1. Title Page for the State's Substance Use Disorder (SUD) Demonstration or the SUD Component of the Broader Demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	*Connecticut*
Demonstration name	*Connecticut Substance Use Disorder Demonstration*
Approval Period for Section 1115 Demonstration	*04/14/2022–03/31/2027*
SUD Demonstration Start Date[a]	*04/14/2022*
Implementation Date of SUD Demonstration, if Different from SUD Demonstration Start Date[b]	*04/14/2022*
SUD (or if broader demonstration, then SUD-related) Demonstration Goals and Objectives	Under this demonstration, the State expects to achieve the following: Objective 1. Increase rates of identification, initiation, and engagement in treatment. Objective 2. Increase adherence to and retention in treatment. Objective 3. Reductions in overdose deaths, particularly those due to opioids. Objective 4. Reduce utilization of emergency department and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services. Objective 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate. Objective 6. Improved access to care for physical health conditions among beneficiaries.
SUD Demonstration Year and Quarter	*SUD DY2Q4*
Reporting period	*1/1/2024- 3/31/2024*

[a] SUD demonstration start date: For monitoring purposes, Centers for Medicare & Medicaid Services (CMS) defines the start date of the demonstration as the *effective date* listed in the state's STCs at the time of SUD demonstration approval. For example, if the state's STCs at the time of Substance Use Disorder (SUD) demonstration approval note that the SUD demonstration is effective January 1, 2020–December 31, 2025, the state should consider January 1, 2020, to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the

effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021, for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

[b] **Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive Summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word limit is 500 or less.

Milestone #2: The State has continued to provide access to American Society of Addiction Medicines (ASAM) Model training and on-demand ASAM

Milestone #3: Connecticut finished intensive ASAM certification with residential SUD programs.

Milestone #4: The only adolescent program notified Connecticut on 12/14/23 that it would close 1/26/24 due to low census and staffing challenges. The State continues to monitor changes in capacity.

Budget Neutrality: A technical amendment is needed to update the budget neutrality limits of the HUSKY A Medicaid Eligibility Group because of differences in actual utilization of SUD IMDs and the non-IMD costs compared to what was projected in budget neutrality. The amendment would align the without waiver limits more closely with the actual case mix and fees observed in actual experience from CY 2023 and provide a more accurate representation of the costs and utilization associated with SUD IMDs for the TANF adult population.

Post Award Forum: 59 individuals attended the post-award forum held October 11, 2023. Feedback was positive, noting inclusivity and collaboration with a focus on person-centered and recovery-oriented care. Treatment providers requested a progress update on workforce challenges and a reexamination of State requirements above the industry standards. In response to questions about review status, the State noted that providers in the first year of the demonstration had varying abilities to meet the ASAM requirements, with the primary driver being whether electronic health records (EHRs) needed updating.

Please see the graphs in the attachment Graphs Part B to see metrics over time and the first annual metrics. Metric summary:

- Metric #3: The change in the number of members with an SUD diagnosis compared the previous quarter was -2.3%.
- Metric #6: The number of unduplicated individuals receiving any services compared to the previous quarter was -4.1%.
- Metric #7 The number of individuals reported to receive early intervention (EI) remained low.
- Metric #8 The number of individuals receiving outpatient (OP) services compared to last quarter was -5.3%.

- Metric #9 The number of individuals receiving intensive outpatient program (IOP) and partial hospital program (PHP) services compared the previous quarter was -6.7%.
- Metric #10 The monthly number of individuals receiving inpatient and residential services compared to the previous quarter varied by less than +/- 2%.
- Metric #11 The number of individuals receiving Withdrawal Management (WM) services compared to the previous quarter was -2.8%.
- Metric #12 The monthly number of individuals receiving medication-assistant treatment (MAT) services compared to the previous quarter was -2.6%.

The criminal justice subpopulation continues to ramp up since the beginning of the demonstration. The remaining changes are due to normal fluctuations in data and continuing trends since the beginning of the demonstration.

- Metric #23: Emergency department (ED) utilization for SUD per 1,000 individuals has changed less than +/-2% from the previous quarter.
- Metric #24: The rate of inpatient hospitalizations for SUD did not change from the previous quarter. Hospitalizations for children increased 4.3%.

3. Narrative Information on Implementation, by Milestone and Reporting Topic

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than two percent related to the assessment of need and qualification for SUD services		Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly) Metric #4: Medicaid Beneficiaries with SUD Diagnosis (annually) Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)	**Analysis for monthly metrics Quarter Ending (QE) September 30, 2023:** **Note: Graphs of this metric can be found in the separate Appendix for this quarter.** Populations with changes of +/-2% compared to the previous quarter are noted below with any explanation for the change that is known. • Metric #3 reports the number of members by month with a SUD diagnosis. • The change in the number of members with an SUD diagnosis compared to the previous quarter is -2.3%. Subpopulations: • Pregnant women changed -7.2% this quarter compared to the previous quarter. • The number of dual-eligibles with SUD diagnoses and older adults increased this quarter (2.2% and 3.6% respectively). • The number of individuals with OUD changed -2.8% this quarter. All changes above appear to be normal data fluctuations for small populations. • The number of individuals with criminal justice involvement receiving Medicaid residential services increased throughout the quarter by 18.4%. This is

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			due to the increasing ramp up of individuals with criminal justice involvement under the demonstration.
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes: 1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to the assessment of need and qualification for SUD services	X		

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
2. Access to Critical Levels of Care for OUD and Other SUDs (Milestone 1)			
2.1 Metric Trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 1		Metric #6: Any SUD Treatment Metric #7: EI Metric #8: Outpatient Services Metric #9: Intensive Outpatient and Partial Hospitalization Services Metric #10: Residential and Inpatient Services Metric #11: WM Metric #12: MAT Metric #22: Continuity of Pharmacotherapy	Metrics #6–#12 report the number of members by month receiving services through QE September 30, 2023. See the Appendix for graphs associated with these metrics. Populations with changes of +/-2% compared to the previous quarter are noted below with any explanation for the change that is known. Metric #6: The number of unduplicated individuals receiving any services has changed this quarter compared to the previous quarter (-4.1%). • Pregnant women receiving services has changed this quarter compared to last quarter (-9.1%). • Children's subpopulations changed this quarter compared to last quarter (-10.7%). • Dual eligibles' utilization of SUD services has changed this quarter (-3.5%). The changes above are consistent with the overall fluctuations of the small populations. • Individuals with criminal justice involvement receiving any service changed this quarter compared to last quarter (17.4%). This is due to the increasing ramp up of individuals with criminal justice involvement under the demonstration. • Members with OUD diagnoses receiving any service changed from the previous quarter (-3.6%). This fits the overall downward trend seen in OUD service treatment since the beginning of the waiver.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
		for OUD (USC; NQF #3175)	**Analysis by Service:** Metric #7 reports the number of individuals receiving EI. The number of individuals receiving EI remained very low with just one individual receiving a screening, brief intervention, and referral to treatment (SBIRT) screening this quarter compared to 9 last quarter. OUD was the only subpopulation to report utilization (1 beneficiary with OUD had an SBIRT screen). Metric #8 reports the number of individuals receiving OP services. The number of individuals receiving OP services compared the previous quarter decreased more than 2% (-5.3%). • Utilization for all populations except the criminal justice population has been relatively flat since the beginning of the demonstration with some monthly fluctuations: o Utilization for dual eligibles changed from the previous quarter (-5.9%). o Pregnant women utilization changed from the previous quarter (-13.7%) o Children <18 and Older Adults age 65+'s utilization changed from the previous quarter (-9.0% and -3.5% respectively). o Individuals with OUD also decreased compared to the previous quarter (-4.3%). The changes above are consistent with the overall fluctuations of the small populations.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			○ In June 2022 the first month that members with criminal justice involvement were tracked, 15 individuals were receiving OP services, which has increased to 177 per month. This continuing ramp up of the Criminal Justice population reflects a 38.3% increase this quarter compared to last quarter. Metric #9 reports the number of individuals receiving IOP and PHP services. The number of individuals receiving IOP and PHP services compared to the last quarter changed by -6.7%. • The Pregnant women subpopulation metric changed since the previous quarter (-37.4%). • Dual eligible members have changed this quarter (8.2%). • Children served in intensive levels of care have changed (-43.0%). • Older adults aged 65 years and above changed 38.2% this quarter compared to last quarter. • Individuals with criminal justice in IOP/PHP increased this quarter over last quarter (97.8%) This is due to the continuing ramp up of CJ involved individuals under the demonstration. • Members with OUD in IOP/PHP changed this quarter (-3.7%).

