



State of Utah

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August 15, 2017

Mr. Brian Neale
Deputy Administrator and Director
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Dear Mr. Neale:

The State of Utah requests that the Centers for Medicare and Medicaid Services (CMS) approve as soon as possible the State's 1115 Primary Care Network (PCN) Waiver amendment to expand coverage to targeted adults, which was submitted on August 18, 2016.

In addition, the State has completed public comment on a subsequent amendment to revise certain elements of its 1115 waiver. This revision includes the following requests:

- 1) enrollment limits for the Targeted Adults without Dependent Children group;
- 2) limitation on the number of eligible months an individual can receive PCN or Medicaid under the Targeted Adults without Dependent Children group;
- 3) a work requirement for individuals receiving PCN;
- 4) a higher copay for non-emergent use of the emergency department for parents (known as Current Eligibles under the waiver);
- 5) no presumptive eligibility for Current Eligibles and Targeted Adults without Dependent Children;
- 6) the ability to change eligibility criteria for the Targeted Adults without Dependent Children through State administrative rule; and
- 7) applying the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) waiver for Targeted Adults with Dependent Children, as well as withdrawing our 2016 request to add EPSDT services for Current Eligibles age 19 and 20 years old.



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Once CMS has completed its public comment on this revision, the State requests that CMS approve as soon as possible these changes to its 1115 program.

Thank you for considering this revision to our 1115 waiver. We look forward to your continued support and cooperation.

Sincerely,



Nate Checketts
Deputy Director, Utah Department of Health
Director, Medicaid and Health Financing

TABLE OF CONTENTS

Utah 1115 PCN Demonstration Waiver- Amendment #20.....	1
1115 PCN Demonstration Waiver Hypotheses.....	6
Public Notice Requirements.....	7
Tribal Consultation.....	8
Summary of Public Comments and State Reponses.....	9
Attachments	
Budget Neutrality	
Public Hearing- Medical Care Advisory Committee Minutes	
UIHAB Agenda and Meeting Minutes	
Tribal Recommendations	

Utah 1115 PCN Demonstration Waiver

Amendment # 20

The State of Utah is revising its July 2016 request to amend its 1115 Primary Care Network Demonstration Waiver with the following additions listed below. The State requests an implementation date of January 1, 2018 for all related amendments. The amendments will be applied statewide to the populations indicated. In addition, the State requests an approval period of five years for the waiver, including these changes.

1. Enrollment Limits

Demonstration Population: Adults without Dependent Children

The State proposes to establish enrollment limits for this population. Within the overall cap established by the waiver, the State would open and close enrollment to stay within its appropriated budget. The State requests a 25,000 person-enrollment limit. The State would establish sub-group caps through its administrative rulemaking for the following groups:

- Individuals who are Chronically Homeless
- Individuals involved in the Justice System and in Need of Substance Use or Mental Health Treatment
- Individuals needing Substance Use or Mental Health Treatment

The State would like the ability to close enrollment for sub-groups, as needed, if the sub-group reaches its enrollment limit.

The enrollment limit will be based on the average annual enrollment. This is the current method used for the State's Primary Care Network (PCN) program. Individuals already enrolled at the time any enrollment is closed will remain enrolled. If enrollment closure occurs, at least 10-day prior notice will be given.

2. Limitation on the Number of Eligible Months

Demonstration Population: PCN and Adults without Dependent Children

The State proposes a 60-month lifetime limit on the number of months an adult can receive PCN or Medicaid for Adults without Dependent Children. This limit frames public healthcare coverage for adults as temporary assistance (similar to Temporary Assistance for Needy Families (TANF)), with the expectation that they do everything they can to help themselves before they lose coverage. In return,

the State will provide healthcare coverage, training and job search to get these individuals employed so they may have access to employer-sponsored coverage or can purchase coverage in the individual market place.

Any month that an individual receives Medicaid for Adults without Dependent Children will count towards the lifetime limit of 60 months. In addition, beginning January 1, 2018, any month that an individual receives PCN and the individual does not meet the Supplemental Nutrition Assistance Program (SNAP) federal work participation exemptions described in #3 will also count towards the same lifetime limit. American Indian/Alaska Natives will be exempt from the lifetime limit provision.

3. Work Requirement

Demonstration Population: Initially, PCN; potential to add Adults without Dependent Children at a later date.

The State proposes to require participation in training and/or job search unless the individual meets one of the federal SNAP exemptions listed below. If the individual is receiving SNAP benefits and complies with the participation requirements of SNAP they are considered participating for Medicaid. Failure to participate will result in ineligibility for PCN. Training and job search resources will also be available to Adults without Dependent Children and to the waiver's Current Eligibles population (the Parent/Caretaker/Relative group). However, these individuals will not become ineligible if they do not use these resources.

An individual on PCN who is not exempt will be referred for work requirement participation for the first of the month following PCN approval. This will be month one of the three-month participation period (this is the same as SNAP). Individuals already receiving PCN as of the effective date of the work requirement amendment will be referred at their next renewal.

The State will use the following SNAP federal work participation exemptions for PCN. Additional exemptions may be considered in the future:

1. Age 60 or older.
2. Physically or mentally unfit for employment. If mental or physical unfitness is claimed and the unfitness is not evident, verification may be required. Appropriate verification may consist of receipt of temporary or permanent disability benefits issued by governmental or private sources, or a statement from a physician or licensed or certified psychologist.
3. Parents or other members of households with the responsibility of a dependent child under age 6.

4. Responsible for the care of an incapacitated person. Exempt the caretaker even if the incapacitated person is not a member of the household.
5. Receiving Unemployment Insurance benefits or has applied and/or waiting for a decision and has registered for work at Department of Workforce Services. A person who was denied UI and is appealing the negative decision is not exempt.
6. Participating regularly in a drug and alcohol treatment program. Alcoholics Anonymous does not qualify as a drug and alcohol treatment program.
7. A student enrolled at least half time in any school or training program. The student remains exempt until he drops out, is suspended or expelled, or does not intend to register for the next normal school term (Summer school is not considered a normal school term).
8. Participating in refugee employment services. These services are considered training programs. These include those services and activities that have a structured active case management and employment planning process.
9. Family Employment Program (FEP) recipients including FEP-TP. A person must be included in the FEP benefit to be exempt under this provision.
10. Issued a FEP diversion payment. The exemption is applicable only for the denial month of FEP unless another exemption is met.
11. Working at least 30 hours a week OR earning at least Federal Minimum Wage times 30 hours a week.

Participation

Eligible members must participate in online job search/training within the first three months of being notified that they have been enrolled in the program. Once they have met the work requirement, they will be eligible for the remainder of their eligibility period. Eligibility periods are 12 months. The individual must complete participation requirements every 12 months to continue to receive PCN.

- Online job search/training will be completed through the Department of Workforce Services, using the same resources offered to Utah SNAP recipients.
- Participation activities will be the same as those used for the Utah SNAP Employment & Training program.

Closure Due to Non-Participation

Failure to comply with the PCN work requirement program will result in a loss of PCN eligibility.

The following will apply:

- Only those individuals who fail to participate will be removed from the PCN program.
- Individuals who lose eligibility may become eligible again by completing all required activities OR by meeting an exemption.
- After completing all required activities, the individual must reapply for benefits.
- As long as the individual applies for benefits in the month following the month they complete all required activities, open enrollment requirements will not apply.

American Indian/Alaska Natives will be enrolled in the work requirement program but will not have their medical benefits terminated if they fail to complete all required work activities.

The State is also requesting the authority to apply the work requirement to Adults without Dependent Children at a later date if it believes the implementation of this requirement with PCN has been successful. The application of the work requirement to Adults without Dependent Children would be accomplished through state administrative rule.

4. Higher Co-pay for Non-Emergent use of the Emergency Department (ED)

Demonstration Population: Current Eligibles (Parent/Caretaker/Relative group)

The State proposes to encourage appropriate use of services by charging higher co-pays for non-emergent use of the ED. The provision would only apply in areas where there is sufficient access to clinics and urgent care facilities. The establishment of sufficient access standards would be accomplished through state administrative rule. The proposed co-pay amount is \$25 for each non-emergent use. American Indian/Alaska Natives will be exempt from this provision.

5. No Presumptive Eligibility

Demonstration Population: Current Eligibles and Adults without Dependent Children

The State proposes to not allow presumptive eligibility for these groups. This will allow the State to complete a full determination of eligibility before enrolling the individual. For these populations, coverage will no longer be based solely on a limited review of information by hospitals.

6. Change Eligibility through State Administrative Rule

Demonstration Population: Adults without Dependent Children

The State proposes to have the flexibility to change eligibility criteria for the targeted eligibility groups (which were requested in its July 2016 amendment) through state administrative rule pursuant to Title 63G Chapter 3 of the Utah Code Annotated, rather than waiver amendment. This provision will help the program stay on budget if costs exceed estimates. In addition, the provision could help the program fine tune its operation as the State learns more about the targeted population and the best way to structure its eligibility. The State would follow state rulemaking requirements in applying this provision. The rulemaking process includes following the State's consultation process with American Indian/Alaska Native tribes.

