State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Health & Human Services

TRACY S. GRUBER
Executive Director

NATE CHECKETTS
Deputy Director

DR. MICHELLE HOFMANN
Executive Medical Director

DAVID LITVACK
Deputy Director

NATE WINTERS
Deputy Director

December 30, 2022

Chiquita-Brooks-LaSure
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 Brooks-LaSure:

I am pleased to submit an amendment to the State of Utah's Special Terms and Conditions for the Medicaid Reform 1115 Demonstration. This amendment seeks approval 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.

The State of Utah appreciates your consideration of this amendment request. We look forward to the continued guidance and support from CMS in administering Utah's Medicaid Reform 1115 Demonstration.

Respectfully,

Jennifer Strohecker (Dec 19, 2022 13:55 MST)

Jennifer Strohecker
State Medicaid Director
Director, Division of Integrated Healthcare

Utah Department of
Health & Human
Services

Utah's Medicaid Reform 1115 Demonstration

Amendment Request

Integrated Behavioral Health Services

Demonstration Project No. **11-W-00145/8**
21-W-00054/8

Utah Department of Health & Human Services

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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.	● Number of individuals served under this demonstration	● Data warehouse	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) - Statewideness	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 were advertised in the newspapers of widest circulation and sent to an electronic mailing list. In addition, the abbreviated public 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 December 12, 2022 from 3:00 pm to 4:00 pm. The second public hearing was held on December 15, 2022, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting. Both public hearings were held via video and teleconferencing. The state received one comment in the MCAC meeting. The commenter stated it seemed like a limited benefit and asked how extensive the primary care services would be and how it would overlay with the UMIC contracts. The commenter also expressed concern this may be confusing to members as well as providers. In response, the state explained we are not replacing our current UMIC delivery system, the services would be for primary care, and we will take any confusing information into advisement.

Public Comment

The public comment period was 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 notified the UDOH Indian Health Liaison of the waiver amendment. As a result of this notification, the state began the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on December 9, 2022 to present this demonstration amendment.

Three questions were received during the meeting. One commenter asked if the state was integrating the Indian Health Systems into the contracted local mental health. The state explained this is a pilot project and that a local mental health authority would be awarded through a Request for Proposal process. Another commenter asked if this is going to be expanded to the rest of the state if successful. The state explained there are currently no mechanisms to expand this project, but that could be evaluated in the future. The third question was in relation to the time frame and the state explained this pilot would go through the end of the demonstration period.

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

Name and Title: Jennifer Strohecker, Medicaid Director, Division of Integrated Healthcare
Telephone Number: (801) 538-6689
Email Address: medicaiddirector@utah.gov

