Utah 1115 Demonstration Waiver

Project Number: 11-W-00145/8 & 21-W-0054/8

Annual Monitoring Report

Reporting Period

Demonstration Year: 18 (07/01/2019-06/30/2020)

Executive Summary

Utah's 1115 Primary Care Network (PCN) Demonstration Waiver is a statewide demonstration that gives the Utah Department of Health (UDOH) federal authorization to administer specific medical programs and benefits that are not otherwise allowable under federal rules. This demonstration waiver was originally approved in February 2002 for the PCN program and Current Eligibles population. The waiver was implemented July 1, 2002, and is now in demonstration year 18. Over the years, additional programs and benefits have been authorized under the waiver. The current waiver has approval through June 2022. This annual monitoring report will provide information for demonstration year 18.

The demonstration waiver authorizes the following programs and benefits:

- PCN Program- Provides a limited package of preventive and primary care benefits to adults age 19-64 (PCN was suspended on March 31, 2019 with the implementation of Adult Expansion Medicaid on April 1, 2019).
- Current Eligibles/Non-Traditional Benefits- Provides a slightly reduced benefit package for adults receiving Parent/ Caretaker Relative (PCR) Medicaid.
- Utah's Premium Partnership for Health Insurance (UPP)-Provides premium assistance to help pay the individual's or family's share of monthly premium costs of employer sponsored insurance or COBRA.
- Targeted Adult Medicaid- Provides state plan Medicaid benefits to a targeted group of adults without dependent children.
- Former Foster Care Youth from Another State- Provides state plan Medicaid benefits to former foster care youth from another state up to age 26.
- Dental Benefits for Individuals who are Blind or Disabled- Provides state plan dental benefits to individuals age 18 and older, with blindness or disabilities.
- Substance Use Disorder (SUD) Residential Treatment- Provides coverage of SUD Residential Treatment in an Institution for Mental Disease (IMD) for all Medicaid eligible individuals.
- Targeted Adult Dental Benefits- Provides state plan dental benefits for Targeted Adult Medicaid eligible individuals who are receiving SUD treatment.
- Adult Expansion- Provides Medicaid benefits to adults age 19-64 who have household income up to 133 percent of the federal poverty level (FPL). Individuals in this demonstration group will also be required to participate in community engagement activities (if they do not meet an exemption or have good cause), and will be required to enroll in employer sponsored insurance (ESI), if it is available to the eligible individual.
- Clinically Managed Residential Withdrawal Pilot- Provides expenditure authority to provide clinically managed residential withdrawal services to adult Medicaid beneficiaries, age 18 and older, who reside in Salt Lake County.
- Aged Dental-Provides state plan dental benefits to Medicaid beneficiaries age 65 and older.
- Utah Medicaid Integrated Care (UMIC)- Allows the State to operate an integrated managed care pilot combining the physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population)
- Intensive Stabilization Services (ISS) - Allows the State to provide intensive stabilization services to Medicaid eligible children/youth under age 21 in state custody, or at risk of state custody, experiencing significant emotional and/or behavioral challenges.

Over the five-year approval period, Utah theorizes that the demonstration will:

- Improve the health of Utahns by increasing the number of low income individuals without access to primary care coverage, which will improve the overall well-being of the health status of Demonstration Population I enrollees (PCN enrollees).
- Not negatively impact the overall health of Current Eligibles who experience reduced benefits and increased cost sharing.
- Assist previously uninsured individuals in obtaining employer-sponsored health insurance without causing a decrease in employer's contributions to premiums that is greater than any decrease in contributions to the overall health insurance market.
- Reduce the number of uninsured Utahns by enrolling eligible adults in the Targeted Adult Medicaid program.
- Reduce the number of non-emergent Emergency Room visits for the Targeted Adult population.
- Improve access to primary care, while also improving the health status of the Targeted Adult Population.
- Provide care that is more extensive to individuals suffering from a substance use disorder, in turn making this population healthier and more likely to remain in recovery.
- Lead to increased or sustained employment, improve beneficiaries' socio-economic status and improve health outcomes through a community engagement requirement.

