



Connecticut 1115 Substance Use Disorder (SUD) Waiver Public Forum

October 11, 2023

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



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. SUD Program Updates
7. Public Comment
8. Adjourn



Meeting Information and Requests

- The Public Forum will be recorded and posted to the [Connecticut Section 1115 Waiver for Substance Use Disorder \(SUD\) 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 (DSS)

- Fatmata Williams - Director of Medical Administration
- Bill Halsey – Deputy Medicaid Director
- Jennifer Marsocci – Project Manager
- Alexis Mohammed – Licensed Clinical Social Worker

Department of Children and Families (DCF)

- Keri Lloyd - Behavioral Health Program Manager

Department of Corrections (DOC)

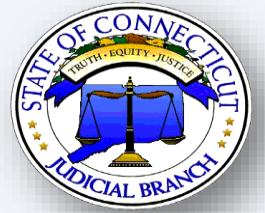
- David Rentler – Supervising Psychologist

Department of Mental Health and Addiction Services (DMHAS)

- Robert Haswell - Director of Managed Services Division

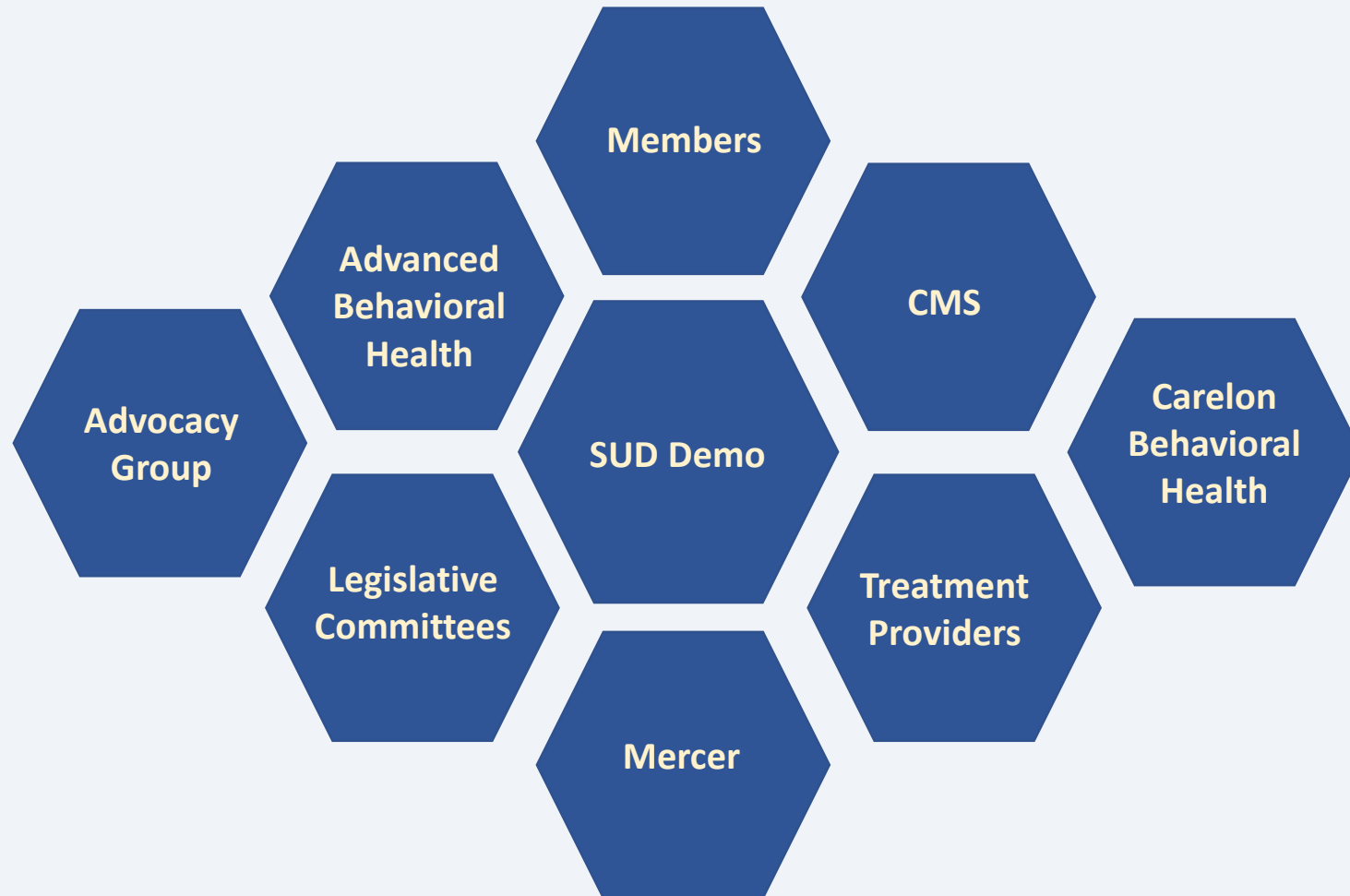
Judicial Branch, Court Support Services Division (JBCSSD)