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			Metric #10 reports the number of individuals receiving residential and inpatient services. The number of individuals receiving inpatient and residential services compared last quarter decreased only slightly (-1.6%). • The Children's population and Older adults' populations both increased this quarter compared to last quarter (47.1% and 3.6%). • Dual-eligible individuals changed -4.5% this quarter. • Individuals who were justice-involved continued to ramp up (17.7% increase) over last quarter. • Individuals with OUD changed this quarter also (-5.5%). Metric #11 reports the number of individuals receiving WM services. The number of individuals receiving WM services compared to the previous quarter changed by -2.8%. • Pregnant women served changed this quarter (-11.5%). • Dual-eligible and older adult individuals receiving WM both increased this quarter compared to last quarter (7.7% and 2.5% respectively). • Only 1 child received WM both quarters. • Members with criminal justice receiving WM decreased this quarter (-17.4%). • The number of individuals with OUD receiving WM decreased this quarter as well (-7.4%).

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			Metric #12 reports the number of individuals receiving MAT services, which has decreased this quarter (-2.6%). • Pregnant women receiving MAT decreased this quarter (-5.9%). • Dual-eligibles and Older adults aged 65 years and above both increased this quarter (4.8% and 7.3% respectively). • The number of individuals with criminal justice involvement continued to ramp up with a 37.4% increase this quarter • The number of individuals with OUD receiving MAT declined this quarter (-2.7%).
2.2.2 Implementation Update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., OP services, IOP services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised WM)			**DY2Q4 (January 1, 2024 – March 31, 2024)** The State has continued to provide access to the ASAM Model training for all participating agencies. The State utilized this quarter to complete an additional two-day ASAM criteria skill building training through the Train for Change Company. That training was completed March 4th and 5th 2024 and was attended by 41 individuals from SUD treatment providers representing adult and adolescent services.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			The State continued the deployment of on-demand ASAM slots during this quarter with an additional 259 being deployed statewide. During this quarter, there was a total bed reduction of 16 beds across the residential provider system. Of the 16 total beds reduced, 4 beds were reduced at the 3.5 LOC and 12 beds reduced at the adolescent 3.5. LOC residential program due to program closure. The State plans to initiate a monthly webinar training series to further support key areas of the ASAM criteria during DY3Q1 and continues to meet with providers to discuss challenges with maintaining capacity and utilization. On 1/8/24, the State held a provider meeting for ambulatory adolescent providers to check in on implementation of Demonstration standards, experience with the certification and monitoring process, training and technical assistance needs and barriers to operating currently inactive adolescent ambulatory programs. Providers expressed interest in an adolescent focused ASAM training during this meeting. Providers identified staffing and utilization challenges to operating intermediate levels of adolescent SUD treatment. One provider identified branching out to providing services within schools in their area, for outpatient care. **DY2Q3 (October 1, 2023–December 31, 2023)** During this quarter, there's been no bed reduction at any LOC. The State continues to monitor changes in capacity.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			DY2Q2 (July 1, 2023–September 30, 2023) Throughout this quarter, the demonstration has maintained a total of 54 flex beds. The state continues to monitor changes in capacity and utilization. The state continues to meet with providers to encourage the Flex Bed model. **DY2Q1 (April 1, 2023–June 30, 2023)** The State implemented the Flex Bed model with residential treatment providers beginning May 1, 2023. This model allows current residential treatment providers to receive provisional certification to provide lower levels of residential care and flex their census of beds to meet the needs of members being served by their program at any given time. This process will allow members to receive treatment in the facility where they are currently admitted, according to what is clinically appropriate and medically necessary given their clinical history and current stage of recovery and provide agencies the opportunity to have these services covered under the appropriate fee-for-service rates. As of the end of this quarter, four programs completed all the required steps to update facility licenses, as applicable, and receive update certifications to provide additional levels of care. Three of these programs are ASAM 3.7 programs that have opted into also providing ASAM 3.5, for a combined total of 54 flex beds. One ASAM 3.5 program with 64 beds also opted into providing ASAM 3.1. This option will improve access to lower levels of residential care where the State anticipates there may be a deficit in capacity to meet statewide needs. The State continues to monitor changes in capacity and utilization and assess

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			whether additional efforts are indicated to ensure adequate access at these levels of care. The State developed a Frequently Asked Questions document related to the Flex Bed model and posted it to the State's dedicated website for the Demonstration. The one adolescent residential treatment provider has expressed interest in participating in the flex bed model to offer an ASAM 3.1 level of care in addition to their current ASAM 3.5 programming. The agency continues to work on developing policies consistent with treatment provision at the lower level of care and is pending completion of the requirements to obtain provisional certification at the ASAM 3.1 level of care
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised WM, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 2	X		
3.2. Implementation Update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			**DY2Q4 (January 1, 2024 – March 31, 2024)** During this quarter, 32 staff working in adolescent, or both adolescent and adult ambulatory programs were granted access to The Change Companies' online ASAM training modules. Additionally, one staff person treating both adolescents and adults attended the in-person 2-day ASAM introduction training on March 4 & 5, 2024. DCF, in partnership with Advanced Behavioral Health (ABH), contracted with Train for Change to offer an in-person 2-day ASAM training with adolescent specific considerations for assessment and treatment which will be held next quarter. Registration for this training is underway. DCF, in partnership with Chestnut Health Systems, continues to train DCF-contracted treatment providers on a newly developed version of the evidence-based Global Appraisal of Individual Needs (GAIN) - the GAIN Q4. This tool uses a series of detailed screeners to identify problems that could benefit from treatment across a variety of life areas, including substance use. The GAIN Q4 has been cross walked to the ASAM Patient Placement Criteria. DCF through contract with Faces and Voices of Recovery offered three recovery-oriented trainings

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			this quarter for DCF staff and community providers. The Impact of Burnout: Compassion Fatigue & Secondary Trauma was held on 1/19/24 and attended by 43 individuals. Harm Reduction was held on 2/23/24 and was attended by 64 individuals. Peer Integration Into Behavioral Health Organizations was held on 3/22/24 and attended by 25 individuals. The JB-CSSD continues to meet with the other state partners. The focus of these meetings has shifted to certification and auditing. We have also scheduled additional meetings with providers. There are still issues related to staffing and the lack of available personnel. The JB-CSSD continues to monitor data collection and entry for both timeliness and accuracy. The JB-CSSD has added toxicology reporting and is working on adding court reposts and probation letters to CDCS for programs in this Demonstration. This will increase timeliness of reporting. **DY2Q3 (October 1, 2023–December 31, 2023)** The State has continued to provide access to the ASAM Model training for all participating agencies. The State utilized this quarter to complete an additional two-day ASAM criteria skill building training through the Train for Change Company. That training was completed December 6, 2023 and December 7, 2023 and was attended by 39 individuals from SUD treatment providers representing adult and adolescent services, two staff from DCF's adolescent services, of Mental Health \ and

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			Addiction Services (DMHAS) and Carelon Behavioral Health (Carelon). The State continued the deployment of on-demand ASAM slots during this quarter with an additional 208 being deployed statewide. Additionally, two staff from ambulatory adolescent programs requested access to The Change Companies' online ASAM training modules. This quarter, DCF also disseminated access to The Change Companies' online Introduction to ASAM module to DCF clinical staff and DCF-contracted outpatient SUD providers to enhance system wide knowledge and adoption of ASAM. 20 out of these 25 individuals have successfully completed the online training. DCF through contract with Faces and Voices of Recovery offered two recovery-oriented trainings this quarter for DCF staff and community providers. Peer Support Core Competencies was held on 10/27/23 and attended by 24 individuals. Fostering Recovery Ready Workplaces was held on 11/17/23 and attended by 28 individuals. The State's Administrative Service Organization (ASO), Carelon continues to utilize ASAM third edition when assessing medical necessity for admission to all SUD levels of care. Carelon continues to produce a monthly report for residential LOCs that highlights the percentage of initial and concurrent authorization requests. The State, Carelon and Advanced Behavioral Health (ABH) continued to provide technical support to providers. The Judicial Branch Court Support Services Division (JB-CSSD) continues to meet with the State partners.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			However, as we progress further, the number of committee meetings and frequency has been reduced. **DY2Q2 (July 1, 2023–September 30, 2023)** The State's ASO, Carelon Behavioral Health ("Carelon"), continues to utilize ASAM 3rd edition when assessing medical necessity for admission to all SUD levels of care. Carelon continues to produce a monthly report for residential levels of care that highlights the percentage of initial and concurrent authorization requests. The State, Carelon and ABH continued to provide technical support to providers. This quarter, The Department of Children and Families (DCF) continued training efforts to build competency in providers' use of the ASAM Criteria. DCF held two in-person Motivational Interviewing trainings through Faces and Voices of Recovery (FVR) for ambulatory and residential providers on August 24, 2023, and August 25, 2023. 27 participants registered; 12 attended. The State offered one in-person ASAM training to treatment providers this quarter on September 27, 2023, and September 28, 2023, through the Train for Change Company. Of the 42 total participants, six attendees were DCF staff and three-four provider participants served the adolescent population. DCF has purchased 50 online on-demand training slots for a 2-hour Introduction to the ASAM Criteria and has begun distributing these slots to agency staff to increase their familiarity with the shift in practice among

