August 6, 2024

VIA ELECTRONIC SUBMISSION

Secretary Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Re: Utah Medicaid Reform 1115 Demonstration Amendment Request

Dear Secretary Becerra,

The Center on Budget and Policy Priorities and the Georgetown University Center for Children and Families appreciate the opportunity to comment on the Utah Medicaid Reform 1115 amendment request.[1]

The Center on Budget and Policy Priorities (CBPP) is a nonpartisan research and policy organization based in Washington, D.C. Founded in 1981, CBPP conducts research and analysis to inform public debates and policymakers about a range of budget, tax and programmatic issues affecting individuals and families with low or moderate incomes. The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high quality, affordable health coverage for America's children and families. As part of the McCourt School of Public Policy, Georgetown CCF conducts research, develops strategies, and offers solutions to improve the health of America's children and families, particularly those with low and moderate incomes.

Utah is seeking to provide temporary medical respite care to Medicaid enrollees experiencing homelessness and expand housing-related social supports (HRSS) to certain formerly incarcerated individuals. We support approval of the medical respite care program and HRSS expansion, as the proposal aligns with CMS guidance in being time-limited and targeted to a specific group with a need. While our comments below are limited to housing-related supports, we are also supportive of the state's proposal to extend the age limit for fertility preservation services for individuals diagnosed with cancer.

By adding medical respite care and extending housing-related social services to targeted groups at higher risk of health and social challenges, Utah can promote access to care and health equity.

There is growing evidence that for people with complex health needs, housing support services such as help locating and apply for housing assistance, coaching on tenant rights and responsibilities, developing a support plan and connecting residents to community-based supports

[1] Utah's Medicaid Reform 1115 Demonstration Amendment Request. June 26, 2024, https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ut-primary-pa-hlth-rltd-socl-neds-pa.pdf

help people maintain housing, access care, and improve their health.[2] Utah already provides housing support services through its 1115 demonstration to individuals within the state's "Targeted Adult Medicaid" population that meet certain high-risk factors including those experiencing chronic homelessness or those in transitional situations with substance use order or a mental health diagnosis.[3] We appreciate Utah's efforts to expand their eligibility requirements for HRSS beyond the currently authorized criteria. The proposed additional target population of recently incarcerated individuals is a group that is has a higher risk of housing instability.[4] These services could also help *prevent* homelessness among people who are incarcerated and nearing release; Utah should consider incorporating these services in its pending pre-release coverage proposal. We support the state proposing a broad list of needs-based criteria and risk factors, consistent with the CMS guidance that interventions be evidence-based and medically appropriate for the population.

We also generally support approval of Utah's proposal to provide medical respite care to people experiencing homelessness, consistent with CMS's established standards, including time limited services. Although the application does not specifically request expenditure authority to provide room and board as part of medical respite care, we assume that is the intent and urge CMS to apply the criteria it outlines in its HRSN framework to assure that housing is provided only on a temporary, transitional basis.[5]

We are encouraged to see that the state now intends to contract with two, rather than one, entities to provide these services (as originally proposed in the state's December 2021 amendment request). Still, we urge CMS to work with the state to assure that there is adequate capacity statewide.

We also are encouraged to see the state acknowledge in their application the importance of combining medical respite services with housing placement services and effective case management. This coordination is necessary to help people transition to stable housing and minimize discharges into homelessness.

Conclusion

Our comments include citations to supporting research, including direct links to the research, for HHS's benefit in reviewing our comments. We direct HHS to each of the studies cited and made available to the agency through active hyperlinks, and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act.

---

[2] "Chart Book: Housing and Health Problems are Intertwined. So Are Their Solutions", Center on Budget and Policy Priorities, June 29, 2022, https://www.cbpp.org/research/health/housing-and-health-problems-are-intertwined-so-are-their-solutions#leveraging-medicaid-to-address-housing-related-cbpp-anchor

[3] Utah Medicaid Reform 1115 Demonstration Standard Terms and Conditions, pg. 53, available at: https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ut-medicaid-reform-demo-aprvl.pdf#page=55.

[4] Dallas Augustin and Margo Kushel, "Community Supervision, Housing Insecurity, & Homelessness," Ann Am Acad Pol Soc Sci. 2022 May;701(1):152-171, https://pubmed.ncbi.nlm.nih.gov/36540854/

[5] CMS, "Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children's Health Insurance Program (CHIP)," November 2023, https://www.medicaid.gov/health-related-social-needs/downloads/hrsn-coverage-table.pdf.

Thank you for consideration of our comments. If you would like any additional information, please contact Joan Alker (jca25@georgetown.edu) or Allison Orris (aorris@cbpp.org).