



**OPEN MINDS**

# Utah Health & Human Services System Market Profile: 2025



# Utah Health & Human Services Market Profile Overview

## A. [Executive Summary](#)

1. Health Care Coverage by Payer
2. Medicaid Care Coordination Initiatives
3. Behavioral Health Safety-Net System Overview

## B. [Health Financing System Overview](#)

1. Population Demographics
2. Population Centers
3. Population Distribution By Payer
4. Largest Health Plans
5. Health Insurance Marketplace
6. Accountable Care Organizations

## C. [Medicaid Administration, Governance & Operations](#)

1. Medicaid Governance
2. Medicaid Program Spending
3. Medicaid Expansion Status
4. Medicaid Program Benefits

## D. [Medicaid Financing & Service Delivery System](#)

1. Medicaid Financing & Service Delivery System
2. Medicaid FFS Program
3. Medicaid Managed Care Program
4. Medicaid Program: Care Coordination Initiatives
5. Medicaid Program Waivers
6. Medicaid Program: New Initiatives

## E. [Medicare Financing & Service Delivery System](#)

1. Medicare Financing & Service Delivery System
2. Medicare System: Overview
3. Medicare ACOs
4. Medicare System: New Initiatives

## F. [Dual Eligible Financing & Service Delivery System](#)

1. Dual Eligible Medicaid Financing & Service Delivery System
2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment
3. Dual Eligible Medicaid Financing & Delivery System: Overview
4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

## G. [Long-Term Services & Supports System](#)

1. LTSS Financing & Service Delivery System
2. LTSS Medicaid Financing & Delivery System: Overview
3. LTSS Health Plan Characteristics
4. LTSS Program Benefits
5. LTSS Medicaid Financing & Delivery System: New Initiatives

## H. [State Behavioral Health Administration & Finance System](#)

1. Public Behavioral Health System Governance
2. Public Behavioral Health System Spending
3. State Psychiatric Hospitals
4. Behavioral Health Safety-Net Delivery System
5. Behavioral Health System: New Initiatives

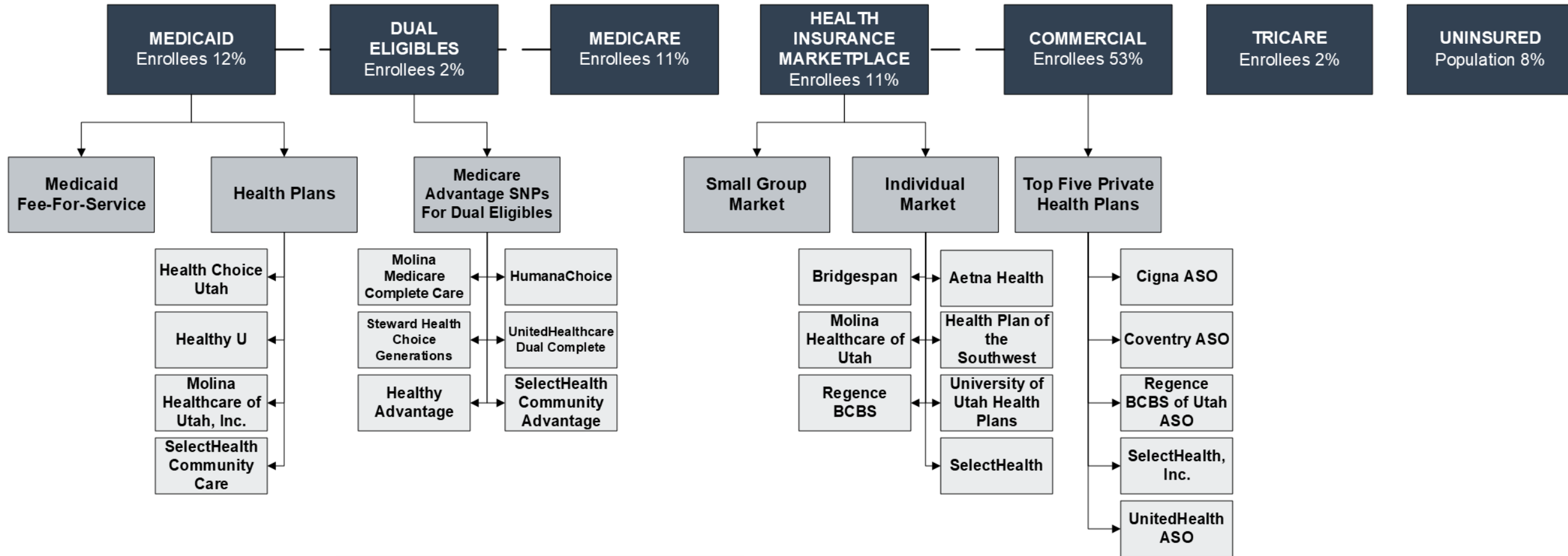
## I. [Appendices](#)

1. OPEN MINDS Estimates For The Share Of SMI Consumers By Payer/Plan
2. Glossary Of Terms
3. Sources

# A. Executive Summary

# A.1. Utah Physical Health Care Coverage by Payer

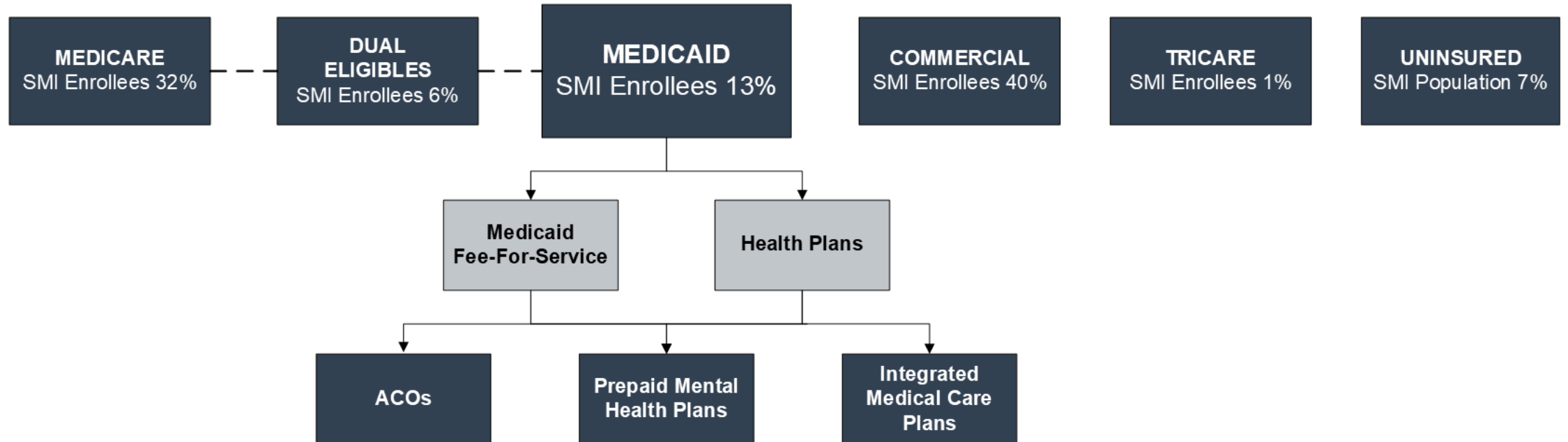
Total Utah Population- 3,417,734  
 Estimated SMI Population- 273,419



“Enrollees” refers to the percentage of the state’s total population enrolled with each payer.

Totals may not equal 100% due to rounding.

# A.1. Utah Behavioral Health Care Coverage by Payer



“Enrollees” refers to the percentage of the state’s total SMI population enrolled with each payer

Totals may not equal 100% due to rounding.

## A.2. Health & Human Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Yes, the state uses three programs: ACOs, Prepaid Mental Health Plans, and Integrated Medical Health Plans.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The state considers its health plans to be ACOs.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Utah currently operates five CCBHCs through federal grants.

## A.3. Health Care Safety-Net Delivery System

### State Agencies Responsible For Uninsured Citizens & Delivery System Model

#### Physical Health Services

- The Department of Health, Office of Primary Care and Rural Health oversees funding for physical health services for the uninsured population.

#### Mental Health Services

- The Department of Human Services Division of Substance Abuse and Mental Health contracts with county-operated Local Mental Health Authorities to provide mental health treatment services to the uninsured population.

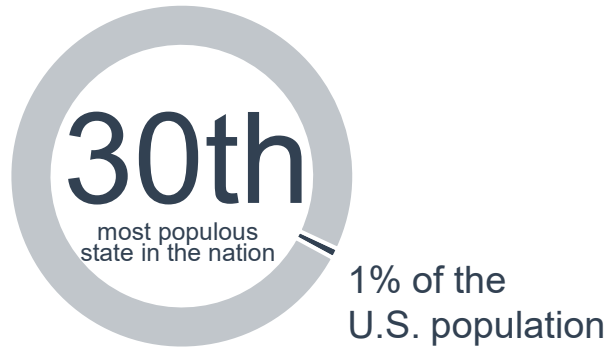
#### Addiction Treatment Services

- The Department of Human Services Division of Substance Abuse and Mental Health contracts with county-operated Local Substance Abuse Authorities to provide addiction treatment services to the uninsured population.

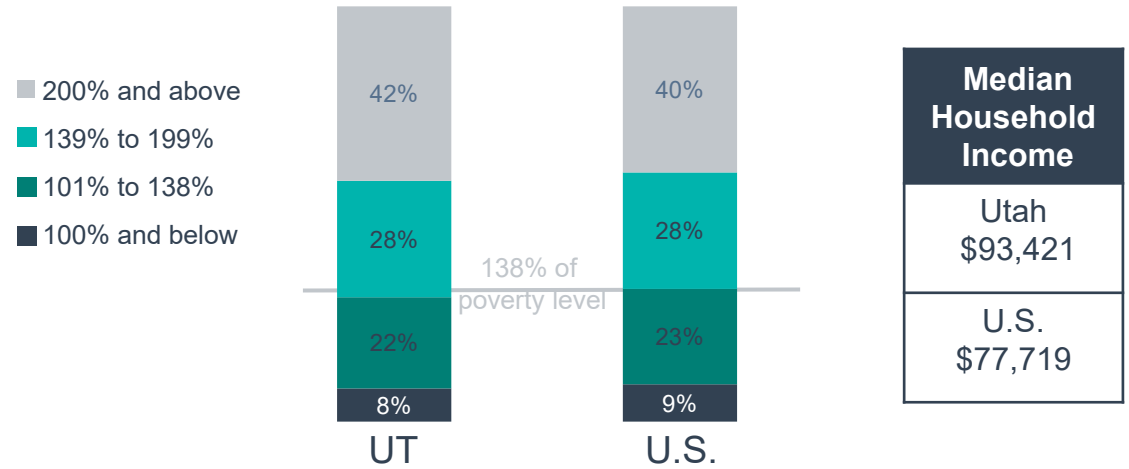
# B. Utah Health Financing System Overview

# B.1. Population Demographics

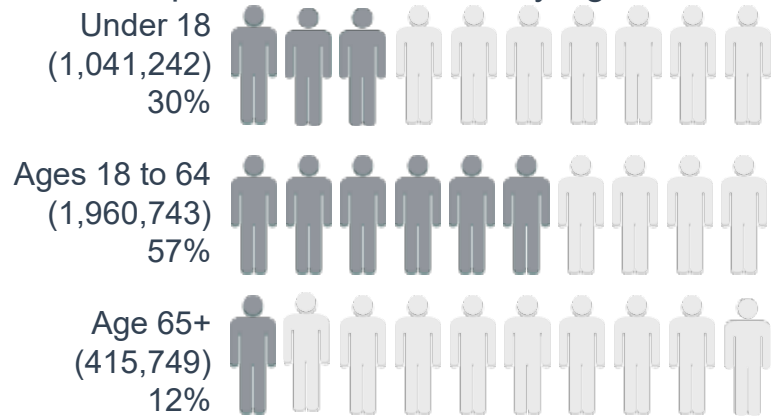
Total Utah Population- 3,417,734  
 Estimated SMI Population- 273,419



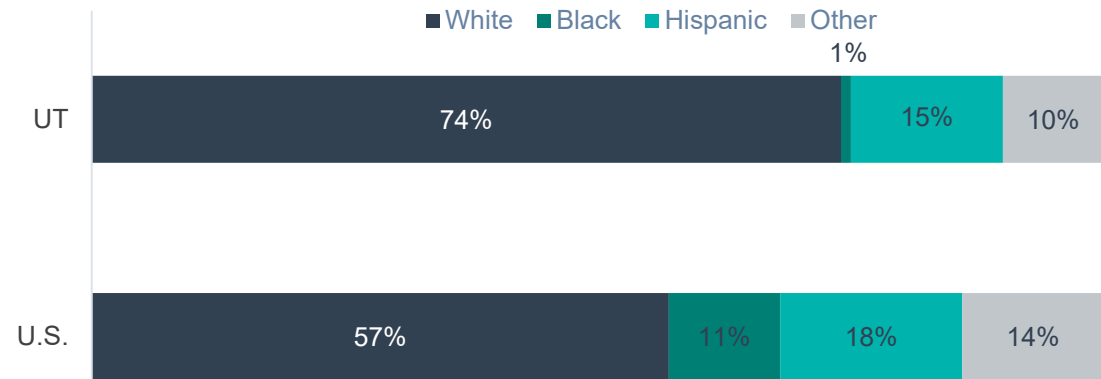
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



