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 DY2Q2*
Reporting period	*07/01/2023–09/30/2023*

[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 count is 500 words or less.

In Part A, Connecticut includes three sets of quarterly metrics and the first demonstration year annual metrics. Please see the graphs across the time periods in the attachment Graphs Part B. Metric summary:

- #3: Individuals with SUD diagnoses changed less than 2% compared to the beginning of the demonstration.
- #6: The number of individuals receiving any SUD services increased by less than 3.5% compared to the beginning of the demonstration.
- #7: Three individuals per month received Early Intervention (EI)/Screening Brief Intervention and Referral to Treatment (SBIRT) screenings in March 2023.
- #8: The number of individuals receiving OP services compared to the beginning of the demonstration increased by less than 2.5%.
- #9: Individuals receiving intensive ambulatory care increased 13.62% since the beginning of the demonstration. The DY1Q4 increases occurred roughly when clinics and outpatient hospitals were transitioned to ASAM under the Medicaid Demonstration.
- #10: The number of individuals receiving inpatient and residential services compared to the beginning of the demonstration increased 79.98%. Medicaid began covering non-hospital residential stays under the demonstration in June 2022.
- Metric #11: The number of individuals receiving WM services compared to the beginning of the demonstration increased 14.51%. Medicaid began covering non-hospital withdrawal management under the demonstration in June 2022.
- Metric #12: The number of individuals receiving Medication Assisted Treatment (MAT) services decreased from 12,292 individuals to 11,805 individuals receiving MAT each month (3.96% decrease).

- Metric #23: SUD Emergency Department (ED) utilization per 1,000 individuals increased 2.19%.
- Metric #24: SUD inpatient hospitalizations for 1,000 individuals increased from 1.34 to 1.98 stays. This appears to be related to the new coverage of SUD hospitalizations under Medicaid.

Milestone 1: Connecticut continues to work with providers to provide multiple levels of care in residential facilities.

Milestone 2: The State held one in-person ASAM training and two in-person Motivational Interviewing trainings. The state held a residential provider meeting to update providers on changes to concurrent reviews and provided technical support for providers on the changes.

Milestone 3: Connecticut completed over 40 Phase 2 residential SUD provider reviews and worked with providers to develop action plans to address issues. Connecticut also initiated ASAM outpatient hospital and intensive ambulatory provider reviews.

Milestone 4: Connecticut phased FQHCs providing intensive SUD programs under the Demonstration this quarter.

Milestone 6: DCF contractors conducted provider training to set goals, discuss data collection and manage confidentiality with substance use for minors. DMHAS met with residential SUD providers to discuss transition challenges.

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

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	X	Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly) Metric #4: Medicaid Beneficiaries with SUD Diagnosis (annually) Metric #32: Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD (Adjusted Healthcare Effectiveness Data and Information Set [HEDIS] measure)	The following trends are seen in the data: **Analysis DY1Q2-Q4 (Quarter Ending (QE) September 30, 2022-March 31, 2023):** **Note: Graphs of this metric can be found in the separate Appendix for this quarter.** • Metric #3 reports the number of members by month with a SUD diagnosis through QE **September 30, 2023**. Metric #3: The number of individuals with SUD diagnoses decreased slightly from 64,053 to 63,569. • The number of members with an SUD diagnosis compared to the beginning of the demonstration was less than 2%. The DY1Q2 change compared to the initial was -.22%. The DY1Q3 change was -1.23%. The DY1Q4 change was -.76%. Subpopulations: • There is a decrease in pregnant women with diagnoses from April 2022 to March 2023, from 955 to 927. • The number of dual eligibles with SUD diagnoses has increased from 3,150 to 3,536. • The number of older adults and children with a SUD diagnosis increased in the first quarter of the demonstration. Children under 18 years increased

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			from 1,185 to 1,339 and adults aged 65 years and above increased from 1,547 to 1,887. The initial annual data for metric #4 Medicaid Beneficiaries with SUD Diagnosis (annually) was reported in this report: 80,337 individuals with 36,010 having OUD. Annual Metrics for CY2022 will be reported next quarter consistent with the approved Monitoring Protocol.
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes: 1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to the assessment of need and qualification for SUD services	X		

