Medicaid Section 1115 Substance Use Disorder Demonstrations
Monitoring Report Template

Note: PRA Disclosure Statement to be added here

1. Title page for the state's substance use disorder (SUD) demonstration or the SUD component of the broader demonstration

The title page is a brief form that the state completed as part of its monitoring protocol. The title page will be populated with the information from the state's approved monitoring protocol. The state should complete the remaining two rows. 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 DY3Q2*
Reporting period	*7/1/2024-9/30/2024*

[a] **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at time of SUD demonstration approval. For example, if the state's STCs at the time of 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 or will begin 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 count is 500 words or less.

Executive Summary

Milestone #2: The State has continued to provide access to the American Society of Addiction Medicine (ASAM) Model training for all participating substance use treatment agencies.

Milestone #3: Connecticut established a four-phase monitoring process at the beginning of the 1115 SUD Demonstration. Three Residential programs received additional technical assistance from Department of Mental Health and Addiction Services (DMHAS) to address identified deficiencies. All residential SUD treatment programs participating in the Demonstration are now fully certified.

Milestone #4: The State reached out to current agencies providing adolescent residential care who are not currently enrolled in Medicaid and discussed improving access to the adolescent population and encouraged their enrollment under the demonstration.

The State's independent evaluator issued its data request for the midpoint assessment to the State partners. The midpoint assessment is on track to be delivered to CMS consistent with the STCs of the approved demonstration.

With the exception of intensive outpatient, withdrawal management, and medication-assistant treatment (MAT), the criminal justice subpopulation continues to ramp up since the beginning of the demonstration. Connecticut's SUD demonstration overall had declines in metrics # 3, 6, 10, 11, and 12. This is probably connected to overall declines in enrollment during this period (January 1, 2024–March 31, 2024) due to the Public Health Emergency (PHE) unwinding affecting the raw counts of members receiving SUD. More information about the public health unwinding can be found at: https://portal.ct.gov/phe/-/media/phe/ct-unwinding-data/husky-health-program-performance-dashboard-april-2023-to-april-2024.pdf. The remaining changes are due to normal fluctuations in data and continuing trends since the beginning of the demonstration. Please see the graphs in the attachment Graphs Part B to see metrics over time and the second demonstration year annual metrics. Metric summary:

- Metric #3: The change in the number of members with an SUD diagnosis compared the previous quarter was -2.5%.
- Metric #6: The number of unduplicated individuals receiving any services compared to the previous quarter was -1.3%.
- Metric #7: The number of individuals reported to receive early intervention did not change.
- Metric #8: The number of individuals receiving outpatient (OP) services compared to last quarter was 1.1%.
- Metric #9: The number of individuals receiving intensive outpatient program (IOP) and partial hospital program (PHP) services compared the previous quarter was 2.4%.
- 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 -3.1%.

- Metric #12: The monthly number of individuals receiving MAT services compared to the previous quarter was -2.8%.
- Metric #23: Emergency department (ED) utilization for SUD per 1,000 individuals has changed -3.3% from the previous quarter.
- Metric #24: The rate of inpatient hospitalizations for SUD changed -3.8%.

The State reported its second Demonstration Year metrics this quarter.

3. Narrative information on implementation, by milestone and reporting topic

Prompt		State has no trends/update to report (place anX)	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 2 percent related to assessment of need and qualification for SUD services.		*Metric #3 Medicaid Beneficiaries with SUD Diagnosis (monthly)* *Metric #4 Medicaid Beneficiaries with SUD Diagnosis (annual)*	**Analysis for metrics Quarter Ending (QE) March 31, 2024:** **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 -2.5%. Subpopulations: • The number of dual eligibles with SUD diagnoses changed less than +/-2%. • Pregnant women increased 3.3% this quarter compared to the previous quarter. • The number of children with a SUD diagnosis was less than 2%. • The number of older adults increased this quarter 2.5%. • The number of individuals with criminal justice involvement increased 6.5%. • The number of individuals with opioid use disorder (OUD) changed -2.8% this quarter. Connecticut saw overall declines in enrollment during this period (January 1, 2024–March 31, 2024) due to the PHE unwinding that could be affecting the raw counts of members receiving SUD. • Metric #4: the number of individuals with an SUD (-3.2%) or OUD (-5.0%) diagnosis declined during the unwinding of the PHE.
1.2	**Implementation update**			

