

Ryan B. Hancey (9101)
J. Adam Knorr (15183)
Austin G. B. Turley (18569)
KESLER & RUST
68 South Main Street, 2nd Floor
Salt Lake City, UT 84101
Telephone: (801) 532-8000
rhancey@keslerrust.com
aknorr@keslerrust.com
aturley@keslerrust.com
Attorneys for Beecon Recovery Inc.

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**IN THE FIRST JUDICIAL DISTRICT COURT
CACHE COUNTY, STATE OF UTAH**

BEECON RECOVERY INC., a Utah
corporation,

Plaintiff,

v.

UTAH DEPARTMENT OF HEALTH &
HUMAN SERVICES, a Utah governmental
entity, BEAR RIVER HEALTH
DEPARTMENT, a Utah governmental entity,
BEAR RIVER MENTAL HEALTH
SERVICES, INC., a Utah nonprofit
corporation d/b/a BEAR RIVER
BEHAVIORAL HEALTH SERVICES,

Defendant.

VERIFIED COMPLAINT

Civil No.

Judge:

(Discovery Tier 3)

JURY DEMAND

Plaintiff Beecon Recovery Inc. (“Beecon”) complains of defendants Utah Department of Health & Human Services (the “Utah Health Department”), the Bear River Health Department (the “Bear River Health Department”), and Bear River Mental Health Services, Inc. d/b/a Bear River Behavioral Health Services (“Bear River”) and states and alleges as follows:

PARTIES AND JURISDICTION

1. Beecon is a Utah corporation with its principal place of business in Box Elder County, Utah.
2. The Utah Health Department is a Utah governmental entity organized and existing pursuant to Utah law.
3. The Bear River Health Department is a Utah governmental entity organized and existing pursuant to Utah law. Bear River Health Department administers health services in Box Elder County, Cache County, and Rich County, Utah.
4. Bear River is Utah nonprofit corporation with its principal place of business in Cache County, Utah.
5. Pursuant to Utah Code Annotated § 78A-5-102(1) and § 78B-3a-201(1), jurisdiction and venue are proper before this Court because Bear River and the Bear River Health Department reside in Cache County, Utah.
6. Beecon's damages in this case, including attorney fees and costs, are projected to exceed \$300,000. As a result, Beecon is entitled to Tier 3 discovery under Utah Rule of Civil Procedure 26(c)(5).

GENERAL FACTS AND ALLEGATIONS

Beecon's Services and Standard Medicaid Practices

7. Beecon is a licensed dual-diagnosis outpatient treatment facility that has provided substance use disorder ("SUD") and mental health treatment to patients in Box Elder County, Utah.
8. Utah outpatient SUD providers are expected to provide services consistent with the American Society of Addiction Medicine ("ASAM") criteria.

9. Beecon is licensed to provide multiple ASAM levels of outpatient care for individuals seeking SUD treatment. These levels are:

- a. Levels 1.5 and 1.7: Outpatient (“OP”);
- b. Level 2.1: Intensive Outpatient (“IOP”); and
- c. Level 2.5: High-Intensity Outpatient (“HIOP,” formerly known as PHP).

10. When a patient presents at Beecon that is suffering from apparent SUD and actively using harmful substances (e.g., alcohol, heroin, fentanyl, etc.) daily, they are always diagnosed with acute SUD and referred to ASAM Level 4.0: Medically Managed Inpatient treatment (“Level 4.0”), Level 3.7: Medically Managed Residential treatment (“Level 3.7”), or Level 3.5: High-Intensity Residential treatment (“Level 3.5”).

11. Pursuant to ASAM criteria, Beecon’s standard practice is to recommend patients with acute SUD to ASAM Level 4.0. or Level 3.7.

12. Pursuant to ASAM criteria, once a patient completes Level 4.0 or Level 3.7, Beecon strongly recommends they attend Level 3.5.

13. Pursuant to ASAM criteria, once a patient completes Level 4.0, Level 3.7, and/or Level 3.5, Beecon strongly recommends they attend HIOP treatment.

