



State of Utah

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May 16, 2023

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

Dear Administrator Brooks-LaSure:

I am pleased to submit an amendment to the Utah Medicaid Reform 1115 Demonstration. Approval of this amendment will allow the state to provide twelve months of extended Medicaid coverage for certain postpartum women.

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

Respectfully,

Jennifer Strohecker (May 16, 2023 05:47 MDT)

Jennifer Strohecker
Medicaid Director
Director, Division of Integrated Healthcare

Utah's Medicaid Reform 1115 Demonstration

Amendment Request

Twelve-month Extended Postpartum Coverage

Demonstration Project No. 11-W-00145/8
21-W-00054/8

Contents

Utah's Medicaid Reform 1115 Demonstration Amendment	1
Section I. Program Description and Objectives	1
Section II. Demonstration Eligibility	2
Section III. Demonstration Benefits and Cost Sharing Requirements	3
Section IV. Delivery System	3
Section V. Enrollment in Demonstration	3
Section VI. Demonstration Financing and Budget Neutrality	3
Section VII. Proposed Waiver and Expenditure Authority	4
Section VIII. Compliance with Public Notice and Tribal Consultation	4
Section IX. Demonstration Administration	6
Attachment 1- Compliance with Budget Neutrality Requirements	7
Attachment 2- Public Notice Requirements	12
Attachment 3- Medical Care Advisory Committee-Public Hearing	24
Attachment 4- Tribal Consultation	26

State of Utah

Section 1115 Demonstration Amendment

Twelve-Month Extended Postpartum Coverage

Section I. Program Description and Objectives

During the 2023 General Session of the Utah State Legislature, Senate Bill 133, “Modifications to Medicaid Coverage”, was passed. This legislation requires the Utah Department of Health and Human Services (DHHS), Division of Integrated Healthcare (DIH) to seek 1115 Demonstration approval from the Centers for Medicare and Medicaid Services (CMS) to provide twelve months of extended Medicaid coverage for certain postpartum women. The state is seeking to implement twelve months of extended postpartum coverage for this group through this amendment.

Goals and Objectives

The primary objective of the Twelve-Month Extended Postpartum Coverage Amendment is to extend the postpartum coverage from 60 days to twelve months for certain women.

Twelve-Month Extended Postpartum Coverage goals:

- Promote continuity of care for the management of chronic conditions such as depression, diabetes and hypertension.
- Align pregnancy postpartum Medicaid coverage with the newborn child Medicaid coverage.
- Reduce maternal mortality. Ensure mothers have access to preventative care and time to seek care for postpartum-related health issues.
- Decrease the incidence of short interval pregnancies, a known risk factor for poor maternal and infant health outcomes.

Postpartum care encompasses a range of important health needs, including recovery from childbirth, follow up on pregnancy complications, management of chronic health conditions, access to family planning, and addressing mental health conditions. Mental health is a major concern during and after pregnancy. Over the past ten years, depression and suicidality among pregnant and postpartum people has risen. At least one in ten women experience perinatal depression. Addressing pregnancy-related deaths (typically defined as death within one year of pregnancy) is an urgent health challenge. At least one-third of maternal deaths occur in the postpartum period. Research strongly indicates that access to health care throughout a woman’s reproductive years is essential for

prevention, early detection, and treatment of some of the conditions that place women at higher risk for pregnancy-related complications, including cardiovascular disease, diabetes, and chronic hypertension.¹

Operation and Proposed Timeline

The Demonstration will operate statewide. The state intends to implement the Demonstration as soon as possible after approval. The state requests to operate the Demonstration through the end of the current approval period, which is June 30, 2027.

Demonstration Hypotheses and Evaluation

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

The following hypothesis will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
Participants will have continuity of care for pregnancy-related conditions (hypertension, gestational diabetes, depression).	Rate of diagnosis and ongoing care, including provider visits and medication management, in comparison to an established baseline.	Claims/encounter data Enrollment data	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.
Participants will have continuity of treatment of substance use treatment.	Rate of sustained engagement in a substance use treatment program comparison to an established baseline.	Claims/encounter data	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.

Section II. Demonstration Eligibility

Individuals must meet the following eligibility criteria to qualify for twelve-month extended postpartum coverage:

- The woman is eligible for Medicaid during her pregnancy; and
- The woman's pregnancy ends by way of:

¹ Usha Ranji, I. G., & 2020, D. (2021, March 9). *Expanding postpartum Medicaid coverage*. KFF. Retrieved March 9, 2023, from <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

- o birth
- o miscarriage
- o stillbirth; or
- o an abortion that is permitted under [Utah Code Section 76-7a-201](#).

Projected Enrollment

There is no cap on enrollment for this program. The state estimates enrollment at 11,465 individuals per year.

Demonstration Disenrollment

If a woman becomes pregnant again while enrolled in the demonstration, she will be screened for eligibility in a different Medicaid program under the State Plan. If eligible she will be removed from the demonstration and provided coverage under that program. The state will not submit claims under this demonstration for any woman who is found to be eligible under the Medicaid State Plan.

Section III. Demonstration Benefits and Cost Sharing Requirements

There are no changes to the postpartum benefits provided to eligible individuals under this amendment. Individuals will continue to receive state plan postpartum benefits. Cost sharing requirements will not differ from those provided under the state plan.

