



UTAH DEPARTMENT OF  
**HEALTH**

1VWAP7A38DC054939

## **Utah 1115 Demonstration Waiver**

Project Number: 11-W-00145/8 & 21-W-0054/8

**Annual Monitoring Report**

**Reporting Period**

Demonstration Year: 19 (07/01/2020-06/30/2021)

## Executive Summary

Utah's 1115 Primary Care Network (PCN) Demonstration Waiver is a statewide demonstration that gives the Utah Department of Health (UDOH) federal authorization to administer specific medical programs and benefits that are not otherwise allowable under federal rules. This demonstration waiver was originally approved in February 2002 for the PCN program and Current Eligibles population. The waiver was implemented July 1, 2002, and is now in demonstration year 19. Over the years, additional programs and benefits have been authorized under the waiver. The current waiver has approval through June 2022. On June 30, 2021, Utah submitted a waiver renewal request that is pending a decision from CMS. If approved, the renewal will continue through June 30, 2027. This annual monitoring report will provide information for demonstration year 19.

The demonstration waiver authorizes the following programs and benefits:

- PCN Program- Provides a limited package of preventive and primary care benefits to adults ages 19-64 (PCN was suspended on March 31, 2019 with the implementation of Adult Expansion Medicaid on April 1, 2019).
- Current Eligibles/Non-Traditional Benefits- Provides a slightly reduced benefit package for adults receiving Parent/ Caretaker Relative (PCR) Medicaid.
- Utah's Premium Partnership for Health Insurance (UPP)-Provides premium assistance to help pay the individual's or family's share of monthly premium costs of employer sponsored insurance or COBRA.
- Targeted Adult Medicaid (TAM)- Provides state plan Medicaid benefits to a targeted group of adults without dependent children.
- Former Foster Care Youth from Another State- Provides state plan Medicaid benefits to former foster care youth from another state up to age 26.
- Dental Benefits for Individuals who are Blind or Disabled- Provides state plan dental benefits to individuals age 18 and older, with blindness or disabilities.
- Substance Use Disorder (SUD) Residential Treatment- Provides coverage of SUD Residential Treatment in an Institution for Mental Disease (IMD) for all Medicaid eligible individuals.
- Targeted Adult Dental Benefits- Provides state plan dental benefits for Targeted Adult Medicaid eligible individuals who are receiving SUD treatment.
- Adult Expansion- Provides Medicaid benefits to adults ages 19-64 who have household income up to 133 percent of the federal poverty level (FPL). Individuals in this demonstration group would also be required to participate in community engagement activities (if they do not meet an exemption or have good cause), and would be required to enroll in Employer Sponsored Insurance (ESI), if it is available to the eligible individual. On August 10, 2021, CMS formally withdrew approval of Utah's Community Engagement.
- Aged Dental-Provides state plan dental benefits to Medicaid members age 65 and older.
- Utah Medicaid Integrated Care (UMIC)- Allows the State to operate an integrated managed care pilot combining the physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population).
- Intensive Stabilization Services (ISS) - Allows the State to provide intensive stabilization services to Medicaid eligible children/youth under age 21 in state custody, or at risk of state custody, experiencing significant emotional and/or behavioral challenges.
- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)- Provides expenditure authority for services furnished to eligible individuals ages 21 through 64 who receive treatment for a SMI, and who are short-term residents in facilities that meet the definition of an IMD.

Over the five-year approval period, Utah theorizes that the demonstration will:

- Improve the health of Utahns by increasing the number of low-income individuals without access to primary care coverage, which will improve the overall well-being of the health status of Demonstration Population I enrollees (PCN enrollees).
- Not negatively impact the overall health of Current Eligibles who experience reduced benefits and increased cost sharing.
- Assist previously uninsured individuals in obtaining employer-sponsored health insurance without causing a decrease in employer's contributions to premiums that is greater than any decrease in contributions to the overall health insurance market.
- Reduce the number of uninsured Utahns by enrolling eligible adults in the Targeted Adult Medicaid program.
- Reduce the number of non-emergent Emergency Room visits for the Targeted Adult population.
- Improve access to primary care, while also improving the health status of the Targeted Adult Population.
- Provide care that is more extensive to individuals suffering from a substance use disorder, in turn making this population healthier and more likely to remain in recovery.
- Reduce utilization and lengths of stay in emergency departments (EDs) among members with SMI while awaiting mental health treatment in specialized settings.
- Reduce preventable readmissions to acute care hospitals and residential settings.
- Improve availability of crisis stabilization services including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the State.
- Improve access to community-based services to address the chronic mental health care needs of members with SMI, including through increased integration of primary and behavioral health care; and
- Improve care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.

## Key Events and Operational Updates

### *Targeted Adult Medicaid*

The State continues to cover the following subgroups under the Targeted Adult Medicaid (TAM) program:

- Individuals needing treatment who are 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 have a diagnosable substance use disorder or serious mental illness
- Individuals discharged from the State Hospital due to a civil commitment.
- Individuals receiving General Assistance (GA) from the Department of Workforce Services (DWS) who have been diagnosed with a substance use disorder or a serious mental health disorder.
- Individuals court ordered to receive substance abuse or mental health treatment by a district court or Tribal court.
- Individuals on probation or parole with serious mental illness and/or a serious substance use disorder.
- Individuals who are a victim of domestic violence who are living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter.

In addition, several process and procedure improvements were made to the TAM program. Changes include an improved

form, a decrease in eligibility determination processing time, and better communication and collaboration with TAM agencies. Several additional TAM providers were also added during this demonstration year.

Early in the demonstration year, the State identified issues with the referral process for justice-involved individuals. The State worked with the Department of Corrections (DOC) to provide additional education and information on the program and proper referral process. The referral process for justice-involved individuals has improved as a result, and more individuals are being enrolled in the program. There are approximately 781 justice-involved individuals currently eligible for TAM.

*Demonstration Population III-Premium Assistance (UPP)*

On February 23, 2021, Utah submitted a demonstration amendment request to increase the maximum reimbursement amount currently approved for demonstration members enrolled in Utah's UPP program from \$150 per adult enrollee per month to \$300 per adult enrollee per month through the state administrative rulemaking process, rather than by an amendment to the demonstration. On July 23, 2021 the State received approval from CMS to increase the maximum premium assistance reimbursement for members enrolled in the State's Premium Partnership for Health Insurance (UPP)-approved ESI plans or continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). This amendment request was directed by HB 46. Under this amendment, the State may increase the maximum premium assistance subsidy amount each subsequent fiscal year, subject to the appropriation of additional funding. As currently approved under the demonstration, the maximum premium reimbursement amount applicable to a particular beneficiary will not exceed the individual/family's share of premium costs.

*Suspension of Medicaid Benefits*

On December 1, 2020, suspension of benefits was implemented for all Medicaid programs. When it is reported that an individual is incarcerated, the State will suspend Medicaid benefits until the individual is released from incarceration. The table below details the number of individuals in each demonstration population whose Medicaid benefits were in suspension status due to incarceration for the demonstration quarter. This includes individuals who may have had benefits suspended in a prior quarter, but remain suspended. Demonstration populations are only listed if an impacted individual was placed in suspense status.

