

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 DY3Q1
Reporting period	4/1/2024-6/30/2024

^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: Connecticut has decided not to submit a technical amendment to the budget neutrality limits of the HUSKY A Medicaid Eligibility Group because under the combined budget neutrality test, the demonstration is budget neutral.

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 -1.9%
- Metric #6: The number of unduplicated individuals receiving any services compared to the previous quarter was -2.3%.
- Metric #7 The number of individuals reported to receive early intervention (EI) did not change.
- Metric #8 The number of individuals receiving outpatient (OP) services compared to last quarter was -2.5%.
- Metric #9 The number of individuals receiving intensive outpatient program (IOP) and partial hospital program (PHP) services compared the previous quarter was -0.1%.
- Metric #10 The monthly number of individuals receiving inpatient and residential services compared to the previous quarter was -1.5%.
- Metric #11 The number of individuals receiving Withdrawal Management (WM) services compared to the previous quarter was -0.2%.
- Metric #12 The monthly number of individuals receiving medication-assistant treatment (MAT) services compared to the previous quarter was -1.9%.

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The criminal justice subpopulation continues to ramp up since the beginning of the demonstration. Connecticut saw overall declines in enrollment during this period (October 1, 2023-December 31, 2023) due to the Public Health Emergency unwinding that could be affecting the raw counts of members receiving SUD. <https://portal.ct.gov/phe/-/media/phe/ct-unwinding-data/husky-health-program-performance-dashboard-april-2023-to-april-2024.pdf> In particular, October 2023 had 32,642 fewer HUSKY enrollees than July 2023. July 2023 had 62,567 fewer HUSKY enrollees than April 2023. 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 -7.5% from the previous quarter.
- Metric #24: The rate of inpatient hospitalizations for SUD changed -4.6%.

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)	Analysis for metrics Quarter Ending (QE) December 31, 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 -1.9%. Subpopulations: • Pregnant women changed -2.4% this quarter compared to the previous quarter. • The number of older adults increased this quarter 2.9%. • The number of children with a SUD diagnosis decreased this quarter -2.5% • The number of individuals with criminal justice involvement decreased -11.8%. • The number of individuals with OUD changed -2.3% this quarter. • The number of dual eligibles with SUD diagnoses changed less than +/- two percent.

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			Connecticut saw overall declines in enrollment during this period (October 1, 2023-December 31, 2023) due to the Public Health Emergency unwinding that could be affecting the raw counts of members receiving SUD.
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes:	X		
1.2.1.i. The target population(s) of the demonstration			
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		

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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	Metrics #6–#12 report the number of members by month receiving services through QE December 31, 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 (-2.3%). - Pregnant women receiving services has changed this quarter compared to last quarter (-4.9%) compared to not pregnant women dropped -2.2%. - Children’s subpopulations changed this quarter compared to last quarter (-7.1%). Older adult’s subpopulations changed this quarter compared to last quarter (-2.8%), with adults 18-64 decreasing -2.2%. - Dual eligibles’ utilization of SUD services has changed this quarter (-6.7%). - Individuals with criminal justice involvement receiving any service changed this quarter compared to last quarter (-10.7%). - Members with OUD diagnoses receiving any service changed from the previous quarter (-2.2%). Connecticut saw overall declines in enrollment during this period (October 1, 2023-December 31, 2023) due to

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			the Public Health Emergency unwinding that could be affecting the raw counts of members receiving SUD. 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 1 last quarter. 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% (-2.5%). • Utilization for all populations declined this quarter compared to the previous quarter: ○ Utilization for dual eligibles changed from the previous quarter (-7.7%). ○ Pregnant and not pregnant women utilization changed from the previous quarter (-5.9% and -2.4 respectively) ○ Children <18, adults 18-64 and Older Adults age 65+’s utilization changed from the previous quarter (-10.6%, -2.3% and -3.2% respectively). ○ Individuals with criminal justice involvement changed from the previous quarter (-17.5%) ○ Individuals with OUD also decreased compared to the previous quarter (-3.1%).

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			Connecticut saw overall declines in enrollment during this period (October 1, 2023-December 31, 2023) due to the Public Health Emergency unwinding that could be affecting the raw counts of members receiving SUD. 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 -0.1%. • The Pregnant women subpopulation metric changed since the previous quarter (-1.6%). • Dual eligible members have changed this quarter (-31.9%). • Children served in intensive levels of care changed (33.3%). • Older adults aged 65 years and above changed -25.5% this quarter compared to last quarter. • Individuals with criminal justice in IOP/PHP decreased this quarter over last quarter (-22.5%) • Members with OUD in IOP/PHP changed this quarter (-2.8%). Connecticut saw overall declines in enrollment during this period (October 1, 2023-December 31, 2023) due to the Public Health Emergency unwinding that could be affecting the raw counts of members receiving SUD.

