UPP Adults with Children											
Pop Type:	Hypothetical										
Eligible Member Months	, potilotioui	6,067	34.9%	\$	8,182	\$ 11,034	. \$	14,881	20,068	\$ \$ 27,064	
PMPM Cost	\$	150.08	5.3%		58.03			175.23	•		
Total Expenditure	•			·	3,029	·		2,607,542			\$ 14,698,089
Demo Pop I - PCN Childless Adults					F	PCN ends 3/31/19					
Pop Type:	Medicaid					•					
Eligible Member Months		70,097	4.9%		3,812	58,293		-	<b>-</b>	-	
PMPM Cost	\$	48.97	5.3%		51.57			57.18		·	
Total Expenditure				\$ 3,80	6,153	\$ 3,165,223	\$	- (	-	- \$	\$ 6,971,376
Demo Pop III/V - UPP Childless Adults											
Pop Type:	Medicaid										
Eligible Member Months	Medicald	159	4.9%		167	175		184	193	202	
PMPM Cost	\$	68.45	5.3%	¢	72.08			79.92			
Total Expenditure	Ψ	00.40	3.570	·	0,702	•		11,799			\$ 59,133
·					<del></del>	+ 11,=01	<u> </u>	,	,	, , , , , , ,	<del>,</del>
							Mem	nber months will increase when	the criteria is expanded i	to include victims of domesti	c violence, individuals
								court ordered treatment and ce	•		
Former Targeted Adults								to the removal of continuous eli	• •		
							PMF	PM will increase due to adding r	new managed care direct	ted payments.	
								PM will decrease due to removii		enefit, and for non-medically	rfrail individuals
Pop Type:	Expansion			Started 11/1/17				oving certain benefits from the t			
Eligible Member Months			2.5%		8,000	78,000		121,696	163,378		
PMPM Cost			5.3%		79.53		-	1,281.14			
Total Expenditure				\$ 76,40	3,340	\$ 80,452,717	\$	155,909,778	220,402,517	\$ 237,885,946	\$ 771,054,298
Dental - Targeted Adults											
Pop Type:	Expansion				Ç	Started 3/1/19					
Eligible Member Months			2.5%			12,000	)	18,450		1	
PMPM Cost			5.3%	\$	:	\$ 33.33		37.27	39.24	\$ 41.32	
Total Expenditure			3.570	\$	_ :	\$ 400,000		687,556		Φ.	\$ 1,087,556
<u>'</u>				T		,,	*	337,300	,	т	, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
System of Care											
Pop Type:	Hypothetical						Antici	ipated start date of 1/1/20			
Eligible Member Months	<del></del>				-			720	1,440	1,440	
PMPM Cost			5.3%	\$	-			2,100	2,211		
Total Expenditure				\$	-			1,512,000	3,184,272	-	\$ 8,049,310
<u>Dental - Blind/Disabled</u>		1									

