



State of Utah

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June 30, 2025

Dr. Mehmet Oz
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 Oz:

I am pleased to submit two amendments to the State of Utah's Medicaid Reform 1115 Demonstration. With the first amendment, the State is requesting authority to provide wraparound Medicaid services for qualified individuals who have minimum essential healthcare coverage and have a disability. With the second amendment, the State is requesting approval 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 of Utah appreciates your consideration of these amendment requests. We look forward to the continued guidance and support from CMS in administering Utah's Medicaid Reform 1115 Demonstration.

Respectfully,

Jennifer Strohecker (Jun 27, 2025 12:26 MDT)

Jennifer Strohecker
Medicaid Director
Division of Integrated Healthcare

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Utah's Medicaid Reform 1115 Demonstration Amendment

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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 Descriptions 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 through 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
Disability Wraparound Coverage			
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.
Inclusion of Children and Pregnant/Postpartum Women in the Dental Services Demonstration			
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:

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

Disability Wraparound Coverage	DY 25 (SFY 27)
Enrollment	30
Expenditures	\$118,747
Dental Services Demonstration	DY 25 (SFY 27)

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.

Disability Wraparound Coverage	Reason and Use of Waiver
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.
Inclusion of Children and Pregnant/Postpartum Women in the Dental Services Demonstration	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

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 were advertised in the newspaper 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 April 17, 2025, from 2:00 pm to 4:00 pm during the Medicaid Advisory Committee (MAC) meeting. The second public hearing was 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 accepted public comment during a 30-day public comment period, which was held April 8, 2025 through May 8, 2025. Two comments were received. One commenter asked if the plan for dental services would be statewide, and to clarify the funding model. The State explained that this is a FFS model and the services would continue to be available statewide through associated providers with the UUSOD. The second commenter explained that under the Medicaid Work Incentive (MWI) program, he qualified as his own household and asked if the same would be true with the disability wraparound coverage. He also asked if the State had details on the proposed cost-sharing components. The State explained that the same MWI household size determination would be used and that specifics on the sliding scale amounts have not yet been developed.

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 began 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. No comments were received.

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

Name and Title: Jennifer Strohecker, Medicaid Director, Division of Integrated Healthcare

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Attachment 1

Compliance with Budget Neutrality Requirements

DEMONSTRATION WITH WAIVER (VW ALL) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

APPROVED MEGS								
ELIGIBILITY GROUP	DY 15	TREND RATE	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL VW
Current Eligibles								
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%	\$694.83	\$810.29				
Total Expenditure			\$347,560,796	\$145,816,589				\$ 493,377,385
Adult Expansion Population								
Pop Type:	Expansion							
Eligible Member Months			1,537,011	1,082,920	1,019,071	958,967	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	\$ 894,075,982	\$ 880,905,241	\$ 867,928,521	\$ 4,551,562,353
Employer Sponsored Insurance (ESI)								
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
Targeted Adults								
Pop Type:	Expansion							
Eligible Member Months			120,464	89,798	84,504	79,521	74,833	
PMPM Cost		5.5%	\$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	\$109,326,107.00	\$109,134,388.00	\$ 583,212,604
Dental - Targeted Adults								
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			\$ 1,460,620	\$ 1,537,928	\$ 1,619,438			\$ 4,617,885
Dental - Blind & Disabled Adults								
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
Dental - Aged								
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			\$ 3,954,856	\$ 4,191,985	\$ 4,443,609			\$ 12,590,250
Dental Services for Medicaid-eligible Adults								
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
Former Foster Care Youth from Another State								
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
Substance Use Disorder (SUD)								
Pop Type:	Hypothetical							
Eligible Member Months		6.9%	49,527	52,940	56,587	60,486	64,654	
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
Serious Mental Illness (SMI)								
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	\$ 309,095,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400
Intense Stabilization Services (ISS)								
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
ESHCORRA								
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
Housing Related Services and Supports (HRSS)								
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	#####			\$ 756,444,401

