



UTAH DEPARTMENT OF
HEALTH

Utah 1115 Demonstration Waiver

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

Quarterly Monitoring Report

Reporting Period

Demonstration Year: 16 (07/01/2017-06/30/2018)

Demonstration Quarter: 3 (01/01/2018-03/31/2018)

Executive Summary

Utah's 1115 Primary Care Network (PCN) Demonstration Waiver is a statewide demonstration to expand Medicaid coverage to certain adults who are not eligible for state plan services, and to offer these adults and children on the Children's Health Insurance Program (CHIP) an alternative to traditional direct coverage public programs. In addition, the demonstration allows the state to provide a reduced benefit package to state plan eligibles (referred to as Current Eligibles) and requires them to pay increased cost sharing.

In June 2017, the demonstration waiver was amended to provide dental benefits to individuals 18 and older, who are blind or have a disability.

On October 31, 2017, the state received approval to provide state plan benefits to a targeted group of adults without dependent children, age 19-64 who meet defined criteria. The approval also provides coverage for former foster care youth from another state.

On November 9, 2017 the demonstration waiver was amended to provide expenditure authority for Medicaid services provided for adult Medicaid beneficiaries residing in an Institution for Mental Disease (IMD) to help the state provide the full continuum of care for beneficiaries suffering from drug and/or alcohol dependence or abuse. The demonstration was approved for a 5-year period, from November 1, 2017 through June 30, 2022.

Over the 5-year period, Utah theorizes that the demonstration will:

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

Key Events

During the third quarter of Demonstration year 16, an open enrollment period for PCN adults without dependent children occurred. The dates of open enrollment were February 1 through February 28, 2018. As a result, PCN enrollment increased from 12,447 enrollees for the month of January, to 15,780 for the month of February. The State will continue to monitor PCN enrollment to determine when open enrollment can occur again.

Another key event that occurred during this quarter was the 2018 General Session of the Utah Legislature. As a result of several pieces of legislation being passed, the State was directed to submit additional requests for amendments to Utah's 1115 Waiver. The most significant bill passed is House Bill 472 "Medicaid Expansion Revisions". This bill directs the Utah Department of Health (UDOH) to submit an 1115 waiver amendment to request authority to expand Medicaid eligibility to adults age 19-64 with household income up to 95 percent of the Federal Poverty Level (FPL). This waiver amendment will also include a request to obtain the increased Federal medical assistance percentage (FMAP) for this population, as well a community engagement requirement and Employment Sponsored Insurance (ESI) reimbursement component.

Also passed during the session were House Bill 435 "Medicaid Dental Benefits" and House Bill 12 "Family Planning Services Amendments". House Bill 435 requires UDOH to submit an 1115 waiver amendment to implement dental benefits for Targeted Adult Medicaid members who are actively receiving substance use disorder (SUD) treatment. House Bill 12 requires an amendment be submitted to authorize a family planning services program for adults age 19-64 with household income up to 95 percent of the FPL, to receive specific family planning services.

In addition to these amendments, the UDOH will also submit a fourth amendment that will request authorization to increase covered benefits provided to Medicaid eligible at-risk youth and children. The UDOH anticipates submitting these amendments by the end of the fourth quarter.

Operational Updates

The State anticipates the number of Targeted Adult Medicaid members to continue to increase during the coming quarter. In addition, the utilization of SUD residential services is expected to increase. Other than PCN open enrollment occurring during February, and the legislative bills mentioned, no other significant changes occurred during the third quarter.

Department staff continue to meet with other State agencies and community partners to conduct trainings and discuss agency processes for the Targeted Adult Medicaid program. This has allowed outside agencies who help individuals apply for this program to better facilitate the application process, and has resulted in additional individuals being enrolled.

Enrollment

The table below details the enrollment numbers for this quarter for each demonstration group covered under the waiver.

| Demonstration Group | January 2018 | February 2018 | March 2018 |
|--|--------------|---------------|------------|
| Current Eligibles-PCR | 31,355 | 31,225 | 31,029 |
| Demonstration Population I-PCN | 12,447 | 15,780 | 15,421 |
| Demonstration Population III, V, VI- Premium Assistance | 476 | 474 | 470 |
| Dental- Blind/Disabled | 3,716 | 3,687 | 3,654 |
| Former Foster Care Youth | 9 | 9 | 10 |
| Targeted Adults | 893 | 1,106 | 1,464 |

