

Utah's Medicaid Reform 1115 Demonstration

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

Quarterly Monitoring Report

Reporting Period: Demonstration Year: 23 (7/1/24-6/30/25)
 Demonstration Quarter: 1 (10/1/24-12/31/24)

Executive Summary

The Utah Medicaid Reform 1115 Demonstration is a statewide demonstration that gives the Utah Department of Health and Human Services (DHHS) federal authorization to administer specific medical programs and benefits that are not otherwise allowable under federal rules. This demonstration was originally approved in February 2002. The Demonstration was implemented July 1, 2002, and is now in year 23. Over the years, additional programs and benefits have been authorized under the demonstration. This current demonstration has been approved through June 30, 2027.

The demonstration authorizes the following programs and benefits:

- Adult Expansion (AEM)- Provides Medicaid benefits to adults age 19-64 who have household income up to 133 percent of the federal poverty level (FPL).
- Aged Dental-Provides state plan dental benefits to Medicaid eligible individuals age 65 and older.
- Dental Benefits for Individuals who are Blind or Disabled- Provides state plan dental benefits to individuals age 18 and older, who are blind or have disabilities.
- Employer Sponsored Insurance- Individuals in the Adult Expansion group are required to enroll in employer sponsored insurance (ESI), if it is available to the eligible individual.
- Fertility Treatment for Individuals Diagnosed with Cancer - Provides fertility preservation for eligible individuals diagnosed with cancer and requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (i.e., infertility caused by treatment for cancer).
- Former Foster Care Youth from Another State- Provides state plan Medicaid benefits to former foster care youth from other states until they reach age 26.
- Housing Related Services and Supports (HRSS)- Provides housing-related services and supports in the form of tenancy support, community transition, and supportive living services to TAM enrollees experiencing homelessness, food or transportation insecurity, or interpersonal violence and trauma.
- In Vitro Fertilization and Genetic Testing - Provides genetic testing services to eligible individuals, ages 18 through 35, diagnosed by a physician with a genetic trait associated with cystic fibrosis, morquio syndrome, sickle cell anemia, spinal muscular atrophy, or myotonic dystrophy.
- Intensive Stabilization Services (ISS) - Provides intensive stabilization services to Medicaid-eligible children and youth under age 21, who are in state custody, or at risk of state custody, and experiencing significant emotional and/or behavioral challenges.
- Justice Involved - Provides limited coverage of targeted services for inmates in a state prison, county jail, or juvenile justice facility for up to 90 days prior to the expected release date.
- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)- Provides expenditure authority for services furnished to eligible individuals ages 21 through

64 who receive treatment for an SMI, and who are short-term residents in facilities that meet the definition of an IMD.

- Substance Use Disorder (SUD) Residential Treatment- Covers SUD Residential Treatment in an Institution for Mental Disease (IMD) for all Medicaid-eligible individuals.
- Targeted Adult Dental Benefits- Provides state plan dental benefits for Targeted Adult Medicaid-eligible individuals who are receiving Substance Use Disorder (SUD) treatment.
- Targeted Adult Medicaid (TAM)- Provides state plan Medicaid benefits to a targeted group of adults without dependent children.
- Utah's Premium Partnership for Health Insurance (UPP)-Provides premium assistance to help pay the individual's or family's share of the monthly premium costs of employer-sponsored insurance or COBRA.
- Utah Medicaid Integrated Care (UMIC)- Allows the State to operate an integrated managed care pilot combining physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population).

Over the five-year approval period, Utah seeks to achieve the following goals:

- Provide health care coverage for low-income Utahns eligible under the demonstration who would not otherwise have access to, or be able to afford, health care coverage;
- Improve beneficiary health outcomes and quality of life;
- Lower the uninsured rate of low income Utahns;
- Provide continuity of coverage for individuals eligible under the demonstration;
- Increase access to primary care;
- Reduce uncompensated care provided by Utah hospitals;
- Reduce barriers to health care and housing, an important social determinant of health;
- Increase the utilization of preventive dental services, while reducing emergency dental procedure costs;
- Improve access to services across the continuum of care;
- Provide for better care coordination for individuals transitioning to community-based care;
- Reduce the utilization of emergency departments and inpatient hospital settings for treatment where utilization is preventable or medically inappropriate; and
- Reduce the overdose death rate.
- Improve access to fertility preservation services for Medicaid-eligible individuals diagnosed with cancer, as well as access to in vitro fertilization (IVF) services for individuals diagnosed with certain genetic disorders.

Key Events and Operational Updates

Native American Health Amendments

On November 22, 2024, the State submitted the "Native American Health Amendments" amendment application to CMS. Approval of this amendment will allow the State to reimburse for traditional healing services provided by a traditional healing provider in an eligible facility to Medicaid enrollees who are members of an American Indian or Alaskan Native (AI/AN) tribe. This amendment request is

pending a decision from CMS.

Adult Expansion

During this quarter, there were no issues or changes to this demonstration and enrollment remained steady.

Adult Expansion-Employer Sponsored Insurance¹

Below are the number of individuals who received an ESI reimbursement for each month of the demonstration quarter, as well as the total ESI expenditures.

ESI Enrollment and Total Payments Issued²	October 2024	November 2024	December. 2024
Enrollment	617	618	586
Total Payments Issued	\$84,671.29	\$85,560.65	\$82,602.06

ESI enrollment remained steady during this demonstration quarter. Employers are still being educated on how to correctly fill out the Employer Sponsored Insurance Form that is required before the reimbursement can be issued. During this quarter, there were no issues or changes to this demonstration.

Dental Benefits for Targeted Adults, Aged, Blind and Disabled Medicaid Individuals

Dental services for Targeted Adult Medicaid individuals undergoing substance use disorder as well as aged, blind, and disabled individuals continue to be provided through the University of Utah School of Dentistry (UUSOD) or its associated statewide network of providers through fee-for-service Medicaid. These individuals can receive covered dental services as defined in Utah Administrative Rule R414-49 Dental, Oral and Maxillofacial Surgeons and Orthodontia and the Dental Oral and Maxillofacial Services provider manual. During this quarter, there were no issues or changes to this demonstration.

¹ Numbers reflect actual data and do not include ESI individuals who did not receive a monthly payment. This revised reporting method was first used in the DY22 Annual Report. The State will continue to use this revised reporting method in future monitoring reports.

² Data Source: MMIS, ESI Case Paid Detail Report.

Fertility Treatment for Individuals Diagnosed with Cancer

On February 29, 2024, the State received approval of the Fertility Treatment for Individuals Diagnosed with Cancer amendment. This amendment enables the State to provide fertility preservation for eligible individuals diagnosed with cancer and requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (i.e., infertility caused by treatment for cancer). Services covered under this once per lifetime benefit include the collection and storage of eggs or sperm and coverage for cryopreservation storage. Coverage for cryopreservation storage is covered as a single payment in five-year increments. This demonstration went into effect on May 1, 2024. During this quarter, there were no issues or changes to this demonstration.

Former Foster Care Youth from Another State

As of January 1, 2023, under Section 1002 of the SUPPORT Act, states must cover former foster care youth who received Medicaid at the time they aged out of foster care, regardless of the state they lived in at the time of age-out. These changes are effective for youth who turn 18 on or after January 1, 2023. On February 2, 2023, the State submitted a state plan amendment to cover these individuals effective January 1, 2023. The State will continue to use the 1115 Demonstration to cover existing and any newly eligible individuals who had aged out of foster care (under the 1115 Demonstration authority) prior to January 1, 2023, until they reach the age of 26. The State is using a combination of system evidence to show these individuals are from another state, as well as their date of birth, both of which will help ensure coverage properly continues. The State will plan to phase out this demonstration effective December 31, 2030.