Attachment 1

Compliance with Budget Neutrality Requirements

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

ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY) DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	DY21-25 TOTAL WOW
Current Eligibles							
Pop Type:	**Medicaid**						
Eligible Member Months	0.0%	318,076	318,076	318,076	318,076	318,076	
PMPM Cost	5.3%	$ 1,293.75	$ 1,362.32	$ 1,434.52	$ 1,510.55	$ 1,590.61	
Total Expenditure		$ 411,511,221	$ 433,321,316	$ 456,287,346	$ 480,470,575	$ 505,935,516	$ 2,287,525,974
Demo Pop I - PCN Adults with Children							
Pop Type:	**Hypothetical**						
Eligible Member Months	5.9%						
PMPM Cost	5.3%						
Total Expenditure							$ -
Demo Pop III/V - UPP Adults with Children *							
Pop Type:	**Hypothetical**						
Eligible Member Months	34.9%	36,498	49,222	66,380	89,520	120,727	
PMPM Cost	5.3%	$ 388.58	$ 388.58	$ 388.58	$ 388.58	$ 388.58	
Total Expenditure		$ 14,182,519	$ 19,126,545	$ 25,794,059	$ 34,785,867	$ 46,912,221	$ 140,801,211
Demo Pop I - PCN Childless Adults							
Pop Type:	**Medicaid**						
Eligible Member Months							
PMPM Cost							
Total Expenditure							$ -
Demo Pop III/V - UPP Childless Adults *							
Pop Type:	**Medicaid**						
Eligible Member Months	159	184	189	194	199	204	
PMPM Cost	68.45	$ 388.58	$ 388.58	$ 388.58	$ 388.58	$ 388.58	
Total Expenditure		$ 71,651	$ 73,442	$ 75,278	$ 77,160	$ 79,089	$ 376,620
Dental - Aged							
Pop Type:	**Hypothetical**						
Eligible Member Months	2.5%	68,396	70,106	71,858	73,655	75,496	
PMPM Cost	5.3%	$ 35.90	$ 37.81	$ 39.81	$ 41.92	$ 41.92	
Total Expenditure		$ 2,455,608	$ 2,650,399	$ 2,860,641	$ 3,087,562	$ 3,164,751	$ 14,218,960
Dental - Blind/Disabled							
Pop Type:	**Hypothetical**						
Eligible Member Months	2.5%	393,600	393,600	393,600	393,600	393,600	
PMPM Cost	5.3%	$ 35.93	$ 37.83	$ 39.83	$ 41.95	$ 44.17	
Total Expenditure		$ 14,140,242	$ 14,889,675	$ 15,678,828	$ 16,509,805	$ 17,384,825	$ 78,603,375
Dental - Targeted Adults							
Pop Type:	**Expansion**						
Eligible Member Months		39,737	40,731	41,749	42,793	43,863	
PMPM Cost	5.3%	$ 43.51	$ 45.82	$ 48.24	$ 50.80	$ 53.49	
Total Expenditure		$ 1,728,934	$ 1,866,081	$ 2,014,108	$ 2,173,877	$ 2,346,320	$ 10,129,320
Employer Sponsored Insurance (ESI)							
Pop Type:	**Hypothetical**						
Eligibile Member Months	2.5%	145,638	149,279	153,011	156,836	160,757	
PMPM Cost	4.7%	$ 264.70	$ 277.14	$ 290.17	$ 303.81	$ 318.08	
Total Expenditure		$ 38,550,492	$ 41,371,424	$ 44,398,778	$ 47,647,659	$ 51,134,277	$ 223,102,631
Expansion Parents <=100% FPL							
Pop Type:	**Expansion**						
Eligible Member Months	2.5%	365,958	375,106	384,484	394,096	403,949	
PMPM Cost	5.3%	$ 784.16	$ 825.72	$ 869.48	$ 915.56	$ 964.09	
Total Expenditure		$ 286,967,645	$ 309,731,354	$ 334,300,793	$ 360,819,204	$ 389,441,187	$ 1,681,260,182
Expansion Adults w/out Dependent Children <=100% FPL							
Pop Type:	**Expansion**						
Eligible Member Months	2.5%	431,799	442,594	453,658	465,000	476,625	
PMPM Cost	5.3%	$ 1,094.21	$ 1,152.20	$ 1,213.26	$ 1,277.57	$ 1,345.28	
Total Expenditure		$ 472,476,451	$ 509,955,646	$ 550,407,877	$ 594,068,982	$ 641,193,504	$ 2,768,102,461
Expansion Parents 101-133% FPL							
Pop Type:	**Expansion**						
Eligible Member Months	5.25%	132,166	139,105	146,408	154,094	162,184	
PMPM Cost	5.3%	$ 766.98	$ 807.63	$ 850.43	$ 895.51	$ 942.97	
Total Expenditure		$ 101,368,614	$ 112,345,061	$ 124,510,065	$ 137,992,326	$ 152,934,480	$ 629,150,545
Expansion Adults w/out Dependent Children 101-133% FPL							
Pop Type:	**Expansion**						
Eligible Member Months	5.25%	418,244	440,201	463,312	487,636	513,237	
PMPM Cost	5.3%	$ 1,075.02	$ 1,132.00	$ 1,191.99	$ 1,255.17	$ 1,321.69	
Total Expenditure		$ 449,621,028	$ 498,307,117	$ 552,265,058	$ 612,065,699	$ 678,341,703	$ 2,790,600,606