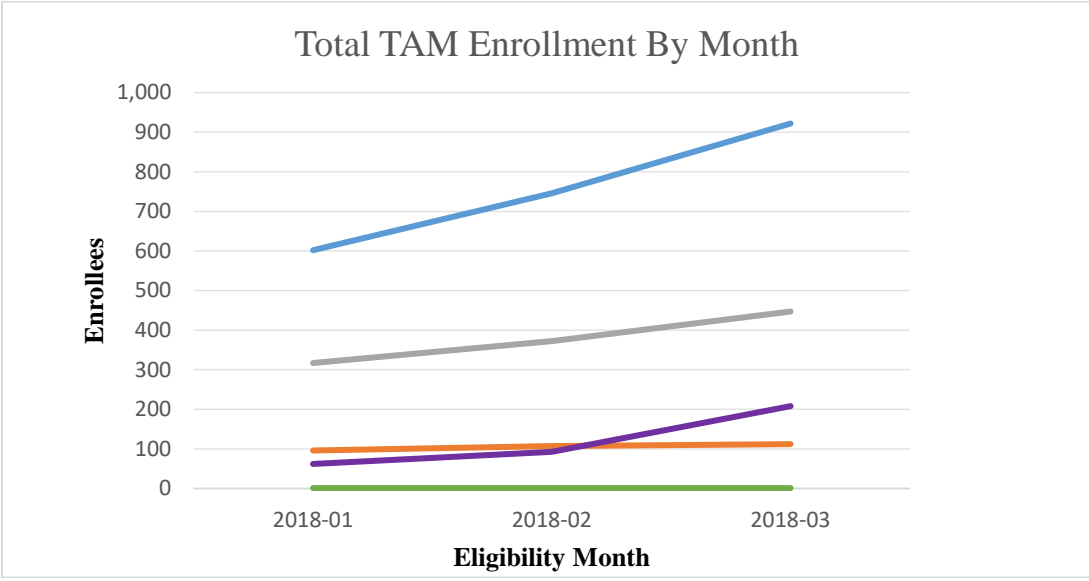
| | | | |
|---|-----|-----|-----|
| Substance Use Disorder Residential Treatment | 193 | 214 | 224 |
|---|-----|-----|-----|

*Enrollment numbers are shown as of 05/03/18. Numbers reflect all retroactive enrollment up to 5/03/18 and are subject to change with future retroactive enrollment.

Targeted Adult Medicaid and Substance Use Disorder Treatment

Due to the recent implementation of both Targeted Adult Medicaid and the Substance Use Disorder IMD provision, the state is providing detailed data on enrollment and expenditures for these groups. The information is presented below.

