

# State of Utah

## Section 1115 Demonstration Amendment

### **Amendments: Disability Wraparound Coverage and Inclusion of Children and Pregnant/Postpartum Women in the Dental Services Demonstration**

#### **Section I. Program Description and Objectives**

##### **Disability Wraparound Coverage**

During the 2025 General Session of the Utah State Legislature, House Bill 310 “Disability Coverage Amendments” was passed and signed into law by Governor Cox. 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 wraparound Medicaid services for qualified individuals who have minimum essential healthcare coverage and have a disability. These wraparound services would cover benefits available under Medicaid but not provided by the individual’s minimum essential coverage. With this amendment, the State is requesting authority to provide these wraparound services.

##### **Inclusion of Children and Pregnant/Postpartum Women in the Dental Services Demonstration**

The State also seeks authority to transition the dental benefit delivery system for children and pregnant/postpartum women. Appropriations SB0002 item 138 “Shift Medicaid Dental All to University of Utah” was passed and signed into law by Governor Cox during the 2025 General Session of the Utah State Legislature. This legislation requires the Utah Department of Health and Human Services (DHHS), Division of Integrated Healthcare (DIH) to seek 1115 Demonstration approval from CMS to shift all Medicaid dental services for children under age 21 and pregnant/postpartum women from managed care to a fee for service (FFS) model in partnership with the University of Utah School of Dentistry (UUSOD) and their associated statewide provider network. The State is currently authorized to provide dental services to all Medicaid eligible adults who are 21 years of age or older. These benefits are reimbursed FFS by the State to the University of Utah School of

Dentistry and its associated statewide network of dental providers. Dental services for children and pregnant/postpartum women are currently provided through dental managed care plans as authorized under a 1915 (b) amendment. With this amendment, the State is requesting authority to change the Medicaid dental benefit delivery system for children and pregnant/postpartum women.

The state would like to add these populations to the existing Dental Services Demonstration which was approved on January 8, 2025.

### **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 the provisions requested in this proposal are likely to promote the following goals and objectives:

- Improve beneficiary health outcomes and quality of life;
- Provide continuity of coverage for individuals eligible under the demonstration;
- Improve access to services across the continuum of care;
- Improving oral health outcomes

This demonstration will allow the State to test the effectiveness of policy that is designed to improve health outcomes of demonstration individuals.

### **Operation and Proposed Timeline**

These Demonstrations will operate statewide. The State requests to operate the Demonstrations through the end of the current approval period, which is June 30, 2027.

### **Demonstration Hypotheses and Evaluation**

With the help of an independent evaluator, the State will develop a plan for evaluating the hypotheses indicated below. The State will identify validated performance measures that adequately assess the impact of the demonstrations 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
<b>Disability Wraparound Coverage</b>			
Beneficiaries will report improved satisfaction and access to services under the demonstration.	-Beneficiary satisfaction score -Reported access to care	Beneficiary survey	The independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons. The evaluation will include subpopulation comparisons to measure disparities.
<b>Inclusion of Children and Pregnant/Postpartum Women in the Dental Services Demonstration</b>			
Individuals in the demonstration will have increased utilization of preventive dental care and decreased utilization of emergency dental services.	- Utilization of preventive dental services -Utilization of emergency dental services	Claims data	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons

## Section II. Demonstration Eligibility:

<b>Disability Wraparound Coverage</b>
<p>Individuals eligible under this demonstration must:</p> <ul style="list-style-type: none"> <li>• be disabled as described in 41 U.S.C. Sec. 1382c;</li> <li>• have been enrolled in Medicaid within the previous 12 months;</li> <li>• be enrolled in minimum essential healthcare coverage other than Medicaid;</li> <li>• not meet the income or asset requirements for enrollment in Medicaid;</li> <li>• have a household income that is between 250% and 800% of the federal poverty level (FPL); and</li> </ul>

- meet the resource requirements. The State will follow the Medicaid Work Incentive program resource requirements outlined in the state plan, with the exception of the resource limit which, with approval of this waiver, will be a maximum of \$125,000.