Examples of the type of flexibility the State is seeking include, but are not limited to, the following:

- Ability to extend the work requirement to the Adults without Dependent Children at a later date
- Ability to change the definition of chronically homeless to increase or decrease the number of months of homelessness to meet the targeted population definition

- Ability to change the definition of chronically homeless to remove the requirement to have a disabling condition in order to meet the targeted population definition
- Ability to change the definition of successfully completed substance use treatment in jail or prison to include or exclude specific types of treatment or partially completed treatment before early release in order to meet the targeted population definition

7. No Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for Adults

Demonstration Population: Adults without Dependent Children

The State proposes to waive EPSDT requirements for Adults without Dependent Children, aged 19 and 20 years old. This waiver already applies to other adult populations covered under the State's 1115 PCN waiver.

As part of the State's proposed revisions to its 1115 waiver amendment request submitted in 2016, the State withdraws its request to add EPSDT services for Current Eligibles aged 19 and 20 years old (i.e., the State proposes to keep its current EPSDT waiver for this population).

1115 PCN Demonstration Waiver Hypotheses

Hypothesis	Methodology	Data Source
1. Work Requirement		
The work requirement for PCN recipients will encourage skills development through an evaluation of job search readiness and the completion of employment-related training workshops. In addition, by increasing a member's job skills and encouraging job search activities, the work requirement will promote gainful employment.	Track and compare rates of PCN recipients who obtain employment and complete work requirement activities.	eREP & UWORKS Data <ul style="list-style-type: none"> • Amount of earned income • Number of job searches • Number of trainings completed/attended • Number of job registrations
The work requirement for PCN recipients will not negatively impact an individual's health.	Track and compare the number of prescriptions and non-accident emergency department (ED) visits before and after implementation for PCN recipients.	Claims Data <ul style="list-style-type: none"> • Number of prescriptions • Number of non-accident ED visits
2. Higher Co-pay for Non Emergent Use of the Emergency Department (ED)		
Charging a higher co-payment for non-emergent use of the ED will deter inappropriate utilization without harming members' health.	Track and compare the number of non-emergent ED visits and utilization of ED alternatives before and after implementation for Current Eligibles.	Claims Data <ul style="list-style-type: none"> • Number of non-emergent ED visits • Number of emergent non-accident ED visits • Number of urgent care visits • Number of Physician visits • Number of inpatient hospital visits

Public Notice Requirements

The State published public notice of the request for an amendment, and notice of Public Hearing on the dates listed below:

- June 15, 2017- State Bulletin: <https://rules.utah.gov/publications/utah-state-bull/>
- June 18, 2017- Major Newspapers
- June 20, 2017- State Public Notice Website: <https://www.utah.gov/pmn/index.html>

The State held two public hearings to take public comment on the 1115 PCN Waiver amendment. The first hearing was held in a special Medical Care Advisory Committee (MCAC) meeting on June 22, 2017 from 2:00 PM to 4:00 PM. Minutes from the MCAC meeting are attached. The second public hearing was held on July 10, 2017 from 3:00 PM to 5:00 PM.

Nate Checketts gave an overview of the waiver amendment at both public hearings. A total of 23 comments were submitted during the hearings. The public comments and state responses are addressed in the section “Summary of Public Comments and State Responses”.

Tribal Consultation

The State conducted Tribal consultation on July 14, 2017. Nate Checketts gave a presentation regarding the 1115 Primary Care Network Demonstration Waiver amendment. The agenda and minutes from this meeting are attached. Tribal recommendations regarding the amendment are also attached, and are discussed below.

Work Requirement

Tribal representatives stated there is a concern with applying the work requirement to American Indian/Alaska Native (AI/AN) population. They felt this requirement would prohibit individuals from completing the application. They added that unemployment rates are high in these areas. They also felt it would have a direct and negative impact on the 3rd party resources available to the IHS and tribal health programs. In addition, they believe requiring an AI/AN to work in order to access health care is not compliant with federal policy.

In response to these concerns, American Indian/Alaska Natives will be enrolled in the work requirement program but will not have their medical benefits terminated if they fail to complete all required work activities.

Higher Co-Payment for Non-Emergent use of the Emergency Department (ED)

Tribal representatives expressed concern with charging AI/AN's a higher co-pay. They stated there may not be an option other than an ED, due to the rural location of many individuals. They believe this will prevent individuals from going to the ED when it is warranted.

In response to these concerns, the State will exempt AI/AN's from the higher co-pay provision.

Change Eligibility through State Administrative Rule

Tribal representatives agreed that working through the federal bureaucracy can be burdensome at times. However, they asked that any change to policy involving eligibility criteria require tribal consultation, and be documented accordingly.

In response to this request, the rulemaking process would include following the State's consultation process with American Indian/Alaska Native tribes.

Summary of Public Comments and State Responses

Public Comment Period- June 19, 2017 through July 20, 2017

The State received 233 comments from individuals, advocacy groups and other agencies. Comments received during the two public hearings, as well during the 30-day comment period are addressed below. Some comments were outside the scope of the waiver and are not addressed in the State responses here.

The state appreciates all comments submitted both in writing and at the public hearings. The state reviewed all comments, and changes were made to the proposed amendment based on these comments. The changes are addressed below.

Enrollment Limits

Comment: Several commenters stated that the targeted “Adults without Dependent Children” group should not have an enrollment limit. They believe that all individuals eligible for this program should receive coverage.

Response: While the State understands the commenters’ concerns, enrollment in the targeted group already faces a stricter limit due to available appropriations. Current estimates place funded enrollment at 5,000-7,000 – far below the proposed limit of 25,000 individuals. As has been done with the Primary Care Network (PCN) program, the proposed enrollment limit would set an upper bound where enrollment cannot grow without a waiver amendment.

As has been done with PCN, the State is requesting to be able to open and close enrollment for this program in order to stay within the budget. Once the budget limit has been reached, enrollment will be closed. Enrollment numbers will be evaluated periodically to determine if additional individuals can be covered. If additional individuals can be covered, enrollment will be opened and applications will be accepted. All individuals applying during the open enrollment period will be reviewed for eligibility and enrolled in the program if eligible.

Limitation on the Number of Eligible Months

Comment: The vast majority of commenters were not supportive of the proposal to limit the number of months an adult can receive PCN or Medicaid for Adults without Dependent Children. Commenters were concerned about those with chronic conditions losing coverage after the 60-month limit is reached, and their ability to continue to treat their chronic condition. There was also concern regarding individuals only applying when they are very sick, because of the limit, and forgoing preventative care that could keep them from developing chronic conditions.

Response: The State appreciates the commenters’ concerns. Based on the concerns raised, the State has revised its proposal for a lifetime limit on these programs.

For many members with unresolvable chronic issues, PCN is currently their only option for coverage. Therefore, months that a member receives PCN but meets at least one of the Supplemental Nutrition Assistance Program (SNAP) federal work exemptions (described under the Work Requirement) will not count towards the lifetime limit. Beginning January 1, 2018, months that a member receives PCN, and the member does not meet the SNAP federal work participation exemptions will count towards the lifetime limit.

Any month that a member receives Medicaid for Adults without Dependent Children will count towards the lifetime limit. The State will monitor the individuals' ability to improve their situation by increasing their income; as well as the number of individuals that were determined disabled and moved to the Disabled Medicaid program.

Work Requirement

Comment: Several commenters stated they believe work requirements will add administrative burden that will lead many to lose care. They also stated they are concerned about any additional support and training needed for eligibility workers to implement these requirements. An additional concern is that the administrative cost will outweigh the benefits and that compliance with the work requirement provision will have to be monitored every three months.

Response: The State intends to use the online job search and training resources already used for the SNAP program. Because these resources are already available, the State anticipates little to no administrative cost or burden. Eligibility workers already determine applicability of federal SNAP exemptions, and are trained to do so. The State would provide any additional training for staff to apply this provision to the PCN program. However, it is anticipated this will be minimal, as the exemptions and processes will be aligned with those used for SNAP. Members will be able to meet the work requirement by completing the same online process used for SNAP. To clarify, members will only need to meet the work requirement once every 12 months and therefore cases will not need to be reviewed every three months.

Comment: A few commenters asked for clarification on if the State would be using the definitions from the SNAP program for the exemptions, specifically "physically or mentally unfit for employment" and "care of an incapacitated person". There was also concern with how exemptions will be determined and verified.

Response: As stated in the proposal, the State intends to use the federal SNAP work requirement exemptions. The State will also use the existing definitions, processes and verification methods that are used for the SNAP program by the Department of Workforce Services (DWS). Exemptions will be determined using application questions and electronic interfaces already used by DWS. The majority of the current SNAP exemptions are based on client statement or are verified using these electronic interfaces. Exemptions are generally not verified beyond what is stated or what can be verified electronically unless questionable to the worker (for example, there is contradictory evidence on the application or in the existing case file).

Comment: Several commenters also stated that there has been no evidence that work requirements are effective, and that requiring participation will lead to loss of coverage.

Response: The State appreciates these concerns. There has been a large body of research regarding the impact of work requirements on participants in the Aid to Families with Dependent Children (AFDC) program (the predecessor of the current Temporary Assistance for Needy Families (TANF) program). There is less experience regarding the impact of work requirements on SNAP and housing assistance. Work requirements have not previously been implemented with Medicaid programs. The State plans to evaluate the effectiveness of the work requirement during the waiver period. The State will also track those who are required to participate and lose coverage, and the reason why their PCN program closed (ie. non-participation, increase in income, etc.).

Comment: A few commenters are concerned that job search and training will only be provided online, without consideration of an individual's computer skills or internet access.

Response: For customers that need access to computers, DWS provides computer access at each of their employment centers. DWS also educates customers on free computers available in the community or at public libraries. Just within the DWS Wasatch Front South service area offices, there are over 100 computers in public areas available to the customers for this purpose. Additionally, the DWS website is mobile device friendly and customers often use phones, tablets or even gaming consoles to access the online services.