Key Events and Operational Updates

Targeted Adult Medicaid

On July 1, 2019, the third subgroup for Targeted Adult Medicaid opened for enrollment. This is the first time this subgroup has been open for enrollment since Targeted Adult Medicaid implementation in November 2017. This subgroup includes: individuals needing treatment who are living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter for 6 months within a 12-month period, and have a diagnosable substance use disorder or serious mental illness; individuals discharged from the State Hospital due to a civil commitment; and individuals receiving General Assistance (GA) from the Department of Workforce Services (DWS) who have been diagnosed with a substance use disorder or a serious mental health disorder. Because of this open enrollment, approximately 260 individuals are currently eligible under this subgroup.

In addition, on January 1, 2020, the State added new Targeted Adult Medicaid eligibility subgroups. These subgroups are:

- Individuals court ordered to receive substance abuse or mental health treatment by a district court or Tribal court
- Individuals on probation or parole with serious mental illness and/or a serious substance use disorder
- Individuals who are a victim of domestic violence who are living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter.

The implementation of these subgroups has allowed additional individuals to become eligible for the Targeted Adult Medicaid program, which is reflected in the Targeted Adult Medicaid Enrollment section below.

Suspension of Medicaid Benefits

On December 1, 2020, suspension of benefits was implemented for all Medicaid programs. When it is reported that an individual is incarcerated, the State will suspend Medicaid benefits until the individual is released from incarceration. The table below details the number of individuals in each demonstration population whose Medicaid benefits were in suspension status due to incarceration for the demonstration quarter. This includes individuals who may have had benefits suspended in a prior quarter, but remain suspended. Demonstration populations are only listed if an impacted individual was placed in suspense status. A significant increase in suspension occurred from quarter two to quarter three.

Demonstration Population	Quarter 2 (December 2019)	Quarter 3 (Jan-March 2020)	Quarter 4 (April-June 2020)
Adult Expansion	40	233	263
Dental-Blind/Disabled	23	58	51
Targeted Adult Medicaid	22	172	227
Current Eligibles	2	14	20
Dental- Aged	0	6	9
Total	87	483	570

Adult Expansion

As mentioned in a previous monitoring report, the State received approval on December 23, 2019 to implement the following amendment proposals:

- Increase the income limit for the Adult Expansion demonstration group from 95 percent of the federal poverty level (FPL), to 133 percent FPL, in order to receive the increased Federal Medical Assistance Percentages (FMAP) allowable under 42 U.S.C. Section 1396d(y) for the Medicaid Expansion including the Adult Expansion demonstration group and the Targeted Adult demonstration group
- Implement a community engagement requirement for the Adult Expansion population
- Require Adult Expansion Medicaid beneficiaries with access to employer-sponsored insurance (ESI) to enroll in the available insurance, with the flexibility to exempt certain income groups from disenrollment if they fail to enroll
- Expanded subgroup definitions for the Targeted Adult Medicaid population.

As a result of the implementation of "full" Medicaid expansion on January 1st, Adult Expansion enrollment increased from 37,434 individuals in December 2019, to 54,125 individuals in June 2020. The State continues to see an increase in enrollment for this demonstration population, and expects this increase to continue due to the COVID-19 pandemic. This increase is not only due to an increase in Medicaid applications, but also due to the State ensuring Medicaid members who were eligible at the start of the public health emergency remain eligible until the emergency ends.

The State also implemented the employer-sponsored insurance (ESI) requirement for Adult Expansion beneficiaries on January 1, 2020. The State has experienced a slow uptake of ESI. However, the number of individuals enrolling in ESI continues to increase each month, although not at the level the State anticipated. This could be a result of the COVID-19 pandemic, and the subsequent loss of employment (and therefore loss of ESI) of many individuals.   Only two individuals lost eligibility during quarter three due to failure to enroll in their ESI plan. Individuals who failed to enroll during quarter four did not lose eligibility due to the public health emergency.