Housing Related Services and Supports

HRSS is currently offered statewide through 14 service providers, with a total of 714 active program participants. During this demonstration quarter, 1,074 individuals received services including creating housing plans and assistance with rental applications. 90 individuals successfully moved into stable housing this demonstration quarter. With approximately two years having passed since the start of this demonstration, 408 individuals have been housed. HRSS staff are currently working with The Road Home, the largest homeless service provider in Utah, and Utah Community Action. These agencies are focused on acquiring and training certified staff and increasing HRSS services. One of the State's five Independent Living Centers, Roads to Independence, is currently enrolling in the program.

During this demonstration quarter, HRSS staff continued to provide program oversight, on-going training, and technical assistance. In November 2024, HRSS staff also held the first Housing Related Services and Supports In-Person Workshop. The workshop included active service providers and others who are interested in becoming program providers. The agenda included challenges of program operation, lessons learned, program successes, and future planning. Presentations were

given by six different service provider agencies. One out-of-state agency interested in offering HRSS services in the State was also in attendance.

Additional overview presentations were provided to 21 organizations during this quarter, as well as an in-person meeting and several question-and-answer sessions. Overviews and discussion sessions were also held for three DHHS organizational units.

HRSS staff continue to participate with the National Association of Housing and Redevelopment Officials (NAHRO), the board of the Professional Development Team, and Mountain Plains NAHRO. In 2025, HRSS staff are planning to attend the annual Utah Health Policy Project Annual Conference, present in the annual Connect the Dots Conference hosted by Health Choice Utah and continue to create opportunities to connect with agencies across the State.

2025 will bring a more structured monitoring/review process for long-term service providers, including more rigorous file reviews. The number of reviewed files will correlate with the numbers of individuals served by the agency under review. Seven monitoring/review sessions are planned for the first quarter of the calendar year. The focus will remain on participant engagement, program compliance, and quality enhancement.

In Vitro Fertilization and Genetic Testing

On February 29, 2024, the State received approval of the In Vitro Fertilization (IVF) and Genetic Testing amendment. This amendment enables the State to provide genetic testing services to eligible individuals, preimplantation genetic testing of embryos, and IVF services to eligible individuals, ages 18 through 35, diagnosed by a physician with a genetic trait associated with cystic fibrosis, morquio syndrome, sickle cell anemia, spinal muscular atrophy, or myotonic dystrophy. This demonstration went into effect on May 1, 2024. During this quarter, there were no issues or changes to this demonstration.

Intensive Stabilization Services (ISS)

During this demonstration quarter, Stabilization and Mobile Response (SMR) Administrators were able to submit the following ISS claims to Medicaid for the 1115 Demonstration.

Region Administrator	October 2024	November 2024	December 2024	Total
Northern (includes Weber, Bear River and Davis)	See below	See below	See below	See below
Weber	0	0	0	0
Bear River	0	0	0	0
Davis	0	0	0	0

October 1, 2024 - December 31, 2024

Southwest	0	0	0	0
Western	13	18	4	35
Salt Lake	11	13	2	26
Eastern	0	0	0	0

SMR Administrator	Projections/goals
Northern Region Davis Behavioral Health	Davis did not bill the 1115 Demonstration for ISS during the last quarter. The administrative burden is not currently worth the payout for billing.
Northern Region Weber Human Services	Weber Human Services did not bill the 1115 Demonstration this quarter but may be willing to in 2025.
Northern Region Bear River Mental Health	The Bear River SMR program manager and CFO recently stated they are already billing SMR services under different Medicaid codes and do not want to add any administrative burden. They are currently declining to participate in the 1115 Demonstration.
Southwest Region (Southwest Behavioral Health)	The Southwest region does not have plans to bill the 1115 Demonstration for the remainder of the fiscal year. They state the administration burden for billing is not currently worth the potential benefit of the 1115 Demonstration.
Salt Lake Region (Primary Children's):	Salt Lake Region is billing regularly and utilizing the 1115 Demonstration. They are proactive in working with the State Office of Substance Use and Mental Health to clarify ongoing questions, policies, and procedures. They have seen program growth and have a streamlined billing process. Their ISS administrator left for another job and is expecting some changes in the coming quarter.
Eastern Region (Four Corners Community Behavioral Health): Finalizing SMR Administrator and subcontracting approach to serving the region. Partial Eastern Region SMR Administrator was operational in Spring 2021.	The Eastern Region had no changes during this demonstration quarter. There are no anticipated billings for the remainder of the fiscal year.

Western Region	Western Region is now able to bill for services and private insurance. Intermountain has continued to create policy and language to assure the client is not receiving bills for service copays. Intermountain continues to increase service utilization.
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Justice Involved

On October 28th, 2024, the State submitted an Implementation Plan to CMS to serve as a broad framework and overview of the plan for Justice Involved. On December 11th, 2024, the State submitted a Reinvestment Plan to CMS detailing how reinvestment monies will be allocated. During this demonstration period, the State hosted monthly Community Stakeholder Meetings to gather feedback and receive community updates. In addition, the State began developing all Memorandums of Understanding and Data Sharing Agreements to ensure all information is protected and utilized appropriately when Justice Involved goes live. The State is still anticipating the first phase of implementation in 2025.

SUD/SMI

The SUD/SMI quarterly report for this demonstration quarter is submitted to CMS separately. Please refer to these documents for detailed information on these demonstration populations.

Targeted Adult Medicaid

The State continues to cover the following subgroups under the Targeted Adult Medicaid (TAM) program:

- Chronically Homeless. These individuals are:
 - living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months, or on at least four separate occasions totaling at least 12 months in the last three years and have a substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, a chronic illness or a disability.
 - living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for a total of six months within a 12-month period and have a diagnosable substance use disorder, serious mental health disorder, diagnosable developmental disability, or post-traumatic stress disorder.
 - victims of domestic violence and living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter.
 - previously homeless and living in supportive housing.
- Justice Involved. These individuals need substance use or mental health treatment and:
 - have completed a substance use disorder treatment program while incarcerated in

- jail or prison;
 - are on probation or parole and have a serious mental illness or substance use disorder;
 - are court ordered to receive substance abuse or mental health treatment through a district or tribal court;
 - were discharged from the State Hospital and admitted to the civil unit.
- Individuals Needing Treatment. These individuals are:
 - discharged from the State Hospital due to a civil commitment; or
 - currently receiving General Assistance (GA) from DWS and have been diagnosed with substance use or a serious mental health disorder.

Agencies and providers that interact with this demonstration population continue to have interest in becoming authorized referral agencies. All TAM referrals must be completed and submitted by agencies that meet certain criteria and have been approved by the State. During this demonstration quarter, ten agencies expressed interest in becoming TAM providers. Four of those agencies were approved. Two agencies were denied for not meeting the required criteria, and four have not yet provided the requested information needed to determine if they can be approved as an authorized agency.

Demonstration Population III-Premium Assistance (UPP)

On February 29, 2024, the State received approval of the UPP Premium Reimbursement Increase for Children amendment. This amendment enables the State to increase the premium subsidy amount for children who would otherwise receive CHIP services under the state plan from \$120 to \$180 per month. If a plan offers dental coverage, the premium subsidy amount will increase by \$20. Additionally, the State is now able to increase the maximum subsidy amount through the State rulemaking authority. The State may increase the maximum premium assistance subsidy amount each subsequent fiscal year for the demonstration, subject to the appropriation of additional funding. The maximum premium reimbursement amount applicable to a particular beneficiary will not exceed the individual/family's share of premium costs. The State will need to request an amendment to the demonstration if, in the future, the State would like to decrease the maximum premium subsidy amount.

During this demonstration quarter, enrollment for this demonstration population remained stable and there were no issues or changes to this demonstration.