Section IV. Delivery System

Twelve-month extended postpartum coverage services under this waiver will be delivered through managed care under 1915(b) authority or by amendment to this demonstration.

Section V. Implementation and Enrollment in Demonstration

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

Section VI. Demonstration Financing and Budget Neutrality

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

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

	DY22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)

Enrollment	11,667	11,545	11,415	11,233
Expenditures	\$150,103,124	\$155,227,571	\$160,385,793	\$164,917,386

Section VII. Proposed Waiver and Expenditure Authority

The state requests the following proposed waivers and expenditure authorities 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 extend certain coverage for postpartum benefits, as described in 1902(e)(16), only to individuals eligible under this demonstration.

Expenditure Authority

The state requests expenditure authority to provide twelve-month extended postpartum coverage to individuals in this Demonstration group.

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

Two public hearings to take public comment on this request were held. The first public hearing was held on April 20, 2023 from 2:00 to 4:00 pm during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing was held on May 1, 2023 from 4:00 to 5:00 pm. Both public hearings were held via video and teleconferencing.

Public Comment

The state accepted public comment during a 30-day public comment period, which was held April 10, 2023 through May 10, 2023. The state received comments from eight individuals and agencies. This includes comments provided during both public hearings, email and online portal comments, and mailed comments. The state reviewed and considered all public comments received. A summary of the comments and State responses are outlined below.

Abortion clause

The majority of commenters were supportive of the 12 month extended postpartum coverage but had concerns with the abortion clause. Five commenters suggested a rejection of the proposal so the state can authorize coverage through the State Plan Amendment as this would ensure all women who need access to postpartum coverage can receive services regardless of abortion restrictions. One commenter stated the exclusion contradicts federal regulations around the provision of pregnancy-related services under Medicaid and that denying someone pregnancy-related care on the basis of the pregnancy outcomes further stigmatizes people who have abortions and may have an adverse impact on their overall health. Another commenter stated the proposed amendment was not good policy as it scrutinizes women and invades their privacy.

Response: The state acknowledges the concerns raised about the abortion clause in the proposed amendment. The state recognizes that the amendment, as it currently stands, may not cover all scenarios, but was crafted in alignment with the Hyde Amendment regarding abortion services. If the amendment is not approved, the state will pursue the State Plan Amendment pathway as an alternative solution to extend postpartum coverage to a broader group of women.

Administrative burden

Two commenters were also concerned with the amount of administrative burden this amendment requires. These commenters stated a state plan amendment would have a faster approval time, thereby providing more care to postpartum women on a quicker timeline.

Response: The state recognizes the urgency of providing this coverage to postpartum women and has prioritized this amendment. State law has designed a fall back plan if the amendment is not approved by CMS by January 2024. In the event of fall back, the state will act quickly to include this coverage in the State Plan no later than January 2024.

Additional evaluation metrics

In regards to the evaluation process, one commenter suggested additional hypotheses be added to the amendment to show how essential services are utilized in postpartum care. Suggested metrics included the initiation of contraception placements according to patient preference, incidence of sterilization procedures according to patient preference, and the evaluation of patient satisfaction with contraception placements and sterilization procedures.

Response: The state will work with the independent evaluator to discuss and develop evaluation metrics.

Tribal Consultation

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act and the DHHS Intergovernmental Policy 01.19 Formal DHHS [Tribal Consultation and Urban Indian Organization Conferment Process Policy](#) , the state ensures that a meaningful consultation process occurs in a timely manner on program decisions or policy impacting Indian Tribes and the Urban Indian Organization (UIO) in the State of Utah. DIH has notified the DHHS Tribal Health Liaison of the waiver amendment. As a result of this notification, DIH began the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on June 9, 2023 to present this demonstration amendment. No comments were received.

Tribal Consultation & Conferment Policy Process

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

Section IX. Demonstration Administration

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

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Email Address: jstrohecker@utah.gov

