



State of Utah

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**Utah Department of Health**

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*Deputy Director, Utah Department of Health*  
*Director, Division of Medicaid and Health Financing*

February 6, 2019

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Azar:

I am pleased to submit an amendment to the State of Utah's Special Terms and Conditions for the 1115 Primary Care Network (PCN) Demonstration Waiver. This amendment will allow the State to provide clinically managed residential withdrawal services to Medicaid eligible adults age 18 and older, who reside in Salt Lake County. Services will be provided by the Volunteers of American Adult Detoxification Center and Center for Women and Children (VOA).

The State believes approval of this amendment will help provide a critical lifeline for those needing help in addressing a substance use disorder. 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 1115 PCN Waiver.

Respectfully,

Emma Chacon  
Director, Operations  
Division of Medicaid and Health Financing





## Utah 1115 Primary Care Network Demonstration Waiver

Adult Social Detoxification Covered Service

Amendment Request

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

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# 1115 Primary Care Network Demonstration Amendment

## Adult Social Detoxification Covered Service

### Amendment # 19

#### Section I. Program Description and Objectives

The State of Utah is seeking an amendment to its 1115 Primary Care Network Demonstration waiver to provide clinically managed residential withdrawal management services to Medicaid eligible adults age 18 and older, who reside in Salt Lake County. These services, referred to as social detoxification, are provided to individuals with substance use disorders who need help to safely withdraw from substances. These individuals are medically stable, and therefore do not require inpatient hospital services. These services are provided in a social setting with an emphasis on peer support. Structure and support, as well as daily monitoring to assess medical needs, is provided 24/7 by facility staff. In addition, individuals are offered withdrawal supports such as; psychoeducation groups, health education, recovery support and 12-step meetings, such as Alcoholic Anonymous groups, and assessments for substance abuse treatment. This level of withdrawal management care is called ASAM level 3.2-WM.

#### Goals and Objectives

The primary objective of this Demonstration is to help individuals withdraw from substances in a safe, least restrictive environment, and then connect the members to needed services. These services are based on the member's needs such as; medication assisted treatment, ASAM based substance abuse treatment, housing needs, employment needs, and medical needs.

The goals of the Demonstration are to reduce non-emergent use of the emergency department, and to reduce inappropriate inpatient stays. The State believes that providing a more appropriate level of care will help in meeting these goals.

#### Operation and Proposed Timeline

The Demonstration will operate in Salt Lake County only, through Volunteers of America's Adult Detoxification Center and Center for Women and Children (VOA). VOA is licensed by the Utah Office of Licensing to provide social detoxification services (Rule R501-11. Social Detoxification Programs). VOA currently has 96 beds between the two facilities. VOA will continue to coordinate with local hospitals and law enforcement in order to help achieve the above stated goals.

The State intends to implement the Demonstration effective April 1, 2019. The State requests to operate the Demonstration through the end of the current waiver approval period, which is June 30, 2022.

#### Hypotheses

With the help of an independent evaluator, the State will develop a plan for evaluating the hypotheses indicated below. Utah will identify validated performance measures that adequately assess the impact of the Demonstration to beneficiaries.

The following hypotheses will be tested during the demonstration period:

| Hypothesis  | Anticipated Measure(s)  | Data Sources  | Evaluation Approach  |
|---|---|---|--|
| The Demonstration will reduce the rate of emergency department stays for substance use disorder (SUD) issues. | <p>-Rate of emergency department for SUD utilization among Salt Lake County members prior to Demonstration.</p> <p>-Rate of emergency department for SUD utilization among Salt Lake County members post Demonstration.</p> <p>-Rate of emergency department for SUD utilization among Utah members outside Salt Lake County prior to Demonstration.</p> <p>-Rate of emergency department for SUD utilization among Utah members outside Salt Lake County members post Demonstration.</p> | <p>Claims/encounter data</p> <p>Enrollment data</p> | Difference-in-Difference comparison of county affected by the Demonstration to other counties not affected by the Demonstration. |
| The Demonstration will reduce the number of inpatient days due to substance use disorder issues.              | <p>-Rate of inpatient utilization for SUD utilization among Salt Lake County members prior to Demonstration.</p> <p>-Rate of inpatient utilization for SUD utilization among Salt Lake County members post Demonstration.</p>   | <p>Claims/encounter data</p> <p>Enrollment data</p> | Difference-in-Difference comparison of county affected by the Demonstration to other counties not affected by the Demonstration. |

|  |  |  |  |
|--|--|--|--|
|  | -Rate of inpatient utilization for SUD utilization among Utah members outside Salt Lake County prior to Demonstration.<br><br>-Rate of inpatient utilization for SUD utilization among Utah members outside Salt Lake County members post Demonstration. |  |  |
|--|--|--|--|

## Section II. Demonstration Eligibility

Medicaid eligible adults age 18 and older, who are Salt Lake County residents, and meet criteria for ASAM level of care 3.2-WM, may receive the social detoxification service.

### Projected Enrollment

The State estimates an annual enrollment of 2300 unduplicated members.

## Section III. Demonstration Benefits and Cost Sharing Requirements

Individuals eligible under this Demonstration will receive withdrawal management services at ASAM level 3.2-WM as described in *The ASAM Criteria* pages 137-139. The specific withdrawal management services provided under this Demonstration are as follows:

- Monitoring for symptoms that may require medical attention;
- Specialized clinical supervision for biomedical, emotional, behavioral, and cognitive problems,
- 24/7 onsite supervision and staffing,
- Daily assessments by specialized staff,
- Psychoeducation therapies designed to increase the understanding of addiction and withdrawal management,
- Access to social support groups such as Alcoholics Anonymous,
- Access to assessments and referrals to substance use disorder treatment, and
- Individualized interdisciplinary treatment plans.

Social detoxification services are exempt from cost sharing.

#### Section IV. Delivery System

Adult detoxification services provided under this Demonstration will be delivered fee for service using a bundled daily rate. At a future date, the State may transition delivery of these services to managed care under 1915(b) authority or by amendment to this Demonstration.

#### Section V. Enrollment in Demonstration

Eligible individuals will be delivered the service, if they meet appropriate criteria as determined by the intake assessment performed at VOA by the recovery assistants, or by the referring agency (ie. emergency department, fire department, or police department).

#### 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.

Funding for the non-federal share for this service will be provided by Salt Lake County through an intergovernmental transfer.

#### Section VII. Proposed Waiver and Expenditure Authority

The State requests the following proposed waivers and expenditure authorities to operate the Demonstration.

| Waiver and Expenditure Authority  | Reason and Use of Waiver  |
|---|---|
| Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services and Comparability | To enable the State to provide benefit packages to the Demonstration population that differs from the State plan benefit package. |
| Section 1902(a)(1)- Statewideness   | To enable the State to operate the Demonstration on a less-than-statewide basis.  |
| Section 1902(a)(23)(A)- Freedom of Choice   | To enable the State to restrict freedom of choice of providers for Title XIX populations affected by this Demonstration.          |

#### Expenditure Authority

The State requests expenditure authority to provide social detoxification service benefits to individuals in this Demonstration group.

#### Section VIII. Compliance with Public Notice and Tribal Consultation

##### *Public Notice and Public Comment*

Public Notice of the State's request for amendment and notice of Public Hearing was published in the Utah State Bulletin on December 1, 2018 and December 15, 2018. Public notice was also advertised in the newspapers of widest circulation and sent to an electronic mailing list (Attachment 2) The public comment period was held December 1<sup>st</sup> through December 31<sup>st</sup> 2018. During the public comment period, the State received a letter of support from Salt Lake County Behavioral Health (Attachment 3). This was the only comment received during the public comment period. No concerns were received from the public.

The first public hearing to take public comment on the amendment request was held on December 10, 2018 from 4:00 p.m. to 6:00 p.m. No public comments were provided during this meeting. The second public hearing was held on December 20, 2018 from 2:00 p.m. to 4:00 p.m. during the Medical Care Advisory Committee (MCAC) meeting. The MCAC agenda and draft minutes are attached (Attachment 4).

#### *Tribal Consultation*

A presentation regarding the amendment request was provided to the Utah Indian Health Advisory Board (UIHAB) on December 14, 2018. This is the first step in our approved consultation process. The agenda and minutes from the UIHAB meeting are attached (Attachment 5).

The only concern raised was the proposal to operate in Salt Lake County only. It was explained that Salt Lake County approached DOH with the proposal, and agreed to pay the state share of the cost. It was also explained that discussions are taking place with other counties who may be interested in doing the same. If other counties decide to participate, then a waiver amendment can be submitted at that time.

Additional consultation was not requested.