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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 (-1.5%). • The Children’s population increased this quarter compared to last quarter (8%). • Dual-eligible individuals changed (-6.7%) this quarter. • Individuals who were justice-involved changed (-10.7%) over last quarter. • Individuals with OUD, older adults, and pregnant individuals changed less than +/- two percent. Connecticut saw overall declines in enrollment during this period (October 1, 2023-December 31, 2023) due to the Public Health Emergency unwinding that could be affecting the raw counts of members receiving SUD. Metric #11 reports the number of individuals receiving WM services. The number of individuals receiving WM services compared to the previous quarter changed by (-0.2%). • Pregnant women served changed this quarter (-30.4%). • Dual-eligible and older adult individuals receiving WM both decreased this quarter compared to last quarter (-8.3% and -17.1% respectively). • Only 1 child received WM last quarter.

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			- Members with criminal justice receiving WM increased this quarter (52.6%). - The number of individuals with OUD receiving WM increased this quarter as well (6.5%). Connecticut saw overall declines in enrollment during this period (October 1, 2023-December 31, 2023) due to the Public Health Emergency unwinding that could be affecting the raw counts of members receiving SUD. Metric #12 reports the number of individuals receiving MAT services, which has decreased this quarter (-1.9%). - Pregnant women receiving MAT decreased this quarter (-15.4%). - The number of individuals with criminal justice involvement changed (-10.3%) this quarter. - The number of individuals with OUD receiving MAT changed this quarter (-2.1%). - Children, Dual-eligibles and older adults aged 65 years and above changed less than +/- two percent. Connecticut saw overall declines in enrollment during this period (October 1, 2023-December 31, 2023) due to the Public Health Emergency unwinding that could be affecting the raw counts of members receiving SUD.
2.2.2 Implementation Update			

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
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)	X		
2.2.1.ii.	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

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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			DY3Q1 (April 1, 2024 – June 30, 2024) The State has continued to provide access to the ASAM Model training for all participating substance use treatment agencies. The State utilized this quarter to complete three additional two-day ASAM criteria skill building trainings through the Train for Change Company. Three trainings were completed on May 14-May 17, 2024, and June 5 and June 6, 2024, and was attended by 124 individuals from SUD treatment providers representing adult and adolescent services. The State continued the deployment of on-demand ASAM slots during this quarter with an additional 119 being deployed statewide. The State partnered with Advanced Behavioral Health INC and initiated a monthly webinar training series to further support key areas of the ASAM criteria that started in June 2024. These webinars are focused on areas identified for further technical assistance as part of the Certification monitoring process. On April 18 and April 19, 2024, Department of Children and Families (DCF) and Advanced Behavioral Health (ABH) held an in-person two-day ASAM training led by The Change Companies specifically for provider staff working in adolescent services. This application-focused training provided participants with an in-depth look at the theoretical foundations of the ASAM Criteria, including clinically driven services, biopsychosocial assessment,

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			the six dimensions, continued stay and transfer/discharge criteria. The two-day training was attended by 28 individuals from 12 community agencies, as well as four clinical staff from ABH and one clinical staff person from Carelon Behavioral Health (“Carelon”). This quarter, access to The Change Companies’ online ASAM 1-3 Training Modules was given to three new staff serving both adolescent and adult populations at two provider organizations. ABH, in partnership with the State Agencies, began offering a Monthly ASAM Technical Assistance series. Each month, a webinar will provide training on a specific topic related to ASAM alignment. This is a time-limited series running monthly from June 2024 – May 2025 with the purpose of providing resources, training, and information to support providers with ASAM alignment across all levels of care. The first webinar was held on June 11, 2024, and was focused on Operationalizing Individualized care. The webinar was attended live by 62 participants and will be made available for viewing by other interested individuals on the State’s dedicated website for the Demonstration. The State’s Administrative Services Organization, 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 highlight the percentage of initial and concurrent authorization requests. The State, Carelon and ABH continued to provide technical support to providers.