14. On information and belief, outpatient providers that provide or recommend anything less than HIOP treatment to patients with acute SUD do not align with the ASAM criteria or applicable ethical principles.

15. In contrast to higher levels of care, HIOP provides 20 or more hours a week of intensive, comprehensive care that includes counseling, education, and therapy almost every day. It is sometimes referred to as “partial hospital care.”

16. IOP is less intensive, providing treatment only several days per week, typically somewhere between 9 and 19 hours. It is sometimes referred to as “daily treatment” or “evening care.”

17. HIOP treatment provides more structured support from outpatient facilities like Beecon to ensure patients have the structure and resources necessary to learn and practice recovery skills and avoid serious harm, such as possible relapse, overdose, and death.

18. Beecon also operates recovery residence facilities in Box Elder County, UT with 22 total beds.

19. On average, Beecon serves 34-36 active patients in its outpatient program and 20 patients in its recovery residence facilities.

20. Beecon’s caseload has historically and currently been predominantly comprised of SUD and mental health patients enrolled in Medicaid through the State of Utah.

21. For patients enrolled in Medicaid, Beecon has treated and currently treats them on a Fee-For-Service (“FFS”) basis.

22. Medicaid FFS is a payment model where the state Medicaid program pays healthcare providers directly for each specific service, test, or procedure they provide to a member beneficiary, with no private managed healthcare plan acting as an intermediary between the patient and provider.

23. Instead, providers such as Beecon submit claims directly to Utah Medicaid and are reimbursed accordingly.

24. Currently, Utah’s Box Elder, Cache, and Rich Counties do not have a Prepaid SUD Plan (“PPSUDP”). Rather, these counties provide outpatient SUD services on an FFS basis, thereby allowing Medicaid members to choose any qualified provider.¹

25. At any given time, between 90% and 95% of Beecon’s patients are under Medicaid-managed care.

Notice of Single-Source Procurement

26. On or around May 20, 2026, Beecon became aware of a March 25, 2026 memorandum from the Health Department titled “Notice of Single Source Procurement” (the “Notice”).²

27. Citing Utah Code Annotated § 11-13, Interlocal Cooperation Act, the Notice asserts that the “Health Authorities Act requires a multicounty united local health department to administer the programs and services of a local health department, mental health authority, and substance abuse authority.” *See* Ex. A, 1.

28. Citing Utah Code Annotated § 63G-6a and § 17-77-202, the Notice states “a procurement policy for the Bear River Health Department has been developed, reviewed by legal counsel, and adopted by the Bear River Board of Health[.]” *Id.*

29. No procurement plan is attached to the Notice, and no such plan was provided to Beecon or, upon information and belief, other SUD providers across Utah’s Box Elder, Cache, and Rich counties.

30. The Notice indicated that the Bear River Health Department was “looking for contracted services to provide substance abuse treatment that will support the fully integrated

¹ *See* <https://medicaid.utah.gov/managed-care/>

² A copy of the Notice is attached hereto as Exhibit “A.”

delivery of behavioral health services—encompassing both substance abuse and mental health—across Box Elder, Cache, and Rich Counties” to better “align our counties with other Substance Abuse and Mental Health Authorities throughout the state.” *Id.* at 2.

31. The term of the contract will begin on July 1, 2026 and end on December 31, 2033. *Id.*

32. The value of the contract is estimated to be \$2,130,000 annually. *Id.*

33. After citing several research categories used to assess qualified candidates (e.g., integrated care model, expertise in Medicaid management, streamlined oversight and efficiency, and support for current employees), the Notice informs recipients that “the Bear River Health Department intends to establish a single-source contract” with Bear River. *Id.* at 4.

34. Without explaining why, the Bear River Health Department based the decision on its finding that Bear River Mental Health is “the only licensed behavioral health provider capable of meeting the Bear River Health Department’s specific needs.” *Id.*

35. While the Notice assures “the current contract for mental health services and shared facilities in two counties will facilitate a smoother transition and enhance service integration, ultimately saving taxpayers both time and resources,” it says nothing of the effect such integration will have on the patients affected by it. *Id.*

36. On information and belief, the Notice does not satisfy the requirements of Utah Code Ann. 63G-6a-802(1)(a).

37. The Notice does not indicate that all behavioral health providers across Box Elder, Cache, and Rich counties were surveyed or inspected.