#### **Section IX. Demonstration Administration**

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## ATTACHMENT 1

### **Compliance with Budget Neutrality Requirements**



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

| ELIGIBILITY GROUP                                | TREND RATE 1        | MONTHS OF AGING | BASE YEAR DY 15 (SFY 17) | TREND RATE 2 | DEMONSTRATION YEARS (DY) |                    |                   |                   |                   | TOTAL WOW        |
|--|---------------------|-----------------|--------------------------|--------------|--------------------------|--------------------|-------------------|-------------------|-------------------|------------------|
|  |                     |                 |                          |              | DY 16 (SFY 18)           | DY 17 (SFY 19)     | DY 18 (SFY 20)    | DY 19 (SFY 21)    | DY 20 (SFY 22)    |                  |
| <b>Current Eligibles</b>                         |                     |                 |                          |              |                          |                    |                   |                   |                   |                  |
| <b>Pop Type:</b>                                 | <b>Medicaid</b>     |                 |                          |              |                          |                    |                   |                   |                   |                  |
| Eligible Member Months                           | 0.00%               | 0               | 377,866                  | 0.0%         | 377,866                  | 377,866.00         | 377,866           | 377,866.00        | 377,866           |                  |
| PMPM Cost  | 5.30%               | 0               | \$ 949.03                | 5.3%         | \$ 999.33                | \$ 1,052.29        | \$ 1,108.07       | \$ 1,166.79       | \$ 1,228.63       |                  |
| Total Expenditure                                |                     |                 |                          |              | \$ 377,612,829.78        | \$ 397,626,309.76  | \$ 418,700,504.18 | \$ 440,891,630.90 | \$ 464,258,887.33 | \$ 2,099,090,162 |
| <b>Demo Pop I - PCN Adults with Children</b>     |                     |                 |                          |              |                          |                    |                   |                   |                   |                  |
| <b>Pop Type:</b>                                 | <b>Hypothetical</b> |                 |                          |              |                          |                    |                   |                   |                   |                  |
| Eligible Member Months                           | 5.92%               | 0               | 104,836                  | 5.9%         | 111,042                  | 117,615.99         | 124,579           | 131,953.93        | 139,766           |                  |
| PMPM Cost  | 5.30%               | 0               | \$ 46.18                 | 5.3%         | \$ 48.63                 | \$ 51.21           | \$ 53.92          | \$ 56.78          | \$ 59.79          |                  |
| Total Expenditure                                |                     |                 |                          |              | \$ 5,399,986.62          | \$ 6,022,808.12    | \$ 6,717,464.35   | \$ 7,492,240.57   | \$ 8,356,377.61   | \$ 33,988,877    |
| <b>Demo Pop III/V - UPP Adults with Children</b> |                     |                 |                          |              |                          |                    |                   |                   |                   |                  |
| <b>Pop Type:</b>                                 | <b>Hypothetical</b> |                 |                          |              |                          |                    |                   |                   |                   |                  |
| Eligible Member Months                           | 34.9%               | 0               | 6,067                    | 34.9%        | 8,181.96                 | 11,034.19          | 14,880.70         | 20,068.12         | 27,063.86         |                  |
| PMPM Cost  | 5.3%                | 0               | \$ 150.08                | 5.3%         | \$ 158.03                | \$ 166.41          | \$ 175.23         | \$ 184.51         | \$ 194.29         |                  |
| Total Expenditure                                |                     |                 |                          |              | \$ 1,292,995             | \$ 1,836,150       | \$ 2,607,473      | \$ 3,702,809      | \$ 5,258,269      | \$ 14,697,695    |
| <b>Dental - Targeted Adults</b>                  |                     |                 |                          |              |                          |                    |                   |                   |                   |                  |
| <b>Pop Type:</b>                                 | <b>Expansion</b>    |                 |                          |              |                          | Est. Start: 1/1/19 |                   |                   |                   |                  |
| Eligible Member Months                           |                     | 0               |                          |              | -                        | 18,000             | 36,000            | 36,000            | 36,000            |                  |
| PMPM Cost  | 5.3%                | 0               |                          | 5.3%         | \$ -                     | \$ 33.33           | \$ 35.10          | \$ 36.96          | \$ 38.92          |                  |
| Total Expenditure                                |                     |                 |                          |              | \$ -                     | \$ 600,000         | \$ 1,263,600      | \$ 1,330,571      | \$ 1,401,091      | \$ 4,595,262     |
| <b>System of Care</b>                            |                     |                 |                          |              |                          |                    |                   |                   |                   |                  |
| <b>Pop Type:</b>                                 | <b>Hypothetical</b> |                 |                          |              |                          | Est. Start: 1/1/19 |                   |                   |                   |                  |
| Eligible Member Months                           |                     | 0               |                          |              | -                        | 720                | 1,440             | 1,440             | 1,440             |                  |
| PMPM Cost  | 5.3%                | 0               |                          | 5.3%         | \$ -                     | \$ 2,100.00        | \$ 2,211.30       | \$ 2,328.50       | \$ 2,451.91       |                  |
| Total Expenditure                                |                     |                 |                          |              | \$ -                     | \$ 1,512,000       | \$ 3,184,272      | \$ 3,353,038      | \$ 3,530,749      | \$ 11,580,060    |
| <b>Dental - Blind/Disabled</b>                   |                     |                 |                          |              |                          |                    |                   |                   |                   |                  |
| <b>Pop Type:</b>                                 | <b>Hypothetical</b> |                 |                          |              |                          |                    |                   |                   |                   |                  |
| Eligible Member Months                           | 0%                  | 0               |                          |              | 412,361                  | 412,361            | 412,361           | 412,361           | 412,361           |                  |
| PMPM Cost  | 3.0%                | 0               |                          |              | \$ 18.42                 | \$ 18.97           | \$ 19.54          | \$ 20.13          | \$ 20.73          |                  |
| Total Expenditure                                |                     |                 |                          |              | \$ 7,595,689.62          | \$ 7,823,560       | \$ 8,058,267      | \$ 8,300,015      | \$ 8,549,016      | \$ 40,326,548    |
| <b>Former Foster</b>                             |                     |                 |                          |              |                          |                    |                   |                   |                   |                  |
| <b>Pop Type:</b>                                 | <b>Hypothetical</b> |                 |                          |              |                          |                    |                   |                   |                   |                  |
| Eligible Member Months                           | 0%                  | 24              |                          |              | 10                       | 10                 | 10                | 10                | 10                |                  |
| PMPM Cost  | 4.8%                | 24              |                          |              | \$ 990.87                | \$ 1,038.43        | \$ 1,088.28       | \$ 1,140.51       | \$ 1,195.26       |                  |
| Total Expenditure                                |                     |                 |                          |              | \$ 9,908.70              | \$ 10,384.32       | \$ 10,882.76      | \$ 11,405.14      | \$ 11,952.58      | \$ 54,533.50     |
| <b>SUD</b>                                       |                     |                 |                          |              |                          |                    |                   |                   |                   |                  |
| <b>Pop Type:</b>                                 | <b>Hypothetical</b> |                 |                          |              |                          |                    |                   |                   |                   |                  |
| Eligible Member Months                           | 6.9%                | 18              | 36,913                   | 6.9%         | 39,456.31                | 42,175             | 45,081            | 48,187            | 51,507            |                  |
| PMPM Cost  | 5.0%                | 18              | \$ 3,163.77              | 5.0%         | \$ 3,321.96              | \$ 3,488.06        | \$ 3,662.46       | \$ 3,845.58       | \$ 4,037.86       |                  |
| Total Expenditure                                |                     |                 |                          |              | \$ 131,072,269           | \$ 147,108,390     | \$ 165,106,231    | \$ 185,306,008    | \$ 207,977,324    | \$ 836,570,223   |
| <b>Social Detox</b>                              |                     |                 |                          |              |                          |                    |                   |                   |                   |                  |
| <b>Pop Type:</b>                                 | <b>Hypothetical</b> |                 |                          |              |                          |                    |                   |                   |                   |                  |
| Eligible Member Months                           | 0.0%                | 0               |                          | 0.0%         | -                        | 1,004              | 4,018             | 4,018             | 4,018             |                  |
| PMPM Cost  | 5.0%                | 0               |                          | 5.0%         | \$ -                     | \$ 700.00          | \$ 735.00         | \$ 771.75         | \$ 810.34         |                  |
| Total Expenditure                                |                     |                 |                          |              | \$ -                     | \$ 703,106         | \$ 2,953,046      | \$ 3,100,699      | \$ 3,255,733      | \$ 10,012,584.55 |

Assumes start date of 4/1/19 (3 months of SFY19)

