



State of Utah

GARY R. HERBERT  
*Governor*

SPENCER J. COX  
*Lieutenant Governor*

**Utah Department of Health**

JOSEPH K. MINER, MD, MSPH, FACPM  
*Executive Director*

**Division of Medicaid and Health Financing**

NATE CHECKETTS  
*Deputy Director, Utah Department of Health*  
*Director, Division of Medicaid and Health Financing*

June 29, 2020

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

Dear Administrator Verma:

I am pleased to submit an amendment to the State of Utah's Special Terms and Conditions for the 1115 Primary Care Network (PCN) Demonstration Waiver. This amendment is a result of House Bill 38 "Substance Use and Health Care Amendments", which passed during the 2020 General Session of the Utah State Legislature. Approval of this amendment will allow the State of Utah to provide Medicaid coverage for qualified justice-involved individuals in the 30-day period immediately prior to the release of the incarcerated individual from a correctional facility. To qualify, these justice-involved 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.

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

Respectfully,

[Redacted Signature]

Emma Chacon (Jun 26, 2020 16:12 MDT)

Emma Chacon  
Operations Director  
Medicaid and Health Financing





## Utah 1115 Primary Care Network Demonstration Waiver

### Amendment Request

Medicaid Coverage for Justice-Involved Populations

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

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# State of Utah

## Section 1115 Demonstration Amendment

### Medicaid Coverage for Justice-Involved Populations

#### Section I. Program Description and Objectives

As a result of the 2020 General Session of the Utah Legislative Session, House Bill 38 “Substance Use and Health Care Amendments”, passed and was signed into law. This legislation directs the Utah Department of Health (UDOH), Division of Medicaid and Health Financing (DMHF), to seek 1115 waiver approval from the Centers for Medicare and Medicaid Services (CMS), 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.

#### Background

In October 2018, Congress passed the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (the “Support Act”) in response to the imperative to implement concrete changes to address the opioid epidemic. Per the SUPPORT Act, Congress requires the Department of Health and Human Services (HHS) to convene a stakeholder group to develop best practices for ensuring continuity of coverage and relevant social services for individuals who are incarcerated and transitioning to the community. The legislation also directs HHS to work with states to develop innovative strategies to help such individuals enroll in Medicaid and to, within a year of enactment, issue a State Medicaid Director (SMD) letter regarding opportunities to design section 1115 demonstration projects to improve care transitions to the community for incarcerated individuals who are eligible for Medicaid. Utah is seeking to collaborate with HHS to develop an innovative demonstration that will help to ensure continuity of care when justice-involved populations transition from incarceration to the community and that could inform the development of the SMD letter required by the SUPPORT Act.

National data has shown that the justice-involved population contains a disproportionate number of persons with behavioral health conditions (i.e., substance use disorders and mental health disorders), as well as HIV and other chronic diseases. Nationally, an estimated 80 percent of individuals released from prison in the United States each year have a substance use disorder or chronic medical or psychiatric condition.<sup>1</sup> In 2011-2012, half of people in state and federal prison and local jails reported ever having a chronic condition.<sup>2</sup> Twenty one percent of people in prison and 14 percent of people in jail reported

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<sup>1</sup> Shira Shavit et al., “Transitions Clinic Network: Challenges and Lessons in Primary Care for People Released from Prison,” *Health Affairs* 36, no. 6 (June 2017): 1006–15

<sup>2</sup> L. Maruschak, M. Bersofsky, and J. Unangst. *Medical Problems of State and Federal Prisoners and Jail Inmates*. Bureau of Justice Statistics Special Report (NCJ 248491), U.S. Department of Justice, February 2015

ever having an infectious disease, including tuberculosis, hepatitis B and C, and other sexually transmitted diseases, compared with 4.8 percent of the general population.<sup>3</sup>

In addition, according to the Bureau of Justice Statistics, 53 percent of all state prisoners and 45 percent of all federal prisoners met the DSM-IV criteria for drug dependence.<sup>4</sup> Estimates for the jail population indicate 47 percent have issues with alcohol use and 53 percent suffer from drug dependency or abuse.<sup>5</sup>

The justice-involved population also suffers from mental and behavioral health issues. According to the Bureau of Justice Statistics, in 2005, 56 percent of people in state prison, 45 percent of people in federal prison, and 64 percent of people in jail reported symptoms of a mental health disorder.<sup>6</sup>

The available data in Utah mirrors federal statistics. In Utah, the rate of mental illness in jails is 30 percent, which is six times higher than the general public.<sup>7</sup> In a jail survey from Davis, Weber, Tooele and Washington Counties, all jails reported that the number of inmates with a serious mental illness had increased over the past two years, and the average percentage of inmates with a serious mental illness in the jails at the time of the survey was 28 percent.<sup>8</sup>

Utah data also indicates that nearly 49 percent of justice-involved individuals screened during the statewide risk and needs screening process indicated the need for further assessment for substance use disorder, and 40 percent needed further mental health assessment. Roughly one-third needed further assessment for both.<sup>9</sup>

Utah believes uninterrupted health coverage is imperative to ensure this high-risk, high-need population receives much needed care as they transition back to their communities. To help facilitate this transition, Utah implemented suspension of benefits for all Medicaid programs as of December 1, 2019. If it is reported that an individual is incarcerated, the State will suspend Medicaid benefits until the individual is no longer incarcerated. If approved, this specific demonstration will allow the State to supplement suspension of benefits, and more seamlessly transition incarcerated individuals to the appropriate Medicaid program during the 30-day period prior to release from incarceration.

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<sup>3</sup> *Ibid*

<sup>4</sup> Mumola, C. and Karberg, J. Drug Use and Dependence, State and Federal Prisoners, 2004. Bureau of Justice Statistics Special Report (NCJ213530), U.S. Department of Justice, October 2006

<sup>5</sup> Karberg, K. C., James, D. J. Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002. Bureau of Justice Statistics Special Report (NCJ 209588), U.S. Department of Justice, July 2005.

<sup>6</sup> 2 James, D. and Glaze, L. Mental Health Problems of Prison and Jail Inmates. Bureau of Justice Statistics Special Report (NCJ 213600), U.S. Department of Justice, September 2006. Available at: [http://www.bjs.gov/index.cfm?ty\\_pbdetail&iid\\_789](http://www.bjs.gov/index.cfm?ty_pbdetail&iid_789)

<sup>7</sup> Utah Commission on Criminal and Juvenile Justice. Mentally Ill Offender Initiative, September 2008.

<sup>8</sup> *Ibid*

<sup>9</sup> Peterson, B., Nystrom, S. and Weyland, D. Utah Justice Reinvestment Initiative 2017 Annual Report, October 2017.

## Goals and Objectives

Under Section 1115 of the Social Security Act, States may implement “experimental, pilot or demonstration projects which, in the judgment of the Secretary [of Health and Human Services] is likely to assist in promoting the objectives of [Medicaid]”. The State believes this demonstration is likely to promote the objectives of Medicaid by providing transitional services in order to ensure high-risk justice-involved populations have critical supports in place when released from incarceration.

The goal and objective of this demonstration is to ensure high-risk justice-involved individuals receive needed coverage, access, and continuity of care prior to release. The State believes this will lead to a reduction in emergency department use, hospitalizations, and other medical expenses associated with release, as well as improvement in health outcomes. The State also believes it will promote continuity of Medication Assisted Treatment for individuals with an opioid use disorder, as well as continuity of antipsychotic medication for individuals receiving that pharmaceutical treatment.

Under this demonstration, the State will be able to bridge relationships between community-based Medicaid providers and justice-involved populations prior to release, thereby improving the chances individuals with a history of substance use, serious mental illness and/or chronic diseases receive stable and continuous care.

## Operation and Proposed Timeline

The Demonstration will operate statewide. The State intends to implement the Demonstration effective July 1, 2021. The State requests to operate the Demonstration through the end of the current waiver approval period, which is June 30, 2022.

## Demonstration Hypotheses and Evaluation

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

The State will conduct ongoing monitoring of this demonstration, and will provide information regarding monitoring activities in the required quarterly and annual monitoring reports.