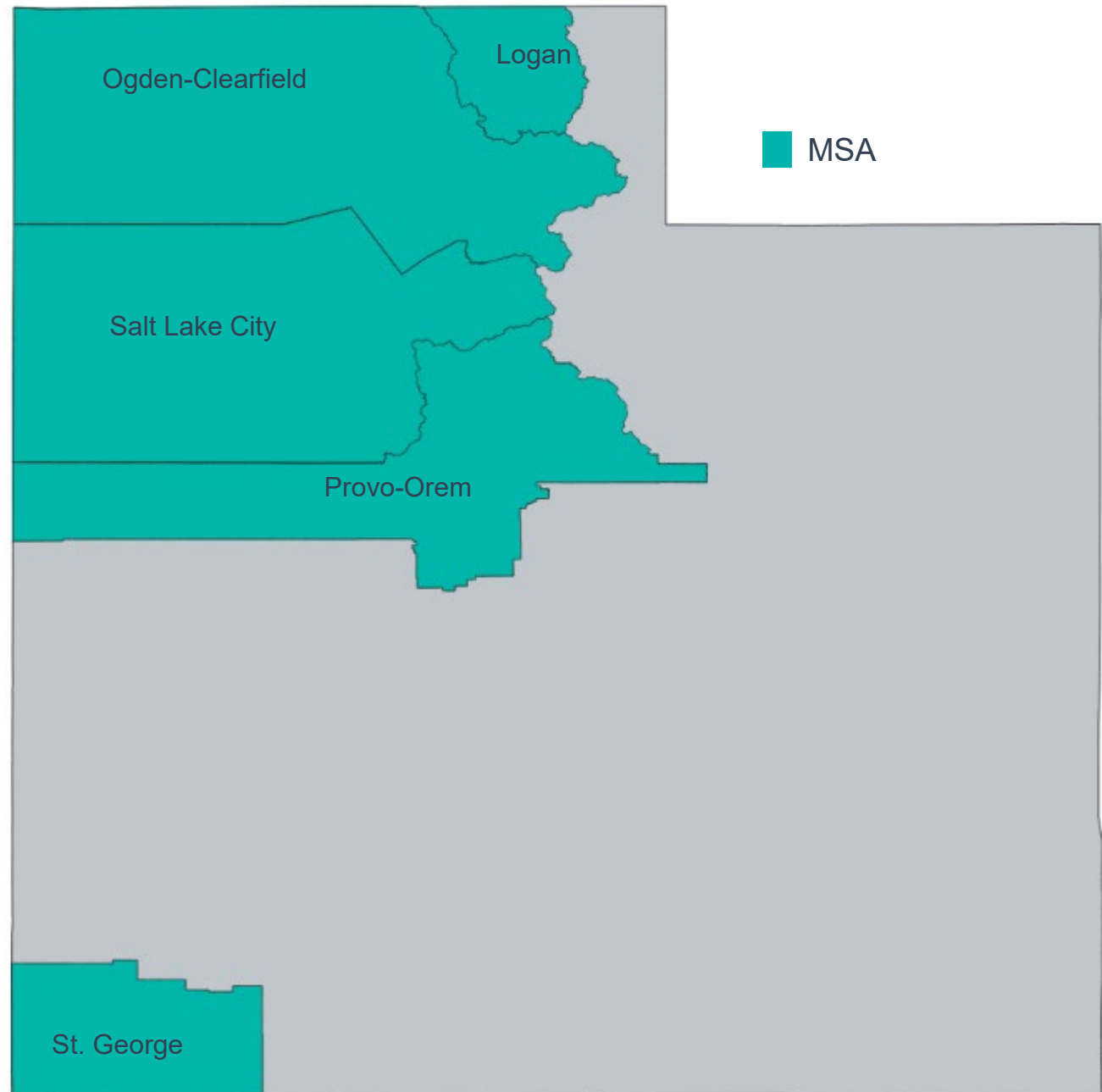
Utah & U.S. Racial Composition



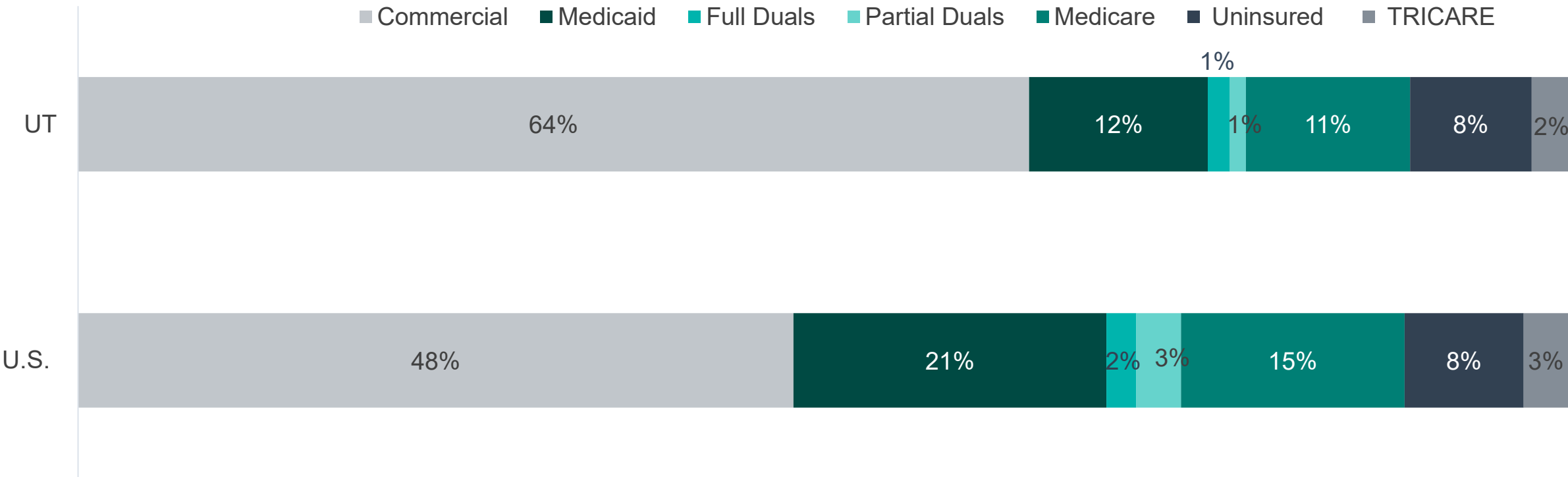
Totals may not equal 100% due to rounding

## B.2. Population Centers

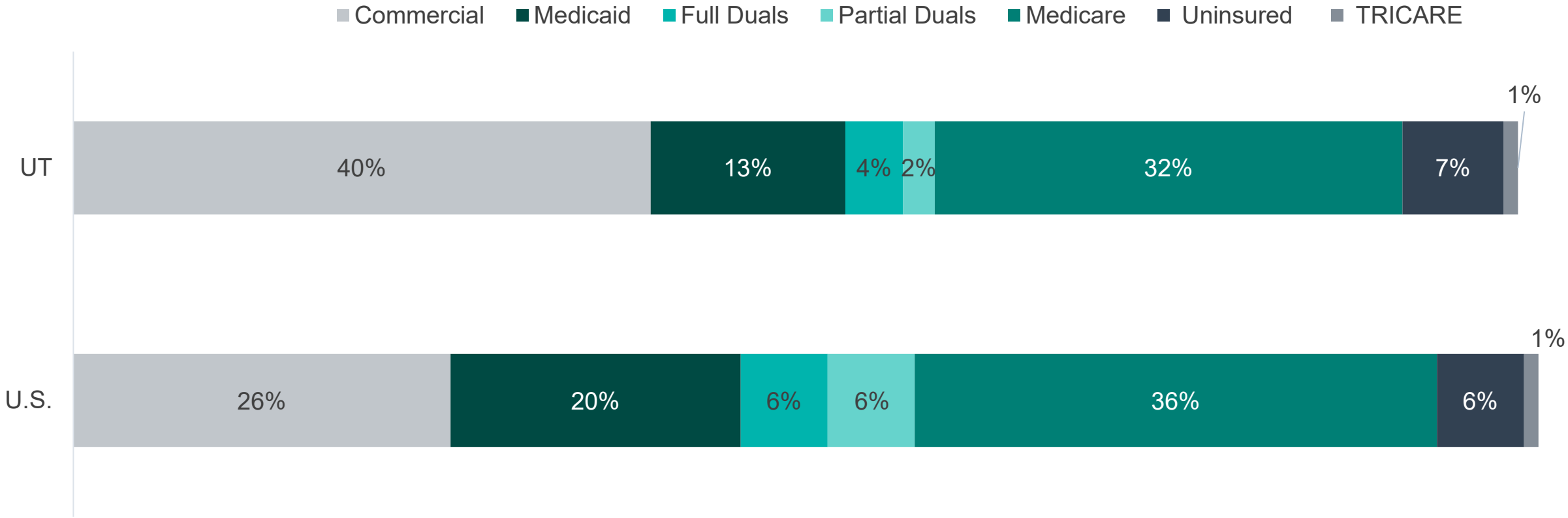
Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent Of Population
<b>Total MSA Population</b>	<b>3,064,099</b>	<b>90%</b>
Salt Lake City, UT	1,266,191	37%
Provo-Orem, UT	715,001	21%
Ogden-Clearfield, UT	713,839	21%
St. George, UT	207,943	6%
Logan, UT-ID	161,125	5%



# B.3. Population Distribution By Payer: National vs. State



# B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding

## B.4. Largest Utah Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
SelectHealth	Commercial	695,304
Regence Blue Cross Blue Shield of Utah	Commercial administrative services organization (ASO)	343,302
Medicare fee-for-service (FFS)	Medicare	223,143
Cigna ASO	Commercial ASO	146,140
Coventry ASO	Commercial ASO	110,201
UnitedHealthcare of the Rockies, Inc	Medicare Advantage	103,844
UnitedHealthcare ASO	Commercial ASO	91,012
SelectHealth Community Care	Medicaid managed care	84,261
UnitedHealthcare of Utah	Medicare Advantage	83,974
TRICARE	Other public	78,492

\* Medicaid enrollment as of March 2025; TRICARE enrollment as of December 2023; Commercial as of December 2023; Medicare enrollment as of September 2024

## B.4. Largest Utah Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	223,143	50,653
SelectHealth	Commercial	695,304	34,070
UnitedHealthcare of the Rockies, Inc	Medicare Advantage	103,844	23,573
UnitedHealthcare of Utah	Medicare Advantage	83,974	19,062
Regence BlueCross BlueShield of Utah	Commercial	343,302	16,822
SelectHealth Advantage	Medicare Advantage	45,688	10,371
HumanaChoice	Medicare Advantage	34,845	7,910
SelectHealth Community Care	Medicaid managed care	84,261	7,415
Cigna ASO	Commercial ASO	146,140	7,161
Medicaid FFS	Medicaid	65,289	5,745

\* Medicaid enrollment as of March 2025; TRICARE enrollment as of December 2023; Commercial as of December 2023; Medicare enrollment as of September 2024

# B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Marketplace Percent	11%
Type of Marketplace	Federal
Individual Enrollment Contact	<a href="https://www.healthcare.gov/">https://www.healthcare.gov/</a>
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier, or through an insurance broker.

2025 Individual Market Health Plans
<ol style="list-style-type: none"> <li>1. Aetna Health</li> <li>2. Bridgespan</li> <li>3. Health Plan of the Southwest</li> <li>4. Molina Healthcare of Utah</li> <li>5. Regence BCBS</li> <li>6. SelectHealth</li> <li>7. University of Utah Health Insurance Plans</li> </ol>

2025 Small Group Market Plans
None

## B.6. Accountable Care Organizations

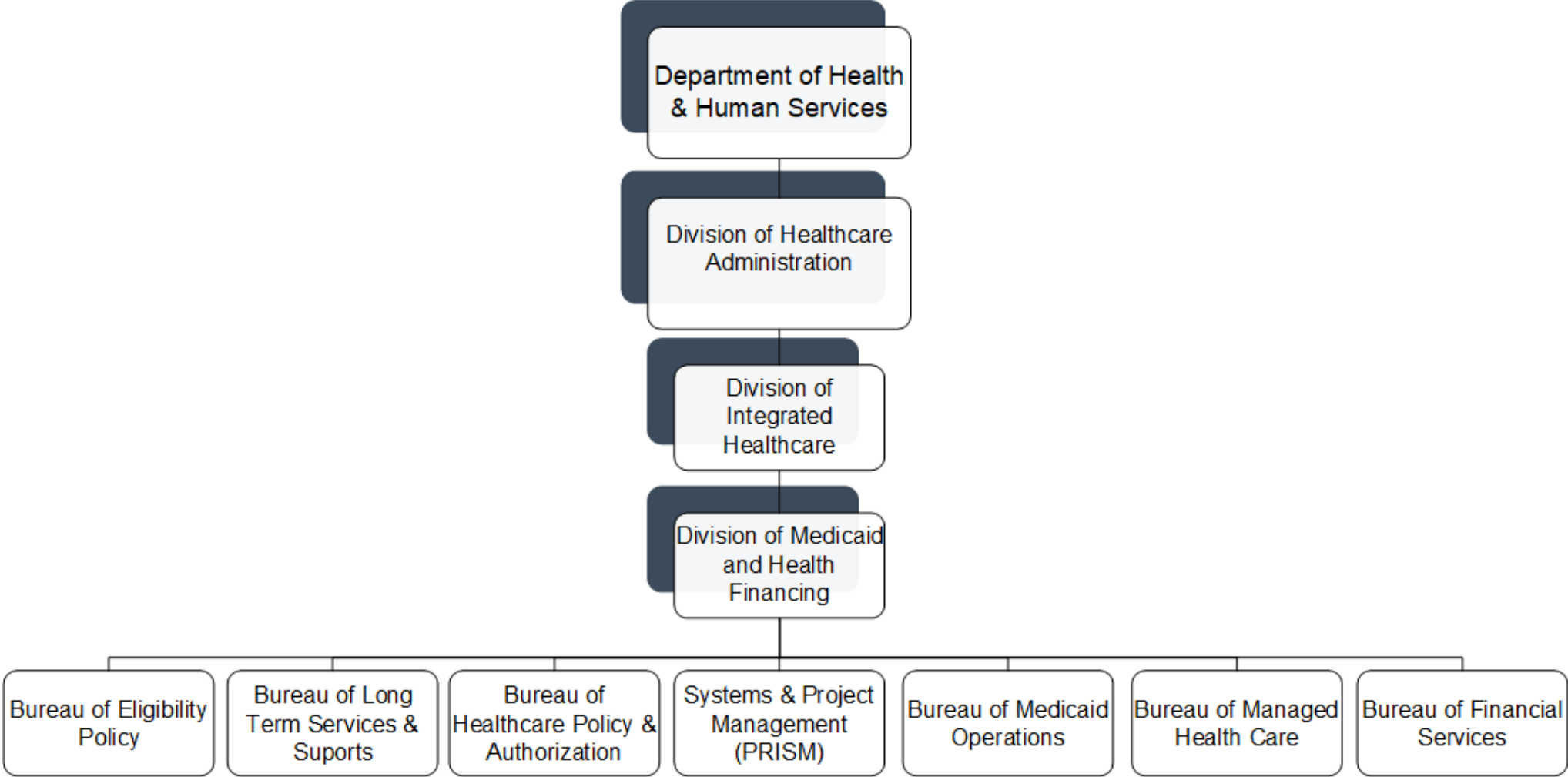
Medicare Shared Savings ACOs	
1.	AR MI UT MSSP Enhanced
2.	Care Partners ACO, LLC
3.	MountainStar Care Partners ACO
4.	UPQC
5.	The Rural Advantage LLC
6.	Steward National Care Network, Inc
7.	The Accountable Care Organization, Ltd.
8.	Western Accountable Care Organization, LLC

Commercial	
ACO	Commercial Insurer
Health Choice Arizona	Cigna, Humana, Regence Blue Cross Blue Shield of Utah

Medicaid ACOs	
1.	Health Choice of Utah
2.	Healthy U
3.	Molina Healthcare of Utah
4.	SelectHealth Community Care

