Utah 1115 Demonstration Waiver

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

Quarterly Monitoring Report

Reporting Period

Demonstration Year: 20 (07/01/2021-06/30/22)

Demonstration Quarter: 2 (10/01/21-12/31/21)

Executive Summary

Utah's 1115 Primary Care Network (PCN) Waiver is a statewide waiver that gives the Utah Department of Health (UDOH) federal authorization to administer specific medical programs and benefits that are not otherwise allowable under federal rules. The 1115 waiver was originally approved in February 2002 and implemented July 1, 2002. Generally, section 1115 waivers are approved for an initial five-year period and can be extended in additional three to five-year increments. The current waiver is approved for a five-year period through June 30, 2022. On June 30, 2021, Utah submitted a waiver renewal request that is pending a decision from the Centers for Medicare and Medicaid Services (CMS.) If approved, the waiver will continue through June 30, 2027.

The demonstration waiver authorizes the following programs and benefits:

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

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

- Improve the health of Utahns by increasing the number of low-income individuals without access to primary care coverage, which will improve the overall well-being of the health status of Demonstration Population I enrollees (PCN enrollees).

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

Key Events

Adult Expansion

The State continues to see an increase in enrollment for this demonstration population and also continues to ensure Medicaid members who were eligible at the start of the public health emergency remain eligible until the emergency ends.

Adult Expansion- Employer Sponsored Insurance

All individuals enrolled in ESI did not lose eligibility during this quarter due to the public health emergency.
Below are the number of individuals who received an ESI reimbursement for each month of the quarter, as well as the total ESI expenditures.

ESI Enrollment and Total Payments Issued[1]	October 2021	November 2021	December 2021
Enrollment	382	381	480
Total Payments Issued	$64,522.07	$67,732.96	$65,664.78

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[1] Data Source: MMIS, ESI Case Paid Detail Report. This report has not been used in prior reporting but contains the most accurate data and will be the ESI data source moving forward.

Several ESI programming changes were made in November, 2021, to increase payment and processing accuracy. These changes will also be reflected in the new Medicaid management information system scheduled to launch in January, 2023. In December, 2021, DWS also created a specialized ESI review team. In addition, the State began offering education to employers on how to correctly complete an ESI referral form.

Targeted Adult Medicaid

The State continues to cover the following subgroups under the Targeted Adult Medicaid (TAM) program:
- Chronically Homeless. These individuals are:
  - living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months, or on at least four separate occasions totaling at least 12 months in the last three years and have a substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, a chronic illness or a disability.
  - living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for a total of six months within a 12-month period and have a diagnosable substance use disorder, serious mental health disorder, diagnosable developmental disability, or post-traumatic stress disorder.
  - victims of domestic violence and living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter.
  - previously homeless and living in supportive housing.
- Justice Involved. These individuals are in need of substance use or mental health treatment and:
  - have completed a substance use disorder treatment program while incarcerated in jail or prison;
  - are on probation or parole and have a serious mental illness or substance use disorder;
  - are court ordered to receive substance abuse or mental health treatment through a district or tribal court;
  - were discharged from the State Hospital and admitted to the civil unit.
- Individuals Needing Treatment. These individuals are:
  - discharged from the State Hospital due to a civil commitment; or
  - currently receiving General Assistance (GA) from DWS and have been diagnosed with substance use or a serious mental health disorder.

During this quarter, two additional TAM agencies were added. A change was also made to TAM policy to clarify when a new referral form is required.

The State continues to monitor when agencies send outdated forms to DWS. This quarter, approximately 20 agencies were contacted to inform them outdated forms were being used. Updated training and ongoing communication continue with all TAM agencies as well.

Dental Benefits for Targeted Adult, Aged, Blind and Disabled Medicaid Members

Dental services for Targeted Adult Medicaid members undergoing substance use disorder as well as aged, blind and disabled individuals continue to be provided through the University of Utah School of Dentistry (UUSOD) or their associated statewide network of providers through fee for service Medicaid. These individuals can receive porcelain and porcelain-to-metal crowns as well as denture coverage. Denture coverage allows for replacing upper and lower dentures once every five years when medically necessary. For example, a member that receives an immediate upper denture within the last five years would not be eligible for complete or partial upper dentures within the same five-year period. The same example is applicable to lower dentures as well.

Utilization of dental benefits for these populations are slowly increasing. However, it remains lower than expected, likely

due to the COVID-19 pandemic.

Utah Medicaid Integrated Care

Utah Medicaid Integrated Care (UMIC) was implemented on January 1, 2020 and allows the State authority to:

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

From October 1, 2021 to December 31, 2021, enrollment in UMIC plans increased from 65,949 to 73,616. This is consistent with the historical growth of the program.