For customers that are not computer literate, DWS offers in-person help at employment centers and provides customers with computer literacy workshops and resources available in their community. DWS Employment Counselors are available to assist customers in using the website and completing any activities related to DWS including applying for services, completing reviews, looking for jobs, completing work requirements, resume building, etc.

Comment: A few commenters asked why state SNAP exemptions are not being used to exempt additional individuals.

Response: The State would like to begin with the federal SNAP exemptions and evaluate the effectiveness of the work requirement and the applicable exemptions. The State may choose to add additional exemptions in the future.

Comment: One commenter expressed concern with an individual's due process rights being maintained if the work requirement is implemented.

Response: An individual's due process/hearing rights would not change if the work requirement were implemented. Individuals will continue to have the right to request a fair hearing anytime they disagree with an agency action taken.

Comment: A few commenters stated they are concerned that access to health care will be impeded for those who are unable to work.

Response: As stated in the proposal, if an eligible individual is physically or mentally unfit for employment, they will be exempt from the work requirement.

Comment: One commenter expressed concern with those who become eligible again after losing coverage due to non-participation, not being allowed to re-enroll if the program has met its cap or limit.

Response: As stated in the proposal, if an individual becomes eligible again after losing eligibility due to non-participation, as long as they apply in the month following the month they complete all required activities, open enrollment requirements will not apply. Even if the program is closed to new enrollment, they may still reenroll.

Higher Co-Pay for Non-Emergent use of the Emergency Department (ED)

Comment: Several commenters expressed concern regarding the targeted Adults without Dependent Children group paying the \$25 copay when they have little to no income, as evidenced by the 0% income limit for this group.

Response: Based on this feedback, the State is removing this targeted group from this proposal. However, this group will be assessed the \$8 copay that is currently assessed for non-emergent use of the ED. This provision will remain in the amendment for the 'Current Eligibles' (parent/caretaker/relative) group.

Comment: Commenters also expressed concern regarding individuals not being knowledgeable about what constitutes an "emergency", and that they may be less likely to seek emergency care when it is really needed.

Response: The State acknowledges this concern and will provide information to individuals regarding what is considered emergent and non-emergent.

Comment: Several commenters requested additional clarification regarding how "sufficient access to clinics and urgent care facilities" will be determined.

Response: The State will define sufficient access to clinics and urgent care facilities through administrative rule. This provision will be evaluated during the waiver period for effectiveness of deterring non-emergent use of the ED.

No Retroactive Eligibility

Comment: Several commenters, including the Utah Hospital Association, expressed concerns about the potential for high amounts of debt to be incurred by non-enrolled individuals, and the increased cost to providers of uncompensated care.

Response: Based on concerns raised by commenters, this proposal has been removed. The State acknowledges that hospitals agreed to help pay for the targeted Adults without Dependent Children group, as stated in House Bill 437 (2016), and that this proposal would have reduced the program's ability to address the burden of uncompensated care on the hospitals.

No Presumptive Eligibility

Comment: A few commenters expressed concern that not allowing presumptive eligibility for these groups would delay individuals receiving health care. They also suggested it would result in uncompensated care costs.

Response: The targeted Adults without Dependent Children group requires individuals meet specific requirements that are not normally required for other Medicaid determinations. The determination of meeting these requirements will involve working with community partners and other agencies. For this reason, the State believes it is impractical to expect a hospital to be involved in the determination. If this targeted group is implemented, they will still be able to present at the hospital for care, and submit an application for benefits using the regular process. They may still be found eligible through this existing process.

In regards to the Current Eligibles group, although this group currently can apply and be found eligible for presumptive eligibility, they frequently do not follow through with the application process. Approximately 50% of presumptive eligibility applicants do not transition to Medicaid. Of these, approximately 76% are because they did not follow through with the application process. The remainder are for various reasons, including that they are not eligible for ongoing Medicaid. As stated above, the Current Eligibles group can apply for regular Medicaid and be determined eligible, as they have in the past.

In addition, based on the change to the proposal made by the State to the previous item, both groups may be eligible for retroactive eligibility, which may address the concern of uncompensated care costs.

Change Eligibility through State Administrative Rule

Comment: Several commenters stated they are concerned that allowing the State to change eligibility through State administrative rule, will not allow for adequate public input. They also commented that Centers for Medicare and Medicaid Services (CMS) approval should be required for major eligibility changes.

Response: The intent of this proposal is to allow more flexibility and expedience to change eligibility criteria in response to budget issues. The State believes the rulemaking process is transparent and does allow for public input. The State will follow the standard rulemaking process set forth in the Utah Administrative Rulemaking Act.

After passing through an internal review and approval process, the Division of Medicaid and Health Financing (DMHF) files all proposed rules with the Division of Administrative Rules. The proposed rules are then published in the Utah State Bulletin, which the public can access at <https://rules.utah.gov/> to review the proposed changes. Upon publication, the public has 30 days to review and comment on the proposed changes, and may send their written comments to the contact person listed. DMHF reviews all comments provided during the public comment period, and has seven days after the comment period to determine whether it will go forward to make the rule effective, change the proposed rule, or simply let the rule lapse.

In accordance with provisions of the rulemaking act, individuals may also petition DMHF for a public hearing to discuss the proposed rule. DMHF will then grant the request, appoint a hearing officer, and make appropriate arrangements to accommodate a public gathering.

DMHF may also initiate a public hearing to discuss the proposed changes if it feels the need is warranted and that the changes require further outreach. In this case, DMHF may arrange to publish notice of the hearing in the State Bulletin when it files the proposed rule, or may arrange to publish this notice in the bulletin or newspaper after the rule filing.

DMHF also has the option of sending proposed changes to Medicaid providers, advocacy groups, shareholders, or others in the health care industry during the rulemaking process. This action is usually based on certain issues surrounding the rulemaking, or where DMHF just wants further input and consultation with the aforementioned groups.

In regards to the waiver process, CMS is under no statutory obligation to review 1115 waiver amendments in a timely fashion. The State has had many experiences where waiver amendments have sat with CMS for months and even years before final action was taken. The State is seeking for a limited scope of authority from CMS where it could modify certain rules related to the targeted eligibility definitions using a more timely and locally responsive administrative rules process.

No Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for Adults

Comment: A Few commenters expressed concern with the proposal to apply the EPSDT waiver to all 19 and 20 year olds. They stated young adults should be able to receive comprehensive care through age 21.

Response: While the State appreciates this concern, this waiver is already in place for the Parent/Caretaker/Relative and PCN groups. Applying this waiver to all 19 and 20 years provides for consistency. EPSDT benefits will still be in place for children 18 and under, and for disabled individuals until age 21.

General Comments

Comment: Several commenters expressed concern that these proposals apply to pregnant women, the elderly, and those eligible for Medicaid based on a disability.

Response: The proposals will only apply to the groups specified in the amendment, which are; PCN, Current Eligibles and Adults without Dependent Children. The proposals do not apply to pregnant women, children, or those who receive Medicaid due to a disability, blindness or age.

Comment: A few commenters also expressed concern that there is no Utah-based evidence or evaluation to support the effectiveness of the proposals. They also stated information regarding how the amendment will be evaluated and success measured has not been addressed.

Response: As part of the waiver process, the State will negotiate an evaluation plan with CMS, which will include the evaluation activities, hypotheses to be tested and data to be used. The

amendment includes three hypotheses, including one that the State has added regarding the health of those subject to the work requirement, and how they will be evaluated. The State intends to evaluate the effectiveness of these provisions in order to determine if they would continue in future extension requests.

Comment: A few commenters stated that the proposals do not meet the requirements of a Section 1115 waiver, and therefore cannot be waived by CMS.

Response: The Social Security Act gives the Secretary of U.S. Health and Human Services broad authority to waive Medicaid provisions when the Secretary believes a demonstration is likely to assist in promoting the objectives of the program. The State is seeking this demonstration to improve the well-being of individuals in the targeted group. Due to limitations in appropriations, the State is using targeted definitions of eligibility to determine who will be eligible to receive medical assistance benefits.