## C. Medicaid Administration, Governance & Operations

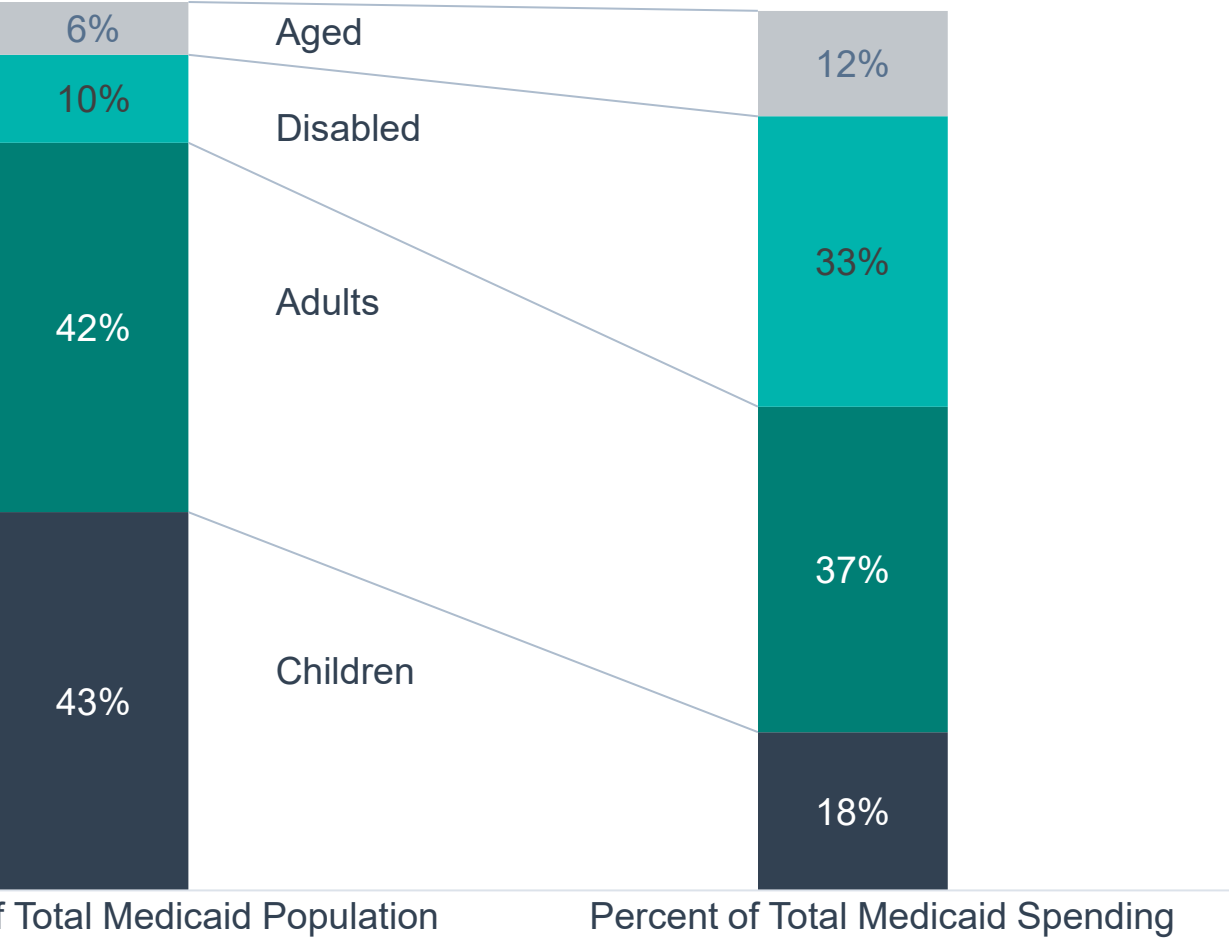
# C.1. Medicaid Governance: Organization Chart



# C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Tracy Gruber	Executive Director	Department of Health and Human Services	tracygruber@utah.gov
Nathan Checketts	Deputy Director	DHHS, Healthcare Administration	nchecketts@utah.gov
Tonya Hales	Assistant Deputy Director	Healthcare Administration	thales@utah.gov
Jennifer Strohecker	State Medicaid Director	Integrated Healthcare	strohecker@utah.gov
Jim Stamos	Director	Healthcare Policy & Authorization	jstamos@utah.gov
Greg Trollan, MC	Director	Managed Healthcare	gtrollan@utah.gov
Shandi Adamson	Director	Medicaid Operations	shandiadamson@utah.gov
Jason Stewart	Director	PRISM	jasonstewart@utah.gov
Jeff Nelson	Director	Eligibility Policy	jeffnelson@utah.gov

# C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2022		
	U.S.	UT
All populations	\$8,813	\$9,262
Children	\$3,786	\$3,838
Adults	\$5,443	\$6,863
Expansion adults	\$7,569	\$8,891
Blind and disabled	\$25,483	\$30,355
Aged	\$19,191	\$21,229

Based on FY 2022 data

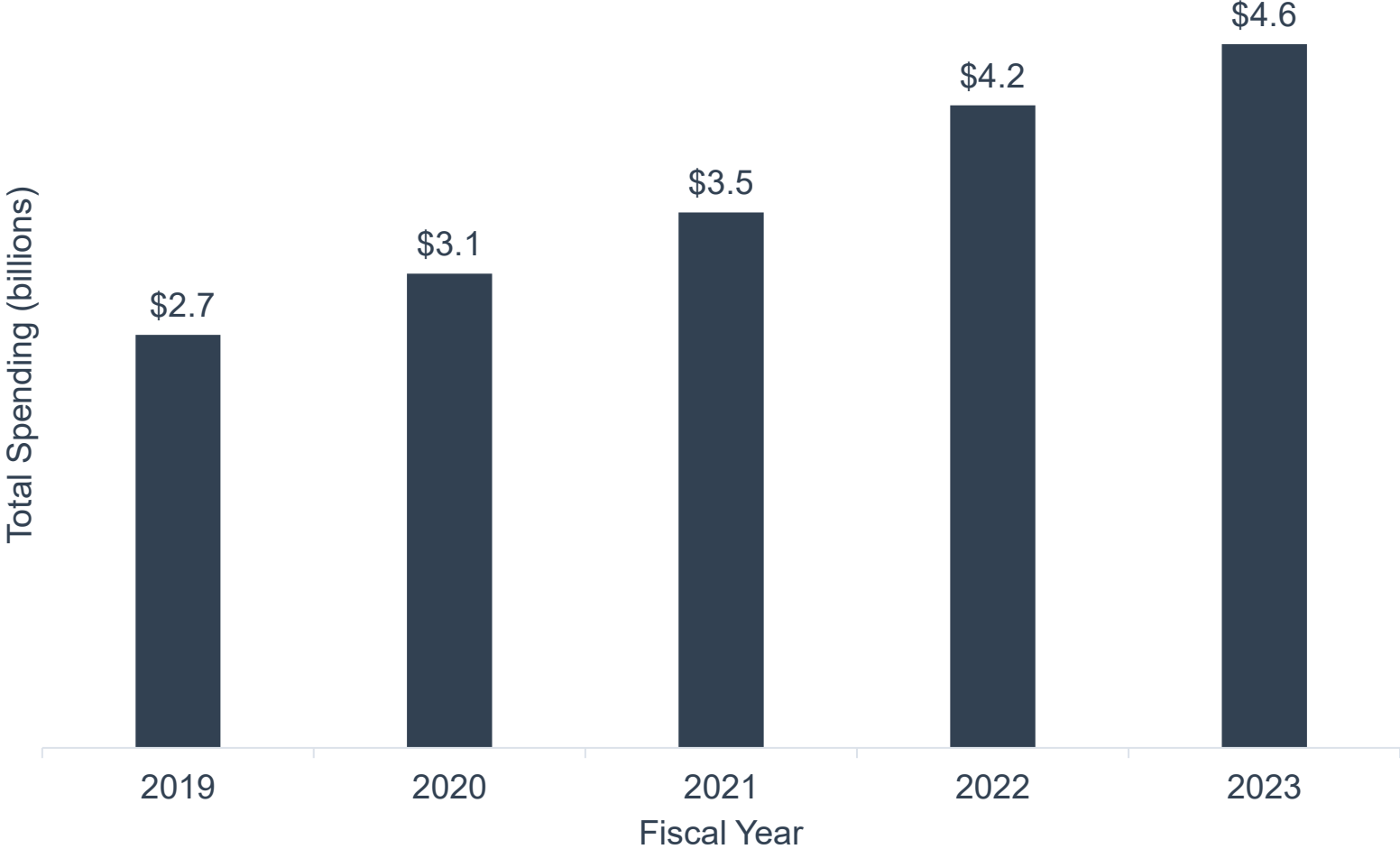
Totals may not equal 100% due to rounding.

## C.2. Medicaid Program Spending

Budget Item	SFY 23 Spending	Percent Of Budget
Managed care and premium assistance	\$2,446,000,000	54%
Home- and community-based LTSS	\$543,000,000	12%
Institutional LTSS	\$509,000,000	11%
Hospital	\$419,000,000	9%
Other acute	\$367,000,000	8%
Physician	\$98,000,000	2%
Medicare premiums and coinsurance	\$60,000,000	1%
Drugs	\$58,000,000	1%
Other practitioner	\$24,000,000	1%
Dental	\$23,000,000	1%
Other practitioner	\$18,000,000	<1%
<b>Budget Total: \$4,565,000,000</b>		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	64.4%
CY 2025 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	Yes

# C.2. Medicaid Program Spending: Change Over Time



## C.3. Medicaid Expansion Status

Medicaid Expansion	
<b>Participating In Expansion</b>	In December 2019, Utah’s Fallback Plan was accepted, and began implementation of Medicaid Expansion in January 2020.
<b>Date Of Expansion</b>	January 1, 2020
<b>Medicaid Eligibility Income Limit For Able-Bodied Adults</b>	138% of Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
<b>Legislation Used To Expand Medicaid</b>	Senate Bill 96
<b>Number Of Individuals Enrolled In The Expansion Group (June 2024)</b>	78,443
<b>Number Of Enrollees Newly Eligible Due To Expansion</b>	77,421
<b>Benefits Plan For Expansion Population</b>	The state’s ABP includes traditional health care and behavioral health benefits; but excludes dental care except for emergency dental care.

## C.4. Medicaid Program Benefits

### Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

### Utah Optional Benefits

1. Podiatry services
2. Optometry services
3. Private duty nursing
4. Clinic services
5. Dental services
6. Physical and occupational therapy
7. Services for individuals with speech, hearing, and language disorders
8. Prescribed drugs
9. Dentures and prosthetic devices
10. Diagnostic, screening, and preventative services
11. Rehabilitative services
12. Services for individuals over the age of 65 in IMDs
13. Intermediate care facility services
14. Inpatient psychiatric facility services for individuals under 22
15. Case management
16. Special tuberculosis related services
17. Nursing facility services for individuals under 21 years of age
18. Personal care services

# D. Medicaid Financing & Service Delivery System

## D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
<b>Enrollment (March 2025)</b>	65,289	260,858
<b>SMI Enrollment</b>	Utah does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care. <i>OPEN MINDS</i> estimates 20% of the SMI population is enrolled in FFS, 80% in managed care	
<b>Management</b>	<ul style="list-style-type: none"> <li>Physical health: FFS</li> <li>Behavioral health: Prepaid Inpatient Mental Health Plans (PMHPs)</li> </ul>	<ul style="list-style-type: none"> <li>Physical health: Four ACOs</li> <li>Behavioral health: PMHPs</li> <li>Physical &amp; Behavioral Health: Four Integrated Medical Care Plans</li> </ul>
<b>Payment Model</b>	<ul style="list-style-type: none"> <li>Physical health: FFS</li> <li>Behavioral health: Capitated rate</li> </ul>	Physical and behavioral health: Capitated rate
<b>Geographic Service Area</b>	<ul style="list-style-type: none"> <li>Physical health: Statewide</li> <li>Behavioral health: Statewide except Wasatch County; PMHPs available by county</li> </ul>	<ul style="list-style-type: none"> <li>Physical health: Statewide; ACOs available by county</li> <li>Behavioral health: Statewide except Wasatch County; PMHPs available by county</li> <li>Physical and Behavioral Health: Five counties, by IMC plans</li> </ul>

**Total Medicaid: 326,147 | Total Medicaid With SMI: 28,700**

# D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution	As of March 2025: 20% in fee-for-service (FFS), 80% in managed care	
SMI population inclusion in managed care	<ul style="list-style-type: none"> <li>Utah does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care.</li> <li>Estimated 20% of population in FFS, 80% in managed care</li> </ul>	
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> <li>Managed care is mandatory for dual eligibles residing in the mandatory managed care counties, and optional in all others.</li> <li>Estimated 82% of population in FFS, 18% in managed care</li> </ul>	
Long-term services and supports (LTSS) inclusion in managed care	The LTSS population is excluded from managed care and enrolled in FFS.	
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered by the capitated Prepaid Mental Health Plans (PMHPs)	Excluded from the ACO's capitation rate, and covered by the PMHPs
Specialty behavioral health	Covered by the capitated PMHPs	Excluded from the ACO's capitation rate, and covered by the PMHPs
Pharmaceuticals	Covered FFS by the state	Mental health and addiction treatment drugs are excluded from the ACO's capitation rate and covered FFS by the state. All other drugs are included in the ACO's capitation rate.
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

## D.1. Medicaid Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Yes, the state uses three programs: ACOs, Prepaid Mental Health Plans, and Integrated Medical Health Plans.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The state considers its health plans to be ACOs.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Utah currently operates five CCBHCs through federal grants.

## D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

The state operates a mandatory managed care program in 13 counties: Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber counties. For individuals living outside the 13 counties enrollment in managed care is optional.

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			✓
Children			✓
Blind and disabled individuals			✓
Aged individuals			✓
Dual eligibles			✓
Medicaid expansion		✓ (rural areas)	✓ (non rural areas)
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Individuals in foster care			✓
Other populations	<ul style="list-style-type: none"> <li>• Retroactive eligibility</li> <li>• Individuals in the Utah State Hospital and Developmental Hospital</li> <li>• Individuals in Utah's Buyout program</li> <li>• Healthy Outcomes Medical Excellence (HOME) enrollees</li> </ul>	Individuals living in sixteen rural counties	

## D.2. Medicaid FFS Program: Overview

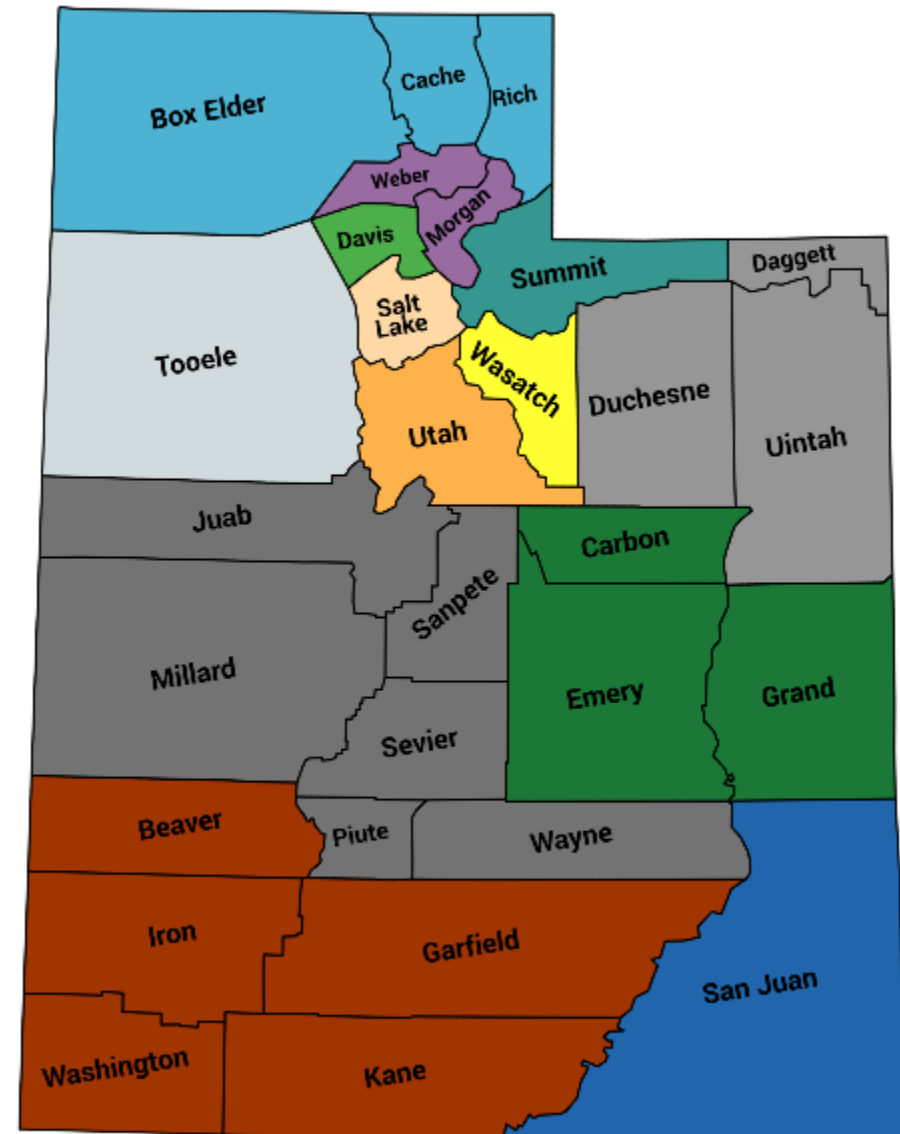
- FFS enrollment as of March 2025 was 157,554.
- Utah gives individuals in the following sixteen counties the option to enroll in managed care or FFS: Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Uintah, Wayne.
- Utah Medicaid is in the process of replacing the Utah Medicaid Management Information System (MMIS) with a new system called Provider Reimbursement Information System for Medicaid (PRISM). The Provider Enrollment component of PRISM was implemented in 2016 and updated in June 2020. After a soft go-live in January, PRISM went live on April 3, 2023.

