

Connecticut 1115 SUD Waiver Public Forum

September 24, 2024

Department of Children and Families
Department of Correction
Department of Mental Health and Addiction Services
Department of Public Health
Department of Social Services
Judicial Branch
Office of Policy Management
Mercer Government Solutions



Agenda

1. Welcome and Opening Remarks
2. Meeting Information and Requests
3. Introductions
4. Public Forum Information
5. SUD Program Background, Goals, Objectives and Eligibility
6. Review of Milestones 1-6 and Review of HIT Metrics
7. Grievances and Appeals
8. Public Comment
9. Adjourn



Meeting Information and Requests

- The Public Forum will be recorded and posted to the Connecticut SUD 1115 Demonstration page.
- Please enter your name and agency/organization (if you are attending on behalf of an agency/organization) in the chat.
- Please make sure you are muted during the meeting.
- Please raise your hand if you would like to comment during the public comment period.



Presenters

Department of Social Services

- Fatmata Williams - Director of Medical Administration
- Alexis Mohammed – Licensed Clinical Social Worker
- Trishan Lakha – Principal Cost Analyst

Department of Children and Families

- Keri Lloyd - Behavioral Health Program Manager

Department of Corrections

- Micah Mann – Parole Supervisor

Department of Mental Health and Addiction Services

- Robert Haswell – Section Chief, Managed Services

Judicial Branch

- Michael Aiello - Program Manager II

Mercer Government Solutions

- Brenda Jackson



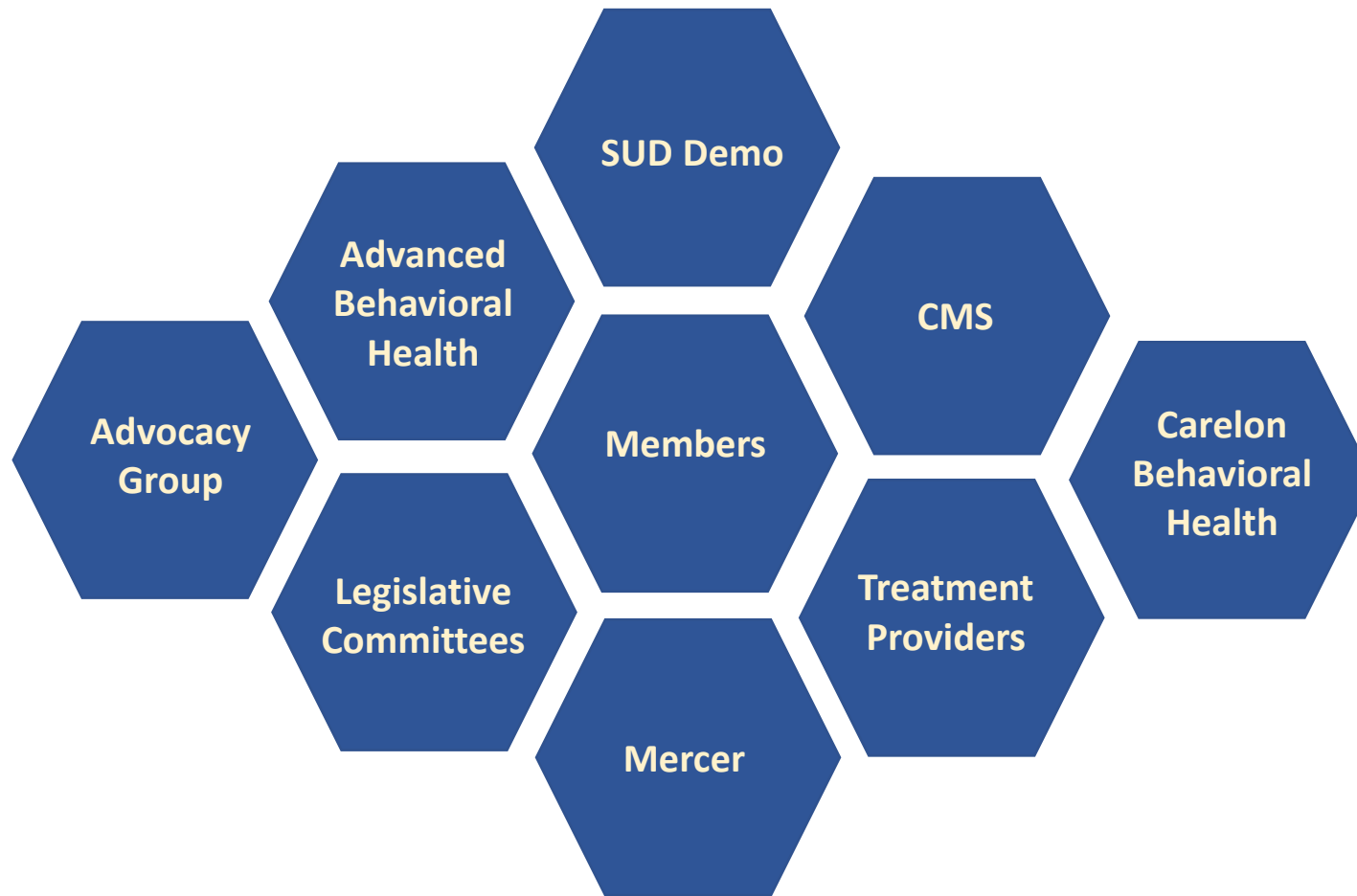
Public Forum Information

- As a requirement of the 1115 SUD waiver, Connecticut must hold a public forum annually to provide an opportunity for program stakeholders to give input and feedback on the Medicaid SUD 1115 Waiver.
- The public forum must be held annually with the first public forum held within six months of waiver approval. The Connecticut SUD waiver was approved on April 14, 2022 and the first Public Forum was held on October 22, 2022.
- Public comment received today will be recorded, documented in the meeting minutes and responses to public comment will be posted to the DSS “Connecticut SUD 1115 Waiver Demonstration” page on ct.gov. and on the Secretary of State website on the Public Meeting Calendar.
- Members of the public can also provide written comment by October 18th to Alexis.Mohammed@ct.gov.



SUD 1115 Waiver Program Overview



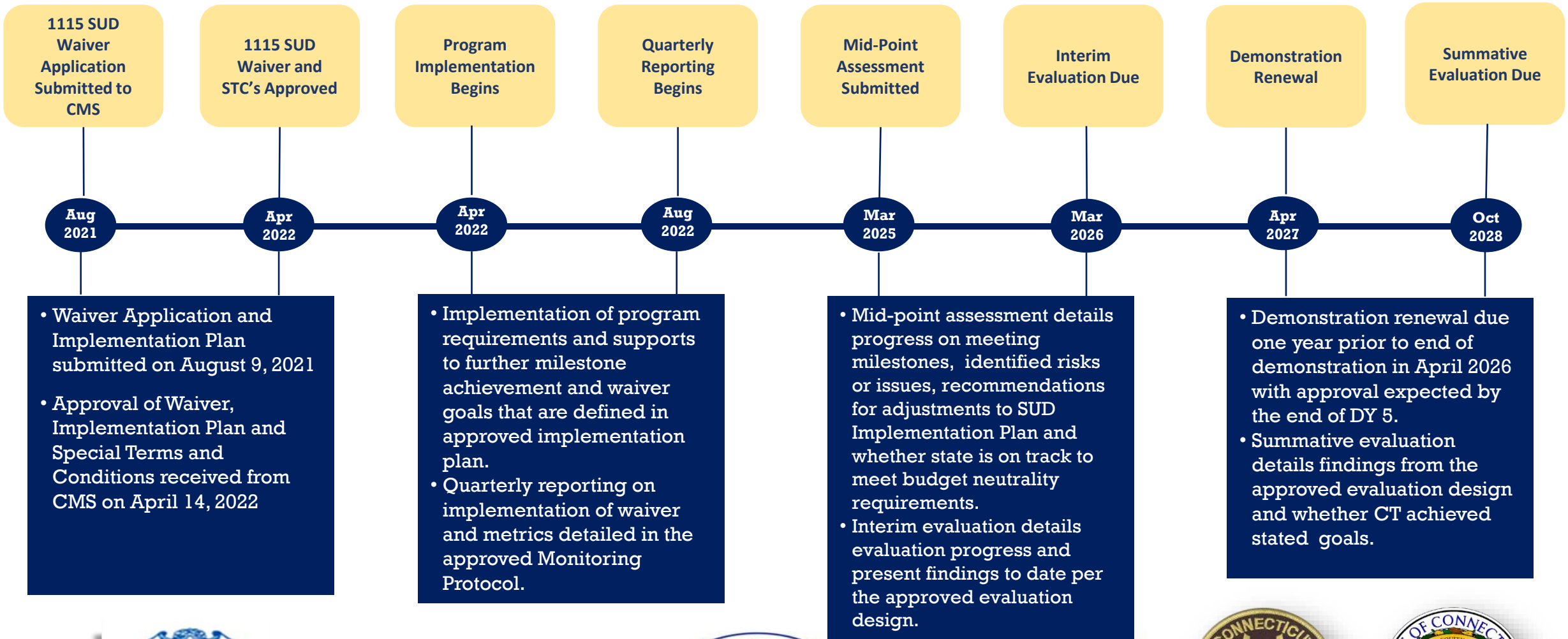


Connecticut SUD 1115 Medicaid Waiver and Purpose

- As part of the US Department of Health and Human Services effort to combat the ongoing opioid crisis, CMS created an opportunity under the authority of section 1115(a) of the Social Security Act for states to demonstrate and test flexibilities to improve the SUD service system for beneficiaries.
- The purpose of this waiver is to allow coverage of residential and inpatient SUD services under HUSKY Health that have previously been excluded due to longstanding federal policies.
- Connecticut received CMS approval of the waiver on April 14, 2022, with a Demonstration approval period through March 2027.



Key Dates and Deliverables in the Demonstration Period



Waiver Goals

- **Demonstration goals include:**

- Increased rates of identification, initiation and engagement in treatment for opioid use disorder (OUD) and other SUDs;
- Increased adherence to and retention in treatment for OUD and other SUDs;
- Reductions in overdose deaths, particularly those due to opioids;
- Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatments where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;
- Fewer readmissions to the same or higher level of care where readmissions are preventable or medically inappropriate for OUD and other SUDs; and
- Improved access to care for physical health conditions among beneficiaries with OUD and other SUDs.



SUD Waiver Eligibility

- This Demonstration removed Medicaid payment barriers for SUD residential and inpatient treatment, ensuring critical access for all coverage groups:
 - HUSKY A — Medicaid for children, teens, parents, relative caregivers and pregnant women;
 - HUSKY B — Children’s Health Insurance Program for children and teens up to age 19;
 - HUSKY C — Medicaid for adults 65 and older and adults with disabilities, including long-term services and supports and Medicaid for Employees with Disabilities;
 - HUSKY D — Medicaid for low-income adults without dependent children.



SUD 1115 Waiver Milestone Updates and Metric Reporting



1115 SUD Demonstration Waiver Evaluation

The State's Independent Evaluator is Mercer.

- Mercer calculates the CMS-required SUD demonstration metrics following CMS technical specifications.
- The metrics run three-months after the dates of services using the first of the following month for the “as of” date to have consistency and ensure the metrics are calculated based on a stable percentage of submitted claims.
- Creating the metrics in this manner allows CMS to conduct valid comparisons across all states regardless of the date.
- The dates of service for October 1-31, 2023, are reported “as of” February 1, 2024; November 1–30, 2023 dates of service “as of” March 1, 2024; and December 1–31, 2023 dates of service “as of” April 1, 2024.
- The data are sent to Mercer, validated, compiled, metrics are calculated, and then the reports are written and submitted to CMS in September 2024.



Milestone 1: Access to Critical Levels of Care

Milestone Description and Specification	Status
<p>Coverage of a) outpatient, b) intensive outpatient services, c) medication-assisted treatment (MAT) [medications, as well as counseling and other services with sufficient provider capacity to meet the needs of Medicaid beneficiaries in the state], d) intensive LOCs in residential and inpatient settings and e) medically supervised withdrawal management.</p>	<p>Complete</p>
<p>Metrics:</p> <ul style="list-style-type: none"> • Medicaid Beneficiaries with SUD Diagnosis (monthly). • Medicaid Beneficiaries with SUD Diagnosis (annually). • Number of Beneficiaries Receiving any SUD Treatment Service, Facility Claim, or Pharmacy Claim During the Measurement Period (monthly). • Number of Beneficiaries who used Early Intervention Services (such as Screening, Brief Intervention and Referral to Treatment [SBIRT]) (monthly). • Number of Beneficiaries who used Outpatient Services (monthly). • Number of Beneficiaries who used Intensive Outpatient and Partial Hospitalization Services (monthly). • Number of Beneficiaries who used Residential and Inpatient Services (monthly). • Number of Beneficiaries who used Withdrawal Management (monthly). • Number of Beneficiaries who used MAT (monthly). • Continuity of Pharmacotherapy for OUD (annually). 	<p>CMS Approved Outcomes</p> <ul style="list-style-type: none"> • Increase over baseline for all metrics



Milestone 1: DY2 Activities to Support Milestone Achievement

- Connecticut provided ASAM training including skill building training through the Train for Change Company, as well as motivational interviewing and peer support training and deployed on-demand ASAM training for providers.
- Development of a monthly webinar training series to support key areas of the ASAM criteria that will begin in DY3 and provide an opportunity for providers to discuss challenges with capacity and utilization.
- Providers of ASAM 3.7 and 3.5 LOCs began offering flex beds at 3.5 and 3.1 LOCs on May 1, 2023, which allow beneficiaries to remain in a single treatment facility offering longer and individualized care throughout the ASAM residential continuum according to medical necessity.
- The State held a provider meeting for ambulatory adolescent providers regarding implementation of Demonstration standards. The State disseminated access to the Change Companies' online Introduction to ASAM module to DCF staff and providers, trained DCF-contracted treatment providers on a newly developed version of the evidenced-based Global Appraisal of Individual Needs (GAIN Q4) and offered six recovery-oriented trainings for DCF staff and community providers.
- The State continued efforts to increase rates of identification, initiation, and engagement in treatment through use of Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT) at Outpatient Psychiatric Clinics for Children (OPCCs) by offering A-SBIRT trainings and Learning Community Sessions on successful implementation of A-SBIRT use of care coordination successes and barriers, managing confidentiality of minors and data collection.



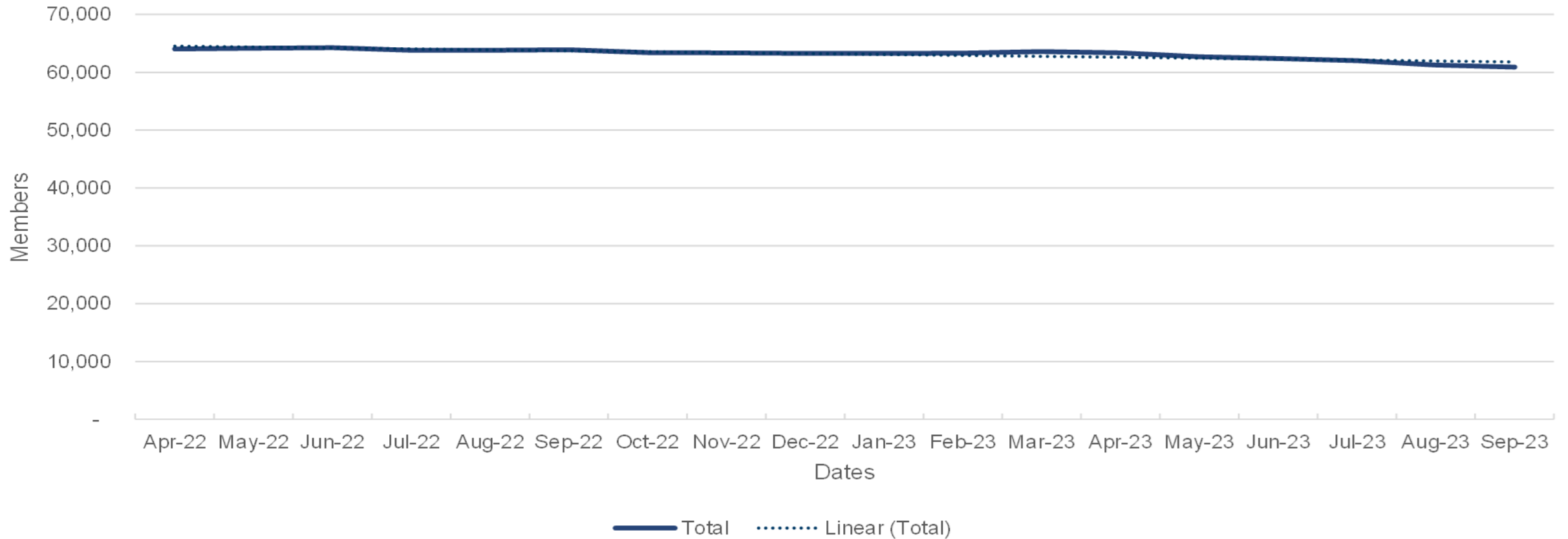
Milestone 1 Annual Metrics: Demonstration Year One Data

National Stewards	Date	Rate
Metric #22: Continuity of Pharmacotherapy for OUD	CY2022	.7060
CMS Defined Metrics	Dates	Values
Metric #4: Medicaid Beneficiaries with SUD Diagnosis (annually)	4/1/2022-3/31/2023	80,337
Metric #4: Medicaid Beneficiaries with SUD Diagnosis (annually) - OUD	4/1/2022-3/31/2023	36,010



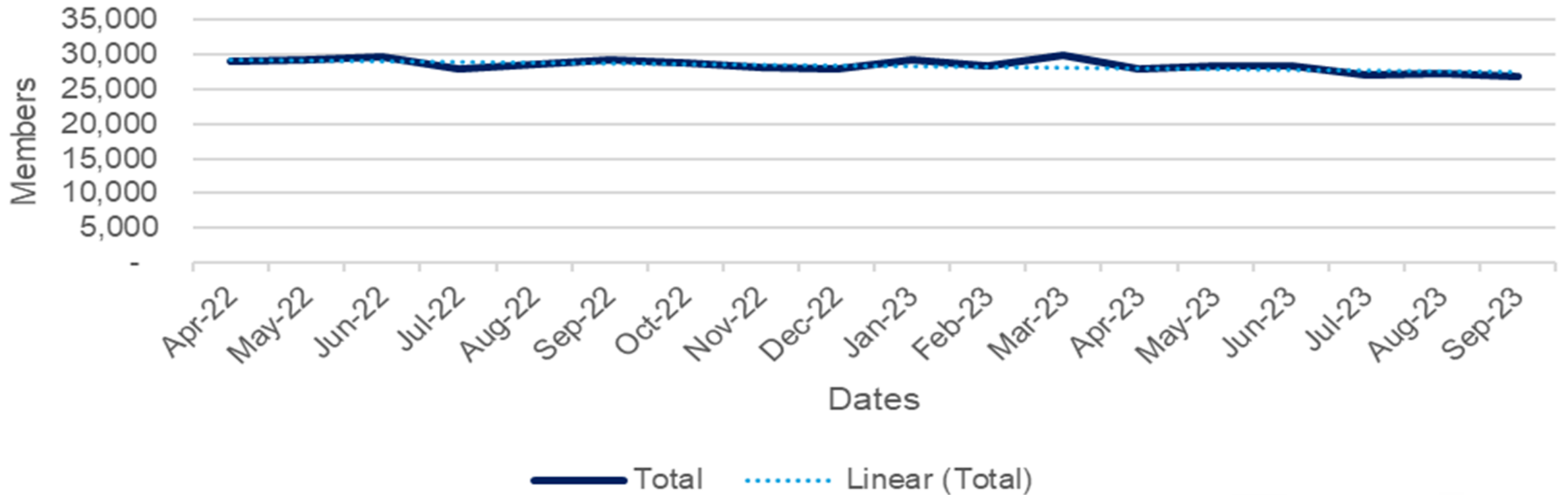
Metric 3: Members with an SUD Diagnosis

Metric #3: Members with SUD Diagnosis through QE 09/30/2023



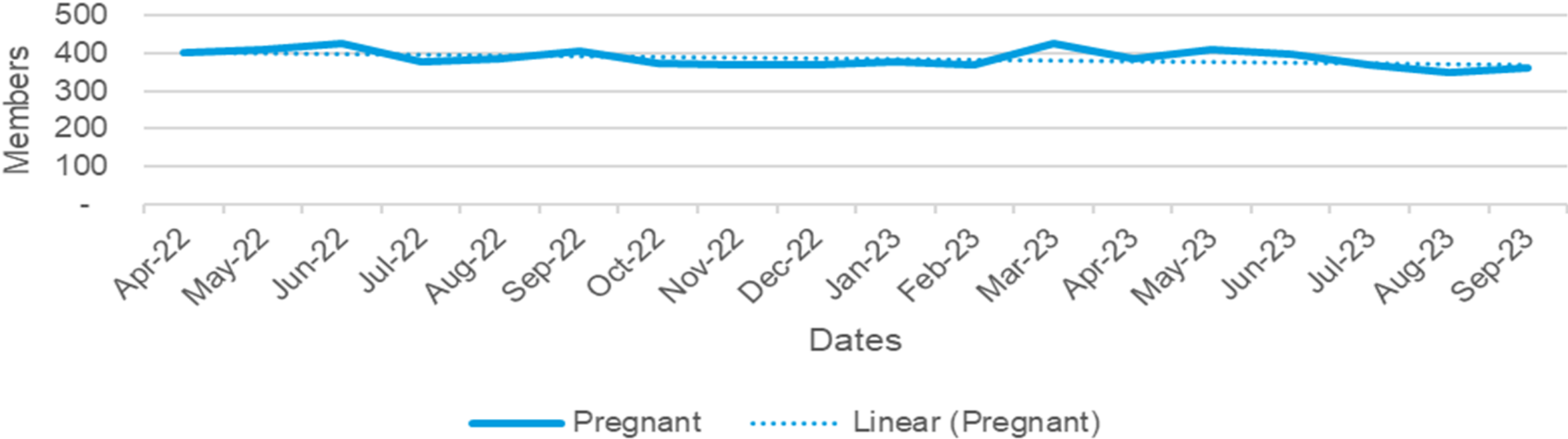
Metric 6: Members Receiving SUD Treatment

Metric #6: Members Receiving Any SUD Services (unduplicated) through QE 09/30/2023



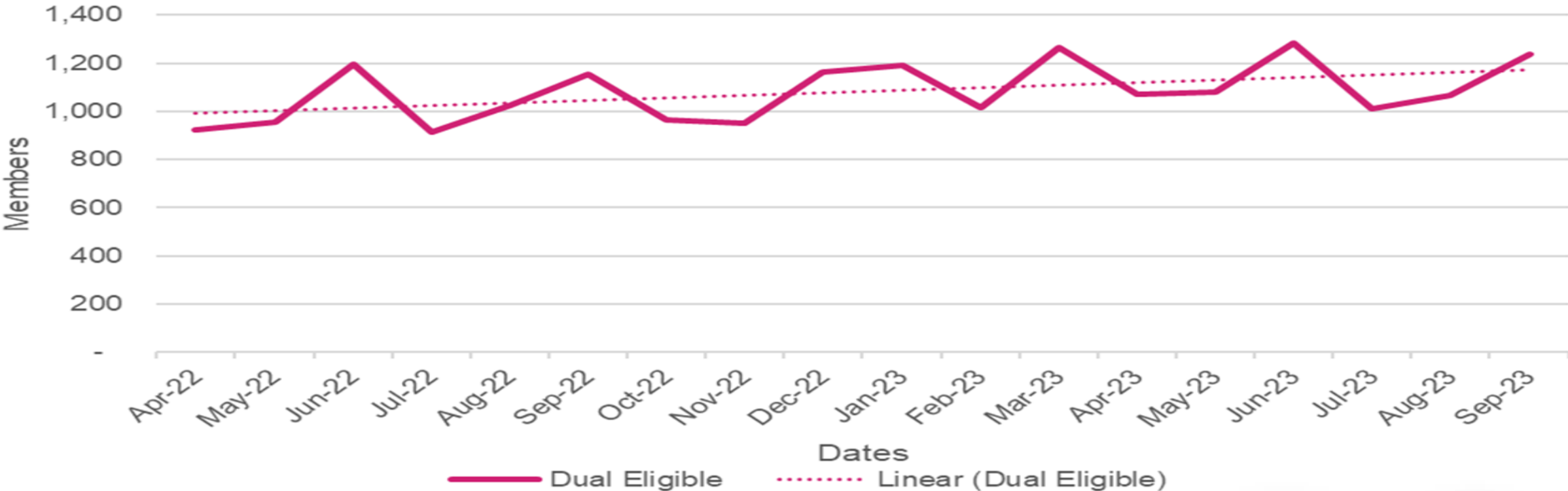
Metric 6: Pregnant Members Receiving Any SUD Services

Metric #6: Pregnant Members Receiving Any SUD Services
(unduplicated)
through QE 09/30/2023



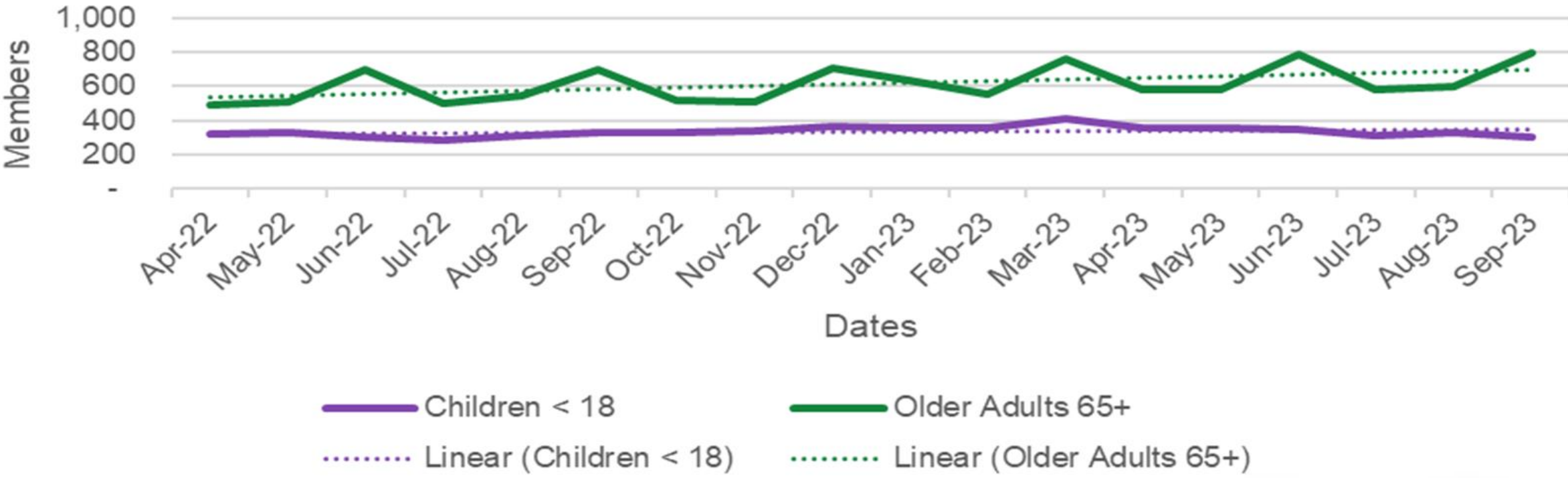
Metric 6: Dual Eligible Members Receiving Any SUD Services

Metric #6: Dual Eligible Members Receiving Any SUD Services (unduplicated) through QE 09/30/2023



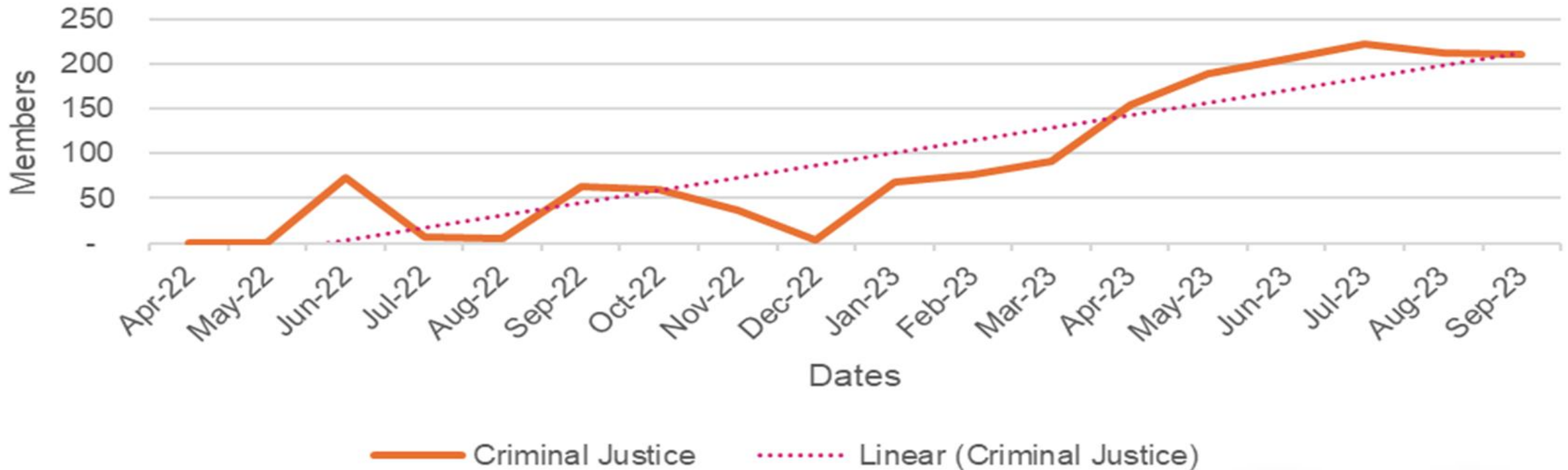
Metric 6: Non-Adult Members Receiving Any SUD Services

Metric #6: Non-Adult Members by Age Receiving Any SUD Services (unduplicated) through QE 09/30/2023



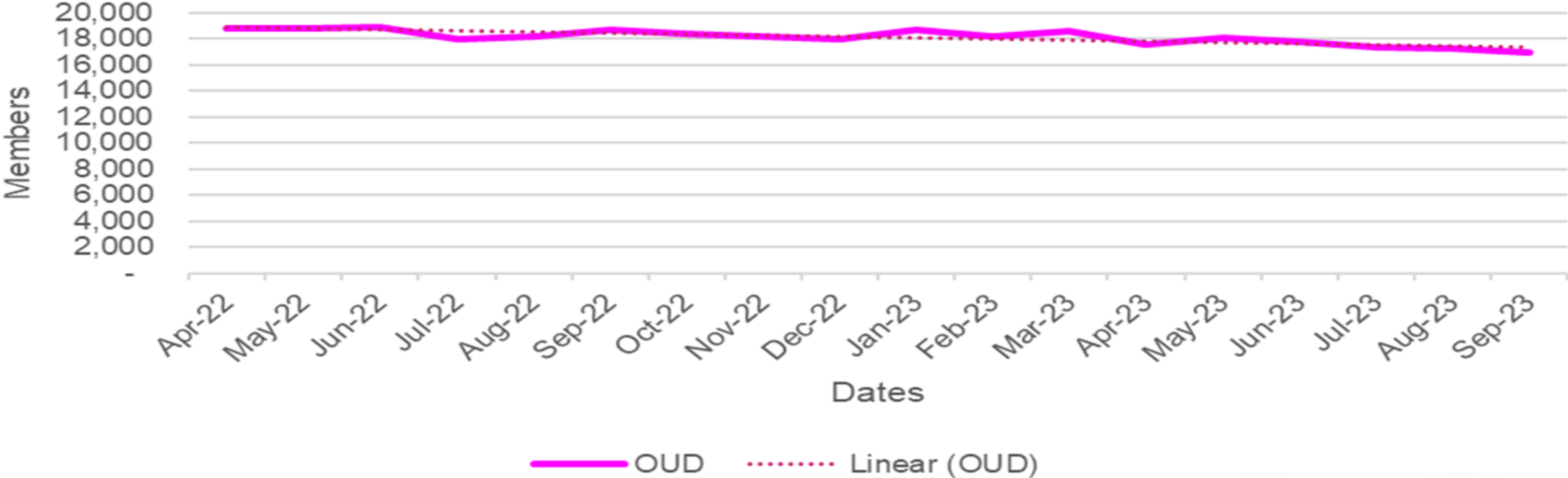
Metric 6: Members With Criminal Justice Involvement Receiving Any SUD Services

Metric #6: Members with Criminal Justice Involvement Receiving Any SUD Services (unduplicated) through QE 09/30/2023



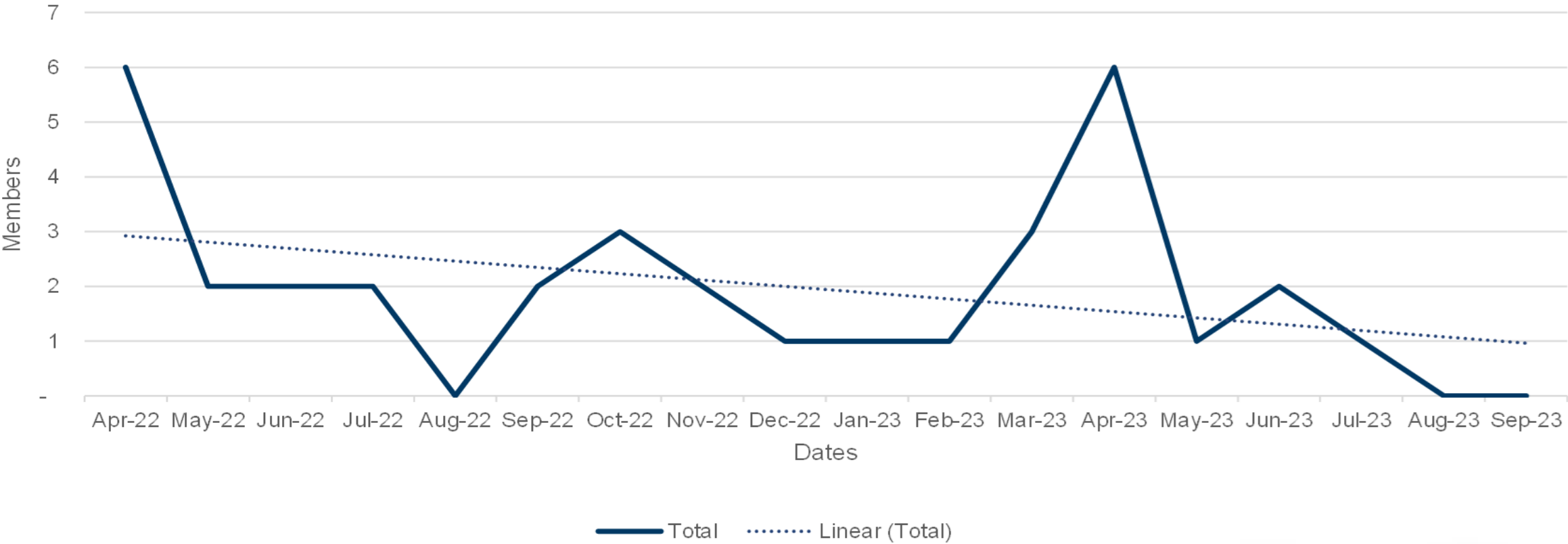
Metric 6: Members with OUD Receiving Any SUD Services

Metric #6: Members with OUD Diagnosis Receiving Any SUD Services (unduplicated) through QE 09/30/2023



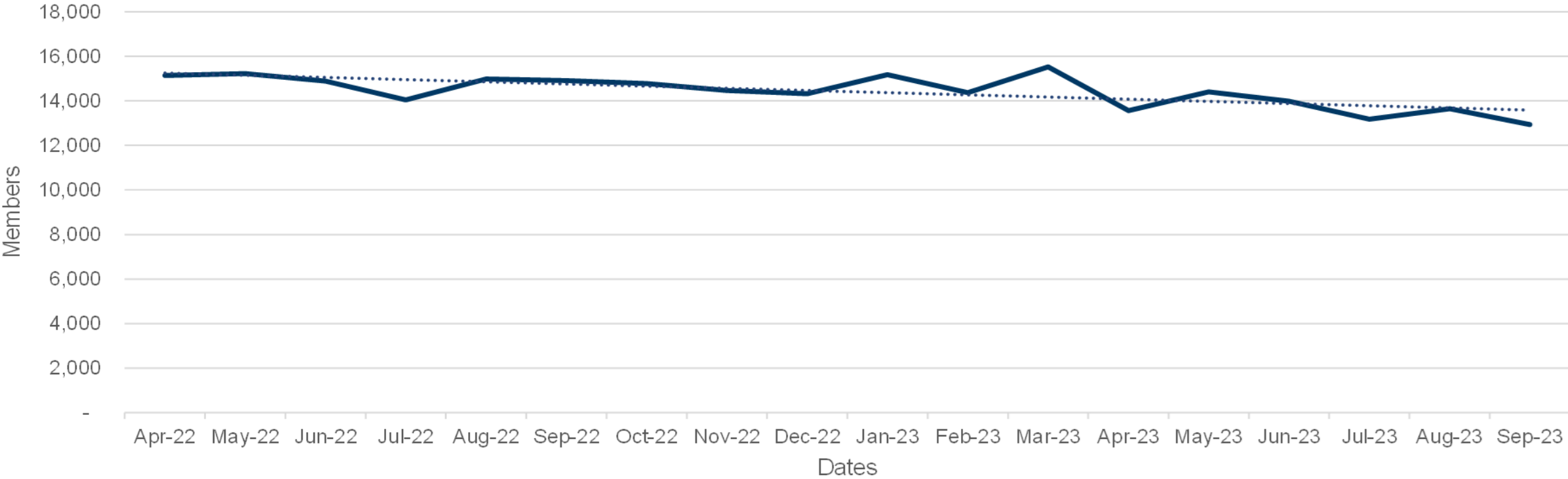
Metric 7: Members Receiving Early Intervention

Metric #7: Members Receiving Early Intervention through QE 09/30/2023



Metric 8: Members Receiving Outpatient Services

Metric #8: Members Receiving Outpatient Services through QE 09/30/2023

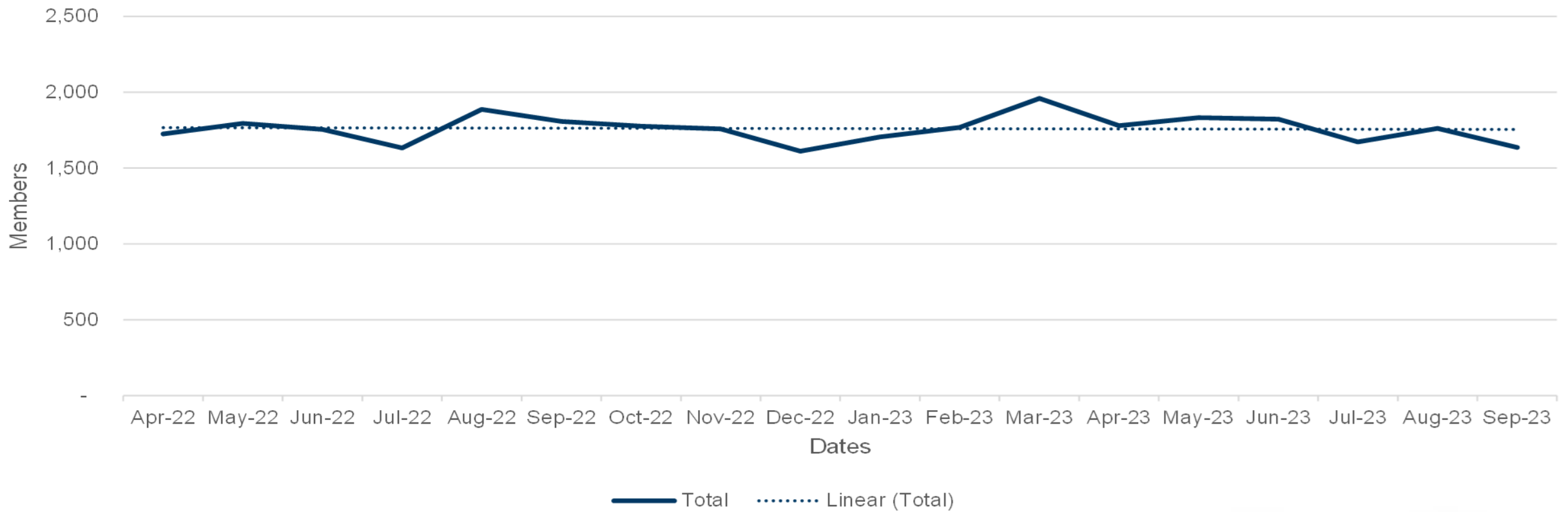


— Total Linear (Total)



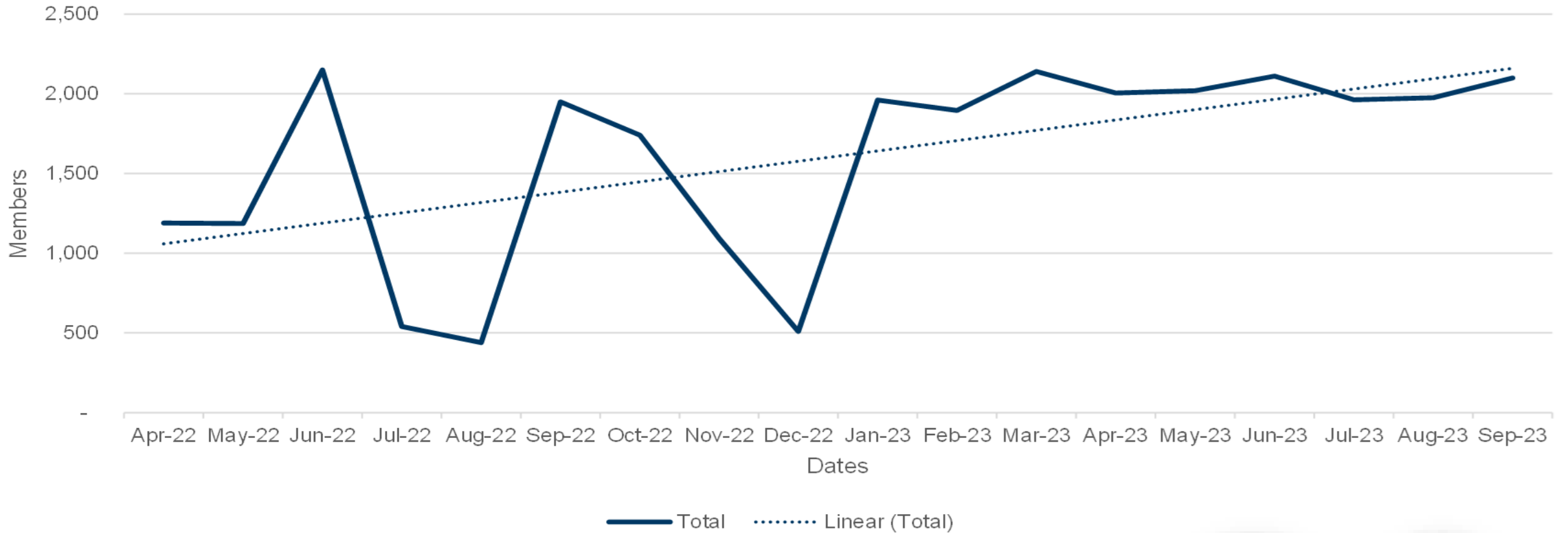
Metric 9: Members Receiving Intensive Outpatient Services and Partial Hospitalization

Metric #9: Members Receiving IOP/PH through QE 09/30/2023



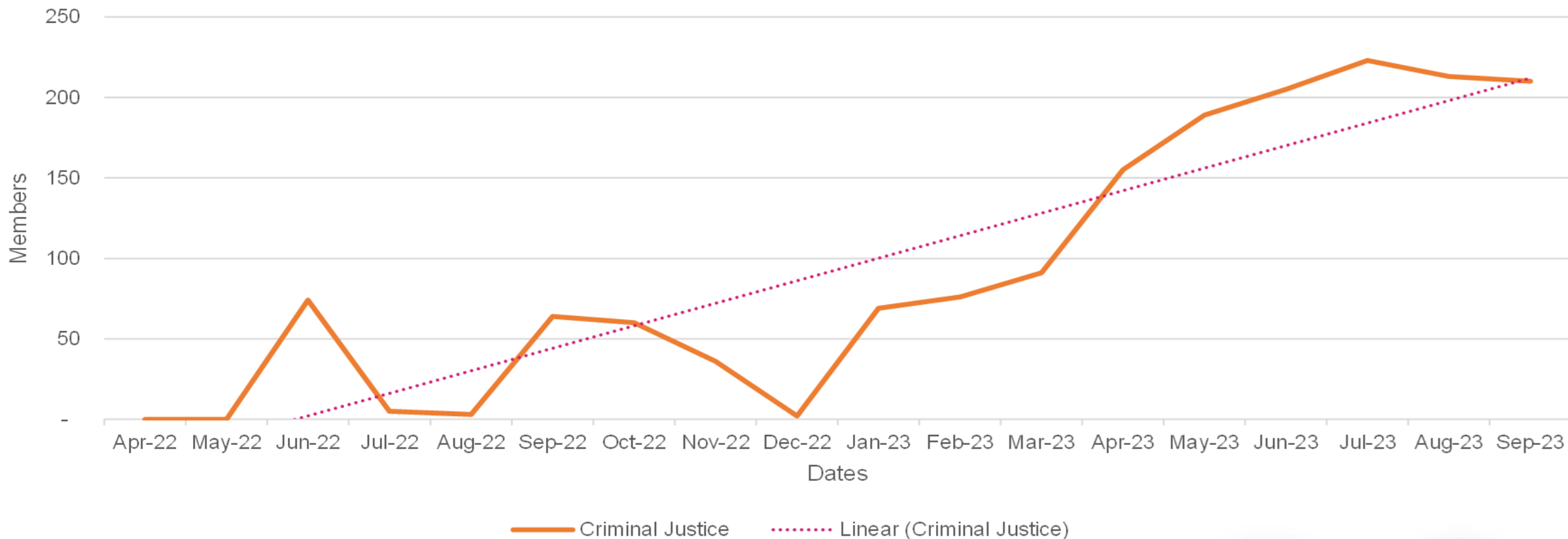
Metric 10: Members Receiving SUD Residential and Inpatient Services

Metric #10: Members Receiving SUD Residential and Inpatient Services through QE 09/30/2023

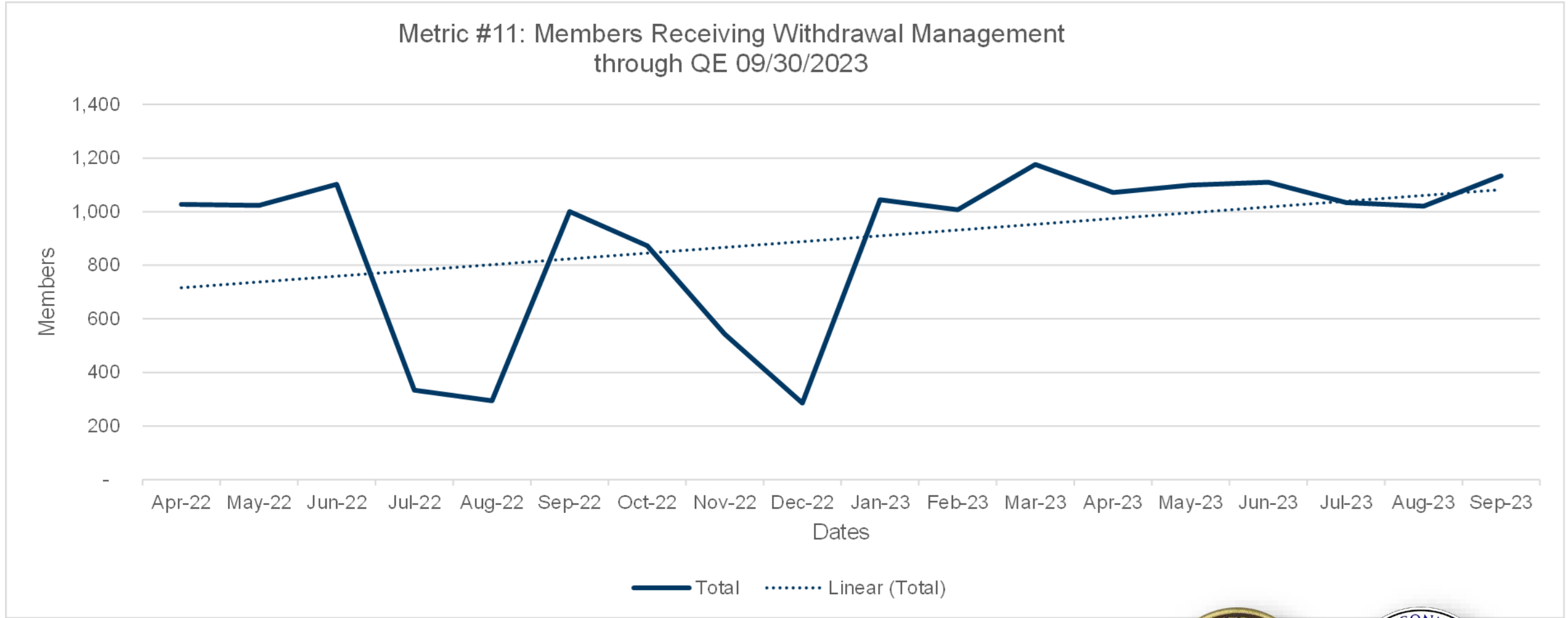


Metric 10: Members With Criminal Justice Involvement Receiving SUD Residential and Inpatient Services

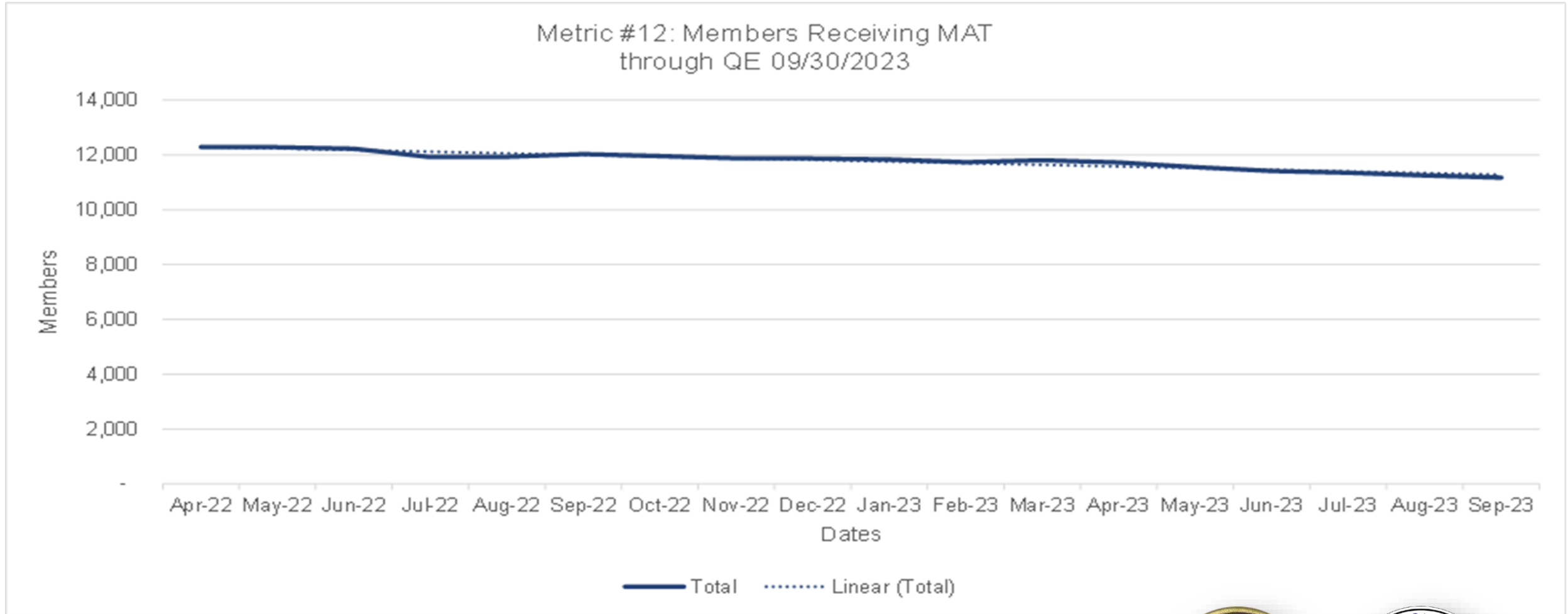
Metric #10: Members with Criminal Justice Involvement Receiving SUD Residential and Inpatient Services through QE 09/30/2023



Metric 11: Members Receiving Withdrawal Management



Metric 12: Members Receiving MAT



Milestone 2: Use of Evidence-Based, SUD Specific Patient Placement Criteria

Milestone Description and Specification	Status
<ul style="list-style-type: none"> Implementation of the requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools such as the ASAM criteria or other patient placement assessment tools that reflect evidence-based clinical treatment guidelines. Implementation of a utilization management approach such that: a) beneficiaries have access to SUD services at the appropriate LOC, b) interventions are appropriate for the diagnosis and LOC, and c) there is an independent process for reviewing placement in residential treatment settings. 	<p>In Progress</p>
<p>Metrics:</p> <ul style="list-style-type: none"> Medicaid Beneficiaries Treated in an Institution for Mental Disease (IMD) for SUD (annually). Average Length of Stay in IMDs (annually). 	<p>CMS Approved Outcomes</p> <ul style="list-style-type: none"> Increase over baseline Decrease over baseline



Milestone 2: DY2 Activities to Support Milestone Achievement

- State partners and the State's certification and monitoring agency, Advanced Behavioral Health (ABH), meet regularly with providers on certification and auditing requirements including provider assessments driving individualized treatment for the members' diagnosis at the appropriate LOC.
- DMHAS and ABH began monitoring for approximately 175 ambulatory programs with DCF working with ABH to monitor an additional 11 adolescent programs. Collaborative Improvement Plans (CIPs) were distributed to ambulatory, outpatient hospital, OTP, and FQHC providers still in need of improvement.
- The State's Administrative Service Organization (ASO) Carelon utilizes ASAM Third Edition when assessing medical necessity for admission to all SUD LOCs. Carelon produces a monthly report for residential LOCs with initial and concurrent authorization requests. Carelon conducts the independent review process for residential placement.
- The State provided guidance to ensure that members are not denied admission to residential programs based solely on treatment history, medication profile, and/or co-occurring conditions.
- JB-CSSD has opened a transitional housing program to assist with transition to lower levels of ambulatory care.



Milestone 2 Annual Metrics: Demonstration Year One Data

CMS Defined Metrics	Dates	Values
Metric #5 Medicaid Beneficiaries Treated in an IMD for SUD	4/1/2022–3/31/2023	6,281 beneficiaries
Metric #36 Average Length of Stay in IMDs	4/1/2022–3/31/2023	10.9 days
Metric #36 Average Length of Stay in IMDs for the OUD Population	4/1/2022–3/31/2023	11.9 days



Milestone 3: Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities

Milestone Description and Specification	Status
<ul style="list-style-type: none"> • Implementation of residential treatment provider qualifications in licensure requirements, policy manuals, or other guidance. Qualification should meet program standards in the ASAM criteria, or other nationally recognized, evidence-based SUD-specific program standards regarding, the types of services, hours of clinical care and credentials of staff for residential treatment settings. • Implementation of state process for reviewing residential treatment providers to ensure compliance with these standards. • The requirement that residential treatment facilities offer MAT on-site or facilitate access off-site. 	<p>In Progress</p>
<p>Metrics:</p> <ul style="list-style-type: none"> • No reported metrics only qualitative evaluations will be performed. 	<p>CMS Approved Outcomes</p> <ul style="list-style-type: none"> • No reported metric, only qualitative evaluations



Milestone 3: DY2 Activities to Support Milestone Achievement

- Connecticut established a four-phase monitoring process at the beginning of the Demonstration.
- DMHAS and ABH continued intensive ASAM certification monitoring by completing Phase 3 of monitoring with residential SUD programs. During this phase, the medical record sampling methodology was expanded utilizing the 8/30 monitoring method created by the National Committee for Quality Assurance.
- DMHAS and ABH utilized the findings from this monitoring phase to meet with all 42 residential providers and to discuss findings, develop CIPs to assist programs in continuing their progress towards full certification.
- Technical assistance was provided to programs where needed or requested.
- 42 residential programs were audited in Demonstration year two



Milestone 4: Sufficient Provider Capacity and Critical LOCs including MAT for OUD

Milestone Description and Specification	Status
<ul style="list-style-type: none"> Completion of assessment of the availability of providers enrolled in Medicaid and accepting new patients in the critical LOCs throughout the State (or at least in participating regions of the State) including those that offer MAT. 	<p style="text-align: center;">In Progress</p>
<p>Metrics:</p> <ul style="list-style-type: none"> SUD Provider Availability (annually). SUD Provider Availability MAT (annually). 	<p>CMS Approved Outcomes</p> <ul style="list-style-type: none"> Increase over baseline Increase over baseline



Milestone 4: DY2 Activities to Support Milestone Achievement

- State partner agencies utilize the State's capacity monitoring website and authorization data to assess availability of providers across the continuum of SUD care in Connecticut.
- The State implemented the Flex Bed model with residential treatment providers beginning May 1, 2023, to allow members to receive treatment in the facility where they are initially admitted, according to what is clinically appropriate and medically necessary for the entire ASAM residential continuum. Three programs at the 3.7/3.5 level provide a total of 54 flex beds and one program with 64 beds provides 3.5/3.1 LOCs.
- The State's only residential adolescent provider at 3.5 LOC accepting Medicaid beneficiaries closed its 12-bed program on January 26, 2024. DCF met with potential in-state adolescent providers as well as out-of-state providers not currently enrolled in Medicaid to explore interest in Medicaid enrollment. The State worked with providers to find alternative treatment services for youth who met criteria for an ASAM residential LOC.



Milestone 4: DY2 Activities to Support Milestone Achievement

- The JB-CSSD reported fewer wait lists in Demonstration year two compared to Demonstration year one related to the waiver.
- Although DOC and the APT Foundation agreed to a 10-male bed reduction due to consistently low utilization, APT continues to run with a high number of open beds. The Agency will assess moving funding to other LOCs to best meet the clinical needs of individuals under parole supervision and to allow JB-CSSD to use open beds as needed. DOC discontinued its contract with Connecticut Renaissance for 10 beds at Waterbury West. JB-CSSD has noticed that courts are not ordering clients to remain in treatment longer than is medically necessary.
- There has been a total bed reduction across the system in Demonstration year two including:
 - 26 beds for men at 3.3 LOC
 - 4 beds at adult 3.5 LOC
 - 12 beds at the adolescent 3.5 LOC due to closure
 - 7 beds at 3.7
- One new ASAM 2.1 program was added this year



Milestone 4 Annual Metrics: Demonstration Year One Data

CMS Defined Metrics	Dates	Values
Metric #13 — SUD Provider Availability	4/1/2022–3/31/2023	1,796 providers
Metric #14 — SUD Provider Availability MAT	4/1/2022–3/31/2023	53 providers



Milestone 5: Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD

Milestone Description and Specification	Status
<ul style="list-style-type: none"> • Implementation of opioid prescribing guidelines, along with other interventions, to prevent opioid abuse. • Expanded coverage of, and access to, naloxone for overdose reversal. • Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs (PDMPs) (Health Information Technology — HIT). 	<p>Complete in DY1</p>
<p>Metrics:</p> <ul style="list-style-type: none"> • Use of Opioids at High Dosage in Persons Without Cancer (annually). • Concurrent Use of Opioids and Benzodiazepines (annually). • Total Users of the PDMP (annually — HIT). • Number of Controlled Prescriptions in PDMP (annually — HIT). • Number of Individuals Receiving Both MAT and any Other LOCs Through Telehealth Appointments and Other Virtual or Electronic Services (annually — HIT). • ED Utilization for SUD per 1,000 Medicaid Beneficiaries (monthly). • Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries. • Overdose Deaths (count and rate) (annually). • Access to Preventive/Ambulatory Health Services for Adult SUD Beneficiaries. 	<p>CMS Approved Outcomes</p> <ul style="list-style-type: none"> • Decrease over baseline • Decrease over baseline • Increase over baseline • Decrease over baseline • Increase over baseline • Decrease over baseline • Decrease over baseline • Decrease over baseline • Increase over baseline



Milestone 5 Annual Metrics: Demonstration Year One Data

National Stewards	Date	Rate
Metric #18: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	CY2022	.0516
Metric #21: Concurrent Use of Opioids and Benzodiazepines (COB-AD)	CY2022	.1726
Metric #32: Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	CY2022	.8848
CMS Defined Metrics	Dates	Values
Metric #26 — Drug Overdose Deaths (count)	1/1/2022–12/31/2023	1,512
Metric #27 — Overdose Deaths (rate)	1/1/2022–12/31/2023	.4170



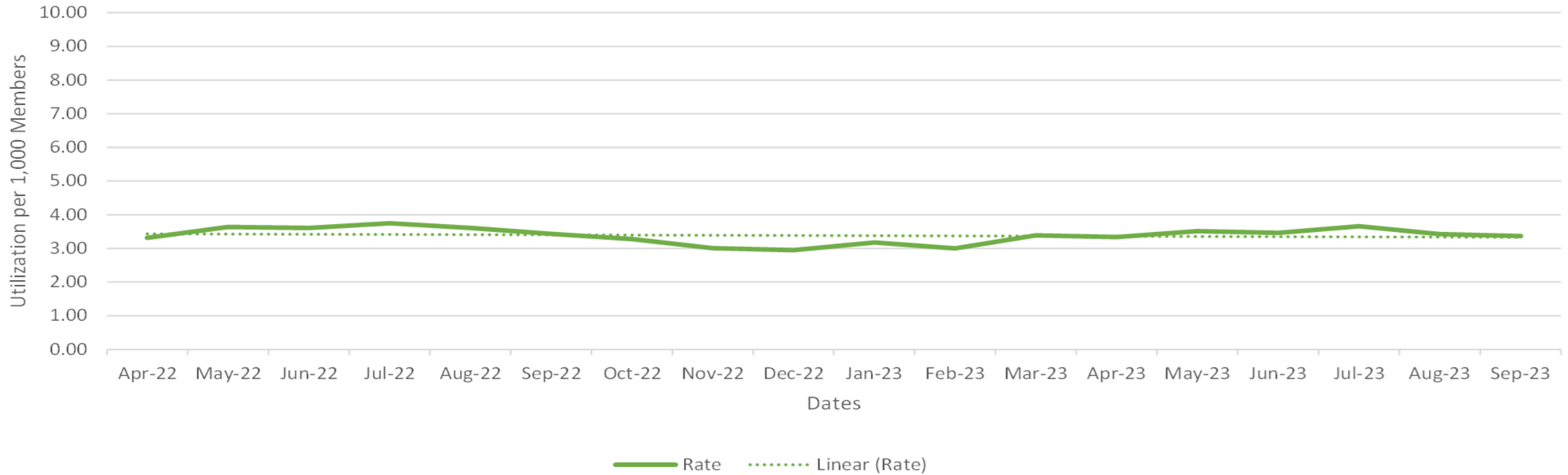
HIT Annual Metrics: Demonstration Year One Data

State Defined Metrics	Dates	Values
Q1. Total Number of PDMP Users	1/1/2022–12/31/2022	39,020
Q2. Number of Opioid Prescriptions in PDMP	1/1/2022–12/31/2022	1,608,256
Q3. Tracking MAT with Use of Counseling and Behavioral Therapies via Telehealth	04/01/2022–03/31/2023	3,193



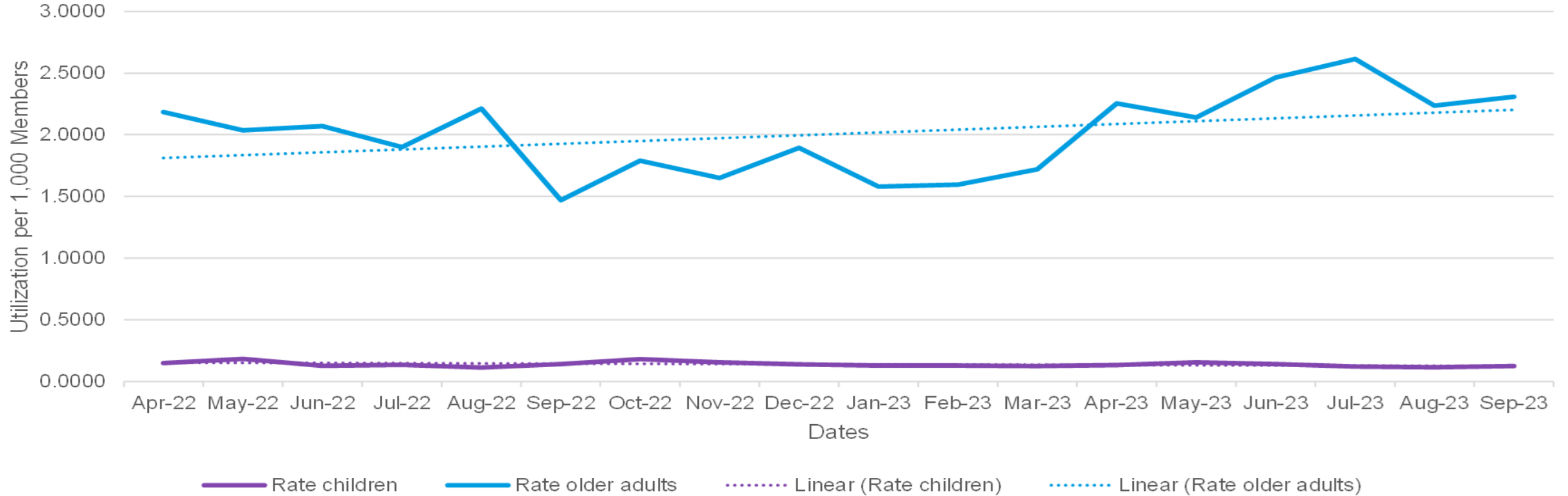
Metric 23 : ED Utilization Per 1,000

Metric #23: Emergency Department Utilization for SUD per 1,000 Members through QE 09/30/2023



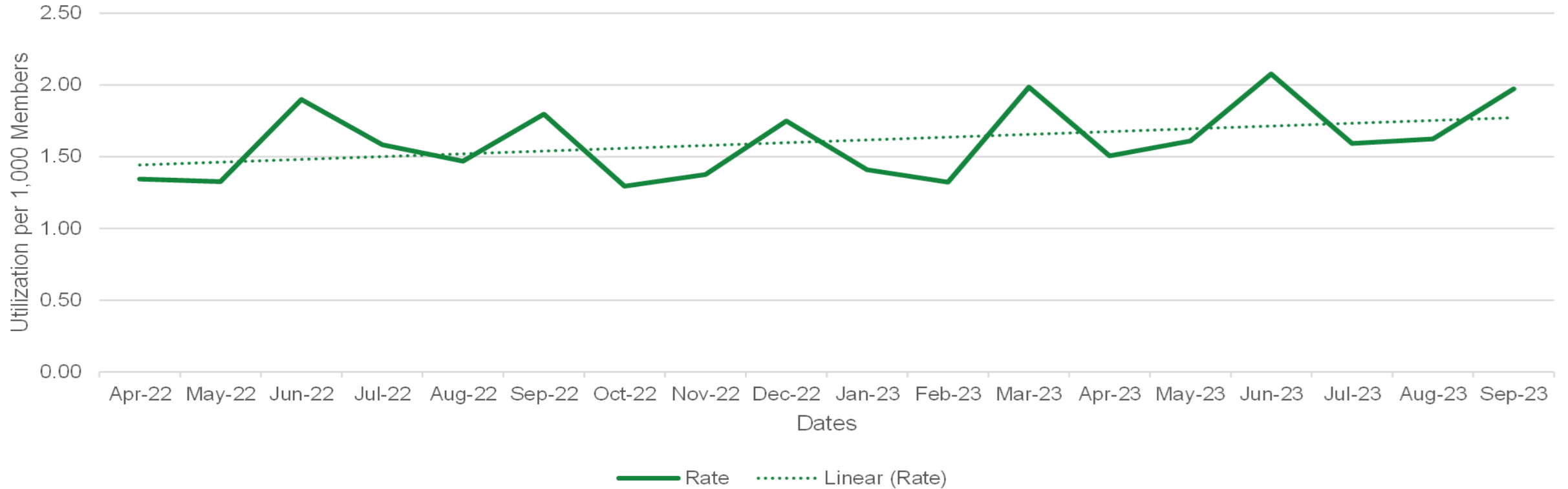
Metric 23 : Non-Adult Member ED Utilization Per 1,000

Metric #23: Emergency Department Utilization for Non-Adults by Age for SUD per 1,000 Members through QE 09/30/2023



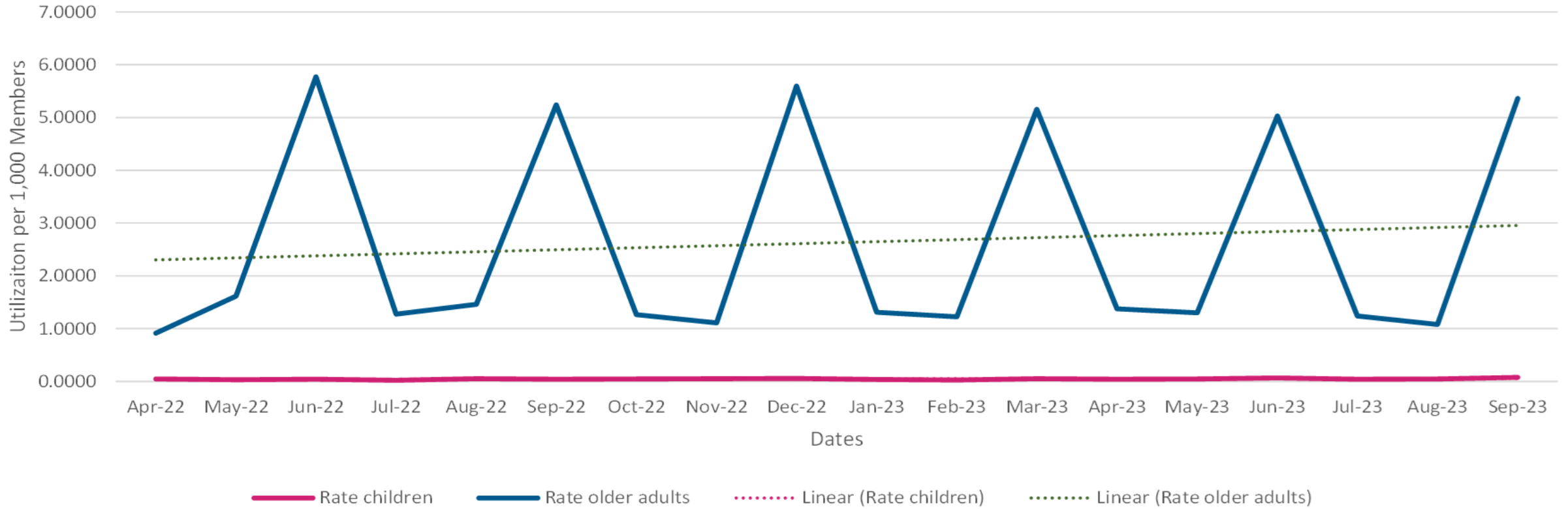
Metric 24 : Medicaid Members with Inpatient Stays for SUD

Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Members through QE 09/30/2023



Metric 24 : Non-Adult Members with Inpatient Stays for SUD

Metric #24: Inpatient Stays for SUD by Age per 1,000 Medicaid Non-Adult Members through QE 09/30/2023



Milestone 6: Improved Care Coordination and Transitions Between LOCs

Milestone Description and Specification	Status
<ul style="list-style-type: none"> Implementation of policies to ensure residential and inpatient facilities link beneficiaries, especially those with OUD, with community-based services and support following stays in these facilities. 	In Progress
<p>Metrics:</p> <ul style="list-style-type: none"> Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (annually). Follow-up After ED Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (annually). Readmissions Among Beneficiaries with SUD (annually). 	<p>CMS Approved Outcomes</p> <ul style="list-style-type: none"> Increase over baseline Increase over baseline Decrease over baseline



Milestone 6: DY2 Activities to Support Milestone Achievement

- ABH and DMHAS worked with providers to update policies related to integration of transitioning and coordination of beneficiaries to community-based services and supports. DMHAS and the State's ASO Carelon meet weekly for clinical rounds to discuss and address individual cases experiencing significant transition issues between LOCs. DMHAS, DCF and ABH plan to host monthly webinars in Demonstration year three on technical assistance regarding transition of care and other topics.
- DCF has contracted with Child Health and Development Institute of Connecticut (CHDI) to provide training, professional development and consultation on SUD for OPCCs for care coordination. CHDI conducted several trainings with the OPCCs who have agreed to participate in the training series including
 - A Care Coordination Overview Training to orient clinicians and other professional staff to the benefits of the evidence-based wraparound model of care coordination and understand when a referral for care coordination may be beneficial for youth and families served by their organizations.
 - An initial Learning Community Session to set goals, discuss data collection and manage confidentiality with substance use for minors.
 - A half-day care coordination overview training.
 - A 2-day care coordination introduction training for care coordinators.



Milestone 6 Annual Metrics: Demonstration Year One Data

National Stewards		Dates	Rate
Metric #15: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)			
1. Initiation of Alcohol or Other Drug (AOD) Treatment — alcohol abuse or dependence (rate 1, cohort 1)	Alcohol	CY2022	.2194
2. Initiation of AOD Treatment — opioid abuse or dependence (rate 1, cohort 2)	Opioid	CY2022	.2535
3. Initiation of AOD Treatment — other drug abuse or dependence (rate 1, cohort 3)	Other	CY2022	.1851
4. Initiation of AOD Treatment — total AOD abuse of dependence (rate 1, cohort 4)	Total	CY2022	.2462
5. Engagement of AOD Treatment — alcohol abuse or dependence (rate 2, cohort 1)	Alcohol	CY2022	.7223
6. Engagement of AOD Treatment — opioid abuse or dependence (rate 2, cohort 2)	Opioid	CY2022	.8263
7. Engagement of AOD Treatment — other drug abuse or dependence (rate 2, cohort 3)	Other	CY2022	.6950
8. Engagement of AOD Treatment — total AOD abuse of dependence (rate 2, cohort 4)	Total	CY2022	.6276



Milestone 6 Annual Metrics: Demonstration Year One Data

National Stewards		Dates	Rate
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Metric #17(1): Percentage of ED visits for beneficiaries aged 18 and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence. Two rates are reported:

<ul style="list-style-type: none"> Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). 	<30 days	CY2022	.2486
<ul style="list-style-type: none"> Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). 	<7 days	CY2022	.1556.

Metric #17(1): Percentage of ED visits for beneficiaries aged 18 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:

<ul style="list-style-type: none"> Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). 	<30 days	CY2022	.3679
<ul style="list-style-type: none"> Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). 	<7 days	CY2022	.2424

CMS Defined Metrics	Date	Values
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Metric #25 — Readmissions Among Beneficiaries with SUD	4/1/2022–3/31/2023	.2203
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Grievances

The table below outlines the rate of SUD grievances relative to all behavioral health grievances for SUD grievances in DY1 compared to DY2.

For SUD grievances, DY2 increased (5.6%) compared to DY1 (4%). Grievances include complaints about access and quality from members.

	DY1 Grievances	DY2 Grievances	% Change
Numerator: SUD	4	6	50%
Denominator: All Behavioral Health	99	107	8%
Metric	4%	5.6%	40%



Appeals

The table below outlines the rate of SUD appeals relative to all behavioral health appeals for SUD appeals in DY1 compared to DY2.

SUD appeals increased to 44% in DY2 compared to 25% in DY1. The larger number of appeals is due to the transition of the Medicaid system to ASAM requirements and a tightening of prior authorization in DY2 as providers learned to utilize the ASAM patient placement criteria (Milestone 2).

	DY1 Appeals	DY2 Appeals	% Change
Numerator: SUD	8	11	37.5%
Denominator: All Behavioral Health	32	25	-22%
Metric	25%	44%	76%



Budget Neutrality

- The overall Demonstration is budget neutral to the Federal government.
- On May 9, 2024, CMS combined the three Medicaid Eligibility Groups for BN and sent the State the updated BN report.



Public Comment



Stay Connected

For information on the Connecticut SUD 1115 Medicaid Waiver and to sign up for alerts and updates please go to [Connecticut SUD 115 Waiver Demonstration.](#)



Thank You!!