38. It does not explain why Bear River Mental Health is the “only licensed behavioral health provider capable of meeting Bear River Health Department’s specific needs,” especially

where the procurement was for SUD treatment services across all three counties and Beecon has been successfully providing SUD and mental health treatment services to Medicaid patients in Box Elder County since 2019.

39. Immediately and shortly after the Notice, and despite its many attempts to obtain it, Beecon received no additional information about the transition to the single-source contract and its potential effect on Beecon and its patients.

May 8, 2026 Transition Notice

40. On or around May 20, 2026, Beecon received a letter from Bear River dated May 8, 2026 (the “Transition Notice”).³

41. The Transition Notice notifies Beecon that:

- a. “Effective July 1, 2026, the BRMHS [Bear River Mental Health Services] PMHP [Prepaid Mental Health Plan]⁴ will also cover outpatient substance use disorder (SUD) services,” meaning that “Medicaid members in Box Elder, Cache, or Rich counties who are enrolled in the BRMHS PMHP for mental health services, will also be enrolled with BRMHS for outpatient SUD services.” *See Ex. B, 1.*
- b. “If you currently provide, or have previously provided, SUD services to Medicaid members living in Box Elder, Cache or Rich counties, you must request a single case agreement (SCA) from BRMHS in order to continue delivering outpatient SUD services on or after July 1, 2026.” *Id.*

³ A copy of the May 8, 2026 letter is attached hereto as Exhibit “B.”

⁴ The BRMHS PMHP is referred to herein as the “Bear River Plan.”

- c. [F]ailure to establish a single case agreement prior to July 1, 2026, may result in denial of payment from BRBHS for SUD services rendered on or after this date. Additionally, an approved single case agreement is your authorization to provide SUD services on or after July 1, 2026 to BRBHS enrollees.” *Id.*
- d. “[E]ffective July 1, 2026, BRMHS will be known as Bear River Behavioral Health Services (BRBHS).”

42. Thus, with six-weeks (19 business days) before the purported July 1, 2026 transition deadline, Bear River informed Beecon that it had only that abbreviated window to establish a single-case agreement (“SCA”) for each of its patients or lose them, while also subjecting those same patients to disruption in the continuity and quality of their SUD and mental health treatment.

43. The Transition Notice further communicated, or at least implied, that if Beecon failed to obtain an approved SCA for a given Beecon patient, that patient would automatically become a Bear River patient on July 1, 2026.

44. However, the Transition notice included no information regarding the mandatory SCA, other than an invitation to call and speak to a corporate compliance officer. *Id.*

45. It also provided no information whatsoever regarding continuity of care for affected patients, billing modifications, or other transition requirements.

46. At this time, Bear River also failed to provide materials or information explaining the new Medicaid policies, rules, and regulations that would govern Beecon under the SCA.

Communications with Bear River

47. Despite its urgent and repeated attempts to do so, Beecon struggled to obtain information from Bear River after receiving the Transition Notice.

48. On June 1, 2026, Beecon finally received limited information regarding the transition to the Bear River Plan and the SCAs.

49. Via email to representatives of Beecon, the Utah Health Department and Bear River confirmed the following:

- a. To continue treating SUD and mental health patients enrolled in Medicaid, Beecon must submit a SCA for each patient, along with other credentialing materials.
- b. *If approved*, each SCA is subject to a 90-day evaluation/audit period, during which Bear River will closely evaluate each SCA to ensure no “fraud, waste, or abuse occurs,” and after which Bear River will re-evaluate the SCA and make a determination for future services based on “medical necessity.” However, no information explaining the criteria for approval, factors Bear River considers in applications, or the range of its discretion is included.
- c. Though the SCAs are allegedly intended to ensure continuity of care, Bear River is “not required to contract with more providers than necessary to meet the needs of their enrollees.”
- d. Bear River functions as both the Bear River Plan manager/payor and a SUD provider/payee, thereby resulting in self-dealing and an inherent conflict of interest.
- e. For services provided on or after July 1, 2026, Medicaid claims must be submitted to Bear River based on a SCA.