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			treatment providers. DCF will also be offering these training slots to contracted SUD treatment providers in DY2Q3. The State has continued to provide access to the ASAM Model training for all participating agencies. The State utilized this quarter to complete an additional two-day ASAM criteria skill-building training through the Train for Change Company. That training was completed September 27, 2023 and September 28, 2023, and was attended by 42 individuals providing direct services at the Demonstration's residential SUD and ambulatory providers. The State continued the deployment of on-demand ASAM slots during this quarter with an additional 273 being deployed statewide. The JB-CSSD continues to meet with state partners regarding the ongoing implementation of the Waiver. JB-CSSD continues to monitor data entry. JB-CSSD is considering adding data elements to our case management system (CDCS) which might help providers with client information management and court/probation reporting. We will be meeting to with reporting during the 3rd quarter. **DY2Q1 (April 1, 2023–June 30, 2023)** The State offered two in-person two-day ASAM training to treatment providers this quarter. The first was offered to residential treatment providers on April 25, 2023 and April 26, 2023 and the second was offered to ambulatory treatment providers on June 5, 2023 and June 6, 2023. The residential training was attended by 44 clinical staff

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			providing direct services at the Demonstration's residential SUD and ambulatory providers, including one staff person from the State's certification and monitoring agency, ABH. The State completed the training plan for the ambulatory providers and commenced that training phase with the deployment of over 139 on-demand ASAM training slots. The ambulatory training was attended by 40 individuals including five staff from Department of Children and Families and one staff from DSS. The ambulatory training included representation from five agencies who either offer or plan to offer adolescent SUD services and at least one of the individual participants noted active provision of adolescent SUD treatment at the time of the training participation. The State's Administrative Services Organization (ASO), Carelon Behavioral Health ("Carelon"), continues to utilize ASAM third edition when assessing medical necessity for admission to all SUD levels of care. Carelon continued to produce a monthly report for residential levels of care that highlighted the percentage of initial and concurrent authorization requests in which there was insufficient information at the time of the request. The State, Carelon and ABH continued to provide support to providers in this quarter to ensure providers' progress in understanding and adopting ASAM third edition. DCF contracted providers were provided Motivational Interviewing training on June 20, 2023 and June 22, 2023; 14 participants registered and 12 attended. The State is planning to offer in-person Motivational Interviewing training for up to 40 ambulatory and

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			residential provider participants in DY2Q2 on August 24, 2023 and August 25, 2023. Registration for this is underway. The State is planning to offer peer support core competency training in DY2Q3 on October 27, 2023. This will be a virtual offering. The Judicial Branch Court Support Services Division (JB-CSSD) continues to attend weekly meetings with state partners regarding the implementation of the 1115 demonstration Waiver. The JB-CSSD has worked with providers regarding data entry/tracking
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of an independent process for reviewing placement in residential treatment settings			**DY2Q4 (January 1, 2024 – March 31, 2024)** The State's administrative service organization, Carelon (renamed from Beacon Health Options) began conducting an independent review process in July of 2022. Both Carelon and the State's certification and monitoring agency, Advanced Behavioral Health, continue to meet bi-weekly for quality assurance coordination. Using prior authorizations, the State's Administrative Service Organization, Carelon Behavioral Health, continues to provide support to treatment providers in ensuring beneficiaries are receiving treatment at the appropriate level of care. This quarter, meetings were held with four adolescent ambulatory providers to review the results from their 12-month monitoring surveys, as well as discuss expectations for completing their Collaborative Improvement Plan (CIP) distributed in January. Program-

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			specific CIPs outlined areas still in need of improvement to demonstrate adherence towards the ASAM Criteria and the State's Standards and make continuous progress towards final certification. CIPs include planned initiatives with goals, interventions, and timeframes for each improvement opportunity. The JB-CSSD and state partners have been continually monitoring utilization data. Transitioning to lower levels of care seems to be more difficult that going to a higher level. There are still some issues related space. The opening of and additional JB-CSSD transitional housing program has helped with these transitions. Utilization is lower than expected, but we continue to collaborate with providers to increase screenings and placements. **DY2Q3 (October 1, 2023 – December 31, 2023)** The State's administrative service organization, Carelon (renamed from Beacon Health Options) began conducting an independent review process in July of 2022. Both Carelon and the State's certification and monitoring agency, ABH, continue to meet bi-weekly for quality assurance coordination. The JB-CSSD and the State partners are continuing to monitor the authorization data closely. There are still some programs that require updated training on the "Pre-Authorization" process for Judicial referrals.

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			JB-CSSD continues to work with providers ensuring a smooth transition to other LOCs. Utilization continues to improve. DY2Q2 (July 1, 2023–September 30, 2023) On September 7, 2023, the state held a residential provider ad hoc meeting to update providers on changes to concurrent reviews that would occur on September 30, 2023. The state and Carelon provided technical support for providers to ensure proper use of the ASAM 3rd edition criteria for the LOC. The State continues to receive utilization reports at least weekly from the adolescent residential treatment provider. Utilization of this program has varied this quarter and continues to remain an area DCF is monitoring. The program continues to work on finalizing their programmatic policies which may then afford opportunities to participate in the flex bed model and provide an additional level of care. Using prior authorizations, the State's Administrative Service Organization, Carelon Behavioral Health, continues to provide support to treatment providers in ensuring beneficiaries are receiving treatment at the appropriate level of care. The State's administrative service organization, Beacon Health Options began conducting an independent review process in July of 2022. Both Beacon Health Options and the State's certification and monitoring agency, Advanced Behavioral Health, continue to meet bi-weekly for quality assurance coordination.

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			JB-CSSD along with state partners continues the review of the authorization process, paying particular attention to ending the flex authorization for concurrent reviews. Worked closely with providers to make sure that clients under a "flex" concurrent review were transitioned smoothly to appropriate aftercare. Utilization has improved at the provider identified last quarter. Utilization is good across all providers **DY2Q1 (April 1, 2023–30, 2023)** On May 1, 2023, the State discontinued its flexibility to residential providers on the information needed at the time of the initial authorization request. When a member is admitted to residential treatment the program must ensure sufficient assessment of the member and communication to the ASO of relevant clinical information to determine that the member meets medical necessity for admission to that level of care. The State continues to permit flexibility on the information received at the time of the concurrent authorization requests and will continue to monitor the frequency in which this flexibility continues. The State will develop a plan in the upcoming quarter for discontinuation of this flexibility on concurrent authorizations as well. The State provided and posted guidance on residential admissions to ensure that members were not being denied admission to these programs based solely on things like their treatment history, their medication profile and/or their co-occurring conditions. The State continues to work with providers, Carelon and ABH to work through member-specific admission or connect-to-care challenges

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			and ensure that beneficiaries, including those with complex presenting needs, are receiving medically necessary treatment services. The State released updated admission guidance based on provided feedback in April of 2023 and has published this to the Demonstration's website. After finalizing the ASAM policy monitoring form, ABH and DMHAS deployed this form to the residential SUD providers and utilized individual care managers to assist in reviewing and providing feedback on policies. These forms will be deployed to subsequent phases during DY2Q2. The State's administrative service organization, Beacon Health Options began conducting an independent review process in July of 2022. Both Beacon Health Options and the State's certification and monitoring agency, ABH, continue to meet weekly for quality assurance coordination. Prior authorization remains in place with the State's ASO, Carelon, utilizing the ASAM third edition as their standard utilization management review tool for SUD services. The State finalized the ambulatory provisional certification monitoring milestones and process for final certification and posted these to the State's dedicated website for the Demonstration. The State continues to receive utilization reports at least weekly from the adolescent residential treatment provider. Utilization of this program has been low and DCF continues to support and brainstorm strategies for increasing utilization.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			The State's utilization of ambulatory SUD services is monitored by the State's Administrative Service Organization, Carelon Behavioral Health. Site reviews were completed for six ambulatory SUD youth programs this quarter (one PHP program and five IOP programs). The site review reports were sent out to the provider agencies with an offering to meet on any items of concern. The JB-CSSD continues meeting with the state partners to review authorization and utilization data. The authorization process has improved, there was one program that was not following the "Pre-Authorization" protocol but has since complied. While overall utilization is good, the JB-CSSD has met with one provider on several occasions to discuss continued utilization issues. DMHAS has been part of these meetings which have also included JB-CSSD Programs and Services staff. There is a followed meeting scheduled for July 18, 2023.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 3 Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report	X		
4.2 Implementation Update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			**DY2Q4 (January 1, 2024 – March 31, 2024)** Connecticut established a four-phase monitoring process at the beginning of the 1115 SUD Demonstration. DMHAS and Advanced Behavioral Health continued intensive ASAM certification monitoring by completing Phase 3 of monitoring (which was started in Q3) 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. Forty-two Residential programs were audited in this quarter. DMHAS and ABH utilized the findings from this monitoring phase to meet with all 42 residential providers and to discuss findings, develop collaborative improvement plans (CIPs) to assist programs in continuing their progress towards full certification. Technical assistance was provided to programs where needed or requested. DMHAS and Advanced Behavioral Health met with ambulatory providers, reviewing the Phase 2 reports (from Q3), and issuing Collaborative Improvement Plans