Utah Medicaid Integrated Care

Utah Medicaid Integrated Care (UMIC) allows the state authority to:

- Enroll 1115 demonstration populations in managed care plans;
- Create and operate an integrated managed care pilot combining the physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not

- including the Targeted Adult Population);
- Enroll individuals who are not enrolled in integrated care, in Utah’s Accountable Care organizations for their physical health service delivery system, and in Prepaid Mental Health Plans (PMHP) for their behavioral health services delivery system; and,
- Receive expenditure authority to add behavioral health services authorized under the demonstration for those enrolled in managed care.

The State continues to contract with Health Choice of Utah, Select Health Community Care, Healthy U, and Molina to administer the UMIC plans. The UMIC plans operate in five of the State’s urban counties; Weber, Davis, Salt Lake, Utah, and Washington and serve Medicaid expansion beneficiaries in these areas.

In a monthly meeting held during this demonstration quarter, each UMIC plan presented their approach to physical and behavioral health comorbidities in the UMIC population, including efforts made to address these issues. The presentations also included how teams within the plan coordinated to serve UMIC members with both physical and behavioral health needs. The UMIC plans continue to require standardized service authorization procedures for substance use residential treatment, mental health residential treatment and inpatient psychiatric treatment. The plans are currently developing a standardized service authorization policy for Transcranial Magnetic Stimulation (TMS) treatment.

Suspension of Medicaid Benefits

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

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

Number of Individuals with Medicaid Suspended³

Demonstration Population	October 2024	November 2024	December 2024	Total
Adult Expansion	948	840	727	2,515
Dental- Aged	6	9	9	24
Dental-Blind/Disabled	67	64	60	191

³ Data Source: Dept. of Workforce Services Cognos Report- “401-Suspension of Benefits”

Targeted Adult Medicaid	812	745	696	2,253
Total	1,833	1,658	1,492	4,983

Enrollment⁴

The table below details the monthly enrollment numbers for the demonstration quarter, for each demonstration group covered under the 1115 Demonstration.

Demonstration Population	October 2024	November 2024	December 2024
Adult Expansion	73,354	73,591	72,968
Aged Dental	9,329	9,285	9,153
COBRA	0	0	0
Employer-Sponsored Insurance	670	669	639
Demonstration Population III, V, VI-Premium Assistance	404	377	383
Dental-Blind/Disabled	38,534	38,346	38,065
Former Foster Care Youth	20	20	20
HRSS	47	46	33
ISS	0	0	0
SMI	211	188	105
SUD	848	760	169
Targeted Adults	6,416	6,504	6,585
Targeted Adult Dental	839	955	962
Utah Medicaid Integrated Care	49,513	49,813	49,963

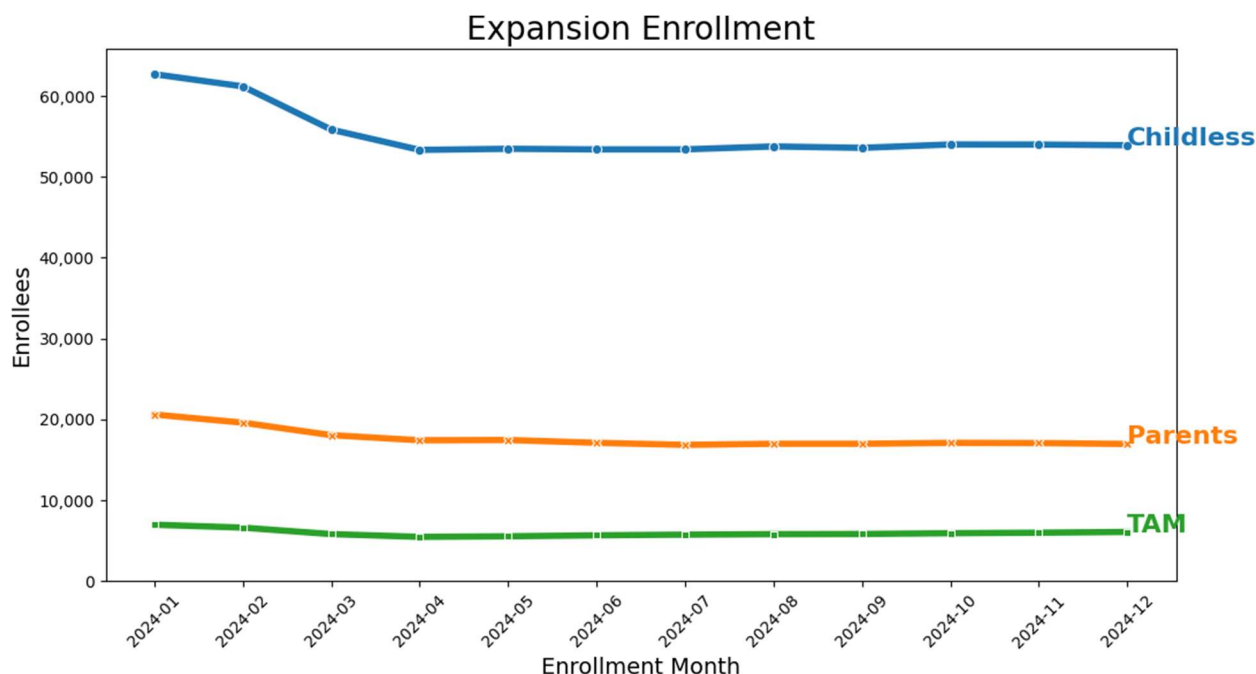
⁴ Enrollment as of January 24, 2025. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Medicaid Expansion and Targeted Adult Medicaid Enrollment

Below are detailed data on expansion enrollment by subgroup. Beginning with the DY22, quarter three monitoring report, the State began reporting Adult Expansion Expenditures in addition to Targeted Adult Medicaid Expenditures.

Expansion Enrollment by Subgroup⁵

servicemonth	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12
expansiongroup												
Childless	62,691	61,182	55,834	53,323	53,459	53,384	53,387	53,751	53,576	53,994	53,985	53,901
Parents	20,585	19,578	18,033	17,397	17,428	17,083	16,830	16,966	16,965	17,077	17,052	16,942
TAM	6,951	6,592	5,790	5,448	5,518	5,639	5,722	5,781	5,801	5,898	5,963	6,057
Total	90,227	87,352	79,657	76,168	76,405	76,106	75,939	76,498	76,342	76,969	77,000	76,900



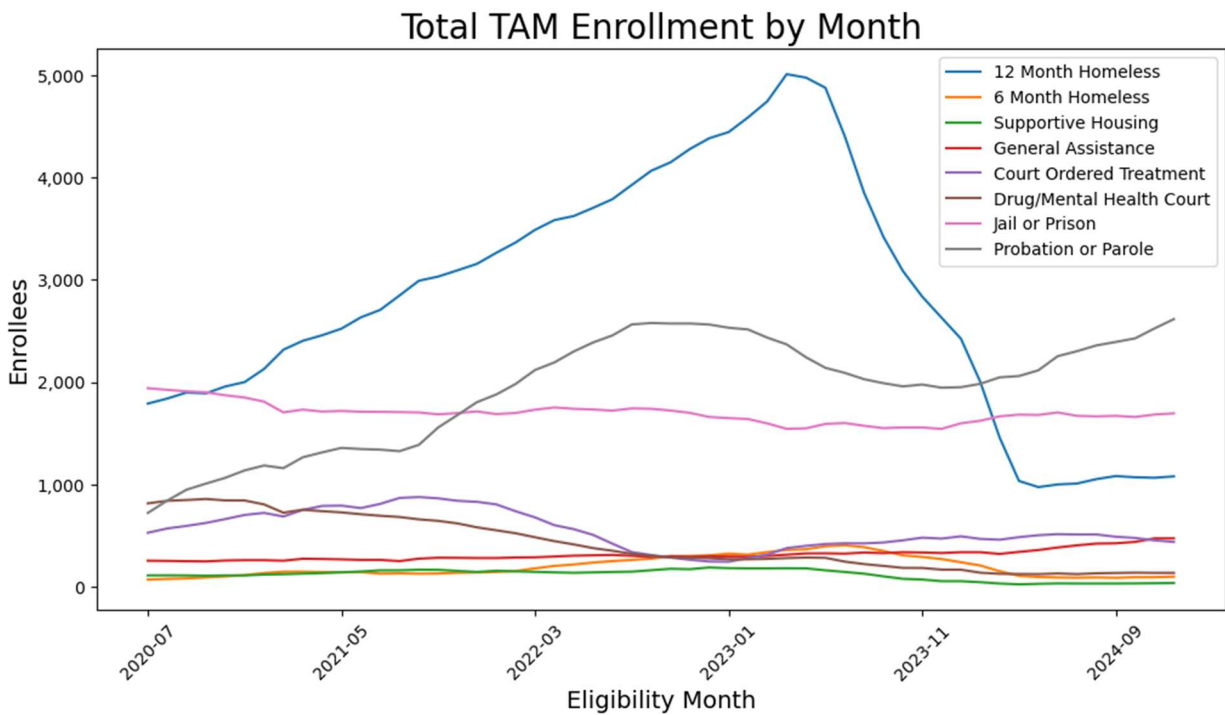
Targeted Adult Medicaid and Substance Use Disorder Treatment

