

State of Utah

Section 1115 Demonstration Amendment

Chronic Conditions Support

Section I. Program Description and Objectives

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

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

Goals and Objectives

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

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

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

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

Operation and Proposed Timeline

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

Demonstration Hypotheses and Evaluation

With the help of an independent evaluator, the state will develop a plan for evaluating the hypotheses indicated below. Utah will identify validated performance measures that adequately assess the impact of the Demonstration to beneficiaries. The state will submit the evaluation plan to CMS for approval.

The state will conduct ongoing monitoring of this demonstration, and will provide information regarding monitoring activities in the required quarterly and annual monitoring reports.

The following hypotheses will be tested during the approval period:

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

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

confidence in maintaining their health.			
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Section II. Demonstration Eligibility

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

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

Projected Enrollment

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

Section III. Demonstration Benefits and Cost Sharing Requirements

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

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

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

Section IV. Delivery System

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

Section V. Implementation and Enrollment in Demonstration

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

Section VI. Demonstration Financing and Budget Neutrality

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

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

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

Section VII. Proposed Waiver and Expenditure Authority

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

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

Expenditure Authority

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

Section VIII. Compliance with Public Notice and Tribal Consultation

Public Notice Process

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

Two public hearings to take public comment on this request will be held. The first public hearing will be held on June 15, 2023 from 2:00 to 4:00 pm during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing will be held on June 26, 2023 from 4:00 to 5:00 pm. Both public hearings will be held via video and teleconferencing.

Public Comment

The public comment period will be held June 7, 2023 through July 7, 2023.

Tribal Consultation

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

Tribal Consultation & Conferment Policy Process

In the event that a grant, project, policy, waiver renewal or amendment is requested, the Office of AI/AN Health Affairs is contacted. If the request is within the 90 days of submission, the Office's AI/AN Health Liaison will provide an opportunity for presentation to the Utah Indian Health Advisory Board (UIHAB) Tribal and UIO representatives. The Liaison will request an executive summary of the materials to be included in the distribution of the meeting agenda and materials to the UIHAB representatives and Tribal leadership. The information is disseminated to the UIHAB representatives and leadership at least 10 days prior to the meeting for review. During the UIHAB meeting, presenters will address any questions or concerns raised by the representatives. If the UIHAB representatives provide resolutions to or are in agreement with the changes, they will make a motion to pass or support by a majority. If additional Consultation is required, the UIHAB will inform the presenters of that need at that time. If a Tribal or UIO representative would like to have the presentation provided to their leadership, they can also make a formal request at that time. The Office of AI/AN Health Affairs will coordinate with the presenter and the UIHAB representatives or the Tribe or UIO to schedule an additional Consultation or Conferment meeting on the issue(s) or concern(s) raised.

Section IX. Demonstration Administration

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