Targeted Adult Medicaid (TAM) Enrollment by Subgroup

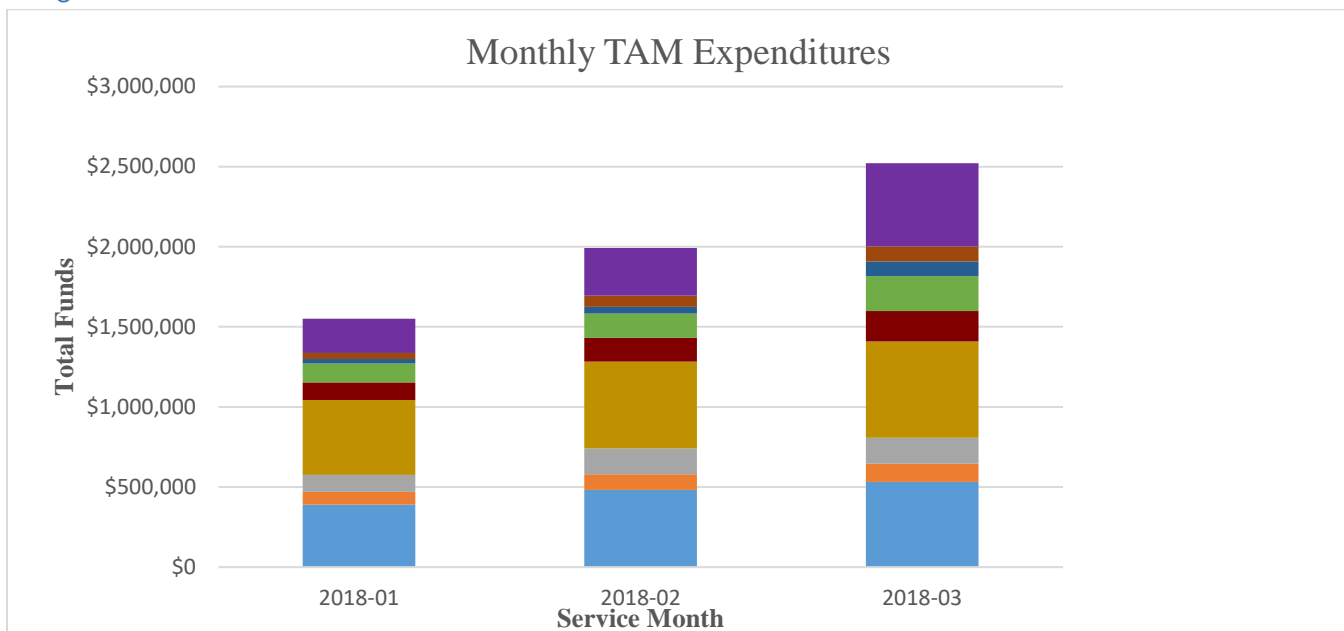


TAM Enrollment by Month

| TAM Category | Jan 2018 | Feb 2018 | Mar 2018 |
|-----------------------------|--------------|--------------|--------------|
| 12 Month Homeless | 602 | 746 | 922 |
| Supportive Housing | 96 | 107 | 112 |
| Drug/Mental Health Court | 317 | 372 | 447 |
| Jail or Prison | 62 | 93 | 208 |
| State Hospital/Civil Charge | 1 | 1 | 1 |
| Total | 1,078 | 1,319 | 1,690 |

Notes:
 Enrollment as of May 8, 2018. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Targeted Adult Medicaid Reimbursements



| Monthly Expenditures (in thousands) | | | |
|--|----------------|----------------|----------------|
| Service Type | 2018-01 | 2018-02 | 2018-03 |
| Residential Service | \$391 | \$482 | \$532 |
| Behavioral Health | \$80 | \$98 | \$114 |
| Emergency Room | \$105 | \$162 | \$160 |
| Inpatient Hospital | \$468 | \$542 | \$603 |
| Lab/Radiology | \$110 | \$147 | \$190 |
| Other Services | \$118 | \$153 | \$216 |
| Outpatient Hospital | \$29 | \$42 | \$92 |
| MAT | \$37 | \$69 | \$94 |
| Non-MAT Pharmacy | \$215 | \$298 | \$519 |
| Total | \$1,551 | \$1,992 | \$2,521 |

| Distinct Members Served | | | |
|--------------------------------|----------------|----------------|----------------|
| Service Type | 2018-01 | 2018-02 | 2018-03 |
| Residential Service | 165 | 182 | 201 |
| Behavioral Health | 199 | 238 | 255 |
| Emergency Room | 168 | 216 | 233 |
| Inpatient Hospital | 40 | 53 | 57 |
| Lab/Radiology | 208 | 233 | 292 |
| Other Services | 891 | 1,151 | 1,524 |
| Outpatient Hospital | 63 | 79 | 122 |
| MAT | 68 | 118 | 134 |
| Non-MAT Pharmacy | 267 | 456 | 618 |
| Total | 951 | 1,192 | 1,548 |

Notes:

Monthly expenditures represent total fund payments to providers. Monthly expenditures may not precisely sum up to total due to rounding.

These total fund amounts consist of federal funds, state restricted funds, and hospital share.

Pharmacy expenses shown here are subject to future reductions due to rebates.

The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service.

Residential service is categorized separately from other behavioral health due to the large amount. The remaining services categorized as "Behavioral Health" are non-residential behavioral health services.

PCN Enrollment and Primary Care Utilization

As expected, due to the recent PCN open enrollment period in February, the State experienced an increase in primary care benefit utilization. The number of primary care visits increased by over 800 in one month. This number is expected to increase as additional claims are received from providers. The tables below illustrate the increase in enrollment for childless adults, and primary care utilization for the third quarter.