*Number of Individuals with Medicaid Suspended<sup>1</sup>*

<b>Demonstration Population</b>	<b>Quarter 1 (Jul-Sept)</b>	<b>Quarter 2 (Oct-Dec)</b>	<b>Quarter 3 (Jan-Mar)</b>	<b>Quarter 4 (Apr-Jun)</b>
Adult Expansion	1,827	1,775	2,040	1,993
Dental-Blind/Disabled	108	129	140	131
Targeted Adult Medicaid	1,992	1,916	2,320	2,157
Current Eligibles	153	167	209	210
Dental- Aged	11	11	17	13
<b>Total</b>	<b>4,091</b>	<b>3,998</b>	<b>4,726</b>	<b>4,504</b>

<sup>1</sup> Data Source: Dept. of Workforce Services Cognos Report- "401-Suspension of Benefits"

*Adult Expansion*

As mentioned in previous monitoring reports, CMS approved expansion of Medicaid coverage for adults up to 133 percent of the FPL on December 23, 2019. Adult Expansion enrollment increased from 38,183 in December 2019 to 88,562 individuals in June, 2021. The State continues to see an increase in enrollment for this demonstration population, and expects this increase to continue due to the COVID-19 pandemic. This increase is not only due to an increase in Medicaid applications, but also due to the State ensuring Medicaid members who were eligible at the start of the public health emergency remain eligible until the emergency ends.

*Adult Expansion -Employer Sponsored Insurance*

Due to the Families First Coronavirus Response Act, there was a steady increase in the number of Adult Expansion individuals required to purchase employer-sponsored insurance (ESI). Although the number of individuals enrolling in ESI continues to increase each month, enrollment is still not at the level the State anticipated. This could be a result of the COVID-19 pandemic, and the subsequent loss of employment (and therefore loss of ESI) of many individuals. All individuals enrolled in ESI did not lose eligibility during this demonstration year due to the public health emergency.

	July 2020	Aug 2020	Sept. 2020	Oct. 2020	Nov. 2020	Dec. 2020	Jan 2021	Feb 2021	March 2021
ESI Enrollment	213	220	236	256	271	276	290	309	356
Total ESI Payments Issued	\$29,139	\$29,738	\$30,530	\$33,069	\$34,534	\$35,454	\$41,456	\$42,680	\$49,848

	April 2021	May 2021	June 2021
ESI Enrollment	378	398	428
Total ESI Payments Issued	\$50,946	\$54,392	\$55,620

*Clinically Managed Residential Withdrawal Pilot*

In March 2019, CMS granted approval for the State to provide clinically managed residential withdrawal services through the Clinically Managed Residential Withdrawal Pilot to members ages 18 and older, who reside in Salt Lake County and have a primary diagnosis of opioid use disorder or another substance use disorder who require round-the-clock structure and support in order to complete withdrawal management, thereby increasing the likelihood of continuing treatment and recovery. Additional funding was appropriated by the Utah State Legislature during the 2021 General Legislative Session to make this benefit available statewide. The state received CMS approval to remove this pilot project from Utah’s 1115 demonstration waiver on July 23, 2021. In addition, the state received CMS approval on August 27, 2021 to add this as a state plan benefit. This benefit is now available retroactively, as of April 1, 2021, to all eligible Medicaid members statewide.

### *Utah Medicaid Integrated Care*

The State received waiver approval on December 23, 2019 to implement Utah Medicaid Integrated Care (UMIC). This was implemented on January 1, 2020. This approval allows the State authority to:

- Enroll 1115 demonstration populations in managed care plans;
- Create and operate an integrated managed care pilot combining the physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population);
- Enroll members in eight counties who are not enrolled in integrated care, in Utah's Accountable Care Organizations for their physical health service delivery system, and in Prepaid Mental Health Plans (PMHP) for their behavioral health services delivery system; and,
- Receive expenditure authority to add behavioral health services authorized under the waiver for those enrolled in managed care.

From July 1, 2020 to June 30, 2021, enrollment in the UMIC plans increased from 37,483 to 61,216. This is consistent with the historical growth of the program. The UMIC plans are continuing to report success with addressing member's case management needs across both physical and behavioral health services.

Utah Medicaid continues to contract with Health Choice Utah, SelectHealth Community Care, Healthy U and Molina to administer the UMIC plans. The UMIC plans operate in five of Utah's urban counties; Weber, Davis, Salt Lake, Utah, and Washington.

The integrated UMIC plans continue to allow individuals to receive care coordination from one plan that has all of the member's information. This continues to help the individual receive the appropriate services, where in the past the payers were unaware of the other services the individual was receiving under a different managed care plan.

As mentioned in previous monitoring reports, the UMIC plans had several issues with incorporating behavioral health claims processing into their systems. The issues have largely been resolved, and the State continues to work with the UMIC plans to resolve any issues that arise.

### *Dental Benefits for Aged Medicaid Members and Porcelain Crowns*

Dental services for Aged and Targeted Adult Medicaid members undergoing substance use disorder continue to be provided through the University of Utah School of Dentistry or their associated statewide network of providers. Full dental services are provided. Utilization of dental benefits for this population is slowly increasing. However, it remains lower than expected due to COVID-19.

### *Dental Benefits for Individuals with Blindness or Disabilities*

The State received waiver approval on December 16, 2020 to change the benefit delivery system for dental benefits for individuals with blindness or disabilities. This change was implemented on January 1, 2021. Dental services for this population transitioned from the managed care plans to fee for service Medicaid, with benefits provided by the University of Utah School of Dentistry and their associated network of providers. Approval was also received to allow these individuals to receive porcelain and porcelain-to-metal crowns. The progress of these changes will be reported in future monitoring reports.

### *Denture Reporting Policy Update for Demonstration Populations*

The State received approval on January 1, 2021 to change the denture delivery process for the Medicaid members who have

lost Medicaid eligibility during the ongoing denture process. Providers can report completion of denture services for the member who has lost eligibility by reporting the date of impression related to the prosthodontic service and the date the member had their teeth extracted for the purpose of receiving prosthodontic services. Providers must submit the claims with CDT code D5899 in conjunction with the designated prior authorized code and member's medical record that reflect completed prosthodontic services prior to reporting the claim.

*Intensive Stabilization Services (ISS)*

During DY19Q2, ISS became operational for Stabilization and Mobile Response (SMR) Administrators contracted through the Utah Department of Human Services. There was a delay in operationalizing ISS billing due to two critical components:

1. DHS worked with SMR administrators to communicate and document a standardized approach to bill ISS in alignment with the model (policy and procedure manual) and what was agreed upon with Medicaid;
2. Negotiate threshold/goals for billing by each administrator to ensure availability of state general fund to cover the match requirement for DHS. In effort of this, DHS negotiated the following ISS projections/goals for each SMR administrator:

SMR Administrator	Projections/goals
Northern Region (Davis Behavioral Health)	100 ISS billing target by end of SFY21 (June 30 2021)
Southwest Region (Southwest Behavioral Health)	50 ISS billing target by end of SFY21 (June 30 2021)
Salt Lake Region (Primary Children's): This administrator is funded by a two-year in-kind donation from Intermountain Healthcare and therefore the provider is not billing ISS until after the donation period to avoid conflicts with procurement.	NA -To bill in SFY23
Eastern Region (Four Corners Community Behavioral Health) Finalizing SMR Administrator and subcontracting approach to serving the region. Eastern Region SMR Administrator is projected to be operational by Spring 2021.	25 ISS billing target by end of SFY21 (June 2021)
Western Region	TBD - Legislative Bill was in progress to allocate state funds and stand up SMR in this region.