Prompt		State has no trends/update to report (place anX)	Related metric(s) (if any)	State response
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.a The target population(s) of the demonstration	X		
	1.2.1.b 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 assessment of need and qualification for SUD services.	X		

Prompt	State has no trends/update to report (place anX)	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 2 percent related to Milestone 1.		Metric #6 Any SUD Treatment Metric #7 Early Intervention Metric #8 Outpatient Services Metric #9 Intensive Outpatient and Partial Hospitalization Services Metric #10 Residential and Inpatient Services Metric #11 Withdrawal Management Metric #12 Medication-Assisted Treatment	**Analysis for metrics QE March 31, 2024:** **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 #6: reports the number of members by month receiving a SUD service. The change in the number of members receiving a SUD service compared to the previous quarter is -1.3%. Subpopulations: • The number of dual eligibles receiving a SUD service increased 8.3%. • Pregnant women and children receiving a SUD service changed less than 2% this quarter compared to the previous quarter. • The number of older adults receiving a SUD service increased this quarter 7.1%. • The number of individuals with criminal justice involvement receiving a SUD service increased 5.7%. • The number of individuals with OUD changed -2.2% this quarter. Connecticut saw overall declines in enrollment during this period (January 1, 2024–March 31, 2024) due to the PHE unwinding that could be affecting the raw counts of members receiving SUD. Metric #7: was unchanged this quarter. Metric #8: Outpatient Services saw increases in utilization by subpopulations across the board. While the utilization increased just 1.1%, the dual eligibles utilization increased (18.7%); children's utilization increased (5.5%), Older adults utilization increased

			(19.9%), pregnant women utilization increased (9.2%); and criminal justice increased 11.0%. More outpatient provider achieved alignment with ASAM under the demonstration this quarter and that may be affecting the utilization. Metric #9: IOP services also saw increases in utilization by subpopulations almost across the board as more IOP providers achieved alignment with ASAM under the demonstration this quarter. Overall utilization increased by 2.4% with notable increases in children's populations (16.7%), older adults (31.4%), and pregnant women (41.3%). Criminal justice declined -2.9%. Metric #10: Residential and Inpatient service utilization declined less than 2% with mixed results in the subpopulations. Dual eligibles, pregnant women, and criminal justice populations increased 8.2%, 22.3%, and 5.9% respectively. The populations are continuing to ramp up IMD utilization despite the PHE unwinding. Children, older adults, and the OUD population declined -81.5%, -11.8%, and -2.6% this quarter. The children's decline is due to a facility closing. Metric #11: WM utilization generally declined (-3.1%) with two notable exceptions. The dual eligible and pregnant populations increased 2.6% and 43.8% respectively. The adults 18 years–64 years old, older adult, criminal justice, and OUD populations declined -3.1%, -5.9%, -20.7%, and -7.3% respectively. Metric #12: MAT utilization declined overall (-2.8%) with most subpopulations showing small declines: Dual eligibles (-2.4%), adults 18 years–64 years old (-2.9%), pregnant people (-3.5%), and persons with OUD (-2.6%).

Prompt		State has no trends/update to report (place anX)	Related metric(s) (if any)	State response
2.2	**Implementation update**			
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.a Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)			**DY3Q2 (July 1, 2024–September 30, 2024)** Outpatient Psychiatric Clinics for Children (OPCCs) participating in this initiative screened 181 outpatient youth for the first time using Adolescent-Screening, Brief Intervention, and Referral to Treatment (A-SBIRT) in this quarter. Fifty (50) youth with an identified substance use concern from A-SBIRT at any point in treatment received service coordination services this quarter. *Note: Metric #7 results in this report are from January 1, 2024 to March 31, 2024 due to data completeness lags.* During this quarter, the State continues to reach out to SUD residential providers who have provided adolescent residential treatment prior and during the demonstration to discuss the potential to re-open adolescent residential beds for Medicaid clients. The State reached out to current agencies providing adolescent residential care who are not currently enrolled in Medicaid and discussed improving access to the adolescent population and encouraged their enrollment under the demonstration. The State continues to monitor changes in capacity and utilization and assess whether additional efforts are indicated to ensure adequate access across all levels of care.
	2.2.1.b SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		

