



State of Utah

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Utah Department of Health

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December 30, 2020

Seema Verma
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 Verma:

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 seeks approval to allow the State to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have one of the following conditions: Cystic fibrosis, spinal muscular atrophy, Morquio syndrome, myotonic dystrophy, or sickle cell anemia.

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
Operations Director
Medicaid and Health Financing



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State of Utah

Section 1115 Demonstration Amendment

In Vitro Fertilization and Genetic Testing for Qualified Conditions

Section I. Program Description and Objectives

During the 2020 General Session of the Utah State Legislature, House Bill 214 “Insurance Coverage Modifications” was passed, and signed into law by Governor Herbert. This legislation requires the Utah Department of Health, Division of Medicaid and Health Financing (DMHF) to seek 1115 waiver approval from the Centers for Medicare and Medicaid Services (CMS) to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified conditions. These qualified conditions include:

- Cystic fibrosis
- Spinal muscular atrophy
- Morquio syndrome
- Myotonic dystrophy
- Sickle cell anemia

Goals and Objectives

Under Section 1115 of the Social Security Act, States may implement “experimental, pilot or demonstration projects which, in the judgment of the Secretary [of Health and Human Services] is likely to assist in promoting the objectives of [Medicaid]”. The State believes this demonstration is likely to promote the objectives of Medicaid by improving health outcomes for Medicaid populations and reducing Medicaid costs to ensure the sustainability of Medicaid.

Providing these services will make it possible for Medicaid eligible individuals who have, or who carry serious inherited disorders to decrease the risk of passing the disorder on to their child.

Operation and Proposed Timeline

The demonstration will operate statewide. The State intends to implement the proposed benefit as soon as possible after approval. 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 hypothesis will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
This demonstration will decrease Medicaid expenditures associated with the conditions identified in this demonstration	<ul style="list-style-type: none"> Total Medicaid expenditures associated with these conditions 	Claims data	Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons

Section II. Demonstration Eligibility

Individuals eligible under this demonstration must be Medicaid eligible individuals who meet all of the following requirements:

1. Be age 18 through 35
2. Has been diagnosed by a physician as having a genetic trait associated with a qualified condition listed below:
 - a. Cystic fibrosis
 - b. Spinal muscular atrophy
 - c. Morquio Syndrome
 - d. Myotonic dystrophy, or
 - e. Sickle cell anemia; and,
3. Intends to get pregnant with a partner who has been diagnosed by a physician as having a genetic trait associated with the same qualified condition as the individual.

Projected Enrollment

The projected enrollment for the demonstration population is approximately 50 individuals per year.

Section III. Demonstration Benefits and Cost Sharing Requirements

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

1. Preimplantation genetic diagnosis to test embryos for specific genetic disorders prior to transfer to the uterus; and
2. In vitro fertilization services.

Qualified Medicaid members may receive these services once per lifetime.

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

Section IV. Delivery System

Services for Demonstration individuals will be provided initially through fee for service (FFS). At a future date, the State may continue delivery of these services through FFS or may transition delivery of these services to managed care under 1915(b) authority or by amendment to the Demonstration.

Section V. 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 the remaining demonstration year.

	DY20 (SFY 22)
Enrollment	50
Expenditures	\$860,000

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)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the State to vary the amount, duration, and scope of services provided to individuals in the demonstration group.
Section 1902(a)(23)(A)- Freedom of Choice	To enable the State to restrict freedom of choice of providers for the population affected by this demonstration.

Expenditure Authority

The State requests expenditure authority to provide in vitro fertilization and genetic testing services for qualified Medicaid members.

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 December 14, 2020 from 4:00 p.m. to 5:00 p.m. The second public hearing was held on December 17, 2020 from 2:00 p.m. to 4:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting. Due to

the COVID-19 public health emergency and state social distancing guidelines, both public hearings were held via video and teleconferencing. Two comments in support of this amendment were submitted during the public hearings. No issues or concerns were submitted.

Public Comment

The public comment period was held November 25, 2020 through December 25, 2020. No additional public comments were submitted during the public comment period.

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 December 11, 2020 to present this demonstration amendment. Members of the board expressed support for this amendment. No issues or concerns were raised.

