



State of Utah

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February 19, 2021

Elizabeth Richter
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 Richter:

I am pleased to submit an amendment to the State of Utah's Special Terms and Conditions for the 1115 Primary Care Network (PCN) Demonstration Waiver. This amendment is a result of House Bill 6003 "Premium Subsidy Amendments", which passed during the 2020 Sixth Special Session of the Utah State Legislature. Approval of this amendment will allow the State to increase the maximum reimbursement allowable under Utah's Premium Partnership for Health Insurance Program (UPP), from \$150 per enrollee per month, to a higher amount, through the state administrative rulemaking process, rather than by waiver amendment.

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

Respectfully,

Emma Chacon

Emma Chacon (Feb 19, 2021 08:01 MST)

Emma Chacon
Operations Director
Medicaid and Health Financing



Utah 1115 Primary Care Network Demonstration Waiver

Amendment Request

Utah's Premium Partnership for Health Insurance (UPP)

Premium Reimbursement Increase

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

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State of Utah
Section 1115 Demonstration Amendment
Utah's Premium Partnership for Health Insurance (UPP)
Premium Reimbursement Increase

Section I. Program Description and Objectives

During the 2020 General Session, the Utah State Legislature passed, and Governor Herbert signed into law, House Bill 436 "Health and Human Services Amendments". This legislation directed the Utah Department of Health (UDOH), Division of Medicaid and Health Care Financing (DMHF) to increase the maximum premium reimbursement amount allowable under Utah's Premium Partnership for Health Insurance program (UPP). The UPP program is currently authorized under Utah's 1115 demonstration waiver. Through this demonstration, working adults, their spouses, and their children up to age 26 may receive premium reimbursement if they have access to a qualified employer-sponsored insurance plan (ESI) or COBRA. The reimbursement amounts are currently capped at \$150 per enrollee per month for adults, and \$120 per enrollee per month for children (with an additional \$20 per month for children if the plan provides dental coverage).

This amendment request seeks to allow the State to increase the maximum reimbursement amount for adults (age 19 through 64), from \$150 per enrollee per month, to a higher amount, through the state administrative rulemaking process, rather than by waiver amendment. As directed by House Bill 436, the State may increase the maximum premium reimbursement amount each subsequent fiscal year to keep pace with the increase in insurance premiums costs, subject to appropriation of additional funding. For the first fiscal year of implementation, the maximum reimbursement amount will be \$300 per adult enrollee per month. The State is not requesting to increase the reimbursement amount for children under age 19.

As currently approved under Utah's 1115 demonstration waiver, the maximum premium reimbursement amount will not exceed the individual/family's share of the costs of the premium.

Goals and Objectives

This Demonstration furthers the objectives of Title XIX of the Social Security Act by assisting demonstration eligible individuals in obtaining employer-sponsored insurance, thereby reducing the number of uninsured individuals in the State of Utah.

Currently, 51 percent of UPP eligible individuals receive the maximum reimbursement of \$150 per adult per month. The State believes increasing the maximum premium reimbursement amount will allow individuals to continue to purchase much needed health insurance as the costs of health coverage rise.

Operation and Proposed Timeline

The Demonstration will continue to operate statewide. The State intends to implement the premium increase the beginning of the first month after approval, if possible. The State requests to operate the Demonstration through the end of the current waiver approval period, which is June 30, 2022.

Demonstration Hypotheses and Evaluation

With the help of an independent evaluator, the State will develop a plan for evaluating the hypothesis 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 demonstration will assist previously uninsured individuals in obtaining employer-sponsored health insurance.	-Members receiving assistance obtaining employer-sponsored health insurance -Total costs of assistance provided to members	-Medicaid data warehouse	Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons

Section II. Demonstration Eligibility

Individuals must meet the criteria for the following demonstration populations (as currently approved under the State's 1115 demonstration waiver) to be eligible to receive the increased premium reimbursement:

- Demonstration Population III- comprised of adults age 19 through 64, their spouses, and their children age 19-26, with countable gross family incomes over 133 percent (federal poverty level) FPL up to and including 200 percent of the FPL, who are U.S. citizens/qualified non-citizen, are resident(s) of Utah, are not otherwise eligible for Medicaid, Medicare or Veterans benefits, have no other health insurance, and participate in an Utah's Premium Partnership for health insurance-approved ESI plan where the employee's costs to participate is at least five percent of the household's countable income.
- Demonstration Population V- comprised of adults age 19 through 64 with countable gross family income over 133 percent FPL and up to and including 200 percent of FPL, are U.S. citizens or qualified non- citizen, are resident(s) of Utah, do not qualify for Medicaid, Medicare, or Veterans benefits, have no other health insurance, and would otherwise be eligible as a member of Demonstration Population III (except that the eligible individual or custodial parent/caretaker is

able to enroll in COBRA continuation coverage based on any qualifying event rather than a qualifying ESI plan, and that COBRA-eligibles are not subject to the requirement that an employer subsidize at least 50 percent of the premium cost for the employee's health coverage).

Projected Enrollment

The projected enrollment for individuals in this demonstration (Demonstration groups III and V) is 380 adults per month.

Section III. Demonstration Benefits and Cost Sharing Requirements

The sole benefit provided to individuals eligible for premium assistance under this demonstration (through ESI or COBRA coverage) is assistance in paying the employee's, individual's, or family's share of the monthly premium cost of qualifying insurance plans. The maximum premium assistance amount must not exceed the individuals' share of the premium, and may not exceed the amount as will be stated in State Administrative Rule R414-320-16. This maximum monthly premium amount at the time of implementation of this amendment will be \$300 per eligible adult.