Prompt	State has no trends/update to report (place anX)	Related metric(s) (if any)	State response
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/update to report (place anX)	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 2 percent related to Milestone 2.		Metric #5 Medicaid Beneficiaries Treated in an IMD for SUD Metric #36 Average Length of Stay in IMDs	• Metric #5: The number of individuals treated in an IMD for SUD (27.9%) and OUD (17.7%) increased demonstration that the ramp up of individuals under the waiver continues to increase. • Metric #36: The average length of stay in an SUD IMD increased for the overall population (62.0%) as well as the OUD population (57.1%).
3.2.	**Implementation update**			

3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		**DY3Q2 (July 1, 2024–September 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 one additional two-day ASAM criteria skill building trainings through the Train for Change Company. The training was completed on September 26, 2024 and September 27, 2024 and was attended by 40 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 267 being deployed statewide. The State partnered with Advanced Behavioral Health INC (ABH) who presented three online Technical Assistance Webinars and was attended by 228 participants. Topics included Individualized Documentation, Progress Notes and Discharge, and Service Coordination/Case Management. The State and ABH continues to provide technical support to providers. The State partners and ABH continue to host technical assistance webinar series. This quarter's webinar series addressed individualized documentation, progress notes and discharge, and service coordination/case management. The State's Administrative Service Organization (ASO), Carelon Behavioral Health ("Carelon"), continues to utilize ASAM 3rd edition when assessing medical necessity for admission to all SUD levels of care. This quarter, eleven (11) staff working in adolescent programs among three agencies gained access to The Change Companies' online ASAM training modules. Additionally, on September 26, 2024 and September 27, 2024, five supervisors/directors of the

Prompt	State has no trends/update to report (place anX)	Related metric(s) (if any)	State response
			Department of Children and Families (DCF) Contracted Multisystemic Therapy — Building Stronger Families (MST-BSF) program participated in the two-day in-person ASAM training through The Change Companies. MST-BSF offers outpatient intensive in-home substance use and mental health treatment to DCF-involved caregivers and their families. ABH in partnership with the State Agencies, continued offering a Monthly ASAM Technical Assistance series on topics related to ASAM alignment. On July 9, 2024, "Individualized Documentation Considerations, Part 1" had 80 live participants. On August 13, 2024, "Individualized Documentation Considerations, Part 2" had 104 live participants. On September 10, 2024, "Service Coordination/Case Management" had 44 live participants. Recordings of these webinars will be made available for viewing by other interested individuals on the State's dedicated website for the Demonstration. The State partners including judicial branch partners continue to meet. Much of the focus remains on staffing, hiring and retention, staffing ratios, etc. Partners have also spent a lot of time on reinvestment, and ongoing provider training. Data reviews with Carelon continue and have discussed reimaging the reports so they can be more user friendly and provide the more relevant information broken down to clearly answer questions.

3.2.1.b	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 independent process for reviewing placement in residential treatment settings			**DY3Q2 (July 1, 2024–September 30, 2024)** The State's administrative service organization, Carelon began conducting an independent review process in July of 2022. Carelon continues to monitor and present to State partners monthly. Both Carelon and the State's certification and monitoring agency, ABH continue to meet bi-weekly for quality assurance coordination. Prior authorization (PA) remains in place with the State's ASO, Carelon, utilizing the ASAM 3rd edition as their standard utilization management review tool for SUD services. Carelon continues to provide support to treatment providers in ensuring beneficiaries are receiving treatment at the appropriate level of care. A Phase 3 report review meeting was held with one of the adolescent ambulatory providers this quarter with a plan to develop a Collaborative Improvement Plan (CIP) for any areas not yet meeting the full certification threshold. One adolescent ambulatory provider met all criteria for full certification during the Phase 3 site visit. Phase 3 site visits for seven Outpatient Hospital programs serving adolescents occurred this quarter and a CIP was developed to address deficiencies in the provider's IOP and PHP levels of care. On September 20, 2024, ABH and DCF participated in an Interrater Reliability Testing exercise of the chart monitoring tools and measured the rating consistency applied against a sample treatment chart. State partners continue to meet regarding utilization management. The partners are looking at ways to redesign the reports so other consumers can understand them.

