

1. Title Page for the State’s SMI/SED Demonstration or SMI/SED Components of Broader Demonstration

The state should complete this Title Page at the beginning of a demonstration and submit as the title page for all SMI/SED Monitoring Reports. The content of this table should stay consistent over time.

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|--|---|
| State | <i>Utah</i> |
| Demonstration name | <i>Utah 1115 Primary Care Network Demonstration</i> |
| Approval date for demonstration | <i>12/16/2020</i> |
| Approval period for SMI/SED | <i>12/16/2020-06/30/2022</i> |
| Approval date for SMI/SED, if different from above | <i>12/16/2020</i> |
| Implementation date of SMI/SED, if different from above | <i>01/01/2021</i> |
| SMI/SED (or if broader demonstration, then SMI/SED -related) demonstration goals and objectives | <p>The goals and objectives of the SMI/SED demonstration are:</p> <ol style="list-style-type: none"> 1. Reduced utilization and lengths of stay in emergency departments (EDs) among beneficiaries with SMI while awaiting mental health treatment in specialized settings; 2. Reduced preventable readmissions to acute care hospitals and residential setting 3. Improved availability of crisis stabilization services including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state; 4. Improved access to community-based services to address the chronic mental health care needs of beneficiaries with SMI, including through increased integration of primary and behavioral health care; and 5. Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities. |

2. Executive Summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 or less.

Utah received approval on December 16, 2020 to implement the SMI/SED demonstration. The State had planned to implement the demonstration as of January 1, 2021. However, due to systems issues, the State has not yet implemented as of the date of this report. Utah Medicaid is in process of updating its payment and enrollment systems for provider enrollment and claim processing for services related to this demonstration. The State is planning to have system implementation ready in March 2021, allowing for claims back to January 1, 2021.

Utah Medicaid has also scheduled meetings with providers who will be providing these services to discuss the prior authorization requirements for Fee for Service members, and to discuss the 60-day stay limitations and other expectations set forth by the demonstration. The Prepaid Mental Health Plans, as well as the Utah Medicaid Integrated Care plans, have been informed of the demonstration. Utah Medicaid has also presented this information to the Utah Indian Health Advisory Board. Information regarding the demonstration is being formally communicated to external stakeholders through the Medicaid Information Bulletins and through updating the provider manuals.

3. Narrative Information on Implementation, by Milestone and Reporting Topic

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|----------------|---|-------------------------|
| 1.2 Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1) | | | |
| 1.2.1 Metric Trends | | | |
| <input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1. | | | |
| <input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|---|---|-------------------------|
| 1.2.2 Implementation Update | | | |
| <p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) The licensure or accreditation processes for participating hospitals and residential settings <input type="checkbox"/> ii) The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state’s licensing or certification and accreditation requirements <input type="checkbox"/> iii) The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay <input type="checkbox"/> iv) The program integrity requirements and compliance assurance process <input type="checkbox"/> v) The state requirement that psychiatric hospitals and residential settings screen beneficiaries for comorbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions <input type="checkbox"/> vi) Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings | <p>The state has no implementation update to report for this reporting topic.</p> | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to Milestone 1. | | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 2.2 Improving Care Coordination and Transitions to Community-Based Care (Milestone 2) | | | |
| 2.2.1 Metric Trends | | | |
| <input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|--|---|-------------------------|
| <input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic. | | | |
| 2.2.2 Implementation Update | | | |
| Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions <input type="checkbox"/> ii) Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers <input type="checkbox"/> iii) State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge <input type="checkbox"/> iv) Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers) <input type="checkbox"/> v) Other State requirements/policies to improve care coordination and connections to community-based care | The state has no implementation update to report for this reporting topic. | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to Milestone2. | | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|--|--|---|-------------------------|
| 3.2 Access to Continuum of Care, Including Crisis Stabilization (Milestone 3) | | | |
| 3.2.1 Metric Trends | | | |
| <input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3. | | | |
| <input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic. | | | |
| 3.2.2 Implementation Update | | | |
| Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay <input type="checkbox"/> ii) Other state requirements/policies to improve access to a full continuum of care including crisis stabilization | The state has no implementation update to report for this reporting topic. | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to Milestone 3. | | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 4.2 Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4) | | | |
| 4.2.1 Metric Trends | | | |
| <input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4. | | | |
| <input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|--|--|---|-------------------------|
| 4.2.2 Implementation Update | | | |
| Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment) <input type="checkbox"/> ii) Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment <input type="checkbox"/> iii) Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED <input type="checkbox"/> iv) Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people | The state has no implementation update to report for this reporting topic. | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to Milestone 4. | | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 5.2 SMI/SED Health Information Technology (Health IT) | | | |
| 5.2.1 Metric Trends | | | |
| <input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics. | | | |
| <input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|--|--|---|-------------------------|
| 5.2.2 Implementation Update | | | |
| <p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) The three statements of assurance made in the state’s health IT plan <input type="checkbox"/> ii) Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider and/or physician/mental health provider to community based supports <input type="checkbox"/> iii) Electronic care plans and medical records <input type="checkbox"/> iv) Individual consent being electronically captured and made accessible to patients and all members of the care team <input type="checkbox"/> v) Intake, assessment and screening tools being part of a structured data capture process so that this information is interoperable with the rest of the health IT ecosystem <input type="checkbox"/> vi) Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care <input type="checkbox"/> vii) Alerting/analytics <input type="checkbox"/> viii) Identity management | The state has no implementation update to report for this reporting topic. | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to health IT. | | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 6.2 Other SMI/SED-Related Metrics | | | |
| 6.2.1 Metric Trends | | | |
| <input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than two percent related to other SMI/SED-related metrics. | | | |