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

| ELIGIBILITY GROUP                            |    | DY 15               | DEMO TREND RATE    | DEMONSTRATION YEARS (DY) |                |                |                |                | TOTAL WW         |
|--|----|---------------------|--------------------|--------------------------|----------------|----------------|----------------|----------------|------------------|
|  |    |                     |                    | DY 16 (SFY 18)           | DY 17 (SFY 19) | DY 18 (SFY 20) | DY 19 (SFY 21) | DY 20 (SFY 22) |                  |
| <b>Current Eligibles</b>                     |    |                     |                    |                          |                |                |                |                |                  |
| <b>Pop Type:</b>                             |    | <b>Medicaid</b>     |                    |                          |                |                |                |                |                  |
| Eligible Member Months                       |    | 377,866             | 0%                 | 377,866                  | 377,866        | 377,866        | 377,866        | 377,866        |                  |
| PMPM Cost                                    | \$ | 949.03              | 5.3%               | \$ 999.33                | \$ 1,052.29    | \$ 1,108.06    | \$ 1,166.79    | \$ 1,228.63    |                  |
| Total Expenditure                            |    |                     |                    | \$ 377,612,297           | \$ 397,625,749 | \$ 418,699,913 | \$ 440,891,009 | \$ 464,258,232 | \$ 2,099,087,200 |
| <b>Demo Pop I - PCN Childless Adults</b>     |    |                     |                    |                          |                |                |                |                |                  |
| <b>Pop Type:</b>                             |    | <b>Medicaid</b>     |                    |                          |                |                |                |                |                  |
| Eligible Member Months                       |    | 70,097              | 4.9%               | 73,812                   | 77,724         | 81,844         | 86,181         | 90,749         |                  |
| PMPM Cost                                    | \$ | 48.97               | 5.3%               | \$ 51.57                 | \$ 54.30       | \$ 57.18       | \$ 60.21       | \$ 63.40       |                  |
| Total Expenditure                            |    |                     |                    | \$ 3,806,153             | \$ 4,220,297   | \$ 4,679,503   | \$ 5,188,675   | \$ 5,753,250   | \$ 23,647,879    |
| <b>Demo Pop III/V - UPP Childless Adults</b> |    |                     |                    |                          |                |                |                |                |                  |
| <b>Pop Type:</b>                             |    | <b>Medicaid</b>     |                    |                          |                |                |                |                |                  |
| Eligible Member Months                       |    | 159                 | 4.9%               | 167                      | 175            | 184            | 193            | 202            |                  |
| PMPM Cost                                    | \$ | 68.45               | 5.3%               | \$ 72.08                 | \$ 75.90       | \$ 79.92       | \$ 84.16       | \$ 88.62       |                  |
| Total Expenditure                            |    |                     |                    | \$ 10,702                | \$ 11,237      | \$ 11,799      | \$ 12,388      | \$ 13,008      | \$ 59,133        |
| <b>Targeted Adults</b>                       |    |                     |                    |                          |                |                |                |                |                  |
| <b>Pop Type:</b>                             |    | <b>Expansion</b>    |                    |                          |                |                |                |                |                  |
| Eligible Member Months                       |    |                     | 0%                 | 78,000                   | 78,000         | 78,000         | 78,000         | 78,000         |                  |
| PMPM Cost                                    |    |                     | 5.3%               | \$ 979.53                | \$ 1,031.45    | \$ 1,086.11    | \$ 1,143.68    | \$ 1,204.29    |                  |
| Total Expenditure                            |    |                     |                    | \$ 76,403,340            | \$ 80,452,717  | \$ 84,716,711  | \$ 89,206,697  | \$ 93,934,652  | \$ 424,714,116   |
| <b>Dental - Targeted Adults</b>              |    |                     |                    |                          |                |                |                |                |                  |
| <b>Pop Type:</b>                             |    | <b>Expansion</b>    | Est. Start: 1/1/19 |                          |                |                |                |                |                  |
| Eligible Member Months                       |    |                     |                    | -                        | 18,000         | 36,000         | 36,000         | 36,000         |                  |
| PMPM Cost                                    |    |                     | 5.3%               | \$ -                     | \$ 33.33       | \$ 35.10       | \$ 36.96       | \$ 38.92       |                  |
| Total Expenditure                            |    |                     |                    | \$ -                     | \$ 600,000     | \$ 1,263,600   | \$ 1,330,571   | \$ 1,401,091   | \$ 4,595,262     |
| <b>System of Care</b>                        |    |                     |                    |                          |                |                |                |                |                  |
| <b>Pop Type:</b>                             |    | <b>Hypothetical</b> | Est. Start: 1/1/19 |                          |                |                |                |                |                  |
| Eligible Member Months                       |    |                     |                    | -                        | 720            | 1,440          | 1,440          | 1,440          |                  |
| PMPM Cost                                    |    |                     | 5.3%               | \$ -                     | \$ 2,100.00    | \$ 2,211.30    | \$ 2,328.50    | \$ 2,451.91    |                  |
| Total Expenditure                            |    |                     |                    | \$ -                     | \$ 1,512,000   | \$ 3,184,272   | \$ 3,353,038   | \$ 3,530,749   | \$ 11,580,060    |
| <b>Demo Pop I - PCN Adults w/Children</b>    |    |                     |                    |                          |                |                |                |                |                  |
| <b>Pop Type:</b>                             |    | <b>Hypothetical</b> |                    |                          |                |                |                |                |                  |
| Eligible Member Months                       |    | 104,836             | 5.9%               | 111,042                  | 117,616        | 124,579        | 131,954        | 139,766        |                  |
| PMPM Cost                                    | \$ | 46.18               | 5.3%               | \$ 48.63                 | \$ 51.20       | \$ 53.92       | \$ 56.77       | \$ 59.78       |                  |
| Total Expenditure                            |    |                     |                    | \$ 5,399,479             | \$ 6,022,242   | \$ 6,716,833   | \$ 7,491,536   | \$ 8,355,592   | \$ 33,985,680    |

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

| ELIGIBILITY GROUP                                 |  | DY 15               | DEMO TREND RATE | DEMONSTRATION YEARS (DY) |                |                |                |                |                | TOTAL WW |
|---|--|---------------------|-----------------|--------------------------|----------------|----------------|----------------|----------------|----------------|----------|
|   |  |                     |                 | DY 16 (SFY 18)           | DY 17 (SFY 19) | DY 18 (SFY 20) | DY 19 (SFY 21) | DY 20 (SFY 22) |                |          |
|   |  |                     |                 |                          |                |                |                |                |                |          |
| <b>Demo Pop III/IV - UPP Adults with Children</b> |  |                     |                 |                          |                |                |                |                |                |          |
| <b>Pop Type:</b>                                  |  | <b>Hypothetical</b> |                 |                          |                |                |                |                |                |          |
| Eligible Member Months                            |  | 6,067               | 34.9%           | \$ 8,181.96              | \$ 11,034.19   | \$ 14,880.70   | \$ 20,068.12   | \$ 27,063.86   |                |          |
| PMPM Cost   |  | \$ 150.08           | 5.3%            | \$ 158.04                | \$ 166.41      | \$ 175.23      | \$ 184.52      | \$ 194.30      |                |          |
| Total Expenditure                                 |  |                     |                 | \$ 1,293,049             | \$ 1,836,227   | \$ 2,607,582   | \$ 3,702,963   | \$ 5,258,489   | \$ 14,698,309  |          |
|   |  |                     |                 |                          |                |                |                |                |                |          |
| <b>Dental - Blind/Disabled</b>                    |  |                     |                 |                          |                |                |                |                |                |          |
| <b>Pop Type:</b>                                  |  | <b>Hypothetical</b> |                 |                          |                |                |                |                |                |          |
| Eligible Member Months                            |  |                     | 0%              | 412,361                  | 412,361        | 412,361        | 412,361        | 412,361        |                |          |
| PMPM Cost   |  |                     | 3.0%            | \$ 18.42                 | \$ 18.97       | \$ 19.54       | \$ 20.13       | \$ 20.73       |                |          |
| Total Expenditure                                 |  |                     |                 | \$ 7,595,690             | \$ 7,823,560   | \$ 8,058,267   | \$ 8,300,015   | \$ 8,549,016   | \$ 40,326,548  |          |
|   |  |                     |                 |                          |                |                |                |                |                |          |
| <b>Former Foster Care</b>                         |  |                     |                 |                          |                |                |                |                |                |          |
| <b>Pop Type:</b>                                  |  | <b>Hypothetical</b> |                 |                          |                |                |                |                |                |          |
| Eligible Member Months                            |  |                     | 0%              | 10                       | 10             | 10             | 10             | 10             |                |          |
| PMPM Cost   |  |                     | 4.8%            | \$ 990.87                | \$ 1,038.43    | \$ 1,088.28    | \$ 1,140.51    | \$ 1,195.26    |                |          |
| Total Expenditure                                 |  |                     |                 | \$ 9,909                 | \$ 10,384      | \$ 10,883      | \$ 11,405      | \$ 11,953      | \$ 54,534      |          |
|   |  |                     |                 |                          |                |                |                |                |                |          |
| <b>SUD</b>  |  |                     |                 |                          |                |                |                |                |                |          |
| <b>Pop Type:</b>                                  |  | <b>Hypothetical</b> |                 |                          |                |                |                |                |                |          |
| Eligible Member Months                            |  |                     | 6.9%            | 39,456                   | 42,175         | 45,081         | 48,187         | 51,507         |                |          |
| PMPM Cost   |  |                     | 5.0%            | \$ 3,321.96              | \$ 3,488.06    | \$ 3,662.46    | \$ 3,845.58    | \$ 4,037.86    |                |          |
| Total Expenditure                                 |  |                     |                 | \$ 131,072,269           | \$ 147,108,390 | \$ 165,106,231 | \$ 185,306,008 | \$ 207,977,324 | \$ 836,570,223 |          |
|   |  |                     |                 |                          |                |                |                |                |                |          |
| <b>Social Detox</b>                               |  |                     |                 |                          |                |                |                |                |                |          |
| <b>Pop Type:</b>                                  |  | <b>Hypothetical</b> |                 |                          |                |                |                |                |                |          |
| Eligible Member Months                            |  |                     | 0.0%            | -                        | 1,004          | 4,018          | 4,018          | 4,018          |                |          |
| PMPM Cost   |  |                     | 5.0%            | \$ -                     | \$ 700.00      | \$ 735.00      | \$ 771.75      | \$ 810.34      |                |          |
| Total Expenditure                                 |  |                     |                 | \$ -                     | \$ 703,106     | \$ 2,953,046   | \$ 3,100,699   | \$ 3,255,733   | \$ 10,012,585  |          |

Assumes start date of 4/1/19 (3 months of SFY19)

**NOTES**

For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections. This is the default setting.

