



State of Utah

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## Department of Health & Human Services

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July 27, 2023

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

Dear Administrator Brooks-LaSure:

I am pleased to submit an amendment to the State of Utah's Medicaid Reform 1115 Demonstration. Approval of this amendment will allow the state to provide additional Medicaid services to fee-for-service enrolled members with qualified chronic health conditions.

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

Respectfully,

Jennifer Strohecker  
Medicaid Director  
Division of Integrated Healthcare



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# State of Utah

## Section 1115 Demonstration Amendment

### Chronic Conditions Support

#### Section I. Program Description and Objectives

During the 2023 General Session of the Utah State Legislature, Senate Bill 269, “Chronic Conditions Support Amendments”, was passed. This legislation requires the Utah Department of Health and Human Services (DHHS), Division of Integrated Healthcare (DIH) to seek 1115 Demonstration approval from the Centers for Medicare and Medicaid Services (CMS) to provide additional Medicaid services to fee for service enrolled individuals with qualified chronic health conditions. These services will be provided through a contracted provider which will be selected through a Request for Proposal process. These conditions include:

- diabetes
- high blood pressure
- congestive heart failure
- asthma
- obesity
- chronic obstructive pulmonary disease
- chronic kidney disease

#### Goals and Objectives

Six in ten Americans live with at least one chronic disease including heart disease and diabetes. These and other chronic diseases are the leading causes of death and disability in America, and they are also a leading driver of health care costs.<sup>1</sup> Low-income individuals are more likely to suffer from chronic disease and may be disproportionately burdened by the costs and associated social and economic consequences.<sup>2</sup> Many chronic conditions require continuous medical care. Without this care, serious complications can occur,

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<sup>1</sup> Centers for Disease Control and Prevention. (2023, March 2). *Chronic disease center (NCCDPHP)*. Centers for Disease Control and Prevention. Retrieved March 14, 2023, from <https://www.cdc.gov/chronicdisease/index.htm>

<sup>2</sup> *Chronic disease in the United States: A worsening health and economic crisis*. AAF. Retrieved March 14, 2023, from <https://www.americanactionforum.org/research/chronic-disease-in-the-united-states-a-worsening-health-and-economic-crisis/>

further reducing quality of life and increasing costs. <sup>3</sup> The state believes this demonstration is likely to promote the objectives of Medicaid by improving participant health outcomes and quality of life, which will also lead to cost savings. Providing these services will make it possible for Medicaid eligible individuals with qualified chronic conditions to receive additional, appropriate services, and services that have not been previously utilized or available.

### Operation and Proposed Timeline

The Demonstration will operate through the contracted provider selected by the state through the Request for Proposal process. The state intends to implement the Demonstration as soon as possible after approval. The state requests to operate the Demonstration for a three-year pilot program.

### 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 hypotheses will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
The implementation of the coordinated care program will lead to improved adherence to medications.	Comparison of medication adherence rates among participants. pre/post implementation.	Data warehouse	The independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons.
Participants will report having greater control of their health and report greater	Health satisfaction survey	Survey	The independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons.

<sup>3</sup> *Rural Health Information Hub*. Chronic Disease in Rural America Overview. (n.d.). Retrieved March 14, 2023, from <https://www.ruralhealthinfo.org/topics/chronic-disease>

confidence in maintaining their health.			
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## Section II. Demonstration Eligibility

Individuals must meet all of the following eligibility criteria to qualify for additional services:

- Medicaid members who have been diagnosed as having a qualified condition and are not enrolled in an accountable care organization.

## Projected Enrollment

The projected enrollment for the demonstration population is approximately 1,350 fee for service enrolled Medicaid members per year.

## Section III. Demonstration Benefits and Cost Sharing Requirements

If approved under this demonstration, qualified Medicaid members will be eligible to receive the following services:

- A telemedicine platform for the member to use;
- An in-home initial visit to the member;
- Daily remote monitoring of the members qualified condition;
- All services in the member’s language of choice;
- Individual peer monitoring and coaching for the member;
- Available access for the member to video-enabled consults and voice-enabled; consults 24 hours a day, seven days a week;
- In-home biometric monitoring devices to monitor the member’s qualified condition; and
- At-home medication delivery to the member.

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

## Section IV. Delivery System

Services for Demonstration individuals will be provided through fee for service. Services will be provided by a single entity under contract with the State.

## Section V. Implementation and Enrollment in Demonstration

Eligible members 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.

	DY23 (SFY 25) Jan-Jun	DY 24 (SFY 27) Jul-Jun	DY 25 (SFY 27) Jul-Jun	DY 26 (SFY 28) Jul-Dec
Enrollment	805	1,610	1,610	805
Expenditures	\$1,738,800	\$3,477,600	\$3,477,600	\$1,738,800

## Section VII. Proposed Waiver and Expenditure Authority

The state requests the following proposed waivers and expenditure authorities to operate the Demonstration.

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the state to provide benefit packages to the Demonstration population that differs from the state plan benefit package.
Section 1902(a)(23)(A)- Freedom of Choice	To enable the state to restrict freedom of choice of providers for Title XIX populations affected by this Demonstration.

## Expenditure Authority

The state requests expenditure authority to provide additional Medicaid services to fee for service individuals in the state with certain qualified chronic health conditions.

## 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 newspaper 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 June 15, 2023, from 2:00 to 4:00 pm during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing was held on June 26, 2023, from 4:00 to 5:00 pm. Both public hearings were held via video and teleconferencing.

### ***Public Comment***

The state accepted public comment during a 30-day public comment period, which was held June 7, 2023 through July 7, 2023. The state received comments from two individuals from the same agency. This included comments provided during both public hearings, email and online portal comments, and mailed comments. The state reviewed and considered all public comments received. A summary of the comments and state responses are outlined below.

### **Primary or secondary provider**

One commenter asked if the patients would be in contact with their provider or if it would be a secondary provider.

### **Response:**

The state explained that this would not necessarily remove them from provider choice outside their normal provider but would allow additional services/benefits beyond what is already covered.

