



State of Utah

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Utah Department of Health

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September 8, 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 necessary to maintain dental benefits for individuals with disabilities or blindness. During the Fifth Special Session of the Utah State Legislature, budget reductions were taken due to the impact of the COVID-19 pandemic on the economy. As a result, the State no longer has funding from the general fund to continue to provide dental benefits for individuals with blindness or disabilities. However, in an effort to continue dental services for this population, the University of Utah, School of Dentistry agreed to provide State matching funds through an intergovernmental transfer to maintain this important benefit.

With this waiver amendment, the State is requesting authority to change the benefit delivery system for dental benefits for individuals with blindness or disabilities. With approval of this amendment, dental benefits will be provided through the University of Utah, School of Dentistry, and its associated statewide network of dental providers. Currently, this group receives their dental benefit through dental managed care plans authorized under a 1915 (b) amendment. The State is also making a corresponding amendment to the 1915(b) Dental Choices Waiver to remove this population. In addition, the State is also requesting authority to provide porcelain and porcelain-to-metal crowns for this population under Utah's 1115 waiver. These requests are similar to the amendment to our 1115 that CMS approved for our Medicaid members age 65 and older.



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,

Emma Chacon

Emma Chacon (Sep 8, 2020 14:33 MDT)

Emma Chacon
Operations Director
Medicaid and Health Financing





Utah 1115 PrimaryCare Network Demonstration Waiver

Amendment Request

Dental Benefits for Individuals with Blindness or Disabilities

Porcelain and Porcelain-to-Metal Crowns

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

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State of Utah

Section 1115 Demonstration Amendment

Dental Benefits for Individuals with Blindness or Disabilities

Porcelain and Porcelain-to-Metal Crowns

Section I. Program Description and Objectives

The State is currently authorized to provide state plan dental benefits to individuals with blindness or disabilities under the State's 1915(b) Dental Choices Waiver and the 1115 Primary Care Network Demonstration Waiver. These benefits are provided through the State's dental managed care delivery system. However, due to recent legislative budget reductions due to the impact of the COVID-19 pandemic on the economy, the State no longer has funding to provide the State's share for dental benefits for individuals with blindness or disabilities. In order to continue to provide these much needed dental services to this population, the University of Utah (state teaching hospital) School of Dentistry (SOD) has agreed to provide the State matching funds for these services through an intergovernmental transfer. In addition, this will result in a change to the benefit delivery system for this population. With this waiver amendment, the State is requesting the following:

1. Authority to change the benefit delivery system for dental benefits for individuals with blindness or disabilities. Benefits will be provided through the University of Utah School of Dentistry, and its associated statewide network of dental providers, rather than the current managed care delivery system.
2. Authority to provide porcelain and porcelain-to-metal crowns for this population, as is currently authorized under the State's 1115 demonstration waiver for aged individuals, and Targeted Adult Medicaid beneficiaries who are eligible for dental benefits.

Goals and Objectives

Oral health is an important component of an individual's overall health. Untreated caries (cavities) and periodontal (gum) disease can exacerbate certain diseases, such as diabetes and cardiovascular disease, and lead to chronic pain, infections, and loss of teeth.¹ Lack of routine dental care can also delay diagnosis of conditions, which can lead to potentially preventable complications, high-cost emergency department visits, and adverse outcomes.² The State believes this demonstration furthers the objectives of Title XIX of the Social Security Act of promoting improved health outcomes by addressing the dental needs of demonstration eligible individuals. This amendment proposes to continue to provide an expanded scope of coverage and benefits for vulnerable individuals with blindness or disabilities. Without this demonstration, this population would not be able to receive much needed dental benefits.

¹ U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*.

Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000

² Freed, M, Neuman, T, Jacobson, *Drilling Down on Dental Coverage and Costs for Medicare Beneficiaries*. March 2019. <https://www.kff.org/medicare/issue-brief/drilling-down-on-dental-coverage-and-costs-for-medicare-beneficiaries/>

Operation and Proposed Timeline

The demonstration will operate statewide. The State intends to implement the proposed changes on January 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.