During DY19Q2, SMR Administrators were working with their teams to identify past (starting July 2020) and present SMR episodes to bill ISS that meet the requirements pursuant to the 1115 waiver.

SMR continued on their path of expansion and sustainability and submitted the first round of ISS billings from SMR Administrator in the Northern Region during DY19Q3. Additionally, during this quarter SMR was able to get funding from the legislature to fund SMR expansion into the Western Region in State Fiscal Year 2022. DHS successfully identified and started the recruitment process for the SMR Administrator and team in the Eastern Region (which is currently funded

through a SAMHSA SOC Expansion and Sustainability Grant), and they gained the support of Representative Judkins, the SOC Regional Advisory Council Chair for the Western Region, to spearhead a legislative interim study to better support and align the Department's efforts to sustain SMR and High Fidelity Wraparound in Utah. Lastly, during this quarter, state partners in the Divisions of Juvenile Justice Services, have committed to the SMR Administrators, to provide the state funds to meet the state match for the ISS services billed through this current state fiscal year (SFY2021). This support ensured DHS did not have to move any existing state funds from their current structure to meet the match requirements.

During the months of April 2021-June 2021, SMR continued to focus on expansion and sustainability. In these efforts, they solidified an SMR Administrator to lead the SMR efforts in the Eastern Region which is funded through a SAMHSA System of Care Grant: Four Corners Behavioral Health. Four Corners has been working to establish subcontracts to expand the counties served in their region, hire and train staff, and operationalize the SMR Policy and Procedure and data requirements in their Electronic Health Records. It is not anticipated that this SMR Administrator will bill for ISS during their first year as they strengthen and standardize their operations and ensure fidelity to the model. In preparation for the school year, the SMR Administrator work is expected to begin on August 2, 2021.

The second area of expansion is in Western Region (Wasatch, Utah, Sanpete, Sevier, Juab, Millard, Piute, and Wayne Counties) which has moved to the procurement phase to identify an administrator in the region. This region is being funded through ongoing state funds awarded through HB337. This administrator is targeted to also align with the start of the school year and will be billing for ISS in their rollout. Part of the dedicated funds will be used for the required FMAP, and the target ISS billing volume will be identified during this procurement.

In addition to the expansion, Utah's SMR is focused on sustainability. The Salt Lake Region is currently funded through an in-kind donation from Primary Children's/Intermountain Healthcare. This two-year donation will expire in October of 2022, and DHS will therefore be requesting funding through the legislature to fund this region, similar to the funding granted through HB337 for the Western Region. This would result in a public procurement, and then the awarded SMR Administrator in this region to also bill for ISS.

DHS is exploring additional ways to support children through ISS. They are currently working on a business plan to operationalize a process for DHS to utilize ISS with High Fidelity Wraparound children during their initial acceptance into the intervention and when their challenges are most volatile. Finally, they are in very early discussions for individuals served through Utah's crisis system 988 efforts. The goal of discussions with the crisis system is to collaborate on ways to increase upstream and proactive interventions for children/youth with behavioral and mental health challenges across the system and leveraging the ISS revenue to sustain/expand these efforts.

Lastly, our Northern Administrator was able to successfully submit their ISS claims and was able to meet their annual target of 100 ISS billings.

#### *Behavioral Health Services for Adults with Serious Mental Illness*

During this demonstration year (December 16, 2020), the State received approval to claim federal financial participation (FFP) for payment of services to Medicaid members, ages 21 through 64, receiving inpatient psychiatric treatment or residential mental health treatment in an IMD. The State implemented this service on January 1, 2021. At this time, only three psychiatric hospitals meet the requirements to bill for these services. There are currently no residential treatment



settings accredited by a nationally recognized accreditation entity, which would allow them to bill for this service. The State will report on the progress of this benefit in the SMI IMD monitoring reports.

#### *Pending Amendment Requests*

As mentioned in previous monitoring reports, the State submitted a waiver amendment to fulfill additional requirements of Senate Bill 96 “Medicaid Expansion Adjustments”. This waiver amendment included the following provisions, which are pending a decision from CMS:

- Lock-out from the Medicaid expansion for committing an intentional program violation.
- Federal expenditure authority to provide housing related services and supports (HRSS) for groups within Medicaid Expansion.
- Not allow hospitals to make presumptive eligibility determinations for the Medicaid Expansion.
- Require premiums for Adult Expansion members with income over 100 percent through 133 percent of the FPL.
- Require a \$10 surcharge for each non-emergent use of the emergency department after having received a warning for inappropriate use of the emergency department for Adult Expansion members with income over 100 percent FPL through 133 percent of the FPL.
- Implement defined flexibilities and cost savings provisions for the Medicaid Expansion through the state administrative rulemaking process within the parameters defined by the waiver amendment.
- Additional flexibility for providing services through managed care for all Medicaid members.

In addition, the following waiver amendments are also pending a decision from CMS:

- In Vitro Fertilization and Genetic Testing for Qualified Conditions- requests authority to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified conditions.
- Medicaid Coverage for Justice Involved Populations- requests authority to provide Medicaid coverage for qualified justice-involved individuals. These individuals must have a chronic physical or behavioral health condition, a mental illness as defined by Section 62A-15-602 of Utah State Code, or an opioid use disorder. If approved, Medicaid coverage will be provided in the 30-day period immediately prior to release of the incarcerated individual from a correctional facility.

## Enrollment

The table below details the monthly enrollment numbers for each month of the demonstration year, for each demonstration group covered under the waiver. Adult Expansion enrollment continues to increase each month. Enrollment for the other demonstration groups remain fairly stable. However, with the implementation of employer-sponsored insurance for the Adult Expansion population, enrollment in ESI has increased each month as additional individuals are identified as having access to ESI. Enrollment numbers are shown as of 8/31/2021. Numbers reflect all retroactive enrollment up to 8/31/2021 and are subject to change with future retroactive enrollment.

