Connecticut 1115 SUD Waiver Annual Public Forum

The Department of Social Services (DSS), in collaboration with the Connecticut Department of Children and Families (DCF), the Department of Correction (DOC), the Judicial Branch, the Department of Mental Health and Addiction Services (DMHAS), held a Public Forum to seek comments on the progress of the State of Connecticut's Medicaid Section 1115 substance use disorder waiver demonstration. A virtual public meeting was held on October 11, 2023 from 11:00 a.m.- 1:00 p.m. Members of the public were asked to join virtually using the meeting conference call information contained within the public notice. Public comments were also accepted during the meeting and via email to Alexis.Mohammed@ct.gov until October 18, 2023.

Public Comment and Responses

Focus Area	Comment	Response
Access	We are concerned that the service system already appears to be constricting, with the overall bed count lower today than when the demonstration started. There has been a myriad of changes to incentivize providers to flex their levels of care, different incentives built into the rate structures for different levels of care, and concerns about the lengths of stay and authorizations for services in certain levels of care. Without commenting in detail about each of them, we note that their collective impact of reducing available beds has happened while the funding structure still well-supports most of the levels of care and before providers are expected to be fully compliant with the new, more intensive ASAM guidelines. We are concerned that a continued reduction in available beds will lead to a serious reduction in access to these critical services.	We acknowledge the concern expressed and will continue to work internally to improve provider rates and subsequently, access.
Access	Generally, we've seen a shorter length of stay due based on authorization approvals. There are still gaps in availability at some levels of care and it is not uncommon that there is not an	We acknowledge the concern expressed and will continue to work collaboratively to expand access and capacity and ensure

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	available and appropriate step down for discharge or aftercare for clients who are no longer approved at the current level of care, leaving the client in a precarious situation.	alignment with the goals of the waiver.
Authorizations	The authorization process takes an exorbitant amount of time, although has somewhat improved and clinical rounds are helpful to this process.	Thank you for the comment, clinical rounds are an integral part of the authorization process.
Authorizations	The 4-hour window required for evaluation by MD if using telehealth (3.7RE) and 24-hour requirement for in person evaluation is very challenging. Finding a psychiatrist in and of itself is next to impossible and most of them, at this stage, want to provide telemedicine services. The 1115 guideline of a significantly trimmed down window if by telehealth puts us in a very difficult position to be in compliance. Can the telehealth timeframe be expanded?	Thank you for the comment. DSS has committed to implementing ASAM, which is the industry standard for SUD residential care on page 270 of the 3rd edition for ASAM 3.7, requires a physical examination, performed by a physician within 24 hours of admission, or a review and update by a facility physician within 24 hours of admission of the record of a physical examination conducted no more than 7 days prior to admission.
Clinical Assessments	While the state partners have provided funding for uninsured and underinsured bed rates and treatment rates, there is no funding for the required physical exam and urine drug screens, or for needed care in the community for uninsured clients. Providers must ensure these take place but again, the cost remains on the provider. Will funding be provided for these expenses for services that are required but conducted externally to the primary treatment setting?	We acknowledge your concerns; however, clinical assessments include physical exams and urine drug screens at this level of care and financial consideration for physical exams and urine drug screens were included in the treatment fees for all ASAM Levels of care.
Justice Involved Re-Entry Amendment	***Received during Public Forum:*** Is there was an update on the Justice Involved Re-entry amendment to the SUD 1115.	The Amendment is in very early stages and State agencies are looking forward to gathering the public comment process once more work has been able to be

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		accomplished when a draft is ready for public input.
Program Requirements	Please account for the administrative time and cost of implementing changes in FY23. Each change requires staff training, enhancements to the electronic health record, policy revisions and other operational adjustments. This is highly taxing to agency resources and wholly unaccounted for. Overall, communication regarding waiver changes seems to have lessened, but the ongoing changes are significant. Please include providers in your decision-making processes in the manner you did when the waiver was first initiated, which was collaborative and effective early on but seems to have lessened.	Thank you for the comment. The ASAM rates have included consideration for the time and cost of implementing changes including staff training, enhancements to electronic health records, policy revisions and other operational adjustments. DSS strives to ensure comprehensive collaboration with all stakeholders and hopes to provide more opportunity in the future for engagement and input.
Provider Certification	A two-year implementation timeline is still a challenge, particularly with the many unexpected changes along the way, including flex authorizations, flex beds and now a fee restructure.	Thank you for the comment.
Public Forum	We disagree with the decision not to reschedule the public comment after the technical difficulties. Feedback becomes siloed, without the opportunity for the public to hear the full range of comments. Email comments provided online are effectively static once posted.	Thank you for the comment, DSS acknowledges the technical difficulties experienced and hope to avoid technical issues in future public forums. These questions and responses will be publicly posted and included in the formal communication with CMS so that they are publicly available.
Quality	***Received during Public Forum:*** I am curious from a qualitative standpoint how things are going as providers might be moving through their first round on SUD Waiver chart audits, what are you seeing as pain points?	Providers in the first year of the demonstration have had varying abilities to meet the ASAM requirements with the primary driver being whether the electronic health records need to be updated. To the extent that