Individuals eligible under this demonstration will have cost sharing requirements (including the out-of-pocket maximum) as set by their qualified ESI plan.

Section IV. Delivery System

Individuals eligible under this demonstration will receive services through the delivery systems provided by their respective qualified plan for ESI or COBRA premium assistance.

Section V. Implementation and Enrollment in Demonstration

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

Section VI. Demonstration Financing and Budget Neutrality

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

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

	DY19 (SFY 21)	DY 20 (SFY 22)
Member Months	1,140	4,560
Expenditures	\$243,250	\$973,000

Section VII. Proposed Waiver and Expenditure Authority

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

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(34)- Retroactive Eligibility	To permit the State to not provide retroactive eligibility for individuals under this demonstration.
Section 1902(a)(14) Cost Sharing Requirements	To permit individuals affected by this demonstration, whose benefits are limited to premium assistance, to have cost sharing requirements (including the out-of-pocket maximum) as set by the individual's qualified ESI plan.
Section 1902(a)(23)(A) Freedom of Choice	To enable the state to restrict freedom of choice of providers for individuals under this demonstration.

Expenditure Authority

The State requests expenditure authority to provide premium assistance related to providing 12 months of guaranteed eligibility to subsidize the employee's share of the costs of the insurance premium for employer sponsored health insurance to non-disabled and non-elderly low-income workers age 19 through 64 with incomes above the Medicaid standard but at or below 200 percent of the FPL, as well as their spouses, and their children (age 19 through 26), who are enrolled in their parents' employer sponsored insurance (ESI) plan, who are not otherwise eligible for Medicaid.

The State also requests expenditure authority to provide premium assistance related to providing up to a maximum of 18 months of eligibility to subsidize the employee's share of the costs of the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) premium for COBRA continuation of coverage to non-disabled and non-elderly low-income workers age 19 through 64 with incomes above the Medicaid standard but at or below 200 percent of the FPL, as well as their spouses, who are not otherwise eligible for Medicaid.

Section VIII. Compliance with Public Notice and Tribal Consultation

Public Notice Process

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

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

No comments were provided during the public hearings. However, three individuals asked questions regarding benefits for Adult Expansion beneficiaries, the effective date of the amendment, and budget

concerns due to the COVID-19 emergency. The questions asked did not require any changes to the amendment.

Public Comment

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

Tribal Consultation

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

Tribal Consultation Policy

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

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

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

Section IX. Demonstration Administration

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ATTACHMENT 1

Compliance with Budget Neutrality Requirements



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

ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 15 (SFY 17)	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WOW
					DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
Current Eligibles		<i>Parent Caretaker Relative (PCR) population 45-60% FPL: transferred to Expansion Parents effective 4/1/19</i>								
Pop Type:		Medicaid								
Eligible Member Months	0.0%	0	377,866	0.0%	377,866	364,366	320,957	319,534	318,076	
PMPM Cost	5.3%	0	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
Total Expenditure					\$ 377,612,830	\$ 383,420,334	\$ 355,641,571	\$ 372,830,227	\$ 390,798,881	\$ 1,880,303,842
Demo Pop I - PCN Adults with Children		<i>PCN ends 3/31/19</i>								
Pop Type:		Hypothetical								
Eligible Member Months	5.9%	0	104,836	5.9%	111,042	88,212	-	-	-	
PMPM Cost	5.3%	0	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
Total Expenditure					\$ 5,399,987	\$ 4,517,106	\$ -	\$ -	\$ -	\$ 9,917,093
Demo Pop III/V - UPP Adults with Children *		<i>Anticipated start date of 4/1/21</i>								
Pop Type:		Hypothetical								
Eligible Member Months	34.9%	0	6,067	34.9%	8,182	11,034	14,881	20,068	27,064	
PMPM Cost	5.3%	0	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 1,166.79	\$ 1,228.63	
Total Expenditure					\$ 1,293,029	\$ 1,836,200	\$ 2,607,542	\$ 23,415,350	\$ 33,251,572	\$ 62,403,693
Demo Pop I - PCN Childless Adults		<i>PCN ends 3/31/19</i>								
Pop Type:		Medicaid								
Eligible Member Months		0		2.5%	73,812	58,293	-	-	-	
PMPM Cost		0		5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40	
Total Expenditure					\$ 3,806,153	\$ 3,165,223	\$ -	\$ -	\$ -	\$ 6,971,376
Demo Pop III/V - UPP Childless Adults *		<i>Anticipated start date of 4/1/21</i>								
Pop Type:		Medicaid								
Eligible Member Months	159	0		2.5%	163	167	171	176	180	
PMPM Cost	68.45	0		5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 1,166.79	\$ 1,228.63	
Total Expenditure					\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	\$ 59,133
Targeted Adults		<i>Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment. PMPM will increase due to adding the housing support benefit and new managed care directed payments</i>								
Pop Type:		Expansion	<i>Started 11/1/17</i>							
Eligible Member Months		0	0	2.5%	78,000	78,000	\$ 126,000	172,200	176,505	
PMPM Cost		0	\$ -	5.3%	\$ 979.53	\$ 1,031.45	\$ 1,522.79	\$ 1,603.50	\$ 1,688.48	
Total Expenditure					\$ 76,403,340	\$ 80,452,717	\$ 191,871,540	\$ 276,122,333	\$ 298,025,737	\$ 922,875,668
Dental - Targeted Adults		<i>Started 3/1/19 Porcelain crowns anticipated start date of 1/1/20 increases PMPM</i>								
Pop Type:		Expansion								
Eligible Member Months		0		2.5%	-	12,000	36,900	37,823	38,768	
PMPM Cost	5.3%	0		5.3%	\$ -	\$33.33	\$ 37.27	\$ 39.24	\$ 41.32	
Total Expenditure					\$ -	\$ 400,000	\$ 1,375,111	\$ 1,484,192	\$ 1,601,925	\$ 4,861,228
System of Care		<i>Anticipated start date of 1/1/20</i>								
Pop Type:		Hypothetical								
Eligible Member Months		0			-	720	1,440	1,440		