The following hypothesis will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
Individuals in the demonstration will have increased utilization of preventive dental care and decreased utilization of emergency dental services.	<ul style="list-style-type: none">Utilization of preventive dental servicesUtilization of emergency dental services	Claims data	Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons

Porcelain crowns are considered an added benefit to the benefit package for individuals with blindness or disabilities. As such, the impact of porcelain crowns will be evaluated with the identified hypothesis above identified.

Section II. Demonstration Eligibility

Individuals eligible under this demonstration must be Medicaid eligible individuals age 18 and older, with blindness or disabilities.

Projected Enrollment

The projected enrollment for the demonstration population is 32,000.

Section III. Demonstration Benefits and Cost Sharing Requirements

There are no changes to the dental benefits provided to eligible individuals under this amendment. Individuals will continue to receive state plan dental benefits. In addition, if approved under this demonstration, this population will also be eligible to receive porcelain and porcelain-to-metal crowns.

Cost sharing requirements will not differ from those provided under the state plan.

Section IV. Delivery System

The Department will deliver services through a fee for service payment model, with services provided by the University of Utah SOD, and their associated statewide provider network. The University of Utah SOD currently provides dental services to Aged Medicaid and Targeted Adult Medicaid members, as authorized by the State's 1115 demonstration waiver.

Section V. Enrollment in Demonstration

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

Section VI. Demonstration Financing and Budget Neutrality

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

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

Individuals with Blindness or Disabilities	DY19 (SFY 21)*	DY 20 (SFY 22)
Enrollment	32,000	32,800
Expenditures**	\$6,220,000	\$13,420,000

*Represents half year estimate January 2021 - June 2021

** Includes expenditures for porcelain crowns

Section VII. Proposed Waiver and Expenditure Authority

The State 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.
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Expenditure Authority

The State requests expenditure authority to provide state plan dental benefits to Medicaid eligible individuals with blindness or disabilities. The State also requests expenditure authority to provide porcelain or porcelain-to-metal crowns to this population.

Section VIII. Compliance with Public Notice and Tribal Consultation

Public Notice Process

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

Two public hearings to take public comment on this request were held. The first public hearing was held on August 18, 2020 from 4:30 p.m. to 5:30 p.m. The second public hearing was held on August 20, 2020 from 2:00 p.m. to 4:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting. Due to the COVID-19 emergency and state social distancing guidelines, both public hearings were held via video and teleconferencing.

Public Comment Period

The public comment period was held July 31, 2020 through August 29, 2020.

Public Comments Received

Several commenters expressed concern regarding statewide access of dental services. They asked if the University of Utah plans to expand their network to be able to provide care for over 30,000 additional members.

State Response: The University of Utah SOD has been working on expanding their network since they began providing dental services to the Aged Medicaid population, and they continue to do so. The University of Utah DOS is currently in the process of contacting dental providers that have provided services to this population in the past to add them to the U of U network. In addition, the State and the University will also work with providers, as well as the managed care plans, to ensure a smooth transition for impacted members.

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 August 14, 2020 to present this demonstration amendment. No concerns were voiced. However, the question was asked if tribal members could still access dental services at tribal and IHS facilities. The State responded that they could still access services through these facilities, as they do today.

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

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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)	
Current Eligibles										
<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
Demo Pop I - PCN Adults with Children										
<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
Demo Pop III/V - UPP Adults with Children										
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
Demo Pop I - PCN Childless Adults										
<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
Demo Pop III/V - UPP Childless Adults										
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
Targeted Adults										
<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>										
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
Dental - Targeted Adults										
<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%	\$ -	\$ 33.33	\$ 37.27	\$ 39.24	\$ 41.32	
Total Expenditure					\$ -	\$ 400,000	\$ 1,375,111	\$ 1,484,192	\$ 1,601,925	\$ 4,861,228