Primary Care Network (PCN) Enrollment by Subgroup

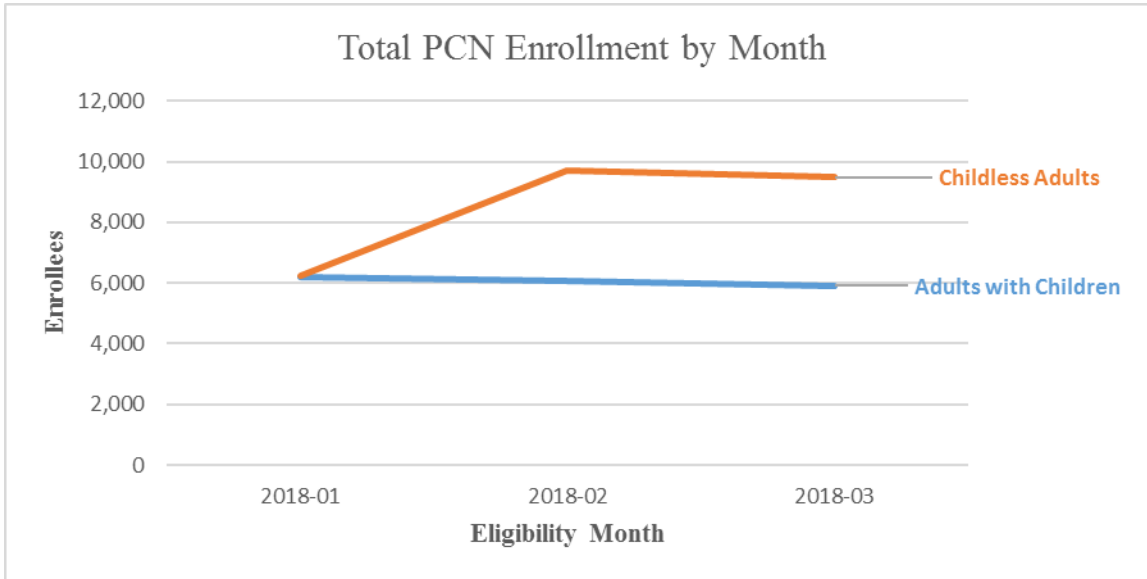


Figure 1

| PCN Category | 2018-01 | 2018-02 | 2018-03 |
|----------------------|---------------|---------------|---------------|
| Adults with Children | 6,192 | 6,056 | 5,902 |
| Childless Adults | 6,247 | 9,690 | 9,492 |
| Total | 12,439 | 15,746 | 15,394 |

Table 1

PCN Primary Care Visits by Month

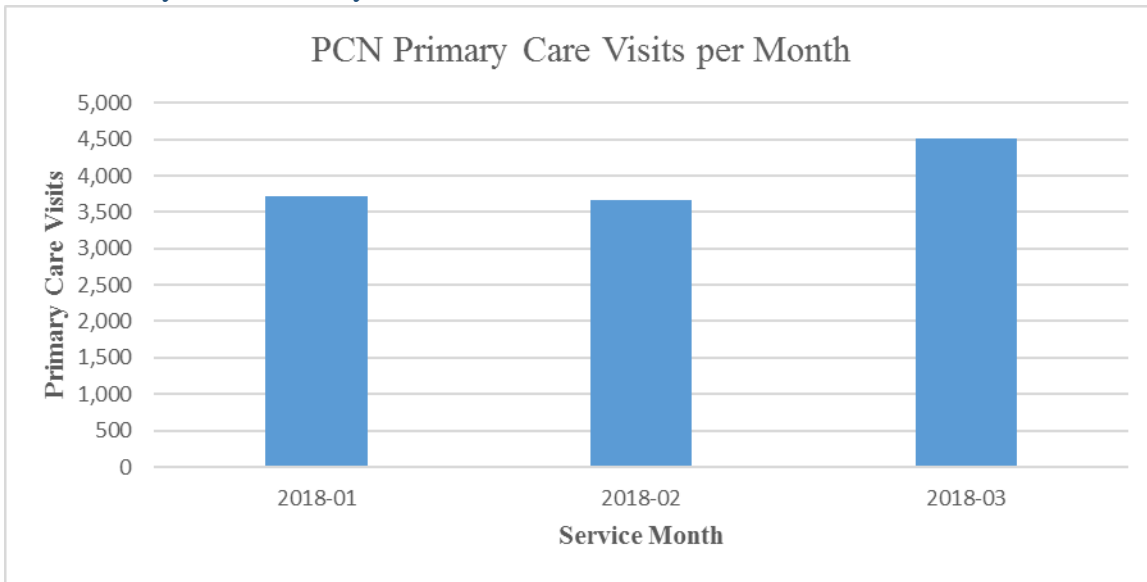


Figure 2

| Total | 2018-01 | 2018-02 | 2018-03 |
|---------------------|----------------|----------------|----------------|
| Primary Care Visits | 3,726 | 3,668 | 4,517 |

Table 2

Notes:

Enrollment as of May 17, 2018 and includes all approved applications up to the run date. The month of Primary Care Visit represents the service month, which is not necessarily the month of payment. This is subject to change with future billings and adjustments. Providers may bill up to one year after the date of service.

Anticipated Changes to Enrollment

The State anticipates the number of individuals eligible for Targeted Adult Medicaid to continue to increase. The number of individuals accessing residential treatment in an IMD for a substance use disorder also is expected to increase, as more individuals are able to enter treatment.