50. Additionally, on or around June 1, 2026, Beecon’s Medicaid patients and Utah Medicaid members enrolled with Bear River for mental health treatment received notice from the

Utah Health Department that, starting July 1, Bear River would also be their provider for SUD services.⁵

51. To obtain Medicaid coverage for those SUD services, patients must now receive them through Bear River. *See* Ex. C, 2.

52. As made clear from these communications:

- a. On July 1, 2026, individuals residing in Box Elder, Cache, and Rich counties who are Medicaid members receiving SUD and mental health services, regardless of treatment facility, will effectively become Bear River's patients.
- b. The only way for Beecon to continue providing SUD and mental health treatment to current and future Beecon Medicaid patients who have become Bear River patients is to submit a SCA. However, there is no guarantee any given SCA will be approved or if Bear River will contract with Beecon to provide SUD services.
- c. Even if the SCA is approved, Bear River has the authority to oversee and dictate the level of care Beecon can provide to its patients.

53. Beecon was given less than 30 calendar days (19 business days) to submit SCAs for its patients with little to no guidance and information from Bear River, which is, given the number of Medicaid patients Beecon currently treats, grossly insufficient.

Bear River Level of Care

54. On information and belief, Bear River is only licensed and qualified to provide up to IOP level care for its patients.

⁵ A copy of this letter is attached hereto as Exhibit "C."

55. On information and belief, Bear River is not licensed or qualified to provide HIOP level care for its patients.

56. On information and belief, Bear River is only willing to provide up to IOP level care for its patients.

57. On information and belief, Bear River is not willing to provide HIOP level care for its patients.

58. On information and belief, Bear River believes most patients with acute SUD do not require Level 4.0, Level 3.7, Level 3.5, Level 3.1, or HIOP level care.

59. On information and belief, approximately 95% of individuals suffering from acute SUD should be referred to HIOP care after completing Level 4.0, Level 3.7, Level 3.5, and/or Level 3.1.

60. On information and belief, when patients with acute SUD present to Bear River, instead of referring them to Level 4.0, Level 3.7, Level 3.5, Level 3.1, or local providers who are qualified and licensed to provide HIOP care, Bear River simply bypasses Levels 4.0, 3.7, 3.5, 3.1, and HIOP and treats the patient at the lower IOP level of care.

61. Consequently, on information and belief, Bear River patients suffering from acute SUD that should be receiving Level 4.0, 3.7, 3.5, 3.1, or at least HIOP care are receiving a lower standard of care than befits their condition.

62. This substandard treatment from Bear River is not consistent with ASAM criteria, applicable ethical principles, and is not in the patients' best interest.

63. Under the Bear River Plan, Bear River will supervise, manage, and direct the care of 100% of Beecon's patients who are currently enrolled in Medicaid.

64. On information and belief, under Bear River's supervision and management, and even under a SCA, those patients will be immediately transitioned from HIOP to IOP care starting July 1, 2026.

65. On information and belief, if Bear River determines some or all of Beecon's patients currently receiving HIOP care only require IOP care, Bear River, at its discretion, will deny Beecon's application(s) for SCAs and transition those patients to receive IOP care at Bear River or other contracted facilities.

66. Not only will this effectively deny these patients from receiving an adequate level of care from a qualified SUD and/or mental health provider, it poses a material threat to their recovery, health, and safety under ASAM criteria and parameters ("We will do no harm").

67. Such a regression in level and quality of care increases likelihood of relapse, continued addiction, overdose, and death.

Damage

68. As a direct result of the transition to the Bear River Plan on July 1, 2026, Beecon will likely lose some or all of its Medicaid patients.

69. As a result, Beecon will lose substantial revenue upon which it relies to continue business operations and treatment services.

70. If the Bear River Plan is implemented on July 1, Beecon will suffer substantial losses in an amount to be proven at trial, but in no event less than \$300,000.

