1. **Title page for the state's substance use disorder (SUD) demonstration or the SUD component of the broader demonstration**

The state should complete this title page at the beginning of a demonstration and submit 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	Utah
Demonstration name	Utah 1115 Primary Care Network Demonstration Waiver
Approval period for section 1115 demonstration	11/01/2017-06/30/2022
SUD demonstration start date[a]	11/01/2017
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	11/09/2017
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	The SUD demonstration goals and objectives are to provide a broad continuum of care to Utah's Medicaid beneficiaries who have a SUD, which will 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.
SUD demonstration year and quarter	SUD DY4Q1
Reporting period	07/01/2020-09/30/2020

[a] **SUD 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 SUD demonstration approval. For example, if the state's STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD 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 SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

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 words or less.

Since the authorization of the Utah 1115 Primary Care Network Demonstration Waiver for Substance Use Disorder (SUD) treatment in IMD SUD residential facilities, a critical gap in care for many Utah beneficiaries has been addressed. Because of this authorization, many beneficiaries who may not have been able to access SUD services are able to do so, and have been able to engage in Medication Assisted Treatment (MAT) services that are critical in addressing the opioid epidemic throughout the state.

In April 2019, the State of Utah expanded Medicaid eligibility up to 95% FPL, and an overall increase in beneficiaries was notable throughout the metrics. This accounts for many of the increases in numbers from DY3 Q4 to DY4 Q1.The State fully expanded Medicaid eligibility to 133% FPL in January 2020 account for another increase in the metric numbers.

In March of 2020, there is slight decrease in enrollment and utilization of services. At this time, many urban and rural areas of the state ended in-person services due to the COVID-19 pandemic and many of the services offered were transitioned to telehealth services. The impact COVID had on many parts of life accounts for many changes in metric numbers after March of 2020. Despite the many changes in the delivery of services, the numbers for beneficiaries in relation to SUD services have begun to increase.

3.   Narrative information on implementation, by milestone and reporting topic

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services		#3: Medicaid Beneficiaries with SUD Diagnosis (monthly) #4: Medicaid Beneficiaries with SUD Diagnosis (annually) #5: Medicaid Beneficiaries Treated in an IMD for SUD	All reported metrics in this area show an increase over the former quarter. The average increase across all metrics was 9%. These numbers are impacted by the changes in policy due to COVID-19. Disenrollment in Medicaid was halted during the pandemic and beneficiaries that would normally no longer qualify for Medicaid have been left in the program causing an artificial increase in enrollment numbers. Annual measurement change: Metric 3: 11% Metric 4: 35% Metric 5: 64%
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		The state has no changes to report.
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		The state has no changes to report.
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X		The state has no changes to report.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		#11 - Withdrawal Management #12 - Medication Assisted Treatment	The metrics, that measured the number of people seeking SUD treatment, all decreased. #8 – 9% decrease #9 – 33% decrease #10 – 16% decrease This decrease may be attributed to the ongoing COVID-19 impacts on beneficiaries seeking treatment and providers abilities to provide treatment. Utah's SUD providers have converted to a distanced service delivery model, where able, in order to help with access to care issues during the pandemic.
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)	X		No reported changes.
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		No reported changes.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		No reported changes

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		The state does not have any metrics to report.
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		Utah's Division of Substance Abuse and Mental Health continues to contract to provide ASAM trainings to community providers through The Change Company. In 2019 they offered trainings almost every month. They offered a variety of ASAM trainings from introduction trainings to advanced trainings. They also had a Motivational Interviewing Enhanced ASAM/Treatment Planning course.
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		No reported changes
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		No reported changes

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 *Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.*	X		The state does not have any metrics to report.
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		No reported changes
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		No reported changes
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		No reported changes
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		No reported changes

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4		#13: SUD Provider Availability #14: SUD Availability-MAT	In this reporting quarter, Utah has continued to see overall growth in the number of SUD Providers available to beneficiaries and an increase in the number of MAT specific providers. Metric 13: 40% increase Metric 14: 40% increase
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	X		No reported changes
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		No reported changes

