



Utah Department of

Health & Human Services

Integrated Healthcare

SUMH G&O Narrative

State Fiscal Year 2027

Local Authority: Salt Lake County

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Overview

The purpose of this document is to meet contract compliance with the Local Authorities (LA) “Evergreen Contract” Article 1.2. “Office Directives” refers to the annual instructions promulgated by Department of Health and Human Services (DHHS), Office of Substance Use and Mental Health (SUMH), identified in Utah Code §26B-5-102(2). These directives describe the use and allowable expenditure of state and federal funds for the purpose of mental health and substance use prevention, crisis, treatment, and recovery support services.

This document is designed to be an addendum to the “Evergreen Contract”. It is updated prior to the start of the State Fiscal Year and may be updated during the State Fiscal Year when approved by the SUMH director or designee. DHHS will alert LA leadership via email to any updates to this document after the start of the State Fiscal Year. The LA is responsible to review both the “Evergreen Contract” and this document to ensure contract compliance.

Governance and Oversight (G&O)

General Auditing

Describe how auditing will be conducted, what items will be monitored and how required documentation will be kept up to date. [State Code 26-B-5-102\(2\)\(ee\)](#)

All contracted network providers are monitored at least once per year. DBHS (Division of Behavioral Health) staff conduct regular on-site monitoring, electronic monitoring through our EHR, and spot check monitoring as needed for all vendors who are directly contracted with DBHS. This includes our SUD vendors and also our MH vendors who receive non-Medicaid monies. Optum monitors its ~140 network providers at least once during the contract cycle. High volume audits are completed on all large providers annually. DBHS monitors/audits Optum at least once per year, but more often if needed.

Additionally, the consistent, ongoing reviews and re-authorizations required by contract of any ASAM LOC higher than ASAM 1.0 and any MH contract where the client receives five or more hours a week of treatment immediately alerts us when any issues are identified.

A complete list of monitoring tools for SUD items and for MH services is available upon request. All documentation is contained in UWITS or Optum's EHR, Netsmart, or other EHR approved by DBHS. All contracted network providers are required by contract to keep documentation up-to-date and accurate.

DBHS requires, through contract language with providers, that the treatment plan and ASAM assessment and mental health assessment be kept current. DBHS determines compliance with this during their annual monitoring visits.

For providers that directly contract with DBHS to provide non-Medicaid services, DBHS maintains current copies of insurance certificates, Division of Office of Licensing licenses, and conflict of interest forms in the contractor's file. Optum is responsible for maintaining this documentation for their contracted Medicaid providers. DBHS verifies this during their annual monitoring visit of Optum.

For DBHS' audit of our contracted managed care organization (MCO), Optum, an audit is completed annually. There are two parts to the audit, clinical/administrative and financial. For the clinical/administrative audit, that begins in the early spring and is concluded by June 30 of each year. The final report is issued by September 30 of each year. The reason for this timing is to give providers an opportunity to become familiar

General Auditing

with any new requirements and implement them in a meaningful manner. Additionally, Medicaid's audit of our MCO for the previous calendar year occurs sometime between May to August of each year (varies year by year). There are some things which Medicaid measures which exceed the scope of our audit and we believe it crucial to add their findings into our audit report for a comprehensive review. We receive Optum's response no later than October 31. Therefore, DSAMH can expect to receive the clinical/administrative report no later than November 15 of each year.

Fiscal Auditing

The [Service Code Auditing Guidelines](#) identify the mental health and substance use disorder treatment service codes that require documentation of services to be uploaded by spreadsheet for the audit. Services that can not be described by CPT/HCPCS code such as prevention, FRF and MCV (MCOT Vehicle costs) can be audited by providing a summary of invoices billed to Kissflow. There shall be a tab for each funding code utilized in the fiscal year.

Service Code Auditing Guidelines

The service code auditing guidelines are located at the end of the FFY for the Fiscal Year. These are the guidelines that the auditor uses to justify year end costs:

Has the LA read the guidelines provided in the FFH? **Yes** No

Are there any issues with complying with these guidelines with any service code allocated to you for FY27? **Yes** No

If there are any issues please identify each code and give an explanation:

1. ADC: We have traditionally used a portion of the ADC state funds to cover Medicaid match for Medicaid funded drug court services. The disallowance of use of these dollars for match will negatively impact our ability to make match.
2. FTL: The language seems to indicate that funding cannot go to a for-profit entity. We have found evidence that it is acceptable to contract with a for-profit provider if utilizing a competitive procurement process and where the subcontractor

relationship is “contractor”, not “subrecipient”.