Below is detailed data on enrollment and expenditures for the TAM population. TAM individuals continue to utilize the majority of SUD residential treatment amongst Medicaid recipients.

⁵ Enrollment as of January 24, 2025. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

TAM Enrollment by Month⁶

	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12
12 Month Homeless	1,011	1,054	1,084	1,072	1,067	1,081
6 Month Homeless	91	94	90	96	96	101
Supportive Housing	34	34	34	35	37	39
General Assistance	407	424	427	441	475	475
Court Ordered Treatment	513	513	491	479	456	440
Drug/Mental Health Court	126	134	137	140	138	138
Jail or Prison	1,672	1,667	1,672	1,661	1,685	1,696
Probation or Parole	2,304	2,360	2,394	2,429	2,526	2,617



⁶Enrollment as of January 24, 2025. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

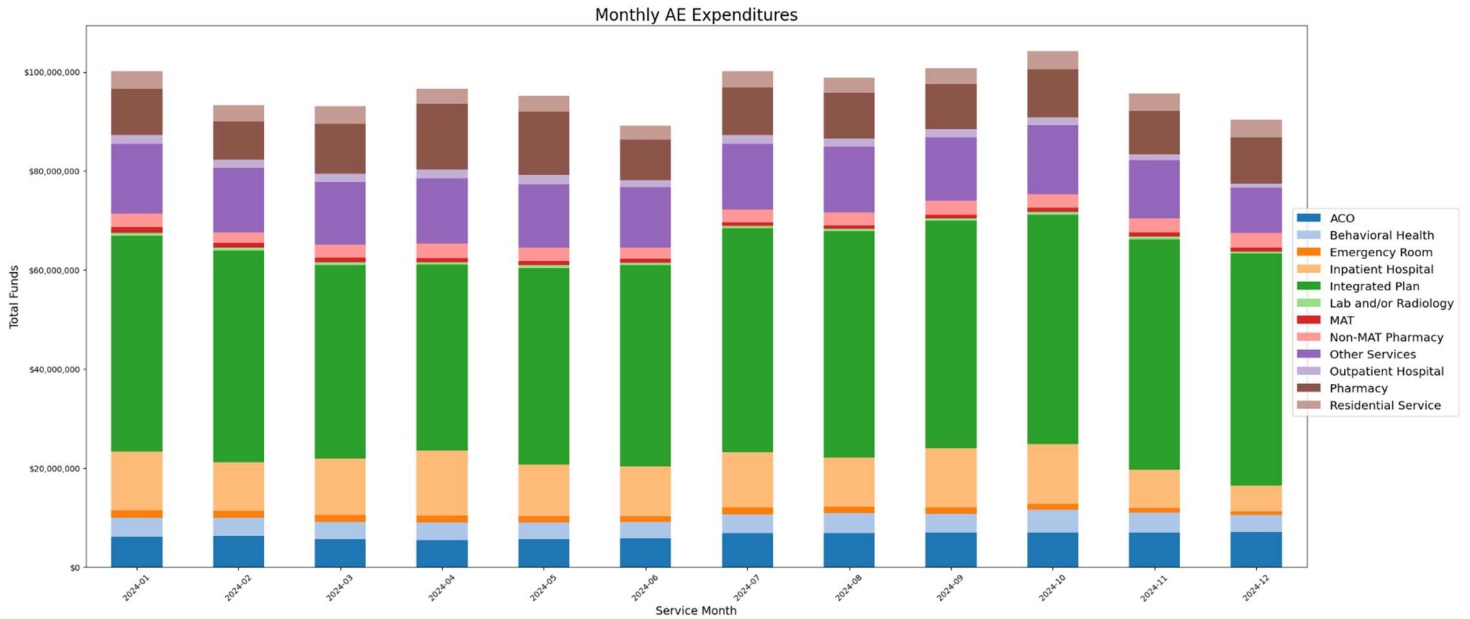
Monthly AEM Expenditures⁷

Expenditures (1,000s)		FY 2024											FY 2025	Total
servicemonth		2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	
servicetype														
ACO		\$6,207	\$6,287	\$5,718	\$5,418	\$5,696	\$5,807	\$6,913	\$6,916	\$6,983	\$7,018	\$7,016	\$7,081	\$77,057
Behavioral Health		\$3,704	\$3,611	\$3,431	\$3,610	\$3,369	\$3,267	\$3,795	\$4,036	\$3,831	\$4,620	\$3,994	\$3,437	\$44,705
Emergency Room		\$1,556	\$1,430	\$1,400	\$1,432	\$1,281	\$1,227	\$1,321	\$1,244	\$1,262	\$1,159	\$944	\$729	\$14,984
Inpatient Hospital		\$11,843	\$9,824	\$11,363	\$13,127	\$10,438	\$10,084	\$11,132	\$9,984	\$12,002	\$12,117	\$7,746	\$5,226	\$124,887
Integrated Plan		\$43,623	\$42,839	\$39,137	\$37,476	\$39,654	\$40,604	\$45,273	\$45,648	\$45,906	\$46,209	\$46,513	\$46,830	\$519,713
Lab and/or Radiology		\$611	\$585	\$593	\$565	\$550	\$529	\$468	\$502	\$485	\$598	\$558	\$408	\$6,453
MAT		\$1,121	\$865	\$862	\$799	\$842	\$723	\$716	\$692	\$686	\$842	\$902	\$885	\$9,934
Non-MAT Pharmacy		\$2,762	\$2,149	\$2,577	\$2,907	\$2,758	\$2,355	\$2,681	\$2,681	\$2,863	\$2,793	\$2,769	\$2,939	\$32,235
Other Services		\$14,101	\$13,079	\$12,778	\$13,168	\$12,759	\$12,145	\$13,224	\$13,215	\$12,824	\$13,970	\$11,690	\$9,043	\$151,996
Outpatient Hospital		\$1,745	\$1,686	\$1,645	\$1,764	\$1,846	\$1,390	\$1,770	\$1,603	\$1,591	\$1,523	\$1,293	\$924	\$18,780
Pharmacy		\$9,419	\$7,638	\$10,040	\$13,283	\$12,884	\$8,176	\$9,547	\$9,307	\$9,111	\$9,668	\$8,690	\$9,319	\$117,080
Residential Service		\$3,461	\$3,336	\$3,573	\$3,125	\$3,166	\$2,812	\$3,365	\$3,055	\$3,197	\$3,687	\$3,586	\$3,544	\$39,907
Total		\$100,153	\$93,328	\$93,116	\$96,674	\$95,241	\$89,119	\$100,204	\$98,884	\$100,740	\$104,204	\$95,700	\$90,366	\$1,157,729