By providing Medicaid coverage prior to an individual’s release from incarceration, the State will be able to bridge relationships between community-based Medicaid providers and justice-involved populations prior to release thereby improving the chances individuals with a history of substance use, serious mental illness and/or chronic diseases receive stable and continuous care. The following hypotheses will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
This demonstration will promote continuity of Medication Assisted Treatment for individuals with an Opioid Use Disorder.	<ul style="list-style-type: none"> <li>Number of MAT prescriptions</li> </ul>	Claims/encounter data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons
This demonstration will promote continuity of Antipsychotic medication for individuals receiving that pharmaceutical treatment.	<ul style="list-style-type: none"> <li>Number of antipsychotic prescriptions</li> </ul>	Claims/encounter data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons

Table 1

## Section II. Demonstration Eligibility

To be eligible for this demonstration an individual must be a “qualified inmate”, which is defined as an individual who:

1. Is incarcerated in a correctional facility with 30 days or less before release; and has
  - a. a chronic physical or behavioral health condition; or
  - b. a mental illness as defined in Utah State Code Section 62A-15-602, which states:
    - i. *“Mental illness” means:*
      - (a) *a psychiatric disorder that substantially impairs an individual's mental, emotional, behavioral, or related functioning; or*
      - (b) *the same as that term is defined in:*
        - (i) *the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; or*
        - (ii) *the current edition of the International Statistical Classification of Diseases and Related Health Problems; or*
  - c. an opioid use disorder.

Individuals deemed a “qualified inmate” will have eligibility determined for the appropriate Medicaid program for which they meet eligibility requirements. For example, if a “qualified inmate” meets the eligibility criteria for the Adult Expansion Medicaid program, they will receive this specific Medicaid program. Possible Medicaid programs include, but are not limited to:

- Aged Medicaid
- Blind or Disabled Medicaid
- Pregnant Woman
- Adult Expansion Medicaid

- Targeted Adult Medicaid
- Child Medicaid

A “qualified inmate” must meet general Medicaid program requirements. These include:

1. Must be a Utah resident;
2. Must be a U.S. Citizen or qualified alien;
  - a. Non-qualified non-citizens will receive the Emergency Only program pursuant to 42 CFR § 435.139
3. Must meet the income and asset standards for the applicable Medicaid program.

The table below indicates estimates of the incarcerated population in the State of Utah that may be impacted by this demonstration.

Aggregate Site	Average Daily Population	Average Monthly Releases
Utah Department of Corrections (State Prison System)	6,500	300
Salt Lake County Jail	2,200	2,656
Total Statewide Jail System (includes Salt Lake County Jail)	5,700	6,852

Table 2

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

Individuals eligible under this demonstration will receive the benefit plan applicable to the program they are eligible to receive. Below are the benefit plans for each Medicaid program/group.

Eligibility Group	Benefit Package
Adults with Dependent Children	<ul style="list-style-type: none"> <li>● Non-Traditional Benefits (see description below)</li> </ul>
Adults without Dependent Children	<ul style="list-style-type: none"> <li>● State Plan Benefits</li> </ul>
Medically Frail	<ul style="list-style-type: none"> <li>● Adults with Dependent Children normally receive non-traditional benefits, but may choose traditional state plan benefits</li> </ul>
Targeted Adults	<ul style="list-style-type: none"> <li>● State Plan Benefits</li> <li>● State plan dental benefits for individuals receiving Substance Use Disorder Treatment (as defined in the Special Terms &amp; Conditions of the 1115 Demonstration Waiver)</li> </ul>



	<ul style="list-style-type: none"> <li>• 12-months continuous eligibility</li> </ul>
Aged Medicaid	<ul style="list-style-type: none"> <li>• State Plan Benefits, including Dental (as approved in the State’s 1115 waiver)</li> </ul>
Blind and Disabled Medicaid	<ul style="list-style-type: none"> <li>• State Plan Benefits, including Dental (as approved in the State’s 1115 waiver)</li> </ul>
Child Medicaid	<ul style="list-style-type: none"> <li>• State Plan Benefits, including Dental</li> </ul>
Pregnant Woman	<ul style="list-style-type: none"> <li>• State Plan Benefits, including Dental</li> </ul>

Table 3

**Non-Traditional Benefit Package**

Adults with dependent children receive the State’s non-traditional benefit package, authorized under the State’s 1115 Demonstration Waiver. This benefit package contains most of the services covered under Utah’s Medicaid state plan according to the limitations specified in the state plan. This benefit package is reduced from that available under the state plan as detailed in the table 4 below.

**Table 4- Benefits Different from State Plan**

Service	Special Limitations for the Non-traditional Benefit
Hospital Services	Additional surgical exclusions. Refer to the Administrative Rule UT Admin Code R414-200 Non-Traditional Medicaid Health Plan Services and the Coverage and Reimbursement Code Lookup.
Vision Care	One eye examination every 12 months; No eye glasses
Physical Therapy	Visits to a licensed PT professional (limited to a combination of 16 visits per policy year for PT and OT)
Occupational Therapy	Visits to a licensed OT professional (limited to a combination of 16 visits per policy year for PT and OT)

Speech and Hearing Services	Hearing evaluations or assessments for hearing aids are covered, Hearing aids covered only if hearing loss is congenital
Private Duty Nursing	Not covered
Medical Supplies and Medical Equipment	Same as traditional Medicaid with exclusions. (See Utah Medicaid Provider Manual, Non-Traditional Medicaid Plan)
Organ Transplants	The following transplants are covered: kidney, liver, cornea, bone marrow, stem cell, heart and lung (includes organ donor)
Long Term Care	Not covered
Transportation Services	Ambulance (ground and air) for medical emergencies only (non-emergency transportation, including bus passes, is not covered)
Dental	Dental services are not covered, with exceptions.

Cost sharing requirements will not differ from those provided under the state plan. Individuals eligible for Targeted Adult Medicaid are exempt from cost sharing.

#### **Section IV. Delivery System**

Delivery of services will be determined by the Medicaid program the individual is eligible to receive.

##### *Adult Expansion Medicaid*

Services for the Adult Expansion Population will be provided through a fee for service (FFS) delivery system during the month of application and potentially the following month depending on the date of approval. In addition, Adult Expansion beneficiaries that live in non-mandatory managed care counties will receive services through the FFS network. FFS reimbursement rates for physical health and behavioral health services will be the same as State Plan provider payment rates. Adult Expansion beneficiaries living in mandatory managed care counties will be enrolled in managed care no later than the second month after they are approved for Medicaid Expansion. Individuals living in Utah’s five largest counties will be enrolled in integrated plans that provide access to both physical health and behavioral health services through a single managed care entity. In the remaining counties, beneficiaries will be enrolled in a pre-paid mental health plan for their behavioral health services.

### *Targeted Adult Medicaid*

Services for Targeted Adult Medicaid eligible individuals will be provided through the FFS delivery system.

### *All other Medicaid Programs*

Services for other Medicaid programs will be provided through a fee for service (FFS) delivery system during the month of application and potentially the following month depending on the date of approval. Individuals living in mandatory managed care counties will be enrolled in managed care no later than the second month after they are approved for Medicaid. Individuals living in non-mandatory counties may choose a managed care plan or may choose FFS. They will also be enrolled in a Pre-paid Mental Health Plan for their behavioral health services.

## **Section V. Implementation and Enrollment in Demonstration**

The State intends to initially implement the demonstration with the Utah Department of Corrections (state prison system), as a process is already in place to process medical applications of state prison individuals within 30-days of their release date. There is also more certainty around release dates for these individuals, as well as existing data exchange agreements. The State will phase in the demonstration with county jails once processes and any needed agreements are put in place.

Upon release from incarceration, any changes to the individual’s household situation must be reported. Any changes reported may require a re-determination of eligibility for the appropriate Medicaid program.

## **Section VI. Demonstration Financing and Budget Neutrality**

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

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

<b>Medicaid for Justice-Involved</b>	<b>DY 20 (SFY 22)</b>
Enrollment	3,200
Expenditures	\$19,900,000

## **Section VII. Proposed Waiver and Expenditure Authority**

The State seeks such waiver authority as necessary under the demonstration to receive federal match on costs not otherwise matchable for services rendered to individuals who are incarcerated 30-days prior to their release. The specific additional waivers, if any that would be needed will be identified in collaboration with CMS.

The State also requests the following proposed waivers and expenditure authority to operate the Demonstration.

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the State to vary the amount, duration, and scope of services provided to individuals in the demonstration group.
Section 1902(a)(23)(A)- Freedom of Choice	To enable the State to restrict freedom of choice of providers for the population affected by this demonstration.

### Expenditure Authority

The State requests expenditure authority to provide Medicaid benefits to demonstration eligible individuals.

## Section VIII. Compliance with Public Notice and Tribal Consultation

### Public Notice Process

Public Notice of the State’s request for this demonstration amendment, and notice of Public Hearing were advertised in the newspapers of widest circulation, and sent to an electronic mailing list. In addition, the abbreviated public notice was posted to the State’s Medicaid website at <https://medicaid.utah.gov/1115-waiver>. Verification of public notice is contained in Attachment 2.