Health Related Social Needs (HRSN) Non-Medical Transportation (NMT)									
Pop Type: Expansion									
Eligible Member Months	2.5%					59,076	59,076		
PMPM Cost	5.3%					\$8.58	\$9.02		
Total Expenditure						\$ 506,760	\$ 533,111	\$ 1,039,871	
Fertility Treatment for Individuals Diagnosed with Cancer – Male									
Pop Type: Expansion									
Eligible Member Months	2.5%		59	125	128	131			
PMPM Cost	5.3%		\$500.00	\$526.50	\$554.40	\$583.79			
Total Expenditure			\$ 29,500	\$ 65,813	\$ 70,964	\$ 76,476	\$ 242,752		
Fertility Treatment for Individuals Diagnosed with Cancer – Female									
Pop Type: Expansion									
Eligible Member Months	2.5%		60	125	128	131			
PMPM Cost	5.3%		\$3,375.00	\$10,042.46	\$10,574.71	\$11,135.17			
Total Expenditure			\$ 562,500	\$ 1,255,308	\$ 1,353,563	\$ 1,458,707	\$ 4,630,078		
Contraception									
Pop Type: Expansion									
Eligible Member Months	2.5%		119	250	256	262			
PMPM Cost	5.3%		\$500.00	\$526.50	\$554.40	\$583.79			
Total Expenditure			\$ 59,500	\$ 131,625	\$ 141,928	\$ 152,952	\$ 486,005		
In-Vitro Fertilization and Genetic Testing Services									
Pop Type: Expansion									
Eligible Member Months	2.5%			209	237	269			
PMPM Cost	5.3%			\$7,421.38	\$7,814.71	\$8,228.89			
Total Expenditure				\$ 1,551,376	\$ 1,854,005	\$ 2,215,668	\$ 5,621,050		
Reentry									
Pop Type: Expansion									
Eligible Member Months	2.5%			41,159	41,880	42,613			
PMPM Cost	5.3%			\$1,028.19	\$1,086.80	\$1,148.74			
Total Expenditure				\$42,319,669.92	\$45,514,699.19	\$48,950,945.20	\$ 136,785,314		
Reentry Non-Services									
Pop Type: Expansion									
Eligible Member Months	2.5%								
PMPM Cost	5.3%								
Total Expenditure				\$2,847,829.00	\$4,271,743.50	\$4,271,743.50	\$ 11,391,316		
HRSN Services									
Pop Type: Expansion									
Eligible Member Months	2.5%								
PMPM Cost	5.3%								
Total Expenditure						\$94,157,357.00	\$94,157,357.00	\$ 188,314,714	
HRSN Infrastructure									
Pop Type: Expansion									
Eligible Member Months	2.5%								
PMPM Cost	5.3%								
Total Expenditure						\$4,150,000.00	\$16,600,000.00	\$12,450,000.00	\$ 33,200,000
UNDER TITLE XXI AUTHORITY									
Demo Pop VI - UPP for Children									
Pop Type: Expansion									
Eligible Member Months	2.5%			1,775	3,523	3,523	3,523		
PMPM Cost	5.3%			\$190.00	\$190.00	\$190.00	\$190.00		
Total Expenditure				\$ 337,250	\$ 669,370	\$ 669,370	\$ 669,370	\$ 2,345,360	
PENDING APPROVAL BY CMS									
Long-Term Support Services (LTSS)									
Pop Type: Expansion									
Eligible Member Months	2.5%		600	600	600	600			
PMPM Cost	5.3%		\$9,578.00	\$10,056.90	\$10,559.75	\$11,087.73			
Total Expenditure			\$5,746,800.00	\$6,034,100.00	\$6,335,800.00	\$6,652,600.00	\$ 24,769,300		
Integrated Behavior Health Services									
Pop Type: Expansion									
Eligible Member Months	2.5%			1,500	3,000	3,000	3,000		
PMPM Cost	5.3%			\$66.67	\$70.00	\$73.50	\$77.18		
Total Expenditure				\$100,000.00	\$210,000.00	\$220,500.00	\$231,500.00	\$ 762,000	
SB133 Family Planning Services									
Pop Type: Expansion									
Eligible Member Months	2.5%		60,648	61,656	62,640	63,636			
PMPM Cost	5.3%		\$21.60	\$21.86	\$22.13	\$22.40			
Total Expenditure			\$ 1,309,968	\$ 1,348,051	\$ 1,386,293	\$ 1,425,154	\$ 5,469,466		
SB269 Chronic Conditions Support Amendment									
Pop Type: Expansion									
Eligible Member Months	2.5%		9,660	19,320	19,320	9,660			
PMPM Cost	5.3%		\$180.00	\$180.00	\$180.00	\$180.00			
Total Expenditure			\$ 1,738,800	\$ 3,477,600	\$ 3,477,600	\$ 1,738,800	\$ 10,432,800		
SB181 Native American Health Amendments									
Pop Type: Expansion									
Eligible Member Months	2.5%			3,300	3,300	3,300			
PMPM Cost	5.3%		\$0.00	\$2,322.52	\$2,322.52	\$2,322.52			
Total Expenditure			\$ -	\$ 7,664,300	\$ 7,664,300	\$ 7,664,300	\$ 22,992,900		
Disability Wraparound Coverage									
Pop Type: Expansion									
Eligible Member Months	0.0%					360			
PMPM Cost	0.0%					\$329.00			
Total Expenditure						\$ 118,440	\$ 118,440		
Pregnant Women and 12-Month Extended Postpartum									
Pop Type: Expansion									
Eligible Member Months	0.0%					167,904	165,660		
PMPM Cost	0.0%					\$792.93	\$797.45		
Total Expenditure						\$133,136,680	\$132,106,106	\$ 265,242,786	