The State has not yet opened enrollment for Targeted Adult Group 3- Individuals needing substance abuse or mental health treatment. The state does not have an anticipated date for opening enrollment for this group.

As stated above, during the month of February 2018, open enrollment occurred for adults without children for the PCN program. Due to this, the number of enrollees in the PCN program increased. Enrollment for other waiver groups is expected to remain about the same.

Benefits

Due to the implementation of the Targeted Adult Medicaid program and substance use disorder residential treatment in an IMD, the state experienced an increase in the utilization of benefits. As stated earlier, both were implemented during the month of November. As expected, utilization has continued to increase in the third quarter. The state anticipates utilization to continue to increase as more individuals enroll in Targeted Adult Medicaid and/or utilize substance use disorder treatment.

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

Demonstration Related Appeals

There were three demonstration related appeals during the third quarter; two related to the PCN program, and one related to Targeted Adult Medicaid. All three were dismissed. Two were dismissed because the individual did not attend or call-in for the hearing. The other appeal was dismissed because the individual thought PCN had been denied, when it had not. PCN had been approved.

Quality

Eligibility Determination and Processing

As an indicator of quality, the state tracks application processing timeframes to determine if medical assistance applications are processed in a timely manner. The table below indicates available data for four of the demonstration groups. Data for other demonstration groups is not available due to system issues.

Application Processing-Quarter 3 (January-March 2018)

| Program Type | Average Days to Approval ** | Percentage approved in 14 days or less ** |
|-------------------------------|------------------------------------|--|
| Current Eligibles-PCR | 10 | 73.64 % |
| PCN | 9 | 74.26% |
| Targeted Adults | 7 | 88.67% |
| Premium Assistance-UPP | 49 | 8.33% |

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

Financial/Budget Neutrality

For enrollment figures for the third quarter, please reference the "Enrollment" section above.

Financial- Anticipated Changes

As stated previously, due to the continued increase in enrollment of the Targeted Adult Medicaid group, the state anticipates an increase in expenditures for this group, and expenditures for substance use disorder residential treatment.

Demonstration Evaluation Update

The State is in the process of contracting with the University of Utah's Social Research Institute to draft an evaluation design and to conduct the required 1115 Demonstration Waiver evaluation, including the SUD component. The drafting of the evaluation design has begun, and the State will submit the draft evaluation design once it has been completed.

1. Preface

1.1 Transmittal Title Page for the state's SUD Demonstration or SUD Components of Broader Demonstration

| | |
|---|--|
| State | <i>UTAH</i> |
| Demonstration Name | <i>Utah 1115 Primary Care Network Demonstration Waiver</i> |
| Approval Date | <i>November 9, 2017</i> |
| Approval Period | <i>November 9, 2017- June 30, 2022</i> |
| SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives | <i>The SUD component of the 1115 PCN Waiver will allow the state to include a SUD program that will ensure that a broad continuum of care is available to Utah's Medicaid beneficiaries with a SUD, which will help improve the quality, care and health outcomes for all Utah Medicaid state plan beneficiaries and Targeted Adults in the demonstration. The SUD program will contribute to a comprehensive statewide strategy to combat prescription drug abuse and opioid use disorders and will expand the SUD benefits package to cover short-term residential services to all Medicaid enrollees.</i> |

2. Executive Summary

The third quarter (January- March 2018) continued to build on the progress of the last quarter. Utah Medicaid (State) has seen progress in integrating and coordinating with local partners in the substance use disorder (SUD) field.

The State is participating in meetings with the Controlled Substance Database (CSD) Dashboard group to facilitate a more comprehensive approach to identifying beneficiaries who may need help with opioid abuse. The State has also been meeting with the state Division of Substance Abuse and Mental Health (DSAMH) regarding the ASAM certification process for residential substance abuse providers. This will help to ensure care provided in a facility is aligned with ASAM criteria.

Utah saw an increase in beneficiaries being diagnosed with a SUD. Along with this trend the state saw an increase in beneficiaries receiving SUD treatment at every ASAM level of care, especially ASAM level 3. This builds off of the second quarter in which there was an increase in available ASAM level 3 beds. A full time FTE was hired in the prior authorization unit in order to ensure that the residential SUD beds are being utilized properly.

The State is in the process of changing its policy on new dental prescriptions for short acting opioids. Effective July 1, 2018, the State will allow only a 3 day fill when the prescriber is a dentist.

Finally, enrollment in the Targeted Adult Medicaid (TAM) continues to trend upward as more eligible residents become beneficiaries.