## D.2. Medicaid FFS Program: Behavioral Health Overview

- Behavioral health services are the responsibility of the 11 at-risk Prepaid Mental Health Plans (PMHPs). The PMHPs are operated by the counties or their subcontractors. In addition to managing behavioral health benefits, PMHPs may also provide services.
- Beneficiaries are automatically enrolled with the PMHP serving their county of residence (see [slide 32](#)).
  - In Utah County, mental health services are provided by Wasatch Behavioral Health, while addiction treatment services are provided by Utah County Department of Drug and Alcohol Prevention and Treatment.
  - One county—Wasatch—does not have a PMHP. Medicaid enrollees receive behavioral health services through the FFS delivery system. This county is home to about 1% of the Medicaid population.
  - In Box Elder, Cache, and Rich counties, the PMHP—Bear River Mental Health—provides mental health services only. Addiction treatment services are provided FFS by the state.
- Some services are excluded from the PMHP's capitation rate and provided FFS by the state:
  - Services provided in a primary care setting
  - Mental health and addiction treatment pharmacy
  - Medically necessary detoxification and inpatient services for addiction treatment
  - Outpatient methadone maintenance
  - Outpatient services for foster care children
- Additionally, Native Americans and Alaska Natives may receive behavioral health services FFS from Tribal health care provider organizations, and all FFS enrollees may receive behavioral health services from FQHCs.

## D.2. Medicaid FFS Program: PMHP Service Areas

PMHP	Counties Served
Bear River Mental Health Services*	Box Elder, Cache, Rich
Central Utah Counseling Center	Juab, Millard, Piute, Sanpete, Sevier, Wayne
Davis Behavioral Health	Davis
Four Corners Behavioral Health	Carbon, Emery, Grand
Northeastern Counseling Center	Daggett, Duchesne, Uintah
Salt Lake County Division of Behavioral Health/Optum Health	Salt Lake
Southwest Utah Behavioral Health Center	Beaver, Garfield, Iron, Kane, Washington
Healthy U Behavioral	Summit
Optum	Tooele
Wasatch Behavioral Health	Utah
Weber Human Services	Morgan, Weber
San Juan Counseling Center	San Juan
None; all services provided FFS by the state	Wasatch



\*Mental health services only, addiction treatment is covered FFS

## D.2. Medicaid FFS Program: Behavioral Health Benefits

### PMHP Mental Health Benefits

1. Psychiatric inpatient services
2. Diagnosis, testing, assessment
3. Individual, group, and family services
4. Individual and group therapeutic behavioral services
5. Pharmacologic management
6. Skills training and development services
7. Psychosocial rehabilitative services
8. Targeted case management
9. Peer support services
10. Emergency services
11. Post-stabilization care services
12. Electroconvulsive therapy
13. 1915 (b)(3) services\*
  - Psychoeducational services
  - Personal services
  - Respite care
  - Supportive living

### PMHP Addiction Treatment Benefits

1. Outpatient services
2. Targeted case management\*\*

### FFS Mental Health & Addiction Treatment Benefits

1. Mental health and addiction treatment pharmacy
2. Outpatient methadone maintenance
3. Outpatient behavioral health services for foster care children
4. Services delivered by Tribal health care organizations

\* 1915(b)(3) services are not included in the state plan but are provided by the state through managed care waiver savings. These services are available for the treatment of mental health and addiction disorders and are not available to adult family members or medically needy adults who are not pregnant, postpartum, aged, blind, or disabled.

\*\* Targeted case management for addiction disorder is not offered for adult family members or medically needy adults who are not pregnant, postpartum, aged, blind, or disabled.

## D.2. Medicaid FFS Program: SMI Population

- Utah does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of March 2025, *OPEN MINDS* estimates 20% of the SMI population was enrolled in FFS.
- The SMI population receives most behavioral health services through the PMHPs.

## D.2. Medicaid FFS Program: Pharmacy Benefit



Utah FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antipsychotics, antidepressants, anticonvulsants, attention-deficit/hyperactivity disorder (ADHD) stimulants, and anxiolytics are included on the state's PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid use disorder medications are included on the pharmacy's PDL.
Coverage Of Antipsychotic Injectable Medications	Antipsychotic injectable medications are included on the pharmacy's PDL.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> <li>Mental health and addiction treatment drugs are subject to clinical prior authorization, quantity limits, step therapy, and brand required over generic medication requirements.</li> <li>Non-preferred psychotropic medications, including antipsychotic injectable medications, may be administered if the physician writes "dispense as written" and submits a DAW Code 1 claim.</li> </ul>
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Utah operates the Medicaid Restriction Program for members who have four or more clinical professionals, four or more prescriptions with the possibility of abuse, six potentially addictive medications in two months, five non-emergent ER visits, or concurrent addictive prescriptions from different physicians. Members suspected of abuse are restricted to one pharmacy and one physician.

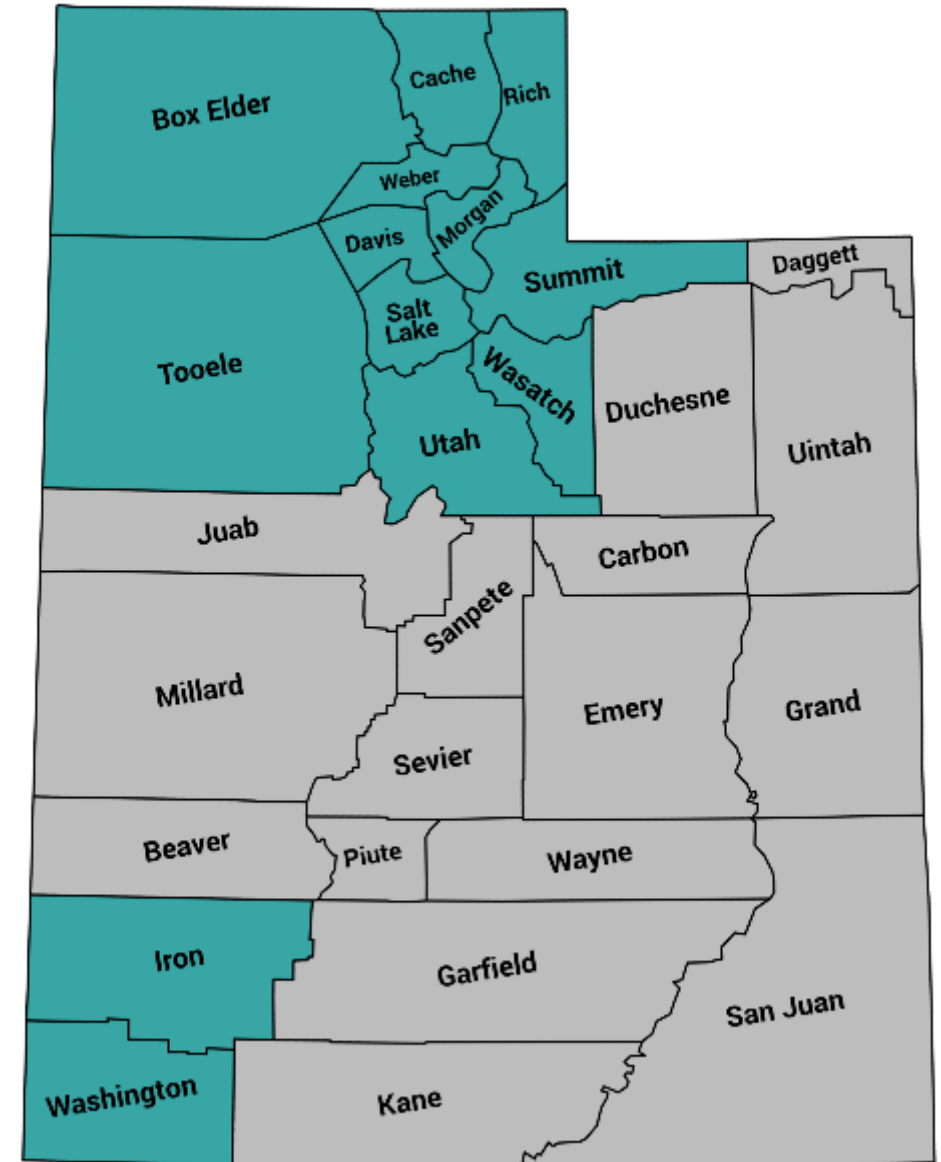
## D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of March 2025 was 260,858.
- Managed care is delivered through four capitated accountable care organizations (ACOs) and four Medicaid Integrated Care plans.
- Prior to 2020, Utah Medicaid provided managed care through Accountable Care Organizations (ACO) and Prepaid Mental Health Plans (PMHP). The ACOs managed physical health benefits and the PMHPs managed behavioral health benefits that include both mental health and substance use disorders.
- Effective January 1, 2020, the Utah Medicaid Integrated Care (UMIC) program manages physical and behavioral benefits through integrated managed care plans in five counties.
- ACOs are available statewide, but enrollment is mandatory only in the 13 counties that are specified in the state's 1915 (b) waiver.
  - Members in mandatory enrollment counties must choose an ACO. If they do not, one is assigned to them.
- Utah Medicaid upgraded its information management system in 2023. The new Provider Reimbursement Information System for Medicaid (PRISM) system is used for functions including prior authorization, member eligibility, claims adjudication, claims payments, a member web portal, and auditing.

## D.3. Medicaid Managed Care Program: Utah Mandatory & Optional Managed Care Counties

### Optional & Mandatory Managed Care Counties

-  Mandatory counties
-  Optional counties



## D.3. Medicaid Managed Care Program: Health Plan Characteristics

### Healthy U

1. Profit status: Non-profit
2. Parent company: University of Utah Health Plans
3. Behavioral health subcontractor: None\*
4. Pharmacy benefits manager: None
5. Enrollment share: 24%
6. Operating area: Statewide

### Molina Healthcare Of Utah

1. Profit status: For-profit
2. Parent company: None
3. Behavioral health subcontractor: None\*
4. Pharmacy benefits manager: CVS Caremark
5. Enrollment share: 24%
6. Operating area: Statewide

### SelectHealth Community Care

1. Profit status: Non-profit
2. Parent company: SelectHealth and Intermountain Healthcare
3. Behavioral health subcontractor: Behavioral Health Advocates.
4. Pharmacy benefits manager: SelectHealth Prescriptions
5. Enrollment share: 40%
6. Operating area: Statewide

### Health Choice Utah

1. Profit status: For-profit
2. Parent company: None
3. Behavioral health subcontractor: None\*
4. Pharmacy benefits manager: None
5. Enrollment share: 13%
6. Operating area: Statewide

\*The PMHPs provide nearly all behavioral health services.

Totals may not equal 100% due to rounding.

## D.3. Medicaid Managed Care Program: Behavioral Health Overview

- Behavioral health services provided in a primary care setting and medical detoxification provided in a facility are the responsibility of the ACOs.
- All other behavioral health services are the responsibility of the PMHPs (see [section D.2.](#)).
- Mental health and addiction treatment pharmacy is excluded from the ACO's capitation rate and covered FFS by the state. General pharmacy is the responsibility of the ACOs.

# D.3. Medicaid Managed Care Program: Behavioral Health Benefits

PMHP Mental Health Benefits	
1.	Psychiatric inpatient services
2.	Diagnosis, testing, assessment
3.	Individual, group, and family services
4.	Individual and group therapeutic behavioral services
5.	Pharmacologic management
6.	Skills training and development services
7.	Psychosocial rehabilitative services
8.	Targeted case management
9.	Peer support services
10.	Emergency services
11.	Post-stabilization care services
12.	Electroconvulsive therapy
13.	1915 (b)(3) services*
	<ul style="list-style-type: none"><li>• Psychoeducational services</li><li>• Personal services</li><li>• Respite care</li><li>• Supportive living</li></ul>

PMHP Addiction Treatment Benefits	
1.	Outpatient services
2.	Targeted case management**

FFS Mental Health & Addiction Treatment Benefits	
1.	Mental health and addiction treatment pharmacy
2.	Outpatient methadone maintenance
3.	Outpatient behavioral health services for foster care children
4.	Services delivered by Tribal health care organizations

\* 1915(b)(3) services are not included in the state plan but are provided by the state through managed care waiver savings. These services are available for the treatment of mental health and addiction disorders and are not available to adult family members or medically needy adults who are not pregnant, postpartum, aged, blind, or disabled.

\*\* Targeted case management for addiction disorder is not offered for adult family members or medically needy adults who are not pregnant, postpartum, aged, blind, or disabled.