Attachment 1

Compliance with Budget Neutrality Requirements

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

ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY)					DY21-25 TOTAL WOW
		DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
Current Eligibles							
Pop Type:		Medicaid					
Eligible Member Months	0.0%	318,076	318,076	318,076	318,076	318,076	
PMPM Cost	5.3%	\$ 1,293.75	\$ 1,362.32	\$ 1,434.52	\$ 1,510.55	\$ 1,590.61	
Total Expenditure		\$ 411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$ 505,935,516	\$ 2,287,525,974
Demo Pop I - PCN Adults with Children							
Pop Type:		Hypothetical					
Eligible Member Months	5.9%						
PMPM Cost	5.3%						
Total Expenditure							\$ -
Demo Pop III/V - UPP Adults with Children *							
Pop Type:		Hypothetical					
Eligible Member Months	34.9%	36,498	49,222	66,380	89,520	120,727	
PMPM Cost	5.3%	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure		\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
Demo Pop I - PCN Childless Adults							
Pop Type:		Medicaid					
Eligible Member Months							
PMPM Cost							
Total Expenditure							\$ -
Demo Pop III/V - UPP Childless Adults *							
Pop Type:		Medicaid					
Eligible Member Months	159	184	189	194	199	204	
PMPM Cost	68.45	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure		\$ 71,651	\$ 73,442	\$ 75,278	\$ 77,160	\$ 79,089	\$ 376,620
Dental - Aged							
Pop Type:		Hypothetical					
Eligible Member Months	2.5%	68,396	70,106	71,858	73,655	75,496	
PMPM Cost	5.3%	\$ 35.90	\$ 37.81	\$ 39.81	\$ 41.92	\$ 41.92	
Total Expenditure		\$ 2,455,608	\$ 2,650,399	\$ 2,860,641	\$ 3,087,562	\$ 3,164,751	\$ 14,218,960
Dental - Blind/Disabled							
Pop Type:		Hypothetical					
Eligible Member Months	2.5%	393,600	393,600	393,600	393,600	393,600	
PMPM Cost	5.3%	\$ 35.93	\$ 37.83	\$ 39.83	\$ 41.95	\$ 44.17	
Total Expenditure		\$ 14,140,242	\$ 14,889,675	\$ 15,678,828	\$ 16,509,805	\$ 17,384,825	\$ 78,603,375
Dental - Targeted Adults							
Pop Type:		Expansion					
Eligible Member Months		39,737	40,731	41,749	42,793	43,863	
PMPM Cost	5.3%	\$ 43.51	\$ 45.82	\$ 48.24	\$ 50.80	\$ 53.49	
Total Expenditure		\$ 1,728,934	\$ 1,866,081	\$ 2,014,108	\$ 2,173,877	\$ 2,346,320	\$ 10,129,320
Employer Sponsored Insurance (ESI)							
Pop Type:		Hypothetical					
Eligible Member Months	2.5%	145,638	149,279	153,011	156,836	160,757	
PMPM Cost	4.7%	\$ 264.70	\$ 277.14	\$ 290.17	\$ 303.81	\$ 318.08	
Total Expenditure		\$ 38,550,492	\$ 41,371,424	\$ 44,398,778	\$ 47,647,659	\$ 51,134,277	\$ 223,102,631
Expansion Parents <=100% FPL							
Pop Type:		Expansion					
Eligible Member Months	2.5%	365,958	375,106	384,484	394,096	403,949	
PMPM Cost	5.3%	\$ 784.16	\$ 825.72	\$ 869.48	\$ 915.56	\$ 964.09	
Total Expenditure		\$ 286,967,645	\$ 309,731,354	\$ 334,300,793	\$ 360,819,204	\$ 389,441,187	\$ 1,681,260,182
Expansion Adults w/out Dependent Children <=100% FPL							
Pop Type:		Expansion					
Eligible Member Months	2.5%	431,799	442,594	453,658	465,000	476,625	
PMPM Cost	5.3%	\$ 1,094.21	\$ 1,152.20	\$ 1,213.26	\$ 1,277.57	\$ 1,345.28	
Total Expenditure		\$ 472,476,451	\$ 509,955,646	\$ 550,407,877	\$ 594,068,982	\$ 641,193,504	\$ 2,768,102,461
Expansion Parents 101-133% FPL							
Pop Type:		Expansion					
Eligible Member Months	5.25%	132,166	139,105	146,408	154,094	162,184	
PMPM Cost	5.3%	\$ 766.98	\$ 807.63	\$ 850.43	\$ 895.51	\$ 942.97	
Total Expenditure		\$ 101,368,614	\$ 112,345,061	\$ 124,510,065	\$ 137,992,326	\$ 152,934,480	\$ 629,150,545
Expansion Adults w/out Dependent Children 101-133% FPL							
Pop Type:		Expansion					
Eligible Member Months	5.25%	418,244	440,201	463,312	487,636	513,237	
PMPM Cost	5.3%	\$ 1,075.02	\$ 1,132.00	\$ 1,191.99	\$ 1,255.17	\$ 1,321.69	
Total Expenditure		\$ 449,621,028	\$ 498,307,117	\$ 552,265,058	\$ 612,065,699	\$ 678,341,703	\$ 2,790,600,606
Former Foster							
Pop Type:		Hypothetical					
Eligible Member Months	0.0%	10	10	10	10	10	
PMPM Cost	4.8%	\$ 1,252.63	\$ 1,312.76	\$ 1,375.77	\$ 1,441.81	\$ 1,511.01	
Total Expenditure		\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940
Housing Residential Support Services (HRSS)							
Pop Type:		Expansion					
Eligible Member Months	2.5%	33,508	34,346	35,205	36,085	36,987	
PMPM Cost	5.3%	\$ 7,318.35	\$ 7,706.22	\$ 8,114.65	\$ 8,544.73	\$ 8,997.60	
Total Expenditure		\$ 245,225,284	\$ 264,677,780	\$ 285,673,345	\$ 308,334,383	\$ 332,793,008	\$ 1,436,703,800