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

The integrated UMIC plans continue to allow individuals to receive care coordination from one plan that has all of the member's information. This continues to help the individual get the appropriate services, where the payers were previously unaware of the other services the individual was receiving under a different managed care plan. The UMIC plans continue to report success with addressing beneficiaries case management needs across both physical and behavioral health services.

Intensive Stabilization Services (ISS)

During quarter two, Stabilization and Mobile Response (SMR) Administrators were able to submit sixteen ISS claims to Medicaid for the 1115 Demonstration. See breakdown below:

Region Administrator	Oct. 2021	Nov. 2021	Dec. 2021	Total
Northern	9	7	0	16*
Southwest	0	0	0	0
Western	0	0	0	0

* The Northern Region Administrator is waiting on final needed approvals from the agency director to submit additional claims. This data is accurate as of February 23, 2022.

During this quarter, DHS has continued to prioritize the implementation of specific SMR/ISS related initiatives that will strengthen its utilization of the 1115 Demonstration Waiver. This quarterly summary will address the following items:

- Summary of efforts for continued implementation and expansion of ISS through the 1115 Demonstration Waiver
- An update regarding authorization of additional DHS programs to utilize the 1115 Demonstration Waiver

- A template of DHS's auditing tool for Stabilization and Mobile Response (SMR) and schedule of audits.

Continued efforts to implement and initiate ISS billing in the Southwest, Western Regions, and Northern Regions:

- Southwest: This SMR Administrator for Southwest Region, Southwest Behavioral Health, continues to work with their executive leadership team members to identify a target date when they will be ready to participate in the 1115 Demonstration Waiver for SMR/ISS. This provider is updating their EHR system and is building in specific SMR provisions to stand ISS billing up. DHS will update CMS regarding Southwest's plans to bill for SFY23 under this demonstration through quarterly summaries.
- Western: The SMR Administrator, Intermountain HealthCare, will begin billing ISS submissions through Medicaid in SFY22 Q4. This group is finalizing plans to launch SMR services across eight counties in the Central/Western area of the state. They anticipate launching SMR services in two urban counties of the Western Region first, and expanding teams to the lower six rural counties in the Western Region throughout the summer/fall of 2022.
- Northern: DHS completed its initial review of ISS standards of care with Northern Region's SMR Provider, Davis Behavioral Health (DBH), utilizing an audit tool created to ensure all regions are in line with the standards of care set forth by the Department of Human Services. QI measures were added to this existing tool to allow DHS to monitor how services are being administered including the review of financial accountability, treatment planning, authorization of services (including a measure to explore if a level of care assessment is being utilized), and a final component to explore if service providers meet training requirements outlined in the SMR Policy and Procedure document.

Update regarding expansion of ISS efforts with additional DHS providers (High Fidelity Wraparound-HFW):

DHS no longer plans to explore a request to authorize HFW services through the 1115 Demonstration Waiver at this point in time. With the Department of Human Services merging with Utah's Department of Health this fiscal year, DHS's focus will continue to be its implementation of ISS under the 1115 Demonstration Waiver and the expansion of those efforts to other SMR providers.

ISS Audits

DHS audited twelve SFY21 files of ISS Medicaid eligible members in the Northern Region. DHS audited a random sample of twelve cases of families who received ISS services. It used the following template of the SMR Audit Review Tool to assess performance measures from the case walkthrough:

Agency: DBH	Notes
Client ID: (random sample client ID)	Client name
Input into the system (SAFE-FAM or other input source):	Notes regarding how client connected to SMR
Triage:	Notes regarding triage
Mobile Response:	Notes regarding triage- specifics are noted here for authorization

Level of care eligibility	of services/eligibility and level of care assessment (UFACET)
Intensive Stabilization Services (ISS): *Service Plan* *Health and Welfare*	Notes regarding ISS: *Do case notes drive interventions from service plan?* *Were service requirements met?* *Do intensity and frequency of interventions line up with EBPs used and service plan recommendations?* *Looking at diagnoses to ensure services are medically necessary.* *Are UFACET outcomes assisting to determine if families need to be referred to ongoing Health and Welfare supports (ongoing services at clinics, providers, child welfare)?*
Follow-up (Post-Stabilization):	Post stabilization notes are captured
Medicaid Billing: *Financial Accountability*	*Was service authorized appropriately: Y/N* *Were service requirements met from Policy and Procedure (P&P)? Y//N* *Billing authorized using ISS Code: Y/N-* *Level of service met: Y/N-* *ISS billing details: Review to ensure the cost of service billed does not exceed negotiated Medicaid rate*

Administrative Authority is recorded as a part of this audit in the following ratio format:	*numerator: Data reports submitted/* *denominator: Data reports required*

Qualified Providers are recorded as: a ratio of/ how many trainings are required	*numerator: how many trainings were completed by all workforce/* *denominator: how many trainings are required to authorize SMR providers to be certified: (six trainings each)*

Below is information regarding the ISS audit:

On 12/15/21, DHS reviewed twelve ISS randomly sampled ISS files

- Ten of the twelve client files contained the needed items to authorize ISS services to submit billing to Medicaid as per the ISS 1115 Demonstration Waiver guidelines.
- Two of the twelve client files reviewed were youth who were not Medicaid eligible, however, these files had all of the elements required to authorize and provide ISS services
- Ten of ten Medicaid client files were linked to a billing submission form that reflected appropriate billing figures that were consistent with the established rate agreements in the 1115 Demonstration Waiver for ISS.
- SMR client files presented contained the needed items to provide SMR (Assessments, authorization forms, medically necessary diagnoses, and a level of care assessment and health and welfare assessment completed (UFACET)

- Qualified Providers Review: Training logs included 87 of 90 completed trainings (six trainings are required per provider) DBH leaders reviewed their plan to complete missing training requirements by Spring 2021 with DHS.
    1. **Ongoing quality improvement audits:**
        a. DHS has two scheduled audits remaining for SFY22 Q3 and Q4, one audit in Southwest in February, and one review in Eastern TBD.
        b. DHS will have increased annual audit reviews to take place twice per year to promote the integrity of the Policy and Procedure guidelines and support with quality assurance feedback.

Operational Updates

Suspension of Medicaid Benefits

The State continues to suspend benefits for incarcerated Medicaid members, allowing quick access to much needed Medicaid covered services as they are released from incarceration and transition back into the community.

The table below details the number of individuals in each demonstration population whose Medicaid benefits were in suspension status due to incarceration for each month of the demonstration quarter. This includes individuals who may have had benefits suspended in a prior month, but remain suspended. Demonstration populations are only listed if an impacted individual was placed in suspense status.

Number of Individuals with Medicaid Suspended[2]

Demonstration Population	October 2021	November 2021	December 2021
Adult Expansion	776	709	638
Dental-Blind/Disabled	39	42	43
Targeted Adult Medicaid	826	766	666
Current Eligibles	78	74	74
Dental- Aged	6	6	6
Total	1,725	1,597	1,427

Enrollment[3]

The table below details the monthly enrollment numbers for each month of the quarter, for each demonstration group covered under the waiver.

Demonstration Population	October 2021	November 2021	December 2021
Current Eligibles-PCR	37,891	38,285	38,665
Adult Expansion	97,705	100,485	103,206

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[2] Data Source: Dept. of Workforce Services Cognos Report- "401-Suspension of Benefits"

[3] Enrollment numbers are shown as of 2/15/2022. Numbers reflect all retroactive enrollment up to 2/15/2022 and are subject to change with future retroactive enrollment.

Employer-Sponsored Insurance	520	551	565
Targeted Adults	7,974	8,119	8,294
Targeted Adult Dental	271	232	218
Demonstration Population III, V, VI- Premium Assistance	216	212	212
Dental- Blind/Disabled	45,286	45,357	45,429
Aged Dental	374	377	288
Substance Use Disorder Residential Treatment	710	672	566
Utah Medicaid Integrated Care	67,599	69,839	71,799
ISS	1	1	0
SMI	35	35	33
Former Foster Care Youth	17	16	17

Expansion Enrollment by Subgroup[4]