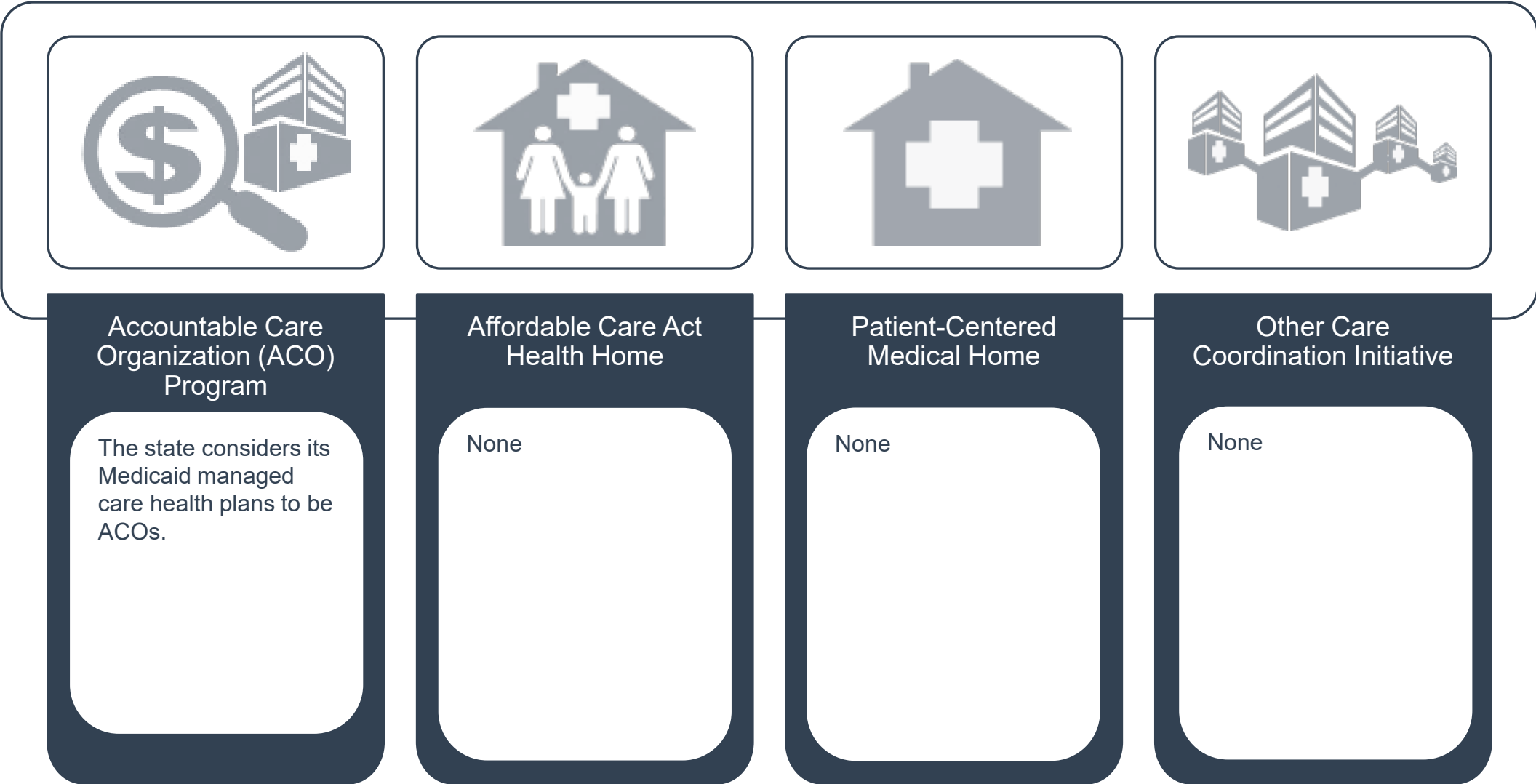
## D.3. Medicaid Managed Care Program: SMI Population

- The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption.
- As of March 2025, *OPEN MINDS* estimates that 69% of the SMI population was enrolled in managed care.
- The SMI population receives most behavioral health services through the PMHPs.

## D.3. Medicaid Managed Care Program: Pharmacy Benefit

Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plans
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	<ul style="list-style-type: none"> <li>• Yes, health plans are responsible for establishing and maintaining their own PDLs for physical health drugs.</li> <li>• Transplant immunosuppressive drugs, hemophilia drugs, psychotropic medications (ADHD stimulants, antipsychotics, antidepressants, anxiolytics, and anticonvulsants), and opioid use disorder medications are not included in the health plan's capitation rate, and therefore, are a Medicaid FFS benefit.</li> <li>• Mental health and addiction treatment drugs are included on the state's FFS PDL.</li> </ul>
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	<ul style="list-style-type: none"> <li>• Mental health and addiction treatment drugs are subject to clinical prior authorization, quantity limits, step therapy, and brand required over generic medication requirements.</li> <li>• Non-preferred psychotropic medications may be administered if the physician writes "dispense as written" and submits a DAW Code 1 claim.</li> </ul>
Health Plan Allowed To Implement Pharmacy Lock-In Program	Health plans have the option to implement their own pharmacy lock-in program.

# D.4. Medicaid Program: Care Coordination Initiatives



## D.5. Medicaid Program: Demonstration Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Utah Per Capita Cap 1115 Demonstration	The State is seeking approval to implement new proposals for its Medicaid expansion.	1115	None	Pending	Pending
Utah - Prepaid Mental Health Plan (UT-0002)	Authorizes the use of at-risk prepaid mental health plans to provide behavioral health services.	1915 (b)	None	01/01/2024	06/30/2027
Choice of Dental Care Delivery Program (UT-0004)	Coverage of dental benefits for Medicaid eligible individuals ages 65 or older	1915 (b)	None	01/01/2024	12/31/2028

## D.5. Medicaid Program: Demonstration Waivers (cont.)

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Utah Medicaid Reform 1115 Demonstration (formerly Utah Primary Care Network)	<p>Authorizes the state's limited benefit limited expansion program. It also allows the state to provide addiction treatment services in an institution for mental disease (IMD), provides dental benefits for the blind and disabled, authorizes work requirements for the expansion population, and provides coverage to former foster care youth who resided in another state.</p> <ul style="list-style-type: none"> <li>Approved amendments include <ul style="list-style-type: none"> <li>Development and operation of an integrated managed care pilot delivering physical and behavioral health services for the Adult Expansion population in five select counties;</li> <li>Expansion of Utah's ACO and PMHP to eight additional counties; and</li> <li>Enrollment of the Adult Expansion Population demonstration group in Medicaid.</li> <li>An increase in the maximum reimbursement for each enrollee.</li> </ul> </li> </ul>	1115	None	12/23/2002	06/30/2027
Choice of Health Care & Hemophilia Disease Management Program (UT-0001)	Authorizes Utah's Medicaid managed care program and requires individuals in the state's hemophilia disease management program to enroll with one contractor for the provision of anti-hemolytic factors and disease management.	1915 (b)	None	07/01/2022	06/20/2027

## D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
UT Community Supports Waiver for Individuals w/ID and Other Related Conditions (0158.R07.00)	Individuals with autism or I/DD of any age	6,200	Division of Services for People with Disabilities	No
UT New Choices (0439.R03.00)	Individuals who are physically disabled or disabled in other ways ages 18 to 64, and individuals ages 65 and older	1,925	Division of Medicaid and Health Financing, Bureau of Authorization and Community-Based Services	No
UT Medically Complex Children's Waiver (1246.R02.00)	Individuals who are medically fragile ages 0 to 19	930	Division of Medicaid and Health Financing, Bureau of Authorization and Community-Based Services	No
UT Waiver for Individuals ages 65 or Older (0247.R06.00)	Individuals ages 65 and older	550	Division of Aging and Adult Services	No
UT Waiver for Technology Dependent, Medically Fragile Individuals (40183.R06.00)	Individuals who are medically fragile or technology dependent ages 0 to 20	150	Division of Family Health and Preparedness, Bureau of Children with Special Health Care Needs (CSHCN) is responsible for the day-to-day waiver administrative activities.	No
UT Community Transitions Waiver (1666.R00.00)	Individuals moving from intermediate care facilities into community-based services.	250	Division of Services for People with Disabilities	No
UT Acquired Brain Injury (0292.R06.00)	Individuals with brain injury ages 18 and older	164	Division of Services for People with Disabilities	No
UT Physical Disabilities (0331.R05.00)	Individuals who are physically disabled ages 18 to 64, and individuals ages 65 and older	105	Division of Services for People with Disabilities	No
UT Limited Supports Waiver (1886.R00.00)	Individuals with brain injury ages 18 and older, individuals with autism, intellectual disabilities and developmental disabilities.	120	Division of Services for People with Disabilities	No

## D.6. Medicaid Program: New Initiatives

- There are no new or pending initiatives currently.

# E. Medicare Financing & Service Delivery System

## E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (April 2024)	223,143	295,307
SMI Enrollment	<ul style="list-style-type: none"> <li>• <i>OPEN MINDS</i> estimates 57% of the population in Medicare Advantage, 43% in Traditional Medicare.</li> </ul>	
Management	<ul style="list-style-type: none"> <li>• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care</li> <li>• Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen</li> </ul>
Payment Model	<ul style="list-style-type: none"> <li>• Part A &amp; B cover up to 80%, remaining costs can be paid out of pocket</li> </ul>	<ul style="list-style-type: none"> <li>• Fixed amounts paid based on health plan chosen</li> </ul>
Geographic Service Area	Statewide	Statewide

**Total Medicare: 518,450 | Total Medicare With SMI: 117,289**

## E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of April 2024: 57% Medicare Advantage, 43% in traditional Medicare.
SMI population inclusion in managed care	Estimated 57% of population in Medicare Advantage, 43% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Utah does not offer any C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

## E.2. Medicare System: Overview

- Medicare enrollment as of April 2024 was 518,450.
- An estimated 11% of the state's total population is enrolled in Medicare, compared with about 18% of the U.S. population who are enrolled in Medicare.
- *OPEN MINDS* estimates approximately 32% of the state's SMI population is enrolled in Medicare.
- There are currently 36 insurers offering Medigap plans in Utah.
- In 2023, 129,722 Medicare beneficiaries in Utah had stand-alone Medicare Part D prescription drug plans. But even more — 207,152 — had Part D prescription drug plans as part of their Medicare Advantage plans.
  - In 2023 in Utah, there were 23 stand-alone Medicare Part D plans available, with premiums starting at \$5.10 per month.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

## E.3. Medicare ACOs

### Medicare Shared Savings ACOs

1. AR MI UT MSSP Enhanced
2. Care Partners ACO, LLC
3. MountainStar Care Partners ACO
4. UPQC
5. The Rural Advantage LLC
6. Steward National Care Network, Inc
7. The Accountable Care Organization, Ltd.
8. Western Accountable Care Organization, LLC

## E.4. Medicare System: New Initiatives

- There are no new Medicare initiatives in the state currently.

# F. Dual Eligible Financing & Service Delivery System

## F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Managed Care
Enrollment (March 2025)	7,276	16,912
Estimated SMI Enrollment	1,527	3,551
Management	<ul style="list-style-type: none"> <li>Physical health: FFS</li> <li>Behavioral health: Prepaid Inpatient Mental Health Plans (PMHPs)</li> </ul>	<ul style="list-style-type: none"> <li>Physical health: Four ACOs</li> <li>Behavioral health: PMHPs</li> <li>Physical &amp; Behavioral Health: Four Integrated Medical Care Plans</li> </ul>
Payment Model	<ul style="list-style-type: none"> <li>Physical health: FFS</li> <li>Behavioral health: Capitated rate</li> </ul>	Physical and behavioral health: Capitated rate
Geographic Service Area	<ul style="list-style-type: none"> <li>Physical Health: Statewide</li> <li>Behavioral Health: Statewide except Wasatch County; PMHPs available by county</li> </ul>	<ul style="list-style-type: none"> <li>Physical health: Statewide; ACOs available by county</li> <li>Behavioral health: Statewide except Wasatch County; PMHPs available by county</li> <li>Physical and Behavioral Health: Five counties, by IMC plans</li> </ul>

**Total Dual Eligible Enrollment: 24,188 | Total Dual Eligible Enrollment With SMI: 5,079**

\*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

## F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	April 2024 Enrollment	Estimated SMI Enrollment
Molina Medicare Complete Care	Molina Healthcare of Utah	Medicare Advantage D-SNP	7,876	1,654
UnitedHealthcare Dual Complete	UnitedHealthcare, Inc	Medicare Advantage D-SNP	6,696	1,520
HumanaChoice	Humana, Inc	Medicare Advantage D-SNP	5,452	1,145
Healthy Advantage	Molina Healthcare of Utah	Medicare Advantage D-SNP	2,009	422
Steward Health Choice Generations	Health Choice Utah	Medicare Advantage D-SNP	727	153
SelectHealth Community Advantage	SelectHealth Community Care	Medicare Advantage D-SNP	695	146

## F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of April 2024 was 24,188.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- The state operates a mandatory managed care program in 13 counties:
  - Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber counties.
- Dual eligible beneficiaries that reside in one of the mandatory managed care counties are automatically enrolled in managed care and must select one of the four plans to receive Medicaid services. If they do not choose a health plan, one will be assigned to them.
  - All other dual eligibles have the option to receive services either FFS, managed care plans, or D-SNP plans.

## F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Utah does not have a dual eligible demonstration with the Centers for Medicare and Medicaid Services currently.

# G. Long-Term Services & Supports Financing & Service Delivery System

# G.1. LTSS Financing & Service Delivery System

Utah does not currently operate a MLTSS program.

<b>LTSS* Medicaid System Characteristics</b>	
<b>Characteristics</b>	<b>Medicaid Managed Care</b>
<b>Enrollment (January 2025)</b>	N/A
<b>Estimated SMI Enrollment</b>	N/A
<b>Management</b>	N/A
<b>Payment Model</b>	N/A
<b>Geographic Service Area</b>	N/A

\* Long-Term Services & Supports

# G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			✓
Disabled children			✓
Blind individuals			✓
Aged individuals			✓
Dual eligibles			✓
Individuals with I/DD			✓
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Other HCBS Recipients	✓		
Other populations	<ul style="list-style-type: none"> <li>• Retroactive eligibility</li> <li>• Individuals in the Utah State Hospital and Developmental Hospital</li> <li>• Individuals in Utah’s Buyout program</li> <li>• Healthy Outcomes Medical Excellence (HOME) enrollees</li> </ul>	Individuals living in sixteen rural counties	

## G.2. LTSS Medicaid Financing & Delivery System: Overview

- Currently, Utah does not operate a LTSS program and does not offer specialized plans for individuals requiring their services. Individuals will receive services either from the FFS program or from their health plan.

## G.3. Medicaid LTSS Program: Health Plan Characteristics

- Currently, Utah does not operate a LTSS program and does not offer specialized plans for individuals requiring their services. Individuals will receive services either from the FFS program or from their health plan.