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

ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY)					DY21-25 TOTAL WOW
		DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
Intense Stabilization Services (ISS)							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%	1,440	1,440	1,440	1,440	1,440	
PMPM Cost	5.3%	\$ 2,328.50	\$ 2,451.91	\$ 2,581.86	\$ 2,718.70	\$ 2,862.79	
Total Expenditure		\$ 3,353,038	\$ 3,530,749	\$ 3,717,879	\$ 3,914,927	\$ 4,122,418	\$ 18,639,012
In-Vitro Fertilization (IVF) Treatment							
Pop Type:	Hypothetical						
Eligible Member Months	13.5%	162	184	209	237	269	
PMPM Cost	5.0%	\$ 20,588.98	\$ 21,620.64	\$ 22,703.99	\$ 23,841.63	\$ 25,036.27	
Total Expenditure		\$ 3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310
Medicaid for Justice-Involved Populations							
Pop Type:	Hypothetical						
Eligible Member Months	1.75%	39,756	40,451	41,159	41,880	42,613	
PMPM Cost	3.0%	\$ 551.67	\$ 568.22	\$ 585.26	\$ 602.82	\$ 620.91	
Total Expenditure		\$ 21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839
Mental Health Institutions for Mental Disease (IMD)							
Pop Type:	Hypothetical						
Eligible Member Months	2.5%	11,043	11,319	11,602	11,892	12,190	
PMPM Cost	5.3%	\$ 14,339.69	\$ 15,099.69	\$ 15,899.97	\$ 16,742.67	\$ 17,630.03	
Total Expenditure		\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,096
Serious Mental Illness (SMI)							
Pop Type:	Hypothetical						
Eligible Member Months	2.5%	17,688	18,130	18,583	19,048	19,524	
PMPM Cost	5.3%	\$ 14,998.85	\$ 15,793.79	\$ 16,630.86	\$ 17,512.30	\$ 18,440.45	
Total Expenditure		\$ 265,296,529	\$ 286,341,176	\$ 309,055,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400
Substance Use Disorder (SUD)							
Pop Type:	Hypothetical						
Eligible Member Months	6.9%	49,527	52,940	56,587	60,486	64,654	
PMPM Cost	5.0%	\$ 4,239.75	\$ 4,451.74	\$ 4,674.33	\$ 4,908.05	\$ 5,153.45	
Total Expenditure		\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045
Targeted Adults							
Pop Type:	Expansion	Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment. PMPM will increase due to adding the new managed care directed payments					
Eligible Member Months	2.5%	180,918	185,441	190,077	194,828	199,699	
PMPM Cost	5.3%	\$ 1,495.83	\$ 1,575.11	\$ 1,658.59	\$ 1,746.50	\$ 1,839.06	
Total Expenditure		\$ 270,622,011	\$ 292,089,289	\$ 315,259,114	\$ 340,267,965	\$ 367,258,823	\$ 1,585,497,203
Withdrawal Management							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%	4,018	4,018	4,018	4,018	4,018	
PMPM Cost	5.0%	\$ 850.85	\$ 893.40	\$ 938.07	\$ 984.97	\$ 1,034.22	
Total Expenditure		\$ 3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482
Long-Term Support Services (LTSS)							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%		600	600	600	600	
PMPM Cost	5.0%		\$ 9,578.00	\$ 10,056.90	\$ 10,559.75	\$ 11,087.73	
Total Expenditure			\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600	\$ 24,769,300
Integrated Behavior Health Services							
Pop Type:	Hypothetical		Starts 1/1/24				
Eligible Member Months	0.0%		1,500	3,000	3,000	3,000	
PMPM Cost	5.0%		\$ 66.67	\$ 70.00	\$ 73.50	\$ 77.18	
Total Expenditure			\$ 100,000	\$ 210,000	\$ 220,500	\$ 231,500	\$ 762,000
Demo Pop VI - UPP for Children							
Pop Type:	Hypothetical		Starts 1/1/24				
Eligible Member Months	0.0%		1,775	3,523	3,523	3,523	
PMPM Cost	5.0%		\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure			\$ 319,500	\$ 634,140	\$ 634,140	\$ 634,140	\$ 2,221,920
Dental Services for Medicaid Eligible Adults							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%		1,712,568	1,444,392	1,512,036	1,553,472	
PMPM Cost	0.0%		\$ 32.20	\$ 32.20	\$ 32.20	\$ 32.20	
Total Expenditure			\$ 55,136,665	\$ 46,507,201	\$ 48,685,123	\$ 50,019,355	\$ 200,348,344
SB133 12-Month Extended Postpartum							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%		140,004	138,540	136,980	134,796	
PMPM Cost	4.5%		\$ 1,072.13	\$ 1,120.45	\$ 1,170.87	\$ 1,223.46	
Total Expenditure			\$ 150,103,124	\$ 155,227,571	\$ 160,385,793	\$ 164,917,386	\$ 630,633,874
SB133 Family Planning Services							
Pop Type:	Hypothetical						
Eligible Member Months	1.6%		60,648	61,656	62,640	63,636	
PMPM Cost	1.2%		\$ 21.60	\$ 21.86	\$ 22.13	\$ 22.40	
Total Expenditure			\$ 1,309,968	\$ 1,348,051	\$ 1,386,293	\$ 1,425,154	\$ 5,469,466
SB269 Chronic Conditions Support Amendment							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%		9,660	19,320	19,320	9,660	
PMPM Cost	0.0%		\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure			\$ 1,738,800	\$ 3,477,600	\$ 3,477,600	\$ 1,738,800	\$ 10,432,800