## Cost Justification - Other Populations

### Dental - Targeted Adults (Childless Adults 0% FPL receiving SUD treatment)

The following estimates were provided by Dr. Glen R. Hanson, D.D.S., Ph.D, Associate Dean, Professor of Pharmacology, School of Dentistry, University of Utah on April 10, 2018

|  |             |
|--|-------------|
| Approximate # of patients per year:    | 3,000       |
| Member months per year:                | 36,000      |
| Approximate cost per patient per year: | \$400       |
| Approximate cost per year:             | \$1,200,000 |
| PMPM (\$1.2M / 36,000)                 | \$33.33     |

### System of Care Children/Youth <22 years old

The following information and estimates were provided by Ruth Wilson, Assistant Division Director, Utah Department of Human Services on April 18, 2018

Target population is children/youth under the age of 22.

Who will be eligible?

- Are Medicaid eligible and their families
- Receive CHIP insurance who require crisis stabilization services with incomes up to 200% FPL
- Receive services from multiple providers, or are at risk of...
  - Experiencing significant emotional and/or behavioral challenges
  - Being placed into custody of the state
  - Not returning home from state's custody
  - Placement in residential, inpatient or state hospital

|  |                  |
|--|------------------|
| Approximate # of patients per year:                          | 720 <sup>1</sup> |
| Members served per month                                     | 120              |
| Members months per year                                      | 1,440            |
| Approximate cost per episode (8-week treatment) <sup>2</sup> | \$4,200          |
| Approximate cost per year:                                   | \$3,024,000      |
| PMPM (\$3,024,000 / 1,440)                                   | \$2,100          |

<sup>1</sup>. During fiscal year 2015, there were approximately 7,200 children/youth in custody. Estimated that 10% would use stabilization services.

<sup>2</sup>. Episode includes psycho-social rehabilitation services, psychoeducation, individual skills training and development, case management, family and youth peer support, respite, behavior management, individual and family therapeutic behavioral services, crisis stabilization related transportation, coordination of care, other behavioral support as needed to maintain stabilization.

### Social Detox Adults >18

The cost per bed and number of beds used by Medicaid clients were provided by Volunteers of America, the provider for the social detox services.

Target population: adults greater than 18

Starts April 1, 2019

Who will be eligible?

- |  |   |
|--|---|
| - Medicaid males without children                | 1 |
| - Medicaid females (Parent, Caretaker, Relative) | 1 |
| - Medicaid females without children              | 1 |

|   |                 |
|---|-----------------|
| # of beds available   | 96              |
| Beds used by Medicaid clients per month                           | 77 <sup>2</sup> |
| Medicaid bed days per month ( $77 \times 365.25 / 12$ )           | 2,344           |
| Average number of Medicaid bed days per month per client          | 7               |
| Average number of Medicaid clients per month ( $2,344 / 7$ )      | 335             |
| Estimated cost per bed per day                                    | \$100           |
| Estimated Medicaid annual cost ( $2,344 \times \$100 \times 12$ ) | \$2,812,425     |
| Number of Medicaid clients per year ( $335 \times 12$ )           | 4,018           |
| PMPM ( $\$2,812,425 / 4,018$ )                                    | \$700           |

1 Resides in Salt Lake County

2 Assumes 100% occupancy once the State implements full Medicaid Expansion

## ATTACHMENT 2

### **Public Notice Requirements**





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CRAIG DEVASHRAYEE  
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DATE

12/3/2018

SALT LAKE CITY UT 84114

ACCOUNT NAME

UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURSEME,

TELEPHONE

8015386641

ORDER # / INVOICE NUMBER

0001234433 /

PUBLICATION SCHEDULE

START 12/02/2018 END 12/02/2018

CUSTOMER REFERENCE NUMBER

QAZ: 1115 Primary Care Network Waiver Amendment

CAPTION

PUBLIC HEARING 1115 Primary Care Network Waiver Amendment The Utah Departme

SIZE

50 LINES

2 COLUMN(S)

TIMES

3

TOTAL COST

173.00

PUBLIC HEARING

1115 Primary Care Network Waiver Amendment

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) will hold public hearings to discuss a proposed amendment to the 1115 Primary Care Network Demonstration Waiver. DMHF is requesting authority to cover clinically managed residential withdrawal management services (referred to as social detoxification), for Medicaid eligible adults, age 18 and older, who reside in Salt Lake County. Services will be provided through Volunteers of America's Adult Detoxification Center and Center for Women and Children.

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A conference line is available for those who would like to participate by phone: 1-877-820-7831, passcode 378804#.

Individuals requiring an accommodation to fully participate in the meeting may contact Jennifer Meyer-Smart at 801-538-6338 by 5:00 p.m. on Thursday, December 6, 2018.

A copy of the DMHF Request for Amendment is available online at <https://medicaid.utah.gov/waiver-application>.

The public may comment on the proposed amendment December 1st through December 31st, 2018, by submitting comments online at <https://medicaid.utah.gov/public-comments-0>. Comments may also be submitted by mail to the following address:

Utah Department of Health  
Division of Medicaid and Health Financing  
PO Box 143106  
Salt Lake City, UT 84114-3106  
Attn: Jennifer Meyer-Smart  
1234433

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AFFIDAVIT OF PUBLICATION

AS NEWSPAPER AGENCY COMPANY, LLC dba UTAH MEDIA GROUP LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF PUBLIC HEARING 1115 Primary Care Network Waiver Amendment The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) will hold public hea FOR UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURSEME, WAS PUBLISHED BY THE NEWSPAPER AGENCY COMPANY, LLC dba UTAH MEDIA GROUP, AGENT FOR DESERET NEWS AND THE SALT LAKE TRIBUNE, DAILY NEWSPAPERS 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.

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DATE 12/3/2018

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*Jud. Mundson*

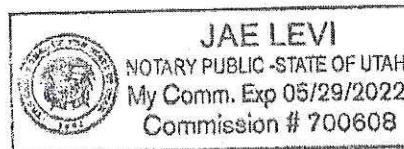
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COUNTY OF SALT LAKE )

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IN THE YEAR 2018

BY LORAIN GUDMUNDSON.



*Jae Levi*  
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SALT LAKE CITY UT 84114

ACCOUNT NAME

UTAH DEPARTMENT OF HEALTH BUREAU OF COVERAGE/REIMBURSEME,

TELEPHONE

8015386641

PUBLICATION SCHEDULE

START 12/16/2018 END 12/16/2018

CUSTOMER REFERENCE NUMBER

QAZ: 1115 Primary Care Network Waiver Amendment

CAPTION

PUBLIC HEARING 1115 Primary Care Network Waiver Amendment The Utah Departme

SIZE

49 LINES

2 COLUMN(S)

TIMES

3

TOTAL COST

169.64

ACCOUNT NUMBER

9001406923

DATE

12/17/2018

PUBLIC HEARING  
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PO Box 143106  
Salt Lake City, UT 84114-3106  
Attn: Jennifer Meyer-Smart  
1236099

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DATE 12/17/2018

SIGNATURE

*Judmundson*

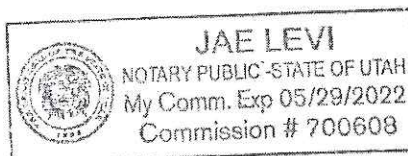
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## Department of Health: Medicaid Waiver Implementation

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**Entity:** Department of Health

**Body:** [Medicaid Waiver Implementation](#)

**Subject:** Medicaid Health Care

**Notice Title:** Public Hearing on 1115 Primary Care Network Waiver Amendment

**Notice Type:** Hearing

**Event Start Date & Time:** December 10, 2018 04:00 PM

**Event End Date & Time:** December 10, 2018 06:00 PM

### Description/Agenda:

PUBLIC HEARING  
1115 Primary Care Network Waiver Amendment

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) will hold public hearings to discuss a proposed amendment to the 1115 Primary Care Network Demonstration Waiver.

DMHF is requesting authority to cover clinically managed residential withdrawal management services (referred to as social detoxification), for Medicaid eligible adults, age 18 and older, who reside in Salt Lake County. Services will be provided through Volunteers of America's Adult Detoxification Center and Center for Women and Children.

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Utah Department of Health  
Division of Medicaid and Health Financing  
PO Box 143106

### Meeting Location:

288 North 1460 West  
Cannon Health Building - Room  
125 Salt Lake City , 84116

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### Contact Information:

Jennifer Meyer-Smart  
[jmeyer@utah.gov](mailto:jmeyer@utah.gov) (801)538-6338

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Attn: Jennifer Meyer-Smart

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### Other Information

**This notice was posted on:** November 30, 2018 03:16 PM

**This notice was last edited on:** November 30, 2018 03:16 PM

**Deadline Date:** December 10, 2018 06:00 PM

### Board/Committee Contacts

| Member               | Email | Phone |
|----------------------|-------|-------|
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## Department of Health:

# Medicaid Waiver Implementation

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**Entity:** Department of Health

**Body:** [Medicaid Waiver Implementation](#)

**Subject:** Medicaid Health Care

**Notice Title:** Public Hearing on 1115 Primary Care Network Waiver Amendment

**Notice Type:** Hearing

**Event Start Date & Time:** December 20, 2018 02:00 PM

**Event End Date & Time:** December 20, 2018 04:00 PM

### Description/Agenda:

PUBLIC HEARING  
1115 Primary Care Network Waiver Amendment

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Utah Department of Health  
Division of Medicaid and Health Financing  
PO Box 143106

### Meeting Location:

288 North 1460 West  
Cannon Health Building - Room  
125 Salt Lake City , 84116

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### Contact Information:

Jennifer Meyer-Smart  
[jmeyer@utah.gov](mailto:jmeyer@utah.gov) (801)538-6338

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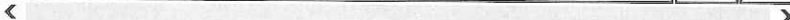
### Other Information

**This notice was posted on:** November 30, 2018 03:23 PM

**This notice was last edited on:** December 12, 2018 03:02 PM

**Deadline Date:** December 20, 2018 04:00 PM

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# SPECIAL NOTICES

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## Health Health Care Financing, Coverage and Reimbursement Policy

### Long-Acting Reversible Contraceptives

#### Long-Acting Reversible Contraceptives

The Division of Medicaid and Health Financing (DMHF) will submit a change to the Medicaid State Plan to update the inpatient hospital reimbursement Diagnosis Related Group (DRG) methodology for long-acting reversible contraceptives (LARCs). This state plan amendment (SPA 18-0009-UT) will create additional and separate payments to DRG hospitals for the insertion of LARCs immediately after childbirth.