I. CALCULATION OF BUDGET NEUTRALITY LIMIT (Without Waiver Ceiling)

A	C	D	E	F	G	H	I	J	K	L	
Member Months								Budget Neutrality Limit DY 13	Effective FMAP (Blended for SFY)	Budget Neutrality Limit DY 13	
SFY15-DY13								(TF)	(FF)	(FF)	
	CMS Inflation Factor	PM/PM	QE 9/14	QE 12/14	QE 3/15	QE 6/15	Total	Total Funds		Federal Funds	
Current Eligibles	1.05	\$853.46	95,284	91,358	93,841	97,315	377,798	\$322,434,073	70.50%	\$227,316,021	
1902(r)(2) - PCN	1.05	\$118.46	20,080	26,504	24,108	17,915	88,607	\$10,496,261	70.50%	\$7,399,864	
1902(r)(2) - HIFA	1.05	\$241.86	670	851	1,176	1,252	3,949	\$955,116	70.50%	\$673,357	
							Total BN Limit	\$333,885,450	70.50%	\$235,389,242	
Member Months								Budget Neutrality Limit DY 14	Effective FMAP (Blended for SFY)	Budget Neutrality Limit DY 14	
SFY16-DY14								(TF)	(FF)	(FF)	
		PM/PM	QE 9/15	QE 12/15	QE 3/16	QE 6/16	Total	Total Funds		Federal Funds	
Current Eligibles	1.05	\$896.13	98,561	97,701	98,752	98,096	393,110	\$352,277,305	70.32%	\$247,721,401	
1902(r)(2) - PCN	1.05	\$124.38	17,145	21,301	26,273	27,156	91,875	\$11,427,553	70.32%	\$8,035,855	
1902(r)(2) - HIFA	1.05	\$253.96	1,358	1,469	1,587	1,575	5,989	\$1,520,942	70.32%	\$1,069,526	
							Total BN Limit	\$365,225,800	70.32%	\$256,826,782	
Member Months								Budget Neutrality Limit DY 15	Effective FMAP (Blended for SFY)	Budget Neutrality Limit DY 15	
SFY17-DY15								(TF)	(FF)	(FF)	
		PM/PM	QE 9/16	QE 12/16	QE 3/17	QE 6/17	Total	Total Funds		Federal Funds	
Current Eligibles	1.05	\$940.94	96,937	95,084	94,764	96,220	383,005	\$360,383,252	69.98%	\$252,196,200	
1902(r)(2) - PCN	1.05	\$130.60	26,727	26,325	26,172	26,595	105,819	\$13,820,025	69.98%	\$9,671,254	
1902(r)(2) - HIFA	1.05	\$266.65	1,597	1,520	1,506	1,550	6,173	\$1,645,920	69.98%	\$1,151,815	
							Total BN Limit	\$375,849,197	69.98%	\$263,019,268	
Member Months								Budget Neutrality Limit DY 16	Effective FMAP (Blended for SFY)	Budget Neutrality Limit DY 16	
SFY18-DY16								(TF)	(FF)	(FF)	
		PM/PM	QE 9/17	QE 12/17	QE 3/18	QE 6/18	Total	Total Funds		Federal Funds	
Current Eligibles	1.05	\$987.98	96,220	96,220	96,220	96,220	384,881	\$380,255,622	69.79%	\$265,380,399	
1902(r)(2) - PCN	1.05	\$137.13	26,595	26,595	26,595	26,595	106,380	\$14,587,957	69.79%	\$10,180,935	
PCN II *	1.05	\$130.04	New Waiver Extension Begins--5.1-18--			21,386	21,386	42,771	\$5,562,118	69.79%	\$3,881,802
1902(r)(2) - HIFA	1.05	\$279.89	1,550	1,550	1,550	1,550	6,198	\$1,735,356	69.79%	\$1,211,105	
Current Eligibles II **	1.05	\$391.82	10,500	10,500	10,500	10,500	42,000	\$16,456,356	69.79%	\$11,484,891	
Adult Expansion ***	1.05	\$1,004.02	New Waiver Extension Begins--1.1-18--			75,000	75,000	150,000	\$150,603,429	69.79%	\$105,106,133
							Total BN Limit	\$569,200,838	69.79%	\$397,245,265	
Member Months								Budget Neutrality Limit DY 17	Effective FMAP (Blended for SFY)	Budget Neutrality Limit DY 17	
SFY19-DY17								(TF)	(FF)	(FF)	
		P/M/P	QE 9/18	QE 12/18	QE 3/19	QE 6/19	Total	Total Funds		Federal Funds	
Current Eligibles	1.05	\$1,037.38	96,220	96,220	96,220	96,220	384,881	\$399,266,403	69.79%	\$278,649,419	
1902(r)(2) - PCN	1.05	\$143.99	26,595	26,595	26,595	26,595	106,380	\$15,317,354	69.79%	\$10,689,982	
PCN II *	1.05	\$136.55	21,386	21,386	21,386	21,386	85,542	\$11,680,448	69.79%	\$8,151,785	
1902(r)(2) - HIFA	1.05	\$293.99	1,550	1,550	1,550	1,550	6,198	\$1,822,124	69.79%	\$1,271,660	
Current Eligibles II **	1.05	\$411.41	10,500	10,500	10,500	10,500	42,000	\$17,279,174	69.79%	\$12,059,135	
Adult Expansion ***	1.05	\$1,054.22	75,000	75,000	75,000	75,000	300,000	\$316,267,202	69.79%	\$220,722,880	
							Total BN Limit	\$761,634,705	69.79%	\$531,544,861	
Member Months								Budget Neutrality Limit DY 18	Effective FMAP (Blended for SFY)	Budget Neutrality Limit DY 18	
SFY20-DY18								(TF)	(FF)	(FF)	
		P/M/P	QE 9/19	QE 12/19	QE 3/20	QE 6/20	Total	Total Funds		Federal Funds	
Current Eligibles	1.05	\$1,089.25	96,220	96,220	96,220	96,220	384,881	\$419,231,823	69.79%	\$292,581,890	
1902(r)(2) - PCN	1.05	\$151.19	26,595	26,595	26,595	26,595	106,380	\$16,083,222	69.79%	\$11,224,481	
PCN II *	1.05	\$143.37	21,386	21,386	21,386	21,386	85,542	\$12,264,471	69.79%	\$8,559,374	
1902(r)(2) - HIFA	1.05	\$308.69	1,550	1,550	1,550	1,550	6,198	\$1,913,230	69.79%	\$1,335,243	
Current Eligibles II **	1.05	\$431.98	10,500	10,500	10,500	10,500	42,000	\$18,143,132	69.79%	\$12,662,092	
Adult Expansion ***	1.05	\$1,106.94	75,000	75,000	75,000	75,000	300,000	\$332,080,562	69.79%	\$231,759,024	
							Total BN Limit	\$799,716,440	69.79%	\$558,122,104	
Member Months								Budget Neutrality Limit DY 19	Effective FMAP (Blended for SFY)	Budget Neutrality Limit DY 19	
SFY21-DY19								(TF)	(FF)	(FF)	
		P/M/P	QE 9/20	QE 12/20	QE 3/21	QE 6/21	Total	Total Funds		Federal Funds	
Current Eligibles	1.05	\$1,143.71	96,220	96,220	96,220	96,220	384,881	\$440,193,415	69.79%	\$307,210,984	
1902(r)(2) - PCN	1.05	\$158.75	26,595	26,595	26,595	26,595	106,380	\$16,887,383	69.79%	\$11,785,705	
PCN II *	1.05	\$150.54	21,386	21,386	21,386	21,386	85,542	\$12,877,694	69.79%	\$8,987,343	
1902(r)(2) - HIFA	1.05	\$324.12	1,550	1,550	1,550	1,550	6,198	\$2,008,891	69.79%	\$1,402,005	
Current Eligibles II **	1.05	\$453.58	10,500	10,500	10,500	10,500	42,000	\$19,050,289	69.79%	\$13,295,197	
Adult Expansion ***	1.05	\$1,162.28	75,000	75,000	75,000	75,000	300,000	\$348,684,590	69.79%	\$243,346,975	
							Total BN Limit	\$839,702,262	69.79%	\$586,028,209	
Member Months								Budget Neutrality Limit DY 20	Effective FMAP (Blended for SFY)	Budget Neutrality Limit DY 20	
SFY22-DY20								(TF)	(FF)	(FF)	
		P/M/P	QE 9/21	QE 12/21	QE 3/22	QE 6/22	Total	Total Funds		Federal Funds	
Current Eligibles	1.05	\$1,200.90	96,220	96,220	96,220	96,220	384,881	\$462,203,085	69.79%	\$322,571,533	
1902(r)(2) - PCN	1.05	\$166.68	26,595	26,595	26,595	26,595	106,380	\$17,731,752	69.79%	\$12,374,990	
PCN II *	1.05	\$158.07	21,386	21,386	21,386	21,386	85,542	\$13,521,579	69.79%	\$9,436,710	
1902(r)(2) - HIFA	1.05	\$340.33	1,550	1,550	1,550	1,550	6,198	\$2,109,336	69.79%	\$1,472,105	
Current Eligibles II **	1.05	\$476.26	10,500	10,500	10,500	10,500	42,000	\$20,002,804	69.79%	\$13,959,957	
Adult Expansion ***	1.05	\$1,220.40	75,000	75,000	75,000	75,000	300,000	\$366,118,819	69.79%	\$255,514,324	
							Total BN Limit	\$881,687,375	69.79%	\$615,329,619	
Member Months								Budget Neutrality Limit DY 21	Effective FMAP (Blended for SFY)	Budget Neutrality Limit DY 21	
SFY23-DY21								(TF)	(FF)	(FF)	
		P/M/P	QE 9/22	QE 12/22	--12-31-22--End of Waiver Extension		Total	Total Funds		Federal Funds	
Current Eligibles	1.05	\$1,260.94	96,220	96,220			192,441	\$242,656,620	69.79%	\$169,350,055	
1902(r)(2) - PCN	1.05	\$175.02	26,595	26,595			53,190	\$9,309,170	69.79%	\$6,496,870	
PCN II *	1.05	\$165.97	21,386	21,386			42,771	\$7,098,829	69.79%	\$4,954,273	
1902(r)(2) - HIFA	1.05	\$357.34	1,550	1,550			3,099	\$1,107,401	69.79%	\$772,855	
Current Eligibles II **	1.05	\$500.07	10,500	10,500			21,000	\$10,501,472	69.79%	\$7,328,977	
Adult Expansion ***	1.05	\$1,281.42	75,000	75,000			150,000	\$192,212,380	69.79%	\$134,145,020	
							Total BN Limit	\$462,885,872	69.79%	\$323,048,050	

