



## Full Public Notice

### Section 1115 Demonstration Application

#### Utah Per Capita Cap

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) intends to submit a request to the Centers for Medicare and Medicaid Services (CMS) to implement a new section 1115 demonstration as a result of Senate Bill 96- "Medicaid Expansion Amendments", which passed during the 2019 Utah Legislative Session. DMHF will hold two public hearings to discuss the demonstration application. In addition, DMHF will accept public comment regarding this demonstration application during the 30-day public comment period from May 31, 2019 through June 30, 2019.

With this application, the State is seeking approval to implement the following new proposals as directed by Senate Bill 96:

- Authority to receive the full Federal Medical Assistance Percentage (FMAP) allowable under 42 U.S.C. Section 1396d(y) for the Adult Expansion and Targeted Adult Populations
- Implement a per capita cap funding mechanism
- Implement a lock-out for committing an Intentional Program Violation for Medicaid
- Federal expenditure authority to provide housing related services and supports
- Allow up to 12-months of continuous eligibility for the Adult Expansion Medicaid population
- Not allowing hospitals to make presumptive eligibility determinations for the Adult Expansion Medicaid population
- Allow for managed care flexibilities.

The State is also requesting to administer the following components and programs under this new demonstration application, which are currently authorized under the State's 1115 Primary Care Network (PCN) Demonstration Waiver:

- Adult Expansion Population
- Targeted Adult Population, including dental benefits for Targeted Adults who are receiving substance use disorder (SUD) treatment
- Clinically managed residential withdrawal pilot for the Adult Expansion and Targeted Adult Populations only
- SUD treatment benefits for the Adult Expansion and Targeted Adult Populations only
- Enrollment limits for the Adult Expansion and Targeted Adult Populations
- Waiver of Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- Implement a community engagement requirement under the full FMAP for the Adult Expansion Medicaid Population
- Provide premium reimbursement and wrap-around Medicaid coverage under full FMAP, to eligible Adult Expansion individuals who have access to employer-sponsored insurance.

### **I. Program Description:**

The waiver populations defined below will be impacted by this demonstration application:

1. Adult Expansion Population, defined as:
  - Adults ages 19 through 64
  - A U.S. Citizen or qualified alien
    - Non-citizens will receive the Emergency Only program pursuant to 42 CFR § 435.139
  - A resident of Utah
  - Residents of a public institution are not eligible unless furloughed for an inpatient stay
  - Have a household income at or below 95 percent of the federal poverty level (FPL) using the Modified Adjusted Gross Income (MAGI) methodology which includes a five percent FPL disregard
  - Ineligible for other Medicaid programs that do not require a spenddown to qualify
  - Must not be eligible for Medicare under parts A or B of title XVIII of the Act
  
2. Targeted Adult Population, defined as:
  - Adults age 19 through 64, without a dependent child
  - A U.S. Citizen or qualified alien
  - A resident of Utah
  - Residents of a public institution are not eligible unless furloughed for an inpatient stay
  - Household income at or below five percent of the FPL
  - Ineligible for other Medicaid programs that do not require a spenddown
  - Must not be eligible for Medicare under parts A or B of title XVIII of the Act
  - Must also meet at least one of the following criteria:
    - Chronically homeless
    - Involved in the justice system and in need of substance use or mental health treatment
    - Needing substance use or mental health treatment

### **Overview of New Proposals:**

The State is requesting to implement the following new components with this demonstration application:

#### **1. Authority to Receive Increased FMAP**

The State is requesting a waiver of the income level specified in Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, to allow the State to receive the full FMAP allowable under 42 U.S.C. Section 1396d(y), which is 93 percent for 2019, and 90 percent for 2020 and each year thereafter, for this Demonstration group. The State is requesting this waiver for the Adult Expansion demonstration group, which includes adults with dependent children with household income using the 2014 Parent Caretaker Relative income standard up to 95 percent of the FPL, and adults without dependent children with household income between zero percent and 95 percent of the FPL. The State is also requesting to include the Targeted Adult Population in this request.