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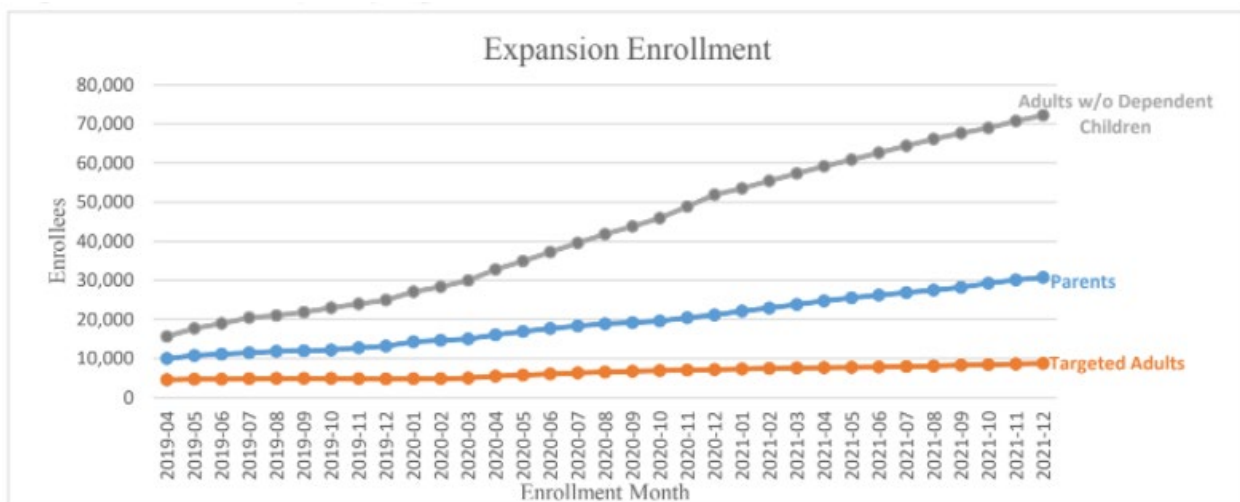
[4] Enrollment as of January 12, 2022. Enrollment includes retroactive applications processed up to the run date.
Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.
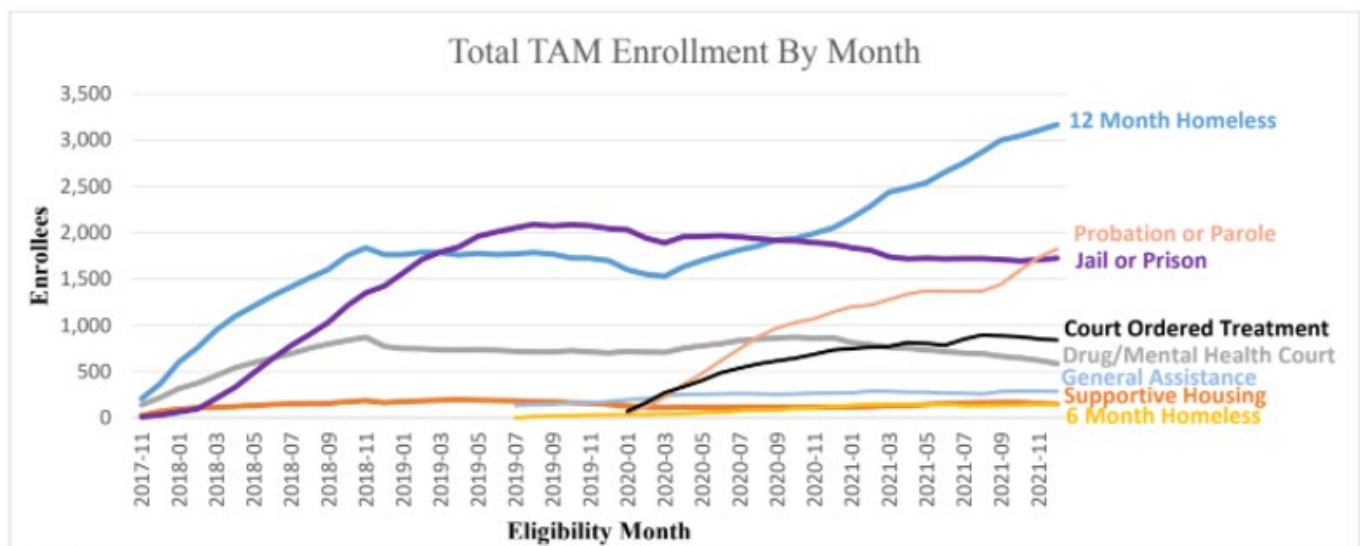
_2021_

Category	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12
Adults w/o Dep. Children	53,517	55,396	57,363	59,168	60,874	62,655	64,389	66,118	67,605	68,946	70,718	72,207
Parents	22,115	22,866	23,794	24,761	25,536	26,214	26,833	27,499	28,214	29,257	30,107	30,744
Targeted Adults	7,290	7,418	7,555	7,665	7,738	7,812	7,954	8,106	8,288	8,448	8,605	8,722
Total	**82,922**	**85,680**	**88,712**	**91,594**	**94,148**	**96,681**	**99,176**	**101,723**	**104,107**	**106,651**	**109,430**	**111,673**

Targeted Adult Medicaid and Substance Use Disorder Treatment

Targeted Adult Medicaid utilization of SUD residential treatment decreased from 710 in October, 2021 to 566 in December, 2021. This is likely due to the established billing structure, which delays the receipt of claims. Below is detailed data on enrollment and expenditures for the TAM population.
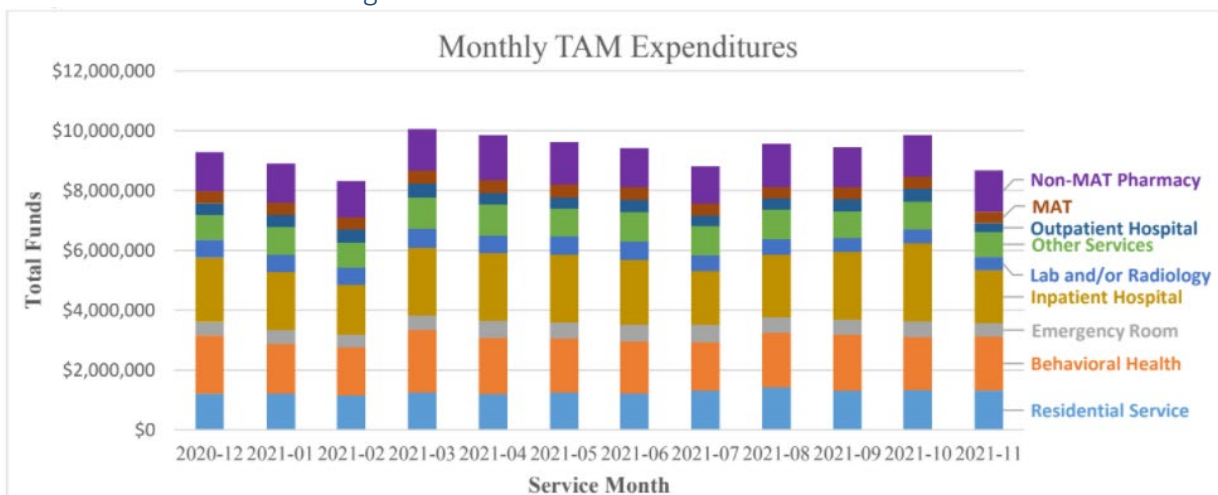
Targeted Adult Medicaid (TAM) Enrollment by Subgroup and Enrollment by Month[5]
By Subgroup