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			The Judicial Branch Court Support Services Division (JB-CSSD) has added toxicology reporting to the Contractor Data Collection System (CDCS) system. The CDCS team is conducting audits related to data entry and timeliness. Under the continued efforts of DCF's contract with Child Health and Development Institute (CHDI), a Care Coordination Introduction training took place in April over four half-days and was attended by 18 individuals from three agencies. An Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT) foundational training Part I and Part II occurred in May 2024 with 20 attendees from four agencies. An A-SBIRT specialized training on pre-contemplative clients was held May 21, 2024, with 16 attendees from four agencies. CHDI also hosted a Statewide Reimbursement SUD Educational Session facilitated by the Office of the Healthcare Advocate on April 30, 2024, with nine attendees from five agencies. Outpatient Psychiatric Clinics for Children participating in this initiative screened 120 outpatient youth for the first-time using A-SBIRT in this quarter. Sixty-one (61) youth with identified substance use concern from A-SBIRT at any point in treatment received care coordination services this quarter.
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			DY3Q1 (April 1, 2024 – June 30, 2024) Transitioning clients to lower levels of care continues to be an issue and trying to ensure that clients do not leave

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
care, or (c) use of an independent process for reviewing placement in residential treatment settings			treatment and become homeless or house in a shelter is a priority. JB-CSSD has opened a fourth Transitional Housing program, and a fifth is scheduled to open in September 2024. Carelon and the State's certification and monitoring agency, ABH, continue to meet bi-weekly for quality assurance coordination.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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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		
4.2.1 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	X		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications			DY3Q1 (April 1, 2024 – June 30, 2024) Connecticut established a four-phase monitoring process at the beginning of the 1115 SUD Demonstration. Department of Mental Health and Addiction Services (DMHAS) and ABH continued intensive ASAM certification monitoring by completing Phase 4 of monitoring with residential SUD programs. This phase focused on assessing the deficiencies identified in Phase 3 and helping where needed to meet full certification. At the end of the two-year provisional certification period 42 residential SUD programs met full certification under the Demonstration. Additional technical assistance and

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			site monitoring is planned for three programs in need of additional support. DMHAS and ABH met with ambulatory private non-profit providers, reviewing the Phase 3 reports (from DY2Q4 and DY3Q1) and issuing Collaborative Improvement Plans (CIPs) while also offering Technical Assistance to assist in the process of certification preparation. Monitoring the medical record sampling methodology was expanded utilizing the 8/30 monitoring method created by the National Committee for Quality Assurance. During this reporting period, DMHAS and ABH met with Hospital based SUD providers to review their Phase 2 reports and issued CIPs to assist in the process of certification while also offering Technical Assistance. During this reporting period, DMHAS and Advanced Behavioral Health met with the three Federally Qualified Health Centers (FQHC) that are operating five IOP programs to review from phase 1 chart reviews. No updates to the provider qualifications this quarter specific to adolescent residential treatment providers due to no actively enrolled programs.
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		

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

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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			DY3Q1 (April 1, 2024 – June 30, 2024) During this quarter there has been a total bed reduction of 28 beds. Bed loss in ASAM 3.7 WM, 3.7 and 3.5 PPW level of care (LOC). The greatest bed loss this quarter was at the 3.5 PPW LOC. The provider at this LOC reported ceasing operations due to fiscal reasons. The State continues to monitor changes in capacity and utilization and assess whether additional efforts are indicated to ensure adequate access at these levels of care. 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. DCF and Department of Social Services (DSS) met to discuss the adolescent residential rates to enroll interested treatment providers in Connecticut Medical Assistance Program. Feedback from interested providers has pointed to the rates being lower than reimbursement by commercial insurance providers and insufficient to maintaining operational costs of the associated LOCs.

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			The State agencies are continuing these discussions with interested adolescent providers to mitigate any barriers.
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 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:	X		

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
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			
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	X		
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			
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			

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes:	X		
8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			
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			
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	Metric #23 reports the ED utilization for SUD per 1,000 individuals has decreased this quarter over last quarter (-7.5%). The ED rat per 1,000 changed for children last quarter (15.3%).