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/IV - UPP Adults with Children										
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	\$ 184.52	\$ 194.30	
Total Expenditure					\$ 1,293,029	\$ 1,836,200	\$ 2,607,542	\$ 3,702,908	\$ 5,258,410	\$ 14,698,089
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/IV - UPP Childless Adults										
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	\$ 84.16	\$ 88.62	
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									
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%		670	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)										
Pop Type: Hypothetical										
<i>Assumes start date of 1/1/21</i>										

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)	
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
Expansion Parents <=100% FPL										
Pop Type: Expansion <i>Assumes start date of 1/1/20</i>										
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
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%		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
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%		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
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%		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

- Start date of 5/1/19 (2 months of SFY19) \$ 6,584,798,337
- 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)	
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	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	
Demo Pop I - PCN Adults w/Children								
<i>PCN ends 3/31/19</i>								
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	\$ -	\$ -	\$ -	
Demo Pop III/V - UPP Adults with Children								
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	\$ 184.52	\$ 194.30	
Total Expenditure			\$ 1,293,029	\$ 1,836,200	\$ 2,607,542	\$ 3,702,908	\$ 5,258,410	
Demo Pop I - PCN Childless Adults								
<i>PCN ends 3/31/19</i>								
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	\$ -	\$ -	\$ -	
Demo Pop III/V - UPP Childless Adults								
Pop Type:	Medicaid							
Eligible Member Months	159	4.9%	167	175	184	193	202	
PMPM Cost	\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 84.16	\$ 88.62	
Total Expenditure			\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	
Targeted Adults								
<i>Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment.</i>								
<i>PMPM will increase due to adding the housing support benefit and new managed care directed payments</i>								
Pop Type:	Expansion		<i>Started 11/1/17</i>					
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	
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		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	
System of Care								
<i>Anticipated start date of 1/1/20</i>								
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) \$ 6,584,798,337
- 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			<i>Parent Caretaker Relative (PCR) population 45-60% FPL: transferred to Expansion Parents effective 4/1/19</i>					
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			<i>PCN ends 3/31/19</i>					
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/IV - UPP Adults with Children								
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	\$ 184.52	\$ 194.30	
Total Expenditure			\$ 1,293,029	\$ 1,836,200	\$ 2,607,542	\$ 3,702,908	\$ 5,258,410	\$ 14,698,089
Demo Pop I - PCN Childless Adults			<i>PCN ends 3/31/19</i>					
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/IV - UPP Childless Adults								
Pop Type: Medicaid								
Eligible Member Months	159	4.9%	167	175	184	193	202	
PMPM Cost	\$ 68.45	5.3%	\$ 72.08	\$ 75.90	\$ 79.92	\$ 84.16	\$ 88.62	
Total Expenditure			\$ 10,702	\$ 11,237	\$ 11,799	\$ 12,388	\$ 13,008	\$ 59,133
Former Targeted Adults			<i>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.</i>					
Pop Type: Expansion			<i>Started 11/1/17</i>					
			<i>PMPM will increase due to adding new managed care directed payments.</i>					
			<i>PMPM will decrease due to removing the housing support benefit, and for non-medically frail individuals removing certain benefits from the traditional package.</i>					
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			<i>Started 3/1/19</i>					
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			<i>Anticipated start date of 1/1/20</i>					
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</i>		<i>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			<i>PMPM will decrease for non-medically frail individuals removing certain benefits from the traditional package.</i>					
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			<i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums. Further reduction of 8.3% to account for premium payment required prior to enrollment. Further reduction of 1.4% to account for removal of retroactive enrollment.</i>					
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			<i>Assumes start date of 1/1/20 and a 3.4% reduction in member months as an estimate for nonpayment of premiums. Further reduction of 8.3% to account for premium payment required prior to enrollment. Further reduction of 1.4% to account for removal of retroactive enrollment.</i>					
Pop Type: Expansion			<i>PMPM will decrease for non-medically frail individuals removing certain benefits from the traditional package.</i>					
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



Entity: Department of Health

Body: Medicaid Expansion Workgroup

Subject:	Medicaid
Notice Title:	Utah 1115 Waiver Amendment
Meeting Location:	Video/Teleconference Salt Lake City UT
Event Date & Time:	December 14, 2020 December 14, 2020 04:00 PM - December 14, 2020 05:00 PM
Description/Agenda:	PUBLIC NOTICE Utah 1115 Waiver Amendment

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss an amendment to the State's 1115 Demonstration Waiver. The Department will also accept public comment regarding the demonstration amendment during the 30-day public comment period from November 25, 2020, through December 25, 2020.