### **Concerns with multiple aspects of the amendment**

One commenter expressed concern with the following aspects of the amendment: concerns with the technical set up, questioning the ability of a single entity contract to: provide in-home initial visits and delivery medication to all members (specifically duplicative or contraindicated prescriptions and deliveries for members, especially if medications are started or discontinued without a primary care provider's knowledge); being able to share information or medical records with the member's primary provider; have the most up to date information on the member's conditions. The commenter also stated that health centers would not be aware of any care that was provided, thereby disrupting continuity of care and that patient-provider relationships could be disrupted. Both commenters were concerned with equity of access, especially for members living in rural areas as they often lack broadband access. Lastly, the commenter believes that the request for proposal process is not truly competitive and that the state is already aware of what entity it will select.

**Response:**

The state agrees with the submitter on the importance of coordination of care and information sharing. The goal of the amendment is to enhance existing care, not replace it. Any implemented telehealth platform will have provisions for information sharing with primary care providers. The state acknowledges the submitter's concerns regarding the feasibility of one entity managing all services. The state assures that the chosen entity will be expected to demonstrate their capacity to fulfill these obligations across Utah. The state understands the submitter's concerns about patient safety in relation to medication management. It will be a requirement for the selected entity to coordinate effectively with a member's primary care provider to ensure safe and accurate medication delivery. The state shares the submitter's concerns about information sharing with primary providers. The state will require the selected entity to share patient information with primary providers in a manner consistent with HIPAA as part of their contractual obligations. The state is aligned with the submitter's concerns about equitable access to services. The selected entity will be required to demonstrate their ability to ensure accessibility across different regions and for members with varying technological capabilities. The state understands the submitter's concerns about potential disruption to patient-provider relationships. The state will consider making it a requirement for the selected entity to inquire about and respect these relationships. The state maintains its commitment to a transparent and competitive bidding process. The selection of the contracted entity will be based purely on the entity's ability to meet the program's requirements and objectives.

**Tribal Consultation**

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act and the DHHS Intergovernmental Policy 01.19 Formal DHHS [Tribal Consultation and Urban Indian Organization Conferment Process Policy](#) , the state ensures that a meaningful consultation process occurs in a timely manner on program decisions or policy impacting Indian Tribes and the Urban Indian Organization (UIO) in the State of Utah. DIH has notified the DHHS Tribal Health Liaison of the waiver amendment. As a result of this notification, DIH began to engage in the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on June 9, 2023 to present this demonstration amendment. During this meeting, UIHAB made the motion to support this amendment.

**Tribal Consultation & Conferment Policy Process**

In the event that a grant, project, policy, waiver renewal or amendment is requested, the Office of AI/AN Health Affairs is contacted. If the request is within the 90 days of

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

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

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

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# Attachment 1

## Compliance with Budget Neutrality Requirements

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

ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY)					DY21-25 TOTAL WOW
		DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
<b>Current Eligibles</b>							
Pop Type	Medicaid						
Eligible Member Months	0.0%	318,076	318,076	318,076	318,076	318,076	
PMPM Cost	5.3%	\$ 1,293.75	\$ 1,362.32	\$ 1,434.52	\$ 1,510.55	\$ 1,590.61	
Total Expenditure		\$ 411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$ 505,935,516	\$ 2,287,525,974
<b>Demo Pop I - PCN Adults with Children</b>							
Pop Type	Hypothetical						
Eligible Member Months	5.9%						
PMPM Cost	5.3%						
Total Expenditure							\$ -
<b>Demo Pop III/V - UPP Adults with Children *</b>							
Pop Type	Hypothetical						
Eligible Member Months	34.9%	36,498	49,222	66,380	89,520	120,727	
PMPM Cost	5.3%	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure		\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
<b>Demo Pop I - PCN Childless Adults</b>							
Pop Type	Medicaid						
Eligible Member Months							
PMPM Cost							
Total Expenditure							\$ -
<b>Demo Pop III/V - UPP Childless Adults *</b>							
Pop Type	Medicaid						
Eligible Member Months	159	184	189	194	199	204	
PMPM Cost	68.45	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure		\$ 71,651	\$ 73,442	\$ 75,278	\$ 77,160	\$ 79,089	\$ 376,620
<b>Employer Sponsored Insurance (ESI)</b>							
Pop Type	Hypothetical						
Eligible Member Months	2.5%	145,638	149,279	153,011	156,836	160,757	
PMPM Cost	4.7%	\$ 264.70	\$ 277.14	\$ 290.17	\$ 303.81	\$ 318.08	
Total Expenditure		\$ 38,550,492	\$ 41,371,424	\$ 44,398,778	\$ 47,647,659	\$ 51,134,277	\$ 223,102,631
<b>Expansion Parents &lt;=100% FPL</b>							
Pop Type	Expansion						
Eligible Member Months	2.5%	365,958	375,106	384,484	394,096	403,949	
PMPM Cost	5.3%	\$ 784.16	\$ 825.72	\$ 869.48	\$ 915.56	\$ 964.09	
Total Expenditure		\$ 286,967,645	\$ 309,731,354	\$ 334,300,793	\$ 360,819,204	\$ 389,441,187	\$ 1,681,260,182
<b>Expansion Adults w/out Dependent Children &lt;=100% FPL</b>							
Pop Type	Expansion						
Eligible Member Months	2.5%	431,799	442,594	453,658	465,000	476,625	
PMPM Cost	5.3%	\$ 1,094.21	\$ 1,152.20	\$ 1,213.26	\$ 1,277.57	\$ 1,345.28	
Total Expenditure		\$ 472,476,451	\$ 509,955,646	\$ 550,407,877	\$ 594,068,982	\$ 641,193,504	\$ 2,768,102,461
<b>Expansion Parents 101-133% FPL</b>							
Pop Type	Expansion						
Eligible Member Months	5.25%	132,166	139,105	146,408	154,094	162,184	
PMPM Cost	5.3%	\$ 766.98	\$ 807.63	\$ 850.43	\$ 895.51	\$ 942.97	
Total Expenditure		\$ 101,368,614	\$ 112,345,061	\$ 124,510,065	\$ 137,992,326	\$ 152,934,480	\$ 629,150,545
<b>Expansion Adults w/out Dependent Children 101-133% FPL</b>							
Pop Type	Expansion						
Eligible Member Months	5.25%	418,244	440,201	463,312	487,636	513,237	
PMPM Cost	5.3%	\$ 1,075.02	\$ 1,132.00	\$ 1,191.99	\$ 1,255.17	\$ 1,321.69	
Total Expenditure		\$ 449,621,028	\$ 498,307,117	\$ 552,265,058	\$ 612,065,699	\$ 678,341,703	\$ 2,790,600,606
<b>Former Foster</b>							
Pop Type	Hypothetical						
Eligible Member Months	0.0%	10	10	10	10	10	
PMPM Cost	4.8%	\$ 1,252.63	\$ 1,312.76	\$ 1,375.77	\$ 1,441.81	\$ 1,511.01	
Total Expenditure		\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940
<b>Housing Residential Support Services (HRSS)</b>							
Pop Type	Expansion						
Eligible Member Months	2.5%	33,508	34,346	35,205	36,085	36,987	
PMPM Cost	5.3%	\$ 7,318.35	\$ 7,706.22	\$ 8,114.65	\$ 8,544.73	\$ 8,997.60	
Total Expenditure		\$ 245,225,284	\$ 264,677,780	\$ 285,673,345	\$ 308,334,383	\$ 332,793,008	\$ 1,436,703,800
<b>Intense Stabilization Services (ISS)</b>							
Pop Type	Hypothetical						
Eligible Member Months	0.0%	1,440	1,440	1,440	1,440	1,440	
PMPM Cost	5.3%	\$ 2,328.50	\$ 2,451.91	\$ 2,581.86	\$ 2,718.70	\$ 2,862.79	
Total Expenditure		\$ 3,353,038	\$ 3,530,749	\$ 3,717,879	\$ 3,914,927	\$ 4,122,418	\$ 18,639,012
<b>In-Vitro Fertilization (IVF) Treatment</b>							
Pop Type	Hypothetical						
Eligible Member Months	13.5%	162	184	209	237	269	
PMPM Cost	5.0%	\$ 20,588.98	\$ 21,620.64	\$ 22,703.99	\$ 23,841.63	\$ 25,036.27	
Total Expenditure		\$ 3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310