Distinct Members Served		FY 2024											FY 2025	
servicemonth		2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	
servicetype														
ACO		8,170	8,256	7,357	6,854	7,214	7,346	7,660	7,679	7,700	7,731	7,720	7,758	
Behavioral Health		19,201	18,184	16,541	15,896	15,710	15,417	15,398	15,311	14,991	15,068	14,793	14,236	
Emergency Room		1,864	1,634	1,620	1,669	1,506	1,519	1,546	1,536	1,474	1,390	1,190	975	
Inpatient Hospital		472	383	467	449	386	364	411	394	395	382	315	224	
Integrated Plan		54,570	53,582	47,927	45,191	47,713	48,775	48,761	49,058	49,183	49,451	49,745	49,899	
Lab and/or Radiology		1,654	1,757	1,747	1,696	1,684	1,677	1,638	1,601	1,495	1,715	1,631	1,277	
MAT		2,889	2,563	2,385	2,327	2,359	2,234	2,221	2,231	2,220	2,445	2,493	2,210	
Non-MAT Pharmacy		2,902	2,494	2,524	2,500	2,525	2,454	2,571	2,675	2,679	2,801	2,713	2,825	
Other Services		85,454	86,702	79,057	75,666	75,981	75,651	75,469	76,078	75,906	76,642	76,736	76,667	
Outpatient Hospital		2,344	2,076	1,923	2,049	1,860	1,672	1,718	1,786	1,707	1,853	1,562	1,276	
Pharmacy		20,670	17,812	20,722	22,978	22,625	18,319	19,267	19,467	19,293	19,711	18,184	18,702	
Residential Service		716	682	709	634	603	622	655	650	645	700	658	622	
Total		90,227	87,352	79,657	76,168	76,405	76,106	75,939	76,498	76,342	76,969	77,000	76,900	

⁷ The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service. Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.

- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.



Monthly TAM Expenditures⁸

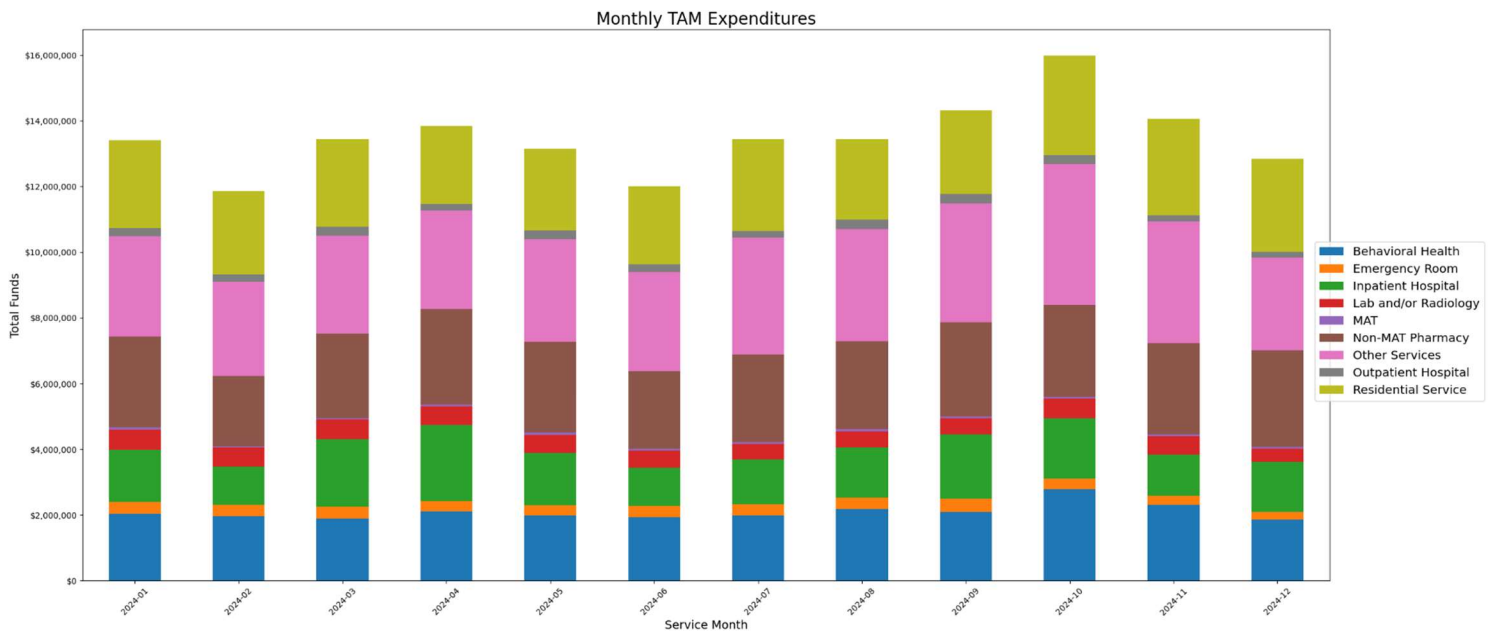
Expenditures (1,000s)	FY 2024												FY 2025	Total
servicemonth	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12		
servicetype														
Behavioral Health	\$2,032	\$1,965	\$1,898	\$2,101	\$1,973	\$1,929	\$1,987	\$2,176	\$2,094	\$2,786	\$2,303	\$1,850		\$25,093
Emergency Room	\$371	\$352	\$363	\$310	\$316	\$337	\$334	\$354	\$387	\$330	\$287	\$234		\$3,976
Inpatient Hospital	\$1,580	\$1,146	\$2,049	\$2,333	\$1,603	\$1,175	\$1,363	\$1,517	\$1,970	\$1,835	\$1,242	\$1,526		\$19,339
Lab and/or Radiology	\$611	\$585	\$593	\$565	\$550	\$529	\$468	\$502	\$485	\$598	\$558	\$408		\$6,453
MAT	\$70	\$45	\$46	\$42	\$65	\$54	\$57	\$58	\$66	\$57	\$67	\$59		\$685
Non-MAT Pharmacy	\$2,762	\$2,149	\$2,577	\$2,907	\$2,758	\$2,355	\$2,681	\$2,681	\$2,863	\$2,793	\$2,769	\$2,939		\$32,235
Other Services	\$3,064	\$2,853	\$2,969	\$3,008	\$3,135	\$3,012	\$3,559	\$3,407	\$3,626	\$4,285	\$3,703	\$2,819		\$39,438
Outpatient Hospital	\$251	\$219	\$283	\$205	\$274	\$232	\$205	\$288	\$286	\$275	\$193	\$167		\$2,878
Residential Service	\$2,667	\$2,553	\$2,670	\$2,376	\$2,489	\$2,379	\$2,786	\$2,455	\$2,545	\$3,027	\$2,944	\$2,841		\$31,734
Total	\$13,409	\$11,865	\$13,447	\$13,848	\$13,162	\$12,002	\$13,441	\$13,439	\$14,321	\$15,986	\$14,067	\$12,844		\$161,831

⁸ The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service. Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.

- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.