DMHF estimates total annual expenditures to increase by \$117,000.

The SPA is pending approval from the Centers for Medicare & Medicaid Services and the proposed effective date is January 1, 2019.

A copy of this change may be obtained from Craig Devashrayee (801-538-6641), or by writing the Technical Writing Unit, Utah Department of Health, P.O. Box 143102, Salt Lake City, UT 84114-3102. Comments are welcome at the same address. Copies of the change are also available at local county health department offices.

---

## Health Health Care Financing, Coverage and Reimbursement Policy

### 1115 Primary Care Network Waiver Amendment

#### PUBLIC HEARING

#### 1115 Primary Care Network Waiver Amendment

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) will hold public hearings to discuss a proposed amendment to the 1115 Primary Care Network Demonstration Waiver.

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### End of the Special Notices Section

## ATTACHMENT 3

### **Letter of Support**





Medicaid Waiver &lt;medicaid1115waiver@utah.gov&gt;

---

**Social Detox Waiver - Public Comment**

1 message

Jeannie Edens [REDACTED]

Wed, Dec 19, 2018 at 9:44 AM

To: "Medicaid1115waiver@utah.gov" &lt;Medicaid1115waiver@utah.gov&gt;

The public comment below was submitted online, just following up in an email as well in case it is helpful.

From 2000 to 2015, Utah has experienced a nearly 400% increase in deaths from the misuse and abuse of prescription drugs, with Utah ranking 7th in the U.S. for drug poisoning deaths from 2013-2015. In a recent study conducted by the state, it was found that Salt Lake County had 6 of the 10 hotspots for opioid related deaths and emergency department (ED) encounters. This study cited 531 opiate related deaths from 2014-2015 (24.69 per 100,000) and 1,443 ED encounters from 2013- 2014 (67.9 per 100,000).

This problem and other factors have contributed to a health and safety crisis in the downtown area of Salt Lake City, where the numbers of homeless individuals have surged. This crisis brought together state, county and city officials, and in an unprecedented effort began implementing "Operation Rio Grande", an effort to address treatment, employment assistance and an increased law enforcement presence. CMS approval of a "Targeted Adult Medicaid" expansion enabled a vast increase in treatment resources, more than doubling the substance use disorder residential treatment beds in our county. Missing however is the ability to increase access to social detoxification programming.

Please accept this letter of support in your consideration of Utah's waiver application to provide clinically managed residential withdrawal management services to Medicaid eligible adults age 18 and older, who reside in Salt Lake County. These services, referred to as social detoxification, are provided to individuals with substance use disorders who need help to safely withdraw from substances. These individuals are medically stable, and therefore do not require inpatient hospital services. These services are provided in a social setting with an emphasis on peer support. Structure and support, as well as daily monitoring to assess medical needs, is provided 24/7 by facility staff. In addition, individuals are offered withdrawal supports such as medication assisted treatment, psychoeducation groups, health education, recovery support and 12-step meetings, such as Alcoholic Anonymous groups, and assessments and referrals for substance abuse treatment. This level of withdrawal management care is called ASAM level 3.2-WM.

With your support, and with Salt Lake County funding the non-federal share of this effort, it is anticipated that Utah would reduce non-emergent use of the emergency department, inappropriate inpatient stays, but most importantly save lives. 360 individuals died of an opioid related overdose death in Utah in 2017.

Thank you for your consideration of this application.

Respectfully,

Salt Lake County Behavioral Health Services



## ATTACHMENT 4

**Medical Care Advisory Committee**

**Public Hearing**

**December 20, 2018**



## *Medical Care Advisory Committee Agenda*

Meeting: Medical Care Advisory Committee  
 Date: December 20, 2018  
 Start Time: 2:00 p.m.  
 End Time: 4:00 p.m.  
 Location: Room 125  
 Cannon Health Building  
 288 North 1460 West  
 Salt Lake City, UT, 84114

### **Agenda Items**

- |  |                      |                |
|--|----------------------|----------------|
| 1. Welcome   | Dr. Cosgrove         | 5 minutes      |
| - Approve Minutes of November 2018 MCAC**  |                      |                |
| 2. Public Hearing 1115 Primary Care Network Demonstration Waiver-Social Detoxification | Jennifer Meyer-Smart | 10 minutes     |
| 3. New Rulemakings and State Plan Changes - Information*                               | Craig Devashrayee    | 10 minutes     |
| 4. Eligibility Enrollment Update- Information*   | Jeff Nelson          | 10 minutes     |
| 5. Targeted Adult Medicaid Expansion Report*   | Jennifer Meyer-Smart | 10 minutes     |
| 6. Medicaid Expansion Implementation   | Nate Checketts       | 45 minutes     |
| 7. Director's Report   | Nate Checketts       | Time Remaining |

\* Informational handout in the packet sent to Committee members

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

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

\*\*\*\* If unable to attend in person, the phone # is (877) 820-7831 guest passcode 378804#\*\*\*\*

**Next Meeting:** January 17, 2019  
 2:00 p.m. – 4:00 p.m.  
 Room 125  
 Cannon Health Building  
 288 North 1460 West

# Medical Care Advisory Committee

*Minutes of December 20, 2018*

## Participants

### Committee Members Present

Dr. William Cosgrove (Chair), Jessie Mandle, (Vice Chair), Jenifer Lloyd, Mark Brasher (via phone), Christine Evans, Adam Cohen, Douglas Springmeyer, Dr. Robert Baird, Mark Ward.

### Committee Members Absent

Gina Tuttle (excused), Danny Harris, (excused), Ginger Phillips, Pete Ziegler, Debra Mair, Donna Singer, Sara Carbajal-Salisbury.

### DOH Staff

Nate Checketts, Sharon Steigerwalt, Krisann Bacon, Ginny Henderscheid, Tonya Hales

### Guests

Joyce Dolcourt, Beth Noyce, UAHC, Tracy Altman, UUHP, Chad Westover, UUHP, Clay Watson, UAHC, Kim Michelson, DDS, Kris Fawson, LCPD, Andrew Riggle

## Welcome

Dr. Cosgrove welcomed all attendees present and via phone. Meeting commenced at 1:04 p.m. Nate Checketts opened the public hearing giving an overview of the process. Nate introduced Jennifer Meyer-Smart to explain the proposal.

## Public Hearing 1115 Primary Care Network Demonstration – Jennifer Meyer-Smart

Jennifer summarized the 1115 Waiver Amendment, Adult Social Detoxification Covered Service stating the State of Utah is seeking an amendment to provide clinically managed residential withdrawal services to Medicaid eligible adults age 18 and older, who reside in Salt Lake City. The services will be provided by the Volunteers of American Adult Detoxification Center and Center for Women and Children (VOA). Services, goals, objectives and criteria was given. Jennifer asked if there were any questions or comments.

## Public Comments

Adam Cohen commented this was a positive move.

With no other comments Nate closed the Public Hearing giving the deadline for comments as December 31, 2018. Nate gave the steps of processing the comments to submit to CMS.

## Approve Minutes of November 2018

As there was not a full quorum at this time the minutes were tabled.

## New Rulemakings Information – Craig Devashrayee

### DMHF Rules

**R382-3 ACO Incentives to Appropriately Use Emergency Room Services in the Children's Health Insurance Program (Five-Year Review).** Filed for renewal on 11/14/2018. This will become effective for another 5 years on the same day 11/21/2018.

**R414-54 Speech-Language Pathology Services (Five Year Review).** Filed for renewal on 11/14/2018. This will become effective for another 5 years on the same day 11/14/2018.

**R414-401 Nursing Care Facility Assessment (Five-Year Review).** Filed for renewal on 11/15/2018. This will become effective for another 5 years on the same day 11/15/2018.

**R414-90 Diabetes Self-Management Training (Five-Year Review).** Filed for renewal on 11/15/2018. This will become effective for another 5 years on the same day 11/15/2018.

**R414-1B Payment for Limited Abortion Services (Five-Year Review).** Filed for renewal on 11/15/2018. This will become effective for another 5 years on the same day 11/15/2018.

**R414-11 Podiatric Services (Five-Year Review).** Filed for renewal on 11/15/2018. This will become effective for another 5 years on the same day 11/15/2018.

**R414-61 Home and Community-Based Services Waivers.** Filed for public comment on 12/7/2018 with a possible effective date of 02/7/2019.

A guest questioned **R414-61 Home and Community-Based Services Waiver** regarding the adjustments made to the eligibility targeted criteria. Tonya Hales responded it was realized in the pilot program the scoring mechanism for individuals to participate in the program did not reflect some individuals with the most complex medical needs. The change is to add a minimum scoring mechanism requirement for those individuals to participate in the program.