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
2. Access to Critical Levels of Care for OUD and Other SUDs (Milestone 1)			
2.1 Metric Trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 1		Metric #6: Any SUD Treatment Metric #7: 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	Annual Metrics for CY2022 will be reported next quarter consistent with the approved Monitoring Protocol. Metrics #6–#12 report the number of members by month receiving services through QE March 31, 2023. See the Appendix for graphs associated with these metrics. Metric #6: The number of unduplicated individuals receiving any services has increased since the beginning of the Demonstration from 28,943 to 29,646. The number of individuals receiving any SUD services compared to the beginning of the demonstration changed to less than 3.5%. The DY1Q2 change was 1.26%. The DY1Q3 change was -3.21%. The DY1Q4 change was 3.35%. • Pregnant women receiving services has increased from 399 to 425 monthly. Children's subpopulations increased from 321 to 405. • Dual eligibles and older adults' utilization of SUD services have a trend that has increased from 924 to 1,266 and from 495 to 758 respectively. • Individuals with criminal justice involvement receiving any service increased from 74 in June 2022, which was the first month of reporting for that population, to 91. • Members with OUD diagnoses receiving any service decreased from 18,804 to 18,580 each month.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
		Assisted Treatment Metric #22: Continuity of Pharmacotherapy for OUD (USC; NQF #3175)	**Analysis by service:** Metric #7 reports the number of individuals receiving EI. The number of individuals receiving EI remained very low with just three individuals receiving an SBIRT screening in in March 2023 compared to six at the beginning of the demonstration. Metric #8 reports the number of individuals receiving OP services. The number of individuals receiving OP services compared to the beginning of the demonstration changed by less than 2.5%. The DY1Q2 change was 11.53%. The DY1Q3 change was -5.47%. The DY1Q4 change was 2.49%. The number of individuals receiving OP care increased over time (15,141 to 15,518). Utilization for dual eligibles and older member utilization increased (from 504 to 616 and from 205 to 251 respectively). Pregnant women utilization increased from 233 to 266. Children's utilization increased (246 to 330 per month). In June 2022 the first month that members with criminal justice involvement were tracked, 15 individuals were receiving OP services, which has increased to 41 per month. The number of individuals receiving OUD treatment declined from 7,386 per month to 7,208 per month. Metric #9 reports the number of individuals receiving IOP and PHP services. The number of individuals receiving IOP and PHP services compared to the beginning of the demonstration changed 13.62%. The

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			DY1Q2 change was 4.81%. The DY1Q3 change was -6.61%. The DY1Q4 change was 13.62%. The DY1Q4 increases occurred roughly when clinics and outpatient hospitals were transitioned to ASAM under the Medicaid Demonstration. The number of individuals receiving IOP, and PHP has increased since the beginning of the demonstration from 1,725 to 1,960. The Pregnant women subpopulation metric increased from 20 to 30 individuals served each month. Dual eligible members had a decline from 38 individuals served in intensive ambulatory levels of care down to 36 individuals per month. Children served fluctuated from 26 to 30 individuals served per month. Older Adults aged 65 years and above increased from nine to 12 served per month. There were four individuals with criminal justice in IOP/PHP in June 2022, which increased to 12 served per month by March 2023. Members with OUD in IOP/PHP increased from 868 to 976. Metric #10 reports the number of individuals receiving residential and inpatient services. The number of individuals receiving inpatient and residential services compared to the beginning of the demonstration changed to 79.98%. The DY1Q2 change was 64%. The DY1Q3 change was -57.19%. The DY1Q4 change was 79.98%. The number of individuals receiving residential and inpatient services jumped beginning in June 2022 when Medicaid began covering non-hospital residential stays under the demonstration (from 1,189 to 2140). The Children's population has increased (7-11 individuals served per month). Older adults (14–42 per month), dual-

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			eligible (23–82 per month), individuals who were justice-involved (0–91 per month), and individuals with OUD (647 to 1,191 per month) all had dramatic increases in utilization from April 2022 to March 2023 with the coverage of this new Medicaid service. Metric #11 reports the number of individuals receiving WM services. The number of individuals receiving Withdrawal Management services compared to the beginning of the demonstration changed 14.51%. The DY1Q2 change was -2.63%. The DY1Q3 change was -72.15%. The DY1Q4 change was 14.51%. The number of individuals receiving WM services also increased with the addition of non-hospital residential care but not as dramatically (1,027–1,175). Pregnant women served increased from 4-7 individuals per month. Dual-eligible and Older adult individuals receiving WM increased over time from 16-25 and 10-12 respectively. No children received WM services. No members with criminal justice received WM at the beginning of the demonstration and now 6 receive WM monthly. The number of individuals with OUD receiving WM increased from 579–604 per month. Metric #12 reports the number of individuals receiving MAT services, which has decreased from 12,292 to 11,805 individuals receiving MAT per month. The number of individuals receiving MAT services compared to the beginning of the demonstration changed by 3.96%. The DY1Q2 change was -2.13%. The DY1Q3 change