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

APPROVED MEGS							
ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY)					DY21-25 TOTAL
		DY 21 (SFY 23)	24)	25)	26)	27)	VOV
Current Eligibles							
Pop Type:	Medicaid						
Eligible Member Months	0.0%	479,104	196,941				Pop. Ended 12/31/23
PMPM Cost	5.3%	\$ 694.83	\$810.29				
Total Expenditure		\$ 347,560,796	\$ 145,816,589				\$ 493,377,385
Adult Expansion Population							
Pop Type:	Expansion						
Eligible Member Months		1,537,011	1,092,920	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	\$ 894,075,982	\$ 880,905,241	\$ 867,928,521	\$ 4,551,562,353
Employer Sponsored Insurance (ESI)							
Pop Type:	Hypothetical						
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	\$ 2,576,793	\$ 2,553,384	\$ 2,530,186	\$ 2,507,200	\$ 13,178,511
Targeted Adults							
Pop Type:	Expansion						
Eligible Member Months		120,464	89,798	84,504	79,521	74,833	
PMPM Cost	5.5%	\$1,177.22	\$1,242.97	\$1,310.28	\$1,382.35	\$1,458.38	
Total Expenditure		\$141,812,630	\$111,616,220	\$110,723,259	\$109,926,107	\$109,134,388	\$ 583,212,604
Dental - Targeted Adults							
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			\$ 4,617,885
Dental - Blind & Disabled Adults							
Pop Type:	Hypothetical						
Eligible Member Months	varies	512,840	488,825	465,935			
PMPM Cost	4.8%	\$ 21.08	\$ 22.09	\$ 23.15			
Total Expenditure		\$ 10,810,667	\$ 10,799,050	\$ 10,787,445			\$ 32,397,162
Dental - Aged							
Pop Type:	Hypothetical						
Eligible Member Months	varies	116,313	119,226	122,211			
PMPM Cost	3.4%	\$ 34.00	\$ 35.16	\$ 36.36			
Total Expenditure		\$ 3,954,656	\$ 4,191,985	\$ 4,443,609			\$ 12,590,250
Dental Services for Medicaid-eligible Adults							
Pop Type:	Hypothetical						
Eligible Member Months	varies			544,014	2,236,774	2,401,169	
PMPM Cost	5.3%			\$ 19.64	\$ 20.80	\$ 23.51	
Total Expenditure				\$ 10,684,438	\$ 46,522,127	\$ 56,461,030	\$ 113,667,596
Former Foster Care Youth from Another State							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%	10	10	10	10	10	
PMPM Cost	5.2%	\$ 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
Substance Use Disorder (SUD)							
Pop Type:	Hypothetical						
Eligible Member Months	6.3%	49,527	52,940	56,587	60,486	64,654	
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	\$ 353,893,200	\$ 1,418,681,400
Serious Mental Illness (SMI)							
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	\$ 309,085,190	\$ 333,570,993	\$ 360,031,512	\$ 1,554,295,400
Intense Stabilization Services (ISS)							
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	\$ 3,753,886	\$ 3,911,549	\$ 4,075,834	\$ 4,247,019	\$ 19,590,866
ESI/COBRA							
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	\$ 1,542,599	\$ 7,097,242
Housing Related Services and Supports (HRSS)							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%	32,691	32,691	32,691			
PMPM Cost	5.3%	\$7,318.35	\$7,706.22	\$8,114.65			
Total Expenditure		\$ 239,244,180	\$ 251,924,121	\$ 265,276,100			\$ 756,444,401