Participation in the Disability Wraparound Coverage demonstration is subject to an enrollment cap based on available state funding. The State may close new enrollment in order to stay within state appropriations.

### **Inclusion of Children and Pregnant/Postpartum Women in the Dental Services Demonstration**

Individuals eligible under this demonstration must be pregnant women (including postpartum) or children enrolled in Medicaid.

## **Projected Enrollment**

The projected enrollment for individuals in the Disability Wraparound Coverage demonstration population is 30.

The projected enrollment for individuals who are pregnant, in their postpartum period, or a child on Medicaid is approximately 200,000.

## **Section III. Demonstration Benefits and Cost Sharing Requirements**

### **Disability Wraparound Coverage**

Qualified individuals will receive wraparound services which include services covered by Medicaid but not covered by the individual's minimum essential healthcare coverage.

Qualified individuals must share costs based on a sliding scale established by the State. The sliding scale will be based on income in relation to the FPL and will be used to determine the percentage of the cost of a wraparound service that a qualified individual is required to pay. Individuals with a household income greater than 400% of the FPL will be required to pay a minimum of 10% of the service costs, not to exceed \$1,500 per month. Payments toward minimum essential healthcare coverage premiums will be counted toward meeting the individual's monthly cost-sharing responsibility. The State will establish income categories, cost sharing rules, and provide 12 months of continuous enrollment for members.

### **Inclusion of Children and Pregnant/Postpartum Women in the Dental Services Demonstration**

There are no changes to the dental benefits provided to eligible individuals under this amendment. Individuals will continue to receive state plan dental benefits.

Cost sharing requirements will align with those provided under the state plan.

#### **Section IV. Delivery System**

##### **Disability Wraparound Coverage**

Wrap-around benefits provided by Medicaid will be delivered through FFS.

##### **Inclusion of Children and Pregnant/Postpartum Women in the Dental Services Demonstration**

The Department will deliver services through a fee for service payment model, with services provided by the UUSOD and their associated statewide provider network. The UUSOD currently provides dental services to Adult Medicaid members, as authorized by the State's 1115 Demonstration Waiver.

#### **Section V. Implementation and Enrollment in Demonstration**

Eligible individuals will be enrolled in these Demonstrations as of the implementation date of this amendment. The State intends to implement Disability Wraparound Coverage as soon as possible after approval. The State also intends to implement the Inclusion of Children and Pregnant/Postpartum Women in the Dental Services Demonstration as soon as possible after approval but no sooner than July 2026.

#### **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 for eligible adults in this demonstration and expenditures for each remaining demonstration year.

<b>Disability Wraparound Coverage</b>	<b>DY 25 (SFY 27)</b>
Enrollment	30
Expenditures	\$118,747

<b>Dental Services Demonstration</b>	<b>DY 25 (SFY 27)</b>
Enrollment	200,097*
Expenditures	\$56,461,030*

\* Enrollment and expenditures included for the Dental Services Demonstration starting July 1, 2026.

## **Section VII. Proposed Waiver and Expenditure Authority**

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

<b>Disability Wraparound Coverage</b>	<b>Reason and Use of Waiver</b>
Section 1902(a)(14) Cost Sharing Requirements	To permit individuals affected by this demonstration, whose benefits are limited to wraparound coverage, to have cost sharing requirements.
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)(10)(A)- Eligibility Requirements	To permit the State to cap enrollment for individuals eligible under the Disability Wraparound Coverage demonstration group.
<b>Inclusion of Children and Pregnant/Postpartum Women in the Dental Services Demonstration</b>	<b>Reason and Use of Waiver</b>
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.
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### **Expenditure Authority**

#### **Disability Wraparound Coverage**

The state requests expenditure authority to provide wraparound Medicaid services for qualified individuals who have private health insurance and have a disability.

### **Inclusion of Children and Pregnant/Postpartum Women in the Dental Services Demonstration**

The State requests expenditure authority to provide state plan dental benefits to all eligible individuals through the UUSOD and its associated statewide network of dental providers.