The community engagement requirement was also implemented on January 1, 2020. However, due to the COVID-19 pandemic, the State made the decision to suspend the requirement as of April 1, 2020. The first month an individual may have lost eligibility due to failure to participate would have been May 2020. As a result, no Adult Expansion beneficiaries lost eligibility due to the requirement. The requirement will remain suspended until a later date.

As mentioned in previous monitoring reports, the State submitted a waiver amendment to fulfill additional requirements of Senate Bill 96 "Medicaid Expansion Adjustments". This waiver amendment included the following provisions, which are pending a decision from CMS:

- Lock-out from the Medicaid expansion for committing an intentional program violation
- Federal expenditure authority to provide housing related services and supports (HRSS) for groups within Medicaid Expansion
- Not allow hospitals to make presumptive eligibility determinations for the Medicaid Expansion
- Require premiums for Adult Expansion beneficiaries with income over 100 percent through 133 percent of the FPL
- Require a $10 surcharge for each non-emergent use of the emergency department after having received a warning for inappropriate use of the emergency department for Adult Expansion beneficiaries with income over 100 percent FPL through 133 percent FPL
- Implement defined flexibilities and cost savings provisions for the Medicaid Expansion through the state administrative rulemaking process within the parameters defined by the waiver amendment
- Additional flexibility for providing services through managed care for all Medicaid members.

Utah Medicaid Integrated Care
The State received waiver approval on December 23, 2019 to implement Utah Medicaid Integrated Care (UMIC). This was implemented on January 1, 2020. This approval allows the State authority to:

- Enroll 1115 demonstration populations in managed care plans;
- Create and operate an integrated managed care pilot combining the physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population);
- Enroll beneficiaries in eight counties who are not enrolled in integrated care, in Utah's Accountable Care organizations for their physical health service delivery system, and in Prepaid Mental Health Plans (PMHP) for their behavioral health services delivery system; and,
- Receive expenditure authority to add behavioral health services authorized under the waiver for those enrolled in managed care.

As a result of UMIC implementation, 35,253 Adult Expansion beneficiaries were enrolled in UMIC plans for the month of June 2020. Utah Medicaid contracted with Steward Health Choice, SelectHealth Community Care, Healthy U and Molina to administer the UMIC plans. The UMIC plans operate in five of Utah's urban counties; Weber, Davis, Salt Lake, Utah, and Washington.

The integrated UMIC plans have allowed individuals to receive care coordination from one plan that has all of the member's information. This will help the individual get the appropriate services, where in the past the payers were unaware of the other services the individual was receiving under a different managed care plan.

The UMIC plans have had several issues with incorporating behavioral health claims processing into their systems. Utah Medicaid has idiosyncrasies in the manner that it pays claims, and modifying the UMIC plan's claims processing systems has been a challenge. There have been payment delays for many providers as issues are being worked through. However, the State continues to work with the UMIC plans to resolve any issues.

Dental Benefits for Aged Medicaid Members and Porcelain Crowns
The State received approval on December 23, 2019 to provide state plan dental benefits for Medicaid eligible individuals, age 65 and older (referred to as Aged Medicaid beneficiaries). This approval also allows the State to provide

federal funds for porcelain crowns for Aged Medicaid beneficiaries, and for Targeted Adult Medicaid beneficiaries who are eligible for dental benefits, as defined in the State's 1115 PCN waiver. These benefits were implemented on March 1, 2020. Due to the COVID-19 pandemic, the ability to access dental services has been limited. Shortly after implementation, the University of Utah School of Dentistry and its contracted providers, were only allowed to provide emergency only services, resulting in only 53 individuals receiving services in March. However, restrictions were lifted on May 18, 2020, and full dental services are now being provided. Utilization of dental benefits for this population is slowly increasing. However, it remains lower than expected due to COVID-19.

Enrollment

The table below details the monthly enrollment numbers for each month of the demonstration year, for each demonstration group covered under the waiver. Adult Expansion enrollment continues to increase each month. Enrollment for the other demonstration groups remain fairly stable. However, with the implementation of employer-sponsored insurance for the Adult Expansion population, enrollment in ESI has increased each month as additional individuals are identified as having access to ESI. Enrollment numbers are shown as of 8/13/20. Numbers reflect all retroactive enrollment up to 8/13/20 and are subject to change with future retroactive enrollment.

