

**Utah Community Service Medicaid Pilot Program  
1115 Waiver Amendment Request**



**Submitted by:  
Utah Department of Health**

**Waiver Amendment Request**

***Original Submission Date: December 30, 2011***

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# 1115 Waiver Amendment Request for A Community Service Medicaid Pilot Program

## **Section I Introduction, and Program Description**

### **A. Background, Introduction, and Program Description**

Medicaid is available to all Utahans who meet the established eligibility standards. Both the State of Utah and the federal government share in the actual cost for covering Utah participants. Through waivers and waiver amendments, the State can request authorization from the federal government to change how Medicaid operates in Utah.

While Medicaid recipients pay for their healthcare through modest cost sharing arrangements, these co-pays and premiums are very small. Understanding that this population may not have a lot to offer financially to the overall cost, the State of Utah would like to explore another way for these recipients to give back to their community. Through this waiver amendment, the State of Utah is requesting that a select Medicaid population be required to perform community service as a condition of their continued eligibility. Those who complete this requirement will demonstrate an involvement in the community and will be giving something back in exchange for their healthcare benefit..

In its 2011 General Session, the Utah State Legislature passed House Bill 211, Community Service Medicaid Pilot Program. This new law provides Utah's Single State Agency for Medicaid, the Utah Department of Health (Department), with overall guidance and direction for creating and submitting this waiver amendment.

The State's options for implementing this pilot program are limited by the Maintenance of Effort (MOE) clause from the federal Patient Protection and Affordable Care Act of 2010. In general, the MOE clause restricts the State's ability to change eligibility requirements in a way that might make enrollment in Medicaid more difficult. There are some exceptions to the MOE requirements. In order to take advantage of one of these exceptions, the State seeks to change the eligibility requirements for up to 100 individuals on the Primary Care Network (PCN) program whose income is between 134 – 150 percent of the federal poverty level (FPL).

#### **1. Individual Accountability and Responsibility**

This proposal seeks to engender an enhanced sense of responsibility and accountability on the part of Medicaid clients. Medicaid clients should be willing to give of their time and contribute back to the community that helps to fund their healthcare. Participants in the pilot program will be required to contribute eight hours of community service monthly or lose their eligibility for PCN.

## 2. Geographic Implementation

The State will initially operate this program in select Utah counties with the idea of expanding to other counties as the program shows its value over time. Selected counties will have special open enrollment periods for this pilot program.

## 3. Waiver Authority

The State currently has an 1115 waiver known as the Primary Care Network. The State seeks to amend the current 1115 waiver with this proposal. A new pilot program for eligible people will be created as described above.

## 4. Implementation Time Frames

The proposed date for implementation is **October 1, 2012**. This timetable should allow the State some planning and implementation time for any required system enhancements to the eligibility system. The State requests timely consideration for this proposal.

## 5. Goals and Objectives

The primary goal of this proposal is to provide an alternative way for pilot program participants to give back to the community that helps to fund their healthcare. It is hoped that participants will be more involved in their continued eligibility and better understand that there is a cost for the healthcare benefits they receive.

## Section II Program Overview

### A. Introduction

Section I of this waiver amendment request contains a program description, which explains the pilot program's purpose. This section will describe the differences between the standard PCN program and the Community Service Medicaid Pilot Program.

### B. Statutory Authority

#### 1. Waiver Authority

The State's existing PCN program is authorized under section 1115 of the Social Security Act (Act). The pilot program will be an amendment to this existing 1115 waiver.

#### 2. Sections Waived

Relying upon the authority of the above section(s), the State requests a waiver of the following sections of 1902 of the Act:

- a. **Section 1902(a)(1) - Statewideness**  
This section of the Act requires a Medicaid State plan to be in effect in all political subdivisions of the State. This pilot program will not be available throughout the State.
- b. **Section 1902(gg) – Maintenance of Effort**  
This section of the Act requires a Medicaid State plan eligibility requirements not be made more restrictive than the rules in force as of December 2009.