October 1, 2024 - December 31, 2024

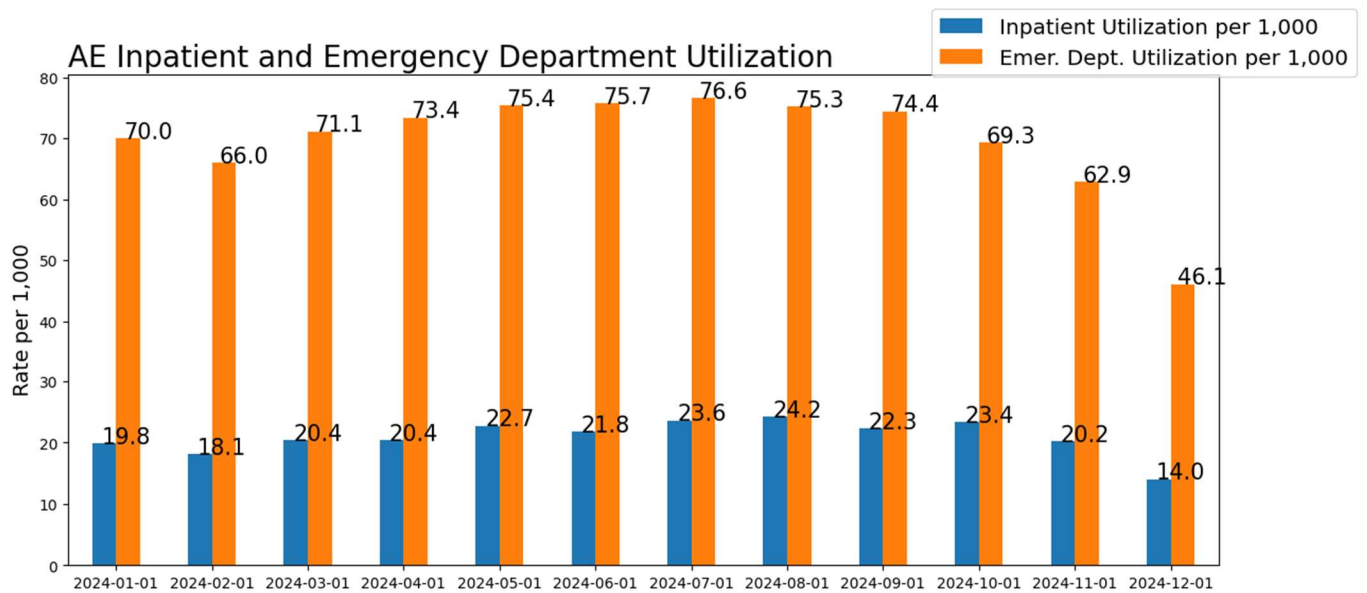
Distinct Members Served	FY 2024												FY 2025
	servicemonth	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12
	servicetype												
Behavioral Health		1,510	1,436	1,455	1,466	1,451	1,494	1,575	1,577	1,567	1,632	1,481	974
Emergency Room		552	510	520	462	482	520	528	550	551	505	479	405
Inpatient Hospital		89	64	96	98	81	71	83	88	97	79	63	74
Lab and/or Radiology		1,654	1,757	1,747	1,696	1,684	1,677	1,638	1,601	1,495	1,715	1,631	1,277
MAT		236	192	187	174	204	208	209	211	223	216	214	132
Non-MAT Pharmacy		2,902	2,494	2,524	2,500	2,525	2,454	2,571	2,675	2,679	2,801	2,713	2,825
Other Services		6,877	6,535	5,725	5,387	5,451	5,551	5,664	5,720	5,730	5,820	5,904	5,966
Outpatient Hospital		518	442	440	424	450	409	422	482	443	498	446	361
Residential Service		635	601	622	561	543	568	604	595	582	648	600	577
Total		6,951	6,592	5,790	5,448	5,518	5,639	5,722	5,781	5,801	5,898	5,963	6,057



October 1, 2024 - December 31, 2024

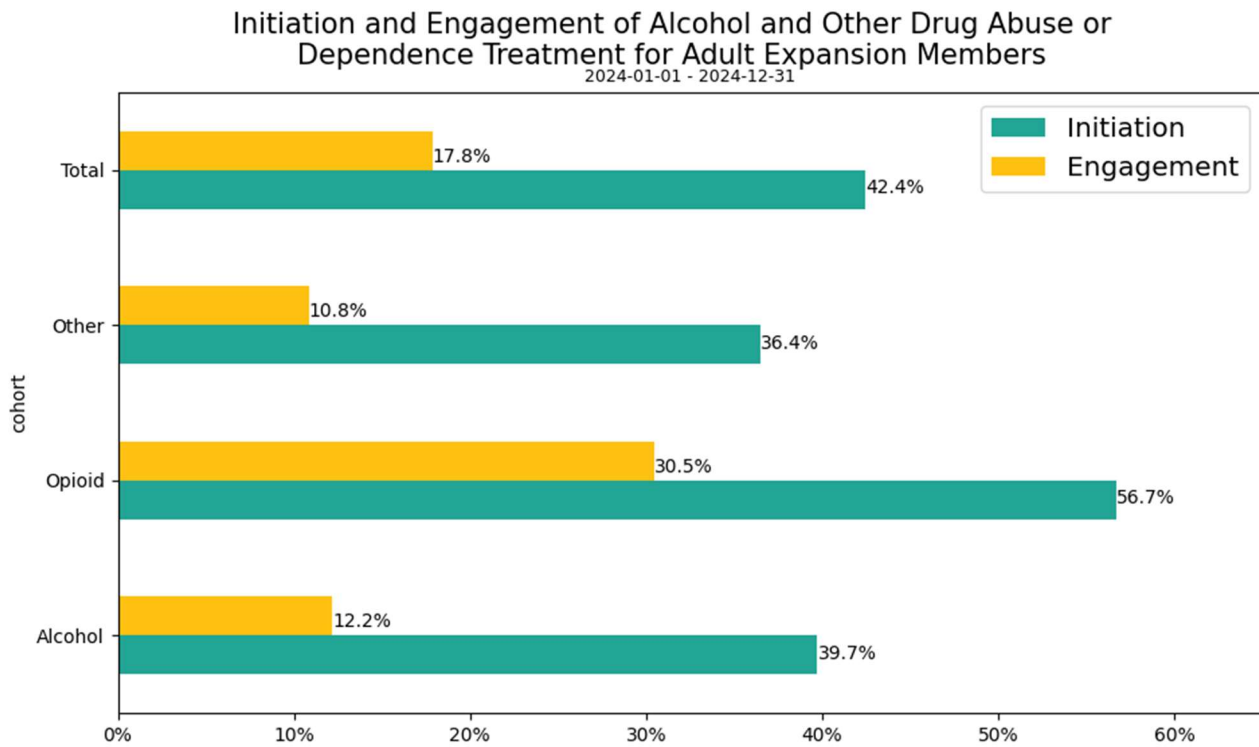
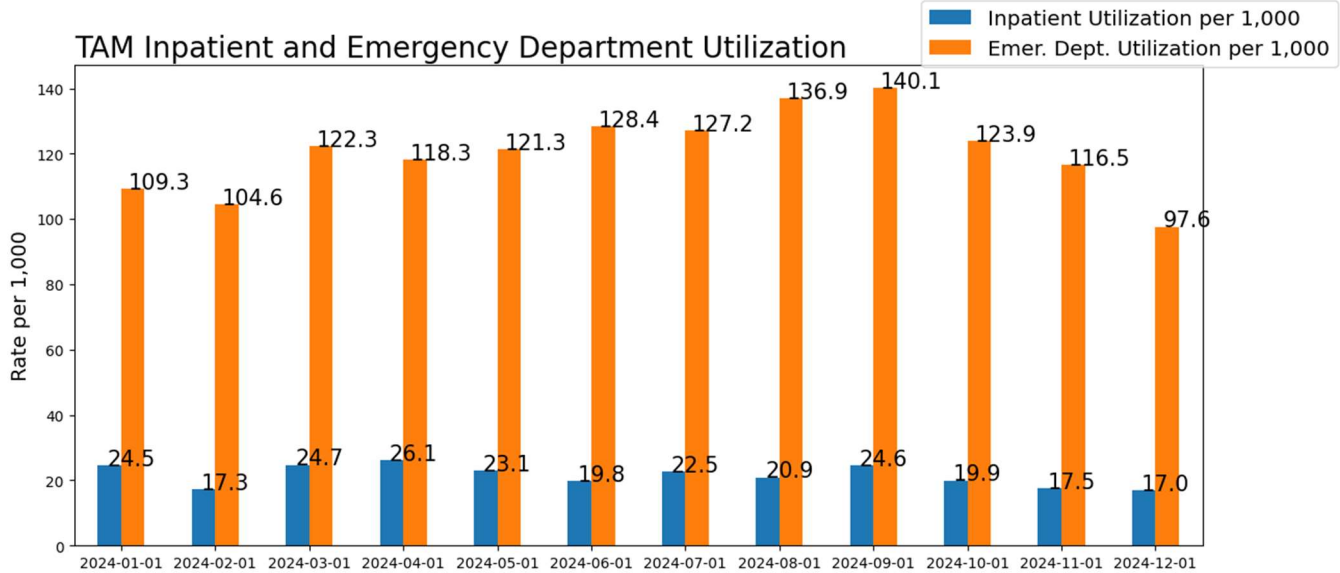
Adult Expansion inpatient and ED Utilization