Demonstration Population	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	March 2020	Apr 2020	May 2020	June 2020
Adult Expansion	31,666	32,599	33,581	34,857	36,432	37,839	41,343	42,905	44,939	48,488	51,278	54,125
Current Eligibles-PCR	24,573	24,537	24,182	23,730	23,391	23,287	23,176	23,030	23,259	24,654	25,685	26,595
Demonstration Population III, V, VI-Premium Assistance	693	708	708	681	650	641	653	590	574	589	583	596
Dental-Blind/Disabled	37,311	37,286	37,366	37,344	37,320	37,377	37,263	37,362	37,292	37,282	37,841	38,103
Former Foster Care Youth	11	11	12	12	15	16	16	14	15	15	17	16
Targeted Adults	4,475	4,516	4,485	4,459	4,440	4,381	4,315	4,306	4,439	4,952	5,268	5,635
Substance Use Disorder Residential Treatment	541	583	581	657	628	676	550	580	634	577	543	482
Targeted Adult Dental	979	1,008	1,029	1,054	1,069	1,060	1,050	1,048	1,029	1,057	1,079	1,099
Withdrawal Management	208	206	199	211	200	211	215	227	222	149	178	201
Aged Dental	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	88	31	56	60
Utah Medicaid Integrated Care	N/A	N/A	N/A	N/A	N/A	N/A	24,448	25,383	26,524	29,090	32,294	35,253
Employer-Sponsored Insurance	N/A	N/A	N/A	N/A	N/A	N/A	27	103	130	139	157	166

Targeted Adult Medicaid and Substance Use Disorder Treatment

Enrollment for Targeted Adult Medicaid and utilization of SUD residential treatment increased in this quarter.   Below is detailed data on enrollment and expenditures for the TAM population. TAM members continue to utilize the majority of SUD residential treatment amongst Medicaid recipients.