## **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 newspaper 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 April 17, 2025, from 2:00 pm to 4:00 pm during the Medicaid Advisory Committee (MAC) meeting. The second public hearing will be held on April 21, 2025, from 4:00 pm to 5:00 pm. Both public hearings were held via video and teleconferencing.

### **Public Comment**

The state will accept public comment during a 30-day public comment period, which will be held April 8, 2025 through May 8, 2025.

### **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 April 11, 2025 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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## DEMONSTRATION WITH WAIVER (WW ALL) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

APPROVED MEGS									
ELIGIBILITY GROUP	DY 15	DEMO ITRATE	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW	
<b>Current Eligibles</b>									
Pop Type:	Medicaid								
Eligible Member Months	377,866	0.0%	479,104	196,941	Pop. Ended 12/31/23				
PMPM Cost	\$ 949.03	5.3%	\$ 628.81	\$ 649.69					
Total Expenditure			\$ 347,560,796	\$ 145,816,589					\$ 493,377,385
Assumes higher PMPM from Mid-Course Correction then trended forward at 4.7%									
Community Engagement: Assumes start date of 7/1/2026									
<b>Adult Expansion Population</b>									
Pop Type:	Expansion								
Eligible Member Months		4.7%	1,537,011	1,082,920	1,019,071	956,987	902,445		
PMPM Cost			\$ 651.40	\$ 837.96	\$ 877.34	\$ 918.58	\$ 961.75		
Total Expenditure			\$ 1,001,208,965	\$ 907,443,643	\$ 894,075,982	\$ 880,905,241	\$ 867,928,521		\$ 4,551,562,353
<b>Employer Sponsored Insurance (ESI)</b>									
Pop Type:	Expansion								
Eligible Member Months			11,310	9,192	8,650	8,140	7,660		
PMPM Cost		5.3%	\$ 266.22	\$ 280.33	\$ 295.19	\$ 310.83	\$ 327.31		
Total Expenditure			\$ 3,010,948.00	\$ 2,576,793.00	\$ 2,553,384.00	\$ 2,530,186.00	\$ 2,507,200.00		\$ 13,178,511
<b>Targeted Adults</b>									
Pop Type:	Expansion								
Eligible Member Months		5.5%	120,464	89,798	84,504	79,521	74,833		
PMPM Cost			\$ 1,177.22	\$ 1,242.97	\$ 1,310.28	\$ 1,382.35	\$ 1,458.38		
Total Expenditure			\$ 141,812,630.00	\$ 111,616,220.00	\$ 110,723,259.00	\$ 109,926,107.00	\$ 109,134,388.00		\$ 583,212,604
<b>Dental - Targeted Adults</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%	varies	36,000	36,000	36,000				
PMPM Cost	5.0%	5.3%	\$ 40.57	\$ 42.72	\$ 44.98				
Total Expenditure			\$ 1,460,520	\$ 1,537,928	\$ 1,619,438				\$ 4,617,885
<b>Dental - Blind &amp; Disabled Adults</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%	varies	512,840	488,825	465,935				
PMPM Cost	5.0%	4.8%	\$ 21.08	\$ 22.09	\$ 23.15				
Total Expenditure			\$ 10,810,667	\$ 10,799,050	\$ 10,787,445				\$ 32,397,162
<b>Dental - Aged</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%	varies	116,313	119,226	122,211				
PMPM Cost	5.0%	3.4%	\$ 34.00	\$ 35.16	\$ 36.36				
Total Expenditure			\$ 3,954,656	\$ 4,191,985	\$ 4,443,609				\$ 12,590,250
<b>Dental Services for Medicaid-eligible Adults</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%	varies			544,014	2,236,774	2,401,169		
PMPM Cost	5.0%	5.9%			\$ 19.64	\$ 20.80	\$ 23.51		
Total Expenditure					\$ 10,684,438	\$ 46,522,127	\$ 56,461,030		\$ 113,667,596
<b>Former Foster Care Youth from Another State</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%		10	10	10	10	10		
PMPM Cost	4.8%		\$ 1,679.32	\$ 1,766.64	\$ 1,858.51	\$ 1,955.15	\$ 2,056.82		
Total Expenditure			\$ 16,793	\$ 17,666	\$ 18,585	\$ 19,552	\$ 20,568		\$ 93,164
<b>Substance Use Disorder (SUD)</b>									
Pop Type:	Hypothetical								
Eligible Member Months	6.9%		49,527	52,940	56,587	60,486	64,854		
PMPM Cost	5.2%		\$ 4,468.94	\$ 4,701.32	\$ 4,945.79	\$ 5,202.97	\$ 5,473.52		
Total Expenditure			\$ 221,334,672	\$ 248,886,774	\$ 279,868,973	\$ 314,707,781	\$ 353,883,200		\$ 1,418,681,400
<b>Serious Mental Illness (SMI)</b>									
Pop Type:	Hypothetical								
Eligible Member Months	2.5%		17,688	18,130	18,583	19,048	19,524		
PMPM Cost	5.3%		\$ 14,998.85	\$ 15,793.79	\$ 16,630.86	\$ 17,512.30	\$ 18,440.45		
Total Expenditure			\$ 265,296,529	\$ 286,341,176	\$ 309,055,190	\$ 333,570,993	\$ 360,031,512		\$ 1,554,295,400
<b>Intense Stabilization Services (ISS)</b>									
Pop Type:	Expansion								
Eligible Member Months	2.5%		1,440	1,440	1,440	1,440	1,440		
PMPM Cost	5.3%		\$ 2,501.79	\$ 2,606.87	\$ 2,716.35	\$ 2,830.44	\$ 2,949.32		
Total Expenditure			\$ 3,602,578	\$ 3,753,886	\$ 3,911,549	\$ 4,075,834	\$ 4,247,019		\$ 19,590,866
<b>ESI/COBRA</b>									
Pop Type:	Expansion								
Eligible Member Months	2.5%		5,541	5,096	5,096	5,096	5,096		
PMPM Cost	5.3%		\$ 247.15	\$ 260.00	\$ 273.52	\$ 287.75	\$ 302.71		
Total Expenditure			\$ 1,369,458	\$ 1,324,969	\$ 1,393,868	\$ 1,466,349	\$ 1,542,599		\$ 7,097,242
<b>Housing Related Services and Supports (HRSS)</b>									
Pop Type:	Expansion								
Eligible Member Months	2.5%		32,691	32,691	32,691				
PMPM Cost	5.3%		\$ 7,318.35	\$ 7,706.22	\$ 8,114.65				
Total Expenditure			\$ 239,244,179.85	\$ 251,924,121.38	\$ 265,276,099.82				\$ 756,444,401
<b>Health Related Social Needs (HRSN) Non-Medical Transportation (NMT)</b>									
Pop Type:	Expansion								
Eligible Member Months	2.5%					59,076	59,076		
PMPM Cost	5.3%					\$ 8.68	\$ 9.02		
Total Expenditure						\$ 506,760	\$ 533,111		\$ 1,039,871
<b>Fertility Treatment for Individuals Diagnosed with Cancer – Male</b>									
Pop Type:	Expansion								
Eligible Member Months	2.5%			59	125	128	131		
PMPM Cost	5.3%			\$ 500.00	\$ 526.50	\$ 554.40	\$ 589.79		
Total Expenditure				\$ 29,500	\$ 65,813	\$ 70,964	\$ 76,476		\$ 242,752
<b>Fertility Treatment for Individuals Diagnosed with Cancer – Female</b>									
Pop Type:	Expansion								
Eligible Member Months	2.5%			60	125	128	131		
PMPM Cost	5.3%			\$ 9,375.00	\$ 10,042.46	\$ 10,574.71	\$ 11,135.17		
Total Expenditure				\$ 562,500	\$ 1,255,308	\$ 1,353,563	\$ 1,458,707		\$ 4,630,077

<b>Cooperatives</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%			199	250	250	202		
PMPM Cost	5.3%			\$800.00	\$826.53	\$854.43	\$583.79		
Total Expenditure				\$ 59,500	\$ 131,625	\$ 141,625	\$ 152,852	\$	486,005
<b>Native American Health Services</b>									
Pop Type:	Hypothetical								
Eligible Member Months	13.5%				309	237	209		
PMPM Cost	5.0%				\$ 7,421.38	\$ 7,814.71	\$ 8,228.89		
Total Expenditure					\$ 1,551,376	\$ 1,854,035	\$ 2,215,808	\$	5,621,250
<b>Healthy</b>									
Pop Type:	Hypothetical								
Eligible Member Months	1.35%				41,599	41,880	42,813		
PMPM Cost	5.7%				\$1,626.19	\$1,696.89	\$1,548.74		
Total Expenditure					\$ 42,319,670	\$ 45,514,699	\$ 48,950,945	\$	138,785,314
<b>Interventive Services</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%								
PMPM Cost	0.0%								
Total Expenditure					\$ 2,847,829	\$ 4,271,744	\$ 4,271,744	\$	11,391,316
<b>USPHS Services</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%								
PMPM Cost	N/A								
Total Expenditure						\$ 84,157,357	\$ 84,157,357	\$	188,314,714
<b>WIC/Infant/Toddler</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%								
PMPM Cost	N/A								
Total Expenditure					\$ 4,456,000	\$ 16,906,000	\$ 12,456,000	\$	33,206,000
<b>UNDER TITLE XX1 AUTHORITY</b>									
<b>Native Pop. VI - USPH for Children</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%				1,716	2,323	2,323	2,323	
PMPM Cost	0.0%				\$ 183.00	\$ 183.00	\$ 183.00	\$ 183.00	
Total Expenditure					\$ 337,350	\$ 466,370	\$ 466,370	\$ 466,370	\$ 2,345,360
<b>PENDING APPROVAL BY CMS</b>									
<b>Long-term support services (LTS)</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%				800	800	800	800	
PMPM Cost	5.0%				\$ 9,578.00	\$ 10,064.90	\$ 10,529.75	\$ 11,087.73	
Total Expenditure					\$ 7,746,800	\$ 8,034,100	\$ 8,335,800	\$ 8,652,800	\$ 24,766,300
<b>Integrated Behavioral Health Services</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%				1,500	3,000	3,000	3,000	
PMPM Cost	5.0%				\$ 66.67	\$ 73.00	\$ 73.50	\$ 77.18	
Total Expenditure					\$ 100,000	\$ 219,000	\$ 225,000	\$ 231,900	\$ 762,900
<b>Specialty Clinical Planning Services</b>									
Pop Type:	Hypothetical								
Eligible Member Months	1.6%				66,840	67,856	62,640	62,636	
PMPM Cost	1.2%				\$ 21.60	\$ 21.96	\$ 22.13	\$ 22.40	
Total Expenditure					\$ 1,309,584	\$ 1,348,351	\$ 1,266,293	\$ 1,402,154	\$ 5,466,466
<b>Special Chronic Conditions Support Administration</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%				8,880	18,320	18,320	8,880	
PMPM Cost	0.0%				\$ 183.00	\$ 183.00	\$ 183.00	\$ 183.00	
Total Expenditure					\$ 1,738,800	\$ 3,477,600	\$ 3,477,600	\$ 1,738,800	\$ 13,432,800
<b>USPHS Native American Health Amendments</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%					2,300	2,300	2,300	
PMPM Cost	0.0%					\$ 2,322.52	\$ 2,322.52	\$ 2,322.52	
Total Expenditure						\$ 7,664,300	\$ 7,664,300	\$ 7,664,300	\$ 22,992,900
<b>Non-urgent behavioral health services</b>									
Pop Type:	Hypothetical								
Eligible Member Months	0.0%							300	
PMPM Cost	0.0%							\$329.33	
Total Expenditure								\$ 118,440	\$ 118,440

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

APPROVED MEGS							
ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DOW)					DY13-JS TOTAL
		DY 21 (DFT 22)	DY 22 (DFT 23)	DY 23 (DFT 24)	DY 24 (DFT 25)	DY 25 (DFT 27)	WOW
<b>Current Eligibles</b>							
Pop Type:	Medicaid						
Eligible Member Months:	0.0%	479,104	198,941	Pop. Ended 12/31/23			
PMPM Cost:	5.3%	\$ 628.81	\$ 649.69				
Total Expenditure:		\$ 347,560,796	\$ 145,816,589				\$ 493,377,385
<b>Adult Expansion Population</b>							
Pop Type:	Expansion						
Eligible Member Months:		1,537,011	1,082,920	1,019,071	958,987	902,445	
PMPM Cost:	4.7%	\$ 651.40	\$ 837.96	\$ 877.34	\$ 918.58	\$ 961.75	
Total Expenditure:		\$ 1,001,208,965	\$ 907,443,643	\$ 894,075,962	\$ 880,905,241	\$ 867,828,521	\$ 4,551,562,353
<b>Employer Sponsored Insurance (ESI)</b>							
Pop Type:	Hypothetical						
Eligible Member Months:		11,310	9,192	8,650	8,140	7,690	
PMPM Cost:	5.3%	\$ 266.22	\$ 280.33	\$ 296.19	\$ 310.83	\$ 327.31	
Total Expenditure:		\$ 3,010,948	\$ 2,576,793	\$ 2,553,384	\$ 2,530,186	\$ 2,507,290	\$ 13,178,511
<b>Targeted Adults</b>							
Pop Type:	Expansion						
Eligible Member Months:		125,404	86,798	84,554	79,521	74,833	
PMPM Cost:	5.5%	\$ 1,177.22	\$ 1,242.97	\$ 1,310.28	\$ 1,382.35	\$ 1,456.38	
Total Expenditure:		\$ 146,812,630	\$ 111,616,220	\$ 110,723,259	\$ 109,926,107	\$ 109,134,388	\$ 583,212,604
<b>Dental - Targeted Adults</b>							
Pop Type:	Hypothetical						
Eligible Member Months:	varies	36,000	36,000	36,000			
PMPM Cost:	5.3%	\$ 40.57	\$ 42.72	\$ 44.98			
Total Expenditure:		\$ 1,460,520	\$ 1,537,928	\$ 1,619,438			\$ 4,617,865
<b>Dental - Blind &amp; Disabled Adults</b>							
Pop Type:	Hypothetical						
Eligible Member Months:	varies	512,840	488,825	465,935			
PMPM Cost:	4.8%	\$ 21.08	\$ 22.59	\$ 23.15			
Total Expenditure:		\$ 10,810,667	\$ 10,796,050	\$ 10,787,445			\$ 32,397,162
<b>Dental - Aged</b>							
Pop Type:	Hypothetical						
Eligible Member Months:	varies	116,313	119,228	122,211			
PMPM Cost:	3.4%	\$ 34.00	\$ 35.16	\$ 36.36			
Total Expenditure:		\$ 3,954,656	\$ 4,191,985	\$ 4,443,609			\$ 12,580,250
<b>Dental Services for Medicaid-eligible Adults</b>							
Pop Type:	Hypothetical						
Eligible Member Months:	varies			544,014	2,236,774	2,401,180	
PMPM Cost:	5.9%			\$ 19.64	\$ 20.80	\$ 23.51	
Total Expenditure:				\$ 10,684,438	\$ 46,522,127	\$ 56,481,030	\$ 113,687,596
<b>Former Foster Care Youth from Another State</b>							
Pop Type:	Hypothetical						
Eligible Member Months:	0.0%	10	10	10	10	10	
PMPM Cost:	5.2%	\$ 1,679.32	\$ 1,786.64	\$ 1,858.51	\$ 1,955.15	\$ 2,056.82	
Total Expenditure:		\$ 16,793	\$ 17,666	\$ 18,585	\$ 19,552	\$ 20,568	\$ 93,164
<b>Substance Use Disorder (SUD)</b>							
Pop Type:	Hypothetical						
Eligible Member Months:	0.0%	49,527	52,940	56,587	60,480	64,654	
PMPM Cost:	5.2%	\$ 4,468.94	\$ 4,791.32	\$ 4,945.79	\$ 5,202.97	\$ 5,473.52	
Total Expenditure:		\$ 221,334,672	\$ 248,686,774	\$ 279,866,973	\$ 314,707,781	\$ 353,883,200	\$ 1,418,681,400
<b>Serious Mental Illness (SMI)</b>							
Pop Type:	Hypothetical						
Eligible Member Months:	2.5%	17,688	18,130	18,583	19,048	19,524	
PMPM Cost:	5.3%	\$ 14,986.85	\$ 15,780.79	\$ 16,630.86	\$ 17,512.30	\$ 18,440.45	
Total Expenditure:		\$ 265,296,529	\$ 286,341,176	\$ 309,055,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400
<b>Intensive Rehabilitation Services (IRS)</b>							
Pop Type:	Hypothetical						
Eligible Member Months:	0.0%	1,440	1,440	1,440	1,440	1,440	
PMPM Cost:	4.2%	\$ 2,501.79	\$ 2,606.87	\$ 2,716.35	\$ 2,830.44	\$ 2,949.32	
Total Expenditure:		\$ 3,602,578	\$ 3,753,888	\$ 3,911,549	\$ 4,075,834	\$ 4,247,019	\$ 19,590,866
<b>14190005A</b>							
Pop Type:	Medicaid						
Eligible Member Months (includes ESI/COBRA & ESI Childless Adults):		5,541	5,096	5,096	5,096	5,096	
PMPM Cost:	5.2%	\$ 247.15	\$ 260.00	\$ 273.52	\$ 287.75	\$ 302.71	
Total Expenditure:		\$ 1,369,458	\$ 1,324,969	\$ 1,393,868	\$ 1,466,349	\$ 1,542,590	\$ 7,097,242
<b>Housing Related Services and Supports (HRS)</b>							
Pop Type:	Hypothetical						
Eligible Member Months:	0.0%	32,691	32,691	32,691			
PMPM Cost:	5.3%	\$ 7,318.35	\$ 7,796.22	\$ 8,114.65			
Total Expenditure:		\$ 239,244,180	\$ 255,924,121	\$ 265,276,100			\$ 756,444,401
<b>Health Related Special Needs (HRSN) Non-Medical Transportation (NMT)</b>							
Pop Type:	Hypothetical						
Eligible Member Months:	0.0%				59,076	59,076	
PMPM Cost:	5.2%				\$ 8.58	\$ 9.02	
Total Expenditure:					\$ 506,760	\$ 533,111	\$ 1,039,871
<b>Facility Treatment for Individuals Diagnosed with Cancer - Male</b>							
Pop Type:	Hypothetical						
Eligible Member Months:	0.0%		59	125	128	131	
PMPM Cost:	5.3%		\$ 500.00	\$ 520.50	\$ 554.40	\$ 583.79	
Total Expenditure:			\$ 29,500	\$ 65,813	\$ 70,964	\$ 76,470	\$ 242,752
<b>Facility Treatment for Individuals Diagnosed with Cancer - Female</b>							
Pop Type:	Hypothetical						
Eligible Member Months:	0.0%		60	125	128	131	
PMPM Cost:	5.3%		\$ 9,375.00	\$ 10,942.49	\$ 10,574.71	\$ 11,135.17	
Total Expenditure:			\$ 562,500	\$ 1,255,308	\$ 1,353,563	\$ 1,458,707	\$ 4,630,078

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

<b>Depression Services</b>	<b>Hypothetical</b>						
Pap Type:							
Eligible Member Months	0.0%		199	250	250	302	
PMPM Cost	5.3%		\$800.00	\$826.50	\$854.40	\$883.79	
Total Expenditure			\$ 59,500	\$ 131,625	\$ 141,620	\$ 152,652	\$ 488,905

<b>Depression Services - Intensive Case Management</b>	<b>Hypothetical</b>						
Pap Type:							
Eligible Member Months	11.5%			209	227	269	
PMPM Cost	5.0%			\$ 7,421.38	\$ 7,814.71	\$ 8,228.89	
Total Expenditure				\$ 1,551,376	\$ 1,854,835	\$ 2,215,668	\$ 5,621,950

<b>Emergency</b>	<b>Hypothetical</b>						
Pap Type:							
Eligible Member Months	1.3%			41,159	41,880	42,813	
PMPM Cost	5.7%			\$1,526.19	\$1,596.80	\$1,548.74	
Total Expenditure				\$ 42,319,670	\$ 45,514,899	\$ 48,950,945	\$ 138,785,314

<b>Home Visitation Services</b>	<b>Hypothetical</b>						
Pap Type:							
Eligible Member Months	0.0%						
PMPM Cost	0.0%						
Total Expenditure				\$ 2,847,829	\$ 4,271,744	\$ 4,271,744	\$ 11,391,316

<b>Healthy Services</b>	<b>Hypothetical</b>						
Pap Type:							
Eligible Member Months	0.0%						
PMPM Cost	N/A						
Total Expenditure				\$ 94,157,357	\$ 94,157,357	\$ 188,314,714	

<b>Intensive Case Management</b>	<b>Hypothetical</b>						
Pap Type:							
Eligible Member Months	0.0%						
PMPM Cost	N/A						
Total Expenditure				\$ 4,156,800	\$ 16,806,800	\$ 12,456,800	\$ 33,206,900

**UNDER TITLE XX1 AUTHORITY**

<b>Home Free Vt - LSP for Children</b>	<b>Hypothetical</b>						
Pap Type:							
Eligible Member Months	0.0%						
PMPM Cost	0.0%						
Total Expenditure				\$ 337,350	\$ 668,370	\$ 668,370	\$ 2,345,360

**PENDING APPROVAL BY CMS**

<b>Long-Term Support Services (LTSS)</b>	<b>Hypothetical</b>						
Pap Type:							
Eligible Member Months	0.0%						
PMPM Cost	5.0%						
Total Expenditure				\$ 9,578.00	\$ 10,064.90	\$ 10,559.75	\$ 11,087.73
				\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600
							\$ 24,766,300

<b>Integrated Behavioral Health Services</b>	<b>Hypothetical</b>						
Pap Type:							
Eligible Member Months	0.0%						
PMPM Cost	5.0%						
Total Expenditure				\$ 1,500	\$ 3,000	\$ 3,000	\$ 3,000
				\$ 66.67	\$ 70.00	\$ 73.50	\$ 77.16
				\$ 108,000	\$ 216,000	\$ 226,500	\$ 231,500
							\$ 762,300

<b>MTM Family Planning Services</b>	<b>Hypothetical</b>						
Pap Type:							
Eligible Member Months	1.0%						
PMPM Cost	1.2%						
Total Expenditure				\$ 62,846	\$ 61,856	\$ 62,846	\$ 62,846
				\$ 21.80	\$ 21.86	\$ 22.13	\$ 22.40
				\$ 1,309,566	\$ 1,348,051	\$ 1,366,293	\$ 1,425,154
							\$ 5,468,466

<b>Mobile Clinical Concierge Support Arrangement</b>	<b>Hypothetical</b>						
Pap Type:							
Eligible Member Months	0.0%						
PMPM Cost	0.0%						
Total Expenditure				\$ 8,660	\$ 16,320	\$ 16,320	\$ 8,660
				\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00
				\$ 1,738,800	\$ 3,477,600	\$ 3,477,600	\$ 1,738,800
							\$ 12,432,800

<b>MTM Native American Health Arrangements</b>	<b>Hypothetical</b>						
Pap Type:							
Eligible Member Months	0.0%						
PMPM Cost	0.0%						
Total Expenditure				\$ 2,300	\$ 2,300	\$ 2,300	\$ 2,300
				\$ 2,322.52	\$ 2,322.52	\$ 2,322.52	\$ 2,322.52
				\$ 7,664,300	\$ 7,664,300	\$ 7,664,300	\$ 22,992,900

<b>MTM Nurse Care Coordination Services</b>	<b>Hypothetical</b>						
Pap Type:							
Eligible Member Months	0.0%						
PMPM Cost	0.0%						
Total Expenditure						\$ 360	\$ 329,610
						\$ 118,440	\$ 118,440