Prompt	State has no trends/update to report (place anX)	Related metric(s) (if any)	State response
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/update to report (place anX)	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 2 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 to: 4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			**DY3Q2 (July 1, 2024–September 30, 2024)** Three Residential programs received additional technical assistance from DMHAS to address identified deficiencies. All residential SUD treatment programs participating in the Demonstration are now fully certified. Connecticut established a four-phase monitoring process at the beginning of the 1115 SUD Demonstration. Three Residential programs received additional technical assistance from DMHAS to address identified deficiencies. All residential SUD treatment programs participating in the Demonstration are now fully certified. The ABH monitoring team conducted 76 program surveys during this quarter. Survey Reports were prepared and distributed to each provider program following completion of its survey. Ambulatory Phase 4 surveys began during this quarter. Site visits were conducted onsite or remotely for 46 adult IOP and seven PHP programs. Outpatient Hospital monitoring phase 3 surveys were conducted during the quarter. Clinical survey teams completed reviews for seven organizations covering a total of 16 adult programs. FQHC monitoring phase 2 surveys were conducted during the quarter at seven programs for IOP services. No updates to the provider qualifications this quarter specific to adolescent residential treatment providers due to no actively enrolled programs. In September 2024, DCF received notification via their licensing department of a newly licensed adolescent residential program. DCF initiated outreach to this program to explore intended service offerings and

Prompt			State has no trends/update to report (place anX)	Related metric(s) (if any)	State response
					potential interest in Medicaid enrollment. DCF hopes to schedule a meeting with this provider in the next quarter.
	4.2.1.b	Review process for residential treatment providers' compliance with qualifications			**DY3Q2 (July 1, 2024–September 30, 2024)** All residential programs have now received three-year certifications. The State plans to develop protocols to conduct ongoing monitoring during this three-year period. No activities this quarter specific to adolescent residential treatment providers due to no actively enrolled programs.
	4.2.1.c	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/update to report (place anX)	Related metric(s) (if any)	State response
5.	**Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)**			
5.1	**Metric trends**			
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.		Metric #13 SUD Provider Availability Metric #14 SUD Provider Availability – MAT	• Metric #13 and #14: The number of SUD providers decreased (-3.4%) and MAT providers increased (9.4%).
5.2	**Implementation update**			

Prompt	State has no trends/update to report (place anX)	Related metric(s) (if any)	State response
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care.			**DY3Q2 (July 1, 2024–September 30, 2024)** 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. During this quarter there were no formal provider cohort phase-ins. The State received one FQHC, three Ambulatory (2.1 and 2.5LOC), and 1 OP Hospital applications. The State certified these programs during this quarter. The State 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 received information about 13 youth this quarter (10 male, three 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. Four of these members previously presented in the last quarter. Connecticut will monitor ED and hospitalization rates of children to determine if the closure of all adolescent residential beds in the State is affecting the overall ED and hospitalization admissions over time. DCF and Department of Social Services (DSS) continue to discuss the adolescent residential rates as a strategy to increase enrollment from interested treatment providers in the Connecticut Medical Assistance Program.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place anX)	Related metric(s) (if any)	State response
6.	**Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.		Metric #23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries Metric #27 Overdose Deaths (rate)	• Metric #23: The utilization of overall SUD ED decreased -3.3% with the OUD subpopulation decreasing -8.0%. The ED utilization for children and older adults increased 2.9% and 16.6% while adults have decreased -2.9%. • Metric #27: The rate of overdose deaths (-10.0%) decreased. Children decreased -15.9%, adults 18 years–64 years old decreased -10.5%. Only the rate of overdose deaths for older adults increased from DY1 to DY2 (2.5%).
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.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
	6.2.1.b 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		