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

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
Current Eligibles						
Pop Type:						
Eligible Member Months	318,076	318,076	318,076	318,076	318,076	
PMMP Cost	\$ 1,293.75	\$ 1,362.32	\$ 1,434.52	\$ 1,510.55	\$ 1,590.61	
Total Expenditure	\$ 411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$ 505,935,516	\$ 2,287,525,974
Demo Pop I - PCN Adults w/Children						
Pop Type:						
Eligible Member Months	-	-	-	-	-	
PMMP Cost	-	-	-	-	-	
Total Expenditure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Demo Pop III/V - UPP Adults with Children						
Pop Type:						
Eligible Member Months	\$ 36,498	\$ 49,222	\$ 66,380	\$ 89,520	\$ 120,727	
PMMP Cost	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure	\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
Demo Pop I - PCN Childless Adults						
Pop Type:						
Eligible Member Months	-	-	-	-	-	
PMMP Cost	-	-	-	-	-	
Total Expenditure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Demo Pop III/V - UPP Childless Adults						
Pop Type:						
Eligible Member Months	\$ 184	\$ 189	\$ 194	\$ 199	\$ 204	
PMMP Cost	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure	\$ 71,651	\$ 73,442	\$ 75,278	\$ 77,160	\$ 79,089	\$ 376,620
Dental - Aged						
Pop Type:						
Eligible Member Months	68,396	70,106	71,858	73,655	75,496	
PMMP Cost	\$ 35.90	\$ 37.81	\$ 39.81	\$ 41.92	\$ 41.92	
Total Expenditure	\$ 2,455,608	\$ 2,650,399	\$ 2,860,641	\$ 3,087,562	\$ 3,164,751	\$ 14,218,960
Dental - Blind/Disabled						
Pop Type:						
Eligible Member Months	393,600	393,600	393,600	393,600	393,600	
PMMP Cost	\$ 35.93	\$ 37.83	\$ 39.83	\$ 41.95	\$ 44.17	
Total Expenditure	\$ 14,140,242	\$ 14,889,675	\$ 15,678,828	\$ 16,509,805	\$ 17,384,825	\$ 78,603,375
Dental - Targeted Adults						
Pop Type:						
Eligible Member Months	39,737	40,731	41,749	42,793	43,863	
PMMP Cost	\$ 43.51	\$ 45.82	\$ 48.24	\$ 50.80	\$ 53.49	
Total Expenditure	\$ 1,728,934	\$ 1,866,081	\$ 2,014,108	\$ 2,173,877	\$ 2,346,320	\$ 10,129,320
Employer Sponsored Insurance (ESI)						
Pop Type:						
Eligible Member Months	145,638	149,279	153,011	156,836	160,757	
PMMP Cost	\$ 264.70	\$ 277.14	\$ 290.17	\$ 303.81	\$ 318.08	
Total Expenditure	\$ 38,550,492	\$ 41,371,424	\$ 44,398,778	\$ 47,647,659	\$ 51,134,277	\$ 223,102,631
Expansion Parents <=100% FPL						
Pop Type:						
Eligible Member Months	365,958	375,106	384,484	394,096	403,949	
PMMP Cost	\$ 784.16	\$ 825.72	\$ 869.48	\$ 915.56	\$ 964.09	
Total Expenditure	\$ 286,967,645	\$ 309,731,354	\$ 334,300,793	\$ 360,819,204	\$ 389,441,187	\$ 1,681,260,182
Expansion Adults w/out Dependent Children <=100% FPL						
Pop Type:						
Eligible Member Months	431,799	442,594	453,658	465,000	476,625	
PMMP Cost	\$ 1,094.21	\$ 1,152.20	\$ 1,213.26	\$ 1,277.57	\$ 1,345.28	
Total Expenditure	\$ 472,476,451	\$ 509,955,646	\$ 550,407,877	\$ 594,068,982	\$ 641,193,504	\$ 2,768,102,461
Expansion Parents 101-133% FPL						
Pop Type:						
Eligible Member Months	132,166	139,105	146,408	154,094	162,184	
PMMP Cost	\$ 766.98	\$ 807.63	\$ 850.43	\$ 895.51	\$ 942.97	
Total Expenditure	\$ 101,368,614	\$ 112,345,061	\$ 124,510,065	\$ 137,992,326	\$ 152,934,480	\$ 629,150,545
Expansion Adults w/out Dependent Children 101-133% FPL						
Pop Type:						
Eligible Member Months	418,244	440,201	463,312	487,636	513,237	
PMMP Cost	\$ 1,075.02	\$ 1,132.00	\$ 1,191.99	\$ 1,255.17	\$ 1,321.69	
Total Expenditure	\$ 449,621,028	\$ 498,307,117	\$ 552,265,058	\$ 612,065,699	\$ 678,341,703	\$ 2,790,600,606
Former Foster Care						
Pop Type:						
Eligible Member Months	10	10	10	10	10	
PMMP Cost	\$ 1,252.63	\$ 1,312.76	\$ 1,375.77	\$ 1,441.81	\$ 1,511.01	
Total Expenditure	\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940
Housing Residential Support Services (HRSS)						
Pop Type:						
Eligible Member Months	33,508	34,346	35,205	36,085	36,987	
PMMP Cost	\$ 7.318	\$ 7.706	\$ 8.115	\$ 8.545	\$ 8.998	
Total Expenditure	\$ 245,225,284	\$ 264,677,780	\$ 285,673,345	\$ 308,334,383	\$ 332,793,008	\$ 1,436,703,800