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		#15: Initiation and Engagement of Alcohol and Other Drug Abuse of Dependence Treatment #18: Use of Opioids in Persons Without Cancer #21: Concurrent Use of Opioids and Benzodiazepines #22: Continuity of Pharmacotherapy for Opioid Use Disorder	Metric 15: -4% (initiation) -3% (engagement) Metric 21: -11% Metric 22: -14% Metric #15 remained steady with no statistically significant changes in the metrics. Metric #18 had a change in the way the metric is calculated from the previous year. In the previous year the threshold for reporting was 120 MME. This was tightened to 90 MME. Due to this change no meaningful trend can be interpreted from this measure Metric #21: There was a decrease of 11%. In October of 2019 Utah added a reject message at the pharmacy when a benzodiazepine and opioid prescription are filled at the same time. Metric #22: A decrease of 14% was observed in this metric measurement. The State continues to improve upon the number of beneficiaries who are continually receiving MAT services for 180 days and will report on these numbers in the upcoming reporting periods.
6.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		Starting in October 2019, Utah Medicaid's pharmacy team implemented a policy that a reject message was given at a pharmacy when benzodiazepines and opioid prescriptions are filled at the same time. The pharmacy team also provided extensive outreach to providers on the benzodiazepines and opioid fill policy.
6.2.1.ii. Expansion of coverage for and access to naloxone	X		No reported changes
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		No intended changes at this time
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6		#17: Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	There was an increase in the number of follow ups after emergency department visit for mental illness or issues related to alcohol or other drug abuse or dependence. Though there was an increase, the increase is not considered to be statistically significant by the Demonstration's external evaluator. MH: decrease 14% (7 day) and 9% (30 day) AOD: 41% (7 day) 40% (30 day)
7.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	X		In January of 2020, Utah added new integrated managed care plans. While Utah already had requirements that providers and managed care plans carry out transitions of care, these new integrated managed care plans increased the ease and ability of a plan to do so. By managing both the physical health and behavioral health benefit of the beneficiary, the integrated managed care plan provides better care management in a more effective manner. The end result is better overall care for the beneficiary, better care transitions, and more cost effective care. This has been shown through studies on integrated care.
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		No intended changes at this time
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		No reported changes
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		No reported changes
How health IT is being used to treat effectively individuals identified with SUD			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		No reported changes
8.2.1.iii. Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		No reported changes
8.2.1.iv. Other aspects of the state's health IT implementation milestones	X		The State had problems in collecting data from the partner agency, Project ECHO, due to change in staff at Project ECHO. Only data from the third year could be obtained for the reporting period. This issue has been corrected and future data should be available for use.
8.2.1.v. The timeline for achieving health IT implementation milestones	X		The State has produced draft reports with MAT information for the purposes of getting feedback and gathering requirements for a dashboard. However, no modules have been built yet. The State anticipates completion of the dashboard by the end of SFY2022.
8.2.1.vi. Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		No reported changes
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		No other changes at this time
9. Other SUD-related metrics			
9.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		#23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries #26: Overdose Deaths (count) #27: Overdose Deaths (rate) #32: Access to Preventive/Ambulatory Health Services , 24, 25, 26, 27, 32	Metric #23 saw a 4% decrease but was not statically significant per the demonstration's external evaluator. Metric #26 and #27 both increased in the third year due to Medicaid Adult Expansion. Metric #26 increased by 30% and metric #27 increased by 24%. Beneficiaries included in these metrics are individuals who were last enrolled with Medicaid up to one year before their death; these metric designs do not indicate if the individual was actively enrolled in Medicaid at their time of death. Due to this metric design, numbers may be inflated for the total number of overdose deaths for Medicaid beneficiaries. Other metrics in this area did not have changes (+ or -) greater than 2 percent.
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		No reported/planned changes

4. **Narrative information on other reporting topics**

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		

Prompts	State has no update to report (Place an X)	State response
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-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.		The State has been working with CMS to resolve questions regarding the new budget neutrality workbook. The State has also just received an updated budget neutrality workbook from CMS. As these issues have now been resolved, the State is working to complete the analysis and will provide it as soon as it is completed.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	The state has no planned changes that would affect budget neutrality.
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect 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 SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		During this quarter the COVID-19 pandemic changed many of the ways in which beneficiaries accessed services. Due to social distancing guidelines, many providers dramatically decreased or even stopped in person services and added or increased their telehealth services. Additionally, Medicaid has granted an allowance for telehealth services to be reimbursable when done entirely via audio. Providers report that this change greatly increased the number of services they were able to provide. Many beneficiaries do not have access to reliable video equipment or internet access but do have access to phones for audio only sessions. This change allowed providers to preserve access to services for beneficiaries that otherwise would have received no services. COVID-19 also affected the timely provision of services in SUD residential programs. In some instances, SUD residential providers needed to quarantine beneficiaries needing treatment until it was safe to move them to the main facility. Providers were able to deliver some services while in quarantine, via telehealth, but were unable to provide services to the level of care that residential treatment requires.

Prompts	State has no update to report (Place an X)	State response
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	No changes
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	No changes
11.2.1.iii. Partners involved in service delivery	X	No changes
11.2.2 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	X	No changes
11.2.3 The state is working on other initiatives related to SUD or OUD	X	No changes
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	No changes
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		The SUD Mid-Point Assessment Report was recently submitted to CMS (12/17/20). The State plans to provide an interim evaluation report with its waiver extension request in June 2021.

Prompts	State has no update to report (Place an X)	State response
12.1.2 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	X	The expected timelines are being met. The State does not anticipate any barriers in achieving the goals and timeframes agreed to in the STCs.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		An Interim Evaluation Report will be submitted with the State's waiver extension request in June 2021.
13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	No changes to report.
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	No changes to report.
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	No changes to report.
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	No changes to report.
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	No changes to report.

Prompts	State has no update to report (Place an X)	State response
13.2 Post-award public forum		
13.2.2 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.	X	The next public forum will be held in January 2021 and will be reported on in the appropriate reporting period.
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD 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.	X	Utah has been innovative in continuing to provide quality SUD treatment during the COVID-19 pandemic. Utah's SUD providers quickly moved to a telehealth format, where feasible, in order to continue to provide care. Telehealth was given a temporary exception to allow audio only services. SUD providers have given feedback that many individuals that would not have received any service, due to socially distancing guidelines, were able to continue in treatment. In some centers broken appointments actually declined and adherence to treatment increased. For residential SUD treatment, that is not feasible to provide completely via telehealth, providers setup special quarantine units for incoming beneficiaries until it was safe to move them into the main facility. COVID-19 testing was brought to the facilities in order to ensure the ongoing safety of staff and clients. When a beneficiary in SUD residential treatment tested positive they were moved to a separate facility and monitored until they could return to the main unit. While in the COVID-19 positive units, providers still offered as much treatment via telehealth as was possible depending on the beneficiary's situation.

*The state should remove all example text from the table prior to submission.

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

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