Targeted Adult Medicaid (TAM) Enrollment by Subgroup

Total TAM Enrollment By Month
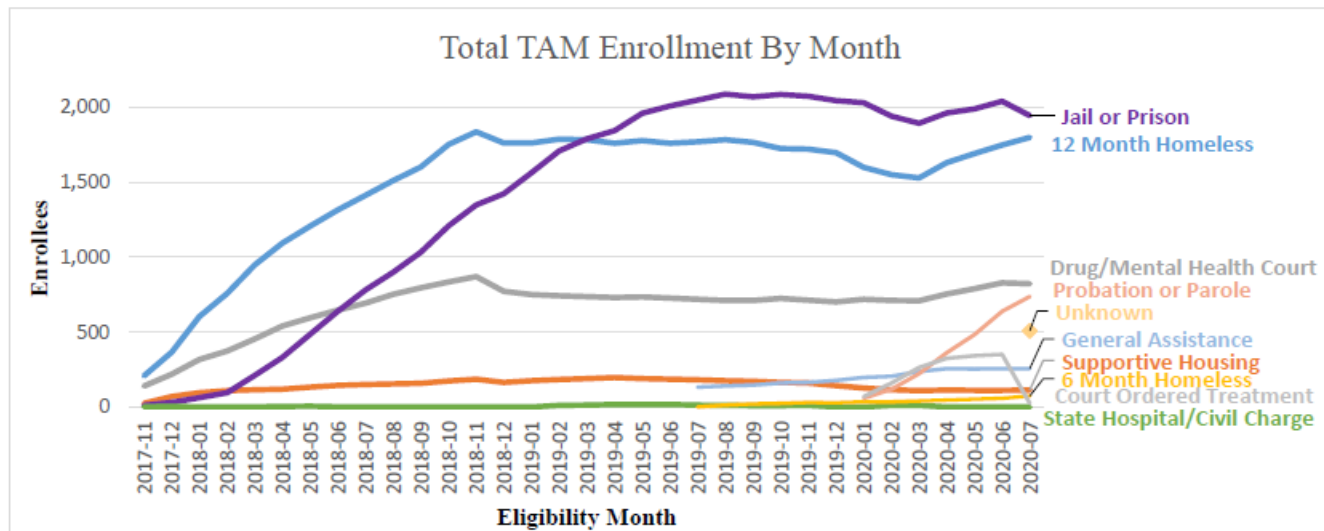
FY20

TAM Category	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06
12 Month Homeless	1,771	1,786	1,768	1,727	1,723	1,698	1,600	1,552	1,530	1,629	1,690	1,742
6 Month Homeless	*	14	21	24	30	29	35	34	40	47	52	59
Domestic Violence							*	*	*	*	*	*
Supportive Housing	182	176	172	165	160	143	127	115	108	114	112	112
General Assistance	133	141	147	161	165	178	197	205	236	256	255	257
Court Ordered Treatmnt							70	161	266	328	346	354
Drug/Mental Health Crt	720	712	712	726	714	701	719	712	709	754	788	826
Jail or Prison	2,051	2,090	2,071	2,088	2,075	2,046	2,032	1,943	1,893	1,962	1,990	2,037
Probation or Parole							58	119	222	362	483	630
State Hospital/Civil Chrg	14	12	10	10	11	*	*	12	12	*	*	*
Total	**4,871**	**4,931**	**4,901**	**4,901**	**4,878**	**4,795**	**4,839**	**4,853**	**5,017**	**5,453**	**5,716**	**6,016**

Notes:

Enrollment as of July 10, 2020. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Targeted Adult Medicaid Reimbursements

Monthly TAM Expenditures
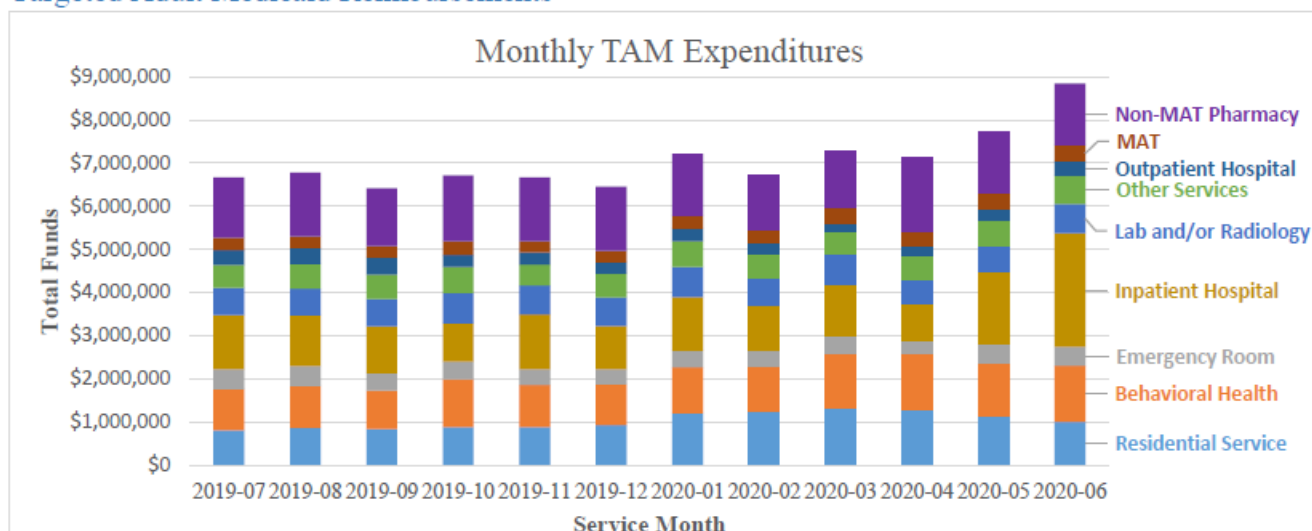
| Distinct Members Served							FY20					
Service Type	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06
Residential Serv.	302	313	326	334	315	333	418	458	517	479	436	382
Behavioral Health	1,398	1,398	1,364	1,414	1,356	1,269	1,409	1,425	1,555	1,574	1,630	1,582
Emergency Room	576	573	518	530	498	507	503	496	549	434	531	557
Inpatient Hospital	113	119	98	108	96	97	109	99	113	110	165	172
Lab & Radiology	903	988	971	1,027	983	1,028	1,134	1,186	1,266	1,115	1,145	1,244
Other Services	4,725	4,807	4,786	4,764	4,720	4,642	4,537	4,595	4,813	5,318	5,579	5,904
Outpatient Hosp.	406	422	402	395	369	362	421	431	367	357	391	501
MAT	484	480	502	519	480	504	543	549	605	653	684	725
Non-MAT Pharm.	1,763	1,778	1,790	1,810	1,739	1,769	1,809	1,816	1,940	2,005	2,133	2,203
Grand Total	**4,780**	**4,854**	**4,827**	**4,821**	**4,781**	**4,688**	**4,657**	**4,685**	**4,893**	**5,355**	**5,621**	**5,945**

- Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.
- The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service.

Adult Expansion Utilization

With the implementation of Adult Expansion, the State will report specific metrics in the quarterly and annual reports. For this report, the State will report inpatient utilization and emergency department utilization. In future reports, the State plans to include additional annual metrics, which may include; all cause hospital readmission, follow-up after hospitalization for mental health or SUD within 7 days, and initiation and engagement of alcohol or other drug abuse dependence treatment. Because these are annual metrics, the State will report once it has a full year's worth of data (December 2020).

Although there was a decrease in inpatient and emergency department utilization from the second to the third quarters, there was an increase in both metrics in the fourth quarter. This increase is expected as Adult Expansion enrollment continues to increase.

Inpatient and Emergency Department Utilization
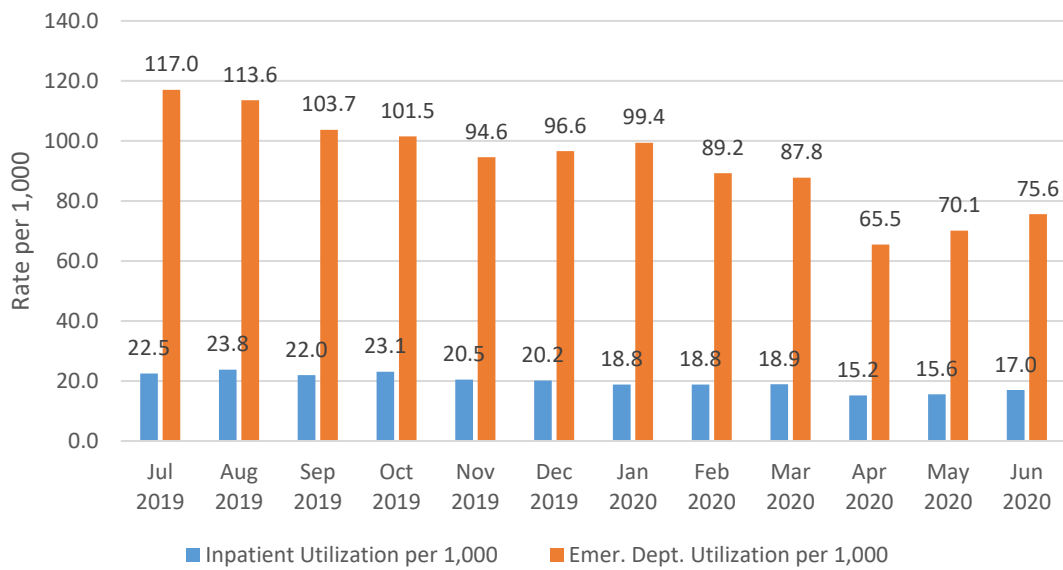
	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	March 2020	Apr 2020	May 2020
Inpatient	718	783	745	813	753	771	562	481	502	744	807
Emergency Dept.	3,736	3,737	3,512	3,574	3,480	3,693	2,223	1,992	1,885	3,208	3,638
Members	31,920	32,901	33,873	35,215	36,799	38,235	41,381	42,872	44,640	49,012	51,896