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

ELIGIBILITY GROUP	TREND RATE 1	DEMONSTRATION YEARS (DY) DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	DY21-25 TOTAL WOW
Former Foster							
Pop Type:	**Hypothetical**						
Eligible Member Months	0.0%	10	10	10	10	10	
PMPM Cost	4.8%	$ 1,252.63	$ 1,312.76	$ 1,375.77	$ 1,441.81	$ 1,511.01	
Total Expenditure		$ 12,526	$ 13,128	$ 13,758	$ 14,418	$ 15,110	$ 68,940
Housing Residential Support Services (HRSS)							
Pop Type:	**Expansion**						
Eligible Member Months	2.5%	33,508	34,346	35,205	36,085	36,987	
PMPM Cost	5.3%	$ 7,318.35	$ 7,706.22	$ 8,114.65	$ 8,544.73	$ 8,997.60	
Total Expenditure		$ 245,225,284	$ 264,677,780	$ 285,673,345	$ 308,334,383	$ 332,793,008	$ 1,436,703,800
Intense Stabilization Services (ISS)							
Pop Type:	**Hypothetical**						
Eligible Member Months	0.0%	1,440	1,440	1,440	1,440	1,440	
PMPM Cost	5.3%	$2,328.50	$2,451.91	$2,581.86	$2,718.70	$2,862.79	
Total Expenditure		$ 3,353,038	$ 3,530,749	$ 3,717,879	$ 3,914,927	$ 4,122,418	$ 18,639,012
In-Vitro Fertilization (IVF) Treatment							
Pop Type:	**Hypothetical**						
Eligible Member Months	13.5%	162	184	209	237	269	
PMPM Cost	5.0%	$ 20,588.98	$ 21,620.64	$ 22,703.99	$ 23,841.63	$ 25,036.27	
Total Expenditure		$ 3,341,461	$ 3,982,315	$ 4,746,077	$ 5,656,320	$ 6,741,137	$ 24,467,310
Medicaid for Justice-Involved Populations							
Pop Type:	**Hypothetical**						
Eligible Member Months	1.75%	39,756	40,451	41,159	41,880	42,613	
PMPM Cost	3.0%	$ 551.67	$ 568.22	$ 585.26	$ 602.82	$ 620.91	
Total Expenditure		$ 21,931,981	$ 22,985,264	$ 24,089,131	$ 25,246,012	$ 26,458,452	$ 120,710,839
Mental Health Institutions for Mental Disease (IMD)							
Pop Type:	**Hypothetical**						
Eligible Member Months	2.5%	11,043	11,319	11,602	11,892	12,190	
PMPM Cost	5.3%	$ 14,339.69	$ 15,099.69	$ 15,899.97	$ 16,742.67	$ 17,630.03	
Total Expenditure		$ 158,356,552	$ 170,918,185	$ 184,476,270	$ 199,109,850	$ 214,904,239	$ 927,765,096
Serious Mental Illness (SMI)							
Pop Type:	**Hypothetical**						
Eligibile 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
Substance Use Disorder (SUD)							
Pop Type:	**Hypothetical**						
Eligible Member Months	6.9%	49,527	52,940	56,587	60,486	64,654	
PMPM Cost	5.0%	$ 4,239.75	$ 4,451.74	$ 4,674.33	$ 4,908.05	$ 5,153.45	
Total Expenditure		$ 209,983,503	$ 235,674,067	$ 264,507,781	$ 296,869,197	$ 333,189,497	$ 1,340,224,045
Targeted Adults		*Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment.*					
Pop Type:	**Expansion**	*PMPM will increase due to adding the new managed care directed payments*					
Eligible Member Months	2.5%	180,918	185,441	190,077	194,828	199,699	
PMPM Cost	5.3%	$ 1,495.83	$ 1,575.11	$ 1,658.59	$ 1,746.50	$ 1,839.06	
Total Expenditure		$ 270,622,011	$ 292,089,289	$ 315,259,114	$ 340,267,965	$ 367,258,823	$ 1,585,497,203
Withdrawal Management							
Pop Type:	**Hypothetical**						
Eligible Member Months	0.0%	4,018	4,018	4,018	4,018	4,018	
PMPM Cost	5.0%	$ 850.85	$ 893.40	$ 938.07	$ 984.97	$ 1,034.22	
Total Expenditure		$ 3,418,520	$ 3,589,446	$ 3,768,918	$ 3,957,364	$ 4,155,233	$ 18,889,482
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	$ 24,769,300
Integrated Behavior Health Services							
Pop Type:	**Hypothetical**	*Starts 1/1/24*					
Eligible Member Months	0.0%		1,500	3,000	3,000	3,000	
PMPM Cost	5.0%		$ 66.67	$ 70.00	$ 73.50	$ 77.18	
Total Expenditure			$ 100,000	$ 210,000	$ 220,500	$ 231,500	$ 762,000