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

ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY)					DY21-25 TOTAL WOW
		DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	
<b>Medicaid for Justice-Involved Populations</b>							
Pop Type	Hypothetical						
Eligible Member Months	1.75%	39,756	40,451	41,159	41,880	42,613	
PMPM Cost	3.0%	\$ 551.67	\$ 568.22	\$ 585.26	\$ 602.82	\$ 620.91	
Total Expenditure		\$ 21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839
<b>Mental Health Institutions for Mental Disease (IMD)</b>							
Pop Type	Hypothetical						
Eligible Member Months	2.5%	11,043	11,319	11,602	11,892	12,190	
PMPM Cost	5.3%	\$ 14,339.69	\$ 15,099.69	\$ 15,899.97	\$ 16,742.67	\$ 17,630.03	
Total Expenditure		\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,096
<b>Serious Mental Illness (SMI)</b>							
Pop Type	Hypothetical						
Eligible Member Months	2.5%	17,688	18,130	18,583	19,048	19,524	
PMPM Cost	5.3%	\$ 14,998.85	\$ 15,793.79	\$ 16,630.86	\$ 17,512.30	\$ 18,440.45	
Total Expenditure		\$ 265,296,529	\$ 286,341,176	\$ 309,055,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400
<b>Substance Use Disorder (SUD)</b>							
Pop Type	Hypothetical						
Eligible Member Months	6.9%	49,527	52,940	56,587	60,486	64,654	
PMPM Cost	5.0%	\$ 4,239.75	\$ 4,451.74	\$ 4,674.33	\$ 4,908.05	\$ 5,153.45	
Total Expenditure		\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045
<b>Targeted Adults</b>							
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.</i>					
		<i>PMPM will increase due to adding the new managed care directed payments</i>					
Eligible Member Months	2.5%	180,918	185,441	190,077	194,828	199,699	
PMPM Cost	5.3%	\$ 1,495.83	\$ 1,575.11	\$ 1,658.59	\$ 1,746.50	\$ 1,839.06	
Total Expenditure		\$ 270,622,011	\$ 292,089,289	\$ 315,259,114	\$ 340,267,965	\$ 367,258,823	\$ 1,585,497,203
<b>Withdrawal Management</b>							
Pop Type	Hypothetical						
Eligible Member Months	0.0%	4,018	4,018	4,018	4,018	4,018	
PMPM Cost	5.0%	\$ 850.85	\$ 893.40	\$ 938.07	\$ 984.97	\$ 1,034.22	
Total Expenditure		\$ 3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482
<b>Long-Term Support Services (LTSS)</b>							
Pop Type	Hypothetical						
Eligible Member Months	0.0%		600	600	600	600	
PMPM Cost	5.0%		\$ 9,578.00	\$ 10,056.90	\$ 10,559.75	\$ 11,087.73	
Total Expenditure			\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600	\$ 24,769,300
<b>Integrated Behavior Health Services</b>							
Pop Type	Hypothetical		<i>Starts 1/1/24</i>				
Eligible Member Months	0.0%		1,500	3,000	3,000	3,000	
PMPM Cost	5.0%		\$ 66.67	\$ 70.00	\$ 73.50	\$ 77.18	
Total Expenditure			\$ 100,000	\$ 210,000	\$ 220,500	\$ 231,500	\$ 762,000
<b>Demo Pop VI - UPP for Children</b>							
Pop Type	Hypothetical		<i>Starts 1/1/24</i>				
Eligible Member Months	0.0%		1,775	3,523	3,523	3,523	
PMPM Cost	5.0%		\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure			\$ 319,500	\$ 634,140	\$ 634,140	\$ 634,140	\$ 2,221,920
<b>Dental Services for Medicaid-eligible Adults</b>							
Pop Type	Hypothetical						
Eligible Member Months	0.0%		2,255,460	2,505,192	2,562,444	2,679,348	
PMPM Cost	0.0%		\$ 32.19	\$ 32.19	\$ 32.19	\$ 32.19	
Total Expenditure			\$ 72,603,302	\$ 80,642,218	\$ 82,484,960	\$ 86,248,288	\$ 321,978,768
<b>SB133 12-Month Extended Postpartum</b>							
Pop Type	Hypothetical						
Eligible Member Months	0.0%		140,004	138,540	136,980	134,796	
PMPM Cost	4.5%		\$ 1,072.13	\$ 1,120.45	\$ 1,170.87	\$ 1,223.46	
Total Expenditure			\$ 150,103,124	\$ 155,227,571	\$ 160,385,793	\$ 164,917,386	\$ 630,633,874
<b>SB133 Family Planning Services</b>							
Pop Type	Hypothetical						
Eligible Member Months	1.6%		60,648	61,656	62,640	63,636	
PMPM Cost	1.2%		\$ 21.60	\$ 21.86	\$ 22.13	\$ 22.40	
Total Expenditure			\$ 1,309,968	\$ 1,348,051	\$ 1,386,293	\$ 1,425,154	\$ 5,469,466
<b>SB269 Chronic Conditions Support Amendment</b>							
Pop Type	Hypothetical						
Eligible Member Months	0.0%		9,660	19,320	19,320	9,660	
PMPM Cost	0.0%		\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure			\$ 1,738,800	\$ 3,477,600	\$ 3,477,600	\$ 1,738,800	\$ 10,432,800