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

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
Intense Stabilization Services (ISS)						
Pop Type:						
Eligible Member Months	1,440	1,440	1,440	1,440	1,440	
PMPM Cost	\$ 2,328.50	\$ 2,451.91	\$ 2,581.86	\$ 2,718.70	\$ 2,862.79	
Total Expenditure	\$ 3,353,038	\$ 3,530,749	\$ 3,717,879	\$ 3,914,927	\$ 4,122,418	\$ 18,639,012
In-Vitro Fertilization (IVF) Treatment						
Pop Type:						
Eligible Member Months	162	184	209	237	269	
PMPM Cost	\$ 20,588.98	\$ 21,620.64	\$ 22,703.99	\$ 23,841.63	\$ 25,036.27	
Total Expenditure	\$ 3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310
Medicaid for Justice-Involved Populations						
Pop Type:						
Eligible Member Months	39,756	40,451	41,159	41,880	42,613	
PMPM Cost	\$ 551.67	\$ 568.22	\$ 585.26	\$ 602.82	\$ 620.91	
Total Expenditure	\$ 21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839
Mental Health Institutions for Mental Disease (IMD)						
Pop Type:						
Eligible Member Months	11,043	11,319	11,602	11,892	12,190	
PMPM Cost	\$ 14,339.69	\$ 15,099.69	\$ 15,899.97	\$ 16,742.67	\$ 17,630.03	
Total Expenditure	\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,096
Serious Mental Illness (SMI)						
Pop Type:						
Eligible Member Months	17,688	18,130	18,583	19,048	19,524	
PMPM Cost	\$ 14,998.85	\$ 15,793.79	\$ 16,630.86	\$ 17,512.30	\$ 18,440.45	
Total Expenditure	\$ 265,296,529	\$ 286,341,176	\$ 309,055,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400
Substance Use Disorder (SUD)						
Pop Type:						
Eligible Member Months	49,527	52,940	56,587	60,486	64,654	
PMPM Cost	\$ 4,239.75	\$ 4,451.74	\$ 4,674.33	\$ 4,908.05	\$ 5,153.45	
Total Expenditure	\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045
Targeted Adults						
Pop Type:						
Eligible Member Months	180,918	185,441	190,077	194,828	199,699	
PMPM Cost	1,496	1,575	1,659	1,747	1,839	
Total Expenditure	\$ 270,622,011	\$ 292,089,289	\$ 315,259,114	\$ 340,267,965	\$ 367,258,823	\$ 1,585,497,203
Withdrawal Management						
Pop Type:						
Eligible Member Months	4,018	4,018	4,018	4,018	4,018	
PMPM Cost	\$ 850.85	\$ 893.40	\$ 938.07	\$ 984.97	\$ 1,034.22	
Total Expenditure	\$ 3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482
Long-Term Support Services (LTSS)						
Pop Type:						
Eligible Member Months	-	600	600	600	600	
PMPM Cost	-	9,578	10,057	10,560	11,088	
Total Expenditure	-	5,746,800	6,034,100	6,335,800	6,652,600	\$ 24,769,300
Integrated Behavior Health Services						
Pop Type:		Starts 1/1/24				
Eligible Member Months	-	1,500	3,000	3,000	3,000	
PMPM Cost	\$ -	\$ 66.67	\$ 70.00	\$ 73.50	\$ 77.18	
Total Expenditure	\$ -	\$ 100,000	\$ 210,000	\$ 220,500	\$ 231,500	\$ 762,000
Demo Pop VI - UPP for Children						
Pop Type:		Starts 1/1/24				
Eligible Member Months	-	1,775	3,523	3,523	3,523	
PMPM Cost	\$ -	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure	\$ -	\$ 319,500	\$ 634,140	\$ 634,140	\$ 634,140	\$ 2,221,920
Dental Services for Medicaid Eligible Adults						
Pop Type:						
Eligible Member Months	-	1,712,568	1,444,392	1,512,036	1,553,472	
PMPM Cost	\$ -	\$ 32.20	\$ 32.20	\$ 32.20	\$ 32.20	
Total Expenditure	\$ -	\$ 55,136,665	\$ 46,507,201	\$ 48,685,123	\$ 50,019,355	\$ 200,348,344
SB133 12-Month Extended Postpartum						
Pop Type:						
Eligible Member Months	-	140,004	138,540	136,980	134,796	
PMPM Cost	\$ -	\$ 1,072.13	\$ 1,120.45	\$ 1,170.87	\$ 1,223.46	
Total Expenditure	\$ -	\$ 150,103,124	\$ 155,227,571	\$ 160,385,793	\$ 164,917,386	\$ 630,633,874
SB133 Family Planning Services						
Pop Type:						
Eligible Member Months	-	60,648	61,656	62,640	63,636	
PMPM Cost	\$ -	\$ 21.60	\$ 21.86	\$ 22.13	\$ 22.40	
Total Expenditure	\$ -	\$ 1,309,968	\$ 1,348,051	\$ 1,386,293	\$ 1,425,154	\$ 5,469,466
SB269 Chronic Conditions Support Amendment						
Pop Type:						
Eligible Member Months	-	9,660	19,320	19,320	9,660	
PMPM Cost	\$ -	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure	\$ -	\$ 1,738,800	\$ 3,477,600	\$ 3,477,600	\$ 1,738,800	\$ 10,432,800

