

# State of Utah

## Medicaid Reform 1115 Demonstration Amendment

### Integrated Behavioral Health Services

#### Section I. Program Description and Objectives

During the 2022 General Session of the Utah State Legislature, Senate Bill 41 “Behavioral Health Services Amendments” was passed and signed into law by Governor Cox. This legislation requires the Utah Department of Health and Human Services, Division of Integrated Healthcare to seek 1115 Medicaid Reform Demonstration approval from the Centers for Medicare and Medicaid Services (CMS) to allow individuals to receive existing state plan covered physical and behavioral services in an integrated model through a contracted local mental health authority which will be selected through a Request for Proposal process.

#### 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]”. Within the Medicaid population, there are individuals that require the integration of both physical and behavioral healthcare services in order to receive necessary and effective delivery of care. Integrated approaches close gaps in care, improve overall care, provide a holistic member experience, and are cost effective. Providing integrated physical and behavioral healthcare services through a local mental health authority will make it possible for Medicaid eligible members to receive appropriate healthcare services that have not been previously available. The State believes this demonstration is likely to promote the objectives of Medicaid by improving participant health outcomes and quality of life.

#### Operation and Proposed Timeline

The demonstration will operate through the contracted local mental health authority selected through the Request for Proposal process. The State intends to implement the proposed benefit as soon as possible after approval, but not before January 1, 2024. The State requests to operate the demonstration through 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 these 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
This demonstration will increase the percent of individuals with a behavioral health condition receiving primary care services compared to a matched cohort receiving care in a non-integrated clinic model.	<ul style="list-style-type: none"> <li>Number of individuals served under this demonstration</li> </ul>	<ul style="list-style-type: none"> <li>Data warehouse</li> </ul>	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons.

## Section II. Demonstration Eligibility

Medicaid eligible individuals eligible under this demonstration must meet the following requirement:

- Medicaid members who are served by the contracted local mental health authority who accesses services through the local mental health authority.

## Projected Enrollment

The projected enrollment for the demonstration population is approximately 250 Medicaid members per year.

### Section III. Demonstration Benefits

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

- Qualified Medicaid members will be eligible to receive existing state plan covered physical and behavioral services through the contracted local mental health authority.
- Individuals receiving mental health treatment will be able to receive primary care to prevent and treat conditions in an ambulatory environment.
- Integrated health delivery models address system fragmentation to better identify and manage co-occurring conditions, improved health outcomes, and lower costs of care compared to traditional models

### Section IV. Delivery System

Services for Demonstration members will be provided through a contracted local mental health authority.

### Section V. Delivery System

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 years.

	DY22 (SFY 24) (Jan-Jun 2024)	DY23 (SFY 25)	DY24 (SFY 26)	DY25(SFY 27)
Enrollment	250	250	250	250
Expenditures	\$100,000	\$210,000	\$220,500	\$231,500

## 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)(1) - Statewide	This section of the Act requires a Medicaid State plan to be in effect in all political subdivisions of the State. This waiver program is not available throughout the State.

### Expenditure Authority

The State requests expenditure authority to provide Medicaid members appropriate and necessary integrated physical and behavioral healthcare services through a contracted local mental health authority.

## 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 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 December 12, 2022 from 3:00 pm to 4:00 pm. The second public hearing will be held on December 15, 2022, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting. Both public hearings will be held via video and teleconferencing.

### Public Comment

The public comment period will be held November 24, 2022 through December 23, 2022.

### Tribal Consultation

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act and the Utah Department of Health (UDOH) Intergovernmental Policy 01.19

## Formal UDOH Tribal Consultation and Urban Indian Organization Conferment Process Policy

<https://healthnet.utah.gov/download/policies/edo-admin/01.19-Formal-UDOH-Tribal-Consultation-UIO-Conf-Policy.pdf>, 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. The state will notify the UDOH Indian Health Liaison of the waiver amendment. As a result of this notification, the state will begin the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on December 9, 2022 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, amendments 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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