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			(CIPs) to assist in the process of certification preparation. In late March of 2024 Phase 3 of intensive ASAM certification monitoring for ambulatory SUD providers commenced and continued into the next quarter. During the Phase 3 monitoring, the medical record sampling methodology was expanded utilizing the 8/30 monitoring method created by the National Committee for Quality Assurance. DMHAS and ABH will utilize the findings from this monitoring phase to develop collaborative improvement plans (CIPs) to assist programs in continuing their progress towards full certification. DMHAS, ABH and DSS will meet with these providers next quarter to review reports, implement CIPs and where appropriate, issue Certification to the qualified programs. During this reporting period, DMHAS and Advanced Behavioral Health completed chart reviews from Phase 2 of their ASAM adoption monitoring for Hospital based SUD providers. During this reporting period, DMHAS and Advanced Behavioral Health completed chart reviews from phase 1 for the 3 Federally Qualified Health Centers (FQHC) that are operating 5 IOP programs. The State's only residential adolescent provider accepting Medicaid beneficiaries closed its 12-bed program on January 26, 2024. The program struggled with low utilization for several years, including prior to the implementation of the SUD Demonstration activities. This coupled with increased staffing requirements under the Demonstration made the program financially unsustainable for the provider agency.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			No activities were completed this quarter specific to adolescent residential provider qualifications due to the pending facility closure. All youth in the program completed their treatment episode and had coordinated discharges prior to the program's closure. **DY2Q3 (October 1, 2023 – December 31, 2023)** DMHAS and ABH continued intensive ASAM certification monitoring by initiating 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. One Residential program was audited in this quarter, with the remaining programs scheduled for audit during the next quarter. DMHAS and ABH will utilize the findings from this monitoring phase to develop collaborative improvement plans (CIPs) to assist programs in continuing their progress towards full certification. DMHAS and ABH will meet with these providers next quarter to review reports, implement CIPs and where appropriate, issue Certification to the qualified programs. DMHAS and ABH continued intensive ASAM certification monitoring by initiating Phase 2 of monitoring for ambulatory SUD providers during this quarter. This phase commenced in late September of 2023 and continued through Dec of 2023. Twenty-four agencies operating multiple ambulatory programs statewide participated in this monitoring. During the next quarter, CIPs will be developed to assist programs in

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			continuing their progress towards full certification. DMHAS and ABH will meet with these providers individually next quarter to review reports and implement CIPs. During this reporting period, DMHAS and Advanced Behavioral Health completed performance reviews from Phase 1 of their ASAM adoption monitoring for Hospital based SUD providers. DMHAS and ABH utilized the findings from these reports to provide technical assistance, as needed, to hospital providers. The residential adolescent provider's 18-month site monitoring visit was scheduled to occur on 12/14/23. However, this visit was cancelled by the provider o 12/13/23 and the State received formal notification on 12/14/23 that the program would be closing due to a consistently low census spanning several years and staffing challenges making the continued operations financially unsustainable. The program announced a plan to stop taking any new admissions on 12/18/23, maintain all residents until their treatment completion and identified a targeted program close date of 1/26/24. **DY2Q2 (July 1, 2023–September 30, 2023)** The residential adolescent provider's 12-month site monitoring visit occurred in DY2Q1 as conducted by the State's monitoring and certification agency, Advanced Behavioral Health (ABH). A meeting was held with the provider to go over the results of the visit and chart reviews. As the program is not presently meeting the Core Activities requirements, a Collaborative

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			Improvement Plan (CIP) was created with SMART goals identified by the provider to remedy any deficit areas. DMHAS and the State's certification and monitoring agency, Advanced Behavioral Health developed a revised monitoring tool based on observations and feedback from the initial monitoring process in January 2023. DMHAS and Advanced Behavioral Health completed Phase 2 of their ASAM adoption monitoring for residential SUD providers during this quarter. This phase commenced in May of 2023 and continued through June of 2023. Over 40 programs have participated in monitoring with performance reports being generated in late June and early July 2023. DMHAS and ABH utilized the findings from this monitoring phase to develop collaborative improvement plans for programs that were not currently meeting the Demonstration's CORE activities. DMHAS and ABH met with these providers throughout July, August, and September of 2023 to develop and begin implementing these plans. DMHAS and Advanced Behavioral Health launched Phase 1 of their ASAM adoption monitoring which commenced in May of 2023 and continued through June of 2023. DMHAS and Advanced Behavioral Health completed Phase 1 of their ASAM adoption monitoring for Hospital-based SUD providers during this quarter. This phase commenced in August of 2023 and continued through September of 2023. Over 7 hospitals have participated in monitoring with performance reports being generated in late September and early October 2023. DMHAS and ABH will utilize the findings from these reports to provide technical assistance as needed to hospital providers.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			DMHAS and Advanced Behavioral Health will commence Phase II of ASAM adoption monitoring for the ambulatory private non-profit providers in October 2023. **DY2Q1 (April 1, 2023–June 30, 2023)** DMHAS and the State's certification and monitoring agency, ABH developed a revised monitoring tool based on observations and feedback from the initial monitoring process in January 2023. DMHAS and ABH commenced the initial phase of monitoring for Behavioral Health Clinic, Enhanced Care Clinics, or Outpatient Drug and Alcohol Abuse Centers offering ambulatory levels of care (ASAM 1-WM, ASAM 2-WM, ASAM 2.1 — IOP, ASAM 2.5 —PHP. Over 175 programs were identified and participated in the initial monitoring process. Performance reports were developed and generated for these providers. Phase II of monitoring will commence in October of 2023. DMHAS and ABH met with residential SUD providers in April 2023 to launch Phase 2 of their ASAM adoption monitoring which commenced in May of 2023. Over 40 programs have participated in monitoring with performance reports being generated in late June 2023 and early July 2023. DMHAS plans to meet with providers to review these reports and develop collaborative improvement plans to address deficiencies. The residential adolescent provider's 12-month site monitoring visit occurred on June 26, 2023, as conducted by the State's monitoring and certification agency, ABH.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			Results from the site visit are pending and will be reviewed in the next quarter.
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications			**DY2Q4 (January 1, 2024 – March 31, 2024)** DMHAS and Advanced Behavioral Health utilized the updated monitoring tool and methodology to assess provider compliance with qualifications for all the phases outlined in section 4.2.1.i No activities this quarter specific to adolescent residential treatment providers due to no actively enrolled programs. **DY2Q3 (October 1, 2023—December 31, 2023)** DMHAS and Advanced Behavioral Health revised the monitoring tools for the audits in a collaborative meeting on November 7, 2023. The tools were utilized in the Residential Phase 3 audits that started this quarter and will continue into the next quarter. **DY2Q2 (July 1, 2023–September 30, 2023)** The adolescent residential treatment provider's compliance will be monitored through progress made on SMART goals identified in the CIP, ongoing conversations and technical assistance as needed, and progress will be re-evaluated at the next site visit which is likely to occur next quarter. **DY2Q1 (April 1, 2023–June 30, 2023)** DMHAS and ABH developed an updated staffing qualification form which was utilized during Phase II of monitoring visits with the residential SUD facilities in May 2023–June 2023. DMHAS updated this form in