Medicaid Section 1115 SMI/SED Demonstration Monitoring Report – Part B
 Utah 1115 Primary Care Network Demonstration
 Demonstration Year 1 – 07/01/2020-06/30/2021
 Quarter 2 – 10/01/2020-12/31/2020
 Submitted on 03/01/2021

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|--|----------------|---|-------------------------|
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 6.2.2 Implementation Update | | | |
| <input type="checkbox"/> The state expects to make the following program changes that may affect other SMI/SED-related metrics. | | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 7.1 Annual Assessment of the Availability of Mental Health Providers | | | |
| 7.1.1 Description Of Changes To Baseline Conditions And Practices | | | |
| <input type="checkbox"/> Describe and explain any changes in the mental health service needs (for example, prevalence and distribution of SMI/SED) of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of Availability of Mental Health Services. Recommended word count is 500 words or less. | | | |
| <input checked="" type="checkbox"/> This is not an annual report, therefore the state has no update to report for this reporting topic. | | | |
| <input type="checkbox"/> Describe and explain any changes to the organization of the state’s Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of Availability of Mental Health Services. Recommended word count is 500 words or less. | | | |
| <input checked="" type="checkbox"/> This is not an annual report, therefore the state has no update to report for this reporting topic. | | | |
| <input type="checkbox"/> Describe and explain any changes in the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state compared to those described in the Initial Assessment of Availability of Mental Health Services. At minimum, explain any changes across the state in the availability of the following services: inpatient mental health services; outpatient and community-based services; crisis behavioral health services; and care coordination and care transition planning. Recommended word count is 500 words or less. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|--|--|---|-------------------------|
| <input checked="" type="checkbox"/> This is not an annual report, therefore the state has no update to report for this reporting topic. | | | |
| <input type="checkbox"/> Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Availability Assessment compared to those described in the Initial Assessment of Availability of Mental Health Services. Recommended word count is 500 words or less. | | | |
| <input checked="" type="checkbox"/> This is not an annual report, therefore the state has no update to report for this reporting topic. | | | |
| 7.1.2 Implementation Update | | | |
| Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) The state’s strategy to conduct annual assessments of the availability of mental health providers across the state and updates on steps taken to increase availability <input type="checkbox"/> ii) Strategies to improve state tracking of availability of inpatient and crisis stabilization beds | The state has no implementation update to report for this reporting topic. | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|--|---|-------------------------|
| 8.1 SMI/SED Financing Plan | | | |
| 8.1.1 Implementation Update | | | |
| <p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders <input type="checkbox"/> ii) Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model | <p>The state has no implementation update to report for this reporting topic.</p> | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| 9.2 Budget Neutrality | | | |
| 9.2.1 Current Status and Analysis | | | |
| <input checked="" type="checkbox"/> If the SMI/SED component is part of a broader demonstration, the state should provide an analysis of the SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date. | <p>The State has not yet implemented the SMI/SED demonstration. Therefore, the State does not have a budget neutrality analysis to provide at this time.</p> | | |
| 9.2.2 Implementation Update | | | |
| <input type="checkbox"/> The state expects to make the following program changes that may affect budget neutrality. | | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|----------------|---|-------------------------|
| 10.1 SMI/SED-Related Demonstration Operations and Policy | | | |
| 10.1.1 Considerations | | | |
| <input type="checkbox"/> States should highlight significant SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SMI/SED demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail. | | | |
| <input checked="" type="checkbox"/> The state has no related considerations to report for this topic. | | | |
| 10.1.2 Implementation Update | | | |