There have been no significant challenges this quarter.

3. Assessment of Need and Qualification for SUD Services

- (Required) The state has attached the required assessment of need and qualification for SUD services metrics in Appendix A.
- (If applicable) The state does not have any issues to report related to assessment of need and qualification for SUD services metrics in Appendix A and has not included any narrative on this topic in the section that follows.

There was a significant increase in beneficiaries diagnosed with a SUD during this quarter. This reverses the trend from last quarter where there was a slight decrease. The quarter ended with 7,127 diagnosed beneficiaries up from 6,280 last quarter. This an increase of 847, which correlated well with the increase of beneficiaries in SUD treatment in all levels of care, at 897.

3.1 Assessment of Need and Qualification for SUD Services Issues/Trends: New and Continued

| Summary of Issue | Date and Report in which Issue was First Reported | Estimated Number of Impacted Beneficiaries | Known or Suspected Cause(s) of Issue (if applicable) | Remediation Plan and Timeline for Resolution (If applicable)/Status Update if Issue Previously Reported* |
|------------------|---|--|--|--|
| None | | | | |
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**Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.*

3.2 Anticipated Changes to Assessment of Need and Qualification for SUD Services

The State is expecting to continue to see an increase in the number of services delivered to beneficiaries with a SUD diagnosis in residential SUD treatment programs. This is due to the continued enrollment of the Targeted Adult Medicaid group. The enrollment numbers for this group are not yet in the expected range and this targeted group is typically at a high need of SUD residential services. The State is also expecting to continue to see an increase in community provider bed space in response to the ability to provide treatment in a facility with 17+ beds. There have been 100+ beds opened, with more scheduled to open.

- The state does not anticipate changes to assessment of need and qualifications for SUD services at this time.

4. SUD Treatment Initiation and Treatment at Each Level of Care

- (Required) The state has attached the treatment-related metrics in Appendix A.
- (If applicable) The state does not have any issues to report related to the treatment-related metrics in Appendix A and has not included any narrative.

The number of beneficiaries in treatment for SUD increased at all ASAM levels of care. This is expected with the rise in beneficiaries diagnosed with a SUD increasing as well. This means the diagnosed beneficiaries are transitioning from diagnosis to treatment. The continued rise in beneficiaries getting diagnosed was also expected as the TAM eligibility group, which targets people at a high need for SUD treatment, continues to trend upward with its enrollment numbers.

4.1 SUD Treatment-related Issues: New and Continued

| Summary of Issue | Date and Report in which Issue Was First Reported | Estimated Number of Impacted Beneficiaries | Known or Suspected Cause(s) of Issue (if applicable) | Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported* |
|------------------|---|--|--|--|
| <i>None</i> | | | | |
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**Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.*

4.2 Anticipated Changes to SUD Treatment Initiation and Treatment at Each Level of Care

- The state does not anticipate changes to treatment initiation and treatment at each level of care at this time.

5. SUD Demonstration-related Grievances and Appeals

- (Required) The state has attached the SUD only grievances and appeals metrics in Appendix A.
- (If applicable) The state does not have any issues to report related to the SUD only grievances and appeals metrics in Appendix A and has not included any narrative.

5.1 SUD Specific Grievances and Appeals Issues: New and Continued

There were six grievances and one appeal related to SUD services from January through March. This is not an alarming number and in fact fewer grievances than last quarter. There was no sudden change in numbers. Grievance and appeals will continue to be tracked and monitored for changes in the trend.

| Summary of Issue | Date and Report in Which Issue Was First Reported | Estimated Number of Impacted Beneficiaries | Known or Suspected Cause(s) of Issue (if applicable) | Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Previously Reported* |
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**Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.*

5.2 Anticipated Changes to SUD Specific Grievances and Appeals

- The state does not anticipate changes to SUD grievances or appeals at this time.

6. SUD-Related Quality

- (Required) The state has attached the SUD-related quality measures in Appendix A.
- (If applicable) The state does not have any issues to report related to the SUD-related quality measures in Appendix A and has not included any narrative.

6.1 SUD-Related Quality Issues: New and Continued

This quarter there was a rise in emergency department utilization related to SUD when compared to the last quarter. This apparent rise in utilization appears to be related to several different factors. First, there has been a steady rise in the number of TAM beneficiaries. From December 2017 to March 2018, there was an increase from 690 beneficiaries to 1692 beneficiaries. Second, October 2017 and December 2017 were abnormally low months in emergency department utilization related to SUD when compared to the past 18 months. This makes the following quarter appear higher than the trend actually has been. In reality, there has been a steady downward trend in emergency department utilization related to SUD. Third, due to claim and encounter data still being submitted, the last month of the quarter can appear lower than the first month of the following quarter. As the claim and encounter data continues to be submitted, the numbers in the last month of the quarter usually get adjusted. Fourth, the n for this metric is relatively small, so changes can fluctuate widely based on a relatively small number of beneficiaries using, or not using, this service.