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

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
<b>Current Eligibles</b>						
<b>Pop Type</b>						
Eligible Member Months	318,076	318,076	318,076	318,076	318,076	
PMPM Cost	\$ 1,293.75	\$ 1,362.32	\$ 1,434.52	\$ 1,510.55	\$ 1,590.61	
Total Expenditure	\$ 411,511,221	\$ 433,321,316	\$ 456,287,346	\$ 480,470,575	\$ 505,935,516	\$ 2,287,525,974
<b>Demo Pop I - PCN Adults w/Children</b>						
<b>Pop Type</b>						
Eligible Member Months	-	-	-	-	-	
PMPM Cost	-	-	-	-	-	
Total Expenditure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Demo Pop III/V - UPP Adults with Children</b>						
<b>Pop Type</b>						
Eligible Member Months	\$ 36,498	\$ 49,222	\$ 66,380	\$ 89,520	\$ 120,727	
PMPM Cost	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure	\$ 14,182,519	\$ 19,126,545	\$ 25,794,059	\$ 34,785,867	\$ 46,912,221	\$ 140,801,211
<b>Demo Pop I - PCN Childless Adults</b>						
<b>Pop Type</b>						
Eligible Member Months	-	-	-	-	-	
PMPM Cost	-	-	-	-	-	
Total Expenditure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Demo Pop III/V - UPP Childless Adults</b>						
<b>Pop Type</b>						
Eligible Member Months	\$ 184	\$ 189	\$ 194	\$ 199	\$ 204	
PMPM Cost	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	\$ 388.58	
Total Expenditure	\$ 71,651	\$ 73,442	\$ 75,278	\$ 77,160	\$ 79,089	\$ 376,620
<b>Employer Sponsored Insurance (ESI)</b>						
<b>Pop Type</b>						
Eligible Member Months	145,638	149,279	153,011	156,836	160,757	
PMPM Cost	\$ 264.70	\$ 277.14	\$ 290.17	\$ 303.81	\$ 318.08	
Total Expenditure	\$ 38,550,492	\$ 41,371,424	\$ 44,398,778	\$ 47,647,659	\$ 51,134,277	\$ 223,102,631
<b>Expansion Parents &lt;=100% FPL</b>						
<b>Pop Type</b>						
Eligible Member Months	365,958	375,106	384,484	394,096	403,949	
PMPM Cost	\$ 784.16	\$ 825.72	\$ 869.48	\$ 915.56	\$ 964.09	
Total Expenditure	\$ 286,967,645	\$ 309,731,354	\$ 334,300,793	\$ 360,819,204	\$ 389,441,187	\$ 1,681,260,182
<b>Expansion Adults w/out Dependent Children &lt;=100% FPL</b>						
<b>Pop Type</b>						
Eligible Member Months	431,799	442,594	453,658	465,000	476,625	
PMPM Cost	\$ 1,094.21	\$ 1,152.20	\$ 1,213.26	\$ 1,277.57	\$ 1,345.28	
Total Expenditure	\$ 472,476,451	\$ 509,955,646	\$ 550,407,877	\$ 594,068,982	\$ 641,193,504	\$ 2,768,102,461
<b>Expansion Parents 101-133% FPL</b>						
<b>Pop Type</b>						
Eligible Member Months	132,166	139,105	146,408	154,094	162,184	
PMPM Cost	\$ 766.98	\$ 807.63	\$ 850.43	\$ 895.51	\$ 942.97	
Total Expenditure	\$ 101,368,614	\$ 112,345,061	\$ 124,510,065	\$ 137,992,326	\$ 152,934,480	\$ 629,150,545
<b>Expansion Adults w/out Dependent Children 101-133% FPL</b>						
<b>Pop Type</b>						
Eligible Member Months	418,244	440,201	463,312	487,636	513,237	
PMPM Cost	\$ 1,075.02	\$ 1,132.00	\$ 1,191.99	\$ 1,255.17	\$ 1,321.69	
Total Expenditure	\$ 449,621,028	\$ 498,307,117	\$ 552,265,058	\$ 612,065,699	\$ 678,341,703	\$ 2,790,600,606
<b>Former Foster Care</b>						
<b>Pop Type</b>						
Eligible Member Months	10	10	10	10	10	
PMPM Cost	\$ 1,252.63	\$ 1,312.76	\$ 1,375.77	\$ 1,441.81	\$ 1,511.01	
Total Expenditure	\$ 12,526	\$ 13,128	\$ 13,758	\$ 14,418	\$ 15,110	\$ 68,940
<b>Housing Residential Support Services (HRSS)</b>						
<b>Pop Type</b>						
Eligible Member Months	33,508	34,346	35,205	36,085	36,987	
PMPM Cost	7,318	7,706	8,115	8,545	8,998	
Total Expenditure	\$ 245,225,284	\$ 264,677,780	\$ 285,673,345	\$ 308,334,383	\$ 332,793,008	\$ 1,436,703,800
<b>Intense Stabilization Services (ISS)</b>						
<b>Pop Type</b>						
Eligible Member Months	1,440	1,440	1,440	1,440	1,440	
PMPM Cost	\$ 2,328.50	\$ 2,451.91	\$ 2,581.86	\$ 2,718.70	\$ 2,862.79	
Total Expenditure	\$ 3,353,038	\$ 3,530,749	\$ 3,717,879	\$ 3,914,927	\$ 4,122,418	\$ 18,639,012
<b>In-Vitro Fertilization (IVF) Treatment</b>						
<b>Pop Type</b>						
Eligible Member Months	162	184	209	237	269	
PMPM Cost	\$ 20,588.98	\$ 21,620.64	\$ 22,703.99	\$ 23,841.63	\$ 25,036.27	
Total Expenditure	\$ 3,341,461	\$ 3,982,315	\$ 4,746,077	\$ 5,656,320	\$ 6,741,137	\$ 24,467,310