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)	
System of Care										
Pop Type: Hypothetical										
<i>Anticipated start date of 1/1/20</i>										
Eligible Member Months		0			-		720	1,440	1,440	
PMPM Cost	5.3%	0		5.3%	\$ -		\$ 2,100.00	\$ 2,211.30	\$ 2,328.50	
Total Expenditure					\$ -		\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	\$ 8,049,310
Dental - Blind/Disabled										
Pop Type: Hypothetical										
<i>Anticipated start date of 1/1/21</i>										
Eligible Member Months	2.5%	0			412,361	412,361	412,361	398,181	393,600	
PMPM Cost	5.3%	0			\$ 18.42	\$ 19.40	\$ 20.42	\$ 25.49	\$ 34.10	
Total Expenditure					\$ 7,595,690	\$ 7,998,261	\$ 8,422,169	\$ 10,149,621	\$ 13,420,241	\$ 47,585,981
21.50674765										
Dental - Aged										
Pop Type: Hypothetical										
<i>Anticipated start date of 1/1/20 Anticipated start date of 1/1/21</i>										
Eligible Member Months	2.5%	0	108,000				54,000	156,300	160,208	
PMPM Cost	5.3%	0					\$ 30.75	\$ 32.38	\$ 34.10	
Total Expenditure					\$ -	\$ -	\$ 1,660,500	\$ 5,060,955	\$ 5,462,415	\$ 12,183,870
Former Foster										
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
Substance Use Disorder (SUD)										
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
Withdrawal Management										
Pop Type: Hypothetical										
<i>Started 5/1/19</i>										
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
Medicaid for Justice-Involved Populations										
Pop Type: Hypothetical										
<i>Assumes start date of 7/1/20</i>										
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
Expansion Parents <=100% FPL										
Pop Type: Expansion										
<i>Assumes start date of 1/1/20</i>										
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

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)	
Expansion Adults w/out Dependent Children <=100% FPL										
Pop Type: Expansion										
<i>Assumes start date of 1/1/20</i>										
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
Expansion Parents 101-133% FPL										
Pop Type: Expansion										
<i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums</i>										
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
Expansion Adults w/out Dependent Children 101-133% FPL										
Pop Type: Expansion										
<i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums</i>										
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) \$ 6,584,798,337
- Assumes start date of 1/1/2020 (SFY20)
- Assumes start date of 7/1/20 (SFY21)
- Anticipated start date of 1/1/21 (SFY21); increase in member months due to approx 7,600 clients moving over from Dental - Blind/Disabled; PMPM increase due to coverage of porcelains and crowns
- Anticipated start date of 1/1/21 (SFY21); decrease in member months as 7,600 clients move out of Dental - Aged

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)	
Current Eligibles								
Pop Type: 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	
Demo Pop I - PCN Adults w/Children								
Pop Type: 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	\$ -	\$ -	\$ -	
Demo Pop III/V - UPP Adults with Children								
Pop Type: 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	
Demo Pop I - PCN Childless Adults								
Pop Type: 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	\$ -	\$ -	\$ -	
Demo Pop III/V - UPP Childless Adults								
Pop Type: 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	
Targeted Adults								
Pop Type: 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	
Dental - Targeted Adults								
Pop Type: 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	
System of Care								
Pop Type: 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	

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)	
Dental - Blind/Disabled								
Pop Type:	Hypothetical		Anticipated start date of 1/1/21					
Eligible Member Months		0%	412,361	412,361	412,361	398,181	393,600	
PMPM Cost		3.0%	\$ 18.42	\$ 19.40	\$ 20.42	\$ 25.49	\$ 34.10	
Total Expenditure			\$ 7,595,690	\$ 7,998,261	\$ 8,422,169	\$ 10,149,621	\$ 13,420,241	\$ 47,585,981
Dental - Aged								
Pop Type:	Hypothetical		Anticipated start date of 1/1/20		Anticipated start date of 1/1/21			
Eligible Member Months		2.5%	-	-	54,000	156,300	160,208	
PMPM Cost		3.0%	\$ -	\$ -	\$ 30.75	\$ 32.38	\$ 34.10	
Total Expenditure			\$ -	\$ -	\$ 1,660,500	\$ 5,060,955	\$ 5,462,415	\$ 12,183,870
Former Foster Care								
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
Substance Use Disorder (SUD)								
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
Withdrawal Management								
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
Medicaid for Justice-Involved Populations								
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
Expansion Parents <=100% FPL								
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