Prompt		State has no trends/update to report (place anX)	Related metric(s) (if any)	State response
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 2 percent related to Milestone 6.		#25 Readmissions among Beneficiaries with SUD	• Metric #25: The rate of all-cause readmissions during the measurement period among beneficiaries with SUD increased (8.9%).
7.2	**Implementation update**			

7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports.			**DY3Q2 (July 1, 2024–September 30, 2024)** ABH and DMHAS worked with providers to update policies related to ASAM adoption and the Demonstration. There are specific measures in the monitoring 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, in collaboration with State partners, continued a monthly Technical Assistance Webinar Series that started in June 2024. This quarter's topics included: Individualized Documentation, Progress Notes, Discharge, and Service Coordination/Case Management. The Webinars will continue through May 2025 with other topics to support the implementation of ASAM. This quarter, DCF evaluated the availability of care coordination wraparound training through existing statewide resources and revised the contract with Child Health and Development Institute (CHDI) to omit this activity in this new fiscal year. Instead, OPCCs participating in this initiative will be able to register for training via Connecting to Care's WrapCT Wraparound Trainings. This includes opportunities for introductory trainings as well as boosters on specialized topics to enhance skill development. CHDI will reallocate their training resources to offer a substance use introductory training for participating OPCCs as well as statewide Care Coordinators at other behavioral health organizations. Planning for this work is anticipated to continue into the next quarter. CHDI will continue to offer trainings on A-SBIRT. No A-SBIRT trainings occurred this quarter.

Prompt	State has no trends/update to report (place anX)	Related metric(s) (if any)	State response
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6.	X		

Prompt		State has no trends/update to report (place anX)	Related metric(s) (if any)	State response
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 2 percent related to its health IT metrics.		Q1. Total Number of PDMP Users Q2. Number of Opioid Prescriptions in PDMP Q3. Tracking MAT with Use of Counseling and Behavioral Therapies via telehealth	Q1. The total number of PDMP Users was calculated based on the December 2023 monthly data and excludes Law Enforcement. The number of users increased in CY2023 from CY2022 (1.8%). Q2. The number of Opioid Prescriptions in PDMP decreased in CY2023 from CY2022 (-7.1%). This includes Opioid Agonist and Opioid Partial Agonist Prescriptions for 12 months. This demonstrates that the number of opioid prescriptions in the State is declining under the Demonstration. Q3. Tracking MAT with Use of Counseling and Behavioral Therapies via telehealth decreased -9.4% DY2 compared to DY1. This is probably due to decreased use of telehealth with the unwinding of the PHE.
8.2	**Implementation update**			
8.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
	8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		

Prompt		State has no trends/update to report (place anX)	Related metric(s) (if any)	State response
8.2.1.c	How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
8.2.1.d	Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.e	Other aspects of the state's health IT implementation milestones	X		
8.2.1.f	The timeline for achieving health IT implementation milestones	X		
8.2.1.g	Planned activities to increase 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 2 percent related to other SUD-related metrics.		Metric #24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries Metric #26 Overdose Deaths (count)	• Metric #24: The utilization of SUD inpatient stays decreased -3.8% with the adults 18 years–64 years old and OUD subpopulations decreasing -3.8% and -5.7%. The rate of hospitalization for children and older adults increased 16.8% and 3.7% respectively • Metric #26: The number of drug overdose deaths (-10.2%) decreased.
9.2	**Implementation update**			

Prompt		State has no trends/update to report (place anX)	Related metric(s) (if any)	State response
9.2.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.	X		

4. Narrative information on other reporting topics

Prompts		State has no update to report (place anX)	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.		Connecticut submitted a copy of its budget neutrality this quarter. As the utilization under the demonstration increases the amount of gap between with and without waiver expenditures decreases. ***DY1 gap between with and without waiver $71,080,729.*** ***DY2 gap between with and without waiver $59,965,665.*** ***DY3 YTD gap between with and without waiver $26,126,752.***
10.2	**Implementation update**		
10.2.1	The state expects to make other program changes that may affect budget neutrality.	X	

Prompts	State has no update to report (place anX)	State response
11. SUD-related demonstration operations and policy		
11.1 Considerations		