	June 2020	SFY 2020 Total
Inpatient	931	9,517
Emergency Dept.	4,143	44,680
Members	54,803	494,705

Anticipated Changes to Enrollment

Adult Expansion Medicaid

As stated previously, the State implemented full expansion to 133 percent FPL, the community engagement requirement, and an employer-sponsored insurance (ESI) requirement for the Adult Expansion population. The State anticipates a continued increase in Adult Expansion enrollment as additional individuals apply for the program. In addition, due to the Families First Coronavirus Response Act, the State will continue eligibility for individuals during the emergency period, in order to receive enhanced funding. This will affect Adult Expansion enrollment as the State continues eligibility for these individuals, regardless of household changes.

 The ESI requirement requires individuals to enroll in, and maintain enrollment in their available ESI or they will lose eligibility. The State anticipates the majority of individuals will participate due to the State reimbursing individuals for

the full amount of their monthly insurance premium. The State does not anticipate this requirement will have much impact on enrollment.

Targeted Adults

As previously mentioned, the State has expanded the eligibility subgroups for the Targeted Adult population. These subgroups include:

1. An individual who is a victim of domestic violence who is living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter.
2. An individual who is court ordered to receive substance abuse or mental health treatment through a district court or Tribal court.
3. An individual on probation or parole with serious mental illness and/or serious substance use disorder.

The State had initially estimated an additional 7,000 individuals would eventually be eligible for Targeted Adult Medicaid with this implementation. Thus far, the increase has been slower than expected, but individuals may qualify under multiple subgroups, so this may be affecting enrollment for this group.

Demonstration Population III-Premium Assistance (UPP)

With the increase to the Adult Expansion income limit to 133 percent FPL, the State expected to see a decrease in enrollment for Demonstration Population III. This is because individuals who previously would have been eligible for UPP will become eligible for Adult Expansion. Enrollment for UPP has decreased since January 2020 from 653 to 596 for June 2020.

Benefits

The State received approval of a pending waiver amendment to allow the State to provide additional services for at-risk children and youth, referred to as intensive stabilization services. The implementation date for this service was changed to July 1, 2020. As such, the State will report on the progress in future monitoring reports.

As previously mentioned, the State implemented dental benefits for Aged Medicaid members, as well as porcelain crowns, on March 1, 2020. The State anticipates service utilization will increase as individuals are able to receive full dental services. Approximately 9,000 Aged Medicaid members are eligible to receive state plan dental services, and approximately 3,300 individuals may receive porcelain crowns.

In regards to other programs authorized under the demonstration waiver, there are no anticipated changes to benefits or utilization at this time.

Demonstration Related Appeals

Below are the demonstration related appeals for this quarter. Demonstration groups are only listed if there was an appeal for the quarter.

Demonstration Group	Jul 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	March 2020
Adult Expansion	1	1	0	2	0	0	0	0	2
Demonstration Pop. III, V, VI-Premium Assistance	0	0	0	0	0	1	0	0	0

Demonstration Group	April 2020	May 2020	June 2020	Total
Adult Expansion	0	0	1	7
Demonstration Pop. III, V, VI-Premium Assistance	0	0	0	1

Quarter One Appeals

There were two demonstration related appeals during quarter one. Both involved Adult Expansion Medicaid decisions. The first appeal involved a denial due to failure to complete medical support enforcement on an absent parent. A hearing was scheduled and notification sent. The member failed to attend the scheduled hearing and did not contact the hearings office. The department decision was affirmed. The second appeal involved an application denial for failure to provide verification. A hearing was scheduled and notification sent. The member failed to attend the scheduled hearing and did not contact the hearings office. The department decision was affirmed.

Quarter Two Appeals

There were three demonstration related appeals during quarter two. Two involved Adult Expansion Medicaid decisions, and one was for the UPP program. Below are details for each appeal.