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

ELIGIBILITY GROUP		TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 15 (SFY 17)	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WOW
						DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
PMPM Cost		5.3%	0		5.3%	\$ -		\$ 2,100.00	\$2,211.30	\$2,328.50	
Total Expenditure						\$ -		\$ 1,512,000	\$ 3,184,272	\$ 3,353,038	\$ 8,049,310
Dental - Blind/Disabled											
Pop Type:		Hypothetical	<i>Anticipated start date of 1/1/21</i>								
Eligible Member Months		2.5%	0			412,361	412,361	412,361	398,181	393,600	
PMPM Cost		5.3%	0			\$ 18.42	\$ 19.40	\$ 20.42	\$ 25.49	\$ 34.10	
Total Expenditure						\$ 7,595,690	\$ 7,998,261	\$ 8,422,169	\$ 10,149,621	\$ 13,420,241	\$ 47,585,981
21.50674765											
Dental - Aged											
Pop Type:		Hypothetical	<i>Anticipated start date of 1/1/20 Anticipated start date of 1/1/21</i>								
Eligible Member Months		2.5%	0	108,000				54,000	156,300	160,208	
PMPM Cost		5.3%	0				\$ 30.75	\$ 32.38	\$ 34.10		
Total Expenditure						\$ -	\$ -	\$ 1,660,500	\$ 5,060,955	\$ 5,462,415	\$ 12,183,870
IVF Treatment											
Pop Type:		Hypothetical	<i>Anticipated start date of 1/1/21</i>								
Eligible Member Months		13.5%	0	126					63	143	
PMPM Cost		5.0%	0					\$ 18,671.00	\$ 19,606.55		
Total Expenditure						\$ -	\$ -	\$ -	\$ 1,176,273	\$ 2,803,737	\$ 3,980,010
Former Foster											
Pop Type:		Hypothetical									
Eligible Member Months		0.0%	24			10	10	10	10	10	
PMPM Cost		4.8%	24			\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure						\$ 9,909	\$ 10,384	\$ 10,883	\$ 11,405	\$ 11,953	\$ 54,534
Substance Use Disorder (SUD)											
Pop Type:		Hypothetical									
Eligible Member Months		6.9%	18	36,913	6.9%	39,456.31	42,175	40,554	43,348	46,335	
PMPM Cost		5.0%	18		5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
Total Expenditure						\$ 131,072,269	\$ 147,108,390	\$ 148,527,403	\$ 166,698,858	\$ 187,093,676	\$ 780,500,596
Withdrawal Management											
Pop Type:		Hypothetical	<i>Started 5/1/19</i>								
Eligible Member Months		0.0%	0	4,018	0.0%			4,018	4,018	4,018	
PMPM Cost		5.0%	0		5.0%	\$ -	\$ 700.00	\$ 735.00	\$ 771.75	\$ 810.34	
Total Expenditure						\$ -	\$ 468,738	\$ 2,953,046	\$ 3,100,699	\$ 3,255,733	\$ 9,778,216
Medicaid for Justice-Involved Populations											
Pop Type:		Hypothetical	<i>Assumes start date of 7/1/20</i>								
Eligible Member Months		1.75%		3,200	1.75%	-			38,400	39,072	
PMPM Cost		3.0%			3.0%	-	\$ -	\$ 520.00	\$ 535.60		
Total Expenditure						-	\$ -	\$ 19,968,000	\$ 20,926,963		\$ 40,894,963
Mental Health Institutions for Mental Disease (IMD)											

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

ELIGIBILITY GROUP		TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 15 (SFY 17)	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WOW
						DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
Pop Type:		Hypothetical	Assumes start date of 1/1/21								
Eligible Member Months	2.5%		16,835	2.5%	-				8,418	17,256	
PMPM Cost	5.3%			5.3%	-	\$		\$ -	\$ 13,527	\$ 14,244	
Total Expenditure					-	\$		\$ -	\$ 113,866,796	\$ 245,798,558	\$ 359,665,354
<u>Expansion Parents <=100% FPL</u>											
Pop Type:		Expansion	Assumes start date of 1/1/20								
Eligible Member Months	2.5%		339,828	2.5%	-			169,914	348,324	357,032	
PMPM Cost	5.3%			5.3%	\$	-	\$ 671.61	\$ 707.21	\$ 744.69		
Total Expenditure					\$	-	\$ 114,115,918	\$ 246,336,326	\$ 265,876,956	\$ 626,329,200	
<u>Expansion Adults w/out Dependent Children <=100% FPL</u>											
Pop Type:		Expansion	Assumes start date of 1/1/20								
Eligible Member Months	2.5%		400,973	2.5%	-			200,487	410,997	421,272	
PMPM Cost	5.3%			5.3%	-	\$	937.16	\$ 986.83	\$ 1,039.13		
Total Expenditure					-	\$	187,887,968	\$ 405,584,361	\$ 437,757,341	\$ 1,031,229,669	
<u>Expansion Parents 101-133% FPL</u>											
Pop Type:		Expansion	Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums								
Eligible Member Months	5.25%		121,473	5.25%	-			58,671	123,503	129,987	
PMPM Cost	5.3%			5.3%	\$	-	\$ 656.90	\$ 691.72	\$ 728.38		
Total Expenditure					\$	-	\$ 38,541,205	\$ 85,429,087	\$ 94,679,562	\$ 218,649,854	
<u>Expansion Adults w/out Dependent Children 101-133% FPL</u>											
Pop Type:		Expansion	Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums								
Eligible Member Months	5.25%		384,418	5.25%	-			185,674	390,844	411,363	
PMPM Cost	5.3%			5.3%	-	\$	920.73	\$ 969.53	\$ 1,020.91		
Total Expenditure					-	\$	170,955,560	\$ 378,934,111	\$ 419,966,044	\$ 969,855,715	