	2024-10-01	2024-11-01	2024-12-01
Members	80,518.0	80,898.0	80,550.0
Inpatient	1,884.0	1,634.0	1,130.0
Emergency Dept.	5,580.0	5,091.0	3,710.0
Inpatient Utilization per 1,000	23.4	20.2	14.0
Emer. Dept. Utilization per 1,000	69.3	62.9	46.1



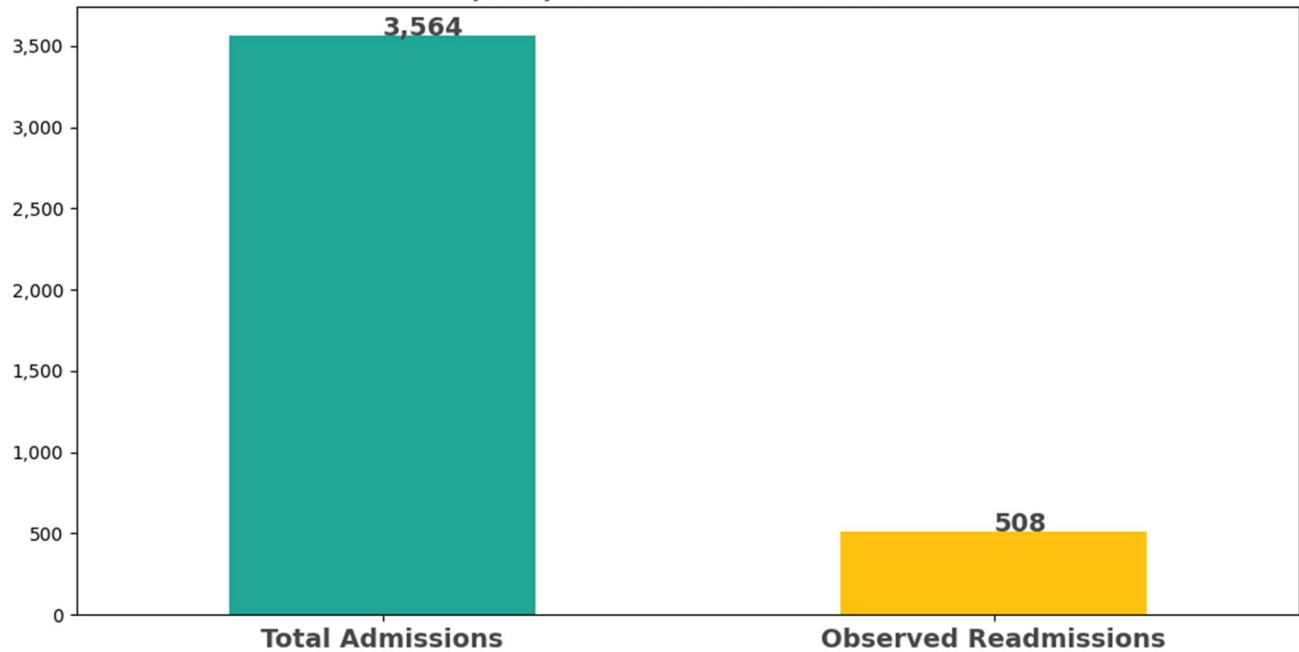
TAM inpatient and ED Utilization

	2024-10-01	2024-11-01	2024-12-01
Members	6,417.0	6,505.0	6,587.0
Inpatient	128.0	114.0	112.0
Emergency Dept.	795.0	758.0	643.0
Inpatient Utilization per 1,000	19.9	17.5	17.0
Emer. Dept. Utilization per 1,000	123.9	116.5	97.6



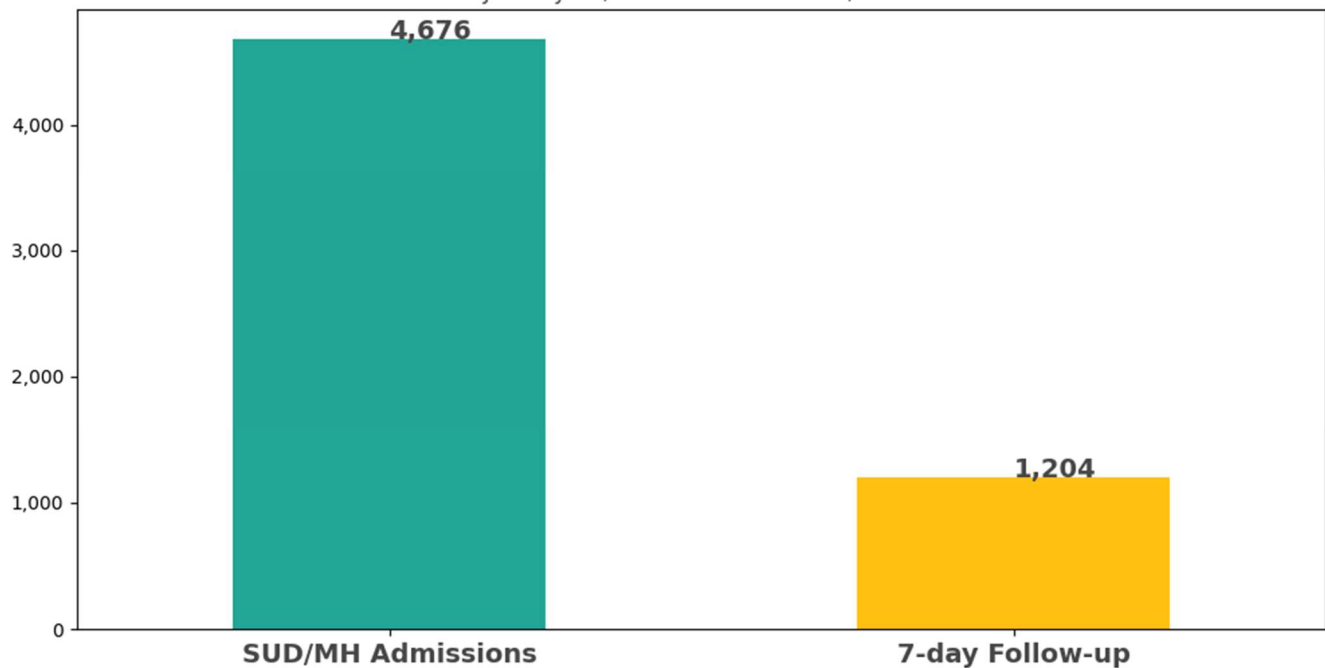
All-cause Hospital Readmission for all AE Members: 14.3%

January 01, 2024 - December 31, 2024



SUD/MH 7-day Follow-up Rate: 25.7%

January 01, 2024 - December 31, 2024



October 1, 2024 - December 31, 2024

Disenrollments

The table below identifies the number of disenrollments for this demonstration quarter, listed by demonstration population. As of DY22, Q4, the process for labeling disenrollment reasons is no longer used. Disenrollment data is now being reported by subgroups only.