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

			DEMONSTRATION	N YEAR	RS (DY)					TOTAL WW
ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DY 16 (SFY 18	ט (י	Y 17 (SFY 19)	DY 18 (SFY 20)	r	DY 19 (SFY 21)	DY 20 (SFY 22)	
Pop Type:	Hypothetical	RAIL	טוום (אום	<u>, D</u>	1 17 (31 19)	D1 10 (3F1 20)		ipated start date of 1/1/2	` ′	
Eligible Member Months	пуропівная	0%	412.	361	412,361	412,361	Antici	398,181	393,600	
PMPM Cost		3.0%		3.42 \$	19.40 \$	20.42	\$	25.49 \$	·	
Total Expenditure		3.070		690 \$	7,998,261 \$	8,422,169	-	10,149,621 \$		\$ 47,585,98
Total Experiation			Ψ 7,393,	υθυ ψ	7,990,201 φ	0,422,103	Ψ	10,149,021 φ	15,420,241	47,303,90
Dental - Aged										
Рор Туре:	Hypothetical				An	ticipated start date of 1/1/20		ipated start date of 1/1/2		
Eligible Member Months		0%		-	-	54,000		156,300	160,208	
PMPM Cost		3.0%	\$	- \$	- \$	30.75		32.38 \$		
Total Expenditure			\$	- \$	- \$	1,660,500	\$	5,060,955 \$	5,462,415	12,183,87
IVF Treatment										
Pop Type:	Hypothetical						Antici	ipated start date of 1/1/2	1	
Eligible Member Months				-	-	-		25	50	
PMPM Cost			\$	- \$	- \$	-	\$	18,671.00 \$	19,606.55	
Total Expenditure			\$	- \$	- \$	-	\$	466,775 \$	-	1,447,103
Former Feeter Core										
<u>Former Foster Care</u> Pop Type:	Hypothetical									
	пуропівная	0%	<u> </u>	10	10	10		10	40 [	
Eligible Member Months PMPM Cost			000	10					1 105 26	
Total Expenditure		4.8%	· ·	).87 \$ 909 \$	1,038.43 \$ 10,384 \$	1,088.28 10,883		1,140.51 \$ 11,405 \$	,	5.4.52
Total Experiulture			Φ 9,	909 ф	10,364 φ	10,003	Ψ	11,405 φ	11,955	54,534
Substance Use Disorder (SUD)										
Рор Туре:	Hypothetical									
Eligible Member Months		6.9%	39,	456	42,175	40,554	•	43,348	46,335	
PMPM Cost		5.0%		.96 \$	3,488.06 \$	3,662.46		3,845.58 \$	-	
Total Expenditure			\$ 131,072,	269 \$	147,108,390 \$	148,527,403	\$	166,698,858 \$	187,093,676	780,500,596
Withdrawal Management										
Pop Type:	Hypothetical				Started 5/1/19					
Eligible Member Months	<u> </u>	0.0%		-	670	4,018		4,018	4,018	
PMPM Cost		5.0%	\$	- \$	700.00 \$	735.00	\$	771.75 \$	810.34	
Total Expenditure			\$	- \$	468,738 \$	2,953,046	\$	3,100,699 \$		9,778,216
Medicaid for Justice-Involved Population	ne	<u> </u>								
Pop Type:	Hypothetical						Assur	mes start date of 71/202	20	
Eligible Member Months	>p	1.75%	l -					38,400	39,072	
PMPM Cost		3.0%		\$	- \$		\$	520.00 \$		
Total Expenditure		0.070		\$	- \$		\$	19,968,000 \$		\$ 40,894,963
Mandal Haalda Inadda da a a a a a a a a a a a a a a a a	(IMP)									
Mental Health Institutions for Mental Disc	ease (IMD) Hypothetical						A 0.00	mon start data of 71/000	20	
Pop Type:	пурошенсан	0.500/	T				ASSUI	mes start date of 71/202		
Eligible Member Months PMPM Cost		2.50%			-	-		8,418	17,256	
Total Expenditure		5.30%	1 -	\$	- \$	-	¢	13,527 113,866,796 \$	14,244 3 245,798,558	250 665 25
Total Experiulture			<u> </u>	Ф	- 5		\$	113,000,790 \$	245,796,556	359,665,354
Expansion Parents <=100% FPL					As	sumes start date of 1/1/20				
Pop Type:	Expansion									
Eligible Member Months		2.5%		-	-	169,914		348,324	357,032	
PMPM Cost		5.3%	\$	- \$	- \$	640.57		674.52 \$		
Total Expenditure			\$	- \$	- \$	108,841,789	\$	234,951,327 \$	253,588,841	597,381,956
Expansion Adults w/out Dependent Child	<u>dren &lt;=100% FPL</u>				As	sumes start date of 1/1/20				