$ 17,675,902,312

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

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
Current Eligibles						
Pop Type:						
Eligible Member Months	318,076	318,076	318,076	318,076	318,076	
PMPM Cost	$ 1,293.75	$ 1,362.32	$ 1,434.52	$ 1,510.55	$ 1,590.61	
Total Expenditure	$ 411,511,221	$ 433,321,316	$ 456,287,346	$ 480,470,575	$ 505,935,516	$ 2,287,525,974
Demo Pop I - PCN Adults w/Children						
Pop Type:						
Eligible Member Months	-	-	-	-	-	
PMPM Cost	-	-	-	-	-	
Total Expenditure	$ -	$ -	$ -	$ -	$ -	$ -
Demo Pop III/V - UPP Adults with Children						
Pop Type:						
Eligible Member Months	$ 36,498	$ 49,222	$ 66,380	$ 89,520	$ 120,727	
PMPM Cost	$ 388.58	$ 388.58	$ 388.58	$ 388.58	$ 388.58	
Total Expenditure	$ 14,182,519	$ 19,126,545	$ 25,794,059	$ 34,785,867	$ 46,912,221	$ 140,801,211
Demo Pop I - PCN Childless Adults						
Pop Type:						
Eligible Member Months	-	-	-	-	-	
PMPM Cost	$ -	$ -	$ -	$ -	$ -	
Total Expenditure	$ -	$ -	$ -	$ -	$ -	$ -
Demo Pop III/V - UPP Childless Adults						
Pop Type:						
Eligible Member Months	$ 184	$ 189	$ 194	$ 199	$ 204	
PMPM Cost	$ 388.58	$ 388.58	$ 388.58	$ 388.58	$ 388.58	
Total Expenditure	$ 71,651	$ 73,442	$ 75,278	$ 77,160	$ 79,089	$ 376,620
Dental - Aged						
Pop Type:						
Eligible Member Months	68,396	70,106	71,858	73,655	75,496	
PMPM Cost	$ 35.90	$ 37.81	$ 39.81	$ 41.92	$ 41.92	
Total Expenditure	$ 2,455,608	$ 2,650,399	$ 2,860,641	$ 3,087,562	$ 3,164,751	$ 14,218,960
Dental - Blind/Disabled						
Pop Type:						
Eligible Member Months	393,600	393,600	393,600	393,600	393,600	
PMPM Cost	$ 35.93	$ 37.83	$ 39.83	$ 41.95	$ 44.17	
Total Expenditure	$ 14,140,242	$ 14,889,675	$ 15,678,828	$ 16,509,805	$ 17,384,825	$ 78,603,375
Dental - Targeted Adults						
Pop Type:						
Eligible Member Months	39,737	40,731	41,749	42,793	43,863	
PMPM Cost	$ 43.51	$ 45.82	$ 48.24	$ 50.80	$ 53.49	
Total Expenditure	$ 1,728,934	$ 1,866,081	$ 2,014,108	$ 2,173,877	$ 2,346,320	$ 10,129,320
Employer Sponsored Insurance (ESI)						
Pop Type:						
Eligible Member Months	145,638	149,279	153,011	156,836	160,757	
PMPM Cost	$ 264.70	$ 277.14	$ 290.17	$ 303.81	$ 318.08	
Total Expenditure	$ 38,550,492	$ 41,371,424	$ 44,398,778	$ 47,647,659	$ 51,134,277	$ 223,102,631
Expansion Parents <=100% FPL						
Pop Type:						
Eligible Member Months	365,958	375,106	384,484	394,096	403,949	
PMPM Cost	$ 784.16	$ 825.72	$ 869.48	$ 915.56	$ 964.09	
Total Expenditure	$ 286,967,645	$ 309,731,354	$ 334,300,793	$ 360,819,204	$ 389,441,187	$ 1,681,260,182
Expansion Adults w/out Dependent Children <=100% FPL						
Pop Type:						
Eligible Member Months	431,799	442,594	453,658	465,000	476,625	
PMPM Cost	$ 1,094.21	$ 1,152.20	$ 1,213.26	$ 1,277.57	$ 1,345.28	
Total Expenditure	$ 472,476,451	$ 509,955,646	$ 550,407,877	$ 594,068,982	$ 641,193,504	$ 2,768,102,461

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

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
Expansion Parents 101-133% FPL						
Pop Type:						
Eligible Member Months	132,166	139,105	146,408	154,094	162,184	
PMPM Cost	$ 766.98	$ 807.63	$ 850.43	$ 895.51	$ 942.97	
Total Expenditure	$ 101,368,614	$ 112,345,061	$ 124,510,065	$ 137,992,326	$ 152,934,480	$ 629,150,545
Expansion Adults w/out Dependent Children 101-133% FPL						
Pop Type:						
Eligible Member Months	418,244	440,201	463,312	487,636	513,237	
PMPM Cost	$ 1,075.02	$ 1,132.00	$ 1,191.99	$ 1,255.17	$ 1,321.69	
Total Expenditure	$ 449,621,028	$ 498,307,117	$ 552,265,058	$ 612,065,699	$ 678,341,703	$ 2,790,600,606
Former Foster Care						
Pop Type:						
Eligible Member Months	10	10	10	10	10	
PMPM Cost	$ 1,252.63	$ 1,312.76	$ 1,375.77	$ 1,441.81	$ 1,511.01	
Total Expenditure	$ 12,526	$ 13,128	$ 13,758	$ 14,418	$ 15,110	$ 68,940
Housing Residential Support Services (HRSS)						
Pop Type:						
Eligible Member Months	33,508	34,346	35,205	36,085	36,987	
PMPM Cost	7,318	7,706	8,115	8,545	8,998	
Total Expenditure	$ 245,225,284	$ 264,677,780	$ 285,673,345	$ 308,334,383	$ 332,793,008	$ 1,436,703,800
Intense Stabilization Services (ISS)						
Pop Type:						
Eligible Member Months	1,440	1,440	1,440	1,440	1,440	
PMPM Cost	$2,328.50	$2,451.91	$2,581.86	$2,718.70	$2,862.79	
Total Expenditure	$ 3,353,038	$ 3,530,749	$ 3,717,879	$ 3,914,927	$ 4,122,418	$ 18,639,012
In-Vitro Fertilization (IVF) Treatment						
Pop Type:						
Eligible Member Months	162	184	209	237	269	
PMPM Cost	$ 20,588.98	$ 21,620.64	$ 22,703.99	$ 23,841.63	$ 25,036.27	
Total Expenditure	$ 3,341,461	$ 3,982,315	$ 4,746,077	$ 5,656,320	$ 6,741,137	$ 24,467,310
Medicaid for Justice-Involved Populations						
Pop Type:						
Eligible Member Months	39,756	40,451	41,159	41,880	42,613	
PMPM Cost	$ 551.67	$ 568.22	$ 585.26	$ 602.82	$ 620.91	
Total Expenditure	$ 21,931,981	$ 22,985,264	$ 24,089,131	$ 25,246,012	$ 26,458,452	$ 120,710,839
Mental Health Institutions for Mental Disease (IMD)						
Pop Type:						
Eligible Member Months	11,043	11,319	11,602	11,892	12,190	
PMPM Cost	$ 14,339.69	$ 15,099.69	$ 15,899.97	$ 16,742.67	$ 17,630.03	
Total Expenditure	$ 158,356,552	$ 170,918,185	$ 184,476,270	$ 199,109,850	$ 214,904,239	$ 927,765,096
Serious Mental Illness (SMI)						
Pop Type:						
Eligible Member Months	17,688	18,130	18,583	19,048	19,524	
PMPM Cost	$ 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
Substance Use Disorder (SUD)						
Pop Type:						
Eligible Member Months	49,527	52,940	56,587	60,486	64,654	
PMPM Cost	$ 4,239.75	$ 4,451.74	$ 4,674.33	$ 4,908.05	$ 5,153.45	
Total Expenditure	$ 209,983,503	$ 235,674,067	$ 264,507,781	$ 296,869,197	$ 333,189,497	$ 1,340,224,045
Targeted Adults						
Pop Type:						
Eligible Member Months	180,918	185,441	190,077	194,828	199,699	
PMPM Cost	1,496	1,575	1,659	1,747	1,839	
Total Expenditure	$ 270,622,011	$ 292,089,289	$ 315,259,114	$ 340,267,965	$ 367,258,823	$ 1,585,497,203