* SFY2015 Costs/member months used as a proxy for "PCN II" per member per month costs (PMPM). PMPM was inflated at 5% per year to arrive at the start date. "PCN II" are Childless Adults on the Primary Care Network.
 ** Millman's PMPM estimate for Current Eligibles as of 5/5/16 plus one year of inflation at 5% to arrive at the start date.
 *** Millman's PMPM estimate for Adult Expansion as of 5/5/16 plus one year of inflation at 5% plus 1/2 year of inflation at 2.5% to arrive at the start date.
 = Neutrality Limit without waiver ceiling
 = Actual Member Months
 = Estimated Member Months
 1.05 = Inflation factor submitted in HIFA Amendment

II. WAIVER COSTS AND VARIANCE FROM BUDGET NEUTRALITY LIMIT BY QUARTER (Federal Funds)

EXPENDITURES (Federal Funds)												
BUDGET NEUTRALITY LIMIT (FF)	Current Eligibles	Demo Population I - PCN		Demo Population II	Demo Population III - HIFA		Current Eligibles II		Adult Expansion	TOTAL	VARIANCE	
	Adults w/ Children	Childless Adults		Adults w/ Children	Childless Adults							
	(Sections 1925 and 1931 Adults and Medically Needy Adults)	(Section 1902(r)(2) Adults; also Known as Hypothetical State Plan Eligibles	(PCN Adults in Demo Population I = 1115)	(High-Risk Pregnant Women = 1115)	(Section 1902(r)(2) Adults; also Known as Hypothetical State Plan Eligibles	(HIFA Adults in Demo Population III = 1115 Expansion Group)	(Adults w/ Children 41-55% FPL)	(Childless Adults 0% FPL)				
State Fiscal Year (SFY)- Demonstration Year (DY)												
SFY15-DY13	\$235,389,242	\$121,818,957	\$3,680,770	\$9,038,162	\$17,994	\$340,914	\$10,048			\$134,906,845	\$100,482,397	
	QE 9/14	\$28,420,265	\$757,709	\$2,117,542	\$13,523	\$58,794	\$2,315			\$31,370,148		
	QE 12/14	\$32,199,953	\$1,035,542	\$2,615,201	\$4,226	\$73,983	\$2,295			\$35,931,200		
	QE 3/15	\$28,594,171	\$1,153,257	\$2,481,997	\$185	\$100,649	\$2,499			\$32,332,758		
	QE 6/15	\$32,089,293	\$750,034	\$1,866,826	\$60	\$110,888	\$2,939			\$34,820,040		
SFY16-DY14	\$256,826,782	\$125,180,290	\$2,635,577	\$4,611,990	\$21	\$505,063	\$9,885			\$132,942,826	\$123,883,956	
	QE 9/15	\$30,564,749	\$637,704	\$1,630,248	\$21	\$115,928	\$2,811			\$32,951,461		
	QE 12/15	\$29,217,735	\$472,101	\$517,878	\$0	\$124,637	\$1,957			\$30,334,308		
	QE 3/16	\$32,996,646	\$755,823	\$1,467,513	\$0	\$134,488	\$2,221			\$35,356,691		
	QE 6/16	\$32,401,160	\$769,949	\$996,351	\$0	\$130,010	\$2,896			\$34,300,366		
SFY17-DY15	\$263,019,268	\$119,614,250	\$3,020,825	\$4,141,464	\$0	\$528,713	\$11,242			\$127,316,494	\$135,702,774	
	QE 9/16	\$22,272,231	\$520,459	\$523,687	\$0	\$132,287	\$4,329			\$23,452,993		
	QE 12/16	\$41,287,783	\$1,139,087	\$1,659,114	\$0	\$134,387	\$2,111			\$44,222,482		
	QE 3/17	\$23,194,410	\$669,440	\$748,016	\$0	\$129,460	\$2,207			\$24,743,533		
	QE 6/17	\$32,859,826	\$691,839	\$1,210,647	\$0	\$132,579	\$2,595			\$34,897,486		
SFY18-DY16	\$397,245,265	\$125,594,963	\$3,171,866	\$4,348,538	\$0	\$555,149	\$11,804	\$11,484,891	\$105,106,133	\$250,273,343	\$146,971,922	
7-1-17 Start Date for Current Eligibles II ----->	QE 9/17	\$31,398,741	\$792,967	\$1,087,134	\$0	\$138,787	\$2,951	\$2,871,223		\$36,291,802		
	QE 12/17	\$31,398,741	\$792,967	\$1,087,134	\$0	\$138,787	\$2,951	\$2,871,223		\$36,291,802		
1-1-18 Start Date for Adult Expansion ----->	QE 3/18	\$31,398,741	\$792,967	\$1,087,134	\$0	\$138,787	\$2,951	\$2,871,223	\$52,553,067	\$88,844,869		
	QE 6/18	\$31,398,741	\$792,967	\$1,087,134	\$0	\$138,787	\$2,951	\$2,871,223	\$52,553,067	\$88,844,869		
SFY19-DY17	\$531,544,861	\$131,874,711	\$3,330,460	\$4,565,964	\$0	\$582,906	\$12,394	\$12,059,135	\$220,722,880	\$373,148,450	\$158,396,410	
	QE 9/18	\$32,968,678	\$832,615	\$1,141,491	\$0	\$145,727	\$3,099	\$3,014,784	\$55,180,720	\$93,287,113		
	QE 12/18	\$32,968,678	\$832,615	\$1,141,491	\$0	\$145,727	\$3,099	\$3,014,784	\$55,180,720	\$93,287,113		
	QE 3/19	\$32,968,678	\$832,615	\$1,141,491	\$0	\$145,727	\$3,099	\$3,014,784	\$55,180,720	\$93,287,113		
	QE 6/19	\$32,968,678	\$832,615	\$1,141,491	\$0	\$145,727	\$3,099	\$3,014,784	\$55,180,720	\$93,287,113		
SFY20-DY18	\$558,122,104	\$138,468,446	\$3,496,982	\$4,794,263	\$0	\$612,051	\$13,014	\$12,662,092	\$231,759,024	\$391,805,873	\$166,316,231	
	QE 9/19	\$34,617,112	\$874,246	\$1,198,566	\$0	\$153,013	\$3,253	\$3,165,523	\$57,939,756	\$97,951,468		
	QE 12/19	\$34,617,112	\$874,246	\$1,198,566	\$0	\$153,013	\$3,253	\$3,165,523	\$57,939,756	\$97,951,468		
	QE 3/20	\$34,617,112	\$874,246	\$1,198,566	\$0	\$153,013	\$3,253	\$3,165,523	\$57,939,756	\$97,951,468		
	QE 6/20	\$34,617,112	\$874,246	\$1,198,566	\$0	\$153,013	\$3,253	\$3,165,523	\$57,939,756	\$97,951,468		
SFY21-DY19	\$586,028,209	\$145,391,869	\$3,671,832	\$5,033,976	\$0	\$642,654	\$13,664	\$13,295,197	\$243,346,975	\$411,396,167	\$174,632,042	
	QE 9/20	\$36,347,967	\$917,958	\$1,258,494	\$0	\$160,664	\$3,416	\$3,323,799	\$60,836,744	\$102,849,042		
	QE 12/20	\$36,347,967	\$917,958	\$1,258,494	\$0	\$160,664	\$3,416	\$3,323,799	\$60,836,744	\$102,849,042		
	QE 3/21	\$36,347,967	\$917,958	\$1,258,494	\$0	\$160,664	\$3,416	\$3,323,799	\$60,836,744	\$102,849,042		
	QE 6/21	\$36,347,967	\$917,958	\$1,258,494	\$0	\$160,664	\$3,416	\$3,323,799	\$60,836,744	\$102,849,042		
SFY22-DY20	\$615,329,619	\$152,661,462	\$3,855,423	\$5,285,675	\$0	\$674,787	\$14,348	\$13,959,957	\$255,514,324	\$431,965,975	\$183,363,644	
	QE 9/21	\$38,165,366	\$963,856	\$1,321,419	\$0	\$168,697	\$3,587	\$3,489,989	\$63,878,581	\$107,991,494		
	QE 12/21	\$38,165,366	\$963,856	\$1,321,419	\$0	\$168,697	\$3,587	\$3,489,989	\$63,878,581	\$107,991,494		
	QE 3/22	\$38,165,366	\$963,856	\$1,321,419	\$0	\$168,697	\$3,587	\$3,489,989	\$63,878,581	\$107,991,494		
	QE 6/22	\$38,165,366	\$963,856	\$1,321,419	\$0	\$168,697	\$3,587	\$3,489,989	\$63,878,581	\$107,991,494		
SFY23-DY21	\$323,048,050	\$76,330,731	\$1,927,712	\$2,642,837	\$0	\$337,393	\$7,174	\$6,979,978	\$127,757,162	\$215,982,987	\$107,065,063	
	QE 9/22	\$38,165,366	\$963,856	\$1,321,419	\$0	\$168,697	\$3,587	\$3,489,989	\$63,878,581	\$107,991,494		
	QE 12/22	\$38,165,366	\$963,856	\$1,321,419	\$0	\$168,697	\$3,587	\$3,489,989	\$63,878,581	\$107,991,494		
	12-31-22 End of Waiver Extension											
TOTAL BUDGET NEUTRALITY LIMIT SFY 2003-2023	\$5,341,650,484									\$3,644,543,888	\$1,697,106,596	
											Cumulative savings in federal funds at the end of waiver extension 12/31/2022	