### C. Geographic Areas Served by the Waiver

#### 1. General

The pilot program will be limited to select counties.  
[Counties will be identified through the Public Comment process.]

### D. Population Included in Waiver

#### 1. Primary Care Network

The pilot program will include the population that meets all of the eligibility criteria for PCN including the following:

- A. Age 19 – 64
- B. U.S. Citizen or equivalent
- C. Utah Resident
- D. Income from 134 – 150% FPL
- E. No other health insurance, or access to health insurance where the cost is less than 15% of the countable income
- F. Pay enrollment fee

## 2. Additional Eligibility Requirement

- A. Completes eight hours of community service per month.
  - a. The community service may be performed through any of the following:
    - i. 501 (c) (3) organization
    - ii. Hospital
    - iii. [Other organizations identified through the Public Comment process]

### **Section III Cost Neutrality**

*[Section still in development. Pilot program will operate within the cost neutrality limits of the State's existing 1115 PCN waiver.]*

## Section IV Public Notice

### A. Introduction and Background

The proposed federal regulations published on September 17, 2010 contain very specific public notice requirements for waivers and waiver amendments. Each of those requirements will be addressed in the following narrative.

#### 1. Contents of the Public Notice and Publishing

The waiver application notice was published on November 1, 2011 in the State Bulletin, which conforms to the Utah Administrative Procedures Act. The notice directed interested parties to the website where the application is available for review (<http://health.utah.gov/medicaid/HB211proposal.htm>). The public notice is shown below:

#### Request for Public Comments and Public Notice for a Community Service Medicaid Pilot Program

We are pleased to invite comment regarding a new Community Service Medicaid Pilot Program Section 1115 Waiver demonstration initiative.

Utah will submit a draft waiver for review by the Centers for Medicare and Medicaid Services (CMS). The formal waiver amendment request will be submitted after public comment is received.

In response to the recently passed House Bill 211 (2011) Community Service Medicaid Pilot Program, the Utah Department of Health is submitting a Section 1115 Demonstration Waiver amendment authorized by Title XIX of the Social Security Act. The waiver amendment, if approved, will establish a new Community Service Medicaid Pilot Program.

The waiver amendment will allow the State to modify the enrollment rules for the Primary Care Network (PCN) for a selected group of less than 100 people. The increased client responsibility will allow the recipient to give something back to the community in exchange for his/her program benefit. This service will help build a sense of contribution to the program and also add to the client's program experience.

In addition to the established PCN eligibility guidelines, this new PCN eligible group will be required to perform regular community service as a condition of eligibility. The recipients will receive the same medical benefit afforded to other PCN recipients.

The Department of Health is committed to an extensive public process. We want you to have an opportunity to see the waiver amendment, understand the concepts and offer your comments. The waiver application will be available for your review and comment on November 15, 2011, at <http://health.utah.gov/medicaid/HB211proposal.htm>

We will provide opportunities for comments. An informal work group will meet from 3:30 PM to 5:00 PM on November 10, 2011, at the Cannon Health Building in Room 128, 288 North 1460 West, Salt Lake City, Utah 84116. A formal public hearing will be held following the Medical Care Advisory Committee meeting from 3:30 PM to 5:00 PM

on November 17, 2011, at the Cannon Health Building in Room 125, 288 North 1460 West, Salt Lake City, Utah 84116.

We invite your comments and questions by December 2, 2011. You may direct comments to the Utah Department of Health, Division of Medicaid and Health Financing, PO Box 143102, Salt Lake City, Utah 84114-3102, or to [cdevashrayee@utah.gov](mailto:cdevashrayee@utah.gov).

The waiver amendment contained the information as applicable under Section II Provisions of the Proposed Rule, Section A(4) 1115 Demonstrations, State Public Notice Process.

## 2. Public Hearings

The public hearing for the pilot program is on November 17, 2011, at the Cannon Health Building, conference room 125, 288 North 1460 West, Salt Lake City, Utah 84116 from 3:30 PM to 5:00 PM.