* Beginning 4/1/21 UPP will reimburse client up to \$300 for employer sponsored insurance		Start date of 5/1/19 (2 months of SFY19)		\$	6,632,503,941
		Assumes start date of 1/1/2020 (SFY20)			
		Assumes start date of 7/1/20 (SFY21)			
		Anticipated start date of 1/1/21 (SFY21); increase in member months due to approx 7,600 clients moving over from Dental - Blind/Disabled; PMPM increase due to coverage of porcelains and crowns			
		Anticipated start date of 1/1/21 (SFY21); decrease in member months as 7,600 clients move out of Dental - Aged			

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

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
<u>Current Eligibles</u>		Parent Caretaker Relative (PCR) population 45-60% FPL: transferred to Expansion Parents effective 4/1/19						
Pop Type: Medicaid								
Eligible Member Months	377,866	0%	377,866	364,366	320,957	319,534	318,076	
PMPM Cost	\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 377,612,830	\$ 383,420,334	\$ 355,641,571	\$ 372,830,227	\$ 390,798,881	\$ 1,880,303,842
<u>Demo Pop I - PCN Adults w/Children</u>		PCN ends 3/31/19						
Pop Type: Hypothetical								
Eligible Member Months	104,836	5.9%	111,042	88,212	-	-	-	
PMPM Cost	\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79	
Total Expenditure			\$ 5,399,987	\$ 4,517,106	\$ -	\$ -	\$ -	\$ 9,917,093
<u>Demo Pop III/V - UPP Adults with Children</u>		Anticipated start date of 4/1/21						
Pop Type: Hypothetical								
Eligible Member Months	6,067	34.9%	\$ 8,182	\$ 11,034	\$ 14,881	\$ 20,068	\$ 27,064	
PMPM Cost	\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 1,293,029	\$ 1,836,200	\$ 2,607,542	\$ 23,415,350	\$ 33,251,572	\$ 62,403,693
<u>Demo Pop I - PCN Childless Adults</u>		PCN ends 3/31/19						
Pop Type: Medicaid								
Eligible Member Months	70,097	4.9%	73,812	58,293	-	-	-	
PMPM Cost	\$ 48.97	5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40	
Total Expenditure			\$ 3,806,153	\$ 3,165,223	\$ -	\$ -	\$ -	\$ 6,971,376
<u>Demo Pop III/V - UPP Childless Adults</u>		Anticipated start date of 4/1/21						
Pop Type: Medicaid								
Eligible Member Months	159	4.9%	167	175	184	\$ 176	\$ 180	
PMPM Cost	\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 1,166.79	\$ 1,228.63	
Total Expenditure			\$ 10,702	\$ 11,237	\$ 11,799	\$ 204,780	\$ 221,024	\$ 459,540
<u>Targeted Adults</u>		Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment.						
Pop Type: Expansion		Started 11/1/17 PMPM will increase due to adding the housing support benefit and new managed care directed payments						
Eligible Member Months		2.5%	78,000	78,000	126,000	172,200	176,505	
PMPM Cost		5.3%	\$ 979.53	\$ 1,031.45	\$ 1,522.79	\$ 1,603.50	\$ 1,688.48	
Total Expenditure			\$ 76,403,340	\$ 80,452,717	\$ 191,871,540	\$ 276,122,333	\$ 298,025,737	\$ 922,875,668
<u>Dental - Targeted Adults</u>		Started 3/1/19 Porcelain crowns anticipated start date of 1/1/20 increases PMPM						
Pop Type: Expansion								
Eligible Member Months		2.5%	-	12,000	36,900	37,823	38,768	
PMPM Cost		5.3%	\$ -	\$ 33.33	\$ 37.27	\$ 39.24	\$ 41.32	
Total Expenditure			\$ -	\$ 400,000	\$ 1,375,111	\$ 1,484,192	\$ 1,601,925	\$ 4,861,228
<u>System of Care</u>		Anticipated start date of 1/1/20						
Pop Type: Hypothetical								
Eligible Member Months			-		720	1,440	1,440	
PMPM Cost		5.3%	\$ -		2,100	2,211	2,328	

