

State of Utah

Section 1115 Demonstration Amendment

Family Planning Services

Section I. Program Description and Objectives

During the 2023 General Session of the Utah State Legislature, Senate Bill 133, “Modifications to Medicaid Coverage” 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 family planning services to a specific population. The state is seeking to implement family planning services for this group through this amendment.

Goals and Objectives

The primary objective of the Family Planning Services Amendment is to provide family planning services to individuals age 18 and older.

Family Planning Services goals:

- Increase access to family planning services.
- Increase access to sexually transmitted infections testing and treatment.
- Decrease the number of unintended pregnancies in Utah.
- Allow families to increase child spacing intervals through effective contraceptive use.

Operation and Proposed Timeline

The Demonstration will operate statewide. The state intends to implement the Demonstration as soon as possible after approval. The state requests to operate the Demonstration 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 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 following hypothesis will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
Participants will have fewer unintended pregnancies than the statewide rate.	-Baseline rate of unintended pregnancies. -Review of claims and enrollment data from participants.	PRAMS survey ¹ Claims/encounter data Enrollment data	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.
Participants will have improved reproductive health.	-Baseline rate of Sexually Transmitted Infection (STI) screenings among Medicaid adults. -Increased rate of STI screenings among Medicaid adults and individuals covered by this demonstration.	Claims/encounter data	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.

According to the Utah Department of Health's *Complete Health Indicator Report of Births from Unintended Pregnancies*, during the years 2019 and 2021, 19.4 percent of Utah women reported that the birth of their child resulted from an unintended pregnancy². Most unintended pregnancies result from not using contraception or from not using it consistently or correctly. Unintended pregnancies are associated with an increased risk of problems for both the mother and baby.³ These factors support the need to increase family planning-related services.

Section II. Demonstration Eligibility

Individuals must meet the following eligibility criteria to qualify for the Family Planning Services:

- Women and men age 18 and older.
- Have a household income at or below 185 percent of the Federal Poverty Level (FPL) using the Modified Adjusted Gross Income (MAGI) methodology which includes a five percent FPL income disregard.

¹ [CDC PRAMS Questionnaire](#)
² [Complete Health Indicator Report of Births from Unintended Pregnancies. Public Health Indicator Based Information System](#)
³ [Centers for Disease Control and Prevention. Unintended Pregnancy](#)

- Be a U.S. Citizen or qualified non-citizen.
- Be a resident of Utah and not in a public institution.
- Be ineligible for coverage under any other Medicaid program.

Individuals eligible for family planning services will not be eligible for coverage under this Demonstration prior to the date of application.

A household may opt out of being considered for family planning services.

Standards and Methodology

When determining eligibility, MAGI methodology will be used and the same income limits will apply regardless of age. There will be no asset limit.

Projected Enrollment

There is no cap on enrollment for this program. The state estimates enrollment at 5,000 individuals.

Demonstration Disenrollment

When an individual becomes eligible for Medicaid under the State Plan, the individual will be moved to that program. The state will not submit any claims under this demonstration for any individual who is found to be eligible under the Medicaid State Plan.

Section III. Demonstration Benefits and Cost Sharing Requirements

Individuals eligible under this demonstration will receive family planning services and supplies as described in section 1905(a)(4)(C) of the Act, which are reimbursable at 90 percent Federal Financial Participation. The specific family planning services provided under this demonstration are as follows:

- Family planning visits;
- Food and Drug Administration (FDA)-approved methods of contraception;
- FDA-approved vaccination for Human Papillomavirus (HPV);
- Laboratory tests done during an initial family planning visit for contraception, including pap smears, blood counts, and pregnancy tests. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the provider. Additional laboratory tests may be needed to address a family planning problem or need during an inter-periodic family planning visit for contraception;
- Drugs, supplies, or devices related to women's health services;
- Contraceptive management, patient education, and counseling;
- Testing for sexually transmitted infections; and
- Treatment for sexually transmitted infections.

Family planning services are exempt from cost sharing.

Section IV. Delivery System

Family planning services under this waiver will be delivered fee for service. At a future date, the state may transition delivery of these services to managed care under 1915(b) authority or by amendment to this demonstration.

Section V. Implementation and Enrollment in Demonstration

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

Section VI. Demonstration Financing and Budget Neutrality

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

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

	DY22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)
Enrollment	5,054	5,138	5,220	5,303
Expenditures	\$1,309,967.79	\$1,348,050.95	\$1,386,292.79	\$1,425,154.42

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 to the Demonstration population a benefit package consisting of family planning services and family planning-related services.

Expenditure Authority

The state requests expenditure authority to provide family planning service benefits to individuals in this Demonstration group.

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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