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

ELIGIBILITY GROUP	DY 21 (SFY 23)	DY 22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)	TOTAL WW
Withdrawal Management						
Pop Type:						
Eligible Member Months	4,018	4,018	4,018	4,018	4,018	
PMPM Cost	$ 850.85	$ 893.40	$ 938.07	$ 984.97	$ 1,034.22	
Total Expenditure	$ 3,418,520	$ 3,589,446	$ 3,768,918	$ 3,957,364	$ 4,155,233	$ 18,889,482
Long-Term Support Services (LTSS)						
Pop Type:						
Eligible Member Months	-	600	600	600	600	
PMPM Cost	-	9,578	10,057	10,560	11,088	
Total Expenditure	-	5,746,800	6,034,100	6,335,800	6,652,600	$ 24,769,300
Integrated Behavior Health Services						
Pop Type:		*Starts 1/1/24*				
Eligible Member Months	-	1,500	3,000	3,000	3,000	
PMPM Cost	$ -	$ 66.67	$ 70.00	$ 73.50	$ 77.18	
Total Expenditure	$ -	$ 100,000	$ 210,000	$ 220,500	$ 231,500	$ 762,000

$ 17,676,664,312

Attachment 2

Public Notice Requirements

PUBLIC NOTICE WEBSITE
DIVISION OF ARCHIVES AND RECORDS SERVICE

Public Hearing on Amendments to Utah's Medicaid Reform 1115 Demonstration

General Information

Government Type:

State Agency

Entity:

Department of Health and Human Services

Public Body:

Medicaid Expansion Workgroup

Notice Information

Add Notice to Calendar

Notice Title:

Public Hearing on Amendments to Utah's Medicaid Reform 1115 Demonstration

Notice Subject(s):

Medicaid , Health Care

Notice Type(s):

Hearing

Event Start Date & Time:

December 12, 2022 03:00 PM

Event End Date & Time:

December 12, 2022 04:00 PM

Event Deadline Date & Time:

12/12/22 04:00 PM

Description/Agenda:

Integrated Behavioral Health Services and Long-Term Services and Supports for Behaviorally Complex Individuals Public Hearings

The Utah Department of Health and 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 comment regarding the amendments online, by email, or mail during the public comment period from November 24, 2022, to December 23, 2022.

Utah Medicaid is requesting authority to implement provisions of Senate Bill 41 'Behavioral Health Services Amendments', which passed during the 2022 Utah Legislative General Session. This amendment seeks approval from the Centers for Medicare & Medicaid Services (CMS) to allow individuals to receive existing state plan-covered physical and behavioral services through a contracted local mental health authority, which will be selected through a Request for Proposal process.

Utah Medicaid is also requesting authority to implement a second amendment to Utah's Medicaid Reform 1115 Demonstration. This amendment seeks approval from CMS to provide Long Term Services and Supports (LTSS) to individuals who have behaviorally complex conditions. One LTSS provider will be selected through a Request for Proposal process.

Public Hearings:
The Department will conduct two public hearings to discuss the demonstration amendments. The dates and times are listed below. Due to the COVID-19 public health emergency, both public hearings will be held via video and teleconferencing.