By Month

FY22 Category	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12
12 Month Homeless	2,755	2,876	3,000	3,046	3,103	3,168
6 Month Homeless	131	132	133	135	145	149
Supportive Housing	160	162	168	167	156	147
General Assistance	266	259	283	289	287	284
Court Ordered Treatmnt	850	896	885	876	854	839
Drug/Mental Health Crt	700	693	663	647	623	586
Jail or Prison	1,722	1,721	1,712	1,693	1,707	1,724
Probation or Parole	1,370	1,368	1,444	1,595	1,730	1,825
Total	**7,954**	**8,106**	**8,288**	**8,448**	**8,605**	**8,722**

[5] Enrollment as of January 12, 2022. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Targeted Adult Medicaid Reimbursements[6]

Monthly TAM Expenditures

Monthly Expenditures (in 1,000's)					FY21					FY22			
Service Type	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	Total
Residential Serv.	$1,212	$1,212	$1,175	$1,237	$1,190	$1,265	$1,213	$1,318	$1,429	$1,331	$1,334	$1,322	$15,238
Behavioral Health	$1,940	$1,674	$1,577	$2,111	$1,906	$1,790	$1,758	$1,632	$1,823	$1,857	$1,791	$1,803	$21,662
Emergency Room	$462	$460	$450	$505	$558	$536	$551	$568	$536	$503	$499	$439	$6,066
Inpatient Hospital	$2,142	$1,931	$1,655	$2,237	$2,261	$2,281	$2,165	$1,797	$2,075	$2,240	$2,619	$1,772	$25,175
Lab & Radiology	$600	$600	$564	$648	$579	$600	$597	$530	$536	$490	$464	$451	$6,659
Other Services	$830	$928	$855	$1,031	$1,047	$929	$1,007	$968	$964	$883	$917	$828	$11,189
Outpatient Hosp.	$391	$379	$435	$459	$376	$367	$403	$362	$381	$426	$430	$296	$4,703
MAT	$403	$420	$405	$460	$426	$439	$442	$402	$388	$378	$402	$386	$4,952
Non-MAT Pharm.	$1,307	$1,282	$1,195	$1,378	$1,499	$1,400	$1,281	$1,225	$1,438	$1,324	$1,378	$1,378	$16,085
Grand Total	$9,287	$8,886	$8,311	$10,066	$9,844	$9,607	$9,418	$8,801	$9,568	$9,432	$9,835	$8,675	$111,730

| Distinct Members Served					FY21					FY22		
Service Type	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11
Residential Serv.	416	428	447	449	445	432	440	455	475	444	455	459
Behavioral Health	1,934	1,924	1,934	2,034	1,995	1,900	1,814	1,736	1,881	1,834	1,857	1,842
Emergency Room	581	597	572	670	672	664	686	691	664	643	668	628
Inpatient Hospital	151	145	150	174	175	162	154	165	149	160	155	142
Lab & Radiology	1,314	1,320	1,301	1,386	1,361	1,341	1,326	1,319	1,309	1,302	1,315	1,273
Other Services	6,661	6,768	6,891	7,049	7,184	7,242	7,316	7,422	7,592	7,823	8,000	8,137
Outpatient Hosp.	639	612	629	727	709	650	591	529	583	585	561	553
MAT	770	824	865	929	873	849	849	842	790	770	861	855
Non-MAT Pharm.	2,370	2,378	2,364	2,550	2,456	2,441	2,464	2,336	2,339	2,345	2,414	2,428
Grand Total	6,768	6,850	6,976	7,143	7,270	7,317	7,387	7,522	7,681	7,899	8,075	8,223

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

Adult Expansion Utilization

The State will continue to report specific Adult Expansion metrics in the quarterly and annual reports. For this report, the State provides inpatient utilization and emergency department utilization data. The State will provide additional metrics for the annual report including all cause hospital readmission, follow-up after hospitalization for mental health or SUD within 7 days, and initiation and engagement of alcohol or other drug abuse dependence treatment.