Demonstration Population	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	March 2021	Apr 2021	May 2021	June 2021
Adult Expansion	57,585	60,437	62,646	65,193	68,979	72,703	75,279	77,927	80,752	57,585	85,913	88,229
Current Eligibles-PCR	26,567	27,382	28,152	28,591	29,101	29,590	32,057	32,840	34,540	26,567	35,658	36,117
Demonstration Population III, V, VI- Premium Assistance	261	262	254	248	242	236	238	237	239	261	238	232
Dental-Blind/Disabled	42,086	42,372	42,838	42,965	43,200	43,421	43,504	43,635	43,755	42,086	44,282	44,429
Former Foster Care Youth	17	17	17	16	16	16	16	16	15	17	17	17
Targeted Adults	5,907	6,151	6,326	6,457	6,595	6,745	6,851	6,961	7,100	5,907	7,317	7,418
Substance Use Disorder Residential Treatment	663	638	679	635	629	635	659	663	679	663	632	561
Targeted Adult Dental	165	163	184	173	194	177	196	214	256	165	152	234
Withdrawal Management	181	192	168	216	229	247	253	256	290	181	271	303
Aged Dental	134	143	187	187	156	193	221	260	357	134	368	350

<b>Utah Medicaid Integrated Care</b>	37,483	39,305	41,213	43,184	45,322	47,380	49,835	52,526	54,917	56,962	59,320	61,143
<b>Employer-Sponsored Insurance</b>	213	220	235	255	270	275	289	308	355	213	397	426
<b>ISS</b>	4	7	9	10	6	4	5	6	6	4	4	5

## Disenrollments

The State began identifying the number of disenrollments beginning in DY19Q3. The table below identifies the number of disenrollments for quarters three and four, listed by demonstration population and disenrollment reasons.

Demonstration Population	Reason for disenrollment	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021
Adult Expansion	Customer Moved Out of State	114	115	110	134	148	195
	Customer Request	105	130	115	200	171	133
	Death	34	30	33	35	41	28
	Enrolled in error	0	2	4	4	12	3
	Fails Utah residency	19	12	77	2	2	9
	Request closed	1	1	2	3	2	2
	Other Admin <sup>2</sup>	142	153	181	163	167	136
Aged Dental	Death	1	0	1	0	1	0
	Other Admin	0	1	1	0	1	0
Current Eligibles - PCR	Customer Moved Out of State	65	61	62	63	87	101
	Customer Request	38	44	39	54	69	46
	Death	3	1	1	0	4	4
	Enrolled in error	0	2	1	2	2	3
	Fails Utah residency	7	4	42	4	3	26
	Request closed	0	3	4	5	1	2
	Other Admin	10	12	37	17	18	12
Demonstration	Customer Moved Out of State	1	0	0	0	0	0

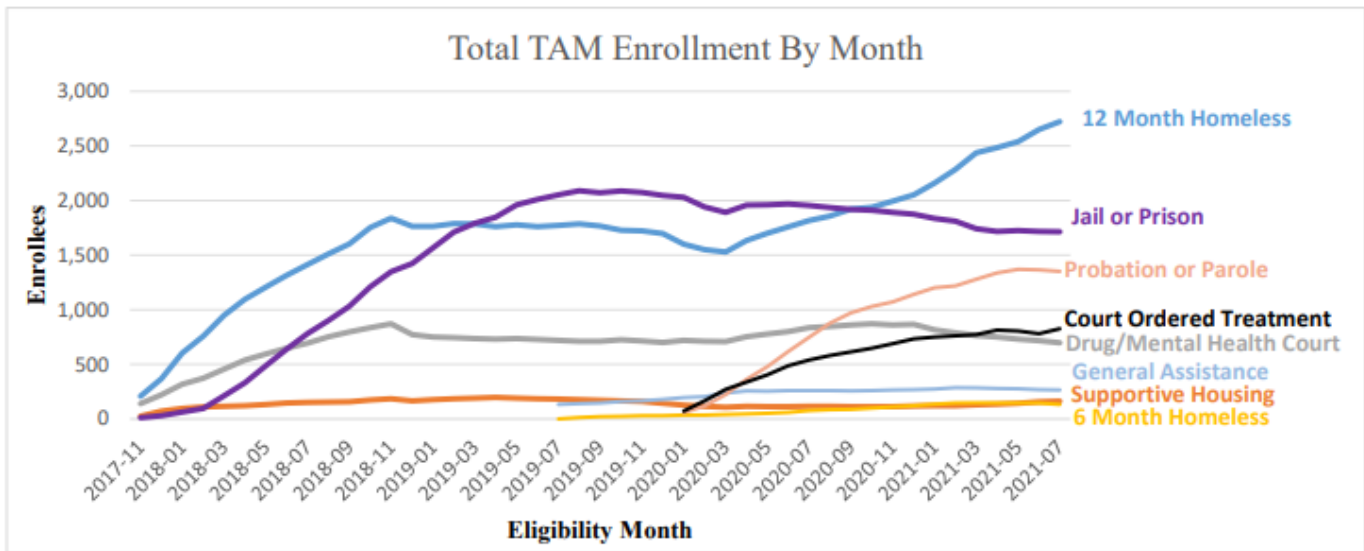
<sup>2</sup> This closure reason is used when our system is unable to close for the proper reason. Proper notice of closure is given to the member to explain the true reason for closure.

<b>Population #3</b>	Customer Request	5	5	5	2	2	6
<b>Dental - Blind/Disabled</b>	Customer Moved Out of State	57	0	0	1	0	2
	Customer Request	6	0	0	1	0	0
	Death	103	0	0	1	0	0
	Fails Utah residency	10	0	0	0	0	0
	Other Admin	85	0	3	1	5	0
<b>ESI</b>	Customer Moved Out of State	0	0	1	4	0	0
	Customer Request	0	2	0	1	3	0
<b>Former Foster Care Youth</b>	Customer Moved Out of State	0	1	0	0	0	1
	Other Admin	0	0	1	0	0	0
<b>Substance Use Disorder Residential Treatment</b>	Customer Moved Out of State	0	0	0	0	0	1
	Customer Request	0	0	0	0	0	1
	Other Admin	1	0	0	1	0	0
<b>Targeted Adults</b>	Customer Moved Out of State	9	1	2	7	10	12
	Customer Request	3	1	0	2	4	4
	Death	5	2	1	1	1	4
	Enrolled in error	0	0	0	0	0	1
	Fails Utah residency	3	0	7	0	0	0
	Other Admin	4	2	6	4	5	5
<b>Grand Total</b>		<b>831</b>	<b>585</b>	<b>736</b>	<b>712</b>	<b>759</b>	<b>737</b>