Prompts	State has no update to report (place anX)	State response
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 Monitoring Report Instructions for more detail.		**DY3Q2 (July 1, 2024–September 30, 2024)** DMHAS has continued to receive 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. During this quarter, the State held its quarterly SUD provider collaborative with all SUD provider types and specialties. Providers shared ways they are stepping down members to lower levels of care. Providers also expressed the need for clarification on specific monitoring tools. The State gathered all questions and comments and will respond to attendees of the collaborative. DCF reviewed annual data from the newly developed and implemented 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. The GAIN-Q4 was implemented in November 2023 and training to DCF-contracted providers began on November 14, 2023. 70 youth who were screened with the GAIN-Q4 between November 14, 2023–June 30, 2024 by any of the four contracted providers offering an outpatient level of care (clinic based or intensive in-home) were flagged based on their self-report of symptomology as potentially needing a SUD residential level of care. As there remains no Medicaid-enrolled adolescent SUD residential providers, this data helps highlight that youth are being treated in lower levels of care with higher acuity needs. The Judicial Branch Court Support Services Division (JBCSSD) has had success with video conferencing and has expanded it to other Department of Corrections (DOC) facilities. Most programs continue to use phone screens for pretrial incarcerated clients. However, video conferencing has been particularly effective for our largest program.

Prompts		State has no update to report (place anX)	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 to: 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
	11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
	11.2.1.c Partners involved in service delivery		**DY3Q2 (July 1, 2024–September 30, 2024)** The JBCSSD has open its fifth Transitional Housing program. Hopefully, this will continue to help move clients from higher levels of care. In addition, the JBCSSD through our existing collaboration with DMHAS, will be opening a new 37 bed Recovery House with federal American Rescue Plan Act dollars. This will target pretrial defendants that are either incarcerated or already in the community that require a lower level of care. This too should help ease the transition from higher levels of care. Although no trainings were offered this quarter through DCF's contract with Faces and Voices of Recovery, upcoming offerings for this fiscal year were finalized. Trainings will resume in the upcoming quarter. The JBCSSD continues to review data related to the SUD Waiver at the Bi-Annual Risk Reduction Meetings.

Prompts	State has no update to report (place anX)	State response
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.		**DY3Q2 (July 1, 2024–September 30, 2024)** No new challenges with partnerships or contracted entities in this quarter. The State continues to partner with providers to make continual progress towards 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	

Prompts		State has no update to report (place anX)	State response
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 monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		The State's independent evaluator issued its data request for the midpoint assessment to the State partners. The midpoint assessment is on track to be delivered to CMS consistent with the STCs of the approved demonstration.
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	

Prompts		State has no update to report (place anX)	State response
13.	**Other SUD 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.a The schedule for completing and submitting monitoring reports	X	
	13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4	The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
13.1.5	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.	X	

Prompts	State has no update to report (place anX)	State response
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 CFR § 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 monitoring report.		**DY3Q2 (July 1, 2024–September 30, 2024)** The State held Annual Public Forum on September 19, 2024. The forum included all State agency partners (DSS, DCF, DMHAS, DOC, and Judicial Branch), State contracted ASO Carelon and ABH, and 15 SUD community provider agencies**.** The presentation given at the forum has been posted to the State's dedicated website for the Demonstration. Also posted are the public comments received during the forum as well as the State's response, where applicable. Feedback on the progress of the demonstration focused on access, program processes, and workforce challenges. The Connecticut 1115 SUD Post Award Forum was held September 24, 2024. There were 83 Attendees. Additional comments were accepted through September 30, 2024, including comments from the 54 attendees at the quarterly provider collaboration meeting. Yaretza Pizarro, Liberation Programs 1. Why did the DSS speaker mention only HUSKY A, HUSKY C, and HUSKY D in relationship to Budget Neutrality? Is HUSKY B under the demonstration? Can those children receive services under the demonstration and do they still have a copayment? Response: HUSKY B children are under the demonstration. However, because HUSKY B children have a higher income, CMS does require them to pay a copayment. In addition, CMS treats that particular population differently under the budget neutrality test than the HUSKY A, HUSKY C, and HUSKY D populations (i.e., more favorably) and excludes that population from the agreement. 2. Regarding the appeals, when the Carelon website for authorizations is down, why are providers being held to administrative denials. Last weekend, there was a scheduled outage on Saturday, but the authorization website was also down on Friday night. Our agency had several denials on Monday when the website was back up for that time period.