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)	
Expansion Adults w/out Dependent Children <=100% FPL								
Pop Type:	Expansion		<i>Assumes start date of 1/1/20</i>					
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
Expansion Parents 101-133% FPL								
Pop Type:	Expansion		<i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums</i>					
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
Expansion Adults w/out Dependent Children 101-133% FPL								
Pop Type:	Expansion		<i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums</i>					
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) \$ 6,584,798,337
- Assumes start date of 1/1/2020 (SFY20)
- Assumes start date of 7/1/20 (SFY21)
- Anticipated start date of 1/1/21 (SFY21); increase in member months due to approx 7,600 clients moving over from Dental - Blind/Disabled; PMPM increase due to coverage of porcelains and crowns
- Anticipated start date of 1/1/21 (SFY21); decrease in member months as 7,600 clients move out of Dental - Aged

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)	
Current Eligibles			<i>Parent Caretaker Relative (PCR) population 45-60% FPL: transferred to Expansion Parents effective 4/1/19</i>					
Pop Type:	Medicaid							
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	\$ 1,880,303,842
Demo Pop I - PCN Adults w/Children			<i>PCN ends 3/31/19</i>					
Pop Type:	Hypothetical							
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
Demo Pop III/V - UPP Adults with Children								
Pop Type:	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	\$ 14,698,089
Demo Pop I - PCN Childless Adults			<i>PCN ends 3/31/19</i>					
Pop Type:	Medicaid							
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
Demo Pop III/V - UPP Childless Adults								
Pop Type:	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	\$ 59,133
Former Targeted Adults			<i>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.</i>					
			<i>PMPM will increase due to adding new managed care directed payments.</i>					
			<i>PMPM will decrease due to removing the housing support benefit, and for non-medically frail individuals removing certain benefits from the traditional package.</i>					
Pop Type:	Expansion		<i>Started 11/1/17</i>					
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	\$ 771,054,298
Dental - Targeted Adults			<i>Started 3/1/19</i>					
Pop Type:	Expansion							
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	\$ -	\$ -	\$ 1,087,556

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)	
System of Care								
Pop Type:	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
Dental - Blind/Disabled								
Pop Type:	Hypothetical		Anticipated start date of 1/1/21					
Eligible Member Months		0%	412,361	412,361	412,361	398,181	393,600	
PMPM Cost		3.0%	\$ 18.42	\$ 19.40	\$ 20.42	\$ 25.49	\$ 34.10	
Total Expenditure			\$ 7,595,690	\$ 7,998,261	\$ 8,422,169	\$ 10,149,621	\$ 13,420,241	\$ 47,585,981
Dental - Aged								
Pop Type:	Hypothetical		Anticipated start date of 1/1/20		Anticipated start date of 1/1/21			
Eligible Member Months		0%	-	-	54,000	156,300	160,208	
PMPM Cost		3.0%	\$ -	\$ -	\$ 30.75	\$ 32.38	\$ 34.10	
Total Expenditure			\$ -	\$ -	\$ 1,660,500	\$ 5,060,955	\$ 5,462,415	\$ 12,183,870
Former Foster Care								
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
Substance Use Disorder (SUD)								
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
Withdrawal Management								
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
Medicaid for Justice-Involved Populations								
Pop Type:	Hypothetical		Assumes start date of 7/1/2020					
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
Expansion Parents <=100% FPL								
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%	\$ -	\$ -	\$ 640.57	\$ 674.52	\$ 710.27	
Total Expenditure			\$ -	\$ -	\$ 108,841,789	\$ 234,951,327	\$ 253,588,841	\$ 597,381,956