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

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
Total Expenditure			\$ -		1,512,000	3,184,272	3,353,038	\$ 8,049,310
Dental - Blind/Disabled								
Pop Type:	Hypothetical		Anticipated start date of 1/1/21					
Eligible Member Months		0%	412,361	412,361	412,361	398,181	393,600	
PMPM Cost		3.0%	\$ 18.42	\$ 19.40	\$ 20.42	\$ 25.49	\$ 34.10	
Total Expenditure			\$ 7,595,690	\$ 7,998,261	\$ 8,422,169	\$ 10,149,621	\$ 13,420,241	\$ 47,585,981
Dental - Aged								
Pop Type:	Hypothetical		Anticipated start date of 1/1/20		Anticipated start date of 1/1/21			
Eligible Member Months		2.5%	-	-	54,000	156,300	160,208	
PMPM Cost		3.0%	\$ -	\$ -	\$ 30.75	\$ 32.38	\$ 34.10	
Total Expenditure			\$ -	\$ -	\$ 1,660,500	\$ 5,060,955	\$ 5,462,415	\$ 12,183,870
IVF Treatment								
Pop Type:	Hypothetical		Anticipated start date of 1/1/21					
Eligible Member Months		13.5%	-	-	-	25	50	
PMPM Cost		5.0%	\$ -	\$ -	\$ -	\$ 18,671.00	\$ 19,606.55	
Total Expenditure			\$ -	\$ -	\$ -	\$ 466,775	\$ 980,328	\$ 1,447,103
Former Foster Care								
Pop Type:	Hypothetical							
Eligible Member Months		0%	10	10	10	10	10	
PMPM Cost		4.8%	\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure			\$ 9,909	\$ 10,384	\$ 10,883	\$ 11,405	\$ 11,953	\$ 54,534
Substance Use Disorder (SUD)								
Pop Type:	Hypothetical							
Eligible Member Months		6.9%	39,456	42,175	40,554	43,348	46,335	
PMPM Cost		5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
Total Expenditure			\$ 131,072,269	\$ 147,108,390	\$ 148,527,403	\$ 166,698,858	\$ 187,093,676	\$ 780,500,596
Withdrawal Management								
Pop Type:	Hypothetical		Started 5/1/19					
Eligible Member Months		0.0%	-	670	4,018	4,018	4,018	
PMPM Cost		5.0%	\$ -	\$ 700.00	\$ 735.00	\$ 771.75	\$ 810.34	
Total Expenditure			\$ -	\$ 468,738	\$ 2,953,046	\$ 3,100,699	\$ 3,255,733	\$ 9,778,216
Medicaid for Justice-Involved Populations								
Pop Type:	Hypothetical		Assumes start date of 7/1/2021					
Eligible Member Months		1.75%	-	-	-	38,400	39,072	
PMPM Cost		3.0%	-	\$ -	\$ -	\$ 520.00	\$ 535.60	
Total Expenditure				\$ -	\$ -	\$ 19,968,000	\$ 20,926,963	\$ 40,894,963
Mental Health Institutions for Mental Disease (IMD)								
Pop Type:	Hypothetical		Assumes start date of 7/1/2021					
Eligible Member Months		2.50%	-	-	-	8,418	17,256	
PMPM Cost		5.3%	-	-	\$ -	\$ 13,526.99	\$ 14,243.92	
Total Expenditure				\$ -	\$ -	\$ 113,866,796	\$ 245,798,558	\$ 359,665,354

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

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
Expansion Parents <=100% FPL								
Pop Type:	Expansion	<i>Assumes start date of 1/1/20</i>						
Eligible Member Months		2.5%	-	-	169,914	348,324	357,032	
PMPM Cost		5.3%	\$ -	\$ -	\$ 671.61	\$ 707.21	\$ 744.69	
Total Expenditure			\$ -	\$ -	\$ 114,115,918	\$ 246,336,326	\$ 265,876,956	\$ 626,329,200
Expansion Adults w/out Dependent Children <=100% FPL								
Pop Type:	Expansion	<i>Assumes start date of 1/1/20</i>						
Eligible Member Months		2.5%	-	-	200,487	410,997	421,272	
PMPM Cost		5.3%		\$ -	\$ 937.16	\$ 986.83	\$ 1,039.13	
Total Expenditure			-	\$ -	\$ 187,887,968	\$ 405,584,361	\$ 437,757,341	\$ 1,031,229,669
Expansion Parents 101-133% FPL								
Pop Type:	Expansion	<i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums</i>						
Eligible Member Months		5.25%	-	-	58,671	123,503	129,987	
PMPM Cost		5.3%	\$ -	\$ -	\$ 656.90	\$ 691.72	\$ 728.38	
Total Expenditure			\$ -	\$ -	\$ 38,541,205	\$ 85,429,087	\$ 94,679,562	\$ 218,649,854
Expansion Adults w/out Dependent Children 101-133% FPL								
Pop Type:	Expansion	<i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums</i>						
Eligible Member Months		5.25%	-	-	185,674	390,844	411,363	
PMPM Cost		5.3%		\$ -	\$ 920.73	\$ 969.53	\$ 1,020.91	
Total Expenditure			-	\$ -	\$ 170,955,560	\$ 378,934,111	\$ 419,966,044	\$ 969,855,715

	Start date of 5/1/19 (2 months of SFY19)	\$ 6,632,904,348
	Assumes start date of 1/1/2020 (SFY20)	
	Assumes start date of 7/1/20 (SFY21)	
	Anticipated start date of 1/1/21 (SFY21); increase in member months due to approx 7,600 clients moving over from Dental - Blind/Disabled; PMPM increase due to coverage of porcelains and crowns	
	Anticipated start date of 1/1/21 (SFY21); decrease in member months as 7,600 clients move out of Dental - Aged	