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		EHRs needed updating, providers' ability to meet waiver chart audit requirements has been necessarily slower.
Rates	While the initial fee setting process was highly inclusive of residential provider input, the same process was not followed with IOP fees. Additionally, the sudden and unexpected residential fee restructure that is pending leaves providers wholly unable to budget forecast and upends the many investments, staffing and program restructures, and start up changes providers have already made. The cost worksheet that is being used to restructure the fees also completely omits the very real returns that providers will be faced with during any Medicaid audit, as well as the administrative costs associated with implementation and ongoing monitoring.	We acknowledge the concern expressed and will continue to work internally to improve provider rates.
Rates	The liability of Medicaid audits is borne solely by the providers, but this expense doesn't appear to be factored in to rate setting. Rate setting should incorporate that a certain percentage of claims payments will be recouped during future Medicaid audits and extrapolated as a percentage. The agency must be able to set aside funds to account for this future expense. The state budget includes a line item for these take backs. CMS and DSS require provider compliance with Medicaid requirements and there is no grace period for Medicaid provider audits.	DSS thanks you for the comment, we encourage all providers to carefully review CTDSSmap.com and federal and state regulations with respect to auditing requirements incumbent upon providers. The ASAM rates have included consideration for the time and cost of implementing changes including overhead associated with compliance.
Rates	With regard to the rates, we are concerned that there does not appear to be a plan for their sustainability over	We acknowledge the concern expressed and will continue to

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	time. While we were pleased that the state attempted to acknowledge the rapid inflation of costs that was happening as the rates were being developed, the data upon which those rates were built is already several years old. Our economy is changing rapidly, and the market pressures related to the healthcare workforce have been significant over the last several years. The assumptions made in the rates regarding the salaries of staff are already woefully insufficient. While wage inflation has been significant, it is far from the only cost increase faced by providers. Without a plan or commitment to continue to adjust rates to account for inflation, this waiver could soon be inadequate to fund the service system it supports.	work internally to improve provider rates.
Rates	It is also important to note that while some states undergo Medicaid demonstration projects with the express policy goal of reducing the burden of services on the taxpayer, with service reduction as an accepted by product, Connecticut approached this Demonstration differently. Our state is understandably hoping to leverage untapped federal resources by modernizing our payment structure for these services through the Medicaid program, and by doing so increase access to services. We are concerned as we see changes in the demonstration that have the effect of reducing capacity that we are not achieving that policy goal. We encourage the state to work with collaboratively with providers and each other to develop a more comprehensive system-level plan	We acknowledge the concern expressed and will continue to work collaboratively with providers and state partners to improve the waiver infrastructure to ensure alignment with the goals of the waiver.

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	focused around how best to serve the needs of the residents of the state and to ensure that the rates and other structure.	
Workforce	Is Connecticut making progress on the workforce crisis for licensed staff. The speaker noted noting that Connecticut is requiring SUD groups to be led by licensed staff which is above the industry standards.	The State will need to examine the Connecticut clinical standards without violating the standards in ASAM which are a requirement of the Demonstration.
Workforce	Staffing requirements around licensed clinicians, medical and nursing staff continue to underestimate the ongoing and universal staffing shortages among these provider types. The cost of not meeting these staffing requirements is carried by the provider agencies with potential to impact future audits with significant financial penalty. It also increases the workload of existing staff leading to burnout and turnover. We are all competing for the same individuals and the state has not taken any concrete steps to address this ongoing and frequently voiced concern. Our staffing needs have also increased beyond the initially anticipated staffing plan, due to the heavy documentation and administrative burdens. Staffing shortages have not improved.	We acknowledge the concern expressed and will continue to work collaboratively with providers and state partners to continue to evaluate program requirements such as clinical standards and staffing ratios to address workforce challenges and ensure alignment with the goals of the waiver.