		Response: Carelon will look into this and will address this issue. 3. In June, 2024, ASAM 3.7 providers were told that the NPI of the rendering provider must be submitted on a claim, but that 3.5 and 3.1 providers did not have to do that as well. We recently had a 3.1 claim denied because there was no rendering provider. Can you help us with this? Response: Please forward the ICN# to Alexis Mohammed and DSS will look into this issue. **Lynne Ringer, Carelon BH** @Yaretza Pizarro can share which program you are with so that I can follow up. Christine Rowland, RNP 1. We are an ASAM 3.7 RE and 3.7 provider. While the demonstration has expanded services, it has also expanded barriers as well. Individuals coming from hospitals are pretty stable on their psychiatric medications and diabetes, but are not given an appropriate length of stay. There is sometimes a 1-2 week wait to get into an ASAM 3.5 level of care. Response: Thank you for your comment. We will take this back. Kristie Scott, Rushford. 1. This is the reality Dr Rowland- thank you for sharing. We are not used to providing the additional services. Carelon expects us to see clients weekly and look into their complex medical ongoing medical conditions that is not acute during their short stay. It doesn't seem to be getting better. The stays are so short. We want to feel good about the level of care we are providing. Response: Thank you for your comment. We will take this back. Ece Tek, Chief of Behavioral Health ,CMO, Cornell Scott Hill Health Center 1. We are providing ASAM 3.7 WM, IOP/PHP, and are applying for methadone. We are very happy that ASAM has been

		implemented. The use of a standard assessment and treatment planning has improved SUD care in Connecticut. It has improved consistency and it facilitates communication with Carelon. We also like that there is now an expectation of a multidisciplinary team. Julia Marsh, Giliad 1. We provide ASAM 3.7. Similar to RNP and Rushford, we are dealing with high levels of medical acuity at ASAM 3.7. We have a client who had severe sleep apnea and could not stay away in group. We were able to get him into a sleep study and address those needs. Response: Thank you for your comment. We will take this back. Further comments: **christine.rowland** @julia marsh, Agreed! We are being asked to treat conditions that are out of our scope. 2. And will the slides be sent out after the meeting? Response: Yes, slides will be made available on the DSS website and via email. Danielle Levesque, RNP 1. ASAM 3.7 requires a large number of peer support individuals. Peers are not able to support members like the clinical/medical support team members. Peers aren't babysitters. We are required to have three full-time peers who cannot generate outpatient encounters. They can do groups, but we cannot utilize them effectively. DSS should lift the requirements in residential and begin to allow billing in outpatient settings.

		Jennifer Hrbek 1. Will you please share this recorded meeting with us so we can share with colleagues who were not able to attend? **Comments accepted at the September 27, 2024 Quarterly provider collaborative:** Stacy Lawton 1. Have all site visits occurred for the ambulatory providers awaiting final certification? Response: There are still three to four agencies yet to review; however, those visits have been scheduled and the agencies know who they are. In October 2024, the State will send out certification letters in a staggered manner. Once agencies have the approval letters, they will need to be uploaded to the Medicaid Management Information System. Because the system isn't ready for upload yet, no letters have been sent. 2. Is there a way to make DPH and Medicaid regulations more consistent? For example, OTP and CADC regulations differ greatly. Response: DSS is meeting with DPH next week and will be starting work next week on especially the OTP regulations. 3. Providers have financial vulnerability to comply with all regulations. Julia Marsh 1. LPNs are not permitted to do nursing assessments? LADCs cannot give psychiatric diagnoses. Can the 1115 waiver override these issues? Response: The 1115 waiver cannot override the Nurse/LADC practice act in the State. The State advocates will need to advocate for change at the legislature. Everyone should partner together to