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

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
<b>Medicaid for Justice-Involved Populations</b>						
<b>Pop Type</b>						
Eligible Member Months	39,756	40,451	41,159	41,880	42,613	
PMPM Cost	\$ 551.67	\$ 568.22	\$ 585.26	\$ 602.82	\$ 620.91	
Total Expenditure	\$ 21,931,981	\$ 22,985,264	\$ 24,089,131	\$ 25,246,012	\$ 26,458,452	\$ 120,710,839
<b>Mental Health Institutions for Mental Disease (IMD)</b>						
<b>Pop Type</b>						
Eligible Member Months	11,043	11,319	11,602	11,892	12,190	
PMPM Cost	\$ 14,339.69	\$ 15,099.69	\$ 15,899.97	\$ 16,742.67	\$ 17,630.03	
Total Expenditure	\$ 158,356,552	\$ 170,918,185	\$ 184,476,270	\$ 199,109,850	\$ 214,904,239	\$ 927,765,096
<b>Serious Mental Illness (SMI)</b>						
<b>Pop Type</b>						
Eligible Member Months	17,688	18,130	18,583	19,048	19,524	
PMPM Cost	\$ 14,998.85	\$ 15,793.79	\$ 16,630.86	\$ 17,512.30	\$ 18,440.45	
Total Expenditure	\$ 265,296,529	\$ 286,341,176	\$ 309,055,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400
<b>Substance Use Disorder (SUD)</b>						
<b>Pop Type</b>						
Eligible Member Months	49,527	52,940	56,587	60,486	64,654	
PMPM Cost	\$ 4,239.75	\$ 4,451.74	\$ 4,674.33	\$ 4,908.05	\$ 5,153.45	
Total Expenditure	\$ 209,983,503	\$ 235,674,067	\$ 264,507,781	\$ 296,869,197	\$ 333,189,497	\$ 1,340,224,045
<b>Targeted Adults</b>						
<b>Pop Type</b>						
Eligible Member Months	180,918	185,441	190,077	194,828	199,699	
PMPM Cost	1,496	1,575	1,659	1,747	1,839	
Total Expenditure	\$ 270,622,011	\$ 292,089,289	\$ 315,259,114	\$ 340,267,965	\$ 367,258,823	\$ 1,585,497,203
<b>Withdrawal Management</b>						
<b>Pop Type</b>						
Eligible Member Months	4,018	4,018	4,018	4,018	4,018	
PMPM Cost	\$ 850.85	\$ 893.40	\$ 938.07	\$ 984.97	\$ 1,034.22	
Total Expenditure	\$ 3,418,520	\$ 3,589,446	\$ 3,768,918	\$ 3,957,364	\$ 4,155,233	\$ 18,889,482
<b>Long-Term Support Services (LTSS)</b>						
<b>Pop Type</b>						
Eligible Member Months	-	600	600	600	600	
PMPM Cost	-	9,578	10,057	10,560	11,088	
Total Expenditure	-	5,746,800	6,034,100	6,335,800	6,652,600	\$ 24,769,300
<b>Integrated Behavior Health Services</b>						
<b>Pop Type</b>						
Starts 1/1/24						
Eligible Member Months	-	1,500	3,000	3,000	3,000	
PMPM Cost	\$ -	\$ 66.67	\$ 70.00	\$ 73.50	\$ 77.18	
Total Expenditure	\$ -	\$ 100,000	\$ 210,000	\$ 220,500	\$ 231,500	\$ 762,000
<b>Demo Pop VI - UPP for Children</b>						
<b>Pop Type</b>						
Starts 1/1/24						
Eligible Member Months	-	1,775	3,523	3,523	3,523	
PMPM Cost	\$ -	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure	\$ -	\$ 319,500	\$ 634,140	\$ 634,140	\$ 634,140	\$ 2,221,920
<b>Dental Services for Medicaid-eligible Adults</b>						
<b>Pop Type</b>						
Eligible Member Months	-	2,255,460	2,505,192	2,562,444	2,679,348	
PMPM Cost	\$ -	\$ 32.19	\$ 32.19	\$ 32.19	\$ 32.19	
Total Expenditure	\$ -	\$ 72,603,302	\$ 80,642,218	\$ 82,484,960	\$ 86,248,288	\$ 321,978,768
<b>SB133 12-Month Extended Postpartum</b>						
<b>Pop Type</b>						
Eligible Member Months	-	140,004	138,540	136,980	134,796	
PMPM Cost	\$ -	\$ 1,072.13	\$ 1,120.45	\$ 1,170.87	\$ 1,223.46	
Total Expenditure	\$ -	\$ 150,103,124	\$ 155,227,571	\$ 160,385,793	\$ 164,917,386	\$ 630,633,874
<b>SB133 Family Planning Services</b>						
<b>Pop Type</b>						
Eligible Member Months	-	60,648	61,656	62,640	63,636	
PMPM Cost	\$ -	\$ 21.60	\$ 21.86	\$ 22.13	\$ 22.40	
Total Expenditure	\$ -	\$ 1,309,968	\$ 1,348,051	\$ 1,386,293	\$ 1,425,154	\$ 5,469,466
<b>SB269 Chronic Conditions Support Amendment</b>						
<b>Pop Type</b>						
Eligible Member Months	-	9,660	19,320	19,320	9,660	
PMPM Cost	\$ -	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure	\$ -	\$ 1,738,800	\$ 3,477,600	\$ 3,477,600	\$ 1,738,800	\$ 10,432,800

# Attachment 2

## Public Notice Requirements

Support

PUBLIC NOTICE WEBSITE  
DIVISION OF ARCHIVES AND RECORDS SERVICE

# Public Hearing on Medicaid Reform 1115 Demonstration

## General Information

---

Government type:

State Agency

Entity:

Department of Health and Human Services

Public Body:

Medicaid Expansion Workgroup

Give Feedback

## Notice Information

---

[Add Notice to Calendar](#)

Notice Title:

Public Hearing on Medicaid Reform 1115 Demonstration

Notice Subject(s)

Medicaid , Health Care

Notice Type(s):

Hearing

## Event Start Date &amp; Time

June 15, 2023 02:00 PM

## Event End Date &amp; Time:

June 15, 2023 04:00 PM

## Event Deadline Date &amp; Time:

07/07/23 11:59 PM

## Description/Agenda

Dental Services for Medicaid-eligible Adults,  
Family Planning Services,  
and Chronic Conditions Support  
Public Hearings

The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss three amendments to Utah's Medicaid Reform 1115 Demonstration. The Department will also accept public comment regarding the amendments online, by email, or mail during the public comment period from June 7, 2023, through July 7, 2023.