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			was -3.41%. The DY1Q4 change was -3.96%. Pregnant women receiving MAT increased from 144 to149 per month), Dual-Eligibles decreased from 273 to 246 per month), and older adults aged 65 years and above increased from 229–246 per month). The number of individuals with criminal justice involvement increased from 15 in June 2022 to 22, but the number of individuals with OUD receiving MAT declined (12,055–11,650).
2.2.2 Implementation Update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., OP services, IOP services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised WM)			**DY2Q2 (July 1, 2023–September 30, 2023)** Throughout this quarter, the demonstration has maintained a total of 54 flex beds. The state continues to monitor changes in capacity and utilization. The state continues to meet with providers to encourage the Flex Bed model.
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised WM, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 2		Metric #5: Medicaid Beneficiaries Treated in an Institution for Mental Diseases (IMD) for SUD Milestone #36: Average Length of Stay in IMDs	The initial annual data for Metrics #5 and #36 Medicaid Beneficiaries Treated in an Institution for Mental Diseases (IMD) for SUD and Average Length of Stay in IMDs was reported in this report: 6,281 individuals and having a length of stay equal to 10.89 days. There were 4,534 individuals with OUD having an 11.85 average length of stay.
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			**DY2Q2 (July 1, 2023–September 30, 2023)** The State's ASO, Carelon Behavioral Health ("Carelon"), continues to utilize ASAM 3rd edition when assessing medical necessity for admission to all SUD levels of care. Carelon continues to produce a monthly report for residential levels of care that highlights the percentage of initial and concurrent authorization requests. The State, Carelon and ABH continued to provide technical support to providers. This quarter, The Department of Children and Families (DCF) continued training efforts to build competency in providers' use of the ASAM Criteria. DCF held two in-person Motivational Interviewing trainings through Faces and Voices of Recovery (FVR) for ambulatory and residential providers on

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			August 24, 2023, and August 25, 2023. 27 participants registered; 12 attended. The State offered one in-person ASAM training to treatment providers this quarter on September 27, 2023, and September 28, 2023, through the Train for Change Company. Of the 42 total participants, six attendees were DCF staff and three-four provider participants served the adolescent population. DCF has purchased 50 online on-demand training slots for a 2-hour Introduction to the ASAM Criteria and has begun distributing these slots to agency staff to increase their familiarity with the shift in practice among treatment providers. DCF will also be offering these training slots to contracted SUD treatment providers in DY2Q3. The State has continued to provide access to the ASAM Model training for all participating agencies. The State utilized this quarter to complete an additional two-day ASAM criteria skill-building training through the Train for Change Company. That training was completed September 27, 2023 and September 28, 2023, and was attended by 42 individuals providing direct services at the Demonstration's residential SUD and ambulatory providers. The State continued the deployment of on-demand ASAM slots during this quarter with an additional 273 being deployed statewide. The JB-CSSD continues to meet with state partners regarding the ongoing implementation of the Waiver. JB-CSSD continues to monitor data entry.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			JB-CSSD is considering adding data elements to our case management system (CDCS) which might help providers with client information management and court/probation reporting. We will be meeting to with reporting during the 3rd quarter.
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of an independent process for reviewing placement in residential treatment settings			**DY2Q2 (July 1, 2023–September 30, 2023)** On September 7, 2023, the state held a residential provider ad hoc meeting to update providers on changes to concurrent reviews that would occur on September 30, 2023. The state and Carelon provided technical support for providers to ensure proper use of the ASAM 3rd edition criteria for the LOC. The State continues to receive utilization reports at least weekly from the adolescent residential treatment provider. Utilization of this program has varied this quarter and continues to remain an area DCF is monitoring. The program continues to work on finalizing their programmatic policies which may then afford opportunities to participate in the flex bed model and provide an additional level of care. Through the use of prior authorizations, the State's Administrative Service Organization, Carelon Behavioral Health, continues to provide support to treatment providers in ensuring beneficiaries are receiving treatment at the appropriate level of care. The State's administrative service organization, Beacon Health Options began conducting an independent review process in July of 2022. Both Beacon Health Options and the State's certification and monitoring agency, Advanced Behavioral Health, continue to meet bi-weekly for quality assurance coordination.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			JB-CSSD along with state partners continues the review of the authorization process, paying particular attention to ending the flex authorization for concurrent reviews. Worked closely with providers to make sure that clients under a "flex" concurrent review were transitioned smoothly to appropriate aftercare. Utilization has improved at the provider identified last quarter. Utilization is good across all providers.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 3 Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report	X		
4.2 Implementation Update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			**DY2Q2 (July 1, 2023–September 30, 2023)** The residential adolescent provider's 12-month site monitoring visit occurred in DY2Q1 as conducted by the State's monitoring and certification agency, Advanced Behavioral Health (ABH). A meeting was held with the provider to go over the results of the visit and chart reviews. As the program is not presently meeting the Core Activities requirements, a Collaborative Improvement Plan (CIP) was created with SMART goals identified by the provider to remedy any deficit areas. DMHAS and the State's certification and monitoring agency, Advanced Behavioral Health developed a revised monitoring tool based on observations and feedback from the initial monitoring process in January 2023. DMHAS and Advanced Behavioral Health completed Phase 2 of their ASAM adoption monitoring for residential SUD providers during this quarter. This phase commenced in May of 2023 and continued through June of 2023. Over 40 programs have participated in monitoring with performance reports being generated in