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
		Medicaid Beneficiaries Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	- The ED rate per 1000 changed for adults (-6.4%), Older adults (-28.0%) as well as for the OUD population (-6.3%). Metric #24: The rate of inpatient hospitalizations for SUD has increased as Medicaid began covering more hospitalizations in IMDs. The overall rate decreased this quarter compared to last quarter (-4.6%). - For children, the rate of hospitalizations has decreased (-27.0%) this quarter. - For adults, the rate of hospitalizations has decreased (-4.0%) this quarter. - The rate for older adults and individuals with OUD did not change more than +/- two percent this quarter.
9.2 Implementation Update			
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		Because of the combining of the three MEGS for BN, CT will not need a technical amendment. 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. With this modification, no budget neutrality change is needed.
10.2 Implementation Update		
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		DY3Q1 (April 1, 2024 – June 30, 2024) JB-CSSD continues to have issues with some courts regarding “medical necessity” and the reduced lengths of stay. The Department met with the Chief Public Defender Social Worker to reiterate the new process related to Carelon and Medicaid/ASAM. The JB-CSSD implemented a limited pilot last quarter to allow programs to access JB-CSSD/DOC video conferencing to conduct screenings for a couple of programs that were having issues getting the assessments completed in a timely manner. The conferencing has worked well, and it has been expanded it to other DOC facilities, however, most facilities still utilize phone screenings. The state met with residential providers in their last phase of monitoring for full certification. DSS created an instant message for all providers on how to upload their certificates into the provider portal by June 1, 2024. DSS helped those providers needing support with their uploads.

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Prompts	State has No Update to Report (Place an X)	State Response
		The Department of Correction, Division of Parole and Community Services, reports that the total bed count at APT remains at 32 males and ten females. 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 have a high number of open beds. Additionally, the agency plans to make contract amendments with APT to allow CSSD to use open beds on an as-needed / as-available basis. 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 best to meet the clinical needs of individuals under parole supervision. The agency will continue working with non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5. While conducting provider meetings and technical assistance during this reporting period DMHAS has received reports from providers that workforce shortages including recruitment and retention remain an ongoing challenge. The state partner agencies are exploring options for addressing these challenges. DCF received information about 11 youth this quarter (9 male, 2 female) who were identified as needing residential SUD treatment but for whom alternative arrangements were made due to a lack of availability of in-state Medicaid enrolled providers.

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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:	X	
11.2.1.i. How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		
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	X	
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	
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	X	

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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	X	
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	

P13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.

Grievances

There were six substance use disorder (SUD) related grievances in Demonstration Year 2 (DY2), representing 5.6% of grievances for all behavioral health services in the same period. Each of the six grievances were regarding a different provider, indicating no trend. The reason codes were all related to Service Issues except one that was determined to be a potential Quality of Care Concern. The level of care associated with the six grievances were as follows: one for Residential Rehabilitation 3.1, two for Methadone Maintenance, two for Inpatient Withdrawal Management and one for Outpatient Suboxone Medication Management. The number of grievances continues to be low, with an increase of two from four in Demonstration Year 1 (DY1) to six in DY2.

The one potential Quality of Care (QOCC) concern was related to a Methadone Maintenance provider in DY2. This concern related to two QOCC categories: Inappropriate Sexual Behavior and Clinical Treatment. It was reviewed by the Carelon Behavioral Health Connecticut (Carelon BH CT) QOCC committee and given a determination of Unable to be Determined following a review of the record set. Unable to be Determined indicates that there was not enough information available to give either a Founded or Unfounded determination.

Appeals

There were 11 total SUD related appeals in DY2, representing 44% of all behavioral health appeals in the same period. The 11 appeals related to six different providers. There was no trend identified and an increase of three, from eight in DY1 to 11 in DY2. This increase may be due to the transition of the Medicaid system to ASAM requirements and a tightening of prior authorization in DY2 as providers learned to utilize the ASAM patient placement criteria. However, this should also be understood in the context of the

		overall low volume and the limitation of only two years' worth of data. One of the 11 appeals was a Medical Necessity Member Level 1 Appeal. This appeal related to a 3.7 level of care and the denial decision was upheld. Eight of the 11 appeals were Medical Necessity Provider Level 1 Appeals. Two appeals were related to a 3.5 level of care; one denial decision was overturned, and one was upheld. Three appeals were related to a 3.7 level of care, two denial decisions were overturned, and one was upheld. Two appeals were related to a 3.7E level of care; one denial decision was overturned, and one was upheld. Lastly, one appeal was related to the Inpatient Withdrawal Management level of care and the denial decision was overturned. Two of the 11 appeals were Medical Necessity Provider Level 2 Appeals. One was related to a 3.5 level of care, and one was related to a 3.7 level of care. In both instances, the denial decision was upheld.
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 the post-award public forum must be included here for the period during which the forum was held and in the annual report	X	

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).	X	

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

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

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