The Dental Services for Medicaid-eligible Adults amendment seeks authority from the Centers for Medicare & Medicaid Services (CMS) to provide dental services to Medicaid-eligible adults ages 21 and older who are not already eligible for dental services.

The Family Planning Services amendment seeks authority from CMS to provide family planning services to a specific population that is otherwise ineligible for Medicaid.

The Chronic Conditions Support amendment seeks authority from CMS to provide additional Medicaid services to individuals in rural areas of the state with qualified chronic health conditions.

## Public Hearings:

The Department will conduct two public hearings to discuss the demonstration amendments. The dates and times are listed below. Both public hearings will be held via video and teleconferencing.

Thursday, June 15, 2023, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting

Video Conference: Google Meet Meeting [meet.google.com/ppd-afmv-vnw](https://meet.google.com/ppd-afmv-vnw)

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Or join by phone: (US) +1 401-552-4511 PIN: 955 386 753 #

Monday, June 26, 2023, from 4:00 pm to 5:00 pm.

Video Conference: Google Meet Meeting [meet.google.com/vwm-yxkz-eah](https://meet.google.com/vwm-yxkz-eah)

Or join by phone: (US) +1 650-466-0974 PIN: 714 775 327 #

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at [lbelgique@utah.gov](mailto:lbelgique@utah.gov) or 1 (801) 538-6241 by June 9, 2023, at 5:00 p.m.

#### 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 public comment period from June 7, 2023, through July 7, 2023.

Comments may be submitted using the following methods:

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

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

Mail: Utah Department of Health and Human Services

Division of Integrated Healthcare

PO Box 143106

Salt Lake City, UT 84114-3106

Attn: Laura Belgique

Give Feedback

---

#### Notice of Special Accommodations (ADA):

In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify Jennifer Meyer-Smart at 1 (801)-538-6241.

---

#### Notice of Electronic or Telephone Participation:

Video Conference: Google Meet Meeting [meet.google.com/ppd-afmv-vnw](https://meet.google.com/ppd-afmv-vnw) Or join by phone: (US) +1 401-552-4511 PIN: 955 386 753 #

---

## Meeting Information

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### Meeting Location

Video/Teleconferencing

Video/Teleconferencing, UT 84116

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[Show in Google Maps](#)

---

Contact Name:

**Laura Belgique**

---

Contact Email:

**lbelgique@utah.gov**

---

Contact Phone:

**(801)538-6241**

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### Notice Posting Details

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Notice Posted On:

**June 02, 2023 10:20 AM**

---

Notice Last Edited On:

**June 02, 2023 10:42 AM**

---

Deadline Date:

**July 7, 2023 11:59 PM**

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Support

PUBLIC NOTICE WEBSITE  
DIVISION OF ARCHIVES AND RECORDS SERVICE

# Public Hearing on Medicaid Reform 1115 Demonstration

## General Information

---

Government type:

State Agency

Entity:

Department of Health and Human Services

Public Body:

Medicaid Expansion Workgroup

Give Feedback

## Notice Information

---

[Add Notice to Calendar](#)

Notice Title:

Public Hearing on Medicaid Reform 1115 Demonstration

Notice Subject(s)

Medicaid , Health Care

Notice Type(s):

Hearing

## Event Start Date &amp; Time

June 26, 2023 04:00 PM

---

## Event End Date &amp; Time:

June 26, 2023 05:00 PM

---

## Event Deadline Date &amp; Time:

07/07/23 11:59 PM

---

## Description/Agenda

Dental Services for Medicaid-eligible Adults,  
Family Planning Services,  
and Chronic Conditions Support  
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Give Feedback

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The Family Planning Services amendment seeks authority from CMS to provide family planning services to a specific population that is otherwise ineligible for Medicaid.

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Or join by phone: (US) +1 401-552-4511 PIN: 955 386 753 #

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Video Conference: Google Meet Meeting [meet.google.com/vvm-yxkz-eah](https://meet.google.com/vvm-yxkz-eah)

Or join by phone: (US) +1 650-466-0974 PIN: 714 775 327 #

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

Mail: Utah Department of Health and Human Services

Division of Integrated Healthcare

PO Box 143106

Salt Lake City, UT 84114-3106

Attn: Laura Belgique

Give Feedback

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---

## Meeting Information

---

### Meeting Location

Video/Teleconferencing

Video/Teleconferencing, UT 84116

[Show in Apple Maps](#)

[Show in Google Maps](#)

---

Contact Name:

**Laura Belgique**

Contact Email:

**lbelgique@utah.gov**

Contact Phone:

**(801)538-6241**

### Notice Posting Details

---

Notice Posted On:

**June 02, 2023 10:36 AM**

Notice Last Edited On:

**June 02, 2023 10:36 AM**

Deadline Date:

**July 7, 2023 11:59 PM**

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PO BOX 143102  
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cdevashrayee@utah.gov

ACCOUNT NUMBER

8405

ACCOUNT NAME

DIVISION OF MEDICAID AND HEALTH FINANCING

TELEPHONE

801-538-6641

ORDER #

SLT0023121

CUSTOMER REFERENCE NUMBER

CAPTION

Dental Services for Medicaid-eligible Adults, Family Planning Services, and Chronic Conditions Support Public Hearings The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss three amendments to Utah's Medicaid Reform 1115 Demonstration.