Despite an increase in enrollment, the State experienced a steady decrease in inpatient utilization this quarter. In addition, emergency department utilization decreased from October 2021 to November 2021, and then remained stable from November, 2021 to December, 2021.
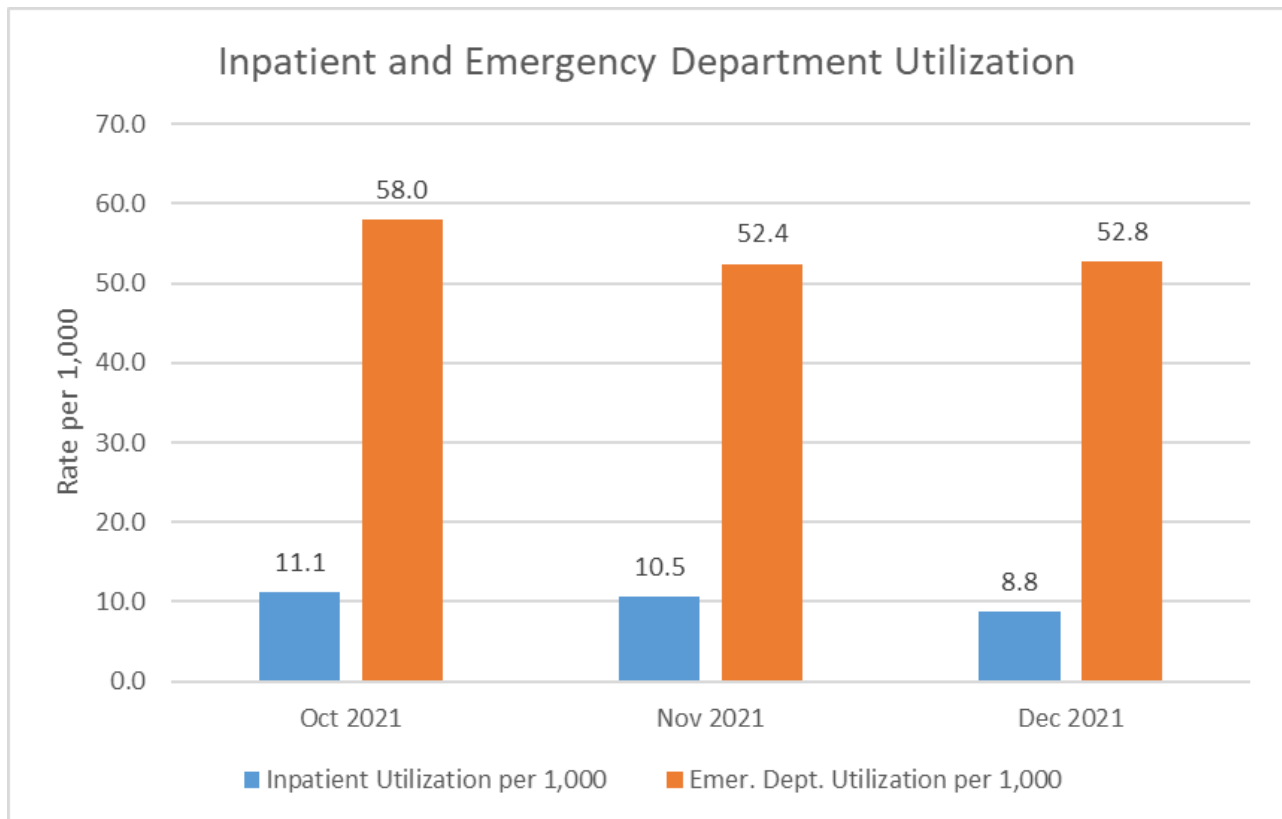
	Oct. 2021	Nov. 2021	Dec. 2021
Members	98,414	101,194	103,890
Inpatient	1,097	1,067	913
Emergency Dept.	5,709	5,306	5,482
Inpatient Utilization per 1,000	11.1	10.5	8.8
Emer. Dept. Utilization per 1,000	58	52.4	52.8

Disenrollments

The State began identifying the number of disenrollments beginning in DY19, Q4. The table below identifies the number of disenrollments for DY20, Q2, listed by demonstration population and disenrollment reasons.