Health Related Social Needs (HRSN) Non-Medical Transportation (NMT)							
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
Fertility Treatment for Individuals Diagnosed with Cancer – Male							
Pop Type:		Hypothetical					
Eligible Member Months	0.0%		59	125	128	131	
PMPM Cost	5.3%		\$500.00	\$526.50	\$554.40	\$583.79	
Total Expenditure			\$ 29,500	\$ 65,813	\$ 70,964	\$ 76,476	\$ 242,752
Fertility Treatment for Individuals Diagnosed with Cancer – Female							
Pop Type:		Hypothetical					
Eligible Member Months	0.0%		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	\$ 4,630,078
Contraception							
Pop Type:		Hypothetical					
Eligible Member Months	0.0%		119	250	256	262	
PMPM Cost	5.3%		\$500.00	\$526.50	\$554.40	\$583.79	
Total Expenditure			\$ 59,500	\$ 131,625	\$ 141,928	\$ 152,952	\$ 486,005
In-Vitro Fertilization and Genetic Testing Services							
Pop Type:		Hypothetical					
Eligible Member Months	13.5%			209	237	269	
PMPM Cost	5.0%			\$ 7,421.38	\$ 7,814.71	\$ 8,228.89	
Total Expenditure				\$ 1,551,376	\$ 1,854,005	\$ 2,215,668	\$ 5,621,050
Reentry							
Pop Type:		Hypothetical					
Eligible Member Months	1.75%			41,159	41,880	42,613	
PMPM Cost	5.7%			\$1,028.19	\$1,086.90	\$1,148.74	
Total Expenditure				\$ 42,319,670	\$ 45,514,699	\$ 48,950,345	\$ 136,785,314
Reentry Non-Services							
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
HRSN Services							
Pop Type:		Hypothetical					
Eligible Member Months	0.0%						
PMPM Cost	N/A						
Total Expenditure					\$ 94,157,357	\$ 94,157,357	\$ 188,314,714
HRSN Infrastructure							
Pop Type:		Hypothetical					
Eligible Member Months	0.0%						
PMPM Cost	N/A						
Total Expenditure				\$ 4,150,000	\$ 16,600,000	\$ 12,450,000	\$ 33,200,000
UNDER TITLE XX1 AUTHORITY							
Demo Pop Y1 - UPP for Children							
Pop Type:		Hypothetical					
Eligible Member Months	0.0%		<i>Start MW2</i>				
PMPM Cost	0.0%		1,775	3,523	3,523	3,523	
Total Expenditure			\$ 190.00	\$ 190.00	\$ 190.00	\$ 190.00	
			\$ 337,250	\$ 669,370	\$ 669,370	\$ 669,370	\$ 2,345,360
PENDING APPROVAL BY CMS							
Long-Term Support Services (LTSS)							
Pop Type:		Hypothetical					
Eligible Member Months	0.0%		600	600	600	600	
PMPM Cost	5.0%		\$ 9,578.00	\$ 10,056.90	\$ 10,559.75	\$ 11,087.73	
Total Expenditure			\$ 5,746,800	\$ 6,034,100	\$ 6,335,800	\$ 6,652,600	\$ 24,789,300
Integrated Behavior Health Services							
Pop Type:		Hypothetical					
Eligible Member Months	0.0%		<i>Start MW2</i>				
PMPM Cost	5.0%		1,500	3,000	3,000	3,000	
Total Expenditure			\$ 66.67	\$ 70.00	\$ 73.50	\$ 77.18	
			\$ 100,000	\$ 210,000	\$ 220,500	\$ 231,500	\$ 762,000
SB133 Family Planning Services							
Pop Type:		Hypothetical					
Eligible Member Months	1.6%		60,648	61,656	62,640	63,636	
PMPM Cost	1.2%		\$ 21.60	\$ 21.86	\$ 22.13	\$ 22.40	
Total Expenditure			\$ 1,309,968	\$ 1,348,051	\$ 1,386,293	\$ 1,425,154	\$ 5,469,466
SB269 Chronic Conditions Support Amendment							
Pop Type:		Hypothetical					
Eligible Member Months	0.0%		9,660	19,320	19,320	9,660	
PMPM Cost	0.0%		\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	
Total Expenditure			\$ 1,738,800	\$ 3,477,600	\$ 3,477,600	\$ 1,738,800	\$ 10,432,800
SB181 Native American Health Amendments							
Pop Type:		Hypothetical					
Eligible Member Months	0.0%			3,300	3,300	3,300	
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

Disability Wraparound Coverage							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%					360	
PMPM Cost	0.0%					\$329.00	
Total Expenditure						\$ 118,440	\$ 118,440
Pregnant Women and 12-Month Extended Postpartum							
Pop Type:	Hypothetical						
Eligible Member Months	0.0%				167,904	165,660	
PMPM Cost	0.0%				\$792.33	\$797.45	
Total Expenditure					\$ 133,136,680	\$ 132,106,106	\$ 265,242,786

Attachment 2

Public Notice Requirements

Support

PUBLIC NOTICE WEBSITE
DIVISION OF ARCHIVES AND RECORDS SERVICE

Amendments to Medicaid Reform 1115 Demonstration

General Information

Government Type:

State Agency

Entity:

Department of Health and Human Services (DHHS)

Public Body:

Medicaid Expansion Workgroup

Give Feedback

Notice Information

[Add Notice to Calendar](#)

Notice Title:

Amendments to Medicaid Reform 1115 Demonstration

Notice Subject(s):

Medicaid , Health Care

Notice Type(s):

Meeting

Event Start Date & Time:

April 17, 2025 02:00 PM

Event End Date & Time:

April 17, 2025 04:00 PM

Event Deadline Date & Time:

04/17/25 04:00 PM

Description/Agenda:

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

The Utah Department of Health & Human Services, Division of Integrated Healthcare, will hold public hearings to discuss two amendments to Utah's Medicaid Reform 1115 Demonstration. The Department will also accept public comments regarding the amendment online, by email, or mail during the public comment period from April 8, 2025, through May 8, 2025.

Utah Medicaid is requesting authority from the Centers for Medicare & 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.

Utah Medicaid also seeks authority to transition the dental benefit delivery system for children and pregnant/postpartum women. Dental services for children and pregnant/postpartum women are currently provided through the dental managed care plans as authorized under a 1915(b) amendment. With approval of this amendment, dental benefits will be provided through the University of Utah School of Dentistry and its associated statewide network of dental providers.

Public Hearings:

The Department will conduct two public hearings to discuss the demonstration amendment. The dates and times are listed below. Both public hearings will be held via video and teleconferencing.

Thursday, April 17, 2025, from 2:00 to 4:00 pm, during the Medicaid Advisory Committee (MAC) meeting.

Give Feedback

Video Conference: Google Meet Meeting meet.google.com/ieq-jggb-pec
 Or join by phone: (US) +1 513-818-1049 PIN: 510 813 429 #
 Monday, April 21, 2025, from 4:00 pm to 5:00 pm.
 Video Conference: Google Meet Meeting meet.google.com/ddt-hhfk-aps
 Or join by phone: (US) +1 317-659-0155 PIN: 875 965 289 #

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at lbelgique@utah.gov or 1 (801) 538-6241 by April 10, 2025.

Public Comment:

A copy of the public notice and proposed amendment is available online at:
<https://medicaid.utah.gov/1115-waiver/>
 The public may comment on the proposed amendment request during the public comment period from April 8, 2025, through May 8, 2025.
 Comments may be submitted using the following methods:
 Online: <https://medicaid.utah.gov/1115-waiver/>
 Email: Medicaid1115waiver@utah.gov
 Mail: Utah Department of Health and Human Services
 Division of Integrated Healthcare
 PO Box 143106
 Salt Lake City, UT 84114-3106
 Attn: Laura Belgique

Give Feedback

Notice of Special Accommodations (ADA):

In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify Laura Belgique at 1 (801) 538-6241.

Notice of Electronic or Telephone Participation:

meet.google.com/ieq-jggb-pec Or join by phone: (US) +1 513-818-1049 PIN: 510 813 429 #

Meeting Information

Meeting Location:

Video/Teleconferencing
 Video/Teleconferencing, UT 84116

Show in Apple Maps

Show in Google Maps

Contact Name:

Laura Belgique

Contact Email:

lbelgique@utah.gov

Contact Phone:

(801)538-6241

Notice Posting Details

Notice Posted On:

April 02, 2025 11:06 AM

Notice Last Edited On:

April 02, 2025 11:11 AM

Deadline Date:

April 17, 2025 04:00 PM

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PUBLIC NOTICE WEBSITE
DIVISION OF ARCHIVES AND RECORDS SERVICE

Amendments to Medicaid Reform 1115 Demonstration

General Information

Government Type:

State Agency

Entity:

Department of Health and Human Services (DHHS)

Public Body:

Medicaid Expansion Workgroup

Give Feedback

Notice Information

[Add Notice to Calendar](#)

Notice Title:

Amendments to Medicaid Reform 1115 Demonstration

Notice Subject(s):

Medicaid , Health Care

Notice Type(s):

Meeting

Event Start Date & Time:

April 21, 2025 04:00 PM

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Give Feedback

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Email: Medicaid1115waiver@utah.gov

Mail: Utah Department of Health and Human Services

Division of Integrated Healthcare

PO Box 143106

Salt Lake City, UT 84114-3106

Attn: Laura Belgique

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Meeting Information

Meeting Location:

Video/Teleconferencing
Video/Teleconferencing, UT 84116

[Show in Apple Maps](#) [Show in Google Maps](#)

Contact Name:

Laura Belgique

Contact Email:

lbelgique@utah.gov

Contact Phone:

(801)538-6241

Notice Posting Details

Notice Posted On:

April 02, 2025 11:30 AM

Notice Last Edited On:

April 02, 2025 11:30 AM

Deadline Date:

April 21, 2025 05:00 PM

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CRAIG DEVASHRAYEE
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SALT LAKE CITY, UT 84114
cdevashrayee@utah.gov

ACCOUNT NUMBER
8405

ACCOUNT NAME
DIVISION OF MEDICAID AND HEALTH FINANCING

TELEPHONE
801-538-6641

ORDER #
SLT0032293

CUSTOMER REFERENCE NUMBER

CAPTION
Disability Wraparound Coverage and Inclusion of Children and Pregnant/Postpartum Women in the Dental Services Demonstration
The Utah Department of Health & Human Services, Division of Integrated Healthcare, will hold public hearings to discuss two amendments to Utah's Medicaid Reform 1115 Demonstration.

TOTAL COST
\$221.00

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

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 Email: Medicaid1115waiver@utah.gov
 Mail: Utah Department of Health and Human Services
 Division of Integrated Healthcare
 PO Box 143106
 Salt Lake City, UT 84114-3106
 Attn: Laura Belgique
 SLT0032293

AFFIDAVIT OF PUBLICATION

AS THE SALT LAKE TRIBUNE, INC. LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF Disability Wraparound Coverage and Inclusion of Children and Pregnant/Postpartum Women in the Dental Services Demonstration The Utah Department of Health & Human Services, Division of Integrated Healthcare, will hold public hearings to discuss two amendments to Utah's Medicaid Reform 1115 Demonstration. FOR DIVISION OF MEDICAID AND HEALTH FINANCING WAS PUBLISHED BY THE SALT LAKE TRIBUNE, INC., WEEKLY NEWSPAPER 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 04/05/2025, 04/06/2025

DATE 04/09/2025

SIGNATURE

STATE OF UTAH
COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 9th DAY OF APRIL IN THE YEAR 2025

BY Doug Ryle



Laree Whitmer
NOTARY PUBLIC SIGNATURE

Attachment 3

Medical Care Advisory Committee

Public Hearing

Medicaid Advisory Committee Agenda

Meeting: Medicaid Advisory Committee
Date: April 17, 2025
Start Time: 2:00 p.m.
End Time: 4:00 p.m.
Location: meet.google.com/ieq-jggb-pec (Google Chrome)
By Phone: 1-513-818-1049 PIN# 510 813 429#

Agenda Items

- | | | |
|---|---------------------|---------------|
| 1. Welcome | Rachel Craig | 2:00 / 5 min |
| <ul style="list-style-type: none">• Approve Minutes for March 2025* | | |
| 2. 1115 Waiver Amendments Public Hearing | Laura Belgique | 2:05 / 15 min |
| <ul style="list-style-type: none">• Disability wraparound coverage• Inclusion of Children and Pregnant/Postpartum Women in Dental Services | | |
| 3. Federal Reform Updates | Jennifer Strohecker | 2:20 / 40 min |
| 4. Eligibility and Enrollment Update | Michelle Smith | 3:00 / 10 min |
| 5. Director's Report | Jennifer Strohecker | 3:10 / 20 min |
| <ul style="list-style-type: none">• Upcoming policy changes | | |
| 6. MAC meeting request process | Rachel Craig | 3:30 / 5 min |
| 7. Committee member updates | Committee Members | 3:35 / 5 min |

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

Next Meeting: May 15, 2025, from 4:00 p.m. – 6:00 p.m.
Budget Recommendations Meeting
Email ssteigerwalt@utah.gov to sign up to present

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

Attachment 4

Tribal Consultation

Utah Indian Health Advisory Board (UIHAB) Meeting

4/11/2025 8:30 AM –11:00 AM	Join via Google Meeting: https://meet.google.com/krh-kvdf-svj?hs=122&authuser=0
In person: Four Points Health Cedar City Clinic, 376 Paiute Dr, Cedar City, UT 84721	Join via Phone: 1-(414)-909-6377 PIN: 211 599 534



Time	Agenda Topic	Presenter
8:30 am	Welcome and Introductions and Roll Call	LaTosha Mayo, Chairperson
8:45 am	Committee Updates	
	UT Medicaid Eligibility Policy	Michelle Smith (DHHS)
	UT Medicaid Policy Update	Jim Stamos (DHHS)
	Medicaid and CHIP State Plan Amendments	Craig Devashrayee (DHHS)
	Medicaid 1115 Wavier	Laura Belgique (DHHS)
	DWS Medicaid Eligibility Operations	Jessica Ware (DWS)
	SNAP	Frank Vega (DWS)
	MCAC Committee	Michael Jensen (UNHS)
	CHIP Advisory Committee	Rachel Greymountain
9:30 am	Office of AI/AN Health and Family Services Updates	
	Data Reporting Updates	Alex Merrill (IHFS)
	Program Updates	Hilary Makris (IHFS)
	IHFS Opioids and Tobacco	Kassie John (IHFS)
	ICWA Liaison	Jamie Harvey (IHFS)
	Tribal Health Liaison	Jeremy Taylor (IHFS)