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			late June and early July 2023. DMHAS and ABH utilized the findings from this monitoring phase to develop collaborative improvement plans for programs that were not currently meeting the Demonstration's CORE activities. DMHAS and ABH met with these providers throughout July, August and September of 2023 to develop and begin implementing these plans. DMHAS and Advanced Behavioral Health launched Phase 1 of their ASAM adoption monitoring which commenced in May of 2023 and continued through June of 2023. DMHAS and Advanced Behavioral Health completed Phase 1 of their ASAM adoption monitoring for Hospital-based SUD providers during this quarter. This phase commenced in August of 2023 and continued through September of 2023. Over 7 hospitals have participated in monitoring with performance reports being generated in late September and early October 2023. DMHAS and ABH will utilize the findings from these reports to provide technical assistance as needed to hospital providers. DMHAS and Advanced Behavioral Health will commence Phase II of ASAM adoption monitoring for the ambulatory private non-profit providers in October 2023.
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications			**DY2Q2 (July 1, 2023–September 30, 2023)** The adolescent residential treatment provider's compliance will be monitored through progress made on SMART goals identified in the CIP, ongoing conversations and technical assistance as needed, and progress will be re-evaluated at the next site visit which is likely to occur next quarter.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off-site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
5. Sufficient Provider Capacity at Critical Levels of Care Including for MAT for OUD (Milestone 4)			
5.1 Metric Trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 4		Metric #13: SUD Provider Availability Metric #14: SUD Provider Availability — MAT	The initial annual data for metrics #13 and #14 SUD Provider Availability and SUD Provider Availability — MAT was reported in this report: 1,796 and 53 respectively.
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			**DY2Q2 (July 1, 2023–September 30, 2023)** During this quarter, there's been no bed reduction at any LOC. The state continues to monitor changes in capacity. The State phased in Behavioral Health Federally Qualified Health Centers (BH FQHCs) under the Demonstration on July 1, 2023, for programs providing ASAM 2.5, 2.1 1-WM and/or 2-WM. BH FQHCs identified as presently providing any of these levels of care obtained certification from the State's certification and monitoring agency, Advanced Behavioral Health (ABH). There are currently 10 BH FQHCs providing ASAM 2.5, 2.1 1-WM and/or 2-WM under the demonstration. The state continues to monitor FQHC enrollment and continues to provide support in the adoption of ASAM 3rd edition for this provider type and specialty. The state prepares for the next and final implementation phase for Opioid Treatment providers (OTPs) providing ASAM 1 LOC. The state met with this provider cohort to