TOTAL COST

\$224.60

**Dental Services for Medicaid-eligible Adults,  
Family Planning Services,  
and Chronic Conditions Support  
Public Hearings**

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- Video Conference: Google Meet Meeting [meet.google.com/ppd-afmv-vnw](https://meet.google.com/ppd-afmv-vnw)
- Or join by phone: (US) +1 401-552-4511 PIN: 955 386 7530##
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- Video Conference: Google Meet Meeting [meet.google.com/vwm-ykz-eah](https://meet.google.com/vwm-ykz-eah)
- Or join by phone: (US) +1 650-466-0974 PIN: 714 775 3270##

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**Public Comment:**

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

Mail: Utah Department of Health and Human Services  
Division of Integrated Healthcare  
PO Box 143106  
Salt Lake City, UT 84114-3106  
Attn: Laura Belgique  
SLT0023121

### AFFIDAVIT OF PUBLICATION

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

PUBLISHED ON 06/04/2023

DATE 06/20/2023

STATE OF UTAH  
COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 20th DAY OF JUNE IN THE YEAR 2023

BY Jordyn Gallegos

SIGNATURE

  
NOTARY PUBLIC SIGNATURE

# Attachment 3

**Medical Care Advisory Committee**

**Public Hearing**

## Medical Care Advisory Committee Agenda

Meeting: Medical Care Advisory Committee  
 Date: June 15, 2023  
 Start Time: 2:00 p.m.  
 End Time: 4:00 p.m.  
 Location: <https://meet.google.com/ppd-afmv-vnw> (Google Chrome)  
 By Phone: 1-401-552-4511 PIN: 955 386 753#

### Agenda Items

- |  |                                       |               |
|--|---------------------------------------|---------------|
| 1. Welcome   | Jennifer Marchant                     | 2:00 / 5 min  |
| <ul style="list-style-type: none"> <li>• Approve Minutes for May 2023*</li> <li>• Requesting Nominations for 2 Appointments               <ul style="list-style-type: none"> <li>○ Consumer Representative for Beneficiaries</li> <li>○ Consumer Representative for Native American Communities</li> </ul> </li> </ul> |                                       |               |
| 2. Committee Discussion and Vote on FY2025 Budget Recommendations  | Jennifer Marchant & Committee Members | 2:05 / 10 min |
| 3. Public Hearing for 1115 Demonstration Waiver Amendments   | Laura Belgique                        | 2:15 / 15 min |
| <ul style="list-style-type: none"> <li>• SB19: Dental Services for Medicaid-eligible Adults</li> <li>• SB133: Family Planning Services</li> <li>• SB269: Chronic Conditions Support</li> </ul>   |                                       |               |
| 4. Director's Report   | Jennifer Strohecker                   | 2:30 / 20 min |
| <ul style="list-style-type: none"> <li>• PRISM Update</li> <li>• Two New CMS Proposed Rules</li> </ul>   |                                       |               |
| 5. Unwinding Continuous Medicaid Eligibility Update**  | Jeff Nelson                           | 2:50 / 15 min |
| 6. UTA Pass Utilization  | Brian Roach                           | 3:05 / 15 min |
| 7. Committee Updates   | Committee Members                     | 3:20 / 5 min  |
| 8. Voting Results for Priority Budget Recommendations  | Sharon Steigerwalt                    |               |

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

\*\* Informational handout in the packet sent to committee members

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

**Next Meeting:** July 20, 2023, from 2:00 p.m. – 4:00 p.m.

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

# Attachment 4

## Tribal Consultation



# Utah Indian Health Advisory Board (UIHAB) Meeting

06/09/2023

8:30 AM –11:00 AM

Utah Department of Health & Human Services

195 N 1950 W, Salt Lake City, UT 84116

Multi-State Agency Building (MASOB) Room 2082

(385) 227-2078

Google Meeting Format Web Link:

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

Call In: 1-414-909-6377

PIN: 211 599 534#



**Meeting called by:**

UIHAB

**Type of meeting:**

Monthly UIHAB

**Note taker:**

Dorrie Reese

**Please Review:**

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

## Agenda topic

**8:30 AM**

### UIHAB Meeting

Welcome & Introductions

Ed Napia, Chairperson

**8:40 AM**

### Committee Updates & Discussion

- ✦ **UT Medicaid Eligibility Policy**
- ✦ **Medicaid & CHIP State Plan Amendments (SPA) & Rules**
- ✦ **CHIP SPA**

Michelle Smith, Medicaid, Asst. Dir. BMEP  
Craig Devashrayee, Medicaid, BMEP  
Jennifer Wisner, Dental & CHIP Prg. Mgr

- ✦ **DWS Medicaid Eligibility Operations**
- ✦ **SNAP**
- ✦ **MCAC Committee**
- ✦ **CHIP Advisory Committee**

Jessica Ware, AI/AN Elig. Spec., DWS  
Paul Birkbeck, Snap Program Specialist  
Mike Jensen, UNHS  
Courtney Muir, NWBSN

ICWA Liaison  
Tribal Health Liaison

- ✦ **Data Reporting Updates**
- ✦ **Program /Contracts/Grant Updates**
- ✦ **UT DHHS OAIANHFS Program Updates**  
Opioids & Tobacco  
Health Equity

Jamie Harvey, IHFS  
Jeremy Taylor, IHFS  
Alex Merrill, IHFS  
Jeremy Taylor, IHFS

Hilary Makris, IHFS  
Kassie John, IHFS

**09:45 AM**

### Medicaid 1115 Demonstration Amendments

Laura Belgique, 1115 Demo. Pgr. Manager

**10:15 AM**

### Project Firstline Outreach (UDHHS)

James Morales, Epidemiologist UDHHS  
Population Health

**10:30 AM**

### AUCH Presentation

Melissa Zito, AUCH Tribal Liaison

**10:50 AM**

### I/T/U updates

I/T/U

**11:30 AM**

### Other Business

**ADJOURN** *Next Mtg. August 11, 2023*



# Utah Indian Health Advisory Board Tribal Leadership Reporting Tool

DATE: \_\_\_\_\_

## **State Agency Updates & Discussions:**

Medicaid State Plan Amendments (SPA) & Rules (see Matrices)

DWS Medicaid Eligibility

MCAC & CHIP Advisory Committees

Federal/State Policy Impacting I/T/U

ICWA Liaison

AI/AN Health Liaison

Data Updates

IHFS Program Updates

Opioid/Tobacco

Health Equity Grants

## **Agenda Item Updates**

Medicaid: I/T/U Claims Submission Updates

Healthy Environments Active Living Program

I/T/U Updates: NWBSN, SJSP & SVBG

Section 105 (I) Leasing; IHS & BIA Facilities

## UIHAB Meeting

June 9, 2023 (via phone)

8:30 a.m. – 11:00 a.m.