Two public hearings to take public comment on this request were held. The first public hearing was held on May 21, 2020 from 2:00 p.m. to 4:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing was held on May 26, 2020 from 4:30 p.m. to 5:30 p.m. Due to the COVID-19 emergency and state social distancing guidelines, both public hearings were held via video and teleconferencing. The MCAC meeting minutes can be found in Attachment 3.

No comments were provided during the public hearings. However, three individuals asked questions regarding benefits for Adult Expansion beneficiaries, the effective date of the amendment, and budget concerns due to the COVID-19 emergency. The questions asked did not require any changes to the amendment.

### Public Comment

The public comment period was held May 18, 2020 through June 17, 2020. No public comments were submitted to the State.

### Tribal Consultation

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act, the State ensures that a meaningful consultation process occurs in a timely manner on program decisions impacting Indian Tribes in the State of Utah. DMHF notified the UDOH Indian Health Liaison of the waiver amendment. As a result of this notification, DMHF began the tribal consultation process by attending the Utah Indian Health Affairs Board (UIHAB) meeting on June 12, 2020 to present this demonstration amendment. No feedback or concerns were provided. Members of UIHAB voiced support for this amendment. The UIHAB meeting agenda can be found in Attachment 4.

### Tribal Consultation Policy

The consultation process will include, but is not limited to:

- An initial meeting to present the intent and broad scope of the policy and waiver application to the UIHAB.
- Discussion at the UIHAB meeting to more fully understand the specifics and impact of the proposed policy initiation or change;
- Open meeting for all interested parties to receive information or provide comment;
- A presentation by tribal representatives of their concerns and the potential impact of the proposed policy;
- Continued meetings until concerns over intended policy have been fully discussed;
- A written response from the Department of Health to tribal leaders as to the action on, or outcome of tribal concerns.

Tribal consultation policy can be found at: <http://health.utah.gov/indianh/consultation.html>.

### **Section IX. Demonstration Administration**

Name and Title: Nate Checketts, Deputy Director, Utah Department of Health

Telephone Number: (801) 538-6689

Email Address: [nchecketts@utah.gov](mailto:nchecketts@utah.gov)

## ATTACHMENT 1

### **Compliance with Budget Neutrality Requirements**



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

ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 15 (SFY 17)	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WOW
					DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<b>Current Eligibles</b>										
<i>Parent Caretaker Relative (PCR) population 45-60% FPL - transferred to Expansion Parents effective 4/1/19</i>										
Pop Type:	Medicaid									
Eligible Member Months	0.0%	0	377,866	0.0%	377,866	364,366	320,957	319,534	318,076	
PMPM Cost	5.3%	0	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
Total Expenditure					\$ 377,612,830	\$ 383,420,334	\$ 355,641,571	\$ 372,830,227	\$ 390,798,881	\$ 1,880,303,842
<b>Demo Pop I - PCN Adults with Children</b>										
<i>PCN ends 3/31/19</i>										
Pop Type:	Hypothetical									
Eligible Member Months	5.9%	0	104,836	5.9%	111,042	88,212	-	-	-	
PMPM Cost	5.3%	0	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
Total Expenditure					\$ 5,399,987	\$ 4,517,106	\$ -	\$ -	\$ -	\$ 9,917,093
<b>Demo Pop III/IV - UPP Adults with Children</b>										
Pop Type:	Hypothetical									
Eligible Member Months	34.9%	0	6,067	34.9%	8,182	11,034	14,881	20,068	27,064	
PMPM Cost	5.3%	0	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 184.52	\$ 194.30	
Total Expenditure					\$ 1,293,029	\$ 1,836,200	\$ 2,607,542	\$ 3,702,908	\$ 5,258,410	\$ 14,698,089
<b>Demo Pop I - PCN Childless Adults</b>										
<i>PCN ends 3/31/19</i>										
Pop Type:	Medicaid									
Eligible Member Months		0		2.5%	73,812	58,293	-	-	-	
PMPM Cost		0		5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40	
Total Expenditure					\$ 3,806,153	\$ 3,165,223	\$ -	\$ -	\$ -	\$ 6,971,376
<b>Demo Pop III/IV - UPP Childless Adults</b>										
Pop Type:	Medicaid									
Eligible Member Months	159	0		2.5%	163	167	171	176	180	
PMPM Cost	68.45	0		5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 84.16	\$ 88.62	
Total Expenditure					\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	\$ 59,133
<b>Targeted Adults</b>										
<i>Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment.</i>										
<i>PMPM will increase due to adding the housing support benefit and new managed care directed payments</i>										
Pop Type:	Expansion				<i>Started 11/1/17</i>					
Eligible Member Months		0	0	2.5%	78,000	78,000	126,000	172,200	176,505	
PMPM Cost		0	\$ -	5.3%	\$ 979.53	\$ 1,031.45	\$ 1,522.79	\$ 1,603.50	\$ 1,688.48	
Total Expenditure					\$ 76,403,340	\$ 80,452,717	\$ 191,871,540	\$ 276,122,333	\$ 298,025,737	\$ 922,875,668
<b>Dental - Targeted Adults</b>										
<i>Started 3/1/19 Porcelain crowns anticipated start date of 1/1/20 increases PMPM</i>										
Pop Type:	Expansion									
Eligible Member Months		0		2.5%	-	12,000	36,900	37,823	38,768	
PMPM Cost	5.3%	0		5.3%	\$ -	\$ 333.33	\$ 37.27	\$ 39.24	\$ 41.32	
Total Expenditure					\$ -	\$ 400,000	\$ 1,375,111	\$ 1,484,192	\$ 1,601,925	\$ 4,861,228
<b>System of Care</b>										
<i>Anticipated start date of 1/1/20</i>										
Pop Type:	Hypothetical									
Eligible Member Months		0			-	720	1,440	1,440	1,440	
PMPM Cost	5.3%	0		5.3%	\$ -	\$ 2,100.00	\$ 2,211.30	\$ 2,328.50	\$ 2,328.50	
Total Expenditure					\$ -	\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	\$ 3,353,038	\$ 8,049,310
<b>Dental - Blind/Disabled</b>										
Pop Type:	Hypothetical									
Eligible Member Months	0.0%	0			412,361	412,361	412,361	412,361	412,361	
PMPM Cost	3.0%	0			\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
Total Expenditure					\$ 7,595,690	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	\$ 40,326,548
<b>Dental - Aged</b>										
<i>Anticipated start date of 1/1/20</i>										
Pop Type:	Hypothetical									
Eligible Member Months	2.5%	0	108,000			54,000	110,700	113,468		
PMPM Cost	5.3%	0				\$ 30.75	\$ 32.38	\$ 34.10		
Total Expenditure					\$ -	\$ 1,660,500	\$ 3,584,438	\$ 3,868,774	\$ -	\$ 9,113,712
<b>Former Foster</b>										
Pop Type:	Hypothetical									
Eligible Member Months	0.0%	24			10	10	10	10	10	
PMPM Cost	4.8%	24			\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure					\$ 9,909	\$ 10,384	\$ 10,883	\$ 11,405	\$ 11,953	\$ 54,534