- Michael Aiello - Program Manager II



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 will be posted to the DSS "[Connecticut SUD 1115 Waiver Demonstration](#)" page on ct.gov.
- 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

- Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to allow states to pursue innovative and flexible program designs to improve existing programs, implement new programs, improve service delivery and quality of care and evaluate state-specific policy initiatives. The Centers for Medicare and Medicaid Services (CMS) is the governing body with oversight and management of 1115 Medicaid waivers.
- 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 had 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.



State Objectives and Waiver Goals

- The objective of the SUD 1115 waiver is to provide access to a full array of SUD treatment services for Connecticut HUSKY Health members and improve the delivery system for these services to provide coordinated and comprehensive SUD treatment. First time federal funding of these services will be invested in implementing standards of care designed to improve access to care, quality of care and with the goal of improved health outcomes for members.
- **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.



Modernization of SUD Treatment Services in Connecticut



- DCF and DSS, in conjunction with a legislatively mandated oversight council, formed the Connecticut Behavioral Health Partnership (CT BHP), with ValueOptions serving as the Administrative Services Organization (ASO)

- CT BHP expanded to include DMHAS
- Value Options serving as ASO is the primary vehicle for organizing and integrating clinical management processes across the payer streams, supporting access to community-based services, assuring the delivery of quality services and preventing unnecessary institutional care

- ValueOptions (now Carelon) partnered with Community Health Network of Connecticut (CHNCNT) to embed ValueOptions clinical care managers in CHNCNT offices and leveraged McKesson technology to identify the most at-risk members to ultimately impact health outcomes

- August 9, 2021 Connecticut applies for a Substance Use Disorder Demonstration waiver
- CMS approves waiver on April 14, 2022. Demonstration Year (DY1) implementation of waiver begins
- April 2023 Demonstration year two begins



SUD 1115 Waiver Program Updates



SUD Waiver Requirements: Milestone Update

Milestone and Specification	Status	Strategies and Interventions
<p>Access to critical levels of care for OUD and other SUDs</p> <ul style="list-style-type: none"> 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 levels of care in residential and inpatient settings and e) medically supervised withdrawal management 	Complete	<ul style="list-style-type: none"> CMS approved two State Plan Amendments effective June 1, 2022, covering the complete continuum of SUD service consistent with American Society of Addiction Medicine (ASAM) standards. Expanded services to provide a complete array of services, including residential SUD services. Implemented a fee-for-service structure.
<p>Use of evidence-based, SUD-specific patient placement criteria</p> <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 level of care, b) interventions are appropriate for the diagnosis and level of care, and c) there is an independent process for reviewing placement in residential treatment settings 	In Progress	<ul style="list-style-type: none"> Providers have received training on ASAM assessment tools. Carelon has implemented a Utilization Management and placement criteria consistent with the latest edition of the ASAM criteria approach for all levels of care.
<p>Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities</p> <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. 	In Progress	<ul style="list-style-type: none"> SUD residential ASAM standards were set by the State of Connecticut. Provisional Certification Application Trainings were conducted, and applications were accepted from 17 Agencies and 44 residential SUD Programs. Certification monitoring has begun including access to MAT.



SUD Waiver Requirements: Milestone Update

Milestone and Specification	Status	Strategies and Interventions
<p>Sufficient Provider Capacity and Critical Levels of Care including MAT for OUD</p> <ul style="list-style-type: none"> Completion of assessment of the availability of providers enrolled in Medicaid and accepting new patients in the critical levels of care throughout the state (or at least in participating regions of the state) including those that offer MAT 	In Progress	<ul style="list-style-type: none"> The State’s existing bed capacity reporting system has been updated to reflect that all Medicaid benefit groups are covered for SUD residential treatment services. The State continues to phase in additional provider types requiring certification for the provision of SUD services
<p>Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD</p> <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 	Complete	<ul style="list-style-type: none"> Connecticut has implemented a broad array of opioid prescribing guidelines and interventions. Expanded coverage of and access to naloxone for overdose reversal. Prescription drug program has received approval and implemented strategies to increase utilization and improve functionality.
<p>Improved care coordination and transitions between levels of care</p> <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	<ul style="list-style-type: none"> CT continues to work with providers to improve policies to ensure members are linked with the appropriate community-based services and supports



SUD Waiver Requirements: Federal Performance Metrics

Goal/Milestone	Federal Metrics	CMS Approved Outcome
Goal: Assessment of need and qualification for SUD treatment service	<ul style="list-style-type: none"> Medicaid Beneficiaries with SUD Diagnosis (monthly) Medicaid Beneficiaries with SUD Diagnosis (annually) 	Increase over the baseline
Milestone 1: Access to critical levels of care for OUD and other SUDs	<ul style="list-style-type: none"> Number of beneficiaries enrolled in the measurement period 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 procedure codes associated with SBIRT) (monthly) Outpatient Services (monthly) Intensive Outpatient and Partial Hospitalization Services (monthly) Residential and Inpatient Services (monthly) Withdrawal Management (monthly) Medication-Assisted Treatment (monthly) 	Increase over the baseline



SUD Waiver Requirements: Federal Performance Metrics

Goal/Milestone	Federal Metrics	CMS Approved Outcome
<p><u>Milestone 2:</u> Use of evidence0based, SUD-specific patient placement criteria</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) 	<ul style="list-style-type: none"> • Increase over baseline • Decrease over baseline
<p><u>Milestone 3:</u> Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities</p>	<p>No Reported Metrics – only qualitative evaluations will be performed</p>	
<p><u>Milestone 4:</u> Sufficient Provider Capacity and Critical Levels of Care including MAT for OUD</p>	<ul style="list-style-type: none"> • SUD Provider Availability (annually) • SUD Provider Availability MAT (annually) 	<ul style="list-style-type: none"> • Increase over baseline • Increase over baseline



SUD Waiver Requirements: Federal Performance Metrics

Goal/Milestone	Federal Metrics	CMS Approved Outcome
<p><u>Milestone 5:</u> Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD</p>	<ul style="list-style-type: none"> Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (annually) Use of Opioids at High Dosage in Persons Without Cancer (annually) Concurrent Use of Opioids and Benzodiazepines (annually) Continuity of Pharmacotherapy for Opioid Use Disorder (annually) Total Number of Prescription Drug Monitoring Programs (PDMP) Users (annually) Number of Controlled Prescriptions in PDMP (annually) Number of gateway requests allowing community care team members access to data directly including corrections facilities, hospitals, emergency departments, and other users (annually) 	<ul style="list-style-type: none"> Increase over baseline Decrease over baseline Decrease over baseline Increase over baseline Increase over baseline Decrease over baseline Increase over baseline
<p><u>Milestone 6:</u> Improved care coordination and transitions between levels of care</p>	<ul style="list-style-type: none"> Follow-up After Emergency Department (ED) Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (annually) 	<ul style="list-style-type: none"> Increase over baseline Increase over baseline Decrease over baseline



SUD Waiver Requirements: Federal Performance Metrics

Goal/Milestone	Federal Metrics	CMS Approved Outcome
Other SUD required metrics	<ul style="list-style-type: none"> • ED Utilization for SUD per 1,000 Medicaid Beneficiaries (monthly) • Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries (monthly) • Readmissions Among Beneficiaries with SUD (annually) • Overdose Deaths (count) (annually) • Overdose Deaths (rate) (annually) • Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD (annually) 	<ul style="list-style-type: none"> • Decrease over baseline • Decrease over baseline • Decrease over baseline • Decrease over baseline • Decrease over baseline • Increase over baseline



Department of Mental Health and Addiction Services

To promote stability in the substance-use treatment system, levels of care were phased into the Demonstration by provider type and specialty utilizing a provisional certification process.

Provider Type- ASAM Levels of Care	Start Date
State Hospitals ASAM 3.7 WM, 3.7 R, 4.0 WM	April 1, 2022 Provider Bulletin-2022-21
Private Freestanding SUD Residential Treatment Facilities ASAM 3.1, 3.2, 3.3, 3.5, 3.5 PPW 3.7R, 3.7RE, 3.7WM	June 1, 2022 Provider Bulletin 2022-39
Behavioral Health Clinic, Enhanced Care Clinic or Outpatient Drug and Alcohol Abuse Center ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	November 15, 2022 Provider Bulletin 2022-86
Outpatient Hospitals ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	March 1, 2023 Provider Bulletin 2023-09
Behavioral Health Federally Qualified Health Centers (FQHCs) ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	July 1, 2023 Provider Bulletin 2023-50



Department of Mental Health and Addiction Services

Since April 2022, DMHAS and DCF in partnership with Advanced Behavioral Health have provisionally certified over 275 Programs.

Provider Type- ASAM Levels of Care	Number of Programs
State Hospitals ASAM 3.7 WM, 3.7 R, 4.0 WM	4
Private Freestanding SUD Residential Treatment Facilities ASAM 3.1, 3.2, 3.3, 3.5, 3.5 PPW 3.7R, 3.7RE, 3.7WM	45
Behavioral Health Clinic, Enhanced Care Clinic or Outpatient Drug and Alcohol Abuse Center ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	177
Outpatient Hospitals ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	41
Behavioral Health Federally Qualified Health Centers (FQHCs) ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	10
Total	277 Programs



Department of Mental Health and Addiction Services

Since April 2022, DMHAS and DCF in partnership with Advanced Behavioral Health have conducted multiple phases of certification monitoring.

Provider Type- ASAM Levels of Care	Demo Year 1 Monitoring Phases
<p align="center">State Hospitals ASAM 3.7 WM, 3.7 R, 4.0 WM</p>	<p align="center">November 2022 (Phase 1) May 2023 (Phase 2)</p>
<p align="center">Private Freestanding SUD Residential Treatment Facilities ASAM 3.1, 3.2, 3.3, 3.5, 3.5 PPW 3.7R, 3.7RE, 3.7WM</p>	<p align="center">December 2022- January 2023 (Phase 1) May-June 2023 (Phase 2)</p>
<p align="center">Behavioral Health Clinic, Enhanced Care Clinic or Outpatient Drug and Alcohol Abuse Center ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)</p>	<p align="center">March-April 2023 (Phase 1)</p>
<p align="center">Outpatient Hospitals ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)</p>	<p align="center">August 2023 (Phase 1)</p>
<p align="center">Behavioral Health Federally Qualified Health Centers (FQHCs) ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)</p>	<p align="center">TBD (Phase 1)</p>



Department of Mental Health and Addiction Services

Successes

- Number of programs provisionally certified
- Creation and implementation of monitoring assessment tools with provider feedback
- Significant improvement from Phase 1- Phase 2 monitoring visits.
- Collaboration between agencies and monitoring process. Feedback loop in this process and ad hoc and topic driven meetings held throughout the year have been instrumental in moving the 1115 forward.
- Changes to scoring methodology

Challenges

- Filling new positions and staff retention have been the biggest challenge for providers. This impacts most aspects of the adoption process and is informing discussions on full certification thresholds.
- Implementation of new monitoring process is iterative.
- Time needed to make implementation changes particularly for electronic health records and see these changes reflected in monitoring reports.
- Time needed to effectively train SUD workforce on ASAM and logistical limitations for in-person trainings.
- Consistency of implementation of CORE activities
- Transitions in care remain a focus particularly for specialty populations.



Department of Children and Families

As Connecticut's lead children's behavioral health agency, the Department of Children and Families (DCF) has contracted with Advanced Behavioral Health (ABH) to provide continuous quality improvement for adolescent substance use treatment programs.

As of June 30, 2023, this includes certification and monitoring for:

- One (1) adolescent ASAM 3.5 (Clinically Managed Medium-Intensity) residential program
- Two (2) ASAM 2.5 (Partial Hospitalization) adolescent programs at behavioral health clinics and six (6) ASAM 2.5 adolescent programs at outpatient hospitals.
- Seventeen (17) ASAM 2.1 (Intensive Outpatient) adolescent programs at behavioral health clinics and seven (7) ASAM 2.1 adolescent programs at outpatient hospitals.
- Seven (7) ASAM 1-WM (Withdrawal Management) adolescent programs at behavioral health clinics and one (1) ASAM 1-WM adolescent program at an outpatient hospital.
- Seven (7) ASAM 2-WM (Withdrawal Management with Extended Monitoring) adolescent programs at behavioral health clinics and one (1) ASAM 1-WM adolescent program at an outpatient hospital.



Department of Children and Families

DCF has also contracted with Advanced Behavioral Health (ABH), Faces and Voices of Recovery (FVR) and Child Health and Development Institute of CT (CHDI) to offer training opportunities for SUD treatment providers and DCF Staff in areas such as:

- The ASAM Criteria, 3rd Edition
- Care Coordination
- Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT)
- Motivational Interviewing
- Our Stories Have Power – Recovery Messaging Tools
- The Science of Addiction and Recovery
- Assisting the Re-Entry Community
- Expanding Recovery Resources

Challenges:

- Continued assessment of service delivery gaps and exploring opportunities for provider recruitment
- Inactive adolescent ambulatory programs due to low census and/or staffing challenges



Department of Correction

The Department of Correction, Division of Parole and Community Services has a contract with APT Foundation for 32 male and 10 female 3.5 Residential SUD beds and Waterbury West (Ct Renaissance) for 10 male 3.5 Residential SUD treatment beds.

Implementation of Waiver

Accomplishments:

- Updated referral and placement process in data management systems
- Admissions based on ASAM 3.5 criteria
- Lengths of stay (LOS) and levels of care (LOC) based on clinical need
- Collaboration with providers

Challenges:

- Staffing/hiring based on 1115 criteria
- Update to data collection system to align with 1115 waiver requirements
- Adjustment to new processes and requirements
- Right-sizing levels of care for contracted beds
- Continued adjustment to new business model



Judicial Branch, Court Support Services Division

The Judicial Branch, Court Support Services Division (JBCSSD), through an MOA with the Department of Mental Health and Addiction Services (DMHAS) has access to 160 residential treatment beds at several levels of care for both pretrial and probation referred individuals.

1115 Demonstration Waiver Implementation

Challenges:

- Addressing existing court and probation culture, including SA and PD (LOS, levels of care etc.)
- Educating staff statewide on ASAM
- Modifying data systems (un/underinsured, extended stays/bed holds, insurance types)
- Updating referral and placement process throughout the system
- Require a “preauthorization process” for pretrial clients

Accomplishments:

- With the collaboration of the Chief Court Administrator and Judge responsible for criminal matters statewide, the Chief PD and Chief State’s Attorney, we were able to disseminate information related to ASAM and coordinate statewide trainings.
- Set up a number of statewide meetings to review the revised referral and placement
- Updated data systems to track additional requirements related to the waiver
- Developed a “preauthorization” process with Carelon to ensure incarcerated pretrial clients received access to residential treatment



SUD 1115 Medicaid Waiver Updates

- CMS also requires a Monitoring Protocol, which is the roadmap and technical guidance for the reporting of metrics and the schedule for reporting metrics to CMS. [Connecticut's SUD 1115 Waiver Monitoring Protocol](#) was approved by CMS on June 23, 2023.
- Quarterly and annually Connecticut must provide reporting on program implementation and operations in the form of a Monitoring Report. The quarterly and annual reporting has been compliant with CMS requirements with the Demonstration Year One [Annual Monitoring Report](#) submitted to CMS on June 23, 2023.
- Connecticut must also conduct an independent evaluation. The [Evaluation Design Plan](#) was approved by CMS on May 22, 2023.



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!!!!