## 2. Lock-Out due to Intentional Program Violation

The State proposes to apply a six-month period of ineligibility if an individual commits an intentional program violation (IPV) to become, or remain eligible for Medicaid. This request applies to the Adult Expansion Population, including Targeted Adults.

## 3. Housing Related Services and Supports

The State proposes to offer housing related services and supports (HRSS) to Adult Expansion beneficiaries (including Targeted Adults), who meet needs-based criteria. HRSS includes; tenancy support services, community transition services and supportive living/supportive housing services.

Because food insecurity, transportation insecurity, interpersonal violence or trauma pose potential barriers to housing and health, housing supports also include evidence-based services to address these barriers. Through this waiver, the State requests authority to provide housing supports across the Adult Expansion Population. The State also requests authority to target services to targeted populations through its administrative rulemaking process rather than waiver amendment. In conjunction with its rulemaking process, the State would provide notice to the public and to CMS regarding any intended changes to the targeted services and/or targeted populations.

For initial implementation, the State intends the Targeted Adult Population to be one of the groups that will receive these evidence-based services and supports. In addition, the State's efforts to reduce barriers that impact individuals' health will initially focus on providing housing related services and supports to eligible populations.

## 4. Up to 12-Months Continuous Eligibility

The State proposes to allow up to 12-months of continuous eligibility for the Adult Expansion Population. If an individual's household income exceeds 95 percent of FPL, with a five percent FPL disregard, they will receive up to 12-months continuous eligibility.

The State requests the ability to limit the continuous eligibility provision for the Adult Expansion Population based on income or targeted populations as defined by the State in administrative rule. In conjunction with its rulemaking process, the State would provide notice to the public and to CMS regarding any intended changes to the number of continuous months, the income level, and/or targeted populations.

It is anticipated that the State would initially implement 6-month continuous eligibility, without a maximum income, across the Adult Expansion Population that is not identified as Targeted Adults.

## 5. Not Allow Presumptive Eligibility Determined by a Hospital

The State proposes to not allow presumptive eligibility determined by a hospital as a qualified entity, for the Adult Expansion Population. Currently, the State does not allow presumptive eligibility determinations for the Targeted Adult Population. This will allow the State to complete a full determination of eligibility before enrolling the individual, thereby improving program integrity and better assuring that each individual has met the requirements of the program before paying for their medical care. Coverage will no longer be based solely on a limited review of information by hospitals.

## 6. Per Capita Cap Funding

The State proposes that Federal Financial Participation (FFP) be available up to a limit set by a per capita cap methodology for this demonstration. Under this methodology, the State will work with CMS to establish a per enrollee base amount for the first demonstration year with trending for future demonstration years. The per capita cap multiplied by the actual enrollment will be the total expenditure cap for this demonstration. Expenditure caps will be set annually and reconciled with actual expenditures and enrollment. Total computable expenditures in excess of the total expenditure cap will receive the State's regular FMAP.

*Enrollment Groups:* The per capita cap should allow for separate enrollment groups which account for differences in costs among categories. During reconciliation, the State requests that cost savings under one enrollment group be allowed to cover cost excesses in another enrollment group. The State requests that individuals with verified membership in a federally recognized tribe, incarcerated individuals with inpatient stays, and non-citizens enrolled under the Emergency Only program be excluded from the per capita cap calculations.

*Base Period:* The State will work with CMS to establish the appropriate base. To the greatest extent possible, the State's experience with other similar populations should be used. In particular, the State has experience with the demonstration population of parents known as "Current Eligibles" and adults without dependent children known as "Targeted Adults." Base period experience in these populations should be used to estimate expenditures for the new demonstration populations.