Demonstration Population	Reason for disenrollment	Oct. 2021	Nov. 2021	Dec. 2021
Current Eligibles - PCR	Customer Moved Out of State	189	111	137
	Customer Request	47	42	45
	Death	1	3	3
	Enrolled in error	2	3	2
	Fails Utah residency	4	3	4
	Request closed	2	2	2
	Other Admin[7]	12	16	18
Adult Expansion	Customer Moved Out of State	364	183	232
	Customer Request	119	114	108
	Death	36	28	42
	Enrolled in error	3	5	2
	Fails Utah residency	3	4	4
	Request closed	3	3	2
	Other Admin	160	171	127

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[7] " Other Admin" closure reason is used when our system is unable to close for the proper reason. Proper notice of closure is given to the member to explain the true reason for closure.

Category	Reason			
ESI	Customer Moved Out of State	3	3	0
	Other Admin	0	0	0
Targeted Adults	Customer Moved Out of State	13	11	17
	Customer Request	3	1	4
	Death	2	8	3
	Fails Utah residency	0	0	1
	Enrolled in error	0	0	0
	Other Admin	7	3	3
Demonstration Population #3	Customer Moved Out of State	0	2	0
	Customer Request	4	0	1
Dental-Blind/Disabled	Customer Moved Out of State	0	0	0
	Customer Request	0	0	0
	Death	0	1	0
	Fails Utah residency	0	0	0
	Other Admin	0	0	0
Aged Dental	Death	0	0	0
	Other Admin	2	0	1
Substance Use Disorder Residential	Customer Moved Out of State	0	1	0

Treatment				
	Other Admin	1	0	0
Former Foster Care Youth	Customer Moved Out of State	0	1	0
	Other Admin	0	0	0
Grand Total		980	719	758

Anticipated Changes to Enrollment

Adult Expansion Medicaid, ESI

As previously mentioned, the State continued to see an increase in Adult Expansion enrollment due to the Families First Coronavirus Response Act. The State continues eligibility for individuals during the emergency period in order to receive enhanced funding. This affected Adult Expansion enrollment as the State continued eligibility for these individuals, regardless of household changes.

The State also expects the Marketplace open enrollment period from November 1, 2021 through January 15, 2022 to affect Adult Expansion enrollment as individuals who appear to be eligible for Medicaid are referred to the State agency.

The ESI requirement continues to require Adult Expansion individuals to enroll in, and maintain enrollment in their available ESI or they will lose eligibility. However, all individuals enrolled in ESI did not lose eligibility during this quarter due to the public health emergency. The State anticipates the majority of individuals to participate due to the State reimbursing individuals for the full amount of their monthly insurance premium.

End of the Public Health Emergency

The State is currently developing a case review and transition plan for when the emergency period ends. Until the public health emergency plan ends and the transition plan is in place, enrollment in Adult Expansion is expected to either remain stable or continue to steadily increase as it has during this demonstration year.

Targeted Adults

The Targeted Adult population subgroups include:

1. An individual who is a victim of domestic violence who is living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter.
2. An individual who is court ordered to receive substance abuse or mental health treatment through a district court or Tribal court.
3. An individual on probation or parole with serious mental illness and/or serious substance use disorder.

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

State submitted two new demonstration amendments this quarter. More information on these amendments is provided in the "Pending Amendments" section below. The State anticipates a slight increase in enrollment if one or both of these amendments are approved.

Benefits

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

Demonstration Related Appeals

Below are the demonstration related appeals for DY20 Q1. Demonstration groups are only listed if there was an appeal for the quarter.

Demonstration Group	October 2021	November 2021	December 2021
Current Eligibles	1	0	0

There was one demonstration related appeal this quarter specific to an overpayment for an individual covered under the Current Eligibles population. This appeal is still under review.

Grievances

Constituent Affairs Grievances

Below is a table of grievances received from members to our Medicaid Constituent Affairs Representative. The calls are benefit related questions or concerns. The State began collecting this information in DY19 Q3. Demonstration groups are only listed if there was a grievance for the quarter.

Demonstration Group	Oct. 2021	Nov. 2021	Dec. 2021	Total
UMIC	0	1	0	1
Aged, Blind and Disabled Dental	0	1	0	1
Total	0	2	0	2

Quarter Two Grievances

There were two Constituent Affairs grievances filed during quarter two. Constituent affairs worked with all individuals to help resolve the issues. Below is a summary of the monthly grievances.

November:
- UMIC: One member had a complaint about the health plan refusing to pay for his service and requested his plan be changed. This information was sent to the health plan who followed up with the member.
- Aged, Blind and Disabled Dental: One member reported a billing issue as well as an inaccuracy on the current provider list.

Accountable Care Organization (ACO) Grievances

Grievances are currently reported by the managed care plans twice per year in November and May. Due to this, the State includes six months of grievance information in this report. With the implementation of the Medicaid Managed Care Program

Annual Report (MCPAR) in 2022, the managed care plans will begin reporting grievance data on a quarterly basis, by grievance type, in the near future. This will allow the State to report grievance reasons in a future 1115 demonstration monitoring report.