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			review clinical standards for ASAM 1 LOC. In addition, the state has created Frequently Asked Questions (FAQs) which include questions asked during meetings with this cohort. The state continues to finalize responses to the FAQs document and will post them on SUD Demonstration webpage. The state anticipates OTPs to join the demonstration in February 2024. DMHAS and the State Partner agencies continue to utilize the state's capacity monitoring website and authorization data to assess the availability of providers across the Continuum of SUD care in Connecticut.
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)			
Y6.1 Metric Trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 5		Metric #15: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Metric #18: Use of Opioids at High Dosage in Persons Without Cancer Metric #21: Concurrent Use of	Annual Metrics for CY 2022 will be reported next quarter consistent with the approved Monitoring Protocol.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
		Opioids and Benzodiazepine	
6.2 Implementation Update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric Trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 6		Metric #17: Follow-up after Emergency Department	Annual Metrics for CY 2022 will be reported next quarter consistent with the approved Monitoring Protocol.
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			**DY2Q2 (July 1, 2023–September 30, 2023)** DSS will continue activities to review existing care management models in a future quarter. DCF has contracted with Child Health and Development Institute of CT (CHDI) to provide training, professional development and consultation on SUD for Outpatient Psychiatric Clinics for Children (OPCCs). One of their areas of focus includes conducting training on Care Coordination.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			This quarter, CHDI conducted an initial Learning Community Session with the OPCCs on September 8, 2023, to set goals, discuss data collection and manage confidentiality with substance use for minors. Data provided by the OPCCs showed that 26 youth received care coordination services this quarter at some point while in treatment. These linkages may have been made at the time that a youth screened at-risk for SUD and/or during the course of treatment. Representatives from DMHAS met with residential SUD providers operating ASAM 3.5 levels of care in September 2023, to discuss transition challenges and review updated admission guidance for these providers. ABH And DMHAS continued working with providers to update policies related to ASAM adoption and the Demonstration. DMHAS and the State's ASO Carelon meet weekly for clinical rounds to discuss and address individual cases experiencing significant transition issues between levels of care.
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		Q1. Total Number of Prescription Drug Monitoring Program (PDMP) Users Q2. Number of Opioid	Q1. The Total Number of PDMP Users for the period January 2022-December 31, 2022 is 39,020. This includes pharmacists, pharmacist delegates, prescribers, and prescriber delegates. Q2. The Number of Opioid Prescriptions in PDMP for the period January 1, 2022–December 31, 2022, is 1,608,256.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
		Prescriptions in PDMP Q3. Tracking MAT with the Use of Counseling and Behavioral Therapies	Q3. Tracking MAT with Use of Counseling and Behavioral Therapies via telehealth for the period April 1, 2022–March 31, 2023. The number of beneficiaries receiving MAT with counseling and behavioral therapies via telehealth is 3,193.
8.2 Implementation Update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
8.2.1.iii. Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/managed care organization, and individual provider levels	X		
8.2.1.iv. Other aspects of the state's health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase the use and functionality of the state's prescription drug monitoring program	X		

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
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 Medicaid Beneficiaries Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries Metric #25: Readmissions Among Beneficiaries with SUD Metric #26: Drug Overdose Deaths (count)	• Metric #23: ED utilization for SUD per 1,000 individuals appears to have a slight upward trend (from 3.31 to 3.39 ED utilization for SUD per 1,000 individuals), which is a rate increase of 2.19%The children's population and older adult population both have lower ED utilization per 1,000 individuals than the overall average (.14 decreasing to .12 for children and 2.18 dropping to 1.72 for older adults). OUD has a rate of 4.83! • Metric #24: The rate of inpatient hospitalizations for SUD has increased as Medicaid began covering more hospitalizations (up 47.66%). The rate increased from 1.34 stays per 1,000 beneficiaries to 1.98 stays per 1,000. For children, the rate of hospitalizations has increased from .04 stays per 1,000 to .05 stays. However, the rate of hospitalization for older adults jumped from .9 in April 2022 to 5.77 in June 2022. The rate after one year in March 2023 is 5.16. This appears to be related to the new coverage of SUD hospitalizations under Medicaid. The initial annual data for metrics #25, #26 and #27 was reported in this report: • Metric #25: The initial rate of Readmissions Among Beneficiaries with SUD was .2203.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
		Metric #27: Drug Overdose Deaths (rate) Metric #32: Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	• Metric #26: Drug Overdose Deaths (count) was 1,512 annually. • Metric #27: Drug Overdose Deaths (rate) was .4154 overall; .0082 for youth under age 18; .1792 for seniors age 65 and older; and .3745 for individuals with OUT. Note: Metrics #26 and #27 are Calendar Year measures using the entire Connecticut vital statistics data because Medicaid-specific data was not available. Annual Metrics for CY 2022 will be reported next quarter consistent with the approved Monitoring Protocol.
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	X	
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		**DY2Q2 (July 1, 2023–September 30, 2023)** The State met with, the Department of Public Health (DPH) on October 5, 2023, to finalize guidance on documentation efficiencies for programs participating in the Flex Bed model. Guidance added to residential provider and ambulatory provider FAQs on the SUD Demonstration webpage. Another focus of CHDI's work with OPCCs includes increased rates of identification, initiation and engagement in treatment through Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT). The OPCCs who received A-SBIRT training in the previous quarter entered data this quarter on their utilization of A-SBIRT. 98 youth received an A-SBIRT, of which risk scores were reported for 89 youth. Of the 89 youth, 71% had low risk (no use/problems), 9% had medium risk and 20% had high risk. 31 youths received a referral to services.