*Re-Basing:* After two years of experience under this demonstration, the State will work with CMS to re-base the per capita cap as needed. Re-basing will be necessary if actual expenditures are 5 percent or more below or above the cap

*Trend:* The State requests that the per capita cap amounts grow each year to account for medical inflation. This trend rate should take into account state and regional factors. The per capita cap growth should continue to increase by the selected growth rate every year.

*Special Circumstances:* The State requests that CMS considers unforeseen special circumstances beyond the State's control in the establishment of per capita caps. This may be a public health emergency, the introduction of a new high cost pharmaceutical that the State is required to cover, or a major economic event. Under these circumstances, the State shall provide any applicable data and documentation demonstrating the severity and scope of the event. With sufficient documentation under these special circumstances, the State requests that FFP for excess total expenditures be allowable.

### **Overview of Programs and Benefits Transitioning to this Demonstration:**

The State is also requesting to administer the following components and programs under this new demonstration application, which are currently authorized under the State's 1115 Primary Care Network (PCN) Demonstration Waiver:

#### 1. Adult Expansion Population

The State proposes to administer the Adult Expansion Population under this demonstration application. Adults included in this population are age 19 through 64 who have household income up to 95 percent of the federal poverty level (FPL) using the modified adjusted gross income (MAGI) methodology, which includes a five percent of FPL disregard.

## 2. Targeted Adult Medicaid Population and Targeted Adult Dental Benefits

The State requests authority to administer the Targeted Adult Population under this new waiver application, including the provision to allow 12-months continuous eligibility, as well as traditional state plan dental benefits provided to Targeted Adults who are receiving Substance Use Disorder treatment, as approved under the State's 1115 PCN Demonstration Waiver.

## 3. Clinically Managed Residential Withdrawal Pilot

Also as part of this request, the State proposes to include clinically managed residential withdrawal management services for the Adult Expansion and Targeted Adult Populations only, in this waiver application. This pilot is currently approved in the State's 1115 PCN Demonstration Waiver for all Medicaid eligible adults residing in Salt Lake County. The State proposes to administer this service under this demonstration, as approved under the State's 1115 PCN Demonstration Waiver. For all other eligible adults, these services will continue to be provided under the State's 1115 PCN Demonstration Waiver. The service will be provided to Medicaid eligible adults residing in Salt Lake County.

## 4. Substance Use Disorder treatment provided in an Institution for Mental Disease (IMD)

The State currently has approval through its 1115 PCN Demonstration Waiver to administer a benefit package for all Medicaid recipients that includes substance use disorder treatment services, including services provided in residential and inpatient treatment settings that qualify as an Institution for Mental Disease (IMD), which are not otherwise matchable expenditures under section 1903 of the Act. The State is eligible to receive Federal Financial Participation (FFP) for Medicaid recipients residing in an IMD under the terms of the demonstration for coverage of medical assistance and SUD benefits, which would otherwise be matchable if the recipient were not residing in an IMD. This benefit is available to all Medicaid eligible individuals, including those in the Adult Expansion and Targeted Adult Populations.

## 5. Community Engagement through a Self Sufficiency Requirement

With this waiver application, the State proposes to continue to administer the community engagement requirement for individuals eligible for the Adult Expansion Population, not to include Targeted Adults. The community engagement requirement was originally approved for this population, as part of the Medicaid expansion authorized in the March 29, 2019 amendment to the State's 1115 PCN Demonstration Waiver.

## 6. Enrollment Limits

The State requests to continue to apply enrollment limits to the Adult Expansion and Targeted Adult Populations under this demonstration application. Enrollment limits for these populations are currently approved under the State's 1115 PCN Demonstration Waiver that was amended on March 29, 2019. The State proposes to apply enrollment limits when projected costs exceed annual state appropriations. There will not be a set enrollment cap, but rather it will be based on available funding. When enrollment is closed, the State will continue to accept and review applications to determine if individuals are eligible for other Medicaid programs. If the individual is not eligible for any other Medicaid program, other than Adult Expansion, eligibility will be denied. The State will not have a waitlist to automatically enroll individuals when enrollment is re-opened. Individuals will need to apply during the next open enrollment period. All eligible individuals that apply before an enrollment limit is in place will be enrolled in the program. Individuals already enrolled in the program at the time enrollment is closed will remain enrolled.