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)	
Expansion Adults w/out Dependent Children <=100% FPL			<i>Assumes start date of 1/1/20</i>					
Pop Type: Expansion			<i>PMPM will decrease for non-medically frail individuals removing certain benefits from the traditional package.</i>					
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	\$ 989,269,198
Expansion Parents 101-133% FPL			<i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums. Further reduction of 8.3% to account for premium payment required prior to enrollment. Further reduction of 1.4% to account for removal of retroactive enrollment.</i>					
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	\$ 188,353,362
Expansion Adults w/out Dependent Children 101-133% FPL			<i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums. Further reduction of 8.3% to account for premium payment required prior to enrollment. Further reduction of 1.4% to account for removal of retroactive enrollment.</i>					
Pop Type: Expansion			<i>PMPM will decrease for non-medically frail individuals removing certain benefits from the traditional package.</i>					
Eligible Member Months		5.25%	-	-	167,879	353,386	371,939	
PMPM Cost		5.3%	-	\$ -	\$ 882.60	\$ 929.37	\$ 978.63	
Total Expenditure			-	\$ -	\$ 148,169,813	\$ 328,428,021	\$ 363,991,028	\$ 840,588,862

- Start date of 5/1/19 (2 months of SFY19)
- Assumes start date of 1/1/2020 (SFY20)
- Assumes start date of 7/1/20 (SFY21)
- Anticipated start date of 1/1/21 (SFY21); increase in member months due to approx 7,600 clients moving over from Dental - Blind/Disabled; PMPM increase due to coverage of porcelains and crowns
- Anticipated start date of 1/1/21 (SFY21); decrease in member months as 7,600 clients move out of Dental - Aged

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



PUBLIC NOTICE
Utah 1115 Waiver Amendment

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss an amendment to the State's 1115 Demonstration Waiver. The Department will also accept public comment regarding the demonstration amendment during the 30-day public comment period from July 31, 2020 through August 29, 2020.

With this amendment, the DMHF is requesting the following:

1. Authority to change the benefit delivery system for dental benefits for individuals with blindness or disabilities. Benefits will be provided through the University of Utah School of Dentistry, and its associated state-wide network of dental providers, rather than the current managed care delivery system.
2. Authority to provide porcelain and porcelain-to-metal crowns for this population, as is currently authorized under the State's 1115 demonstration waiver for aged individuals, and Targeted Adult Medicaid beneficiaries who are eligible for dental benefits.

Public Hearings:

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

- Tuesday, August 18, 2020 from 4:30 to 5:30 p.m.
 - o Video Conference: Google Hangout Meeting (only works in the Chrome web browser) meet.google.com/naj-acxz-gyv
 - o Or join by phone: 1-470-466-0031 (PIN: 490 631 022#)
- Thursday, August 20, 2020 from 2:00 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/bam-sdfs-vim
 - o Or join by phone: 1-919-590-3409 (PIN: 572 374 284#)

Individuals requiring an accommodation to participate in either meeting may contact Jennifer Meyer-Smart at jmeyersmart@utah.gov or 385-215-4735 by 5:00 p.m. on Thursday, August 13, 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 request during the 30-day public comment period from July 31, 2020 through August 29, 2020.

Comments may be submitted:
Online: <https://medicaid.utah.gov/public-comments-0/>

Email: Medicaid1115waiver@utah.gov

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

1295739

UPAXLP

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CUSTOMER NAME AND ADDRESS		ACCOUNT NUMBER	
UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURSEME, CRAIG DEVASHRAYEE PO BOX 143102		9001406923	
SALT LAKE CITY UT 84114		DATE	
ACCOUNT NAME		7/31/2020	
UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURSEME,			
TELEPHONE	ORDER # / INVOICE NUMBER		
8015386641	0001295739 /		
PUBLICATION SCHEDULE			
START 07/31/2020		END 07/31/2020	
CUSTOMER REFERENCE NUMBER			
QAZ: Utah 1115 Waiver Amendment			
CAPTION			
PUBLIC NOTICE Utah 1115 Waiver Amendment The Utah Department of Health, Division of Medicaid and Health Financing			
SIZE			
71 LINES	2 COLUMN(S)		
TIMES	TOTAL COST		
3	243.56		

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 Amendment 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 07/31/2020 End 07/31/2020

DATE 7/31/2020

SIGNATURE

STATE OF UTAH)

COUNTY OF SALT LAKE)

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 31ST DAY OF JULY IN THE YEAR 2020

BY LORAIN GUDMUNDSON.