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			June 2023 and provided detailed guidance on its completion. It will be redeployed in July 2023 at which time an aggregate report will be developed. This form will be utilized in all subsequent monitoring phases. Compliance with qualifications for the adolescent residential provider will be assessed in the upcoming quarter because of the monitoring site visit that was completed on June 26, 2023.
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off-site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
5. Sufficient Provider Capacity at Critical Levels of Care Including for MAT for OUD (Milestone 4)			
5.1 Metric Trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 4	X		
5.2 Implementation Update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 5.2.1.i. Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care			**DY2Q4 (January 1, 2024 – March 31, 2024)** The state continues to meet Opioid Treatment Providers (OTPs) to review clinical standards for ASAM 1 LOC. OTPs joined the demonstration on March 1, 2024, the state has determined the current CT SOTA to oversee ASAM monitoring for this provider type and specialty. DMHAS and the State Partner agencies continue to utilize the state's capacity monitoring website and authorization data to assess availability of providers across the Continuum of SUD care in Connecticut. **DY2Q3 (October 1, 2023–December 31, 2023)** DMHAS and the State Partner agencies continue to utilize the State's capacity monitoring website and authorization data to assess the availability of providers across the Continuum of SUD care in Connecticut. The State met with OTPs on December 21, 2023 to review clinical standards for ASAM 1 LOC. The State continues to finalize responses to the FAQs document and will post them on the SUD Demonstration webpage. The State anticipates OTPs to join the demonstration on March 1, 2024.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			With the anticipated closure of the state's only SUD residential treatment program for adolescent boys and with the continued absence of SUD residential for adolescent girls, DCF has plans to meet with an in-state adolescent residential provider not presently enrolled in Medicaid. The meeting's intention is to provide information about the Demonstration's activities and explore interest in enrollment in the Connecticut Medical Assistance Program (CMAP). The State continued efforts this quarter to increase rates of identification, initiation, and engagement in treatment through use of Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT) at OPCCs. DCF's contract with CHDI resulted in 19 OPCC staff receiving the A-SBIRT foundational training this quarter. An A-SBIRT specialized training focused on clients who are pre-contemplative to change was also offered this quarter and was attended by 30 individuals who previously participated in a foundational A-SBIRT training. Additionally, a Learning Community Session was held and focused on successful implementation of A-SBIRT and use of Care Coordination highlighting the efforts of one of the OPCC providers. The OPCCs participated in discussion around successes and barriers, managing confidentiality of minors and data collection. **DY2Q2 (July 1, 2023–September 30, 2023)** During this quarter, there's been no bed reduction at any LOC. The state continues to monitor changes in capacity. The State phased in Behavioral Health Federally Qualified Health Centers (BH FQHCs) under the Demonstration on July 1, 2023, for programs providing

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			ASAM 2.5, 2.1 1-WM and/or 2-WM. BH FQHCs identified as presently providing any of these levels of care obtained certification from the State's certification and monitoring agency, Advanced Behavioral Health (ABH). There are currently 10 BH FQHCs providing ASAM 2.5, 2.1 1-WM and/or 2-WM under the demonstration. The state continues to monitor FQHC enrollment and continues to provide support in the adoption of ASAM 3rd edition for this provider type and specialty. The state prepares for the next and final implementation phase for Opioid Treatment providers (OTPs) providing ASAM 1 LOC. The state met with this provider cohort to review clinical standards for ASAM 1 LOC. In addition, the state has created Frequently Asked Questions (FAQs) which include questions asked during meetings with this cohort. The state continues to finalize responses to the FAQs document and will post them on SUD Demonstration webpage. The state anticipates OTPs to join the demonstration in February 2024. DMHAS and the State Partner agencies continue to utilize the state's capacity monitoring website and authorization data to assess the availability of providers across the Continuum of SUD care in Connecticut. **DY2Q1 (April 1, 2023–June 30, 2023)** There was a 26-bed reduction at an ASAM 3.3 Men's Residential program and a 7-bed reduction at an ASAM 3.7 Residential program. There was one new ASAM 2.1 program that received provisional certification this quarter.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			DMHAS and the State Partner agencies continue to utilize the state's capacity monitoring website and authorization data to assess the availability of providers across the Continuum of SUD care in Connecticut. No new provider cohorts were phased into the Demonstration this quarter. However, the State provided support, as needed, to OP Hospital providers offering SUD intermediate LOCs (ASAM 2.1 and ASAM 2.5) and/or ambulatory WM (ASAM 1-WM and ASAM 2-WM) who came under the Demonstration last quarter. Additionally, the State prepared for the next implementation phase to bring the Behavioral Health Federally Qualified Health Centers (BH FQHCs) under the Demonstration beginning July 1, 2023, for programs providing ASAM 2.5, 2.1 1-WM and/or 2-WM. BH FQHCs identified as presently providing any of these levels of care obtained certification from the State's certification and monitoring agency, ABH, and began the required process of uploading and entering their certification information to their existing provider enrollment.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric Trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 5	X	Metric #15: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence	

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
		Treatment (IET-AD) Metric #18: Use of Opioids at High Dosage in Persons Without Cancer Metric #21: Concurrent Use of Opioids and Benzodiazepine	
6.2 Implementation Update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric Trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 6	X	Metric #17: Follow-up after Emergency Department	
7.2 Implementation Update			

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports			**DY2Q4 (January 1, 2024 – March 31, 2024)** ABH and DMHAS continued working with providers to update policies related to ASAM adoption and the Demonstration. There are specific measures in the audit tools that measures 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 levels of care. DMHAS and ABH plan to host monthly Webinar starting in June 2024 – June 2025 on technical assistance regarding transition of care and other topics. Under DCF's contract with Child Health and Development Institute (CHDI), a Care Coordination Overview Training was held on 2/22/24 with 21 attendees from 7 agencies. The goal of this training is 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. Also, under the contract with CHDI includes efforts to increase rates of substance use identification, initiation, and engagement in treatment. This quarter, an Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT) specialized module training was held on 2/16/24 to discuss strategies for collaborating with pre-contemplative clients. This training was offered to clinicians who previously received the A-SBIRT

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			foundational training. There were 16 attendees from 5 agencies at this training. CHDI also held an agency consultation meeting on 2/12/24 with 10 attendees from 7 agencies to discuss implementation successes and challenges, review data from the previous quarter and develop data-driven goals to improve implementation. A learning community session was also held with the participating providers on 3/11/24 where building an integrated co-occurring culture was an area of key focus. Outpatient Psychiatric Clinics for Children (OPCCs) participating in this initiative screened 129 outpatient youth for the first-time using A-SBIRT in this quarter. Fifty-one youth with identified substance use concern from A-SBIRT at any point in treatment received care coordination services this quarter. **DY2Q3 (October 1, 2023–December 31, 2023)** ABH And DMHAS continued collaborating with providers to update policies related to ASAM adoption and the Demonstration. There are specific measures in the audit tools that measures the 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. There were no new care coordination trainings offered this quarter under the DCF contract with CHDI. However, data provided by the DCF-contracted Outpatient Psychiatric Clinics for Children (OPCCs) showed that 34 youth received care coordination services

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			this quarter at some point while in treatment. These linkages may have been made at the time that a youth screened at-risk for SUD and/or during treatment. Additionally, 37 youth with identified substance use from the OPCCs' administration of an Adolescent SUD Screening (A-SBIRT) received a referral to treatment this quarter. **DY2Q2 (July 1, 2023–September 30, 2023)** DSS will continue activities to review existing care management models in a future quarter. DCF has contracted with Child Health and Development Institute of CT (CHDI) to provide training, professional development, and consultation on SUD for Outpatient Psychiatric Clinics for Children (OPCCs). One of their areas of focus includes conducting training on Care Coordination. This quarter, CHDI conducted an initial Learning Community Session with the OPCCs on September 8, 2023, to set goals, discuss data collection and manage confidentiality with substance use for minors. Data provided by the OPCCs showed that 26 youth received care coordination services this quarter at some point while in treatment. These linkages may have been made at the time that a youth screened at-risk for SUD and/or during treatment. Representatives from DMHAS met with residential SUD providers operating ASAM 3.5 levels of care in September 2023, to discuss transition challenges and review updated admission guidance for these providers. ABH And DMHAS continued working with providers to