The change in inpatient admissions for SUD was slightly higher and correlates with the increase of TAM beneficiaries.

| Summary of Issue | Date and Report in which Issue Was First Reported | Estimated Number of Impacted Beneficiaries | Known or Suspected Cause(s) of Issue (if applicable) | Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported* |
|------------------|---|--|--|--|
| None | | | | |
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* Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.

6.2 Anticipated Changes to SUD-Related Quality

- The state does not anticipate changes related to quality at this time.

7. Other SUD-Related Demo Specific Metrics

N/A

- (If applicable) The state has attached completed the other metrics in Appendix A.

- (If applicable) The state does not have any issues to report related to the other metrics in Appendix A and has not included any narrative.

7.1 Other SUD-Related Metric Issues: New and Continued

| Summary of Issue | Date and Report in which Issue Was First Reported | Estimated Number of Impacted Beneficiaries | Known or Suspected Cause(s) of Issue (if applicable) | Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported* |
|------------------|---|--|--|--|
| <i>None</i> | | | | |
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** Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.*

7.2 Anticipated Changes to Other SUD-Related Metrics

- The state does not anticipate future changes to other metrics at this time.

8. Financial/Budget Neutrality

Per CMS Guidance, the State is not including the budget neutrality workbook.

- (Required) The state has attached completed the budget neutrality workbook in Appendix B.

8.1 Financial/Budget Neutrality Issues: New and Continued

| Summary of Issue, Including Fiscal Impact and Impacted MEG(s) | Date and Report in which Issue Was First Reported | Known or Suspected Cause(s) of Issue (if applicable) | Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported |
|---|---|--|---|
| None | | | |

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8.2 Anticipated Changes to Financial/Budget Neutrality

The state does not anticipate future changes to budget neutrality at this time.

9. SUD (or if Broader Demonstration, then SUD Related) Demonstration Operations and Policy

The State does not have any known operations or policy considerations that would impact beneficiaries to report at this time.

10. SUD Implementation Update

| Item | Date and Report in Which Item Was First Reported | Implementation Status |
|---|--|--|
| 1. Access to critical levels of care for OUD and other SUDs | | |
| Develop rate methodology for residential treatment | | Completed |
| MMIS system modifications (including finalizing coding) | | Completed |
| Provider notification and training | | Ongoing as of Nov 2 nd , 2017 |
| Coverage and Reimbursement for ASAM levels of care 3.7 on a per diem basis will be available immediately upon approval the Utah’s SUD Implementation Plan. | | Completed on Nov 9 th 2017 |
| Update the Utah provider manual, “Rehabilitative Mental Health and Substance Abuse Disorder Services” to reflect coverage based on ASAM Levels of care for 3.1, 3.3, 3.5 and 3.7 by March 31, 2018. | | Manual has been updated and is in the approval process for publishing to the website. Will be live on July 1 st . |

| 2. Widespread use of evidence-based, SUD-specific patient placement criteria | | |
|--|--|---|
| Provider education will continue to be provided on ASAM Criteria by the Division of Substance Abuse and Mental Health throughout 2017 and 2018 | | Ongoing through DSAMH. More ASAM training sessions planned up to the end of this year and planning on treatment planning with ASAM criteria for the year following. |
| Medicaid policy will be clarified by July, 1, 2018 | | Under Review |
| PMHP contracts clarified no later than July 1, 2018. | | In Progress. Will be included in next version. |
| Utah Medicaid will establish and implement procedures to review placements for appropriate ASAM level of care for fee for service beneficiaries by July 1, 2018 | | Completed. New staff member in the prior authorization department to review placements. |
| 3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications | | |
| Utah Medicaid will establish and implement a process to certify private residential treatment facilities based on ASAM criteria who provide services to Medicaid fee for service beneficiaries no later than July 1, 2018. | | Completed |
| The Utah Division of Substance Abuse and Mental Health and the Office of Licensing will implement a process to certify public and private non-profit residential treatment facilities based on ASAM criteria who provide services to Medicaid fee for service beneficiaries no later than December 31, 2018. | | In Progress. Met with the Division of Substance Abuse and Mental Health and the Office of Licensing. Discussing the certification criteria and process. |
| PMHP contracts language regarding this requirement will be reviewed and modified if appropriate by July 1, 2018. | | In Progress. Will be updated in next version of the contract. |
| Administrative rule making will be promulgated to support this milestone with an effective date of July 1, 2018. | | In Progress |
| An addendum to the Utah Medicaid Provider Agreement will be implemented to gather information on ASAM levels of care provided by private | | Completed |