## G.4. Medicaid LTSS Program: Health Plan Benefits

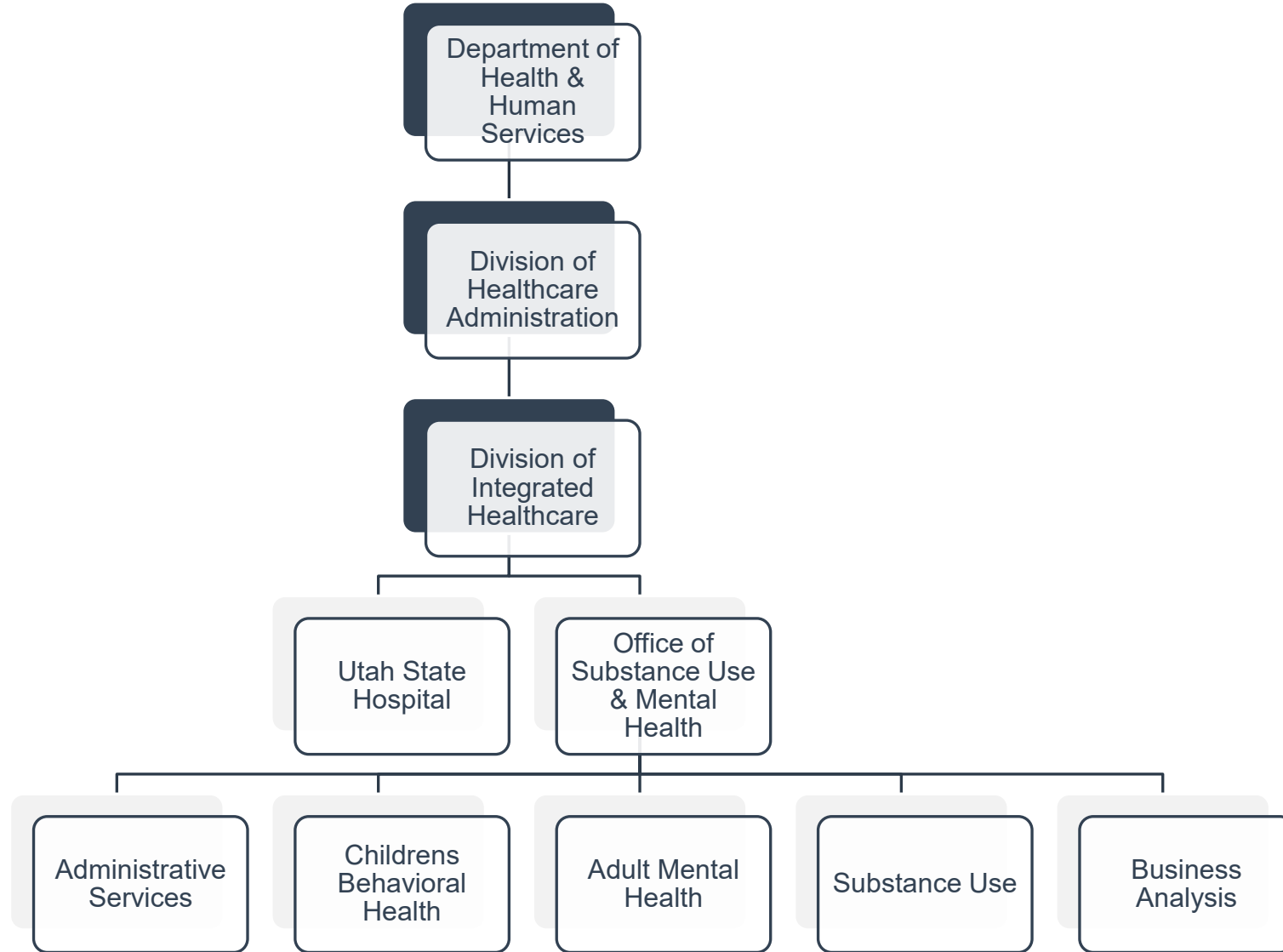
- Currently, Utah does not operate a LTSS program and does not offer specialized plans for individuals requiring their services. Individuals will receive services either from the FFS program or from their health plan.

## G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- There are no new or pending LTSS initiatives in the state.

# H. State Behavioral Health Administration & Finance System

# H.1. Department Of Health & Human Services: Organization Chart



## H.1. Department Of Health & Human Services: Key Leadership

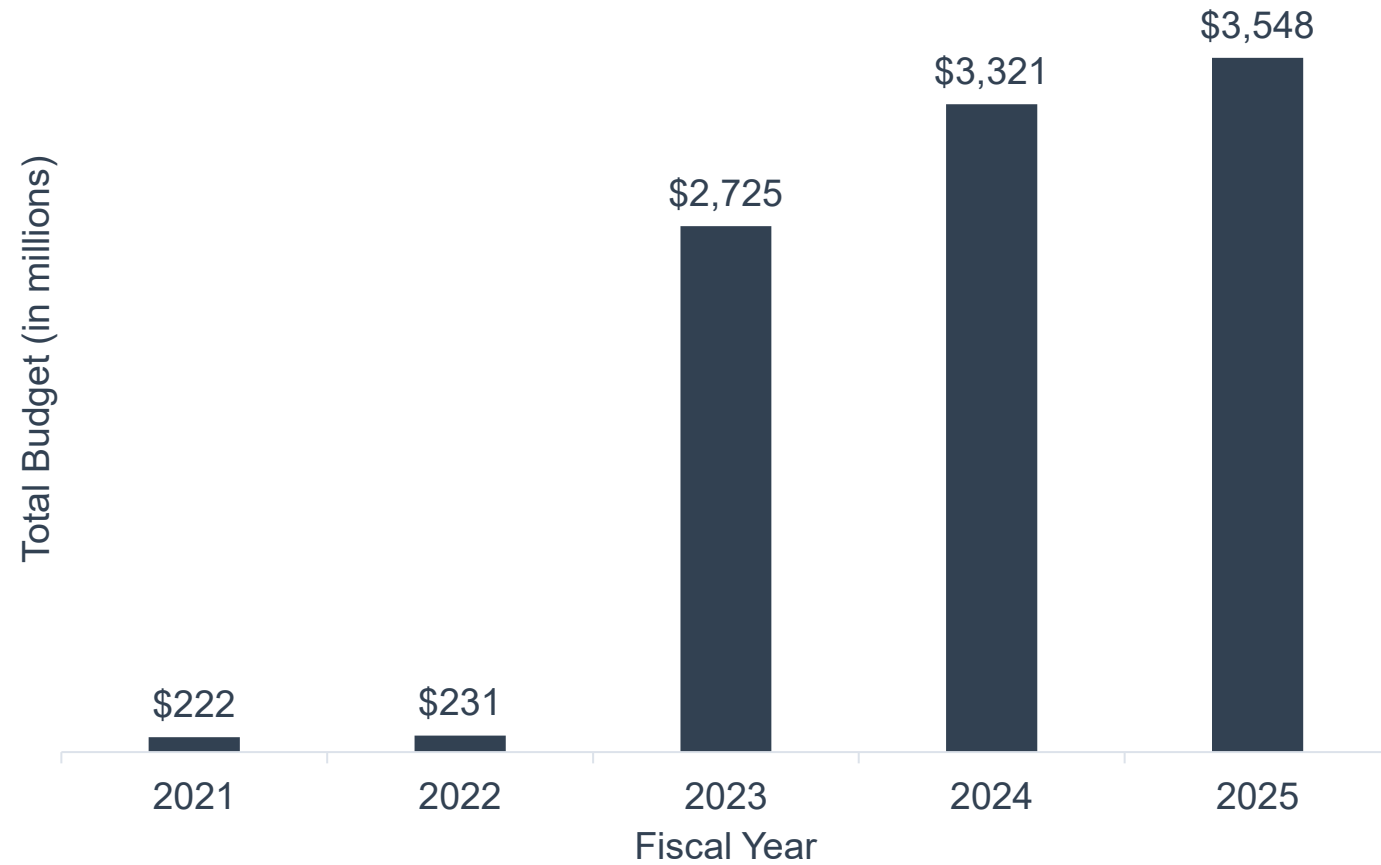
Name	Position	Department	Email
Tracy S. Gruber	Executive Director	Department of Human Services (DHS)	tgruber@utah.gov
Nate Checketts	Deputy Director	DHS, Division of Healthcare Administration	nchecketts@utah.gov
Brent Kelsey	Director	DHS, Division of Substance Abuse and Mental Health (DSAMH)	bkelsey@utah.gov
Kyle Larson	Division Administrative Services Director	DSAMH, Administrative Services	klarson@utah.gov
Eric Tadehara	Assistant Director	DSAMH	etadehara@utah.gov
Pam Bennett	Assistant Director	DSAMH	pbennett1@utah.gov
Dallas Earnshaw	Superintendent	DSAMH, Utah State Hospital	dearnshaw@utah.gov

## H.2. Department Of Health & Human Services: Budget

Budget Item	SFY 2025 Budget Request*	Percent Of Budget
Medicaid Home and Community Based Services	\$648,782,800	18%
Medicaid Other Services	\$532,418,400	15%
Medicaid Long Term Care Services	\$521,506,500	15%
Medicaid Hospital Services	\$408,450,300	12%
Expansion Hospital Services	\$350,000,400	10%
Medicaid Behavioral Health Services	\$321,765,200	9%
Expansion Other Services	\$291,867,400	8%
Non-Medicaid Behavioral Health Treatment & Crisis Response	\$222,394,700	6%
Expansion Behavioral Health Services	\$150,000,200	4%
State Hospital	\$100,945,700	3%
<b>Budget Total: \$3,548,131,600</b>		

\* In FY 2022 the Department of Health and Department of Human Services were merged, which accounts for the increase in funds. DHHS is now the single largest agency of the state.

## H.2. Department Of Health & Human Services: Budget Over Time



\* In FY 2022 the Department of Health and Department of Human Services were merged, which accounts for the increase in funds. DHHS is now the single largest agency of the state.

## H.3. State Psychiatric Institutions

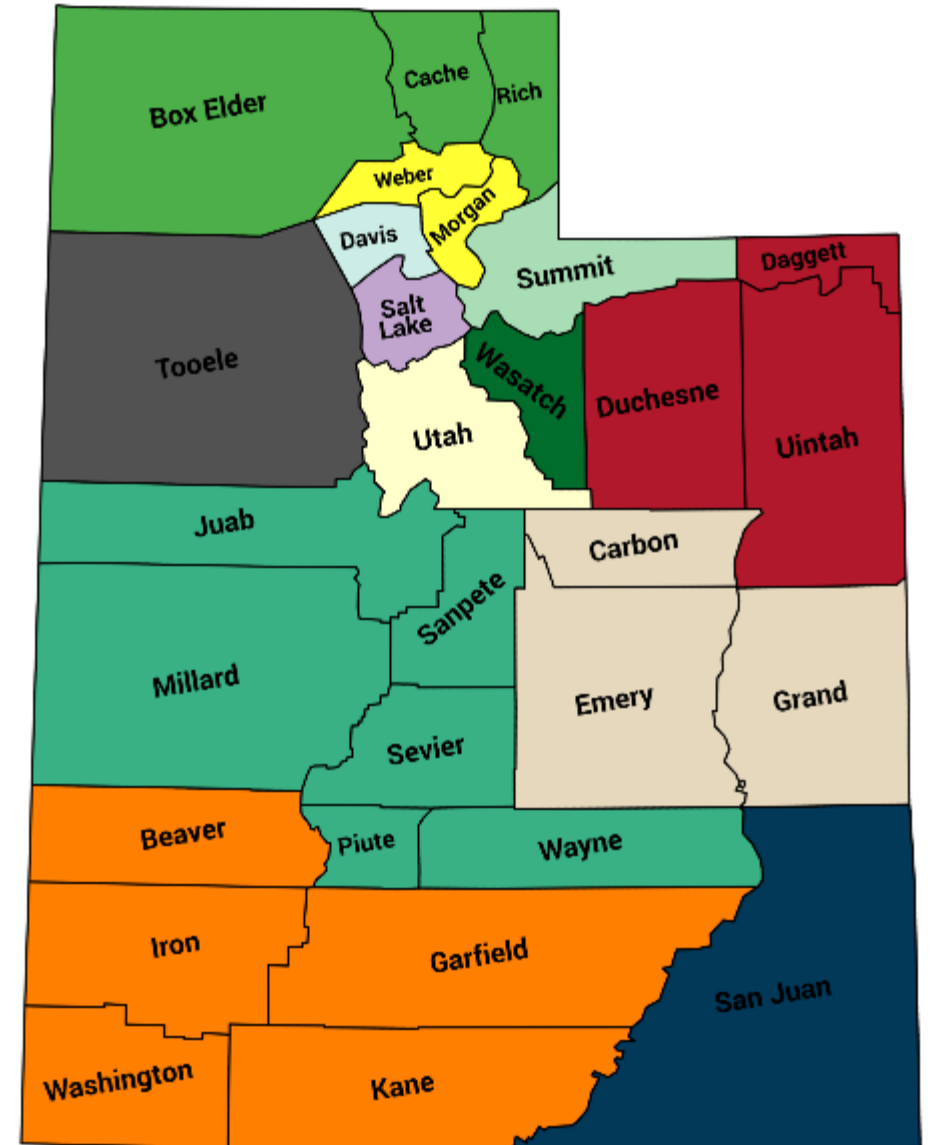
State Psychiatric Institutions		
Institution	Location	Beds
Utah State Hospital	Provo	322

## H.4. Behavioral Health Safety-Net Delivery System

- The Department of Human Services Division of Substance Abuse and Mental Health (DSAMH) contracts with 13 Local Mental Health Authorities (LMHAs) operated at the county or joint-county level to provide mental health treatment services to the uninsured population.
- The LMHAs are financed through a combination of federal, state, and county funds. In addition to providing treatment to the safety-net population, they also serve as prepaid mental health plans (PMHP) for the Medicaid population.
  - In San Juan, the LMHA/LSAA is San Juan County; the PMHP is San Juan Counseling Center. Wasatch does not have a PMHP.
- Available LMHA services are based on local needs; however, the LMHAs are legislatively mandated to provide the following:
  - a. Inpatient care
  - b. Residential care
  - c. Outpatient care
  - d. 24-hour crisis care
  - e. Psychotropic medication management
  - f. Psychosocial rehabilitation
  - g. Case management
  - h. Community supports
  - i. Consultation and education services
  - j. Services for the incarcerated population
- DSAMH contracts with 13 county-operated or joint-county operated Local Substance Abuse Authorities (LSAAs) to provide addiction treatment services to the uninsured population. In most counties, the LSAA and the LMHA are the same organization. In Box Elder, Cache, Rich, and Utah counties, the LMHA and LSAA are two separate organizations.

# H.4. Behavioral Health Safety-Net Delivery System: LMHA/LSAA Survey Areas

	LMHA/LSAA	Counties Served
	Bear River Mental Health Services (LMHA); Bear River Health Department (LSAA)	Box Elder, Cache, Rich
	Central Utah Counseling Center	Juab, Millard, Piute, Sanpete, Sevier, Wayne
	Davis Behavioral Health	Davis
	Four Corners Behavioral Health	Carbon, Emery, Grand
	Northeastern Counseling Center	Daggett, Duchesne, Uintah
	Salt Lake County Behavioral Health Services	Salt Lake
	San Juan Counseling Center	San Juan
	Southwest Behavioral Health Center	Beaver, Garfield, Iron, Kane, Washington
	Valley Behavioral Health, Tooele County	Tooele
	Uni Park City Clinic	Summit
	Wasatch County Family Clinic	Wasatch
	Wasatch Mental Health (LMHA); Utah County Department of Drug and Alcohol Prevention and Treatment (LSAA)	Utah
	Weber Human Services	Morgan, Weber



## H.5. Behavioral Health System: New Initiatives

- There are no new or pending initiatives currently.