The DMHF is requesting authority to implement provisions of House Bill 214 'Insurance Coverage Modifications', which passed during the 2020 Utah Legislative General Session. This amendment seeks approval from the Centers for Medicare and Medicaid Services (CMS) to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified conditions. These qualified conditions include:

- Cystic fibrosis
- Spinal muscular atrophy
- Morquio Syndrome
- Myotonic dystrophy
- Sickle cell anemia

Public Hearings:

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

Monday, December 14, 2020, from 4:00 to 5:00 p.m.

- o Video Conference: Google Hangout Meeting (only works in the Chrome web browser)

meet.google.com/yqr-syem-wcz

- o Or join by phone: 1-904-580-8215 (PIN: 205 297 331#)

Thursday, December 17, 2020, from 2:00 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/ujg-crxxv-utn

o Or join by phone: 1-513-816-0805 (PIN: 136 946 939 #)

Individuals requiring an accommodation to fully participate in either meeting may contact Jennifer Meyer-Smart at jmeyersmart@utah.gov or 385-215-4725 by 5:00 p.m. on Thursday, December 10, 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 November 25, 2020, through December 25, 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 385-215-4725.

Notice of Electronic or telephone participation:

Video Conference: Google Hangout Meeting (only works in the Chrome web browser) meet.google.com/yqr-syem-wcz Or join by phone: 1-904-580-8215 (PIN: 205 297 331#)

Other information:

Contact Information:

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

Posted on:

November 23, 2020 10:26 AM

Last edited on:

November 25, 2020 07:23 AM

Printed from Utah's Public Notice Website (<http://pmn.utah.gov/>)

Entity: Department of Health

Body: Medicaid Expansion Workgroup

Subject:	Medicaid
Notice Title:	Utah 1115 Waiver Amendment
Meeting Location:	Video/Teleconference Salt Lake City UT
Event Date & Time:	December 17, 2020 December 17, 2020 02:00 PM - December 17, 2020 04:00 PM
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 #)

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 during the 30-day public comment period from November 25,
 2020, through December 25, 2020.

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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

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 Chrome web browser) meet.google.com/ujg-crxxv-utn Or join by
 phone: 1-513-816-0805 (PIN: 136 946 939 #)

Other information:

Contact Information:

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

Posted on:

November 23, 2020 01:06 PM

Last edited on:

November 25, 2020 07:22 AM

Printed from Utah's Public Notice Website (<http://pmn.utah.gov/>)

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

Deseret News



PUBLIC NOTICE
Utah 1115 Waiver Amendment

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- o Cystic fibrosis
- o Spinal muscular atrophy
- o Warburg Syndrome
- o Myotonic dystrophy
- o Sickle cell anemia

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- o Or join by phone: 1-513-816-0805 (PIN: 136 946 9397#)

Individuals requiring an accommodation to fully participate in either meeting may contact Jennifer Meyer-Smart at jmeyersmart@utah.gov or 385-215-4725 by 5:00 p.m. on Thursday, December 10, 2020.

Public Comment:
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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
1304432 UPAXLP

PROOF OF PUBLICATION CUSTOMER'S COPY

CUSTOMER NAME AND ADDRESS

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

ACCOUNT NUMBER

9001406923

DATE

11/28/2020

SALT LAKE CITY UT 84114

ACCOUNT NAME

UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURSEME,

TELEPHONE

8015386641

ORDER # / INVOICE NUMBER

0001304432 /

PUBLICATION SCHEDULE

START 11/25/2020 END 11/25/2020

CUSTOMER REFERENCE NUMBER

QAZ: 1115 Waiver Amendment

CAPTION

PUBLIC NOTICE Utah 1115 Waiver Amendment The Utah Department of Health, Division of Medicaid and Health Financing

SIZE

75 LINES 2 COLUMN(S)

TIMES

3

TOTAL COST

257.00

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 Amendment 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 11/25/2020 End 11/25/2020

DATE 11/28/2020

SIGNATURE *Judmundson*

STATE OF UTAH)

COUNTY OF SALT LAKE)

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 28TH DAY OF NOVEMBER IN THE YEAR 2020

BY LORAIN GUDMUNDSON.