| <input type="checkbox"/> The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities. | | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The state is working on other initiatives related to SMI/SED. | | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |
| <input type="checkbox"/> The initiatives described above are related to the SMI/SED demonstration as described (States should note similarities and differences from the SMI/SED demonstration). | | | |
| <input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|---|---|-------------------------|
| <p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) <input type="checkbox"/> ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) <input type="checkbox"/> iii) Partners involved in service delivery <input type="checkbox"/> iv) The state Medicaid agency’s Memorandum of Understanding (MOU) or other agreement with its mental health services agency | | | |
| <p><input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.</p> | | | |
| <p>11 SMI/SED Demonstration Evaluation Update</p> | | | |
| <p>11.1 Narrative Information</p> | | | |
| <p><input checked="" type="checkbox"/> Provide updates on SMI/SED evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.</p> | <p>The State is currently working with its third party evaluator to draft an evaluation design. The evaluation design will be provided to CMS by the due date of 6/14/2021.</p> | | |
| <p><input type="checkbox"/> The state has no SMI/SED demonstration evaluation update to report.</p> | | | |
| <p><input type="checkbox"/> Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.</p> | | | |
| <p><input checked="" type="checkbox"/> The state has no SMI/SED demonstration evaluation update to report.</p> | | | |
| <p><input type="checkbox"/> List anticipated evaluation-related deliverables related to this demonstration and their due dates.</p> | | | |
| <p><input checked="" type="checkbox"/> The state has no SMI/SED demonstration evaluation update to report.</p> | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|--|----------------|---|-------------------------|
| 12.1 Other Demonstration Reporting | | | |
| 12.1.1 General Reporting Requirements | | | |
| <input type="checkbox"/> The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol. | | | |
| <input checked="" type="checkbox"/> The state has no updates on general requirements to report for this topic. | | | |
| <input type="checkbox"/> The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes. | | | |
| <input checked="" type="checkbox"/> The state has no updates on general requirements to report for this topic. | | | |
| <input type="checkbox"/> The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation. | | | |
| <input checked="" type="checkbox"/> The state has no updates on general requirements to report for this topic. | | | |
| Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) The schedule for completing and submitting monitoring reports <input type="checkbox"/> ii) The content or completeness of submitted reports and/or future reports | | | |
| <input checked="" type="checkbox"/> The state has no updates on general requirements to report for this topic. | | | |

| Prompt | State response | Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY) | Related metric (if any) |
|---|----------------|---|-------------------------|
| 12.1.2 Post-Award Public Forum | | | |
| <input type="checkbox"/> If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report. | | | |
| <input checked="" type="checkbox"/> No post-award public forum was held during this reporting period, and this is not an annual report, so the state has no post-award public forum update to report for this topic. | | | |
| 13.1 Notable State Achievements and/or Innovations | | | |
| 13.1 Narrative Information | | | |
| <input type="checkbox"/> Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SMI/SED (or if broader demonstration, then SMI/SED related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries. | | | |
| <input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this topic. | | | |

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

The MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, APM, and APC measures (metrics #13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29, 31) are Healthcare Effectiveness Data and Information Set (“HEDIS®”) measures that are owned and copyrighted by the National Committee for Quality Assurance (“NCQA”). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only “Uncertified, Unaudited HEDIS rates.”

Certain non-NCQA measures in the CMS 1115 Serious Mental Illness/Serious Emotional Disturbance Demonstration contain HEDIS Value Sets (VS) developed by and included with the permission of the NCQA. Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-NCQA measures and any coding contained in the VS.