Attachment 2

Public Notice Requirements

Support

PUBLIC NOTICE WEBSITE
DIVISION OF ARCHIVES AND RECORDS SERVICE

Public Hearing for 12-Month Extended Postpartum Coverage

General Information

Government Type:

State Agency

Entity:

Department of Health and Human Services

Public Body:

Medicaid Expansion Workgroup

Give Feedback

Notice Information

[Add Notice to Calendar](#)

Notice Title:

Public Hearing for 12-Month Extended Postpartum Coverage

Notice Subject(s):

Medicaid , Health Care

Notice Type(s):

Meeting, Hearing

Event Start Date & Time:

April 20, 2023 02:00 PM

Event End Date & Time:

April 20, 2023 04:00 PM

Event Deadline Date & Time:

04/20/23 04:00 PM

Description/Agenda:

12-Month Extended Postpartum Coverage Public Hearing

The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss an amendment to Utah's Medicaid Reform 1115 Demonstration. The Department will also accept public comment regarding the amendments online, by email, or mail during the public comment period from April 10, 2023, to May 10, 2023.

This amendment request seeks authority from the Centers for Medicare & Medicaid Services to provide 12 months of extended Medicaid coverage for certain postpartum women.

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, both public hearings will be held via video and teleconferencing.

Thursday, April 20, 2023, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting

Video Conference: Google Meet Meeting meet.google.com/uie-fezw-oxe

Or join by phone: (US) +1 402-866-0280 PIN: 536 926 076#

Monday, May 1, 2023, from 4:00 pm to 5:00 pm.

Video Conference: Google Meet Meeting meet.google.com/rjn-oyyk-fsi

Or join by phone: (US) +1 531-600-8110 PIN: 389 498 124 #

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at lbelgique@utah.gov or 1 (801) 538-6241 by April 14, 2023, at 5:00 p.m.

Public Comment:

Give Feedback

A copy of the public notice and proposed amendments are available online at:
<https://medicaid.utah.gov/1115-waiver/>

The public may comment on the proposed amendment requests during the public comment period from April 10, 2023, to May 10, 2023.

Comments may be submitted using the following methods:

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

Email: Medicaid1115waiver@utah.gov

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

Give Feedback

Notice of Special Accommodations (ADA):

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

Notice of Electronic or Telephone Participation:

Video Conference: Google Meet Meeting meet.google.com/uie-fezw-oxe Or join by phone:
(US) +1 402-866-0280 PIN: 536 926 076#

Meeting Information

Meeting Location:

Video/Teleconferencing
Video/Teleconferencing, UT 84116

[Show in Apple Maps](#)

[Show in Google Maps](#)

Contact Name:

Laura Belgique

Contact Email:

Contact Email:

lbelgique@utah.gov

Contact Phone:

(801)538-6241

Notice Posting Details

Notice Posted On:

April 03, 2023 04:49 PM

Notice Last Edited On:

April 03, 2023 04:59 PM

Deadline Date:

April 20, 2023 04:00 PM

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Support

PUBLIC NOTICE WEBSITE
DIVISION OF ARCHIVES AND RECORDS SERVICE

Public Hearing for 12-Month Extended Postpartum Coverage

General Information

Government Type:

State Agency

Entity:

Department of Health and Human Services

Public Body:

Medicaid Expansion Workgroup

Give Feedback

Notice Information

[Add Notice to Calendar](#)

Notice Title:

Public Hearing for 12-Month Extended Postpartum Coverage

Notice Subject(s):

Medicaid , Health Care

Notice Type(s):

Hearing

Event Start Date & Time:

May 1, 2023 04:00 PM

Event End Date & Time:

May 1, 2023 05:00 PM

Event Deadline Date & Time:

05/01/23 05:00 PM

Description/Agenda:

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Give Feedback

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Email: Medicaid1115waiver@utah.gov

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

Give Feedback

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+1 531-600-8110 PIN: 389 498 124 #

Meeting Information

Meeting Location:

Video/Teleconferencing
Video/Teleconferencing, UT 84116

[Show in Apple Maps](#)

[Show in Google Maps](#)

Contact Name:

Laura Belgique

Contact Email:

lbelgique@utah.gov

Contact Phone:

(801)538-6241

Notice Posting Details

Notice Posted On:

April 03, 2023 04:57 PM

Notice Last Edited On:

April 03, 2023 04:57 PM

Deadline Date:

May 1, 2023 05:00 PM

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CRAIG DEVASHRAYEE
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SALT LAKE CITY, UT 84114
cdevashrayee@utah.gov

ACCOUNT NUMBER

8405

ACCOUNT NAME

DIVISION OF MEDICAID AND HEALTH FINANCING

TELEPHONE

801-538-6641

ORDER

SLT0022243

CUSTOMER REFERENCE NUMBER

CAPTION

12-Month Extended Postpartum Coverage Public Hearing The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss an amendment to Utah's Medicaid Reform 1115 Demonstration.