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 Amendment

Notice Type: Notice, Hearing

Event Start Date & Time: August 18, 2020 04:30 PM

Event End Date & Time: August 18, 2020 05:30 PM

Description/Agenda:

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Video Conference: Google Hangout Meeting (only works in the Chrome web browser)
meet.google.com/naj-acxz-ayw

Or join by phone: 1-470-466-0031 (PIN: 490 631 022#)

Meeting Location:

Video/Teleconference
Salt Lake City ,

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Contact Information:

Jennifer Meyer-Smart
jmeyersmart@utah.gov (801)538-6338

Audio File Address

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Thursday, August 20, 2020, from 2:00 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/bam-sdis-vim
 Or join by phone: 1-919-590-3409 (PIN: 572 374 284#)

Individuals requiring an accommodation to participate in either meeting may contact Jennifer Meyer-Smart at jmeyersmart@utah.gov or 385-215-4735 by 5:00 p.m. on Thursday, August 13, 2020.

Public Comment:

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Comments may be submitted:

Online: <https://medicaid.utah.gov/public-comments-0/>

Email: Medicaid1115waiver@utah.gov

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

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/naj-acxz-ayw Or join by phone: 1-470-466-0031 (PIN: 490 631 022#)

Other Information

This notice was posted on: July 31, 2020 07:53 AM
This notice was last edited on: July 31, 2020 08:07 AM
Deadline Date: August 18, 2020 05:30 PM

Board/Committee Contacts

<input type="text" value="Member"/>	<input type="text" value="Email"/>	<input type="text" value="Phone"/>
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Department of Health: Medicaid Expansion Workgroup

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Entity: Department of Health

Body: [Medicaid Expansion Workgroup](#)

Subject: Medicaid Health Care

Notice Title: Utah 1115 Waiver Amendment

Notice Type: Notice, Hearing

Event Start Date & Time: August 20, 2020 02:00 PM

Event End Date & Time: August 20, 2020 04:00 PM

Description/Agenda:

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meet.google.com/naj-acxz-ayw

Or join by phone: 1-470-466-0031 (PIN: 490 631 022#)

Meeting Location:

Video/Teleconference
Salt Lake City ,

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Contact Information:

Jennifer Meyer-Smart
jmeyersmart@utah.gov (801)538-6338

Audio File Address

Subscription Options

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Thursday, August 20, 2020, from 2:00 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/bam-sdis-vim

Or join by phone: 1-919-590-3409 (PIN: 572 374 284#)

Individuals requiring an accommodation to participate in either meeting may contact Jennifer Meyer-Smart at jmeyersmart@utah.gov or 385-215-4735 by 5:00 p.m. on Thursday, August 13, 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 request during the 30-day public comment period from July 31, 2020, through August 29, 2020.

Comments may be submitted:

Online: <https://medicaid.utah.gov/public-comments-0/>

Email: Medicaid1115waiver@utah.gov

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

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/bam-sdis-vim Or join by phone: 1-919-590-3409 (PIN: 572 374 284#)

Other Information

This notice was posted on: July 31, 2020 08:00 AM
This notice was last edited on: July 31, 2020 08:09 AM
Deadline Date: August 20, 2020 04:00 PM

Board/Committee Contacts

<input type="text" value="Member"/>	<input type="button" value="Email"/>	<input type="button" value="Phone"/>
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[Please give us feedback](#)

ATTACHMENT 3

**Medical Care Advisory Committee
Public Hearing**





Medical Care Advisory Committee Agenda

Meeting: Medical Care Advisory Committee
 Date: August 20, 2020
 Start Time: 2:00 p.m.
 End Time: 4:00 p.m.
 Location: Google Hangout Meeting (only works in the Chrome web browser)
meet.google.com/bam-sdis-vim
 Or join by phone 1 919-590-3409 PIN: 572 374 284#