Legend	
	= Estimated Figures
	= Neutrality Limit without waiver ceiling
	= Actual Expenditures from MBES/CBES reports including prior period adjustments
	= Actual Quarterly Expenditures from MBES/CBES reports with no prior period adjustments

Attachment G
Utah 1115 Budget Neutrality + Adult Expansion_CMS_6-20-17_v2.xlsx

III. SUMMARY BY DEMONSTRATION YEAR AND CUMULATIVELY (Federal Funds)

A	B	C	D	E	F	G	H	I
Demonstration Year (DY)	Budget Neutrality Limit	Waiver Costs on CMS-64	Annual Variance	Variance As % of Annual BN Limit	Cumulative Budget Neutrality Limit	Cumulative Waiver Costs on CMS-64	Cumulative Variance	Variance As % of Cumulative BN Limit
DY #1 (SFY 2003)	\$64,151,353	\$68,519,660	-\$4,368,307	-6.81%	\$64,151,353	\$68,519,660	-\$4,368,307	-6.81%
DY #2 (SFY 2004)	\$80,491,312	\$77,006,658	\$3,484,654	4.33%	\$144,642,666	\$145,526,318	-\$883,652	-0.61%
DY #3 (SFY 2005)	\$94,403,172	\$90,341,017	\$4,062,155	4.30%	\$239,045,838	\$235,867,335	\$3,178,503	1.33%
DY #4 (SFY 2006)	\$97,638,785	\$87,381,267	\$10,257,518	10.51%	\$336,684,622	\$323,248,602	\$13,436,020	3.99%
DY #5 (SFY 2007)	\$86,958,239	\$85,043,219	\$1,915,020	2.20%	\$423,642,861	\$408,291,821	\$15,351,040	3.62%
DY #6 (SFY 2008)	\$86,915,636	\$83,042,595	\$3,873,041	4.46%	\$510,558,497	\$491,334,416	\$19,224,081	3.77%
DY #7 (SFY 2009)	\$107,710,583	\$98,019,023	\$9,691,560	9.00%	\$618,269,080	\$589,353,439	\$28,915,641	4.68%
DY #8 (SFY 2010)	\$136,144,532	\$118,491,450	\$17,653,082	12.97%	\$754,413,612	\$707,844,889	\$46,568,723	6.17%
DY #9 (SFY 2011)	\$165,352,483	\$113,971,006	\$51,381,477	31.07%	\$919,766,095	\$821,815,895	\$97,950,200	10.65%
DY #10 (SFY 2012)	\$204,481,176	\$103,683,923	\$100,797,253	49.29%	\$1,124,247,271	\$925,499,818	\$198,747,453	17.68%
DY #11 (SFY 2013)	\$219,132,390	\$122,343,993	\$96,788,397	44.17%	\$1,343,379,661	\$1,047,843,811	\$295,535,850	22.00%
DY #12 (SFY 2014)	\$231,717,424	\$126,961,116	\$104,756,308	45.21%	\$1,575,097,084	\$1,174,804,927	\$400,292,157	25.41%
DY #13 (SFY 2015)	\$235,389,242	\$134,906,845	\$100,482,397	42.69%	\$1,810,486,326	\$1,309,711,772	\$500,774,554	27.66%
DY #14 (SFY 2016)	\$256,826,782	\$132,942,826	\$123,883,956	48.24%	\$2,067,313,109	\$1,442,654,598	\$624,658,511	30.22%
DY #15 (SFY 2017)	\$263,019,268	\$127,316,494	\$135,702,774	51.59%	\$2,330,332,377	\$1,569,971,092	\$760,361,284	32.63%
DY #16 (SFY 2018)	\$397,245,265	\$250,273,343	\$146,971,922	37.00%	\$2,727,577,642	\$1,820,244,436	\$907,333,206	33.27%
DY #17 (SFY 2019)	\$531,544,861	\$373,148,450	\$158,396,410	29.80%	\$3,259,122,502	\$2,193,392,886	\$1,065,729,616	32.70%
DY #18 (SFY 2020)	\$558,122,104	\$391,805,873	\$166,316,231	29.80%	\$3,817,244,606	\$2,585,198,759	\$1,232,045,847	32.28%
DY #19 (SFY 2021)	\$586,028,209	\$411,396,167	\$174,632,042	29.80%	\$4,403,272,814	\$2,996,594,926	\$1,406,677,889	31.95%
DY #20 (SFY 2022)	\$615,329,619	\$431,965,975	\$183,363,644	29.80%	\$5,018,602,434	\$3,428,560,900	\$1,590,041,533	
DY #21 (SFY 2023)								
Only includes 2 qtrs since waiver extension ends 12/31/22	\$323,048,050	\$215,982,987	\$107,065,063	33.14%	\$5,341,650,484	\$3,644,543,888	\$1,697,106,596	31.77%

Legend

	= Estimated Figures
	= Neutrality Limit without waiver ceiling QTD Amount
	= Actual Expenditures 1115 Waivers QTD Amount

Description	"Current Eligibles II" enrollment per month	"Current Eligibles II" Per Member Per Month Cost	Total Quarterly Expense for "Current Eligibles II"	Quarterly Federal Share of "Current Eligibles II"	Description	"Adult Expansion" enrollment per month	"Adult Expansion" Per Member Per Month Cost	Total Quarterly Expense for "Adult Expansion"	Quarterly Federal Share of Adult Expansion
Original Milliman PMPM estimate of 5/5/16		\$373.16			Original Milliman PMPM estimate of 5/5/16		\$932.89		
Milliman's estimate with one year of inflation (5%)	3,500	\$391.82	\$4,114,089		Milliman's estimate plus 1 year of inflation (5%) plus 1/2 year of inflation (2.5%)	25,000	\$1,004.02	\$75,301,715	
<div> <div>Per Qtr Expense Estimate for the time period: 7/1/17-9/30/17</div> <div>\$4,114,089</div> </div>				<div> <div>Per Qtr Expense Estimate for the time period: 1/1/18-3/31/18</div> <div>\$75,301,715</div> </div>				<div> <div>\$2,871,223</div> <div>\$52,553,067</div> </div>	

Medical Care Advisory Committee

Special Session

Utah 1115 PCN Waiver Public Hearing

June 22, 2017

MCAC Committee Attendees: Dr. William Cosgrove, Andrew Riggle, Nate Checketts, Dale Ownby, Mark Ward, Danny Harris, Jessie Mandle, Jenifer Lloyd- phone

Welcome

Nate reported the State of Utah is revising its July 2016 request to amend its 1115 Primary Care Network (PCN) Demonstration Waiver. The State is requesting an implementation date of January 1, 2018 for all related amendments. The amendments will be applied statewide to the populations indicated. In addition, the State requests an approval period of five years for the waiver, including the changes. Nate gave an overview of the revisions being proposed.

Public Hearing Comments

Stacy Stanford- Utah Health Policy Project

Ms. Stanford stated she does not support the 60-month lifetime limit or the work requirement. She stated many who are deemed as abled bodied by the State are actually unable to work due to chronic illness. She asked how those that are deemed abled bodied, but are really too disabled to work will be accommodated. She added that the PCN limit is a cruel and arbitrary limit, and that lifetime limits harm people who are already extremely vulnerable.

C. Butler, Member of Public

Ms. Butler stated she is the primary caregiver for her brother who returned from a mission. He made too much to qualify for Medicaid. He was diagnosed with cancer and did not qualify for Medicaid because he had no children. He was able to receive benefits elsewhere to treat the cancer. However, she believes if he had had medical insurance prior to diagnosis, he would've been able to seek treatment before the cancer was late stage.

Kris Fawson, Independent Living Council

Ms. Fosom asked if parents with a child over age six who is disabled would be exempt. Nate replied that yes, they would be exempt under exemption #4, "responsible for the care of an incapacitated person". She had no other comments or questions.

No other comments were given. Nate closed the public hearing and stated DOH staff would remain there until 4:00 in case anyone else would like to give public comment. If so, he stated the public hearing would be reopened.

Andrew Riggle stated there was a request to hold future public hearings after normal business hours to accommodate the public's work schedules. Nate stated his only concern is that the hearing on July 10th has already been announced publicly in the newspaper, and it would be difficult to reschedule this. Danny Harris asked if DOH could consider this for future hearings.

Utah Indian Health Advisory Board (UIHAB) Meeting



07/14/2017
9 AM –1:00 PM

Utah Department of Health

Cannon Health Building

288 North 1460 West

Room 128

Salt Lake City, UT 84114

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

Meeting called by: UIHAB
Type of meeting: Monthly
Facilitator: Melissa Zito
Note taker: Ginny Henderscheid Call In **1-877-820-7831** **passcode 596121#**
Please Review: Board minutes (May) Medicaid Rules & SPA document(s), additional materials via presenters.