TOTAL COST

\$188.60

12-Month Extended Postpartum Coverage Public Hearing

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Email: Medicaid1115waiver@utah.gov

Mail: Utah Department of Health and Human Services
Division of Integrated Healthcare
PO Box 143106
Salt Lake City, UT 84114-3106
Attn: Laura Belgique
SLT0022243

AFFIDAVIT OF PUBLICATION

AS THE SALT LAKE TRIBUNE, INC. LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF 12-Month Extended Postpartum Coverage Public Hearing The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss an amendment to Utah's Medicaid Reform 1115 Demonstration. FOR DIVISION OF MEDICAID AND HEALTH FINANCING WAS PUBLISHED BY THE SALT LAKE TRIBUNE, INC., WEEKLY NEWSPAPER PRINTED IN THE ENGLISH LANGUAGE WITH GENERAL CIRCULATION IN UTAH, AND PUBLISHED IN SALT LAKE CITY, SALT LAKE COUNTY IN THE STATE OF UTAH. NOTICE IS ALSO POSTED ON UTAHLEGALS.COM ON THE SAME DAY AS THE FIRST NEWSPAPER PUBLICATION DATE AND REMAINS ON UTAHLEGALS.COM INDEFINITELY. COMPLIES WITH UTAH DIGITAL SIGNATURE ACT UTAH CODE 46-2-101; 46-3-104.

PUBLISHED ON 04/09/2023

DATE 05/04/2023

STATE OF UTAH
COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 4th DAY OF MAY IN THE YEAR 2023

BY Jordyn Gallegos

SIGNATURE

Jordyn gallegos



Laree Whitmer

NOTARY PUBLIC SIGNATURE

Attachment 3

Medical Care Advisory Committee

Public Hearing

Medical Care Advisory Committee Agenda

Meeting: Medical Care Advisory Committee
 Date: April 20, 2023
 Start Time: 2:00 p.m.
 End Time: 4:00 p.m.
 Location: meet.google.com/uie-fezw-oxe Google Chrome)
 By Phone: 1-402-866-0280 PIN# 536 926 076#

Agenda Items

- | | | |
|--|--|---------------|
| 1. Welcome | Michael Hales | 2:00 / 5 min |
| • Approve Minutes for March 2023* | | |
| 2. Public Hearing - 1115 Demonstration Waiver
Amendment for 12 months Extended Postpartum** | Laura Belgique /
Members of the
Public | 2:05 / 10 min |
| 3. Director's Report | Jennifer Strohecker | 2:15 / 30 min |
| • PRISM Update | | |
| • End of Public Health Emergency (PHE) - May 11 | | |
| • Policy Update | | |
| • Rules/SPAs Update | | |
| 4. Eligibility and Enrollment Update** | Jeff Nelson | 2:45 / 30 min |
| • Unwinding Continuous Medicaid Eligibility | | |
| 5. Committee Members Updates | Committee Members | 3:15 / 20 min |
| • Legislative Behavioral and Mental Health Update | Jennifer Marchant | |

Reminder: Next month we will host budget recommendation presentations for FY2025. To sign up email Sharon Steigerwalt ssteigerwalt@utah.gov May 18 from 4:00 to 6:00

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

** Informational handout in the packet sent to committee members

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

Next Meeting: May 18, 2023, from 4:00 p.m. – 6:00 p.m.

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

Attachment 4

Tribal Consultation



Utah Indian Health Advisory Board (UIHAB) Meeting

04/14/2023
8:30 AM –11:30 AM

Utah Department of Health & Human Services

Salt Lake City, UT 84114

(385) 227-2078

Google Meeting Format Web Link:

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

Call In: 1-414-909-6377

PIN: 211 599 534#



Meeting called by:

UIHAB

Type of meeting:

Monthly UIHAB

Note taker:

Dorrie Reese

Please Review:

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

Agenda topic

8:30 AM

UIHAB Meeting

Welcome & Introductions

Ed Napia, Chairperson

8:40 AM

Committee Updates & Discussion

- ✦ UT Medicaid Eligibility Policy
- ✦ Medicaid & CHIP State Plan Amendments (SPA) & Rules
- ✦ DWS Medicaid Eligibility Operations
- ✦ SNAP
- ✦ MCAC & CHIP Advisory Committees
- ✦ Federal/State Policy Impacting I/T/U
 - ICWA Liaison
 - Indian Health Liaison
- ✦ Data Reporting Updates
- ✦ Contracts/Grant Update
- ✦ UT DHHS OAIANHFS Program Updates
 - Opioids & Tobacco
 - Health Equity

Jeff Nelson, UT Medicaid, Dir. BMEP
 Craig Devashrayee, UT Medicaid, BMEP
 Jessica Ware, AI/AN Elig. Spec., DWS
 Paul Birkbeck, Snap Program Specialist
 Mike Jensen, UNHS & Courtney Muir, NWBSN
 Jeremy Taylor, IHFS
 Jamie Harvey, IHFS
 Vacant, IHFS
 Alex Merrill, IHFS
 Jeremy Taylor, IHFS
 Hilary Makris, IHFS
 Kassie John, IHFS

09:45 AM

Medicaid: Utah PRISM Updates

Nate Checketts, Deputy Dir. UDHHS
 Eric Grant, Asst. Division Dir. UDHHS

10:15 AM

Medicaid 1115 Demonstration Amendment: 12-Month Extended Postpartum Coverage

Laura Belgique, 1115 Demonstration Program. Mgr. UDHHS

10:45 AM

Non-Emergency Medical Transportation: Grant Renewal

Joshua Meyers, Health Program Manager, UDHHS

11:00 AM

I/T/U updates

I/T/U

11:30 AM

Other Business and ADJOURN

Next Mtg. May 12, 2023