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

ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 15 (SFY 17)	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WOW
					DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<b>Substance Use Disorder (SUD)</b>										
Pop Type:	Hypothetical									
Eligible Member Months	6.9%	18	36,913	6.9%	39,456.31	42,175	40,554	43,348	46,335	
PMPM Cost	5.0%	18		5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
Total Expenditure					\$ 131,072,269	\$ 147,108,390	\$ 148,527,403	\$ 166,698,858	\$ 187,093,676	\$ 780,500,596
<b>Withdrawal Management</b>										
Pop Type:	Hypothetical									
Eligible Member Months	0.0%	0	4,018	0.0%		670	4,018	4,018	4,018	
PMPM Cost	5.0%	0		5.0%	\$ -	\$ 700.00	\$ 735.00	\$ 771.75	\$ 810.34	
Total Expenditure					\$ -	\$ 468,738	\$ 2,953,046	\$ 3,100,699	\$ 3,255,733	\$ 9,778,216
<b>Medicaid for Justice-Involved Populations</b>										
Pop Type:	Hypothetical									
Eligible Member Months	1.75%		3,200	1.75%	-	-	38,400	39,072		
PMPM Cost	3.0%			3.0%	-	-	520.00	535.60		
Total Expenditure					-	-	\$ 19,968,000	\$ 20,926,963	\$ 40,894,963	
<b>Expansion Parents &lt;=100% FPL</b>										
Pop Type:	Expansion									
Eligible Member Months	2.5%		339,828	2.5%	-	169,914	348,324	357,032		
PMPM Cost	5.3%			5.3%	\$ -	\$ 671.61	\$ 707.21	\$ 744.69		
Total Expenditure					\$ -	\$ 114,115,918	\$ 246,336,326	\$ 265,876,956	\$ 626,329,200	
<b>Expansion Adults w/out Dependent Children &lt;=100% FPL</b>										
Pop Type:	Expansion									
Eligible Member Months	2.5%		400,973	2.5%	-	200,487	410,997	421,272		
PMPM Cost	5.3%			5.3%	-	937.16	986.83	1,039.13		
Total Expenditure					-	\$ 187,887,968	\$ 405,584,361	\$ 437,757,341	\$ 1,031,229,669	
<b>Expansion Parents 101-133% FPL</b>										
Pop Type:	Expansion									
Eligible Member Months	5.25%		121,473	5.25%	-	58,671	123,503	129,987		
PMPM Cost	5.3%			5.3%	\$ -	\$ 656.90	\$ 691.72	\$ 728.38		
Total Expenditure					\$ -	\$ 38,541,205	\$ 85,429,087	\$ 94,679,562	\$ 218,649,854	
<b>Expansion Adults w/out Dependent Children 101-133% FPL</b>										
Pop Type:	Expansion									
Eligible Member Months	5.25%		384,418	5.25%	-	185,674	390,844	411,363		
PMPM Cost	5.3%			5.3%	-	920.73	969.53	1,020.91		
Total Expenditure					-	\$ 170,955,560	\$ 378,934,111	\$ 419,966,044	\$ 969,855,715	

- Start date of 5/1/19 (2 months of SFY19)
- Assumes start date of 1/1/2020 (SFY20)
- Assumes start date of 7/1/21 (SFY21)

\$ 6,574,468,745



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

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<b>Current Eligibles</b>								
<b>Pop Type:</b> Medicaid		<i>Parent Caretaker Relative (PCR) population 45-60% FPL: transferred to Expansion Parents effective 4/1/19</i>						
Eligible Member Months	377,866	0%	377,866	364,366	320,957	319,534	318,076	
PMPM Cost	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 377,612,830	\$ 383,420,334	\$ 355,641,571	\$ 372,830,227	\$ 390,798,881	
<b>Demo Pop I - PCN Adults w/Children</b>								
<b>Pop Type:</b> Hypothetical		<i>PCN ends 3/31/19</i>						
Eligible Member Months	104,836	5.9%	111,042	88,212	-	-	-	
PMPM Cost	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
Total Expenditure			\$ 5,399,987	\$ 4,517,106	\$ -	\$ -	\$ 9,917,093	
<b>Demo Pop III/V - UPP Adults with Children</b>								
<b>Pop Type:</b> Hypothetical								
Eligible Member Months	6,067	34.9%	\$ 8,182	\$ 11,034	\$ 14,881	\$ 20,068	\$ 27,064	
PMPM Cost	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 184.52	\$ 194.30	
Total Expenditure			\$ 1,293,029	\$ 1,836,200	\$ 2,607,542	\$ 3,702,908	\$ 5,258,410	
<b>Demo Pop I - PCN Childless Adults</b>								
<b>Pop Type:</b> Medicaid		<i>PCN ends 3/31/19</i>						
Eligible Member Months	70,097	4.9%	73,812	58,293	-	-	-	
PMPM Cost	\$ 48.97	5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40	
Total Expenditure			\$ 3,806,153	\$ 3,165,223	\$ -	\$ -	\$ 6,971,376	
<b>Demo Pop III/V - UPP Childless Adults</b>								
<b>Pop Type:</b> Medicaid								
Eligible Member Months	159	4.9%	167	175	184	193	202	
PMPM Cost	\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 84.16	\$ 88.62	
Total Expenditure			\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	
<b>Targeted Adults</b>								
<b>Pop Type:</b> Expansion		<i>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 housing support benefit and new managed care directed payments</i>						
		<i>Started 11/1/17</i>						
Eligible Member Months		2.5%	78,000	78,000	126,000	172,200	176,505	
PMPM Cost		5.3%	\$ 979.53	\$ 1,031.45	\$ 1,522.79	\$ 1,603.50	\$ 1,688.48	
Total Expenditure			\$ 76,403,340	\$ 80,452,717	\$ 191,871,540	\$ 276,122,333	\$ 298,025,737	
<b>Dental - Targeted Adults</b>								
<b>Pop Type:</b> Expansion		<i>Started 3/1/19 Porcelain crowns anticipated start date of 1/1/20 increases PMPM</i>						
Eligible Member Months		2.5%	-	12,000	36,900	37,823	38,768	
PMPM Cost		5.3%	\$ -	\$ 33.33	\$ 37.27	\$ 39.24	\$ 41.32	
Total Expenditure			\$ -	\$ 400,000	\$ 1,375,111	\$ 1,484,192	\$ 1,601,925	
<b>System of Care</b>								
<b>Pop Type:</b> Hypothetical		<i>Anticipated start date of 1/1/20</i>						
Eligible Member Months			-	720	1,440	1,440		
PMPM Cost		5.3%	\$ -	\$ 2,100	\$ 2,211	\$ 2,328		
Total Expenditure			\$ -	\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	\$ 8,049,310	
<b>Dental - Blind/Disabled</b>								
<b>Pop Type:</b> Hypothetical								
Eligible Member Months		0%	412,361	412,361	412,361	412,361	412,361	
PMPM Cost		3.0%	\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
Total Expenditure			\$ 7,595,690	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	

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

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<b>Dental - Aged</b>								
Pop Type:	Hypothetical		Anticipated start date of 1/1/20					
Eligible Member Months		0%	-	-	54,000	110,700	113,468	
PMPM Cost		3.0%	\$ -	\$ -	\$ 30.75	\$ 32.38	\$ 34.10	
Total Expenditure			\$ -	\$ -	\$ 1,660,500	\$ 3,584,438	\$ 3,868,774	\$ 9,113,712
<b>Former Foster Care</b>								
Pop Type:	Hypothetical							
Eligible Member Months		0%	10	10	10	10	10	
PMPM Cost		4.8%	\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure			\$ 9,909	\$ 10,384	\$ 10,883	\$ 11,405	\$ 11,953	\$ 54,534
<b>Substance Use Disorder (SUD)</b>								
Pop Type:	Hypothetical							
Eligible Member Months		6.9%	39,456	42,175	40,554	43,348	46,335	
PMPM Cost		5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
Total Expenditure			\$ 131,072,269	\$ 147,108,390	\$ 148,527,403	\$ 166,698,858	\$ 187,093,676	\$ 780,500,596
<b>Withdrawal Management</b>								
Pop Type:	Hypothetical		Started 5/1/19					
Eligible Member Months		0.0%	-	670	4,018	4,018	4,018	
PMPM Cost		5.0%	\$ -	\$ 700.00	\$ 735.00	\$ 771.75	\$ 810.34	
Total Expenditure			\$ -	\$ 468,738	\$ 2,953,046	\$ 3,100,699	\$ 3,255,733	\$ 9,778,216
<b>Medicaid for Justice-Involved Populations</b>								
Pop Type:	Hypothetical		Assumes start date of 7/1/2021					
Eligible Member Months		1.75%	-	-	-	38,400	39,072	
PMPM Cost		3.0%	\$ -	\$ -	\$ -	\$ 520.00	\$ 535.60	
Total Expenditure			\$ -	\$ -	\$ -	\$ 19,968,000	\$ 20,926,963	\$ 40,894,963
<b>Expansion Parents &lt;=100% FPL</b>								
Pop Type:	Expansion		Assumes start date of 1/1/20					
Eligible Member Months		2.5%	-	-	169,914	348,324	357,032	
PMPM Cost		5.3%	\$ -	\$ -	\$ 671.61	\$ 707.21	\$ 744.69	
Total Expenditure			\$ -	\$ -	\$ 114,115,918	\$ 246,336,326	\$ 265,876,956	\$ 626,329,200
<b>Expansion Adults w/out Dependent Children &lt;=100% FPL</b>								
Pop Type:	Expansion		Assumes start date of 1/1/20					
Eligible Member Months		2.5%	-	-	200,487	410,997	421,272	
PMPM Cost		5.3%	\$ -	\$ -	\$ 937.16	\$ 986.83	\$ 1,039.13	
Total Expenditure			\$ -	\$ -	\$ 187,887,968	\$ 405,584,361	\$ 437,757,341	\$ 1,031,229,669
<b>Expansion Parents 101-133% FPL</b>								
Pop Type:	Expansion		Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums					
Eligible Member Months		5.25%	-	-	58,671	123,503	129,987	
PMPM Cost		5.3%	\$ -	\$ -	\$ 656.90	\$ 691.72	\$ 728.38	
Total Expenditure			\$ -	\$ -	\$ 38,541,205	\$ 85,429,087	\$ 94,679,562	\$ 218,649,854
<b>Expansion Adults w/out Dependent Children 101-133% FPL</b>								
Pop Type:	Expansion		Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums					
Eligible Member Months		5.25%	-	-	185,674	390,844	411,363	
PMPM Cost		5.3%	\$ -	\$ -	\$ 920.73	\$ 969.53	\$ 1,020.91	
Total Expenditure			\$ -	\$ -	\$ 170,955,560	\$ 378,934,111	\$ 419,966,044	\$ 969,855,715

