

**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 DY3Q4
Reporting period	01/01/2025–03/31/2025

^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.

The metrics reported by the State this quarter continue to show declines likely due to the PHE unwinding, which continued through the end of the QE September 30, 2024.

The following metrics had less than a 2% decline overall from last quarter: Metric #3, Metric 7, Metric 10, Metric 11, Metric #24
The following metrics had more than a 2% decline: Metric #6 (-7.2%); Metric #8 (-10.5%); Metric #9 (-6.8%); Metric #12 (-6.09%); Metric #23 (-2.4%)

DCF continued working in partnership with DSS to propose rate increases for adolescent residential levels of care utilizing reinvestment funds from the Demonstration. This proposal was finalized and approved by the Office of Policy and Management (OPM) on 3/31/25. A State Plan Amendment is anticipated to be submitted in the upcoming quarter. DCF will resume targeted conversations with potentially interested providers in the upcoming quarter.

Two new adolescent-serving 2.1 (IOP) programs were added to the private non-profit ambulatory provider cohort.

The state partners continue meeting to discuss several Waiver related topics including staff hiring and retention, ASAM 4 training, potential rate adjustments etc.

As of March 31, 2025, DY3 total number of residential programs (all level of care combined) with active certifications for adults were 44, 0 for adolescents. This is a slight increase (increase of 1 in both 3.1 and 3.5) from DY2 with 42 and 0 respectively. During this quarter the State added 11 new residential beds at the 3.1 LOC and 9 new beds at the 3.5 parenting and pregnant woman LOC. There is a total of 1,103 adult residential beds across the state. In support of the certification process a total of 32 monitoring visits were conducted across all residential levels of care with 32 adult and 0 adolescents.

As of March 31, 2025, the total number of ambulatory outpatient programs (all level of care combined) with active certifications for adults were 132. There were 22 programs with active certifications for adolescents. This is a decrease of 40 programs for adults and 15 for adolescents. DY2 had 181 adult programs and 51 adolescent programs respectively. A total of 200 monitoring visits were conducted across all ambulatory levels of care for 184 adult and 16 adolescent programs. Phase 4 monitoring was completed for Outpatient Hospitals whose provisional certification period ended on 3/1/2025. Five programs, including four 2.1 (IOP) and one 2.5 (PHP), were surveyed and all received a 3-year Level I Certification. The remaining seven programs did not have eligible charts available for review

but remain enrolled