# I. Appendices

## I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a</a>
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a</a>
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figuroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from <a href="https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness">https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness</a>

## I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from <a href="https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf">https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf</a>
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2023). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2023. Retrieved March 2023 from <a href="https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html">https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html</a>
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a</a>

## I.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Alternative Benefit Plan</b>	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
<b>Accountable Care Organizations</b>	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
<b>Administrative Services Organization</b>	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
<b>Capitation</b>		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
<b>Carve-out</b>		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
<b>Certified Community Behavioral Health Clinic</b>	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

## I.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Community Mental Health Center</b>	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
<b>Dual Eligible</b>		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
<b>Federal Poverty Level</b>	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is \$15,060 for an individual and \$31,200 for a family of four.
<b>Fee-For-Service</b>	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
<b>Health Home</b>		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

## I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals ages 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

## I.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Medicaid</b>		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
<b>Medicaid Waiver</b>		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
<b>Medicaid Waiver Section 1115</b>	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
<b>Medicaid Waiver Section 1915(b)</b>	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
<b>Medicaid Waiver Section 1915(c)</b>	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
<b>Medical Home</b>		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
<b>Medicare</b>		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
<b>Medicare Advantage</b>	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

## I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

## I.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Primary Care Case Management</b>	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
<b>Program Of All Inclusive Care For The Elderly</b>	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
<b>Serious Mental Illness</b>	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
<b>Supported Employment</b>		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
<b>Supported Housing</b>		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
<b>Value-Based Reimbursement</b>	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

# I.3. Sources

## A. Executive Summary

1. Information compiled from sources provided throughout the profile.

## B.1. Population Demographics

1. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved April 2025 from <https://data.census.gov/cedsci/table3q=S0101>
2. United States Census Bureau. (2022). 2023 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved April 2025 from <https://data.census.gov/cedsci/table?q=S1701>
3. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved April 2025 from <https://data.census.gov/cedsci/table?q=S1901>
4. United States Census Bureau. (2022). 2023 Population Distribution by Race/Ethnicity. Retrieved April 2025 from <https://data.census.gov/cedsci/table?q=DP05&tid=ACSDP5Y2020.DP05>

## B.2. Population Centers

1. Federal Reserve Bank of St Louis. (2024, March) US Regional Data, MSAs. Retrieved January 2023 from <https://fred.stlouisfed.org>
2. U.S. Census Bureau. (2020). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved April 2025 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas>
3. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved April 2025 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29>
4. United States Census Bureau. (2020). 2019 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved April 2025 from <https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html>

## B.3. Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2025). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2023 Beneficiaries. Retrieved April 2025. <https://www.health.mil/Military-Health-Topics/MHS-Toolkits/Media-Resources/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State>
3. CMS, MMCO Statistical & Analytic Reports, Quarterly Release (202, January). Retrieved April 2025. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics>
4. Kaiser Family Foundation. Health Coverage & Uninsured, Health Insurance Coverage of the Total Population (2020). Retrieved April 2025. <https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

## B.3. SMI Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2025). Serious Mental Illness Prevalence Estimates.

# I.3. Sources

## B.4. Largest State Health Plans By Enrollment

1. OPEN MINDS. (2025, January). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved April 2025 from <https://www.health.mil/Military-Health-Topics/MHS-Toolkits/Media-Resources/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State>
3. Health Plans USA. (2025). Subscription Database. [www.markfarrah.com](http://www.markfarrah.com)

## B.4. Largest State Health Plans By Estimated SMI Enrollment

1. OPEN MINDS. (2025, January). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved April 2025 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2025). Subscription Database. [www.markfarrah.com](http://www.markfarrah.com)

## B.5. Health Insurance Marketplace

1. United States Department of Health and Human Services. (2024, October 21). PY2025 Individual Medical Landscape. Retrieved April 2025 from <https://data.healthcare.gov/dataset/735facd9-1df8-400e-b650-da881c728a2b>
2. United States Department of Health and Human Services. (2024, October 21). QHP Landscape PY2025 SHOP Market Medical. Retrieved April 2025 from <https://data.healthcare.gov/dataset/2ffb5a20-8b08-48cb-b0ba-115de4381ca1>
3. Health Insurance. Utah health insurance marketplace: history and news of the state's exchange. Retrieved April 2025 from <https://www.healthinsurance.org/health-insurance-marketplaces/utah/>

## B.6. ACOs

1. OPEN MINDS. (2023). ACO Database.
2. Centers for Medicare & Medicaid Services. (2025, January) Accountable Care Organization Participants. Retrieved January 2025 from <https://data.cms.gov/medicare-shared-savings-program/accountable-care-organization-participants>

## C.1. Medicaid Governance: Organizational Chart

1. Utah Department of Health and Human Services and Human Services (2025, January). Utah Organizational Chart. Retrieved April 2025 from <https://dhhs.utah.gov/leadership/>

## C.1. Medicaid Governance: Key Leadership

1. Utah Department of Health and Human Services and Human Services (2025, January). Utah Organizational Chart. Retrieved April 2025 from <https://dhhs.utah.gov/leadership/>

# I.3. Sources

## C.2. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved April 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved April 2025 from <https://www.macpac.gov/macstats/>

## C.2. Medicaid Program Spending: Budget

1. United States Government Printing Office. (2024, November 28). Federal Medical Assistance Percentages FY 2025. Retrieved April 2025 from <https://www.federalregister.gov/documents/2018/11/28/2018-25944/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for>
2. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved April 2025 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2013, March 29). Increased Federal Medical Assistance Percentage Through the Affordable Care Act of 2010. Retrieved April 2025 from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html>

## C.2. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved April 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved April 2025 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved April 2025 from <https://www.macpac.gov/macstats/>
4. Medicaid and CHIP Payment and Access Commission. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved April 2025 from <https://www.macpac.gov/publication/macstats-archive/>
5. Medicaid and CHIP Payment and Access Commission. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved April 2025 from <https://www.macpac.gov/publication/macstats-archive/>
6. Medicaid and CHIP Payment and Access Commission. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved April 2025 from <https://www.macpac.gov/publication/macstats-archive/>
7. Medicaid and CHIP Payment and Access Commission. (2018, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved April 2025 from <https://www.macpac.gov/publication/macstats-archive/>

# I.3. Sources

## C.3. Medicaid Expansion Status

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved April 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved April 2025 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2025, January). Medicaid Enrollment Data Collected Through MBES. Retrieved April 2025 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html>
4. Centers for Medicare and Medicaid Services. (2020, October). Medicaid, Children’s Health Insurance Program & Basic Health Program Eligibility Levels. Retrieved April 2025 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html>
5. US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved April 2025 from <https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315>
6. Utah State Legislature. Senate Bill 96: Medicaid Expansion Adjustments. Retrieved April 2025 from <https://le.utah.gov/~2019/bills/static/sb0096.html>
7. Utah State Legislature. Medicaid Expansion: What’s Next For Utah?. Retrieved April 2025 from <https://senate.utah.gov/2019-7-31-medicaid-expansion-whats-next-for-utah/>
8. Utah Department of Health and Human Services and Human Services. (2019). Utah’s Medicaid Expansion Implementation Toolkit. Retrieved April 2025 from [https://medicaid.utah.gov/Documents/pdfs/UTAH%20MEDICAID%20EXPANSION\\_%20Toolkit.pdf](https://medicaid.utah.gov/Documents/pdfs/UTAH%20MEDICAID%20EXPANSION_%20Toolkit.pdf)
9. Utah Department of Health and Human Services and Human Services. (2020). Medicaid Expansion. Retrieved April 2025 from <https://medicaid.utah.gov/expansion/>

## C.4. Medicaid Program Benefits

1. Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved April 2025 from <https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/>
2. Utah Department of Health and Human Services and Human Services. Utah Medicaid State Plan. Retrieved April 2025 from <https://medicaid.utah.gov/stplan>

## D.1. Medicaid Financing & Service Delivery System

1. Derived from information in Section D.

# I.3. Sources

## D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2018, July 1). Choice of Health Care Delivery Program Hemophilia Disease Management Program Waiver. Retrieved April 2025 from [https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT\\_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program\\_UT-01.pdf](https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program_UT-01.pdf)
2. Centers for Medicare and Medicaid Services. (2019, October 18). State Plan Amendment #19-0011: Foster Care Children Eligibility. Retrieved April 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-19-0011.pdf>
3. Centers for Medicare and Medicaid Services. (2019, March 29). State Plan Amendment #19-0001: Mandatory Eligibility Groups. Retrieved April 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-19-0001.pdf>

## D.2. Medicaid FFS Program: Overview

1. Utah Department of Health and Human Services and Human Services. Medicaid Managed Care Areas. Retrieved April 2025 from <https://medicaid.utah.gov/managed-care/>
2. Utah Department of Health and Human Services and Human Services. Medicaid Member Handbook. Retrieved April 2025 from [https://medicaid.utah.gov/Documents/pdfs/MentalHealthbook\\_4corners.pdf](https://medicaid.utah.gov/Documents/pdfs/MentalHealthbook_4corners.pdf)
3. Utah Department of Health and Human Services and Human Services. Primary Care Network Updates. Retrieved April 2025 from <https://medicaid.utah.gov/primary-care-network/>
4. Utah Department of Health and Human Services and Human Services. (2020). Medicaid Expansion. Retrieved April 2025 from <https://medicaid.utah.gov/expansion/>
5. Utah Department of Health and Human Services and Human Services. (2023, February). ACO Enrollment Member Months. Retrieved April 2025 from <https://medicaid.utah.gov/stplan/ACO>

## D.2. Medicaid FFS Program: Behavioral Health Overview

1. Utah Department of Health and Human Services and Human Services. Managed Care. Retrieved April 2025 from <https://medicaid.utah.gov/managed-care/>
2. Utah Department of Health and Human Services and Human Services. Managed Care Quality Measures. Retrieved April 2025 from <https://medicaid.utah.gov/Documents/pdfs/Utah%20Managed%20Care%20Quality%20Strategy%202021.pdf>
3. Centers for Medicare and Medicaid Services. (2020, January 1). Choice of Health Care Delivery Program Hemophilia Disease Management Program Waiver. Retrieved April 2025 from [https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT\\_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program\\_UT-01.pdf](https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program_UT-01.pdf)
4. Utah Department of Health and Human Services and Human Services. ACO Model Contracts. Retrieved April 2025 from <https://medicaid.utah.gov/accountable-care-organizations/>
5. Utah Department of Health and Human Services and Human Services. (2019, January). Rehabilitative Mental Health and Substance Use Disorder Services. Retrieved April 2025 from [https://medicaid-manuals.dhhs.utah.gov/Rehab\\_Mental\\_Health\\_Services/rehab\\_mental\\_health\\_and\\_Sbsbtance\\_use\\_disorder\\_service.htm](https://medicaid-manuals.dhhs.utah.gov/Rehab_Mental_Health_Services/rehab_mental_health_and_Sbsbtance_use_disorder_service.htm)

# I.3. Sources

## D.2. Medicaid FFS Program: PMHP Service Areas

1. Utah Department of Health and Human Services and Human Services. (2021, February 16). Mental Health and Substance Use Disorder Services Coverage. Retrieved April 2025 from <https://medicaid.utah.gov/Documents/pdfs/managedcare/02-16-2021%20Managed%20Care%20Web%20PMHP%20Chart.pdf>

## D.2. Medicaid FFS Program: Behavioral Health Benefits

1. Utah Department of Health and Human Services. Managed Care. Retrieved April 2025 from <https://medicaid.utah.gov/managed-care/>
2. Utah Department of Health and Human Services and Human Services. Managed Care Quality Measures. Retrieved April 2025 from <https://medicaid.utah.gov/Documents/pdfs/Utah%20Managed%20Care%20Quality%20Strategy%202021.pdf>
3. Centers for Medicare and Medicaid Services. (2020, January 1). Choice of Health Care Delivery Program Waiver. Retrieved April 2025 from [https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT\\_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program\\_UT-01.pdf](https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program_UT-01.pdf)
4. Utah Department of Health and Human Services and Human Services. ACO Model Contracts. Retrieved April 2025 from <https://medicaid.utah.gov/accountable-care-organizations/>
5. Utah Department of Health and Human Services. (2019, January). Rehabilitative Mental Health and Substance Use Disorder Services. Retrieved April 2025 from [https://medicaid-manuals.dhhs.utah.gov/Rehab\\_Mental\\_Health\\_Services/rehab\\_mental\\_health\\_and\\_Sbsbtance\\_use\\_disorder\\_service.htm](https://medicaid-manuals.dhhs.utah.gov/Rehab_Mental_Health_Services/rehab_mental_health_and_Sbsbtance_use_disorder_service.htm)

## D.2. Medicaid FFS Program: SMI Population

1. OPEN MINDS. (2025). SMI Estimates.
2. Centers for Medicare and Medicaid Services. (2020, July 1). Prepaid Mental Health Plans. Retrieved April 2025 from [https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT\\_Utah-Prepaid-Mental-Health-Plan\\_UT-02.pdf](https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Utah-Prepaid-Mental-Health-Plan_UT-02.pdf)

## D.2. Medicaid FFS Program: Pharmacy Benefits

1. Utah Department of Health and Human Services. Medicaid Pharmacy Program. Retrieved April 2025 from <https://medicaid.utah.gov/pharmacy/pharmacy-program/>
2. Utah Department of Health and Human Services. (2021, January). Medicaid Provider Manual: Pharmacy Services. Retrieved April 2025 from <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Pharmacy/Pharmacy.pdf>
3. Utah Department of Health and Human Services. Medicaid Preferred Drug Lists. Retrieved April 2025 from <https://medicaid.utah.gov/pharmacy/preferred-drug-list/>
4. Utah Department of Health and Human Services. (2021, March 1). Utah Medicaid Preferred Drug List. Retrieved April 2025 from <https://medicaid.utah.gov/pharmacy/preferred-drug-list/>
5. Utah Department of Health and Human Services. Restrictions: Medicaid Restriction Program. Retrieved April 2025 from <https://medicaid.utah.gov/pharmacy/restrictions>

# I.3. Sources

## D.3. Medicaid Managed Care Program: Overview

1. Utah Department of Health and Human Services. Managed Care. Retrieved April 2025 from <https://medicaid.utah.gov/managed-care/>
2. Utah Department of Health and Human Services and Human Services. Managed Care Quality Measures. Retrieved April 2025 from <https://medicaid.utah.gov/Documents/pdfs/Utah%20Managed%20Care%20Quality%20Strategy%202021.pdf>
3. Centers for Medicare and Medicaid Services. (2020, January 1). Choice of Health Care Delivery Program Waiver. Retrieved April 2025 from [https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT\\_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program\\_UT-01.pdf](https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program_UT-01.pdf)
4. Utah Department of Health and Human Services and Human Services. ACO Model Contracts. Retrieved April 2025 from <https://medicaid.utah.gov/accountable-care-organizations/>
5. Centers for Medicare and Medicaid Services. (2019, August 18). Utah's Primary Care Network Amendment: Integrated Care Amendment. Retrieved April 2025 from <https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ut/ut-primary-care-network-pa8.pdf>
6. Utah Department of Health and Human Services. (2019, January). Medicaid Information Bulletin. Retrieved April 2025 from <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Information%20Bulletins/Traditional%20Medicaid%20Program/2019/January2019-MIB.pdf>
7. Utah Department of Health and Human Services. Medicaid Expansion. Retrieved April 2025 from <https://medicaid.utah.gov/expansion/>

## D.3. Medicaid Managed Care Program: Utah Mandatory & Optional Managed Care Counties

1. Centers for Medicare and Medicaid Services. (2019, August 18). Utah's Primary Care Network Amendment: Integrated Care Amendment. Retrieved April 2025 from <https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ut/ut-primary-care-network-pa8.pdf>
2. Utah Department of Health and Human Services. (2019, January). Medicaid Information Bulletin. Retrieved April 2025 from <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Information%20Bulletins/Traditional%20Medicaid%20Program/2019/January2019-MIB.pdf>
3. Utah Department of Health and Human Services. Accountable Care Organizations. Retrieved April 2025 from <https://medicaid.utah.gov/accountable-care-organizations/>