3. STL: We have received a verbal ok that STL dollars could be used for MH Medicaid match and were told this is a long-standing practice in many LAs. Is there flexibility if the MH program serves co-occurring individuals? We would document this evidence for monitoring purposes if allowed.

Subcontractor Auditing and Tools

A list of subcontractors/subrecipients shall be provided prior to the audit. The subcontractor monitoring tool developed by SUMH shall be used in monitoring subcontractors. Subcontractor audits should be designed to evaluate the quality of services being provided, identify areas for improvement or training of subcontractors to help improve outcomes, ensure compliance with statute and office directives and provide accountability for state and federal funding. Explain how you use the provided state monitoring and other tools developed to fulfill the requirement of annually monitoring each subcontracted provider. ([See FY27 Office Directives Subcontractor Monitoring Review \(1\) page \(5\)](#))

Please see “General Auditing” above. Per the FY26 Directives, OSUMH is aware of the monitoring tool that DBHS uses and is aware that the Utah legislative auditors singled out DBHS’ auditing process, amongst all other Local Mental Health Authorities (LMHA), by stating, “Salt Lake County Behavioral Health provides a detailed account of strengths and improvements for their subcontractors, along with a narrative describing any findings.” (A Performance Audit of Utah’s Behavioral Health System; A Case for Governance, Strategic Planning, and Accountability, page 48 - https://pf.utleg.gov/olag/reports/audits/2024/4e70b0a9-a523-404a-b20a-45213f75d02f/2024-14_RPT.pdf)

Mechanisms for Citizen Input
Are you currently receiving public input and comments in the development of the annual area plan and budgets? State Code 17-77-301(5)(a)(vii), 17-77-201(5)(g)
Yes
How do you, or will you, solicit public comments and input on your annual area plan and budgets?
We receive input and feedback from our Advisory Council (which includes community experts, individuals and families with lived experience, client advocacy orgs, and local political leaders) and from the Criminal Justice Coordinating Council (CJAC) (which includes a wide array of behavioral health, criminal justice, and local political leaders) that is incorporated in the Area Plan.
How do you track this public input? (Please provide supporting docs)
We currently do not have a formal tracking process. Feedback provided is noted and addressed as received.
Did you receive any input for the FY27 Area Plan?
We have a new VOA subacute program opening in early FY27, 2 new ACT teams and several new supportive boarding homes for SMI clients. We have also requested and received \$500,000 of the County's Opioid Settlement funds to expand sober housing stock. All of these programs are the result of community feedback from members of CJAC and our Advisory Council and are addressed in our FY27 Area Plan.
Who are the local advocates and coalitions that will be invited to the public review of the Area Plans and Budgets for FY27?
The Advisory Council (explained above), CJAC (explained above), and within the Advisory Council, there is representation from USARA and NAMI.
If none were invited to participate, who are the local coalitions and advocates that should be invited to participate this year for FY27?
N/A

Policies Procedures and Auditing

Per the [FY27 SUMH Office Directives](#), each LA shall develop, implement, and maintain written policies and procedures that encompass all requirements, including:

- i) governance and oversight,
- ii) substance use disorder prevention services,
- iii) suicide prevention services,
- iv) crisis services,
- v) mental health treatment services,
- vi) substance use disorder treatment services,
- vii) recovery support services,
- viii) data reporting, and
- ix) grant and contract reporting.

Does the Local Authority have the policies above in place? Yes No
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Are the policies up to date (5 years or less)? Yes No

Please provide these policies with your uploads
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Additional Policy Auditing

Does the Local Authority have the policies below in place? Yes No The requirement for these items can be found within the provided audit tools.

Are the policies up to date (5 years or less)? Yes No
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Please provide these policies with your uploads
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The following audit items are located in the [SUMH FY27 Monitoring Handbook](#).

- A) Corrective Action Policy
- B) Standardized finding format
- C) Standardized CAP Tool/Root Cause Format
- D) Standardized Operating Procedure for CAP's
- E) Quality and Effectiveness Standards for Subcontractor Monitoring
- F) A Link to the FY27 Standardized Audit Tool