### 7. Waiving Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

The State currently has authority to waive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) for adults age 19 and 20 years old in the Adult Expansion and Targeted Adult Population. The State requests to continue this authority for the Adult Expansion and Targeted Adult Population, if approved under this demonstration application.

### 8. Employer Sponsored Insurance (ESI Reimbursement)

As approved on March 29, 2019 under the State's 1115 PCN Demonstration waiver, the State proposes to require individuals who are eligible for the Adult Expansion Population, and have access to ESI, to purchase such plans. The State will reimburse the eligible individual for the health insurance premium amount for that individual. Failure to enroll in, and purchase, the insurance plan will result in ineligibility for Medicaid.

## **II. Demonstration Goal/Objective:**

The goals and objectives of the demonstration are to:

- Provide health care coverage for low-income and other vulnerable Utahns that would not otherwise have access to, or be able to afford health care coverage
- Improve participant health outcomes and quality of life
- Lower the uninsured rate of low income Utahns
- Support the use of employer-sponsored insurance by encouraging community engagement and providing premium reimbursement for employer-sponsored health plans
- Provide continuity of coverage for individuals
- Provide fiscal sustainability through new financing models and state flexibility

## **III. Proposed Delivery System:**

Services for Demonstration individuals will be provided initially through FFS. FFS reimbursement rates for physical health and behavioral health services will be the same as State Plan provider payment rates.

By January 2020, the State intends to transition populations covered by this application into managed care. In Utah's four largest counties, individuals in the Adult Expansion program will be enrolled in integrated plans that provide access to both physical health and behavioral health services through a single managed care entity.

### ***Employer Sponsored Insurance- Individuals with Access to ESI***

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

### ***Managed Care Flexibilities***

Utah intends to use managed care as the primary service delivery system for populations covered under this waiver. As part of this application request, Utah is asking for greater flexibility and authority to use alternative approaches to come into compliance with 42 CFR 438 in the following areas:

- Demonstration of actuarial soundness of rates
- Flexibility in managed care contract review
- Demonstration of directed payment compliance

- Access to care and availability of services

This will allow the state to administer its managed care delivery system upon approval of this waiver without delays related to additional federal approvals.

**IV. Benefits and Cost Sharing Requirements:**

Individuals eligible under this demonstration will receive benefits as listed in the table below.

**Eligibility Group and Benefit Package**

Eligibility Group	Benefit Package
Adults with Dependent Children	<ul style="list-style-type: none"> <li>• Non-Traditional Benefits (see description below)</li> <li>• Up to 12-months continuous eligibility</li> </ul>
Adults without Dependent Children	<ul style="list-style-type: none"> <li>• State Plan Benefits</li> <li>• Up to 12-months continuous eligibility</li> </ul>
ESI Eligible Adults with Dependent Children	<ul style="list-style-type: none"> <li>• Premium Reimbursement with Non-Traditional Benefit Wrap-around</li> <li>• Up to 12-months continuous eligibility</li> </ul>
ESI Eligible Adults without Dependent Children	<ul style="list-style-type: none"> <li>• Premium Reimbursement with State Plan Benefit Wrap-around</li> <li>• Up to 12-months continuous eligibility</li> </ul>
Targeted Adults	<ul style="list-style-type: none"> <li>• State Plan Benefits, and dental benefits for individuals receiving Substance Use Disorder Treatment (as defined in the Special Terms &amp; Conditions #23(h)) of the 1115 PCN Demonstration Waiver</li> <li>• 12-months continuous eligibility</li> </ul>
Housing Related Services and Supports for Individuals Meeting Needs Based Criteria	<ul style="list-style-type: none"> <li>• Tenancy Support Services</li> <li>• Community Transition Services</li> <li>• Supportive Living/Housing Services</li> </ul>

**Non-Traditional Benefit Package**

Adults with dependent children will receive the State’s non-traditional benefit package, authorized under the State’s 1115 PCN Demonstration Waiver. This benefit package contains most of the services covered under Utah’s Medicaid state plan according to the limitations specified in the state plan. This benefit package is reduced from that available under the state plan as detailed in the table below.