Agenda topics

9:00 AM	Welcome & Introductions Approval of Minutes	Hope Jackson, Vice Chair
9:15 AM	Utah Medicaid PCN Demonstration Waiver Amendment #20	Nate Checketts, Medicaid Dir. & Jennifer Meyer -Smart
10:00 AM	Committee Updates & Discussion <ul style="list-style-type: none"> ✦ Medicaid & CHIP State Plan Amendments (SPA) & Rules ✦ DWS Medicaid Eligibility Operations ✦ UT Medicaid Eligibility Policy <ul style="list-style-type: none"> ✓ PCN Open Enrollment ✦ Federal and State Health Policy Impacting I/T/U ✦ MCAC (next mtg. 7/20/17) ✦ CHIP Advisory Committee (quarterly; next 7/20/17) ✦ Phoenix Area IHS Service Area 	Craig Devashrayee Jacoy Richins Michelle Smith & Amanda Yoshida Melissa Zito Donna Singer LeAnna Vankeuren Randall Morgan (invited)
11:00 AM	I/T/U & UDOH Updates <ul style="list-style-type: none"> ✦ September meeting date change; PHAB accreditation site visit. 	Melissa Zito
11:55 AM	BREAK	
12:05 PM	UIHAB Priorities 2016/2017 <ul style="list-style-type: none"> ✦ <u>Community Health Assessments & Data Sharing</u> <ul style="list-style-type: none"> ✓ Update from discussion of current data reports & how to improve utilization (DRAFT overview for feedback) ✦ <u>Strengthening Families</u> <ul style="list-style-type: none"> ✓ Child Care Assistance Program at UICSL ✓ Zika & Immunization updates 	Melissa Zito Shuli Guzman, Coordinator Melissa Zito
1:00 PM	Adjourn	

Utah Indian Health Advisory Board

Minutes of Meeting July 14, 2017

Participants

Board Members Present

Hope Jackson, Assistant Director/Liaison, Sacred Circle Healthcare Center, **UIHAB Vice Chair**

Donna Singer, Consultant, Member at Large

Lewis Singer, UIHAB Representative, Utah Commission of Aging

Diane Murphy, Confederated Tribes of the Goshute Reservation

Ed Napia, Urban Indian Center of Salt Lake **(via phone)**

James Toledo, Utah Division of Indian Affairs **(via phone)**

Lora Tom, Assistant Health Director, Paiute Indian Tribe of Utah

Tory Margolis, AI/AN Navigator, Urban Indian Center of Salt Lake **(via Telephone)**

Board Members Excused

LeAnna Van Keuren, Health Director, Urban Indian Center of Salt Lake, **UIHAB Chair**

Hunter Timbimboo, Health Director, Northwestern Band of Shoshone Nation

Tyler Goddard, Paiute Indian Tribe of Utah

Mike Jensen, CEO, UNHS, Inc.

IHS Members Present

Carol Chicharello, Deputy Director OSD, PAO IHS **(via phone)**

Ericka McCleary, PAO IHS

Guests

Craig Devashrayee, Technical Specialist, UDOH Bureau of Coverage and Reimbursement Policy

Jacoy Richens, Eligibility Specialist, Utah Department of Work Force Services, American Indian Team

Michelle Smith, Bureau of Eligibility Policy and Director of CHIP

Nate Checketts, Director, Medicaid, UDOH Division of Health Care Financing

Jennifer Meyer-Smart, Health System Reform Consultant, UDOH Division of Health Care Financing

Tonya Hales, Deputy Director, UDOH Division of Health Care Financing

Welcome and Introductions

Hope Jackson welcomed everyone and introductions were made for those in attendance.

Approval of minutes

Until a full majority (at least 5 representatives) are present minutes are tabled until the next meeting in August.

Committee Updates and Discussion

Utah Medicaid PCN Demonstration Waiver Amendment #20

Nate Checketts

Nate gave a history of the 2016 Utah Medicaid Expansion waiver going over the key points as to why the state of Utah did not receive the expansion. In 2016, due to not receiving the expansion House Bill 437 was implemented to hit certain targeted populations.

It was reported the State of Utah revised its July 2016 requests to amend its 1115 Primary Care Network Demonstration Waiver. The amendments will be applied statewide to the population of adult's without dependent children and PCN members. In addition, the State requested an approval period of five years for the waiver.

The following have been approved with an effective date of July 1, 2017.

- To increase Medicaid coverage levels for parents to 60% of the federal poverty level (FPL) and
- Coverage for the chronically homeless such as those involved in the justice system,
- Those needing mental health or substance abuse treatment.

Nate Checketts presented a handout to review the proposal of the amendment #20 giving an overview of each of the 8 proposals:

1. Enrollment Limits
2. Limitation on the Number of Eligible Months (AI/NA will be exempt from the lifetime limit provision)
3. Work Requirements
4. Higher Co-pay for Non-Emergent use of the Emergency Department (ED)
5. No Retroactive Eligibility
6. No Presumptive Eligibility
7. Change Eligibility through State Administrative Rule
8. No Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for Adults

There were no comments regarding items 1 and 2. Nate suggested Medicaid would use similar criteria that DWS (Dept. of Work Force Services) uses for the SNAP (Supplemental Nutrition Assistance Program) regarding item 3, Work Requirements. Melissa commented some of the tribes may operate their own food stamp program or SNAP and questioned if there were exemptions in the federal language for SNAP. It was requested to check if there are different exemptions for tribes as they may have exemptions by federal guidelines and might not have work requirements.

Donna Singer commented on item 4, Higher Copay for non-emergent use of the emergency departments. She was concerned giving an example of a situation that individuals may believe a trip to the ED was necessary and turned out not. She also commented that in rural reservations areas native people do not have the option (as in the cities) to go to a non-emergent clinic as they might have to travel 70 or more miles to get to the nearest care facility.

Diane Murphy remarked that Ibaph Reservation clinics close at 7:00 at night and the nearest hospital facility is several hours away. Her concern is that this puts a hold on an individual's health care to get medical attention. Her concern is that this could lead to bad outcomes and in the end this would not be saving money.

Melissa asked if this was considered an AI/AN exemption in terms of cost sharing. Nate responded this has not been proposed but this could be considered. The representatives agreed for Nate to consider this.

Jennifer Meyer-Smart spoke relating to the concern of item 4 the use of emergency department. The definition states the provision would only apply in areas where there is sufficient access to clinics and urgent care facilities. A discussion ensued as the need to define "sufficient access". UIHAB requested to pursue this to see if this might be an exemption.

Ed Napia (via phone) commented, he thought the interpretation from the ACA by the federal government was to fulfill the health promises in the treaties. He felt this was a step back rather than a step forward, relating with the new medical systems now it should provide and expand resources to be available to the native population.

Diane Murphy questioned item 7, Change Eligibility through state administrative rule regarding qualifying the chronically homeless person by the months an individual is living homeless. She asked to define homelessness. Nate responded the definition follows the guidelines from the Federal HUD program as, “places that is not meant for human habitation”, such as, living under a bridge, by the sidewalk, or living in a car. Nate further clarified that an individual who occupies a residence by sleeping on a couch at night does not qualify for 12-months without a home. A discussion ensued with examples of AI/AN living conditions on reservations; homes without plumping, lighting. Some individual and families live in these structures. UIHAB requested Medicaid to consider homelessness on reservations.

Nate reported there had been three scheduled public hearings to discuss the proposals and DOH is still accepting public comments until July 20, 2017 by 5:00 pm. Submit them to DOH by email, or on-line submission on the website.

Documentation of the minutes showing the comments and discussion as part of the initial consultation process will be submitted to CMS.

Medicaid State Plan Amendments (SPA) & Rules

Craig Devashrayee

Craig reported on the SPA and Rules.

SPAs:

17-0018-UT Pediatric Dental Supplemental Payments. Filed for public comment 6/1/2017 with an effective date of 6/1/2016

17-0019-UT Limitations on Physician Services. Filed for public comment 6/20/2017 with an effective date of 7/1/2017.

17-0020-UT Ambulance Rate. Filed for public comment 7/6/2017 with an effective date of 7/10/2017.

17-002-UT Peer Support Services. Filed for public comment 7/31/2017 with an effective date of 8/1/2017.

Rules:

R414-100 Medicaid Primary Care Network Services (Five-Year Review). Filed for five year renewal on 5/5/2017.

\$414-200 Non-Traditional Medicaid Health Plan Services (Five-Year Review). Filed for five year renewal on 5/5/2017.

R414-310 Medicaid Primary Care Network Demonstration Waiver (Five-Year Review). Filed for five-year renewal on 5/22/2017.

R414-60A Drug Utilization Review Board (Five-Year Review). Filed for five-year renewal on 6/13/2017.

R-41460B Preferred Drug List (Five-Year Review). Filed for five-year renewal on 6/14/2017.

R414-15 Residents Personal Needs Fund (Five-Year Review). Filed for five year renewal on 6/28/2017.

R414-100-4 Cost Sharing Provisions (Primary Care Network). Filed for public comment 7/10/2017 with an effective date of 9/7/2017.

R414-200-4 Cost Sharing (Non-Traditional Medicaid). Filed for public comment on 7/10/2017 with an effective date of 9/7/2017.

R414-60-7 Reimbursement. Filed for public comment on 7/10/2017 with an effective date of 9/7/2017.

R414-1-5 Incorporations by Reference. Filed for public comment 7/11/2017 with an effective date of 9/7/2017.

R414-14A Hospice Care. This rule is pending approval to file. Craig will keep UIHAB updated when it will be filed.

Melissa questioned R414-310 Medicaid PCN Demonstration Waiver regarding specific application process for eligibility decisions and reviews, clarifying the effective date of enrollment, and application procedures. The concern to submit applications for review with no retro on a 10-day time limit was questioned. Some individuals that do apply can view the 10-day limit and assumes they may not have time to submit or may be past the timeline, hence they will not follow through with applying; what's the point.

Example was given that on the Ibaph Reservation they receive mail only three times a week or are subjected to driving several miles to pick up mail so getting mail is limited. Jacoy stated the actual application process is 30-days, on the day the person applies. Michelle Smith also responded indicating there are exceptions and if circumstances such as on the Ibapha Reservation they can offer extended time periods.