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

			DEMONSTRATION '	YEARS (DY)						TOTAL WW
ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DY 16 (SFY 18)	DY 17 (SFY 19)	ים	/ 18 (SFY 20)	DY 19 (SFY 21)	DY	′ 20 (SFY 22)	
Pop Type:	Expansion				PMPM will		ically frail individuals rem			aditional package.
Eligible Member Months		2.5%		-		200,487	410,99		421,272	
PMPM Cost		5.3%	-	\$ -	\$	899.03	•		996.85	
Total Expenditure			-	\$ -	\$	180,242,854	\$ 389,081,23	7 \$	419,945,107 \$	989,269,198
Expansion Parents 101-133% FPL					premiums.	Further reduction of 8.	a 3.4% reduction in men 3% to account for premi emoval of retroactive enr	ит рауте		, ,
Pon Tyne:	Fynansion									
	Expansion	5 25%	_			53 0/18	111 66	7	117 520	
Pop Type: Eligible Member Months PMPM Cost	Expansion	5.25%		- •	<b>¢</b>	53,048 625.86	111,66		117,529	
Eligible Member Months PMPM Cost	Expansion	5.25% 5.3%	\$	- \$ - - \$ -	\$ \$	53,048 625.86 33,200,871	\$ 659.0	3 \$	117,529 693.96 81,560,602 \$	188,353,362
Eligible Member Months PMPM Cost Total Expenditure	·		\$	- \$ -	premiums.	625.86 33,200,871 start date of 1/1/20 and Further reduction of 8.	\$ 659.0	3 \$ 8 \$ aber montl um payme	693.96 81,560,602 \$	onpayment of
Eligible Member Months PMPM Cost Total Expenditure  Expansion Adults w/out Dependent Child	·		\$	- \$ -	premiums. reduction o	625.86 33,200,871 start date of 1/1/20 and a Further reduction of 8. of 1.4% to account for re	\$ 659.0 \$ 73,591,88 a 3.4% reduction in men 3% to account for premi	3 \$ 8 \$ aber montlum payme ollment.	693.96 81,560,602 \$ hs as an estimate for near required prior to enr	onpayment of ollment. Further
Eligible Member Months PMPM Cost Total Expenditure  Expansion Adults w/out Dependent Child	lren 101-133% FPL		\$ \$	- \$ -	premiums. reduction o	625.86 33,200,871 start date of 1/1/20 and a Further reduction of 8. of 1.4% to account for re	\$ 659.0 \$ 73,591,88 a 3.4% reduction in men 3% to account for premi emoval of retroactive enr	3 \$ 8 \$ aber montly um payme ollment. oving cert	693.96 81,560,602 \$ hs as an estimate for near required prior to enr	onpayment of ollment. Further
	lren 101-133% FPL	5.3%	\$	- \$ - - \$ -	premiums. reduction o	625.86 33,200,871 start date of 1/1/20 and a Further reduction of 8. of 1.4% to account for re	\$ 659.0 \$ 73,591,88 a 3.4% reduction in men 3% to account for premi emoval of retroactive enri ically frail individuals rem 353,38	3 \$ 8 \$ aber month um payme ollment. oving cert	693.96 81,560,602 \$ hs as an estimate for nent required prior to enr	onpayment of ollment. Further

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

# **ATTACHMENT 2**

# **Public Notice Requirements**



# **Entity: Department of Health**

## **Body: Medicaid Expansion Workgroup**

Subject:	Medicaid  Utah 1115 Waiver Amendment	
Notice Title:		
Meeting Location:	Video/Teleconference	
	Salt Lake City UT	
Event Date & Time:	December 14, 2020 December 14, 2020 04:00 PM - December 14, 2020 05:00 PM	
Description/Agenda:	PUBLIC NOTICE	

Utah 1115 Waiver Amendment

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss an amendment to the State's 1115 Demonstration Waiver. The Department will also accept public comment regarding the demonstration amendment during the 30-day public comment period from November 25, 2020, through December 25, 2020.

The DMHF is requesting authority to implement provisions of House Bill 214 'Insurance Coverage Modifications', which passed during the 2020 Utah Legislative General Session. This amendment seeks approval from the Centers for Medicare and Medicaid Services (CMS) to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified conditions. These qualified conditions include:

Cystic fibrosis Spinal muscular atrophy Morquio Syndrome Myotonic dystrophy Sickle cell anemia

#### Public Hearings:

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

Monday, December 14, 2020, from 4:00 to 5:00 p.m.

o Video Conference: Google Hangout Meeting (only works in the Chrome web browser)

meet.google.com/yqr-syem-wcz

o Or join by phone: 1-904-580-8215 (PIN: 205 297 331#)

Thursday, December 17, 2020, from 2:00 to 4:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting o Video Conference: Google Hangout Meeting (only works in the Chrome web browser) meet.google.com/ujg-crxv-utn

o Or join by phone: 1-513-816-0805 (PIN: 136 946 939 #)

Individuals requiring an accommodation to fully participate in either meeting may contact Jennifer Meyer-Smart at jmeyersmart@utah.gov or 385-215-4725 by 5:00 p.m. on Thursday, December 10, 2020.

#### 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 30-day public comment period from November 25, 2020, through December 25, 2020.

Comments may be submitted:

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

Email: Medicaid1115waiver@utah.gov

Mail: Utah Department of Health

Division of Medicaid and Health

Financing PO Box 143106

Salt Lake City, UT 84114-3106 Attn: Jennifer Meyer-Smart

Notice of Special Accommodations:	In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify Jennifer Meyer-Smart at 385-215-4725.		
Notice of Electronic or telephone participation:	Video Conference: Google Hangout Meeting (only works in the Chrome web browser) meet.google.com/yqr-syem-wcz Or join by phone: 1-904-580-8215 (PIN: 205 297 331#)		
Other information:			
Contact Information:	Jennifer Meyer-Smart (801)538-6338 jmeyersmart@utah.gov		
Posted on:	November 23, 2020 10:26 AM		

Printed from Utah's Public Notice Website (http://pmn.utah.gov/)

November 25, 2020 07:23 AM

Last edited on:

# **Entity: Department of Health**

## **Body: Medicaid Expansion Workgroup**

Subject:	Medicaid		
<b>Notice Title:</b>	Utah 1115 Waiver Amendment		
<b>Meeting Location:</b>	Video/Teleconference		
	Salt Lake City UT		
<b>Event Date &amp; Time:</b>	December 17, 2020 December 17, 2020 02:00 PM - December 17, 2020 04:00 PM		

**Description/Agenda:** 

PUBLIC NOTICE

Utah 1115 Waiver Amendment

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss an amendment to the State's 1115 Demonstration Waiver. The Department will also accept public comment regarding the demonstration amendment during the 30-day public comment period from November 25, 2020, through December 25, 2020.