Time	Topic	Presenter
10:00 am	PHEP 2025 grant	Andrea Skewes
10:10 am	Measles DHHS Update	Amelia Salmanson (DHHS)
10:30 am	I/T/U Partner Spotlight	LaTosha Mayo
11:00 am	I/T/U Updates	I/T/U partners
	Lunch and tour	

Next UIHAB Meeting will be May 9, 2025

Hosted by:
CTGR - TBD

Facilitated by: Utah Department of Health and Human Services Office of AI/AN Health & Family Services
Note Taker: Dorrie Reese (All meetings are recorded)

UIHAB Meeting

Apr 11, 2025 (Hybrid)
8:30 a.m. – 11:00 a.m.

Participants: (Hybrid)

Lorena Horse, *Confederated Tribes of the Goshute*
Michelle Richards, *Northwestern Band of Shoshone Nation*
Amy Faatoafe, *Skull Valley Band of Goshute*
Craig Sandoval, *Urban Indian Center of Salt Lake*
Matt Poss, *Urban Indian Center of Salt Lake*
Tracie Tso, *Utah Division of Indian Affairs*
Maurice James, *Ute & Ouray/IHS*
Clarissa Friday, *Ute & Ouray/HIS*
Tyler Deines, *CMS*
Barbara Prehmus, *CMS*

Guests:

Jessica Ware, *AI/AN Eligibility Specialist, DWS*
Natalie Barfuss for Frank Vega, *AI/AN SNAP Specialist, DWS*

DHHS Staff:

Brian Roach, *Assistant Division Director, Division of Integrated Healthcare, DHHS*
Michelle Smith, *Office Director, Office of Eligibility Policy, DHHS*
Jim Stamos, *Office Director, Office of Healthcare Policy and Authorization, DHHS*
Laura Belgique, *Office of Eligibility Policy, DHHS*
Craig Devashrayee, *Office of Reimbursement Coordinated Care & Audit, DHHS*
Andrea Skewes, *Office of Emergency Medical Services & Preparedness, DHHS*
Tonya Merton, *Office of Emergency Medical Services & Preparedness, DHHS*
Amelia Salmanson, *Office of Communicable Disease, DHHS*
Jeremy Taylor, *Tribal Health Liaison, Office of AI/AN Health Affairs, DHHS*
Alex Merrill, *EPI, Office of AI/AN Health Affairs, DHHS*
Jamie Harvey, *ICWA, Office of AI/AN Health Affairs, DHHS*
Dorrie Reese, *Recorder/Minutes, DIH Administrative Assistant, DHHS*

Welcome and Introductions:

The UIHAB Chairperson welcomed everyone starting the meeting at 8:30 a.m.

Approval of Minutes:

The Oct 11, 2019, Nov 15, 2019, Dec 13, 2019, Jan 10, 2020, Mar 13, 2020, Apr 10, 2020, May 8, 2020, Jun 12, 2020, Aug, 14, 2020, Sep 11, 2020, Oct 9, 2020, Nov 13, 2020, Dec 11, 2020, Jan, 21, 2021, , Feb 12, 2021, Mar 12, 2021, Apr 9, 2021, May 14, 2021, Jun 11, 2021, Aug 13, 2021, Sep 10, 2021, Oct 8, 2021, Nov 12, 2021, Dec 10, 2021, Jan 28, 2022, Mar 11, 2022, Apr 8, 2022, May 13, 2022, Jun 10, 2022, Aug 12, 2022, Sep 9, 2022, Oct 14, 2022, Nov 10, 2022, Dec 9, 2022, Jan 13, 2023, Feb 10, 2023, Mar 10, 2023, Apr 14, 2023, May 12, 2023, June 9, 2023, Aug 11, 2023, Sep 8, 2023, Oct 13, 2023, Nov 9, 2023, Dec 9, 2023, Jan 12, 2024, Mar 8, 2024, Apr 12, 2024, May 10, 2024, Jun 14, 2024, Aug 9, 2024, Sep 13, 2024, Oct 11, 2024, Nov 8, 2024, Dec 13, 2024, Jan 10, 2025, and Mar 14, 2025 UIHAB minutes will be approved at a later UIHAB meeting.