71. Beecon will also lose its ability to maintain its verified rate of recidivism, which currently stands at 37%.

72. Further, even if it submits SCAs that are accepted, Beecon's treatment of its patients will be under the exclusive supervision, management, direction, and control of Bear River,

thereby stripping Beecon of its ability to provide its Medicaid patients with the highest quality and level of care recommended by ASAM criteria.

73. By doing so, Bear River will, without providing just compensation, so deeply limit Beecon's ability to conduct business as to render it effectively unviable.

74. By doing so, Bear River will, without providing just compensation, commandeer Beecon's ability and freedom to treat patients as it deems necessary and appropriate under ASAM criteria and parameters.

75. Moreover, and most importantly, the Bear River Plan will cause irreparable harm to Beecon's Medicaid patients.

FIRST CAUSE OF ACTION:
(Regulatory Taking: Utah Constitution Article I, § 22 (all Defendants))

76. Beecon incorporates the preceding paragraphs as though fully set forth herein.

77. Article 1, § 22 of the Constitution of Utah states that “[p]rivate property shall not be taken or damaged for public use without just compensation.”

78. Beecon possesses a legally protected property interest in its expectation of continued participation in Utah Medicaid.

79. Under the direction of the Utah Health Department, the Bear River Health Department intends to establish the Bear River Plan to provide integrated mental health and substance abuse treatment in Utah's Box Elder, Cache, and Rich Counties through Bear River, which will take effect on July 1, 2026.

80. Implementation of the Bear River Plan will effectively eliminate Beecon's ability to conduct business through Utah Medicaid, resulting in an insurmountable and unrecoverable economic impact on Beecon.

81. Beecon will lose nearly 100% of its revenue stream and caseload, damaging Beecon in an amount to be proven at trial, but in no event less than \$300,000.

82. Implementation of the Bear River Plan as explained herein will also eliminate Beecon's ability to direct the treatment of its patients as it deems necessary and appropriate under ASAM criteria.

83. This interference is so onerous as to constitute a direct appropriation or ouster of Beecon and its ability to conduct business through Utah Medicaid.

84. This interference will create an effective monopoly in favor of Bear River and, upon information and belief, is incentivized by a conflict of interest in which Bear River both treats all Medicaid patients within Box Elder, Cache, and Counties and pays its own Medicaid claims.

85. The Utah Health Department, Bear River Health Department, and Bear River's interference with Beecon's property rights comes without just compensation.

SECOND CAUSE OF ACTION:
(Declaratory Judgment)

86. Beecon incorporates the preceding paragraphs as though fully set forth herein.

87. Under Utah Code Ann. § 78B-6-401, "[e]ach district court has the power to issue declaratory judgments determining rights, status, and other legal relations within its respective jurisdiction." *See* Utah Code Ann. § 78B-6-401.

88. Therefore, Beecon asks this Court for a declaratory judgment prohibiting the Bear River Plan described herein from taking effect and allowing Beecon to continue providing SUD and mental health treatment services to Medicaid patients on a FFS basis.

THIRD CAUSE OF ACTION
(Violation of Fourteenth Amendment: Due Process (all Defendants))

89. Beecon incorporates the preceding paragraphs as though fully set forth herein.

90. The Fourteenth Amendment to the United States Constitution protects against arbitrary deprivations of life, liberty, or property without due process of law.

91. Beecon has a substantive due process right to participate in Utah Medicaid by providing SUD and mental health treatment to its Medicaid patients.

92. Beecon has a liberty and property interest in practicing its profession (i.e., providing SUD and mental health treatment to its patients) without unreasonable government interference.

93. The Utah Department of Health, Bear River Health Department, and Bear River infringed on and deprived Beecon of its right to participate in Utah Medicaid and treat its patients without unreasonable government by implementing the Bear River Plan, which will formally take effect on July 1, 2026.

94. This infringement was accomplished without a rational basis because the Bear River Plan is not rationally related to a legitimate government purpose.

95. Further, Beecon's property and liberty interests were deprived without due process of law because the Utah Health Department and Bear River Health Department implemented the Bear River plan without providing adequate notice, opportunity to object, or a hearing.