Demonstration Population	October 2024	November 2024	December 2024	Total
Adult Expansion	2,445	2,634	2,776	7,855
Aged Dental	356	347	366	1,069
COBRA	0	0	0	0
ESI	23	34	31	88
Demonstration Population III, V, VI-Premium Assistance	16	36	10	62
Dental-Blind/Disabled	674	692	719	2,085
Former Foster Care Youth	0	1	0	1
HRSS	1	0	0	1
ISS	0	0	0	0
SMI	22	18	18	58
Substance Use Disorder Residential Treatment	9	14	19	42
Targeted Adults	256	238	206	700
Targeted Adult Dental	9	8	9	26
UMIC	1,198	1,185	1,392	3,775
Grand Total	5,009	5,207	5,548	15,764

Anticipated Changes to Enrollment

Pending Amendments

Approval of the pending amendments may influence enrollment. With the recent approval of the Justice Involved Demonstration, the State anticipates an increase in enrollment in several Medicaid programs including Adult Expansion and Targeted Adult Medicaid. The State also anticipates an increase in enrollment if the HRSN amendment is approved. For more information on pending amendments, refer to the "Pending Amendments" section below.

Benefits

The State anticipates a benefit increase if the Dental Services for Medicaid-eligible Adults amendment is approved.

The State anticipates continued growth in benefit utilization for HRSS in DY23.

Demonstration Related Appeals

There were no demonstration-related appeals for this quarter.

Grievances

Constituent Affairs Grievances

Below is a chart of grievances received from individuals to our Medicaid Constituent Affairs Representative. The calls are benefit related questions or concerns. The State began collecting this information in Demonstration Year 19, Quarter 3. Constituent affairs worked with all individuals to help resolve the issues. Data and summaries of the quarterly grievances are below. Only impacted demonstration populations are listed.

Demonstration Group	October 2024	November 2024	December 2024	Total
Adult Expansion	1	1	2	4
Aged, Blind, Disabled Dental	0	1	1	2
TAM	1	0	0	1
Total	2	2	3	7

There were seven Constituent Affairs Grievances filed during this demonstration quarter:

October:

- A TAM member attempted to obtain HRSS services but was discharged from the sober living facility. The member was given information regarding other HRSS providers.
- An AEM member was unable to obtain a prescription. A hearing request was then filed, after which the health plan approved prior authorization for the prescription.

November:

- A AEM member requested a change to their health plan outside of open enrollment. Due to the member's circumstances, the State was able to change the member's plan.
- An ABD member received a bridge from a UUSOD provider. Changes were needed so the bridge got sent back to the lab. The dentist is tracking the status of the bridge and will get it to the member as soon as the changes are made.

December:

- An AEM member's case was closed due to an income calculation error. The Constituent Services Representative assured the mistake was corrected and the case was subsequently reopened.
- An AEM member requested a refund on prescriptions. The member's health plan worked with the pharmacy to obtain a refund. However, the member was on a restriction program so not all prescriptions could be refunded.
- An ABD member needed a new crown. The dentist sent a prior authorization and documentation to Medicaid who determined it did not meet the required criteria. As a result, the member is submitting a fair hearing request.

Accountable Care Organization (ACO) Grievances

Below are the number of grievances reported by the managed care plans for this demonstration quarter.

Demonstration Group	October 2024	November 2024	December 2024	Total
Adult Expansion	40	42	41	123
UMIC	4	8	7	19
SUD IMD	1	1	0	2
Former Foster Care Youth	2	0	0	2
Total	47	51	48	146

Grievance Reasons	October 2024	November 2024	December 2024	Total
Related to outpatient services	0	0	0	0
Related to Inpatient Services	0	0	0	0
Related to coverage of outpatient prescription drugs	0	0	0	0
Related to other service types	0	0	0	0
Related to plan or provider customer service	1	1	1	3
Related to plan or provider care management/case management	0	0	0	0
Related to access to care/services from plan or provider	20	24	22	66
Related to quality of care	2	2	2	6
Related to plan communications	0	0	0	0
Related to payment or billing issues	21	21	20	62
File for other reasons	3	3	3	9
Suspected Fraud	0	0	0	0
Total	47	51	48	146

October 1, 2024 - December 31, 2024

Quality

Eligibility Determination and Processing

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

Application Processing-Average Days to Approval ⁹

Program Type	October 2024	November 2024	December 2024	Avg. Total
Adult Expansion	11.31	10.86	13.23	11.8
Targeted Adults	6.81	6.08	7.35	6.75
Premium Assistance UPP	32.82	10.8	18.43	20.68

Financial/Budget Neutrality

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

Financial-Anticipated Changes

The State does not anticipate any significant financial changes in the upcoming months.

Evaluator Updates and Demonstration Evaluations

The State continues to contract with Public Consulting Group, Inc. (PCG) to evaluate the 1115 Demonstration. CMS approved the Summative Evaluation Report on November 4, 2024. This report covers the demonstration period from November 1, 2017, through June, 2022.

The revised Evaluation Design which incorporates the Justice Involved amendment, was submitted to CMS on December 20, 2024.

⁹ Data Source: Dept. of Workforce Services Cognos Report- "104-Days to Approval"

Pending Amendment Requests

The following information summarizes the status of the State's 1115 Demonstration amendment requests. These amendment requests are pending a decision from CMS:

- **Chronic Conditions Support:** This amendment seeks approval from CMS to provide additional Medicaid services to fee for service enrolled individuals with qualified chronic health conditions.
- **Dental Services for Medicaid-eligible Adults:** This amendment seeks approval from CMS to provide dental services to Medicaid-eligible adults ages 21 and older who are not already eligible for dental services.
- **Family Planning Services:** This amendment seeks approval from CMS to provide family planning services to a specific population.
- **Health Related Social Needs:** This amendment seeks to provide health related social services to additional qualifying Medicaid-eligible groups, provide medical respite care to qualified Adult Expansion Medicaid and Targeted Adult Medicaid members, and change the age eligibility for fertility preservation treatment for Medicaid-eligible individuals diagnosed with cancer. Note: In light of conversations with CMS, the State has recently evaluated the approval pathway available for the previously submitted Medical Respite amendment (submitted to CMS on 12/30/21) and understands this demonstration is approvable under the Health-Related Social Needs (HRSN) framework.
- **Integrated Behavioral Health Services:** This amendment seeks approval to allow individuals to receive existing state plan covered physical and behavioral services in an integrated model through a contracted local mental health authority which will be selected through a request for proposal process.
- **Long Term Services and Supports for Behaviorally Complex Individuals:** This amendment seeks approval to allow individuals to provide Long Term Services and Supports to individuals with behaviorally complex conditions.
- **Native American Health Amendments:** Approval of this amendment will allow the State to reimburse for traditional healing services provided by a traditional healing provider in an eligible facility to Medicaid enrollees who are members of an American Indian or Alaskan Native (AI/AN) tribe.

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

- Lock-out from the Medicaid expansion for committing an intentional program violation.
- Not allow hospitals to make presumptive eligibility determinations for the Medicaid Expansion.
- Require premiums for Adult Expansion individuals with income over 100 percent through 133 percent of the FPL.

- Require a \$10 surcharge for each non-emergent use of the emergency department after having received a warning for inappropriate use of the emergency department for Adult Expansion individuals with income over 100 percent FPL through 133 percent of the FPL.
- Implement defined flexibilities and cost savings provisions for the Medicaid Expansion through the state administrative rulemaking process within the parameters defined by the demonstration amendment.
- Additional flexibility for providing services through managed care for all Medicaid individuals.