Prompts	State has No Update to Report (Place an X)	State Response
		The Department of Correction, Division of Parole and Community Services, continued to work with contracted providers to draft contracts and amendments to contracts including the referral process and payment structure/process under the Waiver program. Our total bed count at APT remains at 32 male and 10 female. The agency also has a contract with Connecticut Renaissance for ten 3.5 male beds at Waterbury West. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds. During this reporting period, both providers worked through the end of concurrent flexible authorizations with discharge planning and the transition of individuals to placements. The agency continues to monitor and assess the funding for other levels of care to best meet the clinical needs of individuals under parole supervision. Additionally, the agency is planning to make contract amendments with APT to allow for the use of open beds by CSSD on an as-needed / as-available basis. The agency will be working with both non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5. The JB-CSSD will be watching the court's response to the ending of "flex authorization" for concurrent reviews. The JB-CSSD has been asked by the Chief Public Defender Social Worker to again meet with staff to discuss the Waiver, program criteria and the referral/admission process. This will most likely happen during the third quarter.

Prompts	State has No Update to Report (Place an X)	State Response
11.2 Implementation Update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 11.2.1.i. How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient-Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery		
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		**DY2Q2 (July 1, 2023–September 30, 2023)** No new challenges with partnerships or contracted entities in this quarter. DSS continues to partner with providers to make continual progress toward full certification, including the adoption of the ASAM Criteria.
11.2.3 The state is working on other initiatives related to SUD or OUD	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	
12. SUD Demonstration Evaluation Update		
12.1 Narrative Information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing of the demonstration. There are specific requirements per the Code of Federal Regulation for annual reports. See report template instructions for more details		The Evaluation Design was approved May 22, 2023, by CMS.

Prompts	State has No Update to Report (Place an X)	State Response
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs	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	
13.2 Post-award Public Forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 Code of Federal Regulation § 431.420(c) indicating any resulting action items or issues. A summary of		**DY2Q2 (July 1, 2023–September 30, 2023)** The State held its Annual Public Forum on October 11, 2023. The forum was attended by 59 individuals of which 11 were SUD providers; 11 were contractors; two were members of the public; 24 were other

Prompts	State has No Update to Report (Place an X)	State Response
the post-award public forum must be included here for the period during which the forum was held and in the annual report		state agency staff, eight were DSS staff, and one was unknown. The forum presentation was posted to the State's dedicated website for the Demonstration along with public comments received and the State's response, where applicable. Comments and responses are noted below and include topics on the progress of the demonstration including access, program processes and requirements, provider certification, quality of chart audits, provider rates, workforce challenges; concerns around streamlining the rate structure; provider certification timelines; and concern around a reduction in available beds. Actual comments and responses: • Access: We are concerned that the service system already appears to be constricting, with the overall bed count lower today than when the demonstration started. There have been a myriad of changes to incentivize providers to flex their levels of care, different incentives built into the rate structures for different levels of care, and concerns about the lengths of stay and authorizations for services in certain levels of care. Without commenting in detail about each of them, we note that their collective impact of reducing available beds has happened while the funding structure still well-supports most of the levels of care and before providers are expected to be fully compliant with the new, more intensive ASAM guidelines. We are concerned that a continued reduction in available beds will lead to a serious reduction in access to these critical services. *Response: We acknowledge the concern expressed and will continue to work internally to improve provider rates and subsequently, access.* • Access: Generally, we've seen a shorter length of stay due based on authorization approvals. There are still gaps in availability at some levels of care and it is not uncommon that there is not an available and appropriate step down for discharge or aftercare for clients who are no longer approved at the current level of care, leaving the client in a precarious situation. *Response: We acknowledge the concern expressed and will continue to work collaboratively to expand access*