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

ELIGIBILITY GROUP		DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)						TOTAL WW
				DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)		
Current Eligibles			Parent Caretaker Relative (PCR) population 45-60% FPL: transferred to Expansion Parents effective 4/1/19							
Pop Type:		Medicaid								
Eligible Member Months		377,866	0%	377,866	364,366	320,957	319,534	318,076		
PMPM Cost		\$ 949.03	5.3%	\$ 999.33	\$ 1,052.29	\$ 1,108.07	\$ 1,166.79	\$ 1,228.63		
Total Expenditure				\$ 377,612,830	\$ 383,420,334	\$ 355,641,571	\$ 372,830,227	\$ 390,798,881	\$ 1,880,303,842	
Demo Pop I - PCN Adults w/Children			PCN ends 3/31/19							
Pop Type:		Hypothetical								
Eligible Member Months		104,836	5.9%	111,042	88,212	-	-	-		
PMPM Cost		\$ 46.18	5.3%	\$ 48.63	\$ 51.21	\$ 53.92	\$ 56.78	\$ 59.79		
Total Expenditure				\$ 5,399,987	\$ 4,517,106	\$ -	\$ -	\$ -	\$ 9,917,093	
Demo Pop III/V - UPP Adults with Children			Anticipated start date of 4/1/21							
Pop Type:		Hypothetical								
Eligible Member Months		6,067	34.9%	\$ 8,182	\$ 11,034	\$ 14,881	\$ 20,068	\$ 27,064		
PMPM Cost		\$ 150.08	5.3%	\$ 158.03	\$ 166.41	\$ 175.23	\$ 1,166.79	\$ 1,228.63		
Total Expenditure				\$ 1,293,029	\$ 1,836,200	\$ 2,607,542	\$ 23,415,350	\$ 33,251,572	\$ 62,403,693	
Demo Pop I - PCN Childless Adults			PCN ends 3/31/19							
Pop Type:		Medicaid								
Eligible Member Months		70,097	4.9%	73,812	58,293	-	-	-		
PMPM Cost		\$ 48.97	5.3%	\$ 51.57	\$ 54.30	\$ 57.18	\$ 60.21	\$ 63.40		
Total Expenditure				\$ 3,806,153	\$ 3,165,223	\$ -	\$ -	\$ -	\$ 6,971,376	
Demo Pop III/V - UPP Childless Adults			Anticipated start date of 4/1/21							
Pop Type:		Medicaid								
Eligible Member Months		159	4.9%	167	175	184	\$ 176	\$ 180		
PMPM Cost		\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 1,166.79	\$ 1,228.63		
Total Expenditure				\$ 10,702	\$ 11,237	\$ 11,799	\$ 204,780	\$ 221,024	\$ 459,540	
Former Targeted Adults			Member months will increase when the criteria is expanded to include victims of domestic violence, individuals with court ordered treatment and certain individuals on probation or parole. Also, member months will decrease due to the removal of continuous eligibility. PMPM will increase due to adding new managed care directed payments. PMPM will decrease due to removing the housing support benefit, and for non-medically frail individuals removing certain benefits from the traditional package.							
Pop Type:		Expansion	Started 11/1/17							
Eligible Member Months			2.5%	78,000	78,000	121,696	163,378	167,462		
PMPM Cost			5.3%	\$ 979.53	\$ 1,031.45	\$ 1,281.14	\$ 1,349.04	\$ 1,420.54		
Total Expenditure				\$ 76,403,340	\$ 80,452,717	\$ 155,909,778	\$ 220,402,517	\$ 237,885,946	\$ 771,054,298	
Dental - Targeted Adults			Started 3/1/19							
Pop Type:		Expansion								
Eligible Member Months			2.5%	-	12,000	18,450				
PMPM Cost			5.3%	\$ -	\$ 33.33	\$ 37.27	\$ 39.24	\$ 41.32		
Total Expenditure				\$ -	\$ 400,000	\$ 687,556	\$ -	\$ -	\$ 1,087,556	
System of Care			Anticipated start date of 1/1/20							
Pop Type:		Hypothetical								
Eligible Member Months				-	720		1,440	1,440		
PMPM Cost			5.3%	\$ -	\$ 2,100		\$ 2,211	\$ 2,328		
Total Expenditure				\$ -	\$ 1,512,000		\$ 3,184,272	\$ 3,353,038	\$ 8,049,310	
Dental - Blind/Disabled										