**Benefits Different from State Plan**

Service	Special Limitations for the Non-traditional Benefit
Hospital Services	Additional surgical exclusions. Refer to the Administrative Rule UT Admin Code R414-200 Non-Traditional Medicaid Health Plan Services and the Coverage and Reimbursement Code Lookup.
Vision Care	One eye examination every 12 months; No eye glasses
Physical Therapy	Visits to a licensed PT professional (limited to a combination of 16 visits per policy year for PT and OT)
Occupational Therapy	Visits to a licensed OT professional (limited to a combination of 16 visits per policy year for PT and OT)
Speech and Hearing Services	Hearing evaluations or assessments for hearing aids are covered, Hearing aids covered only if hearing loss is congenital
Private Duty Nursing	Not covered
Medical Supplies and Medical Equipment	Same as traditional Medicaid with exclusions. (See Utah Medicaid Provider Manual, Non-Traditional Medicaid Plan)
Organ Transplants	The following transplants are covered: kidney, liver, cornea, bone marrow, stem cell, heart and lung (includes organ donor)
Long Term Care	Not covered



Transportation Services	Ambulance (ground and air) for medical emergencies only (non-emergency transportation, including bus passes, is not covered)
Dental	Dental services are not covered, with exceptions.

**Cost Sharing**

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

*Cost Sharing for ESI:* For ESI eligible individuals, the State will pay cost sharing imposed by the ESI up to the State Plan levels. ESI eligible individuals will have the same cost sharing that they would have under the State Plan. The State will pay such cost sharing directly to providers, provided that such providers are enrolled in the Medicaid program.

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

**V. Annual Enrollment and Expenditures:**

The table below shows the projected demonstration enrollees in each demonstration year (DY).

<b>Enrollment</b>	<b>DY 1</b>	<b>DY 2</b>	<b>DY 3</b>	<b>DY 4</b>	<b>DY 5</b>
Targeted Adults	4,086	4,188	4,293	4,400	4,510
Dental - Targeted Adults	3,000	3,075	3,152	3,231	3,311
Expansion Parents	30,430	31,191	31,971	32,770	33,589
Expansion Adults without Children	46,114	47,267	48,448	49,660	50,901
SUD	503	516	528	542	555
Withdrawal Management	279	286	293	301	308

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

<b>Expenditures (Total Fund)</b>	<b>DY 1</b>	<b>DY 2</b>	<b>DY 3</b>	<b>DY 4</b>	<b>DY 5</b>
Targeted Adults	\$68,013,000	\$72,641,000	\$77,585,000	\$82,864,000	\$88,503,000
Dental - Targeted Adults	\$1,375,000	\$1,469,000	\$1,569,000	\$1,675,000	\$1,790,000
Expansion Parents	\$245,248,000	\$261,937,000	\$279,762,000	\$298,799,000	\$319,133,000
Expansion Adults without Children	\$431,654,000	\$461,028,000	\$492,401,000	\$525,909,000	\$561,697,000
SUD	\$25,613,000	\$27,356,000	\$29,218,000	\$31,206,000	\$33,330,000
Withdrawal Management	\$2,345,000	\$2,505,000	\$2,675,000	\$2,857,000	\$3,051,000

**VI. Waivers and Expenditure Authorities:**

The State will request the following waivers and expenditure authorities in order to administer this demonstration.

