



Full Public Notice

Utah 1115 Demonstration Amendment Fallback Plan

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 amend its 1115 Demonstration Waiver 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 amendment. In addition, DMHF will accept public comment regarding the demonstration amendment during the 30-day public comment period from September 27, 2019 through October 27, 2019.

With this amendment, the State is seeking approval to implement the following provisions for its Medicaid expansion as directed by Senate Bill 96:

- Increase the income limit for the Adult Expansion demonstration group from 95 percent of the federal poverty level (FPL) to 133 percent FPL, in order to receive the full Federal Medical Assistance Percentage (FMAP) allowable under 42 U.S.C. Section 1396d(y) for the Medicaid Expansion including Adult Expansion and Targeted Adult Populations
- Lock-out from the Medicaid Expansion for committing an Intentional Program Violation
- Federal expenditure authority to provide housing related services and supports for groups within Medicaid Expansion
- Not allowing hospitals to make presumptive eligibility determinations for the Medicaid Expansion
- Additional flexibility for providing services through managed care for all Medicaid members
- Require premiums for Adult Expansion beneficiaries with income over 100 percent through 133 percent of the FPL
- Require a \$25 copayment for non-emergent use of the emergency department for Adult Expansion beneficiaries with income over 100 percent FPL through 133 percent FPL
- Expand the subgroup definitions for the Targeted Adult demonstration group to include additional groups of individuals that may receive Targeted Adult Medicaid.
- Implement defined flexibilities and cost savings provisions for the Medicaid Expansion through the state administrative rulemaking process within the parameters defined by this waiver amendment
- Change the income range for Utah's Premium Partnership for Health Insurance (UPP)

The State is also requesting to continue the following components for the Adult Expansion demonstration group which are currently authorized under the State's 1115 Demonstration Waiver:

- Implementing a community engagement requirement for the Adult Expansion demonstration group
- Authorizing the ability for the State to impose an enrollment cap for the Medicaid Expansion
- Waiving Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) for 19 and 20 year old adults for the Medicaid Expansion
- Requiring Adult Expansion Medicaid beneficiaries with access to employer-sponsored insurance (ESI) to enroll in the available insurance, with the flexibility to exempt certain income groups from disenrollment if they fail to enroll

I. Program Description:

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

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
 - Not pregnant
 - Residents of a public institution are not eligible unless furloughed for an inpatient stay
 - Have a household income at or below 133 percent of FPL using the 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
 - Their dependent child(ren) are covered by Medicaid, CHIP or Minimal Essential Coverage (MEC) as defined by 42 CFR § 435.4.

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 components with this amendment:

1. Income Limit Increase for Adult Expansion Population

The State proposes to increase the income limit for the Adult Expansion Population from 95 percent FPL, to 133 percent FPL, in order to receive the increased Federal Medical Assistance Percentages (FMAP) allowable under 42 U.S.C. Section 1396d(y) for the Medicaid Expansion, which includes both the Adult Expansion and the Targeted Adult demonstration groups. If the allowable enhanced FMAP is ever reduced to below 90 percent, the State will sunset the Adult Expansion demonstration group no later than July 1 after the date on which the FMAP is reduced.

The Adult Expansion Population is defined as individuals who meet the following criteria:

- Adults ages 19 through 64
- A U.S. Citizen or qualified alien
 - Non-qualified non-citizens will receive the Emergency Only program pursuant to 42 CFR § 435.139
- A resident of Utah
- Not pregnant
- Residents of a public institution are not eligible unless furloughed for an inpatient stay
- Have a household income at or below 133 percent of FPL using the 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
- Their dependent child(ren) are covered by Medicaid, CHIP or Minimal Essential Coverage (MEC) as defined by 42 CFR § 435.4.

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 Medicaid Expansion, which includes both the Adult Expansion Population and Targeted Adults.

3. Housing Related Services and Supports

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

4. 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.

5. Flexibility to Make Changes through the State Administrative Rulemaking Process

Under the authority granted to the State through this waiver, the State requests the ability to make the changes listed below for the Medicaid Expansion through the state administrative rulemaking process

pursuant to Title 63G Chapter 3 of the Utah Code Annotated. In conjunction with its rulemaking process, the State would provide notice to the public and to CMS regarding any intended changes.