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

ELIGIBILITY GROUP	DY 15	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)	
Pop Type:	Hypothetical		<i>Anticipated start date of 1/1/21</i>					
Eligible Member Months		0%	412,361	412,361	412,361	398,181	393,600	
PMPM Cost		3.0%	\$ 18.42	\$ 19.40	\$ 20.42	\$ 25.49	\$ 34.10	
Total Expenditure			\$ 7,595,690	\$ 7,998,261	\$ 8,422,169	\$ 10,149,621	\$ 13,420,241	\$ 47,585,981
Dental - Aged			<i>Anticipated start date of 1/1/20 Anticipated start date of 1/1/21</i>					
Pop Type:	Hypothetical							
Eligible Member Months		0%	-	-	54,000	156,300	160,208	
PMPM Cost		3.0%	\$ -	\$ -	\$ 30.75	\$ 32.38	\$ 34.10	
Total Expenditure			\$ -	\$ -	\$ 1,660,500	\$ 5,060,955	\$ 5,462,415	\$ 12,183,870
IVF Treatment			<i>Anticipated start date of 1/1/21</i>					
Pop Type:	Hypothetical							
Eligible Member Months			-	-	-	25	50	
PMPM Cost			\$ -	\$ -	\$ -	\$ 18,671.00	\$ 19,606.55	
Total Expenditure			\$ -	\$ -	\$ -	\$ 466,775	\$ 980,328	\$ 1,447,103
Former Foster Care								
Pop Type:	Hypothetical							
Eligible Member Months		0%	10	10	10	10	10	
PMPM Cost		4.8%	\$ 990.87	\$ 1,038.43	\$ 1,088.28	\$ 1,140.51	\$ 1,195.26	
Total Expenditure			\$ 9,909	\$ 10,384	\$ 10,883	\$ 11,405	\$ 11,953	\$ 54,534
Substance Use Disorder (SUD)								
Pop Type:	Hypothetical							
Eligible Member Months		6.9%	39,456	42,175	40,554	43,348	46,335	
PMPM Cost		5.0%	\$ 3,321.96	\$ 3,488.06	\$ 3,662.46	\$ 3,845.58	\$ 4,037.86	
Total Expenditure			\$ 131,072,269	\$ 147,108,390	\$ 148,527,403	\$ 166,698,858	\$ 187,093,676	\$ 780,500,596
Withdrawal Management			<i>Started 5/1/19</i>					
Pop Type:	Hypothetical							
Eligible Member Months		0.0%	-	670	4,018	4,018	4,018	
PMPM Cost		5.0%	\$ -	\$ 700.00	\$ 735.00	\$ 771.75	\$ 810.34	
Total Expenditure			\$ -	\$ 468,738	\$ 2,953,046	\$ 3,100,699	\$ 3,255,733	\$ 9,778,216
Medicaid for Justice-Involved Populations			<i>Assumes start date of 7/1/2020</i>					
Pop Type:	Hypothetical							
Eligible Member Months		1.75%	-	-	-	38,400	39,072	
PMPM Cost		3.0%	-	\$ -	\$ -	\$ 520.00	\$ 535.60	
Total Expenditure			\$ -	\$ -	\$ -	\$ 19,968,000	\$ 20,926,963	\$ 40,894,963
Mental Health Institutions for Mental Disease (IMD)			<i>Assumes start date of 7/1/2020</i>					
Pop Type:	Hypothetical							
Eligible Member Months		2.50%	-	-	-	8,418	17,256	
PMPM Cost		5.30%	-	-	-	13,527	14,244	
Total Expenditure			\$ -	\$ -	\$ -	\$ 113,866,796	\$ 245,798,558	\$ 359,665,354
Expansion Parents <=100% FPL			<i>Assumes start date of 1/1/20</i>					
Pop Type:	Expansion							
Eligible Member Months		2.5%	-	-	169,914	348,324	357,032	
PMPM Cost		5.3%	\$ -	\$ -	\$ 640.57	\$ 674.52	\$ 710.27	
Total Expenditure			\$ -	\$ -	\$ 108,841,789	\$ 234,951,327	\$ 253,588,841	\$ 597,381,956
Expansion Adults w/out Dependent Children <=100% FPL			<i>Assumes start date of 1/1/20</i>					

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

ELIGIBILITY GROUP		DY 15	DEMO TREND RATE		DEMONSTRATION YEARS (DY)					TOTAL WW	
					DY 16 (SFY 18)	DY 17 (SFY 19)	DY 18 (SFY 20)	DY 19 (SFY 21)	DY 20 (SFY 22)		
Pop Type:			Expansion								
			PMPM will decrease for non-medically frail individuals removing certain benefits from the traditional package.								
Eligible Member Months			2.5%	-	-	200,487	410,997	421,272			
PMPM Cost			5.3%	-	\$ -	\$ 899.03	\$ 946.68	\$ 996.85			
Total Expenditure				-	\$ -	\$ 180,242,854	\$ 389,081,237	\$ 419,945,107	\$	989,269,198	
Expansion Parents 101-133% FPL											
Pop Type:			Expansion								
Eligible Member Months			5.25%	-	-	53,048	111,667	117,529			
PMPM Cost			5.3%	\$ -	\$ -	\$ 625.86	\$ 659.03	\$ 693.96			
Total Expenditure				\$ -	\$ -	\$ 33,200,871	\$ 73,591,888	\$ 81,560,602	\$	188,353,362	
Expansion Adults w/out Dependent Children 101-133% FPL											
Pop Type:			Expansion								
			PMPM will decrease for non-medically frail individuals removing certain benefits from the traditional package.								
Eligible Member Months			5.25%	-	-	167,879	353,386	371,939			
PMPM Cost			5.3%	-	\$ -	\$ 882.60	\$ 929.37	\$ 978.63			
Total Expenditure				-	\$ -	\$ 148,169,813	\$ 328,428,021	\$ 363,991,028	\$	840,588,862	

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

ATTACHMENT 2

Public Notice Requirements



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

Deseret News

Utah
Media

PUBLIC NOTICE
Utah 1115 Waiver Amendments

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

PROOF OF PUBLICATION CUSTOMER'S COPY

CUSTOMER NAME AND ADDRESS

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

SALT LAKE CITY UT 84114

ACCOUNT NAME

UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURS

TELEPHONE

8015386641

PUBLICATION SCHEDULE

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

CUSTOMER REFERENCE NUMBER

QAZ: Amendments to Utah 1115 Waiver

CAPTION

PUBLIC NOTICE Utah 1115 Waiver Amendments The Utah Department of

SIZE

68 LINES

3 COLUMN(S)

TIMES

3

TOTAL COST

347.72

ACCOUNT

9001

ORDER # / INVOICE

0001290028 /

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

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

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

• This amendment request will allow the State to increase the maximum UPP reimbursement amount for adults (age 19 through 64), from \$150 per enrollee per month, to a higher amount through the state administrative rulemaking process, rather than by waiver amendment.
• If approved, initially the maximum UPP reimbursement amount for adults will be \$300 per enrollee per month.