Agenda

- | | | |
|--|--|-------------------|
| 1. Welcome <ul style="list-style-type: none"> • New Committee Member – Jennifer Marchant • New Chairperson for the MCAC – Jessie Mandle • Approve Minutes for July 2020 MCAC* | Dr. Cosgrove | 5 minutes |
| 2. MCAC Committee Vice Chair <ul style="list-style-type: none"> • Member-At-large will be announced next meeting | Jessie Mandle | 5 minutes |
| 3. Public Hearing on the 1115 Waiver Amendment for Blind/Disabled Dental Benefit Change** | Members of the Public | 20 minutes |
| 4. Strategies to Increase Immunizations for Children and Pregnant Women and Flu Shots | ACO Representatives
Committee Members | 20 minutes |
| 5. ACOs Update on the Outreach Campaign | ACO Representatives | 10 minutes |
| 6. TAM Eligibility Process Change | Muris Prses | 10 minutes |
| 7. Medicaid Expansion Updates and Director’s Report <ul style="list-style-type: none"> • COVID-19 | Nate Checketts /
Emma Chacon | 30 minutes |
| If Time Permits | | |
| 8. New Rulemakings and State Plan Changes** | Craig Devashrayee | Time
Remaining |
| 9. Eligibility Enrollment Update** | Jeff Nelson | Time
Remaining |
| 10. Medicaid Expansion Report** | Jennifer Meyer-Smart | Time
Remaining |
| 11. Additional Comments for the Public Hearing | Members of the Public | Time
Remaining |

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

** Informational handout in the packet sent to Committee members

Next Meeting: September 17, 2020
 2:00 p.m. – 4:00 p.m.

ATTACHMENT 4

Tribal Consultation





Utah Indian Health Advisory Board (UIHAB) Meeting

8/14/2020
9:00 AM – 1:00 PM

Utah Department of Health
Google Meeting Format Web Link:
meet.google.com/krh-kvdf-svj

Salt Lake City, UT 84114
(801) 712-9346

Meeting called by:	UIHAB	
Type of meeting:	Monthly UIHAB	
Facilitator:	Melissa Zito	
Note taker:	Dorrie Reese	Call In: 1 617-675-4444 PIN: 760 419 415 5523#
Please Review:	Medicaid Rules & SPA document(s), additional materials via presenters.	

Agenda topic

8:30 AM	UIHAB Meeting Welcome & Introductions	Jessica Sutherland, Chair Felecita Full Bear, Vice Chair
8:40 AM	Committee Updates & Discussion <ul style="list-style-type: none"> ■ UT Medicaid Eligibility Policy SPA's Medicaid & CHIP ■ Medicaid & CHIP State Plan Amendments (SPA) & Rules ■ DWS Medicaid Eligibility Operations ■ DPS/DEM ■ Federal and State Health Policy Impacting I/T/U ■ MCAC & CHIP Advisory Committees 	Jeff Nelson Craig Devashrayee Jacoy Richins Anna Boynton Melissa Zito Mike Jensen & Ryan Ward
9:40 AM	Medicaid Waiver Presentations <ul style="list-style-type: none"> ■ Pre-Paid Mental Health Plan Waiver ■ IMD and Dental Waivers ■ SUPPORT Act CHIP SPA 	Karen Ford Jennifer Myer-Smart Jennifer Weiser
10:30 AM	Inservice: UIHAB Priorities <ul style="list-style-type: none"> ■ Epidemiology & Terminology ■ Personal Health Information (PHI) ■ Data Sharing 	Melissa Zito Navina Forsythe/Cindy Burnett/Ethan Farnsworth (invited)
11:00 AM	Opioid Grant Update <ul style="list-style-type: none"> ■ Material Review ■ Good Health TV Update 	Jeremy Taylor Candace Mugerud, CEO KAT Marketing
11:30 AM	Immunizations <ul style="list-style-type: none"> ■ Vaccine Ordering Update ■ I/T/U Deployment Planning Recommend. 	Rich Larkin Mindy Collings (invited)
12:00 PM	ADJOURN	25