Start date of 5/1/19 (2 months of SFY19) \$ 6,574,468,745  
 Assumes start date of 1/1/2020 (SFY20)  
 Assumes start date of 7/1/2021 (SFY21)

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

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<b>Current Eligibles</b>								
<b>Pop Type:</b> Medicaid		Parent Caretaker Relative (PCR) population 45-60% FPL: transferred to Expansion Parents effective 4/1/19						
Eligible Member Months	377,866	0%	377,866	364,366	320,957	319,534	318,076	
PMPM Cost	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 377,612,830	\$ 383,420,334	\$ 355,641,571	\$ 372,830,227	\$ 390,798,881	
<b>Demo Pop I - PCN Adults w/Children</b>								
<b>Pop Type:</b> Hypothetical		PCN ends 3/31/19						
Eligible Member Months	104,836	5.9%	111,042	88,212	-	-	-	
PMPM Cost	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
Total Expenditure			\$ 5,399,987	\$ 4,517,106	\$ -	\$ -	\$ -	
<b>Demo Pop III/IV - UPP Adults with Children</b>								
<b>Pop Type:</b> Hypothetical								
Eligible Member Months	6,067	34.9%	8,182	11,034	14,881	20,068	27,064	
PMPM Cost	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 184.52	\$ 194.30	
Total Expenditure			\$ 1,293,029	\$ 1,836,200	\$ 2,607,542	\$ 3,702,908	\$ 5,258,410	
<b>Demo Pop I - PCN Childless Adults</b>								
<b>Pop Type:</b> Medicaid		PCN ends 3/31/19						
Eligible Member Months	70,097	4.9%	73,812	58,293	-	-	-	
PMPM Cost	\$ 48.97	5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40	
Total Expenditure			\$ 3,806,153	\$ 3,165,223	\$ -	\$ -	\$ -	
<b>Demo Pop III/IV - UPP Childless Adults</b>								
<b>Pop Type:</b> Medicaid								
Eligible Member Months	159	4.9%	167	175	184	193	202	
PMPM Cost	\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 84.16	\$ 88.62	
Total Expenditure			\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	
<b>Former Targeted Adults</b>								
<b>Pop Type:</b> Expansion		<p>Member months will increase when the criteria is expanded to include victims of domestic violence, individuals with court ordered treatment and certain individuals on probation or parole. Also, member months will decrease due to the removal of continuous eligibility.</p> <p>PMPM will increase due to adding new managed care directed payments.</p> <p>PMPM will decrease due to removing the housing support benefit, and for non-medically frail individuals removing certain benefits from the traditional package.</p>						
Eligible Member Months		2.5%	78,000	78,000	121,696	163,378	167,462	
PMPM Cost		5.3%	\$ 979.53	\$ 1,031.45	\$ 1,281.14	\$ 1,349.04	\$ 1,420.54	
Total Expenditure			\$ 76,403,340	\$ 80,452,717	\$ 155,909,778	\$ 220,402,517	\$ 237,885,946	
<b>Dental - Targeted Adults</b>								
<b>Pop Type:</b> Expansion		Started 3/1/19						
Eligible Member Months		2.5%	-	12,000	18,450	-	-	
PMPM Cost		5.3%	\$ -	\$ 33.33	\$ 37.27	\$ 39.24	\$ 41.32	
Total Expenditure			\$ -	\$ 400,000	\$ 687,556	\$ -	\$ -	
<b>System of Care</b>								
<b>Pop Type:</b> Hypothetical		Anticipated start date of 1/1/20						
Eligible Member Months			-	720	1,440	1,440	-	
PMPM Cost		5.3%	\$ -	\$ 2,100	\$ 2,211	\$ 2,328	\$ -	
Total Expenditure			\$ -	\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	\$ 8,049,310	
<b>Dental - Blind/Disabled</b>								
<b>Pop Type:</b> Hypothetical								
Eligible Member Months		0%	412,361	412,361	412,361	412,361	412,361	
PMPM Cost		3.0%	\$ 18.42	\$ 18.97	\$ 19.54	\$ 20.13	\$ 20.73	
Total Expenditure			\$ 7,595,690	\$ 7,823,560	\$ 8,058,267	\$ 8,300,015	\$ 8,549,016	
<b>Dental - Aged</b>								
<b>Pop Type:</b> Hypothetical		Anticipated start date of 1/1/20						
Eligible Member Months		0%	-	54,000	110,700	113,468	-	
PMPM Cost		3.0%	\$ -	\$ 30.75	\$ 32.38	\$ 34.10	\$ -	
Total Expenditure			\$ -	\$ 1,660,500	\$ 3,584,438	\$ 3,868,774	\$ 9,113,712	
<b>Former Foster Care</b>								
<b>Pop Type:</b> Hypothetical								
Eligible Member Months		0%	10	10	10	10	10	
PMPM Cost		4.8%	\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure			\$ 9,909	\$ 10,384	\$ 10,883	\$ 11,405	\$ 11,953	

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

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<b>Substance Use Disorder (SUD)</b>								
Pop Type:	Hypothetical							
Eligible Member Months		6.9%	39,456	42,175	40,554	43,348	46,335	
PMPM Cost		5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
Total Expenditure			\$ 131,072,269	\$ 147,108,390	\$ 148,527,403	\$ 166,698,858	\$ 187,093,676	
<b>Withdrawal Management</b>								
Pop Type:	Hypothetical							
Eligible Member Months		0.0%	-	670	4,018	4,018	4,018	
PMPM Cost		5.0%	\$ -	\$ 700.00	\$ 735.00	\$ 771.75	\$ 810.34	
Total Expenditure			\$ -	\$ 468,738	\$ 2,953,046	\$ 3,100,699	\$ 3,255,733	
<b>Medicaid for Justice-Involved Populations</b>								
Pop Type:	Hypothetical							
Eligible Member Months		1.75%	-	-	-	38,400	39,072	
PMPM Cost		3.0%	\$ -	\$ -	\$ -	\$ 520.00	\$ 535.60	
Total Expenditure			\$ -	\$ -	\$ -	\$ 19,968,000	\$ 20,926,963	
<b>Expansion Parents &lt;=100% FPL</b>								
Pop Type:	Expansion							
Eligible Member Months		2.5%	-	-	169,914	348,324	357,032	
PMPM Cost		5.3%	\$ -	\$ -	\$ 640.57	\$ 674.52	\$ 710.27	
Total Expenditure			\$ -	\$ -	\$ 108,841,789	\$ 234,951,327	\$ 253,588,841	
<b>Expansion Adults w/out Dependent Children &lt;=100% FPL</b>								
Pop Type:	Expansion							
Eligible Member Months		2.5%	-	-	200,487	410,997	421,272	
PMPM Cost		5.3%	\$ -	\$ -	\$ 899.03	\$ 946.68	\$ 996.85	
Total Expenditure			\$ -	\$ -	\$ 180,242,854	\$ 389,081,237	\$ 419,945,107	
<b>Expansion Parents 101-133% FPL</b>								
Pop Type:	Expansion							
Eligible Member Months		5.25%	-	-	53,048	111,667	117,529	
PMPM Cost		5.3%	\$ -	\$ -	\$ 625.86	\$ 659.03	\$ 693.96	
Total Expenditure			\$ -	\$ -	\$ 33,200,871	\$ 73,591,888	\$ 81,560,602	
<b>Expansion Adults w/out Dependent Children 101-133% FPL</b>								
Pop Type:	Expansion							
Eligible Member Months		5.25%	-	-	167,879	353,386	371,939	
PMPM Cost		5.3%	\$ -	\$ -	\$ 862.60	\$ 929.37	\$ 978.63	
Total Expenditure			\$ -	\$ -	\$ 148,169,813	\$ 328,428,021	\$ 363,991,028	

- Start date of 5/1/19 (2 months of SFY19)
- Assumes start date of 1/1/2020 (SFY20)
- Assumes start date of 7/1/2021 (SFY21)

## ATTACHMENT 2

### **Public Notice Requirements**





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

Deseret News

Utah

**PUBLIC NOTICE**  
**Utah 1115 Waiver Amendments**

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss amendments to the State's 1115 Demonstration Waiver. The Department will also accept public comment regarding these demonstration amendments during the 30-day public comment period from May 18, 2020, through June 17, 2020.