Prompts	State has No Update to Report (Place an X)	State Response
		and capacity and ensure alignment with the goals of the waiver. • Authorizations: The authorization process takes an exorbitant amount of time, although has somewhat improved and clinical rounds are helpful to this process. *Response: Thank you for the comment, clinical rounds are an integral part of the authorization process.* • Authorizations: The 4-hour window required for evaluation by MD if using telehealth (3.7RE) and the 24-hour requirement for in-person evaluation is very challenging. Finding a psychiatrist in and of itself is next to impossible and most of them, at this stage, want to provide telemedicine services. The 1115 guideline of a significantly trimmed down window by telehealth puts us in a very difficult position to be in compliance. Can the telehealth timeframe be expanded? *Response: Thank you for the comment. DSS has committed to implementing ASAM, which is the industry standard for SUD residential care on page 270 of the 3rd edition for ASAM 3.7, requires a physical examination, performed by a physician within 24 hours of admission, or a review and update by a facility physician within 24 hours of admission of the record of a physical examination conducted no more than 7 days prior to admission.* • Clinical Assessments: While the state partners have provided funding for uninsured and underinsured bed rates and treatment rates, there is no funding for the required physical exam and urine drug screens, or for needed care in the community for uninsured clients. Providers must ensure these take place but again, the cost remains on the provider. Will funding be provided for these expenses for services that are required but conducted externally to the primary treatment setting? *Response: We acknowledge your concerns; however, clinical assessments include physical exams and urine drug screens at this level of care and financial consideration for*

Prompts	State has No Update to Report (Place an X)	State Response
		physical exams and urine drug screens were included in the treatment fees for all ASAM Levels of care. • **Justice Involved Re-Entry Amendment:** Received during the public hearing: Is there an update on the Justice Involved Re-entry amendment to the SUD 1115? *Response: The Amendment is in very early stages and State agencies are looking forward to gathering the public comment process once more work has been able to be accomplished when a draft is ready for public input.* • **Program Requirements:** Please account for the administrative time and cost of implementing changes in FY23. Each change requires staff training, enhancements to the electronic health record, policy revisions and other operational adjustments. This is highly taxing to agency resources and wholly unaccounted for. Overall, communication regarding waiver changes seems to have lessened, but the ongoing changes are significant. Please include providers in your decision-making processes in the manner you did when the waiver was first initiated, which was collaborative and effective early on but seems to have lessened. *Response: Thank you for the comment. The ASAM rates have included consideration for the time and cost of implementing changes including staff training, enhancements to electronic health records, policy revisions and other operational adjustments. DSS strives to ensure comprehensive collaboration with all stakeholders and hopes to provide more opportunities in the future for engagement and input.* • **Provider Certification:** A two-year implementation timeline is still a challenge, particularly with the many unexpected changes along the way, including flex authorizations, flex beds and now a fee restructure. *Response: Thank you for the comment.* • **Public Forum:** We disagree with the decision not to reschedule the public comment after the technical difficulties.

Prompts	State has No Update to Report (Place an X)	State Response
		Feedback becomes siloed, without the opportunity for the public to hear the full range of comments. Email comments provided online are effectively static once posted. *Response: Thank you for the comment, DSS acknowledges the technical difficulties experienced and hopes to avoid technical issues in future public forums. These questions and responses will be publically posted and included in the formal communication with CMS so that they are publicly available.* • **Quality:** Received during the public hearing: I am curious from a qualitative standpoint how things are going as providers might be moving through their first round of SUD Waiver chart audits, what are you seeing as pain points? *Response: Providers in the first year of the demonstration have had varying abilities to meet the ASAM requirements with the primary driver being whether the electronic health records need to be updated. To the extent that EHRs needed updating, providers' ability to meet waiver chart audit requirements has been necessarily slower.* • **Rates:** While the initial fee-setting process was highly inclusive of residential provider input, the same process was not followed with IOP fees. Additionally, the sudden and unexpected residential fee restructure that is pending leaves providers wholly unable to budget forecast and upends the many investments, staffing and program restructures, and start-up changes providers have already made. The cost worksheet that is being used to restructure the fees also completely omits the very real returns that providers will be faced with during any Medicaid audit, as well as the administrative costs associated with implementation and ongoing monitoring. *Response: We acknowledge the concern expressed and will continue to work internally to improve provider rates.* • **Rates:** The liability of Medicaid audits is borne solely by the providers, but this expense doesn't appear to be factored into rate setting. Rate setting should incorporate a certain