96. The defendants' violation of Beecon's due process will damage Beecon in an amount to be determined at trial, but in no event less than \$300,000.

PRAYER

WHEREFORE, Beecon prays the above-entitled Court for judgment against the defendants as follows:

1. For actual damages in an amount to be proven at trial, but not less than \$300,000;
2. Declaratory judgment prohibiting the Bear River Plan described herein from taking effect and allowing Beecon to continue providing SUD and mental health treatment services to Medicaid patients on a FFS basis;
3. For an award of punitive damages;
4. For prejudgment and post judgment interest as applicable;
5. For payment of Beecon's attorney fees and court costs incurred in connection with this action; and
6. For such other and further relief as the Court deems just and equitable under the circumstances.

Pursuant to Utah R. Civ. P. 38, Beecon hereby demands a jury trial in this case.

DATED: June 24, 2026.

KESLER & RUST

/s/ Ryan B. Hancey_____

Ryan B. Hancey

J. Adam Knorr

Austin G. B. Turley

Attorneys for Beecon Recovery Inc.

VERIFICATION

Anthony Pool, President of plaintiff Beecon Recovery Inc., declares and states he has read the foregoing and understands the contents thereof, and that the same are true upon his own knowledge and as to such matters he in good faith believes them to be true.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 24th day of June, 2026 at Brigham City, Utah.

Anthony Pool

X 

Anthony Pool
President, Beecon Recovery Inc.

EXHIBIT A



NOTICE OF SINGLE SOURCE PROCUREMENT

MEMO

March 25, 2026

To: Bear River Board of Health & General Public

From: Jordan D. Mathis

Subject:

Decision to Proceed with Single Source Procurement of Substance Abuse Services to Support an Integrated Behavioral Health Service Delivery Model in Box Elder, Cache, and Rich Counties

WHEREAS, Utah Code 11-13, Interlocal Cooperation Act (the "Interlocal Act") permits the Counties to cooperate with each other to create interlocal entities to more efficiently provide governmental facilities, services, and improvements to the general public;

WHEREAS, the Bear River Health Department was created by the Counties as a local health department created, organized, and validly existing pursuant to state law;

WHEREAS, the Health Authorities Act requires a multicounty united local health department to administer the programs and services of a local health department, mental health authority, and substance abuse authority

WHEREAS, the Counties desire to monitor, review, and evaluate the performance of and compliance with all contracts for funding of mental health and substance abuse services through the Bear River Health Department;

WHEREAS, in accordance with Utah Code 17-77-202, each local substance abuse authority shall award all public funds in accordance with Title 63G, Chapter 6a, Utah Procurement Code, or a county procurement ordinance adopted under Section 17-63-506.

WHEREAS, in accordance with Title 63G, Chapter 6a, Utah Procurement Code, and the Multicounty United Local Health Department Interlocal Agreement, a procurement policy for the Bear River Health Department has been developed, reviewed by legal counsel, and adopted by the Bear River Board of Health; and

WHEREAS, in accordance with the adopted procurement policy of the Bear River Health Department, single source procurement is allowed with a minimum of: (1) a description of the procurement item, (2) the total dollar value of the item, (3) the duration of the contract, and (4) research completed documenting that there are no other competing sources for the procurement.

Description:

The Bear River Health Department is looking for contracted services to provide substance abuse treatment that will support the fully integrated delivery of behavioral health services—encompassing both substance abuse and mental health—across Box Elder, Cache, and Rich Counties. Transitioning to this integrated model is crucial for improving care coordination and enhancing behavioral health outcomes for our community members. Additionally, adopting this model will align our counties with other Substance Abuse and Mental Health Authorities throughout the state.

Total Value:

The total contracted amount is estimated at \$2,130,000 annually, but will be dependent on the annual allocation letter provided by the Utah Department of Health and Human Services. In addition, any revenue from approved Medicaid services, other fees for services billed to other insurers, or individual patients.

Duration of Contract:

The Contract terms shall begin on July 1, 2026, and end on December 31, 2033.

Completed Research:

Integrated Care Model

The behavioral health services provided under the formal Substance Abuse and Mental Health Authorities of the counties have historically been siloed between mental health treatment and substance abuse treatment. The need for an integrated approach that simultaneously addresses mental health and substance abuse issues is crucial, especially for individuals with dual diagnoses. This model promotes better coordination of care, leading to improved health outcomes and a more comprehensive treatment experience for clients. However, this integrated model must comply with the requirements of Utah Code 17-77, Parts 2 and 3. Therefore, the contractor is preferred to have experience working with and providing contractual behavioral health services in accordance with Utah Code 17-77.

Expertise in Medicaid Management

Behavioral health services offered to eligible Medicaid enrollees in the counties have also been siloed. For decades, mental health services have been provided under a capitated model managed by a Medicaid Prepaid Mental Health Plan (PMHP), while substance abuse services have been delivered on a fee-for-service basis by any willing provider. As we move toward integrated behavioral health services in our area, it makes sense to adopt a unified model for Medicaid enrollees. This would involve shifting substance abuse treatment to a capitated model managed by a PMHP. Therefore, the selected contracted provider must have expertise as a PMHP, enabling them to effectively oversee Medicaid capitation for substance abuse treatment. Their experience ensures compliance with regulatory requirements and optimizes the use of funds to support integrated care initiatives.

Streamlined Oversight and Efficiency:

Consolidating to a single provider of behavioral health services will streamline programs and oversight, maximizing efficiencies in funding, staffing, and resource distribution. This move will improve government efficiency by reducing overlapping responsibilities, ultimately freeing up more resources for those in need. Additionally, it will reduce confusion in the community and make it easier for both the partner and the public to access the resources they or their clients need.

Support for Current Employees:

Part of the integration and streamlining efforts will involve transferring 21 employees from the Bear River Health Department to a new provider. One key requirement for the new provider is the ability to offer these transitioning employees the same stability in their income, benefits, and retirement as they currently have. The new provider must be eligible to provide employees access to the Utah Retirement System benefits. This will ensure that current employees' retirement benefits are preserved. This stability is vital for maintaining a skilled workforce dedicated to providing high-quality integrated behavioral health services.

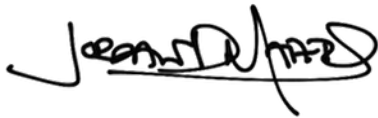
Conclusion:

In summary, pursuing procurement for substance abuse treatment services in Box Elder, Cache, and Rich Counties is a strategic initiative to improve community health outcomes and enhance operational efficiency. This approach demonstrates our commitment to providing integrated, comprehensive, and effective behavioral health services for those in need.

Given the unique requirements outlined in the research section, the Bear River Health Department intends to establish a single-source contract with Bear River Mental Health Services, Inc. They are currently the only licensed behavioral health provider capable of meeting the Bear River Health Department's specific needs.

Furthermore, the current contract for mental health services and shared facilities in two counties will facilitate a smoother transition and enhance service integration, ultimately saving taxpayers both time and resources.

Regards,

A handwritten signature in black ink, appearing to read "Jordan D. Mathis". The signature is stylized with a large initial "J" and a long horizontal stroke at the end.

Jordan D. Mathis
Health Officer

EXHIBIT B



May 8, 2026

Dear Medicaid Fee-for-Service Provider

Currently, Bear River Mental Health Services (BRMHS) is a Medicaid prepaid mental health plan (PMHP) managed care plan that provides inpatient and outpatient mental health services to its enrollees.

Effective July 1, 2026, the BRMHS PMHP will also cover outpatient substance use disorder (SUD) services.. This means that Medicaid members in Box Elder, Cache, or Rich counties who are enrolled in the BRMHS PMHP for mental health services, will also be enrolled with BRMHS for outpatient SUD services.

Also, effective July 1, 2026, BRMHS will be known as Bear River Behavioral Health Services (BRBHS).

If you currently provide, or have previously provided, SUD services to Medicaid members living in Box Elder, Cache or Rich counties, you must request a single case agreement (SCA) from BRMHS in order to continue delivering outpatient SUD services on or after July 1, 2026.

To initiate a single case agreement, call us at 435-752-0750 or at 800-620-9949. Ask to speak to the corporate compliance officer who can assist you with questions regarding Medicaid SUD services and our contracting requirements.

Please note that failure to establish a single case agreement prior to July 1, 2026, may result in denial of payment from BRBHS for SUD services rendered on or after this date.

Additionally, an approved single case agreement is your authorization to provide SUD services on or after July 1, 2026 to BRBHS enrollees.

If you have any questions, contact us at 435-752-0750 or at 800-620-9949 and ask to talk with the corporate compliance officer.

Sincerely,

Bear River Mental Health Services

EXHIBIT C



Utah Department of
Health & Human Services
Integrated Healthcare

CHARLES

See other side for English

Estimado miembro de Medicaid:

Usted está recibiendo esta carta porque usted tiene Medicaid y está inscrito para el plan de atención administrada de salud mental con Bear River Mental Health Services (BRMHS).

A partir del 1 de Julio del 2026, BRMHS también va a cubrir los servicios para el trastorno por consumo de sustancias. Esto significa que para que Medicaid cubra los servicios para el trastorno por consumo de sustancias, debe de obtener estos servicios a través de BRMHS.

Si usted está recibiendo o necesita los servicios para el trastorno por consumo de sustancias, llame a Bear River Mental Health Services al:

435-752-0750 o al 800-620-9949.

Pida hablar con alguien sobre estos servicios. Ellos le ayudarán a obtener servicios para el trastorno por consumo de sustancia a partir del 1 de Julio del 2026.

Estos cambios no le afectan si usted:

- no está recibiendo o necesita servicios para el trastorno por consumo de sustancias.
- está recibiendo servicios para el trastorno por consumo de sustancias en el departamento de salud de Bear River. Usted puede continuar viendo ese mismo proveedor.
- está recibiendo metadona a través de una clínica de metadona. Usted puede continuar obteniendo metadona de una clínica de metadona. Si usted está recibiendo terapia en una clínica de metadona, es posible que BRMH te pida que cambies de terapeuta. Llame a BRMH al 435-757-0750 y pregunte por alguien para hablar sobre estos servicios.
- está recibiendo servicios para el trastorno por consumo de sustancias con un proveedor de un centro de salud calificado federalmente (como Bear Lake Community Health Center). Usted puede continuar recibiendo estos servicios con estos proveedores.

También, a partir del 1 de Julio del 2026, BRMH va a cambiar su nombre a Bear River Behavioral Health.

BRMH espera con gusto poder ayudarle a recibir servicios para el trastorno por consumo de sustancias, si los necesita.



Utah Department of
Health & Human Services
Integrated Healthcare

Veá el otro lado para Español

Dear Medicaid Member:

You are getting this letter because you have Medicaid and you are enrolled with Bear River Mental Health Services (BRMHS) as your Medicaid mental health managed care plan.

Starting July 1, 2026, BRMHS will also be your Medicaid substance use disorder (SUD) services managed care plan. This means for Medicaid to pay for SUD services, you must get these services through BRMHS.

If you are now getting or want to get SUD services, call BRMHS at:

435-752-0750 or 800-620-9949.

Ask to talk to someone about SUD services. They will help you get the SUD services you need starting July 1, 2026.

This change does not affect you if:

- you are not getting or do not want SUD services.
- you are getting SUD services from a provider at the Bear River Health Department (BRHD). You can keep your BRHD provider.
- you are getting methadone from a methadone clinic. You can keep getting methadone from a methadone clinic. If you are getting other services from the methadone clinic, call BRMHS at one of the numbers above. Ask to talk to someone about the other services you are getting from the methadone clinic.
- you are getting SUD services from the federally qualified health center (FQHC) (such as Bear Lake Community Health Center). You can keep getting SUD services from an FQHC.

Also, effective July 1, 2026, BRMHS's name will change to Bear River Behavioral Health Services (BRBHS).

BRMHS (BRBHS, July 1) looks forward to helping you get SUD services, if you need them.