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o Or join by phone: 1-904-580-8215 (PIN: 205 297 331#)

Thursday, December 17, 2020, from 2:00 to 4:00 p.m<sub>8</sub>,

during the Medical Care Advisory Committee (MCAC) meeting
o Video Conference: Google Hangout Meeting (only works
in the Chrome web browser)
meet.google.com/ujg-crxv-utn

o Or join by phone: 1-513-816-0805 (PIN: 136 946 939 #)

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## Public Comment:

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The public may comment on the proposed amendment requests during the 30-day public comment period from November 25, 2020, through December 25, 2020.

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Email: Medicaid1115waiver@utah.gov

Mail: Utah Department of Health

Division of Medicaid and Health

Financing PO Box 143106

Salt Lake City, UT 84114-3106 Attn: Jennifer Meyer-Smart

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Other information:	
Contact Information:	Jennifer Meyer-Smart (801)538-6338 jmeyersmart@utah.gov
Posted on:	November 23, 2020 01:06 PM
Last edited on:	November 25, 2020 07:22 AM

Printed from Utah's Public Notice Website (http://pmn.utah.gov/)

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

Deseret News

Media

## PUBLIC NOTICE Utah 1115 Waiver Amendment

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clude:
o Cystic fibrosis
o Spinal muscular atrophy
o Morquio Syndrome
o Myotonic dystrophy
o Sickle cell anemia

o Sickle cell anemia

Public Hearings
The Department will conduct two public hearings to distable programment will conduct two public hearings to distable programment will conduct two public hearings and times are listed below. Due to the COVID-19 public health emergency and state social distancing guidelines, both public hearings will be held via video and teleconferencing.

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Comments may be submitted:

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

Email: Medicaid 1 1 1 5 waiver@utah.gov

Mail: Utah Department of Health
Division of Medicaid and Health Financing
PO Box 143106
Salt Lake City, UT 84114-3106
Atth: Jennifer Meyer-Smart
1304432
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UPAXLP

ACCOUNT NUMBER

9001406923

DATE

11/28/2020

UTAH DEPARTMENT OF HEALTH BUREAU OF

COVERAGE/REIMBURSEME, CRAIG DEVASHRAYEE

PROOF OF PUBLICATION

**CUSTOMER NAME AND ADDRESS** 

PO BOX 143102

UT 84114

SALT LAKE CITY ACCOUNT NAME

UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURSEME.

**CUSTOMER'S COPY** 

TELEPHONE

ORDER#

**INVOICE NUMBER** 

8015386641

0001304432

**PUBLICATION SCHEDULE** 

START 11/25/2020

END 11/25/2020

CUSTOMER REFERENCE NUMBER

QAZ: 1115 Waiver Amendment

**CAPTION** 

PUBLIC NOTICE Utah 1115 Waiver Amendment The Utah Department of Health, Division

75 LINES COLUMN(S)

**TIMES** 

TOTAL COST

3

257.00

AFFIDAVIT OF PUBLICATION

AS NEWSPAPER AGENCY COMPANY, LLC dba UTAH MEDIA GROUP LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF PUBLIC NOTICE Utah 1115 Waiver Amendment The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss FOR UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURSEME, WAS PUBLISHED BY THE NEWSPAPER AGENCY COMPANY, LLC dba UTAH MEDIA GROUP, AGENT FOR DESERET NEWS AND THE SALT LAKE TRIBUNE, DAILY NEWSPAPERS PRINTED IN THE ENGLISH LANGUAGE WITH GENERAL CIRCULATION IN UTAH, AND PUBLISHED IN SALT LAKE CITY, SALT LAKE COUNTY IN THE STATE OF UTAH. NOTICE IS ALSO POSTED ON UTAHLEGALS.COM ON THE SAME DAY AS THE FIRST NEWSPAPER PUBLICATION DATE AND REMAINS ON UTAHLEGALS.COM INDEFINITELY. COMPLIES WITH UTAH DIGITAL SIGNATURE ACT UTAH CODE 46-2-101; 46-3-104.