Monday, December 12, 2022, from 3:00 pm to 4:00 pm.
Video Conference: Google Meet Meeting meet.google.com/dtv-read-thf
Or join by phone: (US) +1 209-806-3237 PIN: 354 734 298 #

Thursday, December 15, 2022, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting
Video Conference: Google Meet Meeting meet.google.com/hdo-xdkn-yvt
Or join by phone: (US) +1 405-696-0719 PIN: 248 965 765 #

Individuals requiring an accommodation to fully participate in either meeting may contact Laura Belgique at lbelgique@utah.gov or (801) 538-6241 by 5:00 p.m. on December 8, 2022.

Public Comment:

A copy of the public notice and proposed amendments are available online at:
https://medicaid.utah.gov/1115-waiver/
The public may comment on the proposed amendment requests during the public comment period from

November 24, 2022, to December 23, 2022.

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

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 801-538-6241.

Notice of Electronic or Telephone Participation:

Video Conference: Google Meet Meeting meet.google.com/dtv-read-thf Or join by phone: (US) +1 209-806-3237 PIN: 354 734 298 #

Meeting Information

Meeting Location:

Video/Teleconferencing
Video/Teleconferencing, UT 84116
Show in Apple Maps | Show in Google Maps

Contact Name:

PBM-00005664

Contact Email:

lbelgique@utah.gov

Contact Phone:

(801)538-6241

Notice Posting Details

Notice Posted On:

November 17, 2022 03:48 PM

Notice Last Edited On:

November 17, 2022 04:04 PM

Deadline Date:

December 12, 2022 04:00 PM

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PUBLIC NOTICE WEBSITE
DIVISION OF ARCHIVES AND RECORDS SERVICE

Public Hearing on Amendments to Utah's Medicaid Reform 1115 Demonstration

General Information

Government Type:

State Agency

Entity:

Department of Health and Human Services

Public Body:

Medicaid Expansion Workgroup

Notice Information

Add Notice to Calendar

Notice Title:

Public Hearing on Amendments to Utah's Medicaid Reform 1115 Demonstration

Notice Subject(s):

Medicaid , Health Care

Notice Type(s):

Hearing

Event Start Date & Time:

December 15, 2022 02:00 PM

Event End Date & Time:

December 15, 2022 04:00 PM

Event Deadline Date & Time:

12/15/22 04:00 PM

Description/Agenda:

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Email: Medicaid1115waiver@utah.gov

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Division of Integrated Healthcare
PO Box 143106
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Meeting Information

Meeting Location:

Video/Teleconferencing
Salt Lake City, UT 84116
Show in Apple Maps | Show in Google Maps

Contact Name:

PBM-00005664

Contact Email:

lbelgique@utah.gov

Contact Phone:

(801)538-6241

Notice Posting Details

Notice Posted On:

November 17, 2022 04:02 PM

Notice Last Edited On:

November 17, 2022 04:02 PM

Deadline Date:

December 15, 2022 04:00 PM

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cdevashrayee@utah.gov

ACCOUNT NUMBER

8405

ACCOUNT NAME

DIVISION OF MEDICAID AND HEALTH FINANCING

TELEPHONE

801-538-6641

ORDER #

SLT0020265

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CAPTION

Integrated Behavioral Health Services and Long- Term Services and Supports for Behaviorally Complex Individuals Public Hearings The Utah Department of Health and Human Services, Division of Integrated Healthcare will hold public hearings to discuss two amendments to Utah's Medicaid Reform 1115 Demonstration.

TOTAL COST

$235.40

Integrated Behavioral Health Services and Long- Term Services and Supports for Behaviorally Complex Individuals Public Hearings

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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
SLT0020265

AFFIDAVIT OF PUBLICATION

AS THE SALT LAKE TRIBUNE, INC. LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF Integrated Behavioral Health Services and Long- Term Services and Supports for Behaviorally Complex Individuals Public Hearings The Utah Department of Health and 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 11/20/2022

DATE 11/24/2022

SIGNATURE Jordyn Gallegos

STATE OF UTAH
COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 24th DAY OF NOVEMBER IN THE YEAR 2022

BY Jordyn Gallegos

LAREE WHITMER
NOTARY PUBLIC-STATE OF UTAH
COMMISSION# 715683
COMM. EXP. 12-09-2024

LaRee Whitmer
NOTARY PUBLIC SIGNATURE

Attachment 3

Medical Care Advisory Committee

Public Hearing

Utah Department of Health & Human Services
Integrated Healthcare

Medical Care Advisory Committee Agenda

Meeting: Medical Care Advisory Committee
Date: December 15, 2022
Start Time: 2:00 p.m.
End Time: 4:00 p.m.
Location: meet.google.com/hdo-xdkn-yvt (Google Chrome)
By Phone: 1-405-696-0719 PIN# 248 965 765#