Demonstration Group	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Total
Adult Expansion	17	16	13	11	15	10	82
Current Eligibles-PCR	27	22	22	5	7	3	86
Substance Use Disorder Residential Treatment	1	0	0	0	0	0	1
UMIC	13	3	9	11	14	9	59

Quality

Eligibility Determination and Processing

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

Application Processing-Average days to Approval[8]

Program Type	Oct 2021	Nov 2021	Dec 2021	Average Total
Adult Expansion	8.0	8.4	10	8.8
Current Eligibles-PCR	8.2	9.4	9.7	9.1
Targeted Adults	9.5	9.4	12	10.3
Premium Assistance-UPP	N/A[9]	50.5	36.5	43.5

Financial/Budget Neutrality

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

Financial Anticipated Changes

The State will experience an increase in expenditures due to the expected continued increase in enrollment for Adult

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[8] Data Source: Dept. of Workforce Services Cognos Report- "104-Days to Approval"
[9] No approvals in the time period selected.

Expansion. The State also anticipates a continued increase in expenditures for all waiver populations due to the continued COVID-19 public health emergency, as the State continues Medicaid eligibility for these populations, regardless of household changes (with few exceptions).

As previously mentioned, on July 23, 2021 the State received approval from CMS to increase the maximum premium assistance reimbursement for beneficiaries enrolled in the State's Premium Partnership for Health Insurance (UPP)-approved employer sponsored insurance (ESI) plans or continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). Due to this change, the State estimates UPP payments will increase approximately $14,000, or 15%, in the upcoming demonstration quarter compared to the same quarter last year.

Annual Public Forum

On January 20, 2022, the State held the annual public forum during the January Medical Care Advisory Committee (MCAC) meeting. One commenter asked about the status of the State's pending waiver renewal. No other comments were received.

Demonstration Renewal

Utah's existing demonstration is currently approved through June 30, 2022. In June 2021, the State submitted a five-year renewal request. This request is pending a decision from CMS. If approved, the State will continue to operate the demonstration waiver as currently approved, with minimal changes, through June 30, 2027.

Demonstration Evaluations

The State continues to contract with both Public Consulting Group, Inc. (PCG) and the University of Utah Social Research Institute (SRI) to conduct an evaluation of the following components of the State's waiver:

PCG:
- Adult Expansion
- Employer-Sponsored Insurance Requirement (ESI)
- Utah Medicaid Integrated Care (UMIC)

SRI:
- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)
- Substance Use Disorder (SUD) Residential Treatment
- Intensive Stabilization Services (ISS)
- Aged Dental
- Targeted Adult Dental Benefits

Evaluator updates and submissions

PCG:
- The final UMIC evaluation design was approved by CMS in November, 2021.
- The next annual AE and ESI Interim Report is due August, 2022.

SRI:
- The revised SUD Evaluation Design was approved by CMS in December, 2021.
- The revised Aged Dental Evaluation Design was submitted in January, 2022 and is awaiting approval from CMS.
- The revised ISS Evaluation Design was submitted in January, 2022 and is awaiting approval from CMS.
- The SUD Annual Monitoring Report DY4 was submitted in October, 2021.
- The Final SMI Evaluation Design was submitted to CMS in November, 2021.

Pending Amendments

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

- Lock-out from the Medicaid expansion for committing an intentional program violation.
- Federal expenditure authority to provide housing related services and supports (HRSS) for groups within Medicaid Expansion.
- Not allow hospitals to make presumptive eligibility determinations for the Medicaid Expansion.
- Require premiums for Adult Expansion beneficiaries with incomes over 100 percent through 133 percent of the FPL.
- Require a $10 surcharge for each non-emergent use of the emergency department after having received a warning for inappropriate use of the emergency department for Adult Expansion beneficiaries with incomes over 100 percent FPL through 133 percent FPL.
- Implement defined flexibilities and cost savings provisions for the Medicaid Expansion through the state administrative rulemaking process within the parameters defined by the waiver amendment.
- Additional flexibility for providing services through managed care for all Medicaid members.
- On December 27, 2021, the State submitted two additional waiver amendments which are pending a decision from CMS:
  - Medical Respite Care: This amendment seeks approval to allow temporary medical respite care for homeless individuals covered under Adult Expansion.
  - Fertility Treatment for Individuals Diagnosed with Cancer: This amendment seeks approval to expand Medicaid coverage for fertility preservation for individuals diagnosed with cancer.
- In addition, the following waiver amendments are still pending a decision from CMS:
  - In Vitro Fertilization and Genetic Testing for Qualified Conditions- requests authority to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified conditions.
  - Medicaid Coverage for Justice Involved Populations- requests authority to provide Medicaid coverage for qualified justice-involved individuals. These individuals must have a chronic physical or behavioral health condition, a mental illness as defined by Section 62A-15-602 of Utah State Code, or an opioid use disorder. If approved, Medicaid coverage will be provided in the 30-day period immediately prior to release of the incarcerated individual from a correctional facility.