### Participants: (via phone)

**Hunter Timbimboo**, *Northwestern Band of Shoshone Nation*

**George Gover**, *Northwestern band of Shoshone Nation*

**Tyler Goddard**, *Paiute Indian Tribe of Utah*

**Ed Napa (Chair)**, *Skull Valley Band of Goshute*

**Selwyn Whiteskunk**, *Ute Mtn Ute*

**Thomas Stephenson**, *Ute Mtn Ute*

**Mike Jensen**, *Utah Navajo Health Systems*

**Marquis Yazzie**, *Navajo Area- IHS*

**Hope Johnson**, *PHX, IHS*

**Tina Valencia**, *PHX, IHS*

### Guests:

**Jessica Ware**, *AI/AN Eligibility Specialist, DWS*

**Paul Birkbeck**, *SNAP Program Specialist, DWS*

**Melissa Zito**, *Tribal Liaison, AUCH*

**Alan Pruhns**, *AUCH*

**Cyndi Gillaspie**, *Technical Director, CMS*

### DHHS Staff:

**Michelle Smith**, *Assistant Office Director, Office of Eligibility Policy, DHHS*

**Craig Devashrayee**, *Office of Eligibility Policy, DHHS*

**Jennifer Wisner**, *Office of Managed Healthcare, DHHS*

**Laura Belgique**, *Office of Eligibility Policy, DHHS*

**Suzanne Puckett**, *Health Policy & Authorization, DHHS*

**Kirk Poulsen**, *Health Policy & Authorization, DHHS*

**Justin Morales**, *Office of Population Health, DHHS*

**Sarah Rigby**, *Office of Population Health, DHHS*

**Jamie Harvey**, *ICWA Liaison, Office of AI/AN Health Affairs, DHHS*

**Jeremy Taylor**, *Tribal Health Liaison, Office of AI/AN Health Affairs, DHHS*

**Hilary Makris**, *Opioid & Tobacco Health Program Coordinator, Office of AI/AN Health Affairs, DHHS*

**Alex Merrill**, *EPI, Office of AI/AN Health Affairs, DHHS*

**Kassie John**, *Health Equity Program Coordinator, Office of AI/AN Health Affairs, DHHS*

**Dorrie Reese**, *Recorder/Minutes, DIH Administrative Assistant, DHHS*

### Welcome and Introductions:

UIHAB Chairperson welcomed everyone starting the meeting at 8:30 a.m.

### Approval of Minutes:

The Oct 11, 2019, Nov 15, 2019, Dec 13, 2019, Jan 10, 2020, Mar 13, 2020, Apr 10, 2020, May 8, 2020, Jun 12, 2020, Aug, 14, 2020, Sep 11, 2020, Oct 9, 2020, Nov 13, 2020, Dec 11, 2020, Jan 8, 2021, Feb 11, 2021, Feb 12, 2021, Mar 12, 2021, Apr 9, 2021, May 14, 2021, Jun 11, 2021, Aug 13, 2021, Sep 10, 2021, Oct 8, 2021, Nov 12, 2021, Dec 10, 2021, Jan 28, 2022, Mar 11, 2022, Apr 8, 2022, May 13, 2022, Jun 10, 2022, Aug 12, 2022, Sep 9, 2022, Oct 14, 2022, Nov 10, 2022, Dec 9, 2022, Jan 13, 2023, Feb 10, 2023, Mar 10, 2023, Apr 14, 2023, and May 12, 2023 UIHAB minutes will be approved at a later UIHAB meeting.

## Medicaid Eligibility Policy:

Michelle Smith gave an update on PHE Unwinding- Ended: May 11, 2023

<https://jobs.utah.gov/mycase-app/ui/home>

<https://medicaid.utah.gov/unwinding/>

## Medicaid & CHIP State Plan Amendments (SPA) & Rules:

Craig Devashrayee gave an update.

The documents which were presented are embedded in this document.



SPA MATRIX  
6-9-23-1.pdf



UIHAB MATRIX  
6-9-23.pdf

## Dental SPA:

Jennifer Wiser gave an update.

The documents which were presented are embedded in this document.



SB19\_ Adult Dental  
Public Hearing Overvi



SB19 Adult Dental  
Amendment FINALpd

## DWS Medicaid Eligibility:

Jessica Ware gave an update on DWS Medicaid Eligibility Unwinding. Paul Birkbeck gave update on SNAP.

## Ozzy Escarate:

Ozzy Escarate gave an update in the Office of AI/AN Health Affairs

## Data Reporting:

Alex Merrill gave an update on data reporting.



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Status Report\_Jun 9 2

## DHHS OAIANHFS Program Updates:

Kassie John gave an update on Health Equity.

[kassiejohn@utah.gov](mailto:kassiejohn@utah.gov)



IHFS Health Equity  
Updates \_ UIHAB June

Hilary Makris gave an update on Opioids and Tobacco.

[hmakris@utah.gov](mailto:hmakris@utah.gov)

## Jamie Harvie:

Jamie Harvie gave an update on ICWA.

## Medicaid 1115 Demonstration Amendments:

Laura Belgique discussed Medicaid 1115 Demonstration Amendment.

The documents which were presented are embedded in this document.



SB 133\_ Family



SB 133 Family



SB269 Chronic



SB269\_ Chronic

Planning Public Hearir Planning Services Ame Conditions Support Pt Conditions Support A

### **Motion:**

The Utah Indian Health Advisory Board made the motion to support these amendments.

Representatives: SKBG, UNHS, PITU, and Ute Mtn Ute Tribe.

## Project Firstline Outreach:

Justin Morales gave an update.

The document which was presented is embedded in this document.



UIHAB Presentation  
Project Firstline.pdf

## AUCH Presentation:

Melissa Zito gave an update.

The documents which were presented are embedded in this document.



AUCH Affiliate  
Handbook 2013-2024.pdf



UIHAB Ex Summary  
AUCH.pdf

## I/T/U Updates:

Ed Napia: Skull Valley Band of Goshute

Tyler Goddard: Paiute Indian Tribe of Utah

Hunter Timbimboo: Northwestern Band of Shoshone Nation

Mike Jensen: Utah Navajo Health Systems

Thomas Stephenson: Ute Mountain Ute Tribe

Selwyn Whiteskunk: Ute Mountain Ute Tribe

Hope Johnson: PHX, IHS

## Adjourn:

The meeting ended at 10:50. Tyler Goddard made that motion to adjourn the meeting. Hunter Timbimboo seconded that motion. The next meeting: August 11, 2023 @ 8:30 a.m. (Hybrid)