

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

December 7, 2021

Emma Chacon
Interim Director
Division of Medicaid and Health Financing
Utah Department of Health
PO Box 143101
Salt Lake City, UT 84114-3101

Dear Ms. Chacon:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Serious Mental Illness (SMI) Monitoring Protocol, which is required by the Special Terms and Conditions (STC), specifically, STC #79, of Utah's section 1115 demonstration, "Primary Care Network" (Project Nos: 11-W-00145/8 and 21-W-00054/8), effective through June 30, 2022. CMS determined that the Monitoring Protocol, which was submitted on May 14, 2021 and revised on November 24, 2021, meets the requirements set forth in the STCs, and thereby approves the state's SUD Monitoring Protocol.

The Monitoring Protocol is approved for the demonstration period through June 30, 2022 and is hereby incorporated into the demonstration STCs as Attachment Q (see attached). In accordance with STC 140 (Public Access), the approved SMI Monitoring Protocol may now be posted to your state's Medicaid website.

We look forward to our continued partnership on the Utah Primary Care Network section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

**Danielle
Daly -S**

Digitally signed by
Danielle Daly -S
Date: 2021.12.07
15:14:18 -05'00'

Danielle Daly
Director
Division of Demonstration
Monitoring and Evaluation

cc: Mandy Strom, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

**Medicaid Section 1115 Serious Mental Illness and Serious
Emotional Disturbance Demonstrations
Monitoring Protocol Template**

Note: PRA Disclosure Statement to be added here

1. Title page for the state’s serious mental illness and serious emotional disturbance (SMI/SED) demonstration or the SMI/SED component of the broader demonstration

The state should complete this title page as part of its SMI/SED monitoring protocol. This form should be submitted as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	<i>Utah</i>
Demonstration name	<i>Utah Primary Care Network</i>
Approval period for section 1115 demonstration	<i>11/01/2017-06/30/2022</i>
SMI/SED demonstration start date^a	<i>12/16/2020</i>
Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date^b	<i>01/01/2021</i>
SMI/SED (or if broader demonstration, then SMI/SED - related) demonstration goals and objectives	The goal of this approval is for the state to maintain and enhance access to mental health services, opioid use disorder (OUD) and other substance use disorder (SUD) services and continue delivery system improvements for these services to provide more coordinated and comprehensive treatment to Medicaid beneficiaries with serious mental illness (SMI) and/or SUD. This demonstration will provide the state with authority to provide high quality, clinically appropriate treatment to beneficiaries with SMI while they are short-term residents in residential and inpatient treatment settings that qualify as an IMD. It will also support state efforts to enhance provider capacity, improve the availability of Medication Assisted Treatment (MAT) and improve access to a continuum of SMI evidence-based services at varied levels of intensity, including withdrawal management services.

^a **SMI/SED demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SMI/SED demonstration approval. For example, if the state’s STCs at the time of SMI/SED demonstration approval note that the SMI/SED demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SMI/SED demonstration. Note that the effective date is considered to be the first day the state may begin its SMI/SED demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b **Implementation date of SMI/SED demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions of mental disease.

2. Acknowledgement of narrative reporting requirements

The state has reviewed the narrative questions in the Monitoring Report Template provided by CMS and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested narrative information (with no modifications).

3. Annual Assessment of the Availability of Mental Health Services reporting

The state will use data as of the following month and day of each calendar year to conduct its Annual Assessment of the Availability of Mental Health Services: **January 1st**

4. Acknowledgement of budget neutrality reporting requirements

The state has reviewed the Budget Neutrality Workbook provided by the CMS demonstration team and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (with no modifications).

5. Retrospective reporting

The state is not expected to submit metrics data until after monitoring protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to monitoring protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

For a state that has monitoring protocols approved after one or more initial quarterly monitoring report submissions, it should report metrics data to CMS retrospectively for any prior quarters of the section 1115 SMI/SED demonstration that precede the monitoring protocol approval date. A state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in its second monitoring report submission that contains metrics. The retrospective report for a state with a first SMI/SED DY of less than 12 months should include data for any baseline period quarters preceding the demonstration, as described in Part A of the state’s monitoring protocol (see Appendix B of the instructions for further guidance determining baseline periods for first SMI/SED DYs that are less than 12 months). If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retrospectively on its SMI/SED demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of its demonstration through the end of the current reporting period. The state should report this information in Part B of its report submission (Section 3. Narrative information on implementation, by milestone and reporting topic). This general assessment is not intended to be a comprehensive description of every trend observed in metrics data. Unlike other monitoring report submissions, for instance, the state is not required to describe all metrics changes (+ or - greater than 2 percent). Rather, the assessment is an opportunity for the state to provide context for its

retrospective metrics data, to support CMS’s review and interpretation of these data. For example, consider a state that submits data showing an increase in the utilization of telehealth services for mental health (Metric #15) over the course of the retrospective reporting period. The state may decide to highlight this trend to CMS in Part B of its monitoring report (under Milestone 3) by briefly summarizing the trend and providing context that during this period, the state implemented a grant to improve access to mental health treatment in rural areas through the use of telemedicine.

For further information on how to compile and submit a retrospective report, the state should review Section B of the Monitoring Report Instructions document.

The state will report retrospectively for any quarters prior to monitoring protocol approval as described above, in the state’s second monitoring report submission that contains metrics after monitoring protocol approval.

The state proposes an alternative plan to report retrospectively for any quarters prior to monitoring protocol approval: *Insert narrative description of proposed changes to retrospective reporting. The state should provide justification for its proposed alternative plan.*