Public Hearings:

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

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

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

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

Public Comment:

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

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

Comments may be submitted:

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

Email: Medicaid1115waiver@utah.gov

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

1290028

UPAXLP

AFFIDAVIT OF PUBLICATION

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

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

DATE 5/21/2020

SIGNATURE

STATE OF UTAH)

COUNTY OF SALT LAKE)

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

BY LENE TAPUSOA,



Loriane Marie Gudmundson
NOTARY PUBLIC SIGNATURE



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Department of Health: Medicaid Expansion Workgroup

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Entity: Department of Health

Body: [Medicaid Expansion Workgroup](#)

Subject: Medicaid Health Care

Notice Title: Utah 1115 Waiver Amendments

Notice Type: Notice, Meeting

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

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

Description/Agenda:

PUBLIC NOTICE

Utah 1115 Waiver Amendments

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

Medicaid Coverage for Justice-Involved Populations (HB 38)

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

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

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

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

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

Public Hearings:

Meeting Location:

Video Conference
Salt Lake City , 84116

[Map this!](#)

Contact Information:

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

Audio File Address

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

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

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

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

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

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

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

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

Public Comment:

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

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

Comments may be submitted:

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

Email: Medicaid1115waiver@utah.gov

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

Notice of Special Accommodations:

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

Notice of Electronic or telephone participation:

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

Other Information

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

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

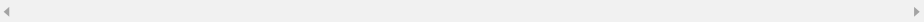
Deadline Date: May 21, 2020 04:00 PM

Board/Committee Contacts

Member

Email

Phone



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Department of Health: Medicaid Expansion Workgroup

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Entity: Department of Health

Body: [Medicaid Expansion Workgroup](#)

Subject: Medicaid Health Care

Notice Title: Utah 1115 Waiver Amendments

Notice Type: Notice, Meeting

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

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

Description/Agenda:

PUBLIC NOTICE

Utah 1115 Waiver Amendments

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

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

Medicaid Coverage for Justice-Involved Populations (HB 38)

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

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

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

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

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

Public Hearings:

Meeting Location:

Video Conference
Salt Lake City , 84116

[Map this!](#)

Contact Information:

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

Audio File Address

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

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

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

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

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

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

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

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

Public Comment:

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

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

Comments may be submitted:

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

Email: Medicaid1115waiver@utah.gov

Mail: Utah Department of Health
Division of Medicaid and Health Financing
PO Box 143106
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Notice of Electronic or telephone participation:

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

Other Information

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

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

Deadline Date: May 26, 2020 05:30 PM

Board/Committee Contacts

Member	Email	Phone

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ATTACHMENT 3

Medical Care Advisory Committee Public Hearing



Medical Care Advisory Committee

Minutes of May 21, 2020

Participants

Committee Members (via phone)

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

Committee Members Absent

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

DOH Staff (via phone)

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

Guest (via phone)

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

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

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

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

With this waiver amendment, DMHF is requesting authority to:

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

The document which was presented is embedded in this document



Utah 1115-Abbrv
Public Notice-Justice I



Public Hearing
Overview-UPP-Justice

Public Comment:

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

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

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

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

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

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

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

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

Approval of Minutes

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

New Rulemakings Information Rules/SPAs – Craig Devashrayee:

Craig Devashrayee discussed Rules/SPAs.

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

The documents which were presented are embedded in this document



MCAC Rule Summary 5-21-20.pdf



MCAC SPA Summary 5-21-20.pdf

Comments:

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

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

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

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

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

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

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

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

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

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

Eligibility Enrollment Update – Michelle Smith/Muris Prses:

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

The document which was presented is embedded in this document.



Medicaid Trends.pdf



MCAC Data.pptx

Medicaid Expansion Report – Jennifer Meyer-Smart:

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

The document which was presented is embedded in this document.



Expansion Report

ACO's Outreach Campaign – Brian Monsen

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

Legislative Updates & Appropriations – Emma Chacon:

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

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

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

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

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

Director's Report

COVID-19: - Nate Checketts

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

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

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

Medicaid Disaster SPA:

Michelle Smith discussed the Medicaid Disaster SPA which was approved.

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

1135 Waiver:

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

Attachment K (HCBS):

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

Cares Act:

Funding to provide relief to provider groups from HHS distributing those funds to providers first through their Medicare Fee-for- 29 Service volume. All States (Medicaid agencies) were asked to provide information on all payments made to providers for 18-19-year

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

Public Hearing (1115 Waiver):

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

Other:

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

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

Adjourn

Meeting was adjourned at 4:00 pm.

ATTACHMENT 4

Tribal Consultation





Utah Indian Health Advisory Board (UIHAB) Meeting

6/12/2020

8:30 AM –10 AM

Utah Department of Health

Salt Lake City, UT 84114

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

Join with Google Meet

Meeting ID

meet.google.com/uwq-oeps-qzs

Meeting called by:

UIHAB

Type of meeting:

Monthly UIHAB

Facilitator:

Melissa Zito

Meeting ID

meet.google.com/uwq-oeps-qzs

Note taker:

Dorrie Reese

Call In **1-617-675-4444** passcode **2135005668460 #**

Please Review:

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

Agenda topic

8:30 AM

UIHAB Meeting

Welcome & Introductions

Jessica Sutherland, Chair

Felecita FullBear, Vice Chair

8:40 AM

Committee Updates & Medicaid Waiver Presentation

- ✦ UT Medicaid Eligibility Policy
SPA's Medicaid & CHIP
- ✦ Medicaid Waivers
- ✦ Medicaid & CHIP State Plan Amendments (SPA) & Rules
- ✦ DWS Medicaid Eligibility Operations
- ✦ MCAC & CHIP Advisory Committees
- ✦ COVID-19 Materials & Update
UIHAB Retreat Updates
- ✦ GoodHealth TV update
- ✦ Opioid Grant Update
Materials Set for Printing

Jeff Nelson

Jennifer Meyer-Smart

Craig Devashrayee

Jacoy Richins

Mike Jensen & Ryan Ward

Melissa Zito

Candace Muggerud

Jeremy Taylor & Kassie John

10:00 AM

Adjourn to join UDOH COVID-19 Coordination Call

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/757833341>

You can also dial in using your phone.

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