Agenda Items

1.	Welcome • Approve Minutes for October 2022 MCAC* • Welcome New MCAC member: Dr. Jennifer Brinton o Provider Rep for Utah Physicians	Michael Hales	2:00 / 10 min
2.	California's CalAIM Initiative	Aaron Toyama	2:10 / 30 min
3.	Public Hearings – 1115 Demonstration Amendments** • S.B. 41 Integrated Behavioral Healthcare Services • Long Term Services and Supports for Behaviorally Complex Individuals	Laura Belgique / Members of the Public	2:40 / 10 min
4.	Director's Report	Jennifer Strohecker	2:50 / 15 min
5.	Governor's Budget Proposal	Eric Grant	3:05 / 10 min
6.	Discuss and Vote on the MCAC Bylaws*	Michael Hales	3:15 / 10 min
7.	Eligibility and Enrollment Discussion** • PHE Unwinding Update	Jeff Nelson	3:25 / 10 min
8.	Committee Member Updates	Committee Members	Time Remaining

* Action Item - MCAC Members must be present to vote (substitutes are not allowed to vote)
** Informational handout in the packet sent to committee members
***In accordance with the Open and Public Meetings Act Utah Code 52-4-207, the Chair of the MCAC committee has determined providing an anchor location for the MCAC meeting presents substantial risk to the health and safety of the attendees due to the COVID-19 pandemic. The MCAC meeting will be conducted remotely via electronic means only. The committee members and the public may attend via Google Meet or by calling in to the Google Meet session as listed on the meeting agenda. MCAC meetings will be held in an electronic format until further notice.

Next Meeting: January 19, 2023, from 2:00 p.m. – 4:00 p.m.
Please send meeting topics or other correspondence to Sharon Steigerwalt (ssteigerwalt@utah.gov)

Medical Care Advisory Committee

Minutes of December 15, 2022

Participants

Committee Members (via phone)

Michael Hales (Chair), Jennifer Marchant, Rachel Craig, Luis Rios, Muris Prses for Dale Ownby, Brian Monsen, Stephanie Burdick, Kim Dansie, Gina Tuttle, and Cassidy Matthew

Committee Members Absent

Lisa Heaton, Dr. Robert Baird, Nate Checketts, Dr. Jennifer Brinton, Alan Ormsby, Michael Jensen, and Davis Moore

DOH Staff (via phone)

Eric Grant, Brian Roach, Tracy Barkley, Laura Belgique, Emma Chacon, Dave Lewis, Matt Lund, Jennifer Meyer-Smart, Jeff Nelson, Michelle Smith, James Stamos, Jeremy Taylor, Greg Trollan, Kolbi Young, Sharon Steigerwalt, and Dorrie Reese

Guest (via phone)

Justin Allen, Ciriac Alvarez, Brittany Carver, Jill Chang, Clayton Nelson, Adam Cohen, William Cosgrove, Nate Crippes, Kaitlynn Drollinger, Jim Dunnigan, Kevin Eastman, Jeannie Edens, Russ Elbel, Julie Eqing, Ron Faerber, Melissa Garrett, Matt Hansen, Geoff Harding, Scott Horne, Ryan Jackson, Michelle Jenson, Vicki Jessup, Kristeen Jones, Rosemary Lesser, Jesse Liddell, Rebecca Martinez, Noah Miterko, Elise Napper, Joni Nebeker, Andrea Neilson, Andrew Riggle, Destiny Rockwood, Ken Schaecher, Randall Serr, Kristen Tiaden, Aaron Toyama, Ryan Westergard, Audry Wood, Todd Wood, Sheila Young, and Emily Zheutlin

California's CalAIM Initiative:

Aaron Toyama discussed California's CalAIM Initiative.
Aaron.toyama@dhcs.ca.gov
https://www.dhcs.ca.gov/calaim

The document which was presented is embedded in this document.

CalAIM Overview for Utah MCAC.pdf

Welcome New MCAC member: Dr. Jennifer Brinton:

Michael Hales welcomed new MCAC Member Dr. Jennifer Brinton-Provider Representative for Utah Physicians

Approval of Minutes:

Brian Monson made the motion to approve the October 20, 2022, MCAC minutes. Rachel Craig seconded that motion. The group unanimously agreed.

1115 Demonstration Waiver Public Hearings:

Laura Belgique discussed S.B 41: Integrated Behavioral Healthcare Services, and Long-Term Services & Supports Behaviorally Complex Individuals.

The documents which were presented are embedded in this document.

LTSS for BC Individuals Public Hea

SB41 Public Hearing Overview.pdf

Questions:

Andrew Riggle asked a couple of questions. 1.on the population eligibility for the behavioral complex amendment, who would be eligible for this, how would their eligibility be determined? 2. Would this be a contract with a single facility? 3. Is this a short-term placement? 3.1. How long would an individual be served under this program, and how would transition out of the facility be happening?

Brian Roach mentioned I will respond to each question individually. 2. Yes, the intent language in the funding would go in the RFP as a single entity. 3. It is designed to be somewhat short-term. However, we're not writing into the waiver any specific boundaries. We are envisioning a tiered rates structure for the first 60 days, then a lower rate for days after that with the goal to transition members to the community. 1. I think the intent is to require multiple specialties in a single setting, substance use disorder counselors, mental health counselors, psychologist, and psychiatrist. At this stage we are probably keeping it fairly broad for CMS authority and then later we would refine it a little bit when it comes to the contract setting.