**PROOF OF PUBLICATION CUSTOMER'S COPY**

CUSTOMER NAME AND ADDRESS

UTAH DEPARTMENT OF HEALTH BUREAU OF  
COVERAGE/REIMBURSEME,  
CRAIG DEVASHRAYEE  
PO BOX 143102

SALT LAKE CITY UT 84114

ACCOUNT NAME

UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURS

TELEPHONE

8015386641

PUBLICATION SCHEDULE

START 05/18/2020 END 05/18/2020

CUSTOMER REFERENCE NUMBER

QAZ: Amendments to Utah 1115 Waiver

CAPTION

PUBLIC NOTICE Utah 1115 Waiver Amendments The Utah Department of

SIZE

68 LINES

3 COLUMN(S)

TIMES

3

TOTAL COST

347.72

ACCOUNT

9001

ORDER # / INVOICE

0001290028 /

DMHF is requesting authority to implement provisions of House Bill 38 "Substance Use and Health Care Amendments" and House Bill 436 "Health and Human Services Amendments", which passed during the 2020 Utah Legislative Session. The amendment requests include the following provisions:

**Medicaid Coverage for Justice-Involved Populations (HB 38)**  
• This amendment will allow the State to provide Medicaid coverage to "qualified inmates" for up to 30 days before release from a correctional facility.  
• A "qualified inmate" is an individual who is incarcerated in a correctional facility and has a chronic physical or behavioral health condition, a mental illness as defined in Utah State Code Section 62A-15-602, or an opioid use disorder.

**Utah's Premium Partnership for Health Insurance (UPP) Premium Reimbursement Increase (HB 436)**  
• This amendment request will allow the State to increase the maximum UPP reimbursement amount for adults (age 19 through 64), from \$150 per enrollee per month, to a higher amount through the state administrative rulemaking process, rather than by waiver amendment.  
• If approved, initially the maximum UPP reimbursement amount for adults will be \$300 per enrollee per month.

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

• Thursday, May 21, 2020, from 2:00 p.m. to 4:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting.  
o Video Conference: Google Hangout Meeting (only works in the Chrome web browser) meet.google.com/kyj-yrbk-cv  
o Or join by phone: 1-413-233-4024 (PIN: 746 045 310#)

• Tuesday, May 26, 2020, from 4:30 p.m. to 5:30 p.m.  
o Video Conference: Google Hangout Meeting (only works in the Chrome web browser) meet.google.com/ctt-dxpy-ngc  
o Or join by phone: 1-318-612-0038 (PIN: 268 779 416#)

Individuals requiring an accommodation to fully participate in either meeting may contact Jennifer Meyer-Smart at jmeyersmart@utah.gov or 385-215-4735 by 5:00 p.m. on Monday, May 18, 2020.

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

The public may comment on the proposed amendment requests during the 30-day public comment period from May 18, 2020, through June 17, 2020.

Comments may be submitted:  
Online: <https://medicaid.utah.gov/1115-waiver>

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

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

1290028

UPAXLP

**AFFIDAVIT OF PUBLICATION**

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

PUBLISHED ON Start 05/18/2020 End 05/18/2020

DATE 5/21/2020

SIGNATURE 

STATE OF UTAH )

COUNTY OF SALT LAKE )

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 21ST DAY OF MAY IN THE YEAR 2020

BY LENEA TAPUSOA,



  
NOTARY PUBLIC SIGNATURE



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## Department of Health: Medicaid Expansion Workgroup

**Entity:** Department of Health

**Body:** [Medicaid Expansion Workgroup](#)

**Subject:** Medicaid Health Care

**Notice Title:** Utah 1115 Waiver Amendments

**Notice Type:** Notice, Meeting

**Event Start Date & Time:** May 21, 2020 02:00 PM

**Event End Date & Time:** May 21, 2020 04:00 PM

### Description/Agenda:

PUBLIC NOTICE

Utah 1115 Waiver Amendments

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss amendments to the State's 1115 Demonstration Waiver. The Department will also accept public comment regarding these demonstration amendments during the 30-day public comment period from May 18, 2020, through June 17, 2020.

DMHF is requesting authority to implement provisions of House Bill 38 'Substance Use and Health Care Amendments' and House Bill 436 'Health and Human Services Amendments', which passed during the 2020 Utah Legislative Session. The amendment requests include the following provisions:

#### Medicaid Coverage for Justice-Involved Populations (HB 38)

This amendment will allow the State to provide Medicaid coverage to 'qualified inmates' for up to 30 days before release from a correctional facility.

A 'qualified inmate' is an individual who is incarcerated in a correctional facility and has a chronic physical or behavioral health condition, a mental illness as defined in Utah State Code Section 62A-15-602, or an opioid use disorder.

#### Utah's Premium Partnership for Health Insurance (UPP) Premium Reimbursement Increase (HB 436)

This amendment request will allow the State to increase the maximum UPP reimbursement amount for adults (age 19 through 64), from \$150 per enrollee per month, to a higher amount through the state administrative rulemaking process, rather than by waiver amendment.

If approved, initially the maximum UPP reimbursement amount for adults will be \$300 per enrollee per month.

Public Hearings:

### Meeting Location:

Video Conference  
Salt Lake City , 84116

[Map this!](#)

### Contact Information:

Jennifer Meyer-Smart  
[jmeyersmart@utah.gov](mailto:jmeyersmart@utah.gov) (801)538-6338

### Audio File Address

### Subscription Options

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

Thursday, May 21, 2020, from 2:00 p.m. to 4:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting.

Video Conference: Google Hangout Meeting (only works in the Chrome web browser)  
[meet.google.com/kyj-yrbk-cvv](https://meet.google.com/kyj-yrbk-cvv)

Or join by phone: 1-413-233-4024 (PIN: 746 045 310#)

Tuesday, May 26, 2020, from 4:30 p.m. to 5:30 p.m.

Video Conference: Google Hangout Meeting (only works in the Chrome web browser)  
[meet.google.com/ctt-dxpy-nqc](https://meet.google.com/ctt-dxpy-nqc)

Or join by phone: 1-318-612-0038 (PIN: 268 779 416#)

Individuals requiring an accommodation to fully participate in either meeting may contact Jennifer Meyer-Smart at [jmeyersmart@utah.gov](mailto:jmeyersmart@utah.gov) or 385-215-4735 by 5:00 p.m. on Monday, May 18, 2020.

#### Public Comment:

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

The public may comment on the proposed amendment requests during the 30-day public comment period from May 18, 2020, through June 17, 2020.

Comments may be submitted:

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

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

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

#### Notice of Special Accommodations:

In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify Jennifer Meyer-Smart at 801-538-6338.

#### Notice of Electronic or telephone participation:

Video Conference: Google Hangout Meeting (only works in the Chrome web browser)  
[meet.google.com/kyj-yrbk-cvv](https://meet.google.com/kyj-yrbk-cvv) Or join by phone: 1-413-233-4024 (PIN: 746 045 310#)

#### Other Information

**This notice was posted on:** May 18, 2020 02:50 PM

**This notice was last edited on:** May 18, 2020 03:09 PM

**Deadline Date:** May 21, 2020 04:00 PM

#### Board/Committee Contacts



Member

Email

Phone

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## Department of Health: Medicaid Expansion Workgroup

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**Body:** [Medicaid Expansion Workgroup](#)

**Subject:** Medicaid Health Care

**Notice Title:** Utah 1115 Waiver Amendments

**Notice Type:** Notice, Meeting

**Event Start Date & Time:** May 26, 2020 04:30 PM

**Event End Date & Time:** May 26, 2020 05:30 PM

### Description/Agenda:

PUBLIC NOTICE

Utah 1115 Waiver Amendments

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### Meeting Location:

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Salt Lake City , 84116

[Map this!](#)

### Contact Information:

Jennifer Meyer-Smart  
[jmeyersmart@utah.gov](mailto:jmeyersmart@utah.gov) (801)538-6338

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#### Other Information

**This notice was posted on:** May 18, 2020 02:59 PM

**This notice was last edited on:** May 18, 2020 03:06 PM

**Deadline Date:** May 26, 2020 05:30 PM

## Board/Committee Contacts

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ATTACHMENT 3

**Medical Care Advisory Committee  
Public Hearing**



# Medical Care Advisory Committee

Minutes of May 21, 2020

## Participants

### Committee Members (via phone)

Dr. William Cosgrove (Chair), Jessie Mandle (Vice Chair) Jenifer Lloyd, Christine Evans, Muris Prses on behalf of Dale Ownby, Brian Monsen, Adam Cohen, Dr. Robert Baird, Stephanie Burdick, Mark Ward on behalf of Michael Hales, Pete Ziegler, Mike Jensen, Ginger Phillips on behalf of Adam Montgomery, and Mary Kuzel

### Committee Members Absent

Sara Carbajal-Salisbury, Joey Hanna, Mark Brasher, Gina Tuttle, and Danny Harris.

### DOH Staff (via phone)

Nate Checketts, Emma Chacon, Tonya Hales, Brian Roach, Michelle Smith, Jennifer Meyer-Smart, Craig Devashrayee, Krisann Bacon, , Greg Trollan, Dave Lewis, Kim Michelson, Sheila Walsh-McDonald, Tracy Barkley, Joel Hoffman, Jorge Fuentes, Sharon Steigerwalt, and Dorrie Reese.

### Guest (via phone)

Allison Hefferman, Andrew Riggle, Dan Schuring, Daniel Cheung, Dave Gessel, David Killen, , Jeannie Peters, Joni Nebeker, Julie Ewing, Kelli Peterson, Leanne Peters, Matt Hansen , Matthew Mulligan, Randal Serr, Robert Felix, Russ Elbel, Rylee Curtis, Sattia Chozo Gonzales, Scott Horne, Scott Titensor, Stacy Standford, Todd Wood, Tracey Meeks, Tracy Wagner, and Val Radmall

### Public Hearing for 1115 Waiver Amendment – Jennifer Meyer-Smart:

Jennifer Meyer-Smart discussed the Public Hearing for 1115 Waiver Amendment.

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss amendments to the State's 1115 Demonstration Waiver. The Department will also accept public comment regarding these demonstration amendments during the 30-day public comment period from May 18, 2020 through June 17, 2020.

With this waiver amendment, DMHF is requesting authority to:

- Provide Medicaid coverage to an individual who is incarcerated in a correctional facility, has a chronic physical, or behavioral health condition; a mental illness, or an opioid use disorder
- Increase the maximum UPP reimbursement amount for adults (age 19 through 64), from \$150 per enroll per month, to \$300 per enroll per month, if approved. We estimate approximate 210 UPP eligible adults would receive this benefit per month.

The document which was presented is embedded in this document



Utah 1115-Abbrv  
Public Notice-Justice I



Public Hearing  
Overview-UPP-Justice

## Public Comment:

- Mark Ward asked a question: How does this square with the resolution the legislation passed asking agencies to curtail spending especially for the new and expansion items in light of the pending COVID-19 budget shortfall?

Emma Chacon response: We realize that this may not go forward, because of the action of the Executive Appropriations Committee, but the final decision has not been made, that resolution advised agencies that they should approach their 2021 Fiscal year budget to be the same as their fiscal year 2020 budgets. If it turns out through the special session that all the funding for specific bills are rescinded then we won't go forward submitting these waivers to CMS, or if it has already been submitted then we will withdraw it. But in the event that funding is not rescinded for any reason we will be ready to move forward.

- Ginger Phillips who is filling in for Adam Montgomery asked question: On the 1115 Waiver, people qualifying on adult expansion who are incarcerated in the jail or prison which one of those will receive dental services?

Emma Chacon response: Currently, the adult expansion members do not have a dental benefit with the exception of 19-20-year olds under the EPSDT.

- Gina Evans, Salt Lake County emailed question: Does the waiver for the criminal justice population start July 1, 2020, the handout states January 1, 2021?

Emma Chacon response: The bill directs the state to submit a waiver by July 1, 2020. We indicated a January 1, 2021 start because we are hoping that CMS will approve this waiver amendment by that date. The effective date is the date this waiver gets approved then we will need some lead time to change systems in order to get this up and running. This date could change if we receive a faster approval date or this date could be pushed out beyond January 1, 2021 if CMS approval is delayed.

- Dr. Cosgrove asked a question: Emma can you clarify the start date if the waiver goes through for the Utah Premium Partnership?

Emma Chacon response: That would go into effect the first or second month after CMS approval.

## Approval of Minutes

Dr. Robert Baird made the motion to approve the April 16, 2020 MCAC minutes. The group unanimously agreed.

## New Rulemakings Information Rules/SPAs – Craig Devashrayee:

Craig Devashrayee discussed Rules/SPAs.

- R414-506: Hospital Provider Assessments (Five-Year Review)
- R414-60-5: Limitations
- R414-40: Private duty Nursing Service (Five-Year Review)
- R414-401-3: Assessment
- R414-506: Hospital Provider Assessments
- R414-517: Inpatient Hospital Provider Assessments
- R414-523: Medicaid Expansion Hospital Provider Assessments
- 20-0006-UT: COVID-19 Emergency Disaster Relief
- 20-0007-UT: Quality Improvement Incentives
- 20-0009-UT: Disaster Relief Testing Locations

The documents which were presented are embedded in this document



MCAC Rule Summary 5-21-20.pdf    MCAC SPA Summary 5-21-20.pdf

Comments:

- Mark Ward has a question on R414-523: Medicaid Expansion Hospital Provider Assessment- The statutory reference listed here 26-36b says that chapter for July 1,2020, you can only do a hospital assessment if the sales tax and savings offset aren't sufficient to pay the cost of the Medicaid expansion. Has the Department of Health conducted any kind of analysis or estimate to make that determination that those resources are not adequate?

Emma Chacon response: No the purpose of putting forth the rule is to outline the operational aspect of this assessment. We do not intend to implement this assessment in FY2020 or FY 2021. As Craig has said the 7/1/2020 date is the earliest possible effective date, let us take this back and look into this further.

- Dave Gessel: I am trying to understand that rule, and Mark makes a good point that this does not kick into effect until all the money of the sales tax are gone. Have you been directed by the legislature or have you done this on your own?

Emma Chacon response: The rule? . We have not been directed by the legislature. I think this rule needs some clarification to say that it would not go into effect until it meets that criteria in the statute, we will amend that rule to make it clear.

- Dave Gessel: Just a quick question on the earlier assessments adding the penalties, I thought we had that in the statute or rule for a long time are you changing the penalties or amount that hospitals pay their assessments late, or is this kind of cleanup language that references whatever the normal penalties you already have?

Emma Chacon response: We have similar language in other provider assessment rules. Since we don't have this in rule for this assessment, we are not charging penalties. Currently we only have authority to put a hold on claims payments until the assessment payment is made. This is an attempt to make all our assessment rules consistent.

- Mark Ward: Technical question on the form the total fiscal benefit describes on the \$24M, which includes \$12M to State Government and \$12M to other person that double counts the fiscal benefit that would be derived from this, because State Government would receive \$12M additional, but the other person would receive the same amount whether it would pass inactive or not.
- Craig Devashrayee response: That was a broad figure that we used.
- Mark Ward: It would only be true if there was a plan to make a cut in that program that was going to replace the hospital assessment. Then the other persons would receive the \$12M that otherwise would not receive.
- Emma Chacon response: Craig will make note of that, and he will follow-up with Mark Ward.
- Mark Ward: Note that what hospitals are doing supporting public health response to the coronavirus by setting up testing sites, clearing unit for COVID-19 patients, delaying visits, and elective procedures until we have protective equipment, capacity for COVID-19 patients. We are still in the middle of that response. With potential of re-opening and with the flu season, to have a surge later on. I am wondering how future tax increase supports the hospitals while they are in the middle of that response at a great expense and loss revenue that this results from?

Emma Chacon response: Mark I don't have an answer for your question, duly noted the point that you are making. We will take it back for further discussion.



- Stephanie Burdick: Do we have any information on how Utah compares to other states when it comes to how much hospital assessments? Are they requiring hospitals to contribute in comparison?

Emma Chacon response: We could probably do that, it would take some time, just as others are being impacted by everything that is going on right now, so are we. We can see whether NAMD (National Association of State Medicaid Directors) group might already have that information that we can try to access. Every state financing structure for their programs are a little bit different. We will see what we can do. We will certainly see if that information is out there, and if we can get our hands on it to share with the group. It will be interesting for us to see that information as well.

## Eligibility Enrollment Update – Michelle Smith/Muris Prses:

Michelle Smith and Muris Prses gave a presentation from both DOH and DWS regarding eligibility: The impact eligibility has had from the downturn of the economy, changes to the system to comply with the families first act/not closing cases, etc. and DWS application process timeframe, backlog?

The document which was presented is embedded in this document.



Medicaid Trends.pdf



MCAC Data.pptx

## Medicaid Expansion Report – Jennifer Meyer-Smart:

Jennifer Meyer-Smart gave an update on the Medicaid Expansion Report.

The document which was presented is embedded in this document.



Expansion Report

## ACO's Outreach Campaign – Brian Monsen

Brian Monsen gave an update on the ACOs Outreach Campaign program. The campaign goes through the end of May.

## Legislative Updates & Appropriations – Emma Chacon:

Emma Chacon gave an update on the Legislative bills and appropriations.

Executive Appropriations met and voted to reverse all additional appropriations that were not in the base budget bill. In addition agencies were asked to identify 2%, 5% and 10% reductions to their budgets. The budget deficit for state fiscal year 2012 is between \$587 million and 1.2billion. . There has been discussion legislative fiscal analyst. We have made a conceded effort to identify areas where we are already having policy changes in the works that will save money.

Next week, Tuesday, May 26<sup>th</sup> at 1:00 and on Friday, May 29<sup>th</sup> at 8:00 Social Service Committee meeting that is when they will look at all of the proposed cuts for the Department of Workforce Services, Department of Human Services, and the Department of Health.

During the first week of June another Medicaid Consensus meeting will take place to consider the impact of COVID-19 and the downturn of the economy on the Medicaid enrollment

Sometime in June there will be a special session to address any changes to appropriations for fiscal year 2021 which starts July 1, 2020. State agencies have been asked to look at 2%, 5% and 10% reductions. The maintenance of effort requirement to receive enhanced federal financial participation, limits what type of cuts that the state can make. We cannot make any changes to eligibility requirements or benefits that were in place as of January 1, 2020

## Director's Report

### COVID-19: - Nate Checketts

Nate Checketts discussed COVID-19. The State is moving forward with different risks levels, between orange and yellow, as we look at the COVID-19 moving forward, our numbers have been level over the past couple weeks. As you look at the number of new cases what you are seeing hospitalization and other areas. We are obviously moving into two different phases across the State of relaxing stay at home requirements and moving to less restrictive requirements where we will be watching the data very carefully for number of positive tests that are coming back with the number of cases we are finding. There are metrics built in these proposals as we move forward there are certain things move that will trigger flags if the cases start to climb again. There's a hope that across the State as we move to warmer times and people are spending more time outdoors that the state can relax at the overall rules that we are asking people to comply with. Overall the State has not had a high level of infection across these last couple of months. As we look at the return of the flu season in the fall, we have heard that it is likely less than 5% of Utahns have been infected to date with the COVID virus, so as we come back to another potential infection 95% have not been infected.

One of the initiatives we are pursuing is to provide additional training and testing at the Nursing Facilities and Long-Term Care facilities. Although we've have had a significant number of deaths of individuals who reside in nursing facilities, the overall death total for the state is low. We think there is some additional work we can do there. Our Healthcare Associate infection team is going out and doing training at those facilities, another group is doing training on the appropriate use of personal protective equipment (PPE), and making sure facilities understand the best way to respond to an outbreak in their facilities.

We have pulled in staff from other areas in the Department to work specifically on the COVID response. Many of those staff will need to transition back to their previous position at some point.

### Medicaid Disaster SPA:

Michelle Smith discussed the Medicaid Disaster SPA which was approved.

The SPA will allow COVID-19 testing both the nasal swab and the antibodies to uninsured individuals who are on Medicaid/CHIP. We are building the ability to accept applications through a portal for this new COVID-19 uninsured testing group. We have three different avenues where a member can apply for this coverage: eligibility portal hospitals, Medicaid Website, and COVID-19 testing site. Available June 1, 2020.

### 1135 Waiver:

On the 1135 Waiver, we continue to have discussions with CMS about some of the requests we made in the waiver. They tell us that at some point we will receive a letter from them letting us know which items have been approved, which ones are still on hold, or which ones that are not being approved. At this time, we have not received that letter, other than the initial letter which approved a handful of items similar to what they approved for other states.

### Attachment K (HCBS):

Most of the request have been approved, we are moving forward on them.

### Cares Act:

Funding to provide relief to provider groups from HHS distributing those funds to providers first through their Medicare Fee-for-Service volume. All States (Medicaid agencies) were asked to provide information on all payments made to providers for 18<sup>31</sup>19-year

old's, basically contact and direct deposit information for our providers, which we have passed onto CMS have sent to Health and Human Services (HHS). Another \$20 Billion they plan on distributing to providers based on their Medicaid activity and to help cover the uninsured, those funds will go directly to the providers. CMS has been reluctant to approve additional payment arrangements through Medicaid to providers to help to mitigate the impact of COVID-19, until these other funds from the Cares Act have been distributed.

## Public Hearing (1115 Waiver):

Next public hearing scheduled Tuesday, May 26<sup>th</sup> 4:30-5:30, Video Conference: Google Hangout Meeting (only works in the Chrome web browser [meet.google.com/ctt-dxpy-nqc](https://meet.google.com/ctt-dxpy-nqc). Accept comments through online portal and email through June 17th

## Other:

- Dr. Cosgrove: Governor's Early Childhood Commission. The Early Invention Program is having problem getting reimbursed for telephone visits rather than Telemedicine visits in their home visiting programs when they are trying to bill Medicaid.

Emma Chacon response: Emma had a conversation with Noel Taxin and pointed her to the Telemedicine guidance document that we have on our Medicaid website and reassured her that telephone only was acceptable and that provider group should submit those claims to Medicaid for payment.

## Adjourn

Meeting was adjourned at 4:00 pm.

DRAFT

## ATTACHMENT 4

### **Tribal Consultation**





# Utah Indian Health Advisory Board (UIHAB) Meeting

6/12/2020

8:30 AM – 10 AM

Utah Department of Health

Salt Lake City, UT 84114

(801) 538-6771 or (801) 712-9346

Join with Google Meet

Meeting ID

[meet.google.com/uwq-oeps-qzs](https://meet.google.com/uwq-oeps-qzs)

<b>Meeting called by:</b>	UIHAB		
<b>Type of meeting:</b>	Monthly UIHAB		
<b>Facilitator:</b>	Melissa Zito	<b>Meeting ID</b>	<a href="https://meet.google.com/uwq-oeps-qzs">meet.google.com/uwq-oeps-qzs</a>
<b>Note taker:</b>	Dorrie Reese	Call In	<b>1-617-675-4444</b> <u>passcode 2135005668460 #</u>
<b>Please Review:</b>	Medicaid Rules & SPA document(s), additional materials via presenters.		

## Agenda topic

<b>8:30 AM</b>	<b>UIHAB Meeting</b> Welcome & Introductions	Jessica Sutherland, Chair Felecita FullBear, Vice Chair
<b>8:40 AM</b>	Committee Updates & Medicaid Waiver Presentation <ul style="list-style-type: none"> <li>✦ UT Medicaid Eligibility Policy SPA's Medicaid &amp; CHIP</li> <li>✦ Medicaid Waivers</li> <li>✦ Medicaid &amp; CHIP State Plan Amendments (SPA) &amp; Rules</li> <li>✦ DWS Medicaid Eligibility Operations</li> <li>✦ MCAC &amp; CHIP Advisory Committees</li> <li>✦ COVID-19 Materials &amp; Update UIHAB Retreat Updates</li> <li>✦ GoodHealth TV update</li> <li>✦ Opioid Grant Update Materials Set for Printing</li> </ul>	Jeff Nelson Jennifer Meyer-Smart Craig Devashrayee Jacoy Richins Mike Jensen & Ryan Ward Melissa Zito Candace Mugerud Jeremy Taylor & Kassie John
<b>10:00 AM</b>	Adjourn to join UDOH COVID-19 Coordination Call  Please join my meeting from your computer, tablet or smartphone. <a href="https://global.gotomeeting.com/join/757833341">https://global.gotomeeting.com/join/757833341</a>  You can also dial in using your phone. United States: +1 (408) 650-3123  Access Code: 757-833-341	