#### *Targeted Adult Medicaid and Substance Use Disorder Treatment*

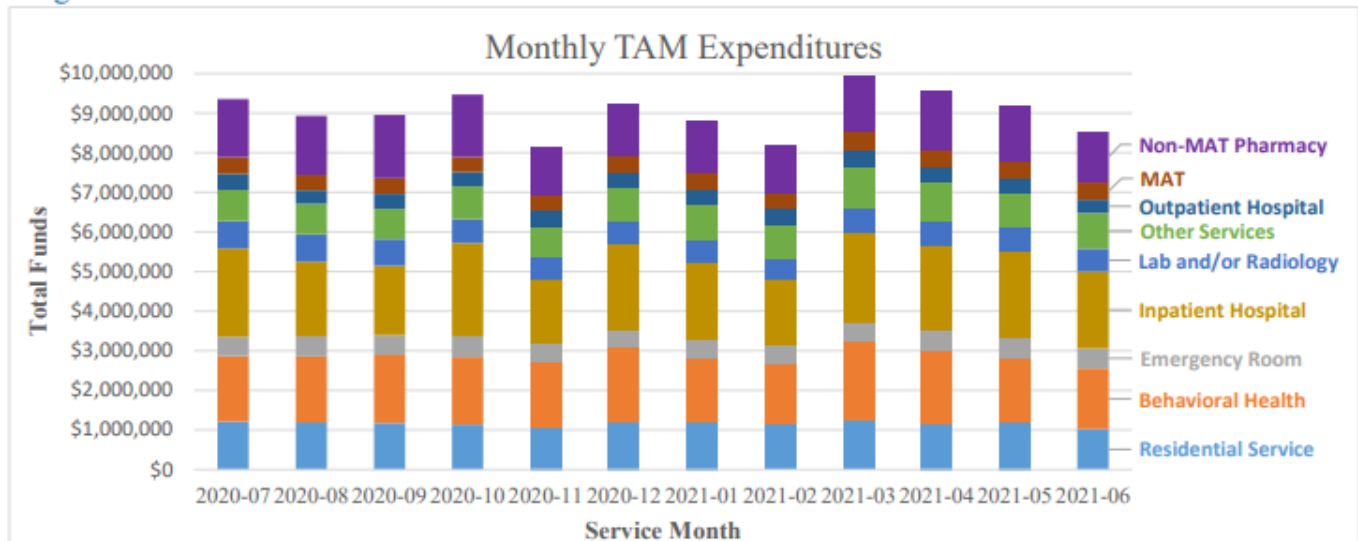
Enrollment for Targeted Adult Medicaid gradually increased during this demonstration year, while the utilization of SUD residential treatment remained stable. Below is detailed data on enrollment and expenditures for the TAM population. TAM members continue to utilize the majority of SUD residential treatment amongst Medicaid recipients.

Targeted Adult Medicaid (TAM) Enrollment by Subgroup<sup>3</sup>



FY21 Category	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
12 Month Homeless	1,816	1,858	1,923	1,937	1,995	2,052	2,160	2,285	2,437	2,485	2,541	2,651
6 Month Homeless	76	85	87	98	110	122	136	146	148	145	145	145
Supportive Housing	115	115	114	113	114	118	120	120	130	135	144	156
General Assistance	260	259	256	259	266	268	272	286	284	279	276	268
Court Ordered Treatmnt	538	582	615	646	688	733	750	762	773	814	804	781
Drug/Mental Health Crt	835	848	862	871	860	866	815	790	763	751	731	716
Jail or Prison	1,954	1,935	1,918	1,912	1,892	1,875	1,836	1,810	1,741	1,716	1,725	1,716
Probation or Parole	746	877	971	1,031	1,071	1,141	1,201	1,218	1,279	1,337	1,370	1,366
<b>Total</b>	<b>6,340</b>	<b>6,559</b>	<b>6,745</b>	<b>6,867</b>	<b>6,995</b>	<b>7,175</b>	<b>7,290</b>	<b>7,418</b>	<b>7,555</b>	<b>7,663</b>	<b>7,736</b>	<b>7,799</b>

Targeted Adult Medicaid Reimbursements



<sup>3</sup> Enrollment as of August 11, 2021. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Monthly Expenditures (in 1,000's)<sup>4</sup> FY21

Service Type	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	Total
Residential Serv.	\$1,215	\$1,189	\$1,172	\$1,137	\$1,056	\$1,195	\$1,198	\$1,169	\$1,227	\$1,145	\$1,190	\$1,021	\$13,914
Behavioral Health	\$1,652	\$1,667	\$1,727	\$1,707	\$1,675	\$1,895	\$1,629	\$1,529	\$2,016	\$1,842	\$1,637	\$1,533	\$20,508
Emergency Room	\$492	\$516	\$493	\$532	\$478	\$458	\$455	\$444	\$496	\$543	\$508	\$510	\$5,927
Inpatient Hospital	\$2,225	\$1,877	\$1,757	\$2,347	\$1,613	\$2,158	\$1,925	\$1,649	\$2,247	\$2,153	\$2,187	\$1,936	\$24,074
Lab & Radiology	\$687	\$691	\$671	\$597	\$540	\$594	\$591	\$555	\$640	\$571	\$587	\$579	\$7,303
Other Services	\$791	\$772	\$762	\$839	\$754	\$821	\$907	\$835	\$1,010	\$1,011	\$896	\$900	\$10,297
Outpatient Hosp.	\$413	\$346	\$381	\$357	\$415	\$390	\$377	\$425	\$456	\$364	\$345	\$340	\$4,607
MAT	\$416	\$388	\$393	\$380	\$377	\$403	\$417	\$402	\$455	\$425	\$436	\$437	\$4,929
Non-MAT Pharm.	\$1,467	\$1,491	\$1,599	\$1,580	\$1,225	\$1,307	\$1,282	\$1,195	\$1,378	\$1,499	\$1,398	\$1,279	\$16,698
<b>Grand Total</b>	<b>\$9,358</b>	<b>\$8,937</b>	<b>\$8,955</b>	<b>\$9,474</b>	<b>\$8,135</b>	<b>\$9,220</b>	<b>\$8,782</b>	<b>\$8,203</b>	<b>\$9,924</b>	<b>\$9,551</b>	<b>\$9,183</b>	<b>\$8,535</b>	<b>\$108,258</b>

Distinct Members Served												
FY21												
Service Type	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06
Residential Serv.	427	413	426	401	390	408	419	444	445	426	405	362
Behavioral Health	1,762	1,824	1,844	1,858	1,861	1,864	1,849	1,845	1,913	1,890	1,609	1,433
Emergency Room	619	634	632	665	575	578	595	566	661	659	647	657
Inpatient Hospital	164	156	158	175	141	151	144	149	173	173	161	143
Lab & Radiology	1,273	1,239	1,285	1,286	1,256	1,293	1,290	1,273	1,363	1,339	1,295	1,285
Other Services	6,013	6,278	6,479	6,575	6,505	6,655	6,765	6,888	7,049	7,180	7,249	7,317
Outpatient Hosp.	587	622	585	651	577	631	609	626	721	696	639	577
MAT	757	754	788	737	745	770	821	861	925	872	845	820
Non-MAT Pharm.	2,242	2,275	2,307	2,377	2,270	2,369	2,376	2,361	2,546	2,455	2,428	2,448
<b>Grand Total</b>	<b>6,091</b>	<b>6,344</b>	<b>6,549</b>	<b>6,650</b>	<b>6,588</b>	<b>6,762</b>	<b>6,849</b>	<b>6,976</b>	<b>7,136</b>	<b>7,261</b>	<b>7,314</b>	<b>7,377</b>

Monthly expenditures represent total fund pay

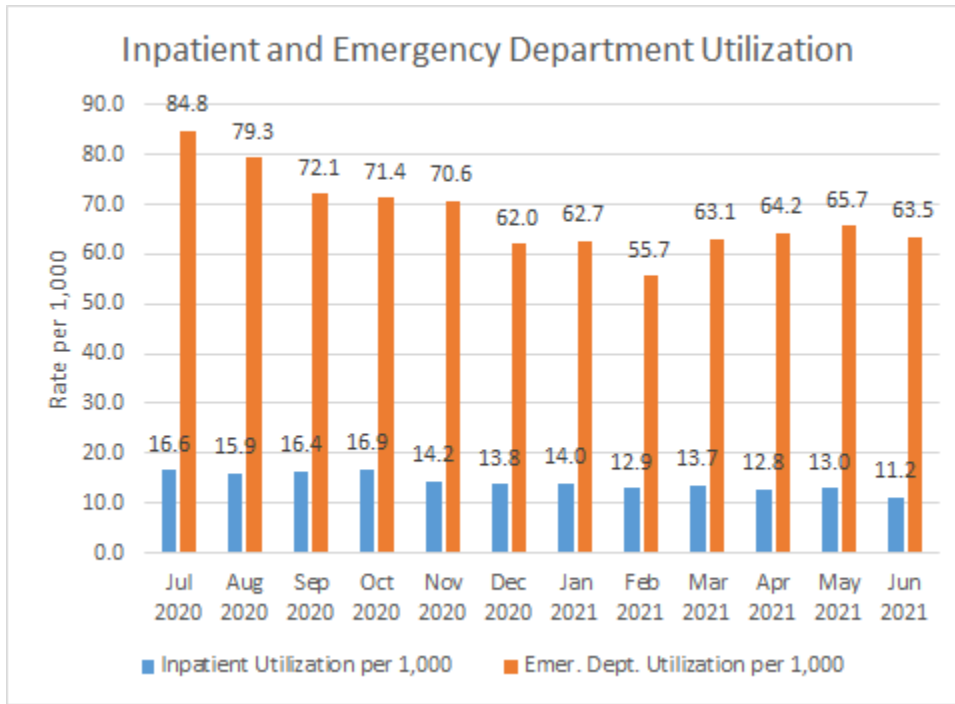
Adult Expansion Utilization

As previously stated, with the implementation of Adult Expansion, the State will report specific metrics in the quarterly and annual reports. For this report, the State will report inpatient utilization; emergency department utilization; Plan All-Cause Readmissions (PCR); and Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET). The State intended to provide additional annual metrics for Follow-up after Hospitalization for Mental Illness (FUH), however the State requires more time to calculate this measure. The State plans to report these metrics in Demonstration year 20.

Despite an increase in enrollment, the State has experienced a decrease in both inpatient and emergency department utilization in the last few quarters, although a steady rate was seen during the months of March, April and May, 2021.

- <sup>4</sup>Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.
- The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service.

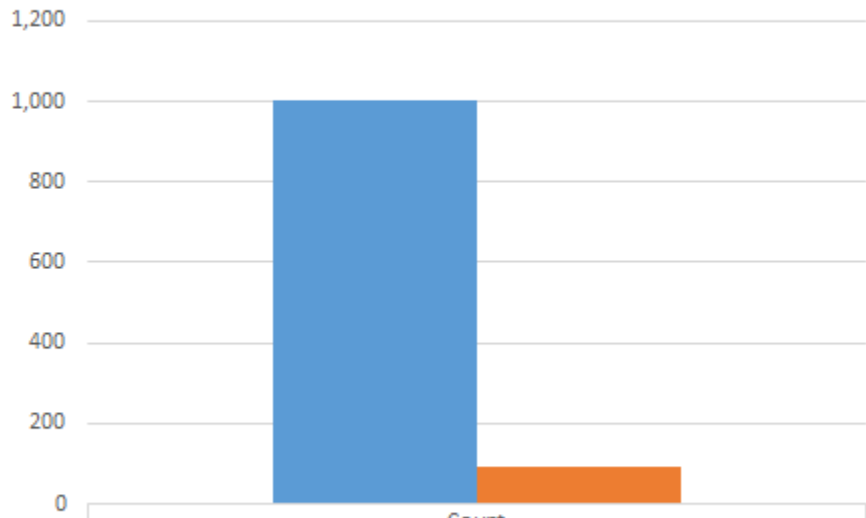
Q3: In future reports, the State plans to include additional annual metrics, which may include; all cause hospital readmission, follow-up after hospitalization for mental health or SUD within 7 days, and initiation and engagement of alcohol or other drug abuse dependence treatment. Because these are annual metrics, the State plans to report these metrics in the annual monitoring report due in September.



	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	March 2021	Apr 2021	May 2021	June 2021	SFY 2021 Total
<b>Members</b>	57,981	60,827	63,068	65,616	69,416	73,137	75,732	78,385	81,277	84,043	86,488	88,803	884,773
<b>Inpatient</b>	965	969	1,032	1,106	989	1,007	1,060	1,014	1,111	1,079	1,127	993	12,452
<b>Emergency Dept.</b>	4,918	4,823	4,550	4,683	4,900	4,538	4,750	4,365	5,126	5,399	5,679	5,643	59,374
<b>Inpatient Utilization per 1,000</b>	16.6	15.9	16.4	16.9	14.2	13.8	14.0	12.9	13.7	12.8	13.0	11.2	14.1
<b>Emer. Dept. Utilization per 1,000</b>	84.8	79.3	72.1	71.4	70.6	62.0	62.7	55.7	63.1	64.2	65.7	63.5	67.1



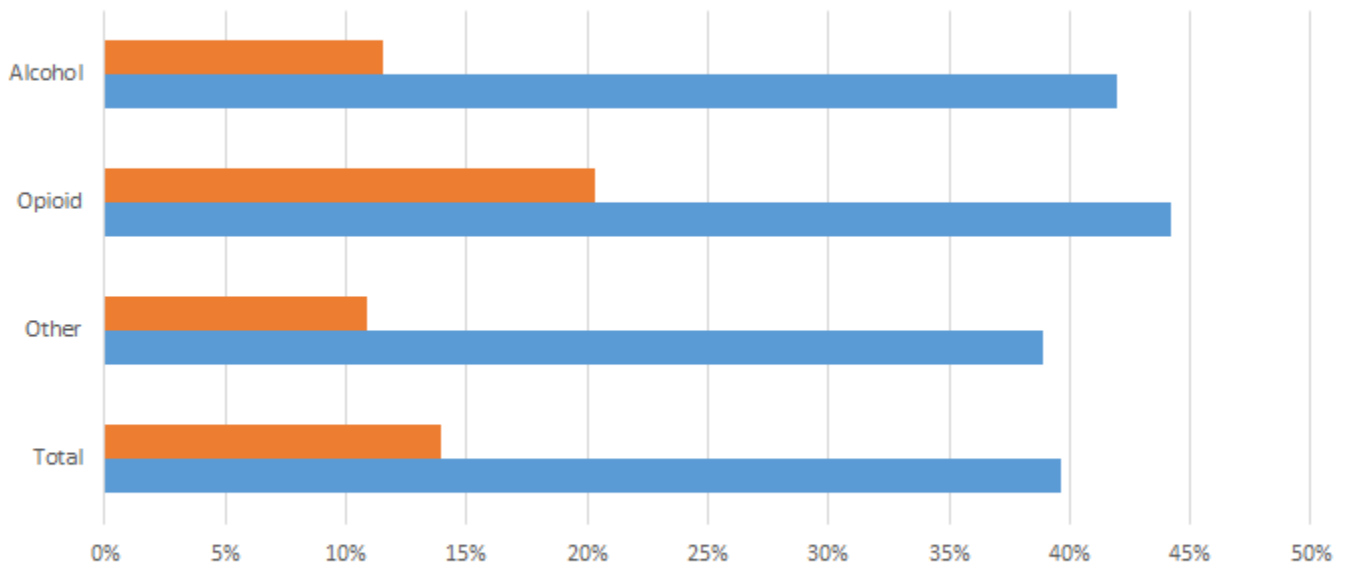
### Plan All-Cause Readmissions (PCR) Index Hospital Stays and Observed Readmission Count <sup>5</sup>



Index Hospital Stays	1,000
Observed Readmissions	90

Count
1,000
90

### Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) <sup>6</sup>



	Total	Other	Opioid	Alcohol
Engagement	14%	11%	20%	12%
Initiation	40%	39%	44%	42%

<sup>5</sup> Includes only members on Adult Expansion Medicaid, measured using the CMS Adult Core Set 2021 definition.

<sup>6</sup> Includes only members on Adult Expansion Medicaid, measured using the CMS Adult Core Set 2021 definition.

## Anticipated Changes to Enrollment

### *Adult Expansion Medicaid, ESI and UPP*

As previously mentioned, the State continued to see an increase in Adult Expansion enrollment due to the COVID-19 pandemic. The State continued eligibility for individuals during the emergency period in order to receive enhanced funding. This affected Adult Expansion enrollment as the State continued eligibility for these individuals, regardless of household changes. In addition, open enrollment through the Marketplace occurred twice during this demonstration year. The first was during the annual open enrollment period and the second was a special enrollment due to COVID-19. This likely contributed to increased enrollment since individuals who appeared to be eligible for Medicaid were referred to the State agency.

The ESI requirement continues to require Adult Expansion individuals to enroll in, and maintain enrollment in their available ESI or they will lose eligibility. The State anticipates the majority of individuals to participate due to the State reimbursing individuals for the full amount of their monthly insurance premium.

### *End of the Public Health Emergency*

The State is currently developing a plan for the return of normal operations after the public health emergency ends. Until the plan is in place, enrollment in Adult Expansion is expected to either remain stable or continue to steadily increase as it has during this demonstration year.

### *Targeted Adults*

As previously mentioned, the State has expanded the eligibility subgroups for the Targeted Adult population. These subgroups include:

1. 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.
2. An individual who is court ordered to receive substance abuse or mental health treatment through a district court or Tribal court.
3. An individual on probation or parole with serious mental illness and/or serious substance use disorder.

As seen in the Total TAM Enrollment by Month table, enrollment has steadily increased for several subgroups during the last few quarters. The increase in 12 Month Homelessness may be due to COVID-19 while the increase in probation/parole and court ordered treatment may be due to program improvement efforts and increased communication with TAM agencies as mentioned earlier in this report.

Approval of the State's two pending amendments may also have an effect on enrollment. If coverage for justice-involved individuals is approved, the State anticipates an increase in enrollment in several Medicaid programs including Adult Expansion and Targeted Adult Medicaid. The State also anticipates a slight increase in enrollment if coverage for in vitro fertilization and genetic testing for Medicaid eligible individuals who have specific qualified conditions is approved.

### *Community Engagement*

On August 10, 2021, CMS formally withdrew approval of Utah's Community Engagement (work requirement) for individuals enrolled in the Adult Expansion Program. CMS originally approved the Community Engagement in March 2019 and later reaffirmed that approval in December 2019 as part of Utah's 1115 waiver amendment to adopt Medicaid Expansion. The community engagement requirement only applied to Adult Expansion Medicaid members, ages 19-64, with incomes up to 133 percent of the FPL, unless they met an exemption or qualified for good cause. The requirement

included online job search or completion of online training programs once every 12-months. Failure to meet this requirement would cause the individual to be ineligible for Medicaid. The State estimated that approximately 27,000 out of 90,000 adult expansion members could have been subject to the requirement. The requirement was implemented in January 2020 but was suspended in April 2020 due to the COVID-19 pandemic.

### Benefits

The State received approval of a pending waiver amendment to provide additional services for at-risk children and youth, referred to as intensive stabilization services. The implementation date for this service was July 1, 2020. As such, the State will report on the progress in this report and future monitoring reports. Although billing for these services did not begin until DY19Q4, the State has received billing for services back to the July 1, 2020 implementation date.

In regards to other programs authorized under the demonstration waiver, there are no anticipated changes to benefits or utilization at this time.

### Demonstration Related Appeals

Below are the demonstration related appeals for this demonstration year, which include appeals for quarter four.

Demonstration Group	Jul 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	March 2021
Adult Expansion	0	2	1	1	0	0	0	0	6
Demonstration Pop. III, V, VI-Premium Assistance	0	0	0	0	0	0	0	0	0
Aged, Blind and Disabled Dental	0	0	0	0	0	0	1	3	2
Current Eligibles	0	0	0	0	0	0	0	0	2

Demonstration Group	April 2021	May 2021	June 2021	Total
Adult Expansion	3	0	0	13
Demonstration Pop. III, V, VI-Premium Assistance	0	0	0	0
Aged, Blind and Disabled Dental	0	1	0	6
Current Eligibles	0	1	0	3

### Quarter One Appeals

There were three demonstration related appeals during quarter one. All three involved Adult Expansion Medicaid decisions. They involved unreported income and an overpayment. All individuals did not attend the hearings and the decisions were affirmed.

### Quarter Two Appeals

This appeal involved a denial of Adult Expansion Medicaid due to the individual exceeding the income limit for the program. The decision was affirmed.

### Quarter Three Appeals

During this quarter there were several appeals across demonstration groups with an increase in the month of March 2021. Most of the appeals involved Adult Expansion where the individuals failed to report income, changes in residency, or being incarcerated. Two other appeals involved Current Eligibles where one individual failed to report a change in household composition and the other a change in residency. The decisions were affirmed.

### Quarter Four Appeals

There were five demonstration related appeals during quarter four. Several involved Adult Expansion Medicaid where one individual later withdrew the request, another contested an eligibility denial, and another involved an overpayment. Those decisions were affirmed. An Aged, Blind and Disabled Dental appeal was requested but later withdrawn by the individual. Another involved a Current Eligible charged with an overpayment due to unreported income. The agency determined the overpayment was due to an unintentional program violation.

## Grievances

### Constituent Affairs Grievances

Below is a chart of grievances received from members to our Medicaid Constituent Affairs Representative. The calls are benefit related questions or concerns. The State began collecting this information in DY19, Q3.

Demonstration Group	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	Total
Adult Expansion	5	0	3	1	4	4	17
Aged, Blind and Disabled Dental	6	1	3	1	0	1	12
Employer Sponsored Insurance	0	1	0	0	0	0	1
Current Eligibles	0	1	1	1	0	0	3
TAM	0	0	0	1	0	0	1
UMIC	2	2	1	1	0	0	6
<b>Total</b>	<b>13</b>	<b>5</b>	<b>8</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>40</b>

### Quarter Three Grievances

There were 26 grievances filed during quarter three. Constituent services worked with all individuals to help resolve the issues. The majority were Adult Expansion grievances and were specific to medications, billing, and issues with obtaining medical, dental and mental health coverage. The majority of Aged, Blind and Disabled Dental grievances were specific to the dental plan coverage changes that took place in January 2021. The Current Eligibles grievances were specific to

provider issues, and the UMIC grievances involved prescription denials.

#### Quarter Four Grievances

There were 14 grievances filed during quarter four. Similar to quarter three, the majority of Adult Expansion related grievances received were specific to medications, billing, and issues with obtaining medical coverage. Others were specific to denied applications. The Aged, Blind and Disabled Dental grievances also involved billing issues. The Current Eligibles, TAM and UMIC grievances were specific to billing, provider and service issues.

#### Accountable Care Organization (ACO) Grievances

Grievances are reported by the managed care plans twice per year in November and May. Due to this, the State includes six months of grievance information every year in this report. This information is included in the chart below. With the implementation of the Medicaid Managed Care Program Annual Report (MCPAR), the managed care plans will begin reporting grievance data by grievance type. This will allow the State to report grievance reasons in a future 1115 demonstration monitoring report.

Demonstration Group	Jul 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Total
Adult Expansion	13	19	13	14	16	22	97
Current Eligibles	27	31	24	17	34	36	169
Dental-Blind/Disabled	3	6	3	2	1	4	19
UMIC	5	6	7	6	4	8	36

#### Quality

##### Eligibility Determination and Processing

As an indicator of quality, the State tracks application processing timeframes to determine if medical assistance applications are processed in a timely manner. The table below indicates available data for four of the demonstration groups. Data for other demonstration groups is not available because they are related to specific benefits issued, rather than programs.

##### Application Processing-Average days to Approval<sup>7</sup>

Program Type	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
Current Eligibles-PCR	9.70	9.37	10.73	10.84	10.22	11.21	10.42	9.68	8.76	7.67
Adult Expansion	11.11	11.21	11.98	12.03	10.79	13.25	12.76	10.66	8.89	8.25

<sup>7</sup> Data Source: Dept. of Workforce Services Cognos Report- "104-Days to Approval"

<b>Targeted Adults</b>	7.16	9.80	10.25	10.11	10.43	11.23	10.44	12.76	10.15	9.54
<b>Premium Assistance UPP</b>	58	37.75	58	36	22	41	35.2	35.67	39.17	54.5

<b>Program Type</b>	<b>May 2021</b>	<b>June 2021</b>
<b>Current Eligibles-PCR</b>		
<b>Adult Expansion</b>	8.35	8.58
<b>Targeted Adults</b>	7.65	9.57
<b>Premium Assistance-UPP</b>	43	39

### Financial/Budget Neutrality

The budget neutrality documents for this demonstration year are being submitted to CMS separately. Please refer to these documents for detailed information on the State’s budget neutrality.

### Financial- Anticipated Changes

The State will experience an increase in expenditures due to the expected continued increase in enrollment for Adult Expansion and dental benefits for Aged Medicaid members. The State also anticipates a continued increase in expenditures for all waiver populations due to the continued COVID-19 public health emergency, as the State continues Medicaid eligibility for these populations, regardless of household changes (with few exceptions).

As previously mentioned, on July 23, 2021 the State received approval from CMS to increase the maximum reimbursement amount currently approved for demonstration members enrolled in Utah's UPP program. The State estimates UPP payments will increase approximately \$55,000, or 15%, overall in DY20 as a result of this change. Additional detail regarding this change and related expenses will be reported in future monitoring reports.

### Annual Public Forum

The State held the required annual public forum for DY19 during the January, 2021 Medical Care Advisory Committee (MCAC) meeting. The State presented an overview of the waiver populations authorized under the 1115 demonstration waiver. One comment was offered. The commenter stated they appreciated the flexibility of CMS in approving the variety of programs and benefits included in the waiver, and that these benefits greatly benefit the State of Utah. The next annual public forum will be held in January, 2022.

### Demonstration Renewal

Utah’s existing demonstration is currently approved through June 30, 2022. In June 2021, the State submitted a five-year renewal request. This request is pending a decision from CMS. If approved, the State will continue to operate the demonstration waiver as currently approved, with minimal changes, through June 30, 2027. Abbreviated public hearings for the renewal application were held on May 20, 2021 and May 24, 2021. Since a full public notice is required as part of the waiver renewal, the State allowed an additional 30-day comment period from July 20, 2021 through August 19, 2021. Comments received during this period were addressed in the revised renewal request which was submitted in September, 2021.

### Demonstration Evaluation Update

During this demonstration year, the State contracted with Public Consulting Group, Inc. (PCG) to conduct an evaluation of the following components of the State’s waiver:

- Adult Expansion
- Community Engagement Requirement (on August 10, 2021, CMS formally withdrew approval of Utah's Community Engagement).
- Employer-Sponsored Insurance Requirement (ESI)
- Utah Medicaid Integrated Care (UMIC)

As mentioned in previous monitoring reports, the evaluation of the community engagement requirement was not conducted due to suspension of the requirement on April 1, 2020. Since CMS formally withdrew approval of Utah's Community Engagement for individuals enrolled in the Adult Expansion Program on August 10, 2021, this component will be removed from the contract and not evaluated.

The State submitted the interim report for Adult Expansion and ESI on August 18, 2021. PCG has completed a draft UMIC evaluation design which was submitted to CMS for feedback and approval. CMS has provided feedback, and PCG is in the process of revising the evaluation design. The State will submit the revised evaluation design by October 4, 2021. Once the evaluation design has been approved by CMS, PCG will complete the required evaluation. In addition, PCG is in the process of completing the first interim evaluation report which will provide a summary of the evaluation activities to date as well as the timeline, status of deliverables, and upcoming evaluation activities. The report will also provide a high-level work plan for data collection and analysis. The State will submit this report by September 30, 2021.

The State also continues to contract with the University of Utah Social Research Institute (SRI). SRI is responsible to conduct an evaluation of the following waiver populations and components:

- Current Eligibles
- Demonstration Population I (PCN)
- Demonstration Populations III, V, VI, Current Eligible CHIP Children (UPP)
- Targeted Adults
- Targeted Adult Dental
- Intensive Stabilization Services
- Dental Benefits for Aged Members
- Dental Benefits for Individuals with Blindness or Disabilities
- SUD treatment in an IMD
- SMI treatment in an IMD

The State submitted the SUD mid-point assessment in December, 2020. The final SUD Evaluation Design was submitted in September, 2021 and is awaiting approval from CMS. The SMI monitoring protocol and final ISS Evaluation Design were submitted in June, 2021 and are awaiting approval from CMS. The Interim Report was completed by SRI and submitted July, 2021 and is also awaiting approval from CMS.