## DMHF SPA

**18-0009 UT Long-Active Reversible Contraceptives.** This amendment updates reimbursement methodology for long-acting reversible contraceptives (LARCs). It will create additional and separate payments to providers for the insertion of LARCs immediately after childbirth. Filed for public comment on 12/1/2018. With a purposed effective date of 1/1/2019. Pending CMS approval.

**18-0010-UT Rehabilitative Mental Health and Substance Use Disorder Services.** This amendment includes a bundled payment methodology for certain rehabilitative mental health and substance use disorder services. A bundled payment methodology is applied to rehabilitative mental health services and substance use disorder services. These services are provided through ACT teams, MCOT and in SUD residential treatment programs with 16 or few beds. Filed for public comment 12/15/2018. Proposed effective date is 1/1/2019. Pending CMS approval.

A guest questioned **18-0009 UT Long-Active Reversible Contraceptives** stating the language in the SPA does not exclude the insertion fee. The insertion fee was included in HB012 which excluded the cost of the device from the DRG but does not exclude the insertion fee. Why is this not excluded? Emma Chacon responded this issue has been discussed with CMS and received word that the Department will receive a response soon. Emma indicated this issue needs further discussions.

Adam Cohen questioned **18-0010-UT Rehabilitative Mental Health and Substance Use Disorder Services** asking if the rates have been set and bundled already. Also, is service provided for all 16 bed facilities or specialty family programs? Nate responded currently they are just seeking federal approval and are in discussion with the rate settings.

## Eligibility Enrollment Update Information - Jeff Nelson

Jeff reported on Medicaid, CHIP, and PCN number of persons.

- PCN held an open enrollment in November and December showing an increased overall of 2,957 individuals. Currently 1,658 have joined the program. Expect another increase next month due to the open enrollments. Jeff reported these individuals will be transitioned into the expansion in April 2019
- CHIP line is steady with a slight increase
- Medicaid graph shows a steady line

Jeff reported the Medicaid enrollment chart numbers are consistent on adults, people over age 65, people with disabilities, and pregnant women. Jeff noted pregnant women is still trending with a slight dip which is nation-wide.

## Targeted Adult Medicaid Expansion Report – Jennifer Meyer-Smart

Jennifer reported on TAM Enrollment by Subgroups.

- Jail or Prison program still shows the highest increase in enrollment. Jennifer reported there was a decrease in the months of November and December which was due to review closures. Jennifer stated the review data is

presently not current. What data was pulled shows 352 individuals were closed however, a few forms have not been completed yet.

- November there were 21 individuals that exceeded the income limit. October's and November's reviews will be completed in December and she will have a better picture in January.

#### TAM Monthly TAM Expenditure.

- Claims received from the year old program was reported as \$38,683 million dollars, as of December 12, 2018
- Inpatient and residential treatment service month are the highest expenditures

#### Total Expansion Parents Enrollment.

- Enrollments peaked in June with a slow decline
- There was a slight increase in expenditures (which was expected). Jennifer noted this is one of the groups that will transition into the new expansion April 1, 2019.

No questions were asked.

### Approve Minutes of November 2018

With additional MCAC members present a quorum was confirmed to approve minutes. The minutes were reviewed for corrections. No corrections were noted.

**MOTION:** Doug Springmeyer motion to approved November 2018 minutes. Dr. Robert Baird seconded the motion. All were in favor. None opposed.

### Medicaid Expansion Implementation - Nate Checketts

Nate reported the Department has submitted several proposals for recommendations and waiting for approvals.

Physical Healthcare received approval to offer a fee-for-service benefit and will operate state-wide starting on April 1, 2019, for the first three month. Then on July 1, 2019, where the Affordable Care Organizations (ACOs) are located they will follow the same enrollment pattern.

Nate reported there are discussions with the governor's office and others entities regarding behavioral health services. Different models were discussed as potential physical/behavioral health coverage options and whether the services will be single fee-for-service, linked and/or integrated together.

Nate reported on two benefit package that were approved. Currently, a non-traditional benefit package is being offered to low income parents and the other is the traditional benefit package which is offered to other populations. The low income parents will remain non-tradition all other expansion groups including the 45-60% parents will move to the new expansion as traditional. TAM is currently transition and will remain traditional.

A question was asked regarding the Targeted Adult Medicaid (TAM) groups. Nate responded with the move towards a full expansion a federal match was requested from 90/30 state match to 90/10 state match. Nate indicated the outlook of getting this request was positive. The approval is expected by April 1, 2019.

Doug Springmeyer questioned how many State Plan Amendments (SPAs) are to be submitted. Krisann Bacon responded there are nine SPA's to be submitted.

Dr. Cosgrove asked is there any possibility of a delay on the expansion if the legislature intervened. Nate responded Proposition 3 has been given the go ahead for implementing on April 1, 2019 and if there something comes up this will be dealt with later.

## Director's Report - Nate Checketts

- Targeted Adult group regarding the dental benefit for those in substance use treatment. This is anticipated to be approved January 31, 2019.
- Coverage for high risk youth. Nate indicated there has been no signs of any significant barriers for this coverage and anticipate approval January 31, 2019
- Change in benefits for LARC will start January 1, 2019.

Doug Springmeyer questioned if there were any updates regarding the ACOs 2018 requested 2% rate increase. Emma Chacon responded the Department is in contact with CMS and related that a response may not come until the end of the year. It was questioned if the rates were approved will the increase be retro activated? Nate confirmed this.

Jessie Mandle asked if PCN would have any more enrollments in the future as this is a valuable way for community partners to pass on open enrollments. Nate responded there are no open enrollments being considered at this time.

Nate gave an update on major items from the Governor's budget.

- Individuals with intellectual disabilities received additional appropriations to move a total of 46 individuals to assist them into Home and Community Based living. In the past only 16 individuals were moved.
- Asthma project program. Community Health Workers (CHWs) will assist those individuals by assisting in housing as well as helping reduce medical needs
- An amendment is being presently processed, asking an additional \$3 million dollars to fund the information system replacement project

A guest asked for information on a possible mental health emergency room pilot program. Nate reported there is \$1.5 million dollars that has been set in the Governor's budget for pilot projects such as this. There is collaboration in process with mental health authorities working on a pilot project.

A guest questioned who will do the transition for those individuals that move into home and community facilities. Tonya Hales spoke and gave an overview of the process of the Intermediated Care Facility for Persons with Intellectual Disabilities Transition Program. One of the feedback was to implement an on-site training to educate and relay information of the transition program. Also, changes in services will be provided, such as assessment to ensure what the needs are, as well as different methods to ensure safety in assisting those individuals into the Home and Community-Based facilities.

Jessie asked an update on coverage for dental porcelain crowns. Nate reported this was brought up by dentists to move coverage from stainless steel crowns to porcelain crowns giving their reasons. Nate reported with the input the Governor's budget will provide funding for the porcelain crowns.

Nate informed the members of staff changes.

- Krisann Bacon moved into an Assistant Director's position. Sharon Steigerwalt will take the MCAC manager position
- Ginny Henderscheid, Recorder is retiring the end of the month. Temporary replacement will be Dorrie Reese

## Adjourn

With no further business to conduct, Dr. Cosgrove adjourned the meeting.

Meeting was dismissed at 3:00 p.m.

## ATTACHMENT 5

### **Tribal Consultation**







# Utah Indian Health Advisory Board (UIHAB) Meeting

12/14/2018

9 AM –1:00 PM

Utah Department of Health

Cannon Health Building

288 North 1460 West

**Room 128**

Salt Lake City, UT 84114

(801) 538-6771 or (801) 712-9346

|                           |  |
|---------------------------|--|
| <b>Meeting called by:</b> | UIHAB  |
| <b>Type of meeting:</b>   | Monthly UIHAB  |
| <b>Facilitator:</b>       | Melissa Zito   |
| <b>Note taker:</b>        | Ginny Henderscheid      Call In <b>1-877-820-7831</b> <u>passcode 120741#</u>          |
| <b>Please Review:</b>     | Board minutes Medicaid Rules & SPA document(s), & additional materials via presenters. |

## Agenda topic

|                 |  |   |
|-----------------|--|---|
| <b>9:00 AM</b>  | Welcome & Introductions<br>✦ Review & Approval of Minutes  | Ryan Ward, Acting Chair   |
| <b>9:15 AM</b>  | Committee Updates & Discussion<br>✦ UT Medicaid Eligibility Policy<br>✓ Medicaid Expansion<br>✓ 1115 Waiver, Social Detoxification Services for SL County  | Jeff Nelson & Jennifer Meyer-Smart  |
| <b>10:00 AM</b> | ✦ Medicaid & CHIP State Plan Amendments (SPA) & Rules<br>✦ DWS Medicaid Eligibility Operations<br>✦ Federal and State Health Policy Impacting I/T/U<br>✓ Utah Cannabis Act<br>✦ MCAC & CHIP Advisory Committee | Craig Devashrayee<br>Jacoy Richins<br>Melissa Zito<br>Rich Oborn<br>Donna Singer/CHIP Vacancy |
| <b>10:45 AM</b> | <u>I/T/U &amp; UDOH Updates (5-10 min. each)</u><br>✓ Preparedness : Take Ten Exercise #3<br>✓ Opioid Crisis   | Melissa Zito<br>Jeremy Taylor   |
| <b>11:15 AM</b> | <u>UIHAB PRIORITIES</u><br>✦ Data/Data Sharing<br>✓ Restoring Ancestral Winds; New Report  | Moroni Benally  |
| <b>11:40 AM</b> | ✦ Strengthening Families<br>✓ Foster Care & Medicaid<br>✦ Diabetes/Obesity<br>✓ Diabetes & Trauma; Opportunity   | Theresa Scribner<br>Dorothy Jolley, PhD candidate   |
| <b>12:00 PM</b> | ✦ Medicaid/Medicaid Expansion<br>✓ NEMT & Indian Health Manual   | Krisann H. Bacon & Ken  |
| <b>12:30 PM</b> | <b>HOLIDAY CELEBRATION!!!!</b>   |   |
| <b>1:00 PM</b>  | Adjourn  |   |