- The first appeal involved an overpayment decision for Adult Expansion. The individual failed to attend the hearing. The overpayment decision was affirmed.
- The second appeal involved a denial of Adult Expansion due to exceeding the income limit for the program. The individual failed to attend the hearing. The denial decision was affirmed.
- The third appeal involved an overpayment decision for the UPP program. The individual claimed to have children living with him and an UPP payment was issued. The children were found to not be living with him any percentage of time. The decision was affirmed.

Quarter Three Appeals

There were two demonstration related appeals during quarter three. Both involved Adult Expansion Medicaid decisions. Below are details for each appeal.

- The first appeal involved a denial decision for Adult Expansion. Medicaid was denied due to the individual not providing needed verification to make an eligibility determination. The individual failed to attend the hearing. The denial decision was affirmed.
- The second appeal involved a denial of Adult Expansion. Medicaid was denied due to the individual not providing needed verification to make an eligibility determination. The individual attended the hearing and stated he did not provide verification because he was out of the county working. The denial decision was affirmed by the agency.

Quarter Four Appeals

During quarter four, there was one appeal. The appeal was regarding an overpayment for Adult Expansion for months prior to the fourth quarter. The client was employed for a period of eight months and did not report the income. This income exceeded the income limit for Adult Expansion. The overpayment was affirmed.

Quality

Eligibility Determination and Processing

As an indicator of quality, the State tracks application processing timeframes to determine if medical assistance applications are processed in a timely manner. The table below indicates available data for four of the demonstration groups. Data for other demonstration groups is not available because they are related to specific benefits issued, rather than programs.

Application Processing-Average days to Approval

Program Type	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020
Current Eligibles-PCR	11.06	10.84	11.01	11.17	10.07	12.53	12.18	12.42	10.41	10.94
Adult Expansion	9.36	9.63	10.26	9.79	10.17	11.61	13.66	13.58	11.85	11.87
Targeted Adults	7.24	7.19	5.85	5.62	7.04	9.23	10.96	9.16	8.67	5.84
Premium Assistance-UPP	38.54	45.6	47.78	56.08	42.30	29.58	37.73	33.56	48.92	37.67

Program Type	May 2020	June 2020
Current Eligibles-PCR	10.41	9.69
Adult Expansion	11.13	10.54
Targeted Adults	5.13	7.50
Premium Assistance-UPP	41.90	36.40

**Data Source: Dept. of Workforce Services Cognos Report- "104-Days to Approval"

Financial/Budget Neutrality

Refer to the "Enrollment" section above for enrollment figures for the demonstration quarter. The State is awaiting further clarification regarding the budget neutrality documents.   The documents will be submitted to CMS at a later date, once clarification is received.

Financial- Anticipated Changes

The State will experience an increase in expenditures with the implementation of services for at-risk children and youth. In addition, the State will experience an increase in expenditures due to the expected increase in enrollment for Adult Expansion and dental benefits for Aged Medicaid members. The State also anticipates a continued increase in expenditures for all waiver populations due to the COVID-19 public health emergency, as the State continues Medicaid eligibility for these populations, regardless of household changes (with few exceptions).

Annual Public Forum

The State held the required annual public forum for DY18 during the December 2019 Medical Care Advisory Committee (MCAC) meeting. The State presented an overview of the waiver populations authorized under the 1115 demonstration waiver. No comments were offered. However, two individuals asked questions regarding non-traditional and traditional benefits received by waiver populations. The questions were in regards to whether the State needs to continue with non-traditional benefits, and if it would be less expensive to just administer traditional state plan benefits. Nate Checketts, Medicaid Director, explained that non-traditional benefits are still needed to achieve savings to administer

other waiver programs and benefits, and that the State does not believe savings would be achieved if all Adult Expansion members received traditional state plan benefits.

The next annual public forum will be held by the end of 2020.

Demonstration Evaluation Update

The State continues to work with its third party evaluator, the University of Utah Social Research Institute (SRI), and CMS to finalize the demonstration evaluation design. The State received feedback from CMS on the revised evaluation design, and has submitted revisions to address this feedback. Once the evaluation design has been approved, SRI will complete the required evaluation.