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			update policies related to ASAM adoption and the Demonstration. DMHAS and the State's ASO Carelon meet weekly for clinical rounds to discuss and address individual cases experiencing significant transition issues between levels of care. identified and contracted with a care coordination trainer, Verneesha Banks. A half-day care coordination overview training for OPCC clinicians was held on June 20, 2023 and was attended by seven participants. A 2-day care coordination introduction training for care coordinators was held on June 13, 2023 and June 15, 2023 and was attended by 12 participants. **DY2Q1 (April 1, 2023–June 30, 2023)** DCF has contracted with the (CHDI to provide training, professional development, and consultation on SUD for OPCCs. This quarter, CHDI recruited seven provider agencies for participation in care coordinator training. CHDI held seven unique meetings with the OPCCs to help them identify who would be the most appropriate staff person for providing care coordination. CHDI identified and contracted with a care coordination trainer, Verneesha Banks. A half-day care coordination overview training for OPCC clinicians was held on June 20, 2023 and was attended by seven participants. A 2-day care coordination introduction training for care coordinators was held on June 13, 2023 and June 15, 2023 and was attended by 12 participants
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD Health Information Technology (Health IT)			
8.1 Metric Trends			

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to its health IT metrics	X		
8.2 Implementation Update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
8.2.1.iii. Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/managed care organization, and individual provider levels	X		
8.2.1.iv. Other aspects of the state's health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase the use and functionality of the state's prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related Metrics			
9.1 Metric Trends			

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to other SUD-related metrics		Metric #23: Emergency Department (ED) Utilization for SUD per 1,000 Medicaid Beneficiaries Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries Metric #32: Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	Metric #23 reports the ED utilization for SUD per 1,000 individuals and appears to have a slight upward increase since the beginning of the demonstration. It has also increased another 1.4% this quarter over last quarter. • The children's population and older adult population both have lower ED utilization per 1,000 individuals than the overall average. • The ED rate per 1,000 did decrease for children last quarter (-16.0%) • The ED rate per 1000 did increase for adults (2.3%), Older adults (4.4%) as well as for the OUD population (2.6%). Metric #24: The rate of inpatient hospitalizations for SUD has increased as Medicaid began covering more hospitalizations in IMDs. The rate remained constant this quarter. • For children, the rate of hospitalizations has increased 4.3% this quarter. We began looking at all statistics on a quarterly basis consistent with Monitoring Report Technical guide 5.0. As a result, the issue we had seen with Older Adults previously (the third month of every quarter is much greater than the first two months of every quarter) is no longer an issue if the comparison is aggregated at the quarterly basis per CMS instructions.
9.2 Implementation Update			

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to other SUD-related metrics	X		

4. Narrative Information on Other Reporting Topics

Prompts	State has No Update to Report (Place an X)	State Response
10. Budget Neutrality		
10.1 Current Status and Analysis		

10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date		On 5/3/2024, CMS notified Connecticut that they are going to combine the three MEGS for BN. The State received the updated BN report on May 9, 2024. Connecticut has verified the form and will use that form for budget neutrality reporting in the future. On the May 20, 2024, Connecticut reviewed information regarding the HUSKY A budget neutrality issues resulting in the actual costs exceeding the without waiver budget neutrality limit. CMS requested that Connecticut (State) submit a detailed explanation of the reasons the budget neutrality limits were exceeded in the HUSKY A MEG, including an explanation of any missing data and a comparison of the projected incidence versus the actual incidence in recent experience under the Demonstration. **BACKGROUND** HUSKY A person-level utilization data was not available prior to the approval of the demonstration because SUD residential services for Husky A adults were only available under the State's SAPT block grant and did not require separate person-level utilization data. Because person-level data was not available, Mercer estimated utilization of HUSKY A individuals for residential services and other Medicaid services under the Demonstration. Mercer based all HUSKY A estimates on the utilization of Mental Health IMDs and the utilization of HUSKY D members in 100% State-funded SUD IMDs. Mercer also estimated the utilization for HUSKY C members with the available data. As a result of the Demonstration, Medicaid now covers SUD IMDs and we have actual HUSKY A, HUSKY C, and HUSKY D experience for IMDs and other FFS Medicaid services. HUSKY C and HUSKY D actual utilization is under the approved budget neutrality limits. However, HUSKY A actual utilization and expenses exceed the budget neutrality limits. There are two primary causes for the actual costs exceeding the approved waiver budget neutrality limit for the HUSKY A MEG:

- The HUSKY D non-IMD FFS utilization used to predict HUSKY A non-IMD FFS for individuals in IMDs underestimated the HUSKY A actual experience for non-SUD services.
- Actual incidence of SUD IMD utilization differed from the MH IMD utilization that was used as a proxy in the BN calculations. A utilization mix of residential services for ASAM 3.1, 3.5, and 3.7/3.7 WM was assumed in the development of the BN projections. However, we underestimated the incidence of utilization for ASAM 3.7 relative to 3.1 and the utilization in small facilities that have higher fees.

HUSKY A DATA AVAILABILITY

As stated earlier, HUSKY A utilization data within the State's SAPT block grant was unavailable for the BN projections, so Mercer utilized HUSKY D experience to estimate non-SUD PMPM costs. Mercer relied on HUSKY D (Expansion adults) data, which was 100% state-funded for SUD IMDs. See below for the initial utilization projections based on the HUSKY D population used by Mercer for the HUSKY A population in the absence of historical data:

HUSKY A: Projections in Budget Neutrality

Medicaid Eligibility Group (MEG)	Estimated Total Expenditures for SUD Medical Assistance Provided in an IMD	Estimated Total Expenditures for All Other non-SUD/IMD Title XIX State Plan Medical Assistance	Estimated Eligible Member Months for All Medical Assistance Provided in an IMD	Estimated SUD PMPM Cost	Estimated Non-SUD PMPM Cost	Estimated PMPM Cost
HUSKY A	$ 12,007,533.00	$ 1,540,416.67	$ 2,810.00	$ 4,273.00	$ 548.00	$ 4,821.00

However, with Medicaid now covering IMDs, actual HUSKY A data is available for IMDs and Fee-for-Service (FFS) utilization. The actual experience shown below from CY 2023 was $2,167 PMPM, which was considerably higher than the projected HUSKY A non-SUD FFS costs of $548 PMPM.

HUSKY A: Actual Experience

Medicaid Eligibility Group (MEG)	Actual Total Expenditures for SUD Medical Assistance Provided in an IMD	Actual Total Expenditures for All Other non-SUD/IMD Title XIX State Plan Medical Assistance	Actual Eligible Member Months for All Medical Assistance Provided in an IMD	Actual SUD PMPM Cost	Actual Non-SUD PMPM Cost	Actual PMPM Cost
HUSKY A	$ 14,960,925.00	$ 4,524,220.97	$ 2,088.00	$ 4,998.42	$ 2,166.77	$ 7,165.19

		ACTUAL INCIDENCE OF SUD IMD UTILIZATION The BN projections for HUSKY A SUD IMD utilization were developed from mental health IMD utilization. However, the actual utilization of SUD IMDs has been found to differ significantly from the mental health IMD basis that was used for projections. The second key factor is the actual incidence of SUD utilization differed from the mental health IMD utilization that Mercer relied upon to predict the HUSKY A utilization. Our calculations used Mental Health IMD utilization as a proxy for the SUD IMD utilization. However, we found that the actual incidence of SUD IMD utilization differed significantly in reality from MH IMD utilization. Specifically, an average HUSKY A case mix for SUD IMD residential incidence based on MH IMD utilization ($4,273 PMPM) was substantially different for SUD IMD residential incidence using different ASAM levels, including 3.1, 3.5, and 3.7/3.7WM ($4,998). Specifically, Mercer underestimated the utilization for ASAM 3.7 (a more expensive Level of Care) compared to ASAM 3.1 (a less expensive Level of Care), as well as the number of small facilities with higher fees in the HUSKY A population (e.g., HUSKY A has a disproportionate number of women in 3.5 Pregnant and Parenting Women Facilities with fewer than 12 beds, which have higher fees than larger facilities able to take advantage of more economies of scale). **CONCLUSION** As a result of the differences in actual utilization of SUD IMDs and the non-IMD costs compared to what was projected in budget neutrality, a technical amendment to the SUD 1115 is necessary to address these factors. A technical amendment is needed to update the budget neutrality limits of the HUSKY A Medicaid Eligibility Group. The amendment would align the without waiver limits more closely with the actual case mix and fees observed in actual experience from CY 2023 and provide a more accurate representation of the costs and utilization associated with SUD IMDs for the TANF adult population.
10.2 Implementation Update		