Diane Murphy mentioned that one way to resolve this time line issue might be computer training on the Ibaph Reservation to do on-line applications. Jacoy confirmed she will contact Diane to schedule training. Jacoy also noted other methods are acceptable such as by phone, fax, mailing or scanning.

End results of discussion was to inform the DWS Indian Team to be aware of these issue and to indicate on the applications they do have 30 days. If they need to extend that time period, there is that option too.

R414-60-7 reimbursements and the dispensing fee for pharmacies located outside of the state of Utah was questioned. Where does the dispensing fee go, why is there a charge and is it inclusive of the IHS tribal facilities located on the borders on the state of Utah, that are Medicaid providers. Craig was not unable to respond at this time but will follow-up to answer these questions.

DWS Medicaid Eligibility Operations

Jacoy Richens

Jacoy gave updates.

- Training was completed with 2 new staff positioned on the Indian Team.
- Informed that on the application an issue came up that those applying are not putting there "race" AI/AN. Due to this issue there is a delay and the applicant is not going to the Indian Team.
- Hope and Diane requested an on-line training on applications process. Jacoy will schedule the training.

UT Medicaid Eligibility Policy

Michelle Smith

- PCN open enrollment is officially open. **Enrollment is August 14 through August 28, 2017.**
- Enrollment is for adults with children and adults without children.
- Flyers, advertising, and DOH website will be updated to inform of the open enrollment.
- As of July 1, 2017, Medicaid Caretaker Relative (PCR) Group increased the FPL to 55%.
- Reported 2,200 individuals were converted from PCN to Medicaid.

Federal and State Health Policy Impacting I/T/U

Melissa Zito

- Reported on NIHAB Health Care Reform Reference Guide. It was encouraged to read the guide.
- A reference template letter is on the NIHAB website to use to write to congress to express concerns.
- It was requested to resend position paper to UIHAB members.
- Tribal Leader Behavioral Health conference will be held in Tulsa, OK, August 15-17, 2017.
- Tribal Health conference will be held on September 25-28, 2017, Bellevue, WA.

Medical Care Advisory Committee (MCAC)

Donna Singer

- Concerned on the impact to AI/AN regarding PCN waiver was discussed.
- Melissa will provide some bullet points of what was discussed today.

CHIP Advisory Committee

LeAnna Van Keuren

LeAnna was not here today. Melissa reported that the CHIP meeting will be on the same day as the Governor's Summit in Orem. CHIP will meet, Thursday, July 20, 2017 at DOH in conference room125 from 2:00 to 4:00 pm.

I/T/U & UDOH Updates

Confederated Tribes of Goshute Reservation

Diane Murphy

- A mammogram clinic was held, Tuesday, July 11, 2017 with 15 scheduled appointments.
- Park City Christian church came on the clinic day and offered haircuts, and massages.
- A denture specialist and associates from Price, Utah are coming in September to provide dentures.
- Annual Powwow scheduled August 5-6, 2017.
- Will be attending the Governor's Summit conference on July 20, 2017, and heading a beading workshop.
- Attended the August National Indian Health Board conference in Alaska.
- Shoshone Powwow will be held August 8-10th, 2017 at Ft. Hall in Idaho.

Scared Circle Healthcare Center

Hope Jackson

- Still remodeling and just completed phase 1 and phase 2. Working on phase 3.
- The center now has an MD and 2 nurse practitioner working full time and one more was hired in June.
- There are now two mental health physicians and an assistant. They visit the Goshute Reservation once a month.
- The dental clinic is now open on Monday's and Friday's with an assistant.
- Job position for a PT, urologist, and a podiatrist still needs to be filled.
- Will be providing a booth at the Governor's Summit conference in Orem.
- Annual Powwow in August. Date and location was not given.

Aging Commission of Utah

Lewis Singer

No updates. Meetings are quarterly now and the next meeting is scheduled in August.

Utah Navajo Health System (UNHS)

Donna Singer

- Reported on an article regarding UNHS board members. A discussion on the issues were discussed.
- Intergenerational Poverty (IGP) organization will be meeting on July 26, 2017, in Washington D.C.

Urban Indian Center of Salt Lake City

- A Powwow is scheduled at the urban center August 11, 2017.
- Teen pregnant program and youth program are going strong.
- Reported` a seller's market being held every Wednesday's from 9:00 am – 4:00 pm. Vendors selling jewelry, paintings, and food. Small right now but getting the word out.

IHS Update

Carol Chicharello (via phone)

- Reported the IHS Partnership conference will be held Tuesday, August 22 - 24, 2017, in Denver, CO.
- A pre-conference session will be held on Monday, August 21, 2017. This conference is coordinated by CMS for outreach education training and will focus on Medicaid, Medicare and the market place.

UDOH updates

UIHAB Priorities for 2017

Community Health Assessments/Data Collection and Sharing

Melissa Zito

- Reported the DOH has scheduled the Public Health Accreditation Board (PHAB) site visit the week of the next UIHAB September 8, 2017 meeting.
- **Requested to move UIHAB scheduled meeting, Friday, September 8 to the following Friday. UIHAB all agreed to meet Friday, September 15, 2017.**

- Reported on the 2016 Medicare data for AI/AN, 55- 65 years and older by zip code for dual eligibility by county.
- Melissa will see if she can get these mapped by county similar to the Medicaid geo maps from the SIM grant.

Strengthening Families

Child Care Assistance Program at UICSL

Shuli Guzman

Shuli gave an overview of the child care assistance for American Indian/Alaska Native families. It was reported the inter-tribal council of Nevada Inc., Child Care Development Fund (CCDF) is cooperating with the Confederated Tribes of Goshute. This program provides child care assistance to eligible AI/AN families living in the SLC, Utah and Tooele areas. Eligibility is based on the family size and average monthly income. The parents can choose the type of child care that is best for their family, whether it is private in-home care, licensed child care services, tribally administered child care, or licensed home child care.

To be eligible parents must be; employed, enrolled in an education course, participating in job training, actively seeking employment and/or parents are experiencing a hardship. The child or children must be 12 years of age or younger and provide proof of being a Native American descent. Applications and information flyers were distributed.

The CCDF office is located at the Indian Urban Center 120 W. 1300 So, Suite 140 in SLC.

Zika and Immunization Updates

Melissa Zito

Melissa distributed a card regarding the Zika Virus Infection. UIHAB discussed if this card information was acceptable. After the discussion, it was felt that UIHAB would like to see more information on the impact of pregnancy if contacting the Zika virus. It was confirmed and agreed side of the card regarding the facts on the Zika virus was acceptable.

Zika virus packets, Governors Summit invitations were distributed. The final CMV poster was shown and Melissa will distribute to UIHAB members when she receives them.

Next meeting will be Friday, August 11, 2017.

Adjourn With no further business to consider, the meeting was adjourned at 12:35 pm.

Utah 1115 PCN Demonstration Waiver Amendment #20

Tribal Recommendations

Prepared for Utah Medicaid

Prepared by Melissa Zito, Indian Health Liaison/Health Policy Consultant

A.) Recommendations from the Utah Tribal Leadership meeting 7/19/2017

- ☀ Questions were raised about how outreach will occur for those AI/AN's in the justice system and those with substance abuse or mental health treatment. They wanted to know if there is a percentage of spots available for AI/AN's as they suffer higher rates of substance abuse and mental issues than the general population. They would like to see efforts made specifically for AI/AN's in the justice system have the opportunity to enroll. They would like to see outreach to the Tribal courts if possible.
- ☀ Tribal leaders were appreciative of the Utah Medicaid proposal exempting AI/AN's from the 60 month life time limit of access to PCN or Medicaid for adults without dependent children. This is in line with federal Indian policy; NCAI and NIHB.
- ☀ The Tribal leadership present felt the work requirement was disproportionately an issue for the AI/AN populations specifically those living in rural and frontier areas on the reservations. Some stated their unemployment rates can be well north of 80% most of the time. They felt this requirement would prohibit individuals from completing the application. In addition, not having persons who may be eligible will have a direct and negative impact on the 3rd party resources available to the IHS and tribal health programs. Health care is part of the treaties signed with the US government when lands were ceded due to acts of war and AI/AN's were displaced to reservations. Requiring an AI/AN to work so they have access to health care is not compliant with federal policy. The Tribal leaders requested an exemption for this proposed requirement.
- ☀ To address the higher co-pay requirement, several felt that was discriminating against people who live in places where getting to an emergency room is much closer than getting to a clinic. Sometimes a clinic may only have a licensed provider once a week or even once a month, so the emergency room is the only place to go. Their recommendation was to exempt AI/AN's from the higher co-pay. This is consistent with the ACA policy that is supportive of treaties and AI/AN people.
- ☀ Tribal leaders while agreeing that working through the federal bureaucracy can be a burden at times, they stated that any changes to policy including eligibility criteria would require consultation with Tribes. They prefer to keep the federal government in the loop. The request was made that if the state administrative rules are used to bypass approval from the federal government; consultation must take place and be documented accordingly.

B.) Governors Annual American Indian Summit; "Health Care" breakout session feedback 7/20/17

- ☀ Work requirements are hard for AI/AN communities to meet. It will also have a negative impact for tribal health programs who really need the resources outside of IHS. Keeping a cost sharing exemption for AI/AN people is consistent with other state and federal policies.
- ☀ Charging more for using the emergency room when the clinic may not be available or open will keep folks from getting care they need. Sometimes the emergency room is the only place to go.
- ☀ The state should keep the tribes informed of health policy changes that directly impact them.