At the public hearing, and in the public notice, comments were invited and could be sent to the Utah Department of Health, Division of Medicaid and Health Financing, PO Box 143102, Salt Lake City, Utah 84114-3102.

## **Section V Program Evaluation Proposal**

[Section still in development. Evaluation criteria will be developed through the Public Comment process.]

## **Section VI Consultation with American Indian Tribes**

### **A. Introduction**

Among other protections for American Indian beneficiaries in Medicaid and CHIP, Section 5006 of the American Recovery and Reinvestment Act requires states to seek advice from federally recognized tribes regarding state plan amendments, demonstration requests, waivers or waiver renewals. Accordingly, before submitting a Medicaid or CHIP state plan amendment, demonstration request or application that directly affects American Indian beneficiaries, the states must consult with Indian health programs and urban Indian organization.

### **Consultation**

The Department and the federally recognized tribes of Utah developed a consultation policy that was effective November 2006. To comply with that policy and federal requirements, the Department made a presentation to the Utah Indian Health Advisory Board (Board) at its November 4, 2011 meeting. In preparation for that meeting, an overview of the Community Service Medicaid Pilot Program proposal was distributed to the Board by the Department's Indian Health Liaison.

The presentation included an overview of the pilot program and focused on how the program might affect eligible American Indian applicants. The Board requested that American Indians not be required to participate in the pilot program but that they be allowed to opt into it if they chose to do so. The Board also requested that American Indians be given priority in being able to transition from the pilot program to PCN if they chose to do so. The Department plans to implement these requests in the development of eligibility policies and procedures for the pilot program.

At this time, no additional consultation has been requested. The Department will continue to provide information to the Board in the future as requested.

The agenda for the November 4, 2011, meeting of the Board is on the following page.

# Utah Indian Health Advisory Board Meeting



11/4/2011

9 AM – 1:00 PM

Utah Department of Health  
3760 South Highland Drive  
5<sup>th</sup> Floor Board Room  
Salt Lake City, UT  
84106

(801) 712-9346 or (801) 538-6406

**Meeting called by:** UIHAB  
**Type of meeting:** Monthly  
**Facilitator:** Melissa Zito  
**Note taker:** Gayle Coombs (Bridge Line # 801-521-5399)  
**Please Review:** Board minutes, Medicaid Rules & SPA document(s),

## Agenda topics

<b>9:00 AM</b>	Welcome & Introductions Approval Minutes	Christine Steele
<b>9:15 AM</b>	Committee Updates & Discussion <ul style="list-style-type: none"> <li>• Medicaid State Plan Amendments (SPA) &amp; Rules</li> <li>• DWS Medicaid Eligibility</li> <li>• MCAC</li> <li>• CHIP Advisory Committee</li> <li>• UDOH Office of Health Disparities</li> </ul>	Craig Devashrayee Sherra Lyn Westover David Ward Joan Perank Dulce Diez
<b>10:15 AM</b>	Clinical Health Information Exchange (CHIE)	Teresa Rivera, Shelia Thompson & Brenda Bryant
<b>10:45 AM</b>	Pfizer; immunization reminder project	Drew Guess
<b>11:15 AM</b>	Diabetes Program; Project Updates	Grant Sunada
<b>11:30 AM</b>	Break	
<b>11:45 AM</b>	HB 211 – Pilot for Medicaid PCN	Jeff Nelson
<b>12:00 PM</b>	Bureau of Epidemiology	Karyn Leniek, MD
<b>12:15 PM</b>	Tribal/IHS/Urban program updates	UIHAB Reps.
<b>12:45 PM</b>	UDOH Indian Health updates <ul style="list-style-type: none"> <li>• Follow up from Summit</li> <li>• PCN Open Enrollment coming up</li> <li>• SAMHSA FAS Training – DATES finalized</li> </ul>	Melissa Zito
<b>1:00 PM</b>	Adjourn <b>HAPPY THANKSGIVING HOLIDAY!!!!</b>	