<b>Waiver Authority</b>	<b>Reason and Use of Waiver</b>
Section 1902(a)(10) and (a)(52)- Eligibility	To the extent necessary to enable the State to prohibit re-enrollment and deny eligibility for the Adult Expansion Medicaid demonstration group for a period of six months for individuals who commit an intentional program violation.
Section 1902(a)(10)(B)- Comparability	To enable the State to provide additional benefits to Adult Expansion eligibles compared to the benefits available to individuals eligible under the State Plan that are not affected by the Demonstration.
Section 1902(a)(23)(A)- Freedom of Choice	To enable the State to restrict freedom of choice of providers for Title XIX populations affected by this Demonstration in order to provide housing supports and services.
Section 1902(a)(1)- Statewide Operation	To the extent necessary to enable the State to implement housing supports in geographically limited areas of the state.
Section 1902(a)(10)(A)(i)(VIII)- 133 Percent Income Level	To enable the State to apply a lower income level to receive the full FMAP allowable under 42 U.S.C. Section 1396d(y) for the Adult Expansion and Targeted Adult Medicaid Populations who have an income level of 95 percent FPL.

Section 1902(a)(8) and (a)(10)- Eligibility and Provision of Medical Assistance	Effective no sooner than January 1, 2020, to the extent necessary to enable the state to suspend eligibility for, and not make medical assistance available to beneficiaries subject to the community engagement requirements who fail to comply with those requirements as described in the STCs, unless the beneficiary is exempted, or demonstrates good cause, as described in the STCs. Effective no sooner than January 1, 2020, to the extent necessary to enable the state to require community engagement and associated reporting requirements as a condition of eligibility, as described in the STCs.
Section 1906(i)(26)- Compliance with ABP Requirements	In order to permit federal financial participation (FFP) to be provided in expenditures to the extent that the conditions for FFP in section 1903(i)(26) are not satisfied.

**Expenditure Authority**

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

*Housing Services and Supports:* Expenditures to provide housing services and supports that would not otherwise be matchable under Section 1903.

**VII. Hypotheses and Evaluation Parameters of the Demonstration:**

During the approved demonstration period, the State will test the hypotheses indicated in the table below. The State intends to contract with an independent evaluator to develop a plan for evaluating these hypotheses.

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
<b>Adult Expansion</b>			
The Demonstration will improve access to medical assistance in Utah.	<ul style="list-style-type: none"> <li>Number of adults ages 19-64 in Utah without health coverage</li> </ul>	Utah Behavioral Risk Factor Surveillance System (BRFSS)	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
The Demonstration will improve the health and well-being of enrolled	<ul style="list-style-type: none"> <li>Review of claims for Primary Care</li> </ul>	Claims/encounter data	Independent evaluator will design quantitative and qualitative

individuals by increasing access to primary care and improving appropriate utilization of emergency department (ED) services by Adult Expansion members.	<ul style="list-style-type: none"> <li>Review of claims for ED visits</li> </ul>		measures to include quasi-experimental comparisons
The Demonstration will reduce uncompensated care provided by Utah hospitals.	<ul style="list-style-type: none"> <li>Amount of statewide hospital-reported uncompensated care</li> </ul>	Hospital Costs Report	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
The Demonstration will assist previously uninsured individuals in purchasing employer sponsored insurance to help reduce the number of uninsured adults.	<ul style="list-style-type: none"> <li>Number of enrolled members with employer-sponsored insurance</li> </ul>	Enrollment data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
<b>Community Engagement</b>			
The community engagement requirement will encourage skills development through an evaluation of job search readiness and the completion of employment related training workshops. In addition, by increasing the individual's job skills and encouraging job search activities, the community engagement requirement will promote gainful employment.	<ul style="list-style-type: none"> <li>Number of trainings completed/ended</li> <li>Number of job searches</li> <li>Number of job registrations</li> <li>Amount of earned income</li> </ul>	eREP & UWORKS system data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
Community engagement requirements that	<ul style="list-style-type: none"> <li>Number of prescriptions</li> </ul>	Claims/encounter data	Independent evaluator will design quantitative and qualitative