Prompts	State has No Update to Report (Place an X)	State Response
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
11. SUD-related Demonstration Operations and Policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail		**DY2Q4 (January 1, 2024 – March 31, 2024)** The state held an all-provider learning collaborative on March 15, 2024 for providers to share strengths and challenges experienced under the demonstration. SUD providers shared helpful tools and strategized to meeting clinical standards. Providers also shared challenges with staffing at their agencies. The state will convene quarterly learning collaboratives with our SUD provider network. DCF has received outreach regarding four youth this quarter who met criteria for an ASAM residential level of care but who received alternative treatment services due to a lack of availability of in-state resources. DCF met with an in-state treatment agency providing residential adolescent services at two CT locations (one for boys and one for girls) on January 8, 2024 to explore their interest in enrollment as a Medicaid provider. Presently, they primarily serve individuals with commercial insurance and a small volume of private pay. DCF also received an email inquiry from an out-of-state treatment agency in February 2024 seeking information about opening an adolescent residential program in CT. Both agencies expressed interest in serving the Medicaid population but identified that the reimbursement rate was significantly lower than other payers and would not be sustainable for operations. This information was shared with DSS along with a request to establish rates for adolescent residential programs beyond a 0-13 bed 3.5 level of care. Without established rates for other facility sizes or other residential

Prompts	State has No Update to Report (Place an X)	State Response
		levels of care, interested agencies are unable to assess financial viability of enrollment in the Connecticut Medical Assistance Program (CMAP). The JB-CSSD continues to monitor court activity related to the Waiver. There are still a few courts that don't fully embrace the new process and we continue to work with them on a case-by-case basis. The JB-CSSD has noticed that the time it takes to complete the ASAM is longer than DOC provides time for. Most programs continue to do telephone screenings. This is on an issue at one or two facilities. JB-CSSD has piloted giving access to providers to our existing Teams calendars which we utilize for remote services to DOC, courts, and probation. This allows longer time slots for screening. The appointment is facilitated by JB-CSSD staff. The Department of Correction, Division of Parole and Community Services total bed count at APT remains at 32 male and 10 female. The contract with Waterbury West has ended. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds. APT continues to run with high number of open beds. The agency is in the process of renewing the contact with APT. The agency continues to monitor and assess the funding for other levels of care to best meet the clinical needs of individuals under parole supervision. The agency will continue working with both non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5

Prompts	State has No Update to Report (Place an X)	State Response
		DY2Q3 (October 1, 2023–December 31, 2023) The Department of Correction, Division of Parole and Community Services total bed count at APT remains at 32 male and 10 female. The contract with Waterbury West ended. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds. APT continues to run with a high number of open beds. The agency is in the process of renewing the contract with APT. The agency continues to monitor and assess the funding for other levels of care to best meet the clinical needs of individuals under parole supervision. The agency will continue working with both non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5. The State held a provider drop-in meeting with ambulatory treatment programs on December 13, 2023, to review processes and provide a space for ambulatory providers to provide feedback. The state updated and clarified frequently asked questions to reflect questions asked during drop-in meetings. The JB-CSSD has not noticed any change with the court referrals regarding the ending of "Flex Authorizations. The JB-CSSD has noticed a recent increase in court referrals that have refused the placement at the court/placement date. This continues to be isolated to one or two courts. **DY2Q2 (July 1, 2023–September 30, 2023)** The State met with, the Department of Public Health (DPH) on October 5, 2023, to finalize guidance on documentation efficiencies for

Prompts	State has No Update to Report (Place an X)	State Response
		programs participating in the Flex Bed model. Guidance added to residential provider and ambulatory provider FAQs on the SUD Demonstration webpage. Another focus of CHDI's work with OPCCs includes increased rates of identification, initiation, and engagement in treatment through Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT). The OPCCs who received A-SBIRT training in the previous quarter entered data this quarter on their utilization of A-SBIRT. 98 youth received an A-SBIRT, of which risk scores were reported for 89 youth. Of the 89 youth, 71% had low risk (no use/problems), 9% had medium risk and 20% had high risk. 31 youths received a referral to services. The Department of Correction, Division of Parole and Community Services, continued to work with contracted providers to draft contracts and amendments to contracts including the referral process and payment structure/process under the Waiver program. Our total bed count at APT remains at 32 male and 10 female. The agency also has a contract with Connecticut Renaissance for ten 3.5 male beds at Waterbury West. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds. During this reporting period, both providers worked through the end of concurrent flexible authorizations with discharge planning and the transition of individuals to placements. The agency continues to monitor and assess the funding for other levels of care to best meet the clinical needs of individuals under parole supervision. Additionally, the agency is planning to make contract amendments with APT to allow for the use of open beds by CSSD on an

Prompts	State has No Update to Report (Place an X)	State Response
		as-needed / as-available basis. The agency will be working with both non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5. The JB-CSSD will be watching the court's response to the ending of "flex authorization" for concurrent reviews. The JB-CSSD has been asked by the Chief Public Defender Social Worker to again meet with staff to discuss the Waiver, program criteria and the referral/admission process. This will most likely happen during the third quarter **DY2Q1 (April 1, 2023–June 30, 2023)** The State's Administrative Service Organization, Carelon Behavioral Health, held an updated Youth SUD Workgroup on May 12, 2023, which focused on inpatient WM services for adolescents. Treatment providers and State Agency partners were in attendance. Guest presenters from Massachusetts shared information about their programs that may help guide future work for CT in this area. CHDI contracted with A-SBIRT expert trainer, Manu Singh-Looney, to co-develop training materials for A-SBIRT. This quarter one 2-hour foundational A-SBIRT training was held on June 16, 2023; 22 OPCC clinicians attended. On May 7, 2023, a meeting was held with (BH FQHC providers to review standards for ambulatory intermediate levels of care, discuss the certification and monitoring process in preparation for their inclusion in the Demonstration as of July 1, 2023. The Department of Correction (DOC), Division of Parole and Community Services, continued to work with contracted providers to draft contracts and amendments to contracts including the referral process and payment structure/process under the Waiver program. DOC

Prompts	State has No Update to Report (Place an X)	State Response
		and the APT Foundation agreed to a 10-male bed reduction due to consistently low utilization. Our total bed count at APT is 32 males and 10 females. During this reporting period, the bed reductions did not adversely impact placements. The agency also has a contract with Connecticut Renaissance for ten 3.5 male beds at Waterbury West. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds. The agency will continue to monitor and assess whether there is a need for reallocation of funding for other levels of care to best meet the clinical needs of individuals under parole supervision. Additionally, the agency is planning to make contract amendments with APT to allow for the use of open beds by JB-CSSD on an as-needed/as-available basis. The State held a provider drop-in meeting with residential treatment programs on April 20, 2023, to review processes and answer questions related to the Flex Bed Option. The State updated and clarified the guidance based on feedback received during this meeting and posted the finalized guidance to the State's dedicated website for the Demonstration. The State is working with the State's Facility Licensing agency, the Department of Public Health, to identify possible documentation efficiencies for programs participating in the Flex Bed model and hopes to have this guidance finalized and posted in the upcoming quarter. JB courts have continued to comply with the new client-centered lengths of stay. However, there have been some issues related to the Public Defender's Office, which JB-CSSD staff have addressed on a case-by-case basis.

Prompts	State has No Update to Report (Place an X)	State Response
11.2 Implementation Update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 11.2.1.i. How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient-Centered Medical Homes)	X	

11.2.1.iii. Partners involved in service delivery		**DY2Q4 (January 1, 2024 – March 31, 2024)** The JB-CSSD has fewer wait lists from last CY related to the Waiver, un/under insured, "extended stays beyond medical necessity, bed holds. **DY2Q3 (October 1, 2023–December 31, 2023)** The Department of Correction, Division of Parole and Community Services, total bed count at APT remains at 32 males and 10 females. The contract with Waterbury West ended. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds. APT continues to run with a high number of open beds. The agency is in the process of renewing the contract with APT. The agency continues to monitor and assess the funding for other levels of care to best meet the clinical needs of individuals under parole supervision. The agency will be working with both non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5. The JB-CSSD continues to look at the data and monitor data entry. This data will be used to determine funding levels through the judicial system. The JB-CSSD is continuing to look at data entry in our CDCS system which will help providers and provide more timely data, this includes court/probation reports, drug testing results and MAT participation. The JB-CSSD has noticed a slight decrease in the waitlist, but there has also been a decrease in the referral volume. The JB-CSSD has continued to push the "flex bed" model. However, providers seem reluctant to participate. **DY2Q1 (April 1, 2023–June 30, 2023)**