# Utah Indian Health Advisory Board

Minutes of Meeting December 14, 2018

## Participants

### Committee Members Present

**Ryan Ward**, Program Director, Urban Indian Center of Salt Lake, **UIHAB Interim Chairperson**

**Donna Singer**, Consultant, Utah Navajo Health Services, Inc.

**Lewis Singer**, UIHAB Representative for the Utah Aging Commission

**Ed Napia**, Representative of the Tobacco Disparity Network, Urban Indian Center of Salt Lake,

**Shirlee Silversmith**, Director, Utah Division of Indian Affairs

**James Toledo**, Project Manager, Utah Division of Indian Affairs

**Carol Chicharello**, Deputy Director OSD, PAO IHS **(via phone)**

**Jacob Steele**, Vice Chair, Confederate Tribes of the Goshute Reservation

**Rupert Steele**, Councilman, Confederate Tribes of the Goshute Reservation

**Vida Khow**, Health Policy and Legislative Analyst, Navajo Area IHS **(via phone)**

**Michael Jensen**, CEO, Utah Navajo Health Systems, Inc. **(via phone)**

**Tyler Goddard**, Health Director, Paiute Indian Tribes of Utah **(via phone)**

**Lorene Horse**, SCHC, Confederate Tribes of the Goshute Reservation

**Tyler Prisbrey**, CFO, Paiute Indian Tribes of Utah **(via phone)**

**Mike Tinsley**, Tribal Administrator, Confederate Tribes of the Goshute Reservation

### Guests

**Jacoy Richens**, Eligibility Specialist, Utah Department of Work Force Services, American Indian Team

**Frances Favela**, Tobacco Prevention and Control Program, UDOH

**Rich Obsorn**, UDOH

**Moroni Benally**, Restoring Ancestral Winds

**Dorothy Jolley**, Health Psychology, Walden University

**Ryan Mortensen**, Utah Department of Agriculture

### DOH Staff

**Nate Checketts**, Deputy Director, Medicaid & Health Finance, UDOH

**Emma Chacon**, Assistant Director of Operations, Medicaid & Health Finance UDOH

**Amanda Yoshida**, Program Manager, Bureau of Eligibility Policy, UDOH

**Jennifer Meyer-Smart**, Medicaid, UDOH

**Craig Devashrayee**, Technical Specialist, UDOH Bureau of Coverage and Reimbursement Policy

**David Wilde**, Health Program Manager, Managed Health Care, UDOH

**Jeff Nelson**, Bureau Director, UDOH Bureau of Eligibility Policy

**Tonya Hales**, Assistant Division Director, Medicaid & Health Finance, UDOH

**Chris Ramos**, Health Program Manager, Bureau of Coverage and Reimbursement, UDOH

**Ken Newman**, Health Program Manager, Bureau of Coverage and Reimbursement, UDOH

**Melissa Zito**, AI/AN Health Liaison/Health Policy Consultant, UDOH

**Jeremy Taylor**, AI/AN Opioid Health Program Coordinator, UDOH

**Ginny Henderscheid**, Recorder, Administrative Secretary, UDOH Medicaid

## Welcome and Introductions

Melissa Zito called the meeting to order at 9:18 am.

## Approval of minutes

Melissa asked to review the minutes for corrections. Correction on page 2 to correct Utah's Premium Partnership for Health Insurance (UUP) to (UPP).

**MOTION:** Ed Napia motioned to approve the November 9, 2018 minutes with correction. Donna Singer seconded motion. All were in favor. None opposed.

## Committee Updates and Discussion

### 1115 Waiver, Adult Social Detoxification Service for SL County - Jennifer Meyer-Smart

Nate Checketts gave a brief background regarding this waiver. Nate reported small amendments such as this waiver are being submitted to the federal government to find different ways to provide coverage for individuals. This waiver is a targeted service only in Salt Lake County due to the county is willing to come up with the state match.

Jennifer continued reporting that Utah is seeking a proposed amendment to its 1115 Primary Care Network Demonstration waiver to help individuals withdraw from substances in a safe, least restrictive environment, and then connect the members to needed services. These services are based on the member's needs such as; medication assisted treatment, ASAM base3 substance abuse treatment, housing needs, employment needs, and Medicaid needs.

The goals are to reduce non-emergent use of the emergency department, and to reduce inappropriate inpatient stays. This will operate in Salt Lake County only, through Volunteers of American's Adult Detoxification Center and Center for Women and Children (VOA). The level of withdrawal management care is called ASAM level 3.2-WM. The State intends to implement this amendment April 1, 2019.

Eligibility criteria are Medicaid eligible adults age 18 and older, who are Salt Lake County residents, and meet criteria for ASAM level of care 3.2-WM may receive the social detoxification service.

The projected annual enrollment is 2,300 Medicaid members. The benefits will be delivered by fee for service (FFS) using a bundled daily rate through the (VOA).

Emma reported this adult detoxification service are for individuals going to the emergency rooms that are assessed as a non-medical risk. These individuals will be placed in an access center by the emergency room for 24-hours to be monitored and stabilized. The individuals will then be provided with medication assisted treatments until they are ready for out-patient services. Emma explained these individuals may even be brought to the ER by law enforcement and they in turn will refer them to the access center.

Nate Checketts reported a 30-day public comment period is currently being held ending December 31st. The first public hearing was held earlier this week with another hearing scheduled for Thursday, January 20, 2019, at the MCAC meeting. Nate explained the next step will be to submit the comments to CMS which they in turn will have a 30-day comment period. There is no definite date for approval but Nate indicated services are anticipated to start in six to nine months. Nate will contact UIHAB with an approved date when provided.

**Action Item:** Melissa requested Nate to send comments to UIHAB for steps to a tribal consultation.

Donna Singer asked how to utilize this service outside of Salt Lake County. Nate responded discussions are being considered for other parts of the state and if there are areas requesting this service a second amendment would be processed. Emma spoke reiterating the reason Salt Lake County is receiving services at this time is that SL County is willing to pay the state share of the cost. Emma reported there is no state budget for this service.

### UT Medicaid Expansion

Jeff Nelson reported on Proposition #3. Jeff reported the initiative directs the department to implement the expansion up to 138% FPL by April 1, 2019. In motion is an operational planning process to determine how to provide benefits as well as working with DWS as there will be system changes on eligibility and claims. Expected is full enrollment of 150,000, age 19-64 for the residents of Utah. Presently, Jeff reported UODH is working with CMS on the benefit packages whether they will be traditional or non-traditional. Jeff distributed a graph of the Adult Expansion showing the current eligibility verse the present Ballot Initiative November 2018. Jeff indicated there will be seven different State Plan Amendments (SPA) and gave an overview of each one. Melissa will send out the SPA notices when received. Melissa encouraged UIHAB members when they receive these SPA's to review them for the January meeting.

Jeff reported there was limited announcements other than public services announcements that will occur for enrollment in the expansion. Jeff indicated there was no budget for publicity or advertising. Melissa asked if UIHAB could develop a message to the tribes. Jeff confirmed this and indicated he has talking points that he will send to her if this would help.

### DWS Medicaid Eligibility Operations - Jacoy Richen

Jacoy Richens reported DWS is hiring 70 new staff to help with the new initiative application requests. Last month UIHAB requested hiring additional eligibility staff to the American Indian Team. Jacoy confirmed this was done and recently held a training.

Jacob Steele commented the application process was frustrating in that many will not complete the applications due to so much paper work. Jacoy commented that if an AI/AN individual applies online with a name and SS number the AI/AN team will assist them to fill out the application. Jacoy indicated they have worked very hard to make the application process fairly easy and assured those AI/AN applying there was help, if needed.

Jacoy reported 5 years ago DWS implemented a specialized AI/AN team. If an application was received and it indicated the individual was American Indian they were to be directed straight to the AI/AN team. The team training involves specific information on American Indian culture and income issues.

Rupert Steele relayed his appreciation regarding agencies acknowledging the Indian cultures and different issues that come up for those living on the reservation. Rupert reported just recently he received a statistical report from the state on reservation unemployment rate and indicated the data shown was grossly incorrect as this was misrepresented due to no knowledge of chronological areas and what was being provided. Melissa encouraged Rupert to contact UDOH if he notes inaccuracies in data reported and to receive the best data it has available.

### Medicaid State Plan Amendments (SPA) & Rules - Craig Devashrayee and David Wilde

#### SPA

**18-0009-UT Long-Acting Reversible Contraceptive:** Filed 11/20/2018 with a possible effective date of 1/1/2019.

**18-0010-UT Rehabilitative Mental Health and Substance Use Disorder Services.** Filed 12/10/2018 with a proposed effective date of 1/1/2019.

#### Rules

**R414-14 Home Health Services (Five-Year Review).** Filed 11/7/2018 with a five-year renewal on the same day 11/7/2018.

**R382-3 ACP Incentives to Appropriately Use Emergency Room Services in the Children's Health Insurance Program (Five-Year Review).** Filed 11/14/2018 with a five year renewal on the same day 11/14/2018.