Prompts	State has No Update to Report (Place an X)	State Response
		percentage of claims payments will be recouped during future Medicaid audits and extrapolated as a percentage. The agency must be able to set aside funds to account for this future expense. The state budget includes a line item for these takebacks. CMS and DSS require provider compliance with Medicaid requirements and there is no grace period for Medicaid provider audits. *Response: DSS thanks you for the comment, we encourage all providers to carefully review CTDSSmap.com and federal and state regulations with respect to auditing requirements incumbent upon providers. The ASAM rates have included consideration for the time and cost of implementing changes including overhead associated with compliance*. • **Rates:** With regard to the rates, we are concerned that there does not appear to be a plan for their sustainability over time. While we were pleased that the state attempted to acknowledge the rapid inflation of costs that was happening as the rates were being developed, the data upon which those rates were built is already several years old. Our economy is changing rapidly, and the market pressures related to the healthcare workforce have been significant over the last several years. The assumptions made in the rates regarding the salaries of staff are already woefully insufficient. While wage inflation has been significant, it is far from the only cost increase faced by providers. Without a plan or commitment to continue to adjust rates to account for inflation, this waiver could soon be inadequate to fund the service system it supports. *Response: We acknowledge the concern expressed and will continue to work internally to improve provider rates.* • **Rates:** It is also important to note that while some states undergo Medicaid demonstration projects with the express policy goal of reducing the burden of services on the taxpayer, with service reduction as an accepted by-product, Connecticut approached this Demonstration differently. Our

Prompts	State has No Update to Report (Place an X)	State Response
		state is understandably hoping to leverage untapped federal resources by modernizing our payment structure for these services through the Medicaid program, and by doing so increase access to services. We are concerned as we see changes in the demonstration that have the effect of reducing capacity that we are not achieving that policy goal. We encourage the state to work collaboratively with providers and each other to develop a more comprehensive system-level plan focused on how best to serve the needs of the residents of the state and to ensure that the rates and other structure. *Response: We acknowledge the concern expressed and will continue to work collaboratively with providers and state partners to improve the waiver infrastructure to ensure alignment with the goals of the waiver.* • **Workforce:** Is Connecticut making progress on the workforce crisis for licensed staff? The speaker noted that Connecticut is requiring SUD groups to be led by licensed staff which is above the industry standards. *Response: The State will need to examine the Connecticut clinical standards without violating the standards in ASAM which are a requirement of the Demonstration.* 1. **Workforce:** Staffing requirements around licensed clinicians, medical and nursing staff continue to underestimate the ongoing and universal staffing shortages among these provider types. The cost of not meeting these staffing requirements is carried by the provider agencies with the potential to impact future audits with significant financial penalties. It also increases the workload of existing staff leading to burnout and turnover. We are all competing for the same individuals and the state has not taken any concrete steps to address this ongoing and frequently voiced concern. Our staffing needs have also increased beyond the initially anticipated staffing plan, due to the heavy documentation and administrative burdens. Staffing shortages have not improved. *Response: We*

Prompts	State has No Update to Report (Place an X)	State Response
		acknowledge the concern expressed and will continue to work collaboratively with providers and state partners to continue to evaluate program requirements such as clinical standards and staffing ratios to address workforce challenges and ensure alignment with the goals of the waiver.

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

14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD-related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts on beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, (e.g., the number of impacted beneficiaries).		**DY2Q2 (July 1, 2023–September 30, 2023)** On September 21, 2023 and September 22, 2023 DCF through contract with Faces and Voices of Recovery offered a 2-day virtual training "Our Stories Have Power" that focused on reducing stigma, sharpening skills as recovery communicators and utilization of recovery messaging tools. The Department of Correction, Division of Parole and Community Services, continued to work with contracted providers to draft contracts and amendments to contracts including the referral process and payment structure/process under the Waiver program. Our total bed count at APT remains at 32 male and 10 female. The agency also has a contract with Connecticut Renaissance for ten 3.5 male beds at Waterbury West. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds. During this reporting period, both providers worked through the end of concurrent flexible authorizations with discharge planning and the transition of individuals to placements. The agency continues to monitor and assess the funding for other levels of care to best meet the clinical needs of individuals under parole supervision. Additionally, the agency is planning to make contract amendments with APT to allow for the use of open beds by CSSD on an as-needed / as-available basis. The agency will be working with both non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5. The JB-CSSD and state partners continue to meet with Carelon (formerly Beacon) and Mercer to analyze data regarding access and wait lists for all levels of care. The state partners have had provider meetings to discuss the ending of “flex authorizations’ and the use of the “flex bed” model.

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

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