Prompts	State has No Update to Report (Place an X)	State Response
		The Department of Correction (DOC), Division of Parole and Community Services, continued to work with contracted providers to draft contracts and amendments to contracts including the referral process and payment structure/process under the Waiver program. DOC and the APT Foundation agreed to a 10-male bed reduction due to consistently low utilization. Our total bed count at APT is 32 males and 10 females. During this reporting period, the bed reductions did not adversely impact placements. The agency also has a contract with Connecticut Renaissance for ten 3.5 male beds at Waterbury West. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds. The agency will continue to monitor and assess whether there is a need for reallocation of funding for other levels of care to best meet the clinical needs of individuals under parole supervision. Additionally, the agency is planning to make contract amendments with APT to allow for the use of open beds by JB-CSSD on an as-needed/as-available basis. The JB-CSSD has noticed that courts have not ordered clients to remain in treatment longer than is "medically necessary", because programs have not always entered the data timely or accurately, and programs have been providing "flex authorizations" during the first year of the Waiver, this information is antidotal. The JB-CSSD will continue to monitor this during the second year of the Demonstration. However, the information has allowed us to reduce grant funding for "Extended Stays" (stays beyond what is determined to be 'medically necessary") and those dollars will be re-invested in client services
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g.,	X	**DY2Q4 (January 1, 2024 – March 31, 2024)** No new challenges with partnerships or contracted entities in this quarter. The State continues to partner with providers to make continual

Prompts	State has No Update to Report (Place an X)	State Response
health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities		progress towards full certification, including the adoption of the ASAM Criteria. **DY2Q2 (July 1, 2023–September 30, 2023)** No new challenges with partnerships or contracted entities in this quarter. DSS continues to partner with providers to make continual progress toward full certification, including the adoption of the ASAM Criteria. **DY2Q1 (April 1, 2023–June 30, 2023)** No new challenges with partnerships or contracted entities in this quarter. The State continues to partner with providers to make continual progress toward full certification, including the adoption of the ASAM Criteria.
11.2.3 The state is working on other initiatives related to SUD or OUD	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	
12. SUD Demonstration Evaluation Update		
12.1 Narrative Information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing of the demonstration. There are specific requirements per the Code of Federal Regulation for annual reports. See report template instructions for more details		The Evaluation Design was approved May 22, 2023, by CMS.

Prompts	State has No Update to Report (Place an X)	State Response
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs		The State had its first meeting on the mid-point assessment with its independent evaluator in February 2024.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates	X	
13. Other Demonstration Reporting		
13.1 General Reporting Requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues by submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 Post-award Public Forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 Code of Federal Regulation § 431.420(c) indicating any resulting action items or issues. A summary of		**DY2Q2 (July 1, 2023–September 30, 2023)** The State held its Annual Public Forum on October 11, 2023. The forum was attended by 59 individuals of which 11 were SUD providers; 11 were contractors; two were members of the public; 24 were other

Prompts	State has No Update to Report (Place an X)	State Response
the post-award public forum must be included here for the period during which the forum was held and in the annual report		state agency staff, eight were DSS staff, and one was unknown. The forum presentation was posted to the State's dedicated website for the Demonstration along with public comments received and the State's response, where applicable. Comments and responses are noted below and include topics on the progress of the demonstration including access, program processes and requirements, provider certification, quality of chart audits, provider rates, workforce challenges; concerns around streamlining the rate structure; provider certification timelines; and concern around a reduction in available beds. Actual comments and responses: • 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. *Response: 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 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. *Response: We acknowledge the concern expressed and will continue to work collaboratively to expand access*

Prompts	State has No Update to Report (Place an X)	State Response
		and capacity and ensure 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. *Response: 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 the 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 by telehealth puts us in a very difficult position to comply. Can the telehealth timeframe be expanded? *Response: 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? *Response: We acknowledge your concerns; however, clinical assessments include physical exams and urine drug screens at this level of care and financial consideration for*

Prompts	State has No Update to Report (Place an X)	State Response
		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 the public hearing: Is there an update on the Justice Involved Re-entry amendment to the SUD 1115? *Response: 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 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. *Response: 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 opportunities 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. *Response: Thank you for the comment.* • **Public Forum:** We disagree with the decision not to reschedule the public comment after the technical difficulties.

Prompts	State has No Update to Report (Place an X)	State Response
		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. *Response: Thank you for the comment, DSS acknowledges the technical difficulties experienced and hopes 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 the public hearing: I am curious from a qualitative standpoint how things are going as providers might be moving through their first round of SUD Waiver chart audits, what are you seeing as pain points? *Response: 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 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. *Response: 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 into rate setting. Rate setting should incorporate a certain

Prompts	State has No Update to Report (Place an X)	State Response
		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 takebacks. CMS and DSS require provider compliance with Medicaid requirements and there is no grace period for Medicaid provider audits. *Response: 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:** Regarding the rates, we are concerned that there does not appear to be a plan for their sustainability over 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. *Response: We acknowledge the concern expressed and will continue to 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

Prompts	State has No Update to Report (Place an X)	State Response
		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 collaboratively with providers and each other to develop a more comprehensive system-level plan focused on how best to serve the needs of the residents of the state and to ensure that the rates and other structure. *Response: 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.* • **Workforce:** Is Connecticut making progress on the workforce crisis for licensed staff? The speaker noted that Connecticut is requiring SUD groups to be led by licensed staff which is above the industry standards. *Response: 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 the potential to impact future audits with significant financial penalties. 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. *Response: We acknowledge the concern expressed and will*

Prompts	State has No Update to Report (Place an X)	State Response
		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.

Prompts	State has No Update to Report (Place an X)	State Response
14. Notable State Achievements and/or Innovations		
14.1 Narrative Information		

14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD-related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts on beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, (e.g., the number of impacted beneficiaries).		**DY2Q4 (January 1, 2024 – March 31, 2024)** The state continues to regularly update the dedicated webpage for the Demonstration and provide updates to consumer groups, advocacy groups and legislative committees. Updates to the website are accompanied by an email campaign sent to individuals registered to receive updates. These efforts ensure up-to-date communication is readily available and broadly disseminated. Reminders are regularly provided to encourage interested parties to subscribe for website updates. The state continues to regularly update the dedicated webpage for the Demonstration and provide updates to consumer groups, advocacy groups and legislative committees. Updates to the website are accompanied by an email campaign sent to individuals registered to receive updates. These efforts ensure up-to-date communication is readily available and broadly disseminated. Reminders are regularly provided to encourage interested parties to subscribe for website updates. The Department of Correction, Division of Parole and Community Services, Our total bed count at APT remains at 32 male and 10 female. The contract with Waterbury West ended. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds. APT continues to run with high number of open beds. The agency is in the process of renewing the contact with APT. The agency continues to monitor and assess the funding for other levels of care to best meet the clinical needs of individuals under parole supervision. The agency will be working with both non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5.

		DY2Q3 (October 1, 2023–December 31, 2023) The state continues to regularly update the dedicated webpage for the Demonstration and provide updates to consumer groups, advocacy groups and legislative committees. Updates to the website are accompanied by an email campaign sent to individuals registered to receive updates. These efforts ensure up-to-date communication is readily available and broadly disseminated. Reminders are regularly provided to encourage interested parties to subscribe for website updates. **DY2Q2 (July 1, 2023–September 30, 2023)** On September 21, 2023 and September 22, 2023 DCF through contract with Faces and Voices of Recovery offered a 2-day virtual training "Our Stories Have Power" that focused on reducing stigma, sharpening skills as recovery communicators and utilization of recovery messaging tools. The Department of Correction, Division of Parole and Community Services, continued to work with contracted providers to draft contracts and amendments to contracts including the referral process and payment structure/process under the Waiver program. Our total bed count at APT remains at 32 male and 10 female. The agency also has a contract with Connecticut Renaissance for ten 3.5 male beds at Waterbury West. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds. During this reporting period, both providers worked through the end of concurrent flexible authorizations with discharge planning and the transition of individuals to placements. The agency continues to monitor and assess the funding for other levels of care to best meet the clinical needs of individuals under parole

Prompts	State has No Update to Report (Place an X)	State Response
		supervision. Additionally, the agency is planning to make contract amendments with APT to allow for the use of open beds by CSSD on an as-needed / as-available basis. The agency will be working with both non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5. The JB-CSSD and state partners continue to meet with Carelon (formerly Beacon) and Mercer to analyze data regarding access and wait lists for all levels of care. The state partners have had provider meetings to discuss the ending of "flex authorizations and the use of the "flex bed" model **DY2Q1 (April 1, 2023–June 30, 2023)** On June 26, 2023, CHDI conducted a presentation at the OPCC Statewide Provider Meeting to give an overview of the work that is being done to increase rates of identification, initiation and engagement in treatment and expand care coordination. CHDI encouraged attending agencies to participate in upcoming trainings being offered. CHDI developed a data collection system via an online portal that was shared with participating agencies to begin collecting data on the volume of youth administered an A-SBIRT, the level of intervention needed, and treatment referred to as well as connection to care coordination. Additional efforts to streamline data collection will occur in the upcoming quarter.

*The state should remove all example text from the table prior to submission.

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