These changes include the following:

- Begin enrollment the first of the month after application for Adult Expansion Medicaid beneficiaries with income over 100 percent FPL (prospective eligibility)
- Not allowing three months of retroactive coverage for Adult Expansion Medicaid beneficiaries who have income over 100 percent FPL
- Change the benefit package for Adult Expansion and Targeted Adult demonstration groups (excluding medically frail) to the State's non-traditional benefit package
- Exempt certain groups from the employer sponsored insurance requirement
- Make enrollment in an integrated plan or other managed care mandatory or optional for different adult expansion groups
- Suspending housing related services and supports in order to stay within appropriations for this provision.
- Suspend enrollment for the subsets within the three subgroups on Targeted Adult Medicaid

6. Expanding Targeted Adult Medicaid Eligibility Definitions

With amendment, the State is requesting to expand its eligibility criteria definitions for the three Targeted Adult subgroups. This will allow the State to increase the number of individuals who are eligible for the Targeted Adult Population, allowing more individuals to receive the added benefits of 12-months continuous eligibility (and dental benefits, if they are actively receiving substance use disorder treatment).

Currently, individuals must meet the following criteria to be eligible for the Targeted Adult Population:

- Adults age 19-64, without a dependent child
- A U.S. Citizen or qualified alien
- A resident of Utah, and not in a public institution
- 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:
 - Be chronically homeless
 - Involved in the justice system AND in need of substance abuse or mental health treatment
 - In need of substance abuse or mental health treatment

The State proposes to add or change the following for each criteria subgroup:

- Chronically Homeless
 - Add "an individual who is a victim of domestic violence who is living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter"
 - Move the following group from the subgroup "Needing substance abuse or mental health treatment" to the "Chronically Homeless" subgroup; "An individual living or

residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for 6 months within a 12-month period; and has a diagnosable substance use disorder or serious mental health disorder”

- Involved in the justice system and in need of substance use or mental health treatment
 - Changing the criteria of “an individual involved in a Drug Court or Mental Health Court, including Tribal courts”, to “an individual who is court ordered to receive substance abuse or mental health treatment through a district court or Tribal court, or involved in a Drug Court or Mental Health Court”.
 - Add “an individual on probation or parole with serious mental illness and/or serious substance use disorder”.

7. Require premiums for Adult Expansion Medicaid beneficiaries with income over 100 percent through 133 percent of the FPL

Information regarding premiums is provided in section “IV. Benefits and Cost Sharing Requirements” below.

8. Require a \$25 copayment for non-emergent use of the emergency department for Adult Expansion Medicaid beneficiaries with income over 100 percent FPL through 133 percent FPL

Information regarding the \$25 copayment is provided in section “IV. Benefits and Cost Sharing Requirements” below.

Overview of Continuing Programs and Benefits:

The State is also requesting to continue the following components and programs with this amendment for the expanded Adult Expansion Population, which are currently authorized under the State’s 1115 Demonstration Waiver:

1. Enrollment Limits

The State requests to continue to apply enrollment limits to the Adult Expansion and Targeted Adult Populations under this demonstration amendment. Enrollment limits for these populations are currently approved under the State’s 1115 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 suspended, 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 suspended will remain enrolled.

3. Community Engagement through a Self Sufficiency Requirement

With this waiver amendment, 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 Demonstration Waiver.

4. Employer Sponsored Insurance (ESI Reimbursement)

As approved on March 29, 2019 under the State's 1115 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.

5. 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 amendment.

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

III. Proposed Delivery System:

Services for the Adult Expansion Population will be provided through FFS during the month of application and potentially the following month depending on the date of approval. In addition, Adult Expansion beneficiaries that live in non-mandatory managed care counties will receive services through the FFS network. FFS reimbursement rates for physical health and behavioral health services will be the same as State Plan provider payment rates.

Adult Expansion beneficiaries living in mandatory managed care counties will be enrolled in managed care no later than the second month after they are approved for Medicaid Expansion. In addition, in Utah's five 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. In the remaining counties, beneficiaries will be enrolled in a pre-paid mental health plan for their behavioral health services.