		advocate for needed reforms. Please send DMHAS a copy of a blank nursing assessment. 2. 100% of staff we hire are interns. To be able to hire interns, we need to be able to pay the interns for their internships. 3. Agencies need more staff to hire. Associate licensed staff can now go into independently licensed offices. This decimated the workforce. Independent practitioners can also do telehealth. We need more workforce development. Response: Effective October 1, 2022, Bulletin 20-22-67 allowed Associated Licensed practitioners to be hired by independently licensed offices. 4. The 1115 reviews conflict with the Medicaid policy for outpatient care cited by DSS staff. Joy N. Pendola, LMFT, LADC 1. Providers have submitted recommendations about the 25% intern ratio. This waiver rule is a hindrance to the SUD operations. It is very hard to track and maintain. Response: State Partners are reviewing staffing ratios and are close to issuing updated guidance. 2. How will rates be looked at? Will there be a preliminary examination? Response: Connecticut must perform rate modeling. We have appreciated the input in the past. We will have a back and forth process. We value the work and input of the providers. Megan Yacobino 1. The ASAM fourth edition is out and private insurers are requiring its use as soon as November 2024. When will Connecticut Medicaid adopt the fourth edition? Response: State Partners are looking at this and will roll out an update with a very long notice period to allow providers time to implement.

		Gary Steck, LMFT, Wellmore 1. An update to the regulations is needed. There was a grandparent clause for LPCs to track credentials. We wanted to see a workgroup to address this issue and to update the scopes of practice. Response: DPH is soliciting advice about provider input on scopes of practice. Please direct comments to Chris Anderssen, Section Chief of Professional Licensing. Joanne Montgomery 1. The current standards values interns more than master's level clinicians. The State has given licensed individuals and the interns that they supervise more authority than master's level clinicians to provide SUD care. 2. Will all OTPs have different rates under the new rate system? Will all 3.7 rates be increased or just certain providers rates? Response: We will look at rates across the system not just for individual providers. Amy DiMauro 1. Interns performing no more than 25% of services is very hard to measure. Where did this decision come from? Response: State Partners are reviewing staffing ratios and are close to issuing updated guidance. 2. It would be helpful to align the DSS license and 1115 regulation. Kerri Griffin 1. Interns, Associates, and MA licensed staff have very different training and permissions. While an associate license is

		pending, associates are allowed to provide clinical care with active oversight, but MA licensed staff are not. Benjamin Metcalf 1. IOP runs for 3 hours. Having a requirement like 1/3 would make more sense for the intern policy. Associate licenses are necessary for access. We are in the SE corner of the State. Clinics and private practices are now having a hard time finding individuals with associate licenses. In between MA level practitioners are working towards their licenses. The issue isn't the Associate licensed practitioners it is the individuals with MA level. 2. ABH is auditing for this under the 1115 for IOP and PHP. Under the 1115 demonstration, the MA level practitioner can't do anything. Steven Palma 1. We have lost experienced CADCs and had to hire interns. It is frustrating. We keep having this conversation and we need a fix. General DSS response regarding Medicaid behavioral health outpatient service regulations (e.g., ASAM 1) • Originally group/solo practices could not hire associate or MA level practitioners. They can only bill the work that the practitioner does itself. However, the rules changed and now a group/solo practice can have an Associate level practitioner practicing if the licensed practitioner co-signs all notes and has a running log of a weekly meeting where all cases are discussed. • Behavioral health clinic settings can bill CT Medicaid for MA level and Associate practitioners. The rate of supervision is outlined in the Medicaid regulations for unlicensed or associate licensed staff to do the work. There must be a meeting one time a week for supervision.

Prompts	State has no update to report (place anX)	State response
		The clinic is the billing entity with supervision from the Medicaid Director who is responsible for all care in the clinic. 2. Medicaid program does not have certification requirements for ASAM 1, only for higher more intensive level of care. • Certification is not required for providers only providing level of care Level 1 – Outpatient Services. • SUD intensive ambulatory and residential providers (*i.e.*, all levels of care other than Level 1 – Outpatient Services) serving adults must be certified by the Connecticut DMHAS or its designee. • SUD intensive ambulatory and residential providers (*i.e.*, all levels of care other than Level 1– Outpatient Services) serving children must be certified by DCF or its designee.

Prompts		State has no update to report (place anX)	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 to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		

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

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