PUBLISHED ON Start 11/25/2020 11/25/2020 End

11/28/2020 DATE

**SIGNATURE** 

STATE OF UTAH

COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS

28TH

DAY OF

NOVEMBER

IN THE YEAR

fsud munchon

2020

BY LORAINE GUDMUNDSON.



NOTARY PUBLIC SIGNATURE

# **ATTACHMENT 3**

# Medical Care Advisory Committee Public Hearing





## **Medical Care Advisory Committee Agenda**

Meeting: Medical Care Advisory Committee

Date: December 17, 2020

Start Time: 2:00 p.m. End Time: 4:00 p.m.

Location: Google Hangout Meeting (only works in the Chrome web browser)

meet.google.com/ujg-crxv-utn

Or join by phone 1-513-816-0805 PIN: 136 946 939#

## Agenda

1.	Welcome	Jessie Mandle	2:00 / 5 min
	<ul> <li>Approve Minutes for November 2020 MCAC*</li> </ul>		
2.	Public Hearing on the 1115 Waiver Amendment for In Vitro	Jennifer Meyer-Smart/	2:05 / 10 min
	Fertilization & Genetic Testing for Qualified Conditions**	Members of the Public	
3.	Update on Managed Care	Greg Trollan	2:15 / 10 min
4.	HEDIS and CAHPS Measures	Greg Trollan	2:25 / 20 min
5.	Vote on Updated MCAC By-laws*	Jessie Mandle	2:45 / 10 min
	Update on MCAC Meeting Structure Subcommittee		
6.	Governor's Budget Update	Nate Checketts/	2:55 / 10 min
		Emma Chacon	
7.	Director's Report	Nate Checketts /	3:05 / 20 min
	COVID-19 Update	Emma Chacon	
	COVID Vaccine Update		
	<ul> <li>Legislative Updates</li> </ul>		
8.	Eligibility Enrollment Update**	Jeff Nelson	3:25 / 10 min
9.	Medicaid Expansion Report**	Jennifer Meyer-Smart	3:35 / 10 min
10.	Rule Summary**	Craig Devashrayee	3:45 / 5 min

<sup>\*</sup> Action Item - MCAC Members must be present to vote (substitutes are not allowed to vote)

Next Meeting: January 21, 2020

2:00 p.m. - 4:00 p.m.

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

<sup>\*\*</sup> Informational handout in the packet sent to Committee members

# **ATTACHMENT 4**

## **Tribal Consultation**





# **Utah Indian Health Advisory Board** (UIHAB) Meeting

8:30 AM -11:30 AM

**Utah Department of Health Google Meeting Format Web Link:** meet.google.com/krh-kvdf-svj

> Salt Lake City, UT 84114 (801) 712-9346

Kristina Groves, LCSW, UICSL BH Pro.

Dir, and Allyson Shaw, CSW, UICSL

**UIHAB** 



Meeting called by:

UIHAB

Monthly UIHAB Type of meeting:

Melissa Zito Facilitator:

Dorrie Reese Call In: 1-617-675-4444 PIN: 760 419 415 5523# Note taker:

Please Review:

Medicaid Rules & SPA document(s), additional materials via presenters.

A 1		
Agenda	tonic	
Mediua	which	

8:30 AM	<b>UIHAB Meeting</b>

Welcome & Introductions Jessica Sutherland, Chair Felecita FoolBear, Vice Chair

8:40 AM Committee Updates & Discussion

UT Medicaid Eligibility Policy Jeff Nelson SPA's Medicaid & CHIP

Medicaid & CHIP State Plan Amendments (SPA) Craig Devashrayee

DWS Medicaid Eligibility Operations Jacoy Richins Anna Boynton

Federal and State Health Policy Impacting I/T/U Melissa Zito

MCAC & CHIP Advisory Committees Mike Jensen & Ryan Ward Jeremy Taylor

Opioid Grant Updates Resiliency/Graphics

**Medicaid Presentations** 9:30 AM

Medicaid Fertility Waiver Jennifer Meyer-Smart

**Diabetes Prevention Program Project** Candace Muggerud, CEO GoodHealth 10:00 AM

Tamara Borchardt-Slayton 10:20 AM **Murdered & Missing Indigenous Women &** 

Chairwoman, PITU **Girls Task Force Update** 

10:40 AM Jeremy Taylor & Kassie John Flu Vaccination Flyer/Poster

10:50 AM **UIHAB Representative Self Care & Stress** 

Management

Mental Health Care Tips and Mindful Breathing

Celebration of our success this year! (Stories)

11:30 AM **ADJOURN** 24