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

- Demonstration of actuarial soundness of rates
- Flexibility in managed care contract review
- Demonstration of directed payment compliance
- Access to care and availability of services

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">● Non-Traditional Benefits (see description below)
Adults without Dependent Children	<ul style="list-style-type: none">● State Plan Benefits
ESI Eligible Adults with Dependent Children	<ul style="list-style-type: none">● Premium Reimbursement with Non-Traditional Benefit Wrap-around
ESI Eligible Adults without Dependent Children	<ul style="list-style-type: none">● Premium Reimbursement with State Plan Benefit Wrap-around
Medically Frail	<ul style="list-style-type: none">● Adults with Dependent Children normally receive non-traditional benefits, but may choose traditional state plan benefits
Targeted Adults	<ul style="list-style-type: none">● State Plan Benefits, and dental benefits for individuals receiving Substance Use Disorder Treatment (as defined in the Special Terms & Conditions #23(h)) of the 1115 Demonstration Waiver● 12-months continuous eligibility

Housing Related Services and Supports for Individuals Meeting Needs Based Criteria	<ul style="list-style-type: none"> ● Tenancy Support Services ● Community Transition Services ● Supportive Living/Housing Services
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Non-Traditional Benefit Package

Adults with dependent children will receive the State’s non-traditional benefit package, authorized under the State’s 1115 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.

Medically Frail

As stated above, Adult Expansion beneficiaries will receive either traditional state plan Medicaid benefits if they do not have a dependent child living in the home, or they will receive non-traditional Medicaid benefits if they do have a dependent child living in the home. However, if an Adult Expansion beneficiary is identified as medically frail, as defined by 42 CFR 440.315, they may choose between traditional state plan Medicaid benefits or non-traditional Medicaid benefits, as authorized under the State’s 1115 Demonstration Waiver.

An individual is medically frail, as defined by 42 CFR 440.315, if the individual has a:

- Disabling mental disorder
- Chronic substance use disorder
- Serious and complex medical condition
- Physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living
- Disability determination based on Social Security criteria

Premiums

With this amendment, the State is proposing to implement monthly premiums for individuals in the Adult Expansion Population who have household income above 100 percent of the FPL through 133 percent FPL . Monthly premiums will be set at the following amounts regardless of household size or household income.

- \$20 per month for a single individual
- \$30 per month for a couple

Under the authority granted to the State through this waiver, the State requests the ability to raise these premium amounts to mirror annual increases in the federal poverty level through the state administrative rulemaking process pursuant to Title 63G Chapter 3 of the Utah Code Annotated. In conjunction with its rulemaking process, the State would provide notice to the public and to CMS regarding any intended changes.

Premiums will not be charged for the month of application or any months of retroactive coverage. Premiums must be paid in the month prior to the month of eligibility to avoid disenrollment. Failure to pay the required premium will result in loss of eligibility for Adult Expansion Medicaid.

Premium Exemptions

The following individuals are exempt from paying premiums:

- Individuals with verified membership in a federally recognized tribe
- Individuals identified as medically frail, as described in 42 CFR 440.315

Individuals who receive employer sponsored insurance reimbursements will have premiums deducted from their ESI reimbursement amount.

The total of the individual’s or couple’s premium amount and any applicable copayments will not exceed 5 percent of the household’s income, per 42 CFR 447.56(f).

Payment of Past Due Premiums after Losing Eligibility

Individuals who have been disenrolled for failure to pay premiums will be required to pay any past due premiums in order to reinstate Medicaid. However, if it has been more than six months from when the coverage ended, they will not be required to pay past due premiums.

Cost Sharing

Copayment for Non-Emergent Use of the Emergency Department

In accordance with Section 1916(f) of the Social Security Act, the State proposes to require a \$25 copayment for non-emergent use of the emergency department for individuals in the Adult Expansion Population who have household income above 100 percent FPL through 133 percent FPL. Members of federally recognized tribes will be exempt from this provision.

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).