**R414-54 Speech-Language Pathology Services (Five-Year Review).** Filed 11/14/2018 with a five-year renewal on the same day 11/14/2018.

**R414-401 Nursing Care Facility Assessment (Five-Year Review).** Filed 11/15/2018 with a five-year renewal on the same day 11/15/2018.

**R414-90 Diabetes Self-Management Training (Five-Year Review).** Filed 11/15/2018 with a five-year renewal on the same day 11/15/2018.

**R414-1B Payment for Limited Abortion Services (Five-Year Review).** Filed 11/15/2018 with a five-year renewal on the same date 11/15/2018.

**R414-11 Podiatric Services (Five-Year Review).** Filed 11/15/2018 with a five-year renewal on the same day 11/15/2018.

**R414-61 Home and Community-Based Services Waiver.** Filed 12/7/2018 with a possible effective date of 2/7/2019.

## Federal and State Health Policy Impacting I/T/U

### Utah Cannabis Act - Rich Oborn

Rich gave an overview of House Bill 3001: Utah Medical Cannabis Act which passed December 3, 2018. This program has trained medical professionals in which qualified patients will receive quality-controlled cannabis products from a licensed pharmacist in a medicinal dosage form. This will be done in a way that prevents diversion of product into a black market.

Most elements of the medical cannabis program must be operational by March 1, 2020. Prior to January 2012, patients with qualifying conditions, whose doctors recommend they use medical cannabis, may legally possess it in medicinal dosage forms. Rich reported on the qualifying conditions, cards, amounts and pharmacies:

1. Doctor recommendation. A qualified medical provider (QMP) recommends medical cannabis treatment to a patient with a qualifying condition. Seven licenses available, may only sell cannabis product and must have a licensed pharmacist registered with UDOH.
2. Card Application. Patient applies for a medical cannabis card with QMP at QMP's office through Electronic Verification System (EVS). Valid for up to 30 days at first, then 6 months. Renewable (with fee)
3. Card Issuance. The DOH evaluates application and issues cards within 15 days, if applicant qualifies
4. Cardholder Requirements. Presumption a cardholder possesses cannabis legally, if requirements followed.

There was a concern expressed about how or who added the tribal language into this Bill and that there was no Consultation with the UIAHB or Tribes. Melissa asked if the Board felt the need to have a formal tribal leader's consultation regarding the definitions in the language, which is very vague and may need to be addressed. The concerns were: 1) tribes may be taken advantage of, 2) there might be possible self-misrepresentation, 3) and the concern to define what was tribal lands.

Maroni Benally spoke commenting that there was a request to include language to this House Bill possibly by the Navajo Nation, and this was shared with the Governor's office. UIHAB was informed from the Native American Legislation Liaison Committee the definitions used in the sections specific to Tribes, were from a current piece of legislation regarding a particular occasion dealing with tribes, and were replicated into this Bill. As this Bill is heavily regulated, Tribes and UIHAB requested formal consultation for specific language context to be established in the Cannabis Act. Melissa stated the State of Washington's compact addresses these specific issues and also how the federal government and state recognizes tribal sovereignty. She will forward this information for those interested.

**Action item:** A motion was made by Rupert Steele for a formal consultation with Utah tribes on the Medical Cannabis Act. The motion was second by the UIO. Consensus from those UIHAB representatives & Tribal leaders present for Consultation to take place. Mike Jensen, Director, Utah Navajo Health System (via phone) recused, as to being a FQHC and could not prescribe as a federally funded organization. Tyler Goddard, Paiute Indian Tribes of Utah (via phone) asked to be recused as well based on the same.

Melissa will work with James Toledo, Navajo Indian Affairs and Rupert Steele, Confederate Tribes of the Goshute Reservation to schedule a formal tribal consultation.

For more information on the Medical Cannabis Program, contact Utah Department of Health at 801-538-6504 or email [medicalcannabis@utah.gov](mailto:medicalcannabis@utah.gov) . More information is located on the website [www.health.utah.gov/medical-cannabis](http://www.health.utah.gov/medical-cannabis) .

#### Department of Agriculture Tribal Contact - Ryan Mortensen

Ryan introduced himself to the UIAHB representatives and stated the Department of Ag. is working on the policy regarding the Cannabis Act. Ryan reported on regulations, processing, selling and growing hemp. For more information see website [www.ag.utah.gov](http://www.ag.utah.gov) "cannabis information" for online applications. Ryan is also the rural marketing contact for the state, which includes reservation areas. His contact information is, (970) 286-8488 [rmortenson@utah.gov](mailto:rmortenson@utah.gov)

#### I/T/U & UDOH Updates

#### Opioid Crisis - Jeremy Taylor

Jeremy Taylor, the new AI/AN Opioid Health Program Coordinator, introduced himself stating he will be contacting tribes, IHS and the UIO to assess gaps regarding opioid issues as well as providing state resources for treatments. Jeremy is also working to explore collaboration with the Cannabis program in regards to using cannabis as an alternative to opioid use for pain treatments. Jeremy announced tribal training on Narcan (Naloxone) usage to treat narcotic drug overdoses is also available. Jeremy's contact information is, (801) 598-9196 [jeremytaylor@utah.gov](mailto:jeremytaylor@utah.gov) .

#### Preparedness: Take Ten Exercise #3 - Melissa Zito

Know where your emergency exits are and update extinguisher equipment (see handout).

#### Utah Division of Indian Affairs Update – James Toledo

James announced the **Annual American Indian Caucus Day to be held February 4, 2019 at the State Capitol Building.** James also reported the WINGS committee which addresses guardianship focusing on elder abuse and care.

Federal update. Senate Bill 1942 Savannah Act was passed to improve tribal access to federal data bases to track missing and unidentified missing persons.

November 2018, a resolution was passed commemorating the 40<sup>th</sup> Anniversary of the Indian Welfare Act of 1978 that the Senate reaffirms to:

- Protecting the best interest of Indian children
- Promote the stability and security of Indian tribes and families
- Respect the sovereign authority of both the States and Indian tribes
- To call on the federal government to continue working with the Indian tribes and states to fully uphold and implement the Indian Child Welfare Act of 1978.

Shirlee Silversmith reported working through the final legislation approval process to allow tribal funding for consultations regarding Indian human remains.

## UIHAB PRIORITIES

### Restoring Ancestral Winds (RAW) - Moroni Benally

Moroni reported he is working on a state wide assessment on domestic violence and sexual assaults in tribal communities. Starting in January there will be group meetings with survivors, and tribal community leaders in regards to issues pertaining to sexual and domestic violence. Moroni reported they have already conducted one focus group meeting and found that there is a need for healing.

Currently, the activities in Utah are partnering with organizations such as U of U, Rape Recovery Centers, Pride Center of Utah, Utah Coalition Against Sexual Assault, and Utah Domestic Violence Coalitions to change laws, policies, and programs to better help tribal communities in Utah. Moroni reported the timeline is to start recruitment of focus groups, start Urban focus groups in January and end tribal focus groups in late March/mid-April. RAW will outline the data sharing protocol through the IRB and data will be available to tribes and state agencies.

Moroni stated he is here today for support from UIHAB and asked for tribes to contact him for assistance. No questions were asked.

### Diabetes and Trauma – Dorothy Jolley

Dorothy reported on her research study regarding AI/AN type 2-diabetes. She stated AI/AN type 2-diabetes was the highest in the world which also experience high levels of historical trauma (HT) and contemporary trauma (CT) which contributes to diabetes which also impacts related health behaviors. Previous research has not examined the relationship between HT and CT among AI/AN women and this is the purpose of the research study.

The framework is for researchers and healthcare providers to understand the psychological effects that results in contemporary trauma which results in high levels of suicide, homicide, accidental deaths, domestic violence, child abuse, alcoholism, obesity and many social problems. The framework also provides researchers and healthcare providers to understand AI/AN cultural background for interventions.

The results of the research will be used for culturally appropriate interventions for AI/ANs from a women's perspective to assist in managing and reducing the endemic and complications. Cultural perspectives from AI/AN women would significantly contribute to social change so that researchers and healthcare providers understand the impacts of trauma loss and contemporary trauma experiences toward self-management then more appropriate treatments will be forthcoming for healthier individuals, families, and communities.

Dorothy requested women to participant to further her research study. A draft letter was given to support her research study. Please contact Dorothy at [dorothy.jolley@waldenu.edu](mailto:dorothy.jolley@waldenu.edu) or email Melissa if interested.

### NEMT and Indian Health Manual – Tonya Hales, Chris Ramos, and Ken Newman

Tonya Hales introduced new staff Ken Newman who will be working with Chris. Chris Ramos informed UIHAB the Indian Health Provider Manual will be adding the non-emergency transportation information, as prior it was not included. Chris asked for feedback and comments by January 11, 2019 where to insert the information in the manual.

Melissa encouraged members to send feedback or comments, even if there was no comments. She stated that according to the UIHAB bylaws, if there is no feedback on where to insert this information in the manual this will be an assumption for approval.

No questions were noted.

## Annual Retreat

It was proposed tentatively to have the **UIHAB retreat on Thursday, February 7, 2019 and half day Friday, February 8, 2019**. Location TBA. Please mark your calendars!!!!

## Adjourn

With no further business to consider, the meeting adjourned at 12:55 pm. Merry Christmas and Happy Holidays!

DRAFT