Medicaid Eligibility Policy:

Michelle Smith gave an update.

michellesmith@utah.gov

[https://medicaid-documents.dhhs.utah.gov/Medicaid Enrollment Report](https://medicaid-documents.dhhs.utah.gov/Medicaid%20Enrollment%20Report)

<https://medicaid.utah.gov/eligibility-data/>

<https://medicaid.utah.gov/mcac/>

Medicaid Policy Update:

Jim Stamos gave an update.

The document which was presented is embedded in this document.



Updated April 2025
Director's Report.doc

Medicaid 1115 Waiver:

Laura Belgique gave an update.

<https://medicaid.utah.gov/1115-waiver/>

Medicaid1115waiver@utah.gov

Comment end date: May 8, 2025

The documents which were presented are embedded in this document.



Public Hearing
Overview_Disability



Amendments_
WDisability Wraparounc

DWS Medicaid Eligibility:

Jessica Ware gave an update on DWS Medicaid Eligibility Unwinding.



AT quarterly report
2024 CY.xlsx



AT quarterly report
2024 q4.xlsx

Medicaid and CHIP State Plan Amendments:

Craig Devashrayee gave an update.

The documents which were presented are embedded in this document.



UIHAB MATRIX
4-11-25.pdf

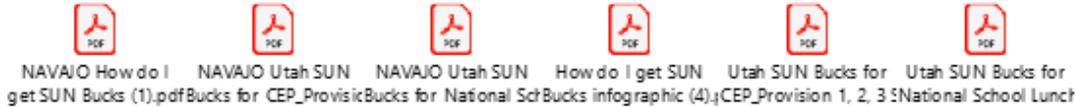


SPA MATRIX
4-11-25.pdf

DWS Medicaid SNAP:

Natalie Barfuss for Frank Vega gave an update on SNAP.
nbarfuss@utah.gov

The documents which were presented are embedded in this document.



MAC & CHIP Advisory Committees:

Rachel Greymountain gave an update on January 16, 2025, CHIPAC meeting.

The next MAC meeting is scheduled for April 17, 2025, at 2:00 -4:00pm.
The next CHIPAC meeting is scheduled for April 17, 2025, at 1:00-1:55 pm

Data Reporting:

Alex Merrill gave an update.

ICWA Liaison:

Jamie Harvey gave an update.



Tribal Health Liaison:

Jeremy Taylor gave an update.

- Traditional Healing Waiver: Tyler Deines CMS w/follow up on this
- I/T/U Trainings: Barbara Prehmus CMS mentioned that at this time they do not have dates for these meetings.
- Tribal Liaison -Emergency Preparedness: Anna Boynton: Apr 17th-Statewide Shakeout

Here is the form for requesting PPE supplies, each link contains a different set of supplies. (pictures included in the links)

<https://docs.google.com/forms/d/e/1FAIpQLSevmTTEsVHUbWvX20AYzPPFxX5SMweGZcqTytix4GzZhm207Q/viewform>
https://docs.google.com/forms/d/e/1FAIpQLSc7ce56y_JLoTGndE2vfgilRljp9D8vOocJh9xhIivKC41Lw/viewform

Any questions, please email to claytonsweneey@utah.gov or call at 801-656-8042 to begin the order process.

All items will call only, and would need to be picked up at Pick up address: **1865 South 4490 West SLC Utah 84104**
Hours of Operations are **Monday- Friday 7am- 3pm** (EXCEPT for state observed holidays)

PHEP 2025 Grant:

Andrea Skewes gave an update.
<https://forms.gle/mNeP4v2YyeS4TNEk6>

The document which was presented is embedded in this document.



Measles DHHS Update:

Amelia Salmanson gave an update.

The document which was presented is embedded in this document.



Measles update
(1).pdf

I/T/U Updates:

- Lorena Horse: Confederated Tribes of Goshute Reservation
- Michelle Richards: Northwestern Band of Shoshone Nation
- Shawn Begay: Utah Navajo Health Systems
- Craig Sandoval: Urban Indian Center of Salt Lake
- Tracie Tso: Utah Division of Indian Affairs

I/T/U Spotlight:

Amelia Salmanson gave an update.

The document which was presented is embedded in this document.



FPH Spotlight
PowerPoint_Amelia Sa

Adjourn:

The meeting ended at 11:19. Shawn Begay made that motion to adjourn the meeting. Lorena Horse seconded that motion.

The next meeting: May 9, 2025 @ 8:30 a.m. (Hybrid)
Sacred Circle Healthcare
660 South 200 East, Suite 250
Salt Lake City