Enrollment	DY 18¹	DY 19	DY 20
Targeted Adults	14,000	14,350	14,709

¹Reflects anticipated average enrollment January 2020 through June 2020

Expansion Parents up to 100% FPL	28,319	29,027	29,753
Expansion Parents above 100% FPL up to 133% FPL	9,779	10,292	10,832
Expansion Adults without Children up to 100% FPL	33,414	34,250	35,106
Expansion Adults without Children above 100% FPL up to 133% FPL	30,946	32,570	34,280
Annual Total	116,458	120,489	124,680

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

Expenditures (Total Fund)	DY 18²	DY 19	DY 20
Targeted Adults	\$127,914,000	\$276,122,000	\$298,026,000
Expansion Parents up to 100% FPL	\$114,116,000	\$246,336,000	\$265,877,000
Expansion Parents above 100% FPL up to 133% FPL	\$38,541,000	\$85,430,000	\$94,680,000
Expansion Adults without Children up to 100% FPL	\$187,889,000	\$405,586,000	\$437,759,000
Expansion Adults without Children above 100% FPL up to 133% FPL	\$170,956,000	\$378,934,000	\$419,966,000
Annual Total	\$639,416,000	\$1,392,408,000	\$1,516,308,000

The table below shows the projected enrollees under the scenario that the State implements all of the additional flexibilities and cost controls requested in this demonstration.

Enrollment	DY 18³	DY 19	DY 20
Former Targeted Adults	13,283	13,615	13,955
Expansion Parents up to 100% FPL	28,319	29,027	29,753
Expansion Parents above 100% FPL up to 133% FPL	8,841	9,306	9,794
Expansion Adults without Children up to 100% FPL	33,414	34,250	35,106
Expansion Adults without Children above 100% FPL up to 133% FPL	27,980	29,449	30,995
Annual Total	111,837	115,647	119,603

Table 8

The table below shows the projected expenditures under the scenario that the State implements all of the additional flexibilities and cost controls requested in this demonstration.

² Reflects anticipated total expenditures January 2020 through June 2020

³ Reflects anticipated average enrollment January 2020 through June 2020

Expenditures (Total Fund)	DY 18⁴	DY 19	DY 20
Targeted Adults	\$102,102,000	\$220,403,000	\$237,886,000
Expansion Parents up to 100% FPL	\$108,842,000	\$234,951,000	\$253,589,000
Expansion Parents above 100% FPL up to 133% FPL	\$33,201,000	\$73,592,000	\$81,561,000
Expansion Adults without Children up to 100% FPL	\$180,244,000	\$389,083,000	\$419,947,000
Expansion Adults without Children above 100% FPL up to 133% FPL	\$148,170,000	\$328,428,000	\$363,991,000
Annual Total	\$572,559,000	\$1,246,457,000	\$1,356,974,000

VI. Waivers and Expenditure Authorities:

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

Waiver Authority	Reason and Use of Waiver
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)(14) insofar as it incorporates Sections 1916 and 1916A	To the extent necessary to enable the State to require monthly premiums for individuals in the Adult Expansion Population who have household income above 100 up to and including 133 percent of the FPL.
Section 1902(a)(8) and (a)(10)- Eligibility and Provision of Medical Assistance	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

⁴ Reflects anticipated total expenditures January 2020 through June 2020

	described in the STCs, unless the beneficiary is exempted, or demonstrates good cause, as described in the STCs. 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
Adult Expansion			
The Demonstration will improve access to medical assistance in Utah.	<ul style="list-style-type: none"> Number of adults ages 19-64 in Utah without health coverage 	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 individuals by increasing access to primary care and improving appropriate utilization of emergency	<ul style="list-style-type: none"> Review of claims for Primary Care Review of claims for ED visits 	Claims/encounter data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons

department (ED) services by Adult Expansion members.			
The Demonstration will reduce uncompensated care provided by Utah hospitals.	<ul style="list-style-type: none"> • Amount of statewide hospital-reported uncompensated care 	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"> • Number of enrolled members with employer-sponsored insurance 	Enrollment data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
Community Engagement			
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"> • Number of trainings completed/ended • Number of job searches • Number of job registrations • Amount of earned income 	eREP & UWORKS system data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
Community engagement requirements that promote engagement with the employment process will improve the health outcomes of Medicaid beneficiaries	<ul style="list-style-type: none"> • Number of prescriptions • Number of non-emergent ED visits • Number of cancer screenings 	Claims/encounter data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons

subject to the requirements, compared to Medicaid beneficiaries not subject to the requirements.	<ul style="list-style-type: none"> Number of well-care visits 		
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.	Reported enrollment in commercial coverage, including ESI and Marketplace plans, within 1 year of disenrollment from Medicaid	Beneficiary Surveys	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
Premiums			
Individuals sharing in the total cost of care by paying premiums will access preventive services at a rate equivalent or greater than individuals who do not pay premiums.	<ul style="list-style-type: none"> Number of prescriptions Number of non-emergent ED visits Number of cancer screenings Number of well-care visits 	Claims/encounter data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
Lock-Out for Intentional Program Violation			
The Demonstration will discourage individuals from committing an IPV by disqualifying individuals who commit an IPV.	Percentage of IPV compared to a comparison group	Enrollment and IPV Lock-Out Data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
Housing Supports			

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
Not Allowing Presumptive Eligibility			
The demonstration will allow individuals to enroll retroactively covering unforeseen hospital expenses at a rate equivalent to hospital presumptive eligibility pre-demonstration.	Pre-demonstration, proportion of enrollees enrolling through hospital presumptive eligibility plus retroactive enrollment. Post demonstration, proportion of enrollees enrolling through retroactive enrollment.	Medicaid Data Warehouse eRep Eligibility System Data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
Non-emergent Use of the Emergency Room			
Charging a higher copay for this service will decrease inappropriate use of the emergency	<ul style="list-style-type: none"> ● Number of prescriptions ● Number of non-emergent ED visits 	Claims/encounter data	Independent evaluator will design quantitative and qualitative measures to include

room without impacting other health measures	<ul style="list-style-type: none"> • Number of cancer screenings • Number of well-care visit 		quasi-experimental comparisons
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The State will test the following hypothesis if the relevant provisions of the waiver are activated by the State.

Prospective Enrollment			
The implementation of the proposal will generate cost savings over the term of the waiver.	<ul style="list-style-type: none"> • Average cost per member in month of application for comparison group • Average cost per member in the first three eligible months after application for demonstration group and comparison group 	Claims/encounter data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
The implementation of this proposal will not adversely impact health outcomes of demonstration individuals.	<ul style="list-style-type: none"> • Number of prescriptions • Number of non-emergent ED visits • Number of cancer screenings • Number of well-care visits 	Claims/encounter data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
Elimination of Retroactive Eligibility			

<p>The implementation of the proposal will generate cost savings over the term of the waiver.</p>	<ul style="list-style-type: none"> ● Average cost per member in retro months prior to application for comparison group ● Average cost per member in the first three eligible months after application for demonstration group and comparison group 	<p>Claims/encounter data</p>	<p>Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons</p>
<p>The implementation of this proposal will not adversely impact health outcomes of demonstration individuals.</p>	<ul style="list-style-type: none"> ● Number of prescriptions ● Number of non-emergent ED visits ● Number of cancer screenings ● Number of well-care visits 	<p>Claims/encounter data</p>	<p>Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons</p>

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 Amendment for Public Comment and Review:

A copy of the DMHF’s proposed demonstration amendment is available for review online at: <https://medicaid.utah.gov/1115-waiver>.

A copy of the DMHF's proposed demonstration amendment 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 amendment during the 30-day public comment period, from September 27, 2019 through October 27, 2019.

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

Public Hearings:

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

- Monday, October 7, 2019
4:00 p.m. to 6:00 p.m.
Multi-Agency State Office Building
195 N 1950 W, Salt Lake City, Utah
Room 1020C
- Thursday, October 10, 2019
2:00 p.m. to 4:00 p.m. (Medical Care Advisory Committee (MCAC) meeting)
Cannon Health Building
288 N 1460 W, Salt Lake City, Utah
Room 125

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 Thursday, October 3, 2019.