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|--|--|---|
| residential treatment providers by March 31, 2018 | | |
| 4. Sufficient provider capacity at each level of care, including MAT | | |
| DSAMH will update their provider inventory referred to above to include information on the providers at each ASAM level of care and whether or not the provider is accepting new patients by September 2018. | | In Progress. Working with a third party vendor on a platform to monitor and track bed space in real-time. |
| DMHF and DSAMH will meet on an annual basis to evaluate the adequacy of access to SUD providers for the entire continuum of care on an annual basis beginning May 2018. | | Met in May. Will meet again in June. |
| 5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD | | |
| Draft policy and rule by March 1, 2018 for dental policy | | Completed |
| Notify providers and pharmacies in June and July 2018 Medicaid Information Bulletin | | Policy is written. Will be released with next Medicaid Information Bulletin. |
| Implement coverage policy that limits opioid prescriptions for dental procedures to three (3) days by July 1, 2018. | | Policy is written. Will be published with next release in July. |
| 6. Improved care coordination and transitions between levels of care | | |
| Utah will amend provider manuals and the PMHP contracts by July 1, 2018 | | In Progress. Language will be in the next contract update. |
| Providers will be notified of this change in the May, June and July 2018 Medicaid information Bulletin. | | Completed |
| 7. Progress on substance use disorder health information technology plan | | |
| The state is in the process of working on the health IT plan | | Completed |
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11. SUD Demonstration Evaluation Update

The State is in the process of contracting with the University of Utah’s Social Research Institute to draft a SUD evaluation design and to conduct the required SUD evaluation. The required draft evaluation design will be submitted to CMS once it has been completed.

| Type of Evaluation Deliverable | Due Date | State Notes or Comments | Description of Any Anticipated Issues |
|--------------------------------|----------|--|---------------------------------------|
| Evaluation Plan Design | | In talks with third party about evaluation design and needs. | |
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12. Other Demonstration Reporting

N/A

12.1 Post Award Public Forum

- The state has provided the summary of the post-award forum (due for the period during reporting during which the forum was held and in the annual report).
- There was not a post-award public forum held during this reporting period and this is not an annual report.

13. Notable State Achievements and/or Innovations

This quarter, Utah Medicaid made progress integrating and collaborating with other partners in the community in finding solutions to the Utah opioid crisis. Medicaid met with the CSD Dashboard and DSAMH, and attended a roundtable discussion with insurance companies and local medical providers, and also with other states on finding policy changes and other solutions to help Utah Medicaid beneficiaries and the population of Utah as a whole.

Appendix A: State Measurement Table for SUD Metrics

| # | Measure Name | CY2018 | | |
|----|--|--------|-------|-------|
| | | Jan | Feb | Mar |
| 6 | Medicaid beneficiaries with SUD diagnosis (monthly) | 6,735 | 6,928 | 7,127 |
| 9 | Any treatment | 3,497 | 3,502 | 3,600 |
| 10 | Early intervention (ASAM level 0.5) | 1 | 1 | 3 |
| 11 | Outpatient services (ASAM level 1) | 1,302 | 1,261 | 1,207 |
| 12 | Intensive outpatient and partial hospitalization services (ASAM level 2) | 355 | 350 | 346 |
| 13 | Residential and inpatient services (ASAM level 3) | 367 | 400 | 410 |
| 14 | Medically managed intensive inpatient services (ASAM level 4) | 38 | 38 | 29 |
| 15 | Medication assisted treatment (MAT) | 1,617 | 1,630 | 1,780 |
| 16 | Withdrawal management without extended on-site monitoring (ASAM level 1-WM through level 4-WM) | 38 | 38 | 29 |
| 30 | Emergency department utilization for SUD | 192 | 191 | 169 |
| 31 | Inpatient admissions for SUD | 43 | 41 | 38 |
| 40 | Grievances related to SUD treatment services | 1 | 3 | 2 |
| 41 | Appeals related to SUD treatment services | 0 | 1 | 0 |
| 42 | Critical incidents related to SUD treatment services | 0 | 0 | 0 |

Data pulled on May 14, 2018

Measures based on service date are subject to change as new billing and adjusted billing occurs.