<p>promote engagement with the employment process will improve the health outcomes of Medicaid beneficiaries subject to the requirements, compared to Medicaid beneficiaries not subject to the requirements.</p>	<ul style="list-style-type: none"> <li>● Number of non-emergent ED visits</li> <li>● Number of cancer screenings</li> <li>● Number of well-care visits</li> </ul>		<p>measures to include quasi-experimental comparisons</p>
<p>Community engagement requirements will increase the likelihood that Medicaid beneficiaries transition to commercial health insurance after separating from Medicaid, compared to Medicaid beneficiaries not subject to the requirements.</p>	<p>Reported enrollment in commercial coverage, including ESI and Marketplace plans, within 1 year of disenrollment from Medicaid</p>	<p>Beneficiary Surveys</p>	<p>Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons</p>
<p><b>Up to 12-Months Continuous Eligibility</b></p>			
<p>The Demonstration will not discourage increases to household earned income.</p>	<p>Percentage of adults increasing earned income compared to a comparison group</p>	<p>eREP Eligibility System Data</p>	<p>Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons</p>
<p><b>Per Capita Cap Funding</b></p>			
<p>Medicaid expenditures under this demonstration will grow at a slower rate than the national average of Medicaid Adult Expansion per enrollee spending which will demonstrate program sustainability.</p>	<p>Demonstration growth rate compared to Medicaid national growth rate in equivalent basis years of expansion (e.g. year one, year two, etc.)</p>	<p>Medicaid Data Warehouse</p>	<p>Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons</p>

The Demonstration will not negatively impact an individual’s health.	<ul style="list-style-type: none"> <li>• Number of prescriptions</li> <li>• Number of non emergent ED visits</li> <li>• Number of cancer screenings</li> <li>• Number of well-care visits</li> </ul>	Claims/encounter data CMS Adult Core Measures	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
<b>Lock-Out for Intentional Program Violation</b>			
The Demonstration will discourage individuals from committing an IPV by disqualifying individuals who commit an IPV.	Percentage of IPV's compared to a comparison group	Enrollment and IPV Lock-Out Data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
<b>Housing Supports</b>			
The demonstration will increase continuity of treatment.	Medication Assisted Treatment Pharmacotherapy	Medicaid data warehouse	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
The demonstration will improve participant health outcomes and quality of life.	Access to screening services and primary care visits	Medicaid Data Warehouse	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
The demonstration will reduce non-housing Medicaid costs.	Comparison of Medicaid reimbursement with a comparison group	Medicaid Data Warehouse	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons

In addition to the data outlined above, the State will also gather HEDIS and CAHPS data to evaluate the overall well-being of this population group.

### **VIII. Review of Documents and Submission of Comments**

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

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

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

A copy of the DMHF's proposed demonstration may be requested in writing from:

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

#### **Submitting Public Comments:**

The public may comment on the proposed demonstration application during the 30-day public comment period, from May 31, 2019 through June 30, 2019.

Comments may be submitted:

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

Email: [Medicaid1115waiver@utah.gov](mailto: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

Public Hearings:

The DMHF will conduct two public hearings to discuss the demonstration application. The dates, times and locations are listed below:

- Thursday, June 6, 2019  
2:00 p.m. to 4:00 p.m. (as part of a special session of the Medical Care Advisory Committee (MCAC) meeting)  
Cannon Health Building  
288 N 1460 W, Salt Lake City, Utah  
Room 125
  
- Monday, June 17, 2019  
4:00 p.m. to 6:00 p.m.  
Multi-Agency State Office Building  
195 N 1950 W, Salt Lake City, Utah  
Room 1020

A conference line is available for both public hearings for those who would like to participate by phone: 1-877-820-7831, passcode 378804#.

Individuals requiring an accommodation to fully participate in either meeting may contact Jennifer Meyer-Smart at 801-538-6338 by 5:00 p.m. on Tuesday, June 4, 2019.