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NOTARY PUBLIC SIGNATURE
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ATTACHMENT 3

**Medical Care Advisory Committee
Public Hearing**



Medical Care Advisory Committee Agenda

Meeting: Medical Care Advisory Committee
 Date: December 17, 2020
 Start Time: 2:00 p.m.
 End Time: 4:00 p.m.
 Location: Google Hangout Meeting (only works in the Chrome web browser)
meet.google.com/ujg-crxx-utn
 Or join by phone 1-513-816-0805 PIN: 136 946 939#

Agenda

1. Welcome	Jessie Mandle	2:00 / 5 min
• Approve Minutes for November 2020 MCAC*		
2. Public Hearing on the 1115 Waiver Amendment for In Vitro Fertilization & Genetic Testing for Qualified Conditions**	Jennifer Meyer-Smart/ Members of the Public	2:05 / 10 min
3. Update on Managed Care	Greg Trollan	2:15 / 10 min
4. HEDIS and CAHPS Measures	Greg Trollan	2:25 / 20 min
5. Vote on Updated MCAC By-laws* Update on MCAC Meeting Structure Subcommittee	Jessie Mandle	2:45 / 10 min
6. Governor’s Budget Update	Nate Checketts/ Emma Chacon	2:55 / 10 min
7. Director’s Report	Nate Checketts / Emma Chacon	3:05 / 20 min
• COVID-19 Update		
• COVID Vaccine Update		
• Legislative Updates		
8. Eligibility Enrollment Update**	Jeff Nelson	3:25 / 10 min
9. Medicaid Expansion Report**	Jennifer Meyer-Smart	3:35 / 10 min
10. Rule Summary**	Craig Devashrayee	3:45 / 5 min

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

** Informational handout in the packet sent to Committee members

Next Meeting: January 21, 2020
 2:00 p.m. – 4:00 p.m.

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

ATTACHMENT 4

Tribal Consultation





Utah Indian Health Advisory Board (UIHAB) Meeting

12/11/2020
8:30 AM –11:30 AM

Utah Department of Health
Google Meeting Format Web Link:
meet.google.com/krh-kvdf-svj

Salt Lake City, UT 84114
(801) 712-9346



Meeting called by:	UIHAB		
Type of meeting:	Monthly UIHAB		
Facilitator:	Melissa Zito		
Note taker:	Dorrie Reese	Call In:	1-617-675-4444 PIN: 760 419 415 5523#
Please Review:	Medicaid Rules & SPA document(s), additional materials via presenters.		

Agenda topic

8:30 AM	UIHAB Meeting Welcome & Introductions	Jessica Sutherland, Chair Felecita FoolBear, Vice Chair
8:40 AM	Committee Updates & Discussion <ul style="list-style-type: none"> ✦ UT Medicaid Eligibility Policy SPA's Medicaid & CHIP ✦ Medicaid & CHIP State Plan Amendments (SPA) & Rules ✦ DWS Medicaid Eligibility Operations ✦ DPS/DEM ✦ Federal and State Health Policy Impacting I/T/U ✦ MCAC & CHIP Advisory Committees ✦ Opioid Grant Updates Resiliency/Graphics 	Jeff Nelson Craig Devashrayee Jacoy Richins Anna Boynton Melissa Zito Mike Jensen & Ryan Ward Jeremy Taylor
9:30 AM	Medicaid Presentations <ul style="list-style-type: none"> ✦ Medicaid Fertility Waiver 	Jennifer Meyer-Smart
10:00 AM	Diabetes Prevention Program Project	Candace Muggerrud, CEO GoodHealth TV
10:20 AM	Murdered & Missing Indigenous Women & Girls Task Force Update	Tamara Borchardt-Slayton Chairwoman, PITU
10:40 AM	Flu Vaccination Flyer/Poster	Jeremy Taylor & Kassie John
10:50 AM	UIHAB Representative Self Care & Stress Management <ul style="list-style-type: none"> ✦ Mental Health Care Tips and Mindful Breathing Exercise ✦ Celebration of our success this year! (Stories) 	Kristina Groves, LCSW, UICSL BH Pro. Dir, and Allyson Shaw, CSW, UICSL UIHAB
11:30 AM	ADJOURN	