# I.3. Sources

## D.3. Medicaid Managed Care Program: Health Plan Characteristics

1. Utah Department of Health and Human Services and Human Services. ACO Model Contracts. Retrieved April 2025 from <https://medicaid.utah.gov/accountable-care-organizations/>
2. Utah Department of Health and Human Services and Human Services. Medicaid Member Handbook. Retrieved April 2025 from [https://medicaid.utah.gov/Documents/pdfs/MentalHealthbook\\_4corners.pdf](https://medicaid.utah.gov/Documents/pdfs/MentalHealthbook_4corners.pdf)
3. Utah Steward Health Choice. Provider Manual. Retrieved April 2025 from <https://www.steward.org/network/steward-health-care>
4. University of Utah. (2020, November 17). University of Utah Health Plans Provider Manual. Retrieved April 2025 from <https://uhealthplan.utah.edu/for-providers/prov-manual/provider-manual.php>
5. Molina Healthcare. (2021, January). Molina Healthcare Provider Manual 2021. Retrieved April 2025 from <https://www.molinahealthcare.com/providers/oh/medicaid/manual/provman.aspx>
6. SelectHealth. Medicaid Member Handbook. Retrieved April 2025 from <https://selecthealth.org/resources/member-resources>

## D.3. Medicaid Managed Care Program: Behavioral Health Overview

1. Utah Department of Health and Human Services. (2020, July). Medicaid Provider Manual: General Information. Retrieved April 2025 from [https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/All%20Providers%20General%20Information%20Section%20I/AllProvidersGeneralInfo\\_Section\\_1.pdf](https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/All%20Providers%20General%20Information%20Section%20I/AllProvidersGeneralInfo_Section_1.pdf)
2. Centers for Medicare and Medicaid Services. (2020, July 1). Prepaid Mental Health Plan Waiver. Retrieved April 2025 from [https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT\\_Utah-Prepaid-Mental-Health-Plan\\_UT-02.pdf](https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Utah-Prepaid-Mental-Health-Plan_UT-02.pdf)
3. Utah Department of Health and Human Services and Human Services. ACO Model Contracts. Retrieved April 2025 from <https://medicaid.utah.gov/accountable-care-organizations/>
4. Utah Department of Health and Human Services. (2021, February 16). Mental Health and Substance Use Disorder Services Coverage. Retrieved April 2025 from <https://medicaid.utah.gov/Documents/pdfs/managedcare/02-16-2021%20Managed%20Care%20Web%20PMHP%20Chart.pdf>
5. Utah Department of Health and Human Services. (2019, January). Rehabilitative Mental Health and Substance Use Disorder Services. Retrieved April 2025 from [https://medicaid-manuals.dhhs.utah.gov/Rehab\\_Mental\\_Health\\_Services/rehab\\_mental\\_health\\_and\\_Ssbstance\\_use\\_disorder\\_service.htm](https://medicaid-manuals.dhhs.utah.gov/Rehab_Mental_Health_Services/rehab_mental_health_and_Ssbstance_use_disorder_service.htm)

# I.3. Sources

## D.3. Medicaid Managed Care Program: Behavioral Health Benefits

1. Utah Department of Health and Human Services. Managed Care. Retrieved April 2025 from <https://medicaid.utah.gov/managed-care/>
2. Utah Department of Health and Human Services. Managed Care Quality Measures. Retrieved April 2025 from <https://medicaid.utah.gov/Documents/pdfs/mcac/2023%20Minutes/MCAC%20Quality%20Report%202023%20V2.pdf>
3. Centers for Medicare and Medicaid Services. (2020, January 1). Choice of Health Care Delivery Program Waiver. Retrieved April 2025 from [https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT\\_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program\\_UT-01.pdf](https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program_UT-01.pdf)
4. Utah Department of Health and Human Services. ACO Model Contracts. Retrieved April 2025 from <https://medicaid.utah.gov/accountable-care-organizations/>
5. Utah Department of Health and Human Services. (2019, January). Rehabilitative Mental Health and Substance Use Disorder Services. Retrieved April 2025 from [https://medicaid-manuals.dhhs.utah.gov/Rehab\\_Mental\\_Health\\_Services/rehab\\_mental\\_health\\_and\\_Ssbstance\\_use\\_disorder\\_service.htm](https://medicaid-manuals.dhhs.utah.gov/Rehab_Mental_Health_Services/rehab_mental_health_and_Ssbstance_use_disorder_service.htm)

## D.3. Medicaid Managed Care Program: SMI Population

1. OPEN MINDS. (2025). SMI Estimates.
2. Centers for Medicare and Medicaid Services. (2020, July 1). Prepaid Mental Health Plans. Retrieved April 2025 from [https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT\\_Utah-Prepaid-Mental-Health-Plan\\_UT-02.pdf](https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Utah-Prepaid-Mental-Health-Plan_UT-02.pdf)

## D.3. Medicaid Managed Care Program: Pharmacy Benefits

1. Utah Department of Health and Human Services. Medicaid Pharmacy Program. Retrieved April 2025 from <https://medicaid.utah.gov/pharmacy/pharmacy-program/>
2. Utah Department of Health and Human Services. (2021, January). Medicaid Provider Manual: Pharmacy Services. Retrieved April 2025 from <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Pharmacy/Pharmacy.pdf>
3. Utah Department of Health and Human Services. Medicaid Preferred Drug Lists. Retrieved April 2025 from <https://medicaid.utah.gov/pharmacy/preferred-drug-list/>
4. Utah Department of Health and Human Services. Restrictions: Medicaid Restriction Program. Retrieved April 2025 from <https://medicaid.utah.gov/pharmacy/restrictions>

## D.4. Medicaid Program: Care Coordination Initiatives

1. US Department of Health and Human Services. (2024, March 8) Biden-Harris Administration Announces Utah’s Medicaid and CHIP Postpartum Coverage Expansion; 45 State Now Offer Full Year of Coverage After Pregnancy. Retrieved April 2025 from <https://www.hhs.gov/about/news/2024/03/08/biden-harris-administration-announces-utahs-medicare-chip-postpartum-coverage-expansion.html>

#### **D.5. Medicaid Program Care Management and Demonstration Waivers**

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved April 2025 from [https://www.medicare.gov/medicaid-chip-program-information/by-topics/waivers/waivers\\_faceted.html](https://www.medicare.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html)

#### **D.5. Medicaid Program Section 1915 (c) HCBS Waivers**

1. Centers for Medicare & Medicaid Services. Demonstrations and Waivers. Retrieved April 2025 from [https://www.medicare.gov/medicaid-chip-program-information/by-topics/waivers/waivers\\_faceted.html](https://www.medicare.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html)

#### **D.6. Medicaid Program: New Initiatives**

1. Derived from information throughout this section.

#### **E.1 Medicare Financing & Service Delivery System**

1. *OPEN MINDS*. (2025, January). Health Plans Database.
2. *OPEN MINDS*. (2025). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2024, June) Medicare Monthly Enrollment. Retrieved December 2023 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicare-reports/medicare-monthly-enrollment>

# I.3. Sources

## E.2. Medicare Financing & Service Delivery System

1. OPEN MINDS. (2025, January). Health Plans Database.
2. OPEN MINDS. (2025). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2024, June) Medicare Monthly Enrollment. Retrieved December 2023 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>

## E.2. Medicare System Overview

1. Healthinsurance.org (2024, December) Medicare in Utah. Retrieved December 2023 from <https://www.healthinsurance.org/medicare/utah>

## E.3. Medicare ACOs

1. OPEN MINDS. (2022). ACO Database.
2. Centers for Medicare & Medicaid Services. (2025, January) Accountable Care Organization Participants. Retrieved January 2025 from <https://data.cms.gov/medicare-shared-savings-program/accountable-care-organization-participants>

## E.4. Medicare System: New Initiatives

1. Deriver from information throughout this section.

## F.1. Dual Eligible Medicaid Financing & Service Delivery System

1. Centers for Medicare and Medicaid Services. (2025, January). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved April 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2025, January). Special Needs Plan (SNP) Data. Retrieved April 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/Special-Needs-Plan-SNP-Data.html>

## F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

1. Centers for Medicare and Medicaid Services. (2025, January). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved April 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2025, January). Special Needs Plan (SNP) Data. Retrieved April 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDenrolData/Special-Needs-Plan-SNP-Data.html>

# I.3. Sources

## F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Centers for Medicare and Medicaid Services. (2024, December). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved April 2025 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>
2. Utah Department of Health and Human Services. (2024, January). Medicaid Information Bulletin. Retrieved April 2025 from <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Information%20Bulletins/Traditional%20Medicaid%20Program/2019/January2019-MIB.pdf>

## F.3. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

1. Derived from information throughout this section.

## G.1. LTSS Financing & Service Delivery

1. Centers for Medicare and Medicaid Services. (2018, July 1). Choice of Health Care Delivery Program Hemophilia Disease Management Program Waiver. Retrieved April 2025 from [https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT\\_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program\\_UT-01.pdf](https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program_UT-01.pdf)
2. Centers for Medicare and Medicaid Services. (2019, October 18). State Plan Amendment #19-0011: Foster Care Children Eligibility. Retrieved April 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-19-0011.pdf>
3. Centers for Medicare and Medicaid Services. (2019, March 29). State Plan Amendment #19-0001: Mandatory Eligibility Groups. Retrieved April 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-19-0001.pdf>

## G.1. LTSS Service Delivery System Enrollment By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2018, July 1). Choice of Health Care Delivery Program Hemophilia Disease Management Program Waiver. Retrieved April 2025 from [https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT\\_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program\\_UT-01.pdf](https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program_UT-01.pdf)
2. Centers for Medicare and Medicaid Services. (2019, October 18). State Plan Amendment #19-0011: Foster Care Children Eligibility. Retrieved April 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-19-0011.pdf>
3. Centers for Medicare and Medicaid Services. (2019, March 29). State Plan Amendment #19-0001: Mandatory Eligibility Groups. Retrieved April 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-19-0001.pdf>

# I.3. Sources

## G.2. LTSS Financing & Service Delivery System: Overview

1. Centers for Medicare and Medicaid Services. (2018, July 1). Choice of Health Care Delivery Program Hemophilia Disease Management Program Waiver. Retrieved April 2025 from [https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT\\_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program\\_UT-01.pdf](https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program_UT-01.pdf)
2. Centers for Medicare and Medicaid Services. (2019, October 18). State Plan Amendment #19-0011: Foster Care Children Eligibility. Retrieved April 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-19-0011.pdf>
3. Centers for Medicare and Medicaid Services. (2019, March 29). State Plan Amendment #19-0001: Mandatory Eligibility Groups. Retrieved April 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-19-0001.pdf>

## G.3. LTSS Health Plan Characteristics

1. Centers for Medicare and Medicaid Services. (2018, July 1). Choice of Health Care Delivery Program Hemophilia Disease Management Program Waiver. Retrieved April 2025 from [https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT\\_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program\\_UT-01.pdf](https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program_UT-01.pdf)
2. Centers for Medicare and Medicaid Services. (2019, October 18). State Plan Amendment #19-0011: Foster Care Children Eligibility. Retrieved April 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-19-0011.pdf>
3. Centers for Medicare and Medicaid Services. (2019, March 29). State Plan Amendment #19-0001: Mandatory Eligibility Groups. Retrieved April 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-19-0001.pdf>

## G.4. LTSS Program: Health Benefits

1. Centers for Medicare and Medicaid Services. (2018, July 1). Choice of Health Care Delivery Program Hemophilia Disease Management Program Waiver. Retrieved April 2025 from [https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT\\_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program\\_UT-01.pdf](https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Choice-of-Health-Care-Delivery-Program-Hemophilia-Disease-Management-Program_UT-01.pdf)
2. Centers for Medicare and Medicaid Services. (2019, October 18). State Plan Amendment #19-0011: Foster Care Children Eligibility. Retrieved April 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-19-0011.pdf>
3. Centers for Medicare and Medicaid Services. (2019, March 29). State Plan Amendment #19-0001: Mandatory Eligibility Groups. Retrieved April 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-19-0001.pdf>

# I.3. Sources

## G.4. LTSS Program: New Initiatives

1. Derived from information found in section F.

## H.1. Public Behavioral Health System Governance: Organization Chart

1. Utah Department of Health and Human Services. (2025, January) Organizational Chart. Retrieved April 2025 from <https://dhhs.utah.gov/leadership/>
2. Utah Office of Substance Use and Mental Health. (2025, January) Organizational Chart. Retrieved April 2025 from <https://sumh.utah.gov/contact/about-sumh/>

## H.1. Public Behavioral Health System Governance: Key Leadership

1. Utah Department of Health and Human Services. (2025, January) Organizational Chart. Retrieved April 2025 from <https://dhhs.utah.gov/leadership/>
2. Utah Office of Substance Use and Mental Health. (2025, January) Organizational Chart. Retrieved April 2025 from <https://sumh.utah.gov/contact/about-sumh/>

## H.2. Public Behavioral Health System Budget

1. Utah State Legislature (2025). Compendium of Budget Information. Retrieved April 2025 from <https://cobi.utah.gov/2025/3593/financials>

## H.2. Public Behavioral Health System Budget

1. Utah State Legislature (2025). Compendium of Budget Information. Retrieved April 2025 from <https://cobi.utah.gov/2025/3593/financials>
2. Utah State Legislature (2024) Interactive Budget Visualization 2024-25 <https://le.utah.gov/lfa/budget.html>
3. Utah State Legislature (2023) Compendium of Budget Information 2023-24 <https://cobi.utah.gov/2023/1/financials>
4. Utah State Legislature. (2022). Utah State Budget. Retrieved April 2025 from <https://public.tableau.com/app/profile/ivan8177/viz/BudgetoftheStateofUtah/UtahsTotalBudget?:embed=yes&:showVizHome=no&:tabs=no&:toolbar=no>
5. Utah State Legislature. (2021). Utah State Budget. Retrieved April 2025 from [https://public.tableau.com/views/UtahStateBudget2018Session/UtahsTotalBudget?%3Aembed=y&%3Adisplay\\_count=y&%3AshowVizHome=no&%3Atabs=no#5](https://public.tableau.com/views/UtahStateBudget2018Session/UtahsTotalBudget?%3Aembed=y&%3Adisplay_count=y&%3AshowVizHome=no&%3Atabs=no#5)

## H.3. State Psychiatric Institutions

1. Utah Department of Human Services. Utah State Hospital. Retrieved April 2025 from <https://ush.utah.gov/>
2. Utah Department of Human Services. Department of Human Services Data. Retrieved April 2025 from <https://hs.utah.gov/data/>

# I.3. Sources

## H.4. State Behavioral Health Safety-Net Delivery System

1. Utah Department of Human Services. (2020). Utah's Mental Health System. Retrieved April 2025 from <https://gardner.utah.edu/wp-content/uploads/MentalHealthReportAug2019.pdf>
2. Utah Office of Administrative Rules. (2020, January 1). Utah Administrative Code. Retrieved April 2025 from <https://rules.utah.gov/publicat/code/r523/r523.htm>

## H.4. State Behavioral Health Safety-Net Delivery System: LMHA/LSAA Survey

1. Utah Office of Substance Use and Mental Health. Utah's LMHA Location Map. Retrieved April 2025 from <https://sumh.utah.gov/contact/location-map/>

## H.5. Behavioral Health System: New Initiatives

1. Derived from information throughout this section.