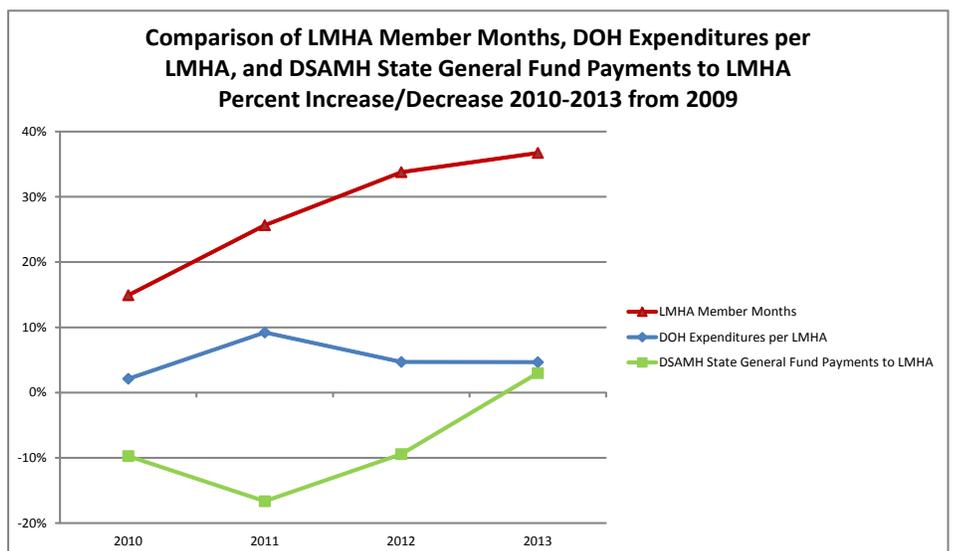


## Local Authority Medicaid Match

**History:** By 1996-1997, most local county local authorities were operating in the capitated Medicaid system rather than the previous fee-for-service system, assuming risk of cost/need fluctuation for those within their scope of responsibility. This allowed for many of the centers to use services and programs to better manage those clients with high inpatient costs which required a high degree of care and by moving to a risk-based tract, centers did experience inpatient savings. These inpatient savings were intended to then help fund those clients that did not have funding, often those clients without children or families without insurance but with providers with too high an income. In 2003, it was decided that retained savings were against Medicaid rule and rates were cut to correct any possible savings. Since 1996, the number of residents eligible for Medicaid has increased dramatically and inflation has risen, with very little increase in State dollars.

**Code:** Another issue that has been raised is the counties' responsibility for Medicaid Match. UBHC and UAC have been asked to respond to how counties will provide their own matching funds in the future. Within State Code, local authorities are required to, "provide funding equal to at least 20% of the state funds that it receives to fund services described in the plan." (17-43-201) The counties have chosen to use State dollars along with the required county 20% match to draw down Federal Medicaid dollars. By counties using these state and local dollars to draw down federal funds, they have been able to support the behavioral health system as a whole. With increased need, we ask for additional funds in order to serve Utahns within the existing system.

**Need:** The Utah Behavioral Healthcare Committee asks that the \$6.4M in Medicaid Match appropriated to the Division of Substance Abuse and Mental Health be made ongoing in the 2016 Legislative Session. These funds are being used to draw down federal dollars to support the existing system. These funds help address the need for additional local Medicaid Match dollars (above the 20% already required) and allows for important mandated services by Medicaid. An important difference between these Medicaid funds and any funds that may be used for behavioral health under a Healthy Utah or alternative Medicaid Expansion proposal is that **these funds are needed to serve the *current* population, which would be outside the funding sources determined for *additional* Medicaid eligible clients.**



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