Andrew Riggle asked there don't seem to be a lot of skilled nursing facilities that have staff or the expertise for folks with cognitive intellectual behavioral or psychological needs. Is it the states sense that you can find a provider in a skilled nursing who is able to provide all of the necessary support in a setting or how are the unique needs of this population going to be addressed in a skilled nursing environment?

Brian Roach mentioned the intent of the funding is to allow some capacity building by skilled nursing facility.

Ron Farber asked rebab verses long-term care our concern is if an individual is renting an apartment and goes to the hospital then is transferred to a LTSS facility. How long is rehab going to take place.

Brian Roach mentioned our New Choices Waiver does not have

Director's Report:

Brian Roach gave an update on Medicaid ARPA Funds, Medicaid Policies, SPAs, and Rules.

The document which was presented is embedded in this document.

MCAC Director's Office Updates- Dece

SPA's Rules:

The documents which were presented are embedded in this document

MCAC SPA Matrix 12-15-22.pdf

MCAC Rule Summary 12-15-22.pdf

Governor's Budget Proposal:

Eric Grant gave an update on the Governor's Budget Proposal.

The document which was presented is embedded in this document.

Governor's Budget Presentation.pdf

Questions:

Enrollment and Expansion Discussion:

Jeff Nelson gave an update on Public Health Emergency Unwinding.

The documents which were presented are embedded in this document

December 2022 MCAC PHE Report.pd

Committee Member Updates:

Adjourn

Meeting was adjourned at 3:47pm. The next meeting is scheduled for January 20, 2022 at 2:00-4:00 p.m.

Attachment 4

Tribal Consultation

Utah Indian Health Advisory Board (UIHAB) Meeting

12/9/2022
8:30 AM –11:30 AM

Utah Department of Health & Human Services
Salt Lake City, UT 84114
(801) 712-9346
Google Meeting Format Web Link:
https://meet.google.com/krh-kvdf-svj?hs=122&authuser=0
Call In: 1-414-909-6377
PIN: 211 599 534#

Meeting called by:	UIHAB
Type of meeting:	Monthly UIHAB
Note taker:	Dorrie Reese
Please Review:	Medicaid Rules & SPA document(s), additional materials via presenters.

Agenda topic

8:30 AM	**UIHAB Meeting** Welcome & Introductions	Lorena Horse, Chairperson
8:40 AM	**Committee Updates & Discussion** ▪ **UT Medicaid Eligibility Policy** ▪ **Medicaid & CHIP State Plan Amendments (SPA) & Rules** ▪ **DWS Medicaid Eligibility Operations** ▪ **MCAC & CHIP Advisory Committees** ▪ **Federal/State Policy Impacting I/T/U** ICWA Liaison Indian Health Liaison ▪ **Data Reporting Updates** ▪ **UT DHHS OAIANHFS Program Updates** Opioids & Tobacco Health Equity	 Jeff Nelson, UT Medicaid, Dir. BMEP Craig Devashrayee, UT Medicaid, BMEP Jessica Ware, AI/AN Elig. Spec., DWS Mike Jensen, UNHS & Courtney Muir, NWBSN Jeremy Taylor, IHFS Jamie Harvey, IHFS Melissa Zito, IHFS Alex Merrill, IHFS Hilary Makris, IHFS Kassie John, IHFS
09:45 AM	**Medicaid 1115 Waiver** ▪ **Behavioral Health Integration** ▪ **Community Based Waiver; LTS & BC**	Laurie Belgique & Michelle Smith Medicaid, Integrated Healthcare
10:15 AM	**Viral Hep C.**	Ethan Farnsworth, MPH, Pop. Health
10:45 AM	**BREAK 5 min**	
10:50 AM	**I/T/U updates:** Good News, Changes, Pressing Issue, Questions, Any Requests for Support, etc.	Open to UIHAB Reps.
11:15 AM	**Upcoming Annual UIHAB Retreat; Dates & Location**	Lorena Horse & Jeremy Taylor
11:30 AM	**ADJOURN** ***Next Mtg. January 13, 2023***	

Utah Indian Health Advisory Board
Tribal Leadership Reporting Tool

DATE: _____

State Agency Updates & Discussions:

Medicaid State Plan Amendments (SPA) & Rules (see Matrices)

DWS Medicaid Eligibility

MCAC & CHIP Advisory Committees

Federal/State Policy Impacting I/T/U
- ICWA Liaison
- AI/AN Health Liaison

Data Updates

IHFS Program Updates
- Opioid/Tobacco
- Health Equity Grants

Agenda Item Updates

Medicaid 1115 Waivers: Behavior Health Integration and Long Term Services & Behaviorally Complex Individuals

Viral Hepatitis C :

I/T/U Updates:

Annual Retreat; Dates & Location: