

# 1115 Substance Use Disorder (SUD) Medicaid Waiver Public Forum

The annual Connecticut SUD 1115 Demonstration Public Forum meeting was held on September 24, 2024. A summary of the meeting minutes and responses to questions received during the meeting and via email following the meeting are provided below.

## Meeting Participants

<b>Department of Social Services (DSS)</b>
Director William Halsey
Trishan Lakha
Hector Massari
Alexis Mohammed
Yvonne Pallotto
Fatmata Williams
<b>Department of Children and Families (DCF)</b>
Lois Berkowitz
Keri Lloyd
Kris Robles
Stephney Springer
<b>Department of Corrections (DOC)</b>
Micah Mann
<b>Department of Mental Health and Addiction Services (DMHAS)</b>
Christine Arias
Natalie DuMont
Fiorigio Fetta
Gina Florenzano
Megan Goodfield
Robert Haswell
Kimberly Karanda
Jennifer Lombardi
Kristy Messier
Shea Mitlehner
Rebecca Petersen
Jennifer Singh
Mark Vanacore
Jeremy Wampler
<b>Judicial Branch</b>
Michael Aiello
<b>Contractor Attendees</b>
Advance Behavioral Health
Carelon BH
Mercer Government Solutions

<b>Provider Attendees</b>
Bridges Healthcare, Inc.
Connecticut Counseling Centers
Connecticut Renaissance
Cornell Scott Hill
Elevate Health and Wellness
Gilead Community Services
Liberation Programs
Midwestern Connecticut Council of Alcoholism (MCCA)
New Era Rehabilitation Center
Recovery Network, Inc.
Root Center
Rushford
Southeastern Council on Alcoholism and Drug Dependence, Inc. (SCADD)
Stonington Institute
The Alliance

### **Minutes:**

- Director Halsey provided opening remarks.
- Alexis Mohammed provided an overview of the SUD program background, goals, objectives and eligibility.
- Brenda Jackson and state partner leads reviewed outcome data for Milestones 1-6, reviewed HIT metrics and provided qualitative updates on progress toward demonstration goals.
- Carelon shared grievances and appeals data for DY2.
- Trishan Lakha provided an update on budget neutrality for DY2.

### **Public Comment/Questions and State responses**

<b>Focus Area</b>	<b>Question/Comment</b>	<b>State Response</b>
Access	We are an ASAM 3.7 RE and 3.7 provider. While the demonstration has expanded services, it has also expanded barriers as well. Individuals coming from hospitals are pretty stable on their psychiatric medications and diabetes but are not given an appropriate length of stay. There is sometimes a 1-2 week wait to get into an ASAM 3.5 level of care.	Thank you for the comment. There is a process in place to work with the Behavioral Health ASO, Carelon to address specific level of care related issues. We continue to work with Providers to encourage them to flex their beds to accommodate the needs of the members and the system.
Access	We are not used to providing the additional services. Carelon expects us to see clients weekly and look	The SUD demonstration has specific program requirements and treatment guidelines depending upon the level

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	into their complex medical ongoing medical conditions that is not acute during their short stay. It doesn't seem to be getting better. The stays are so short. We want to feel good about the LOC we are providing.	of care of services provided. Carelon works to support and ensure that providers are delivering care according to the treatment model and state specific guidelines.
Access	We are providing ASAM 3.7 WM, IOP/PHP, and are applying for methadone. We are very happy that ASAM has been implemented. The use of a standard assessment and treatment planning has improved SUD care in Connecticut. It has improved consistency and it facilitates communication with Carelon. We also like that there is now an expectation of a multidisciplinary team.	Thank you for the feedback. Our goal continues to ensure access and high-quality SUD service to delivery to Connecticut residents.
Administrative Denials	Regarding the appeals, when the Carelon website for authorizations is down, why are providers being held to administrative denials. Last weekend, there was a scheduled outage on Saturday, but the authorization website was also down on Friday night. Our agency had several denials on Monday when the website was back up for that time period.	Thank you for the feedback. Carelon is assessing impact and will rectify any issue related to the outage.
Budget Neutrality	Why did the DSS speaker mention only HUSKY A, C, and D in relationship to Budget Neutrality? Is HUSKY B under the demonstration? Can those children receive services under the demonstration and do they still have a copayment?	HUSKY B children are under the demonstration. However, because HUSKY B children have a higher income, CMS does require them to pay a copayment. In addition, CMS treats that population differently under the budget neutrality test than the HUSKY A, C, and D populations (i.e., more favorably) and excludes that population from the agreement.
Claims Issue	In June 2024, ASAM 3.7 providers were told that the NPI of the rendering provider must be submitted on a claim, but that 3.5 and 3.1 providers did not have to do	Effective June 1, 2024, and detailed in Provider Bulletin 2024-11, all claims submitted must include enrolled performing provider's National Provider Identification

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	that as well. We recently had a 3.1 claim denied because there was no rendering provider. Can you help us with this?	(NPI). In general, if you have a claims related issue please contact: PAC line @ 1-800-842-8440
Member Acuity	<p>We provide ASAM 3.7. Similar to RNP and Rushford, we are dealing with high levels of medical acuity at ASAM 3.7. We have a client who had severe sleep apnea and could not stay awake in group. We were able to get him into a sleep study and address those needs.</p> <p><b>Additional Comment:</b> Agreed! We are being asked to treat conditions that are out of our scope.</p>	ASAM LOC 3.7 is an intense level of care. The treatment guidelines require addressing co-morbidities. The expectation is that members will be provided with holistic care.
Peer Supports	<p>ASAM 3.7 requires a large number of peer support individuals. Peers are not able to support members like the clinical/medical support team members. Peers aren't babysitters. We are required to have 3 full-time peers who cannot generate outpatient encounters. They can do groups but we cannot utilize them effectively. DSS should lift the requirements in residential and begin to allow billing in outpatient settings.</p>	DSS does not cover Peers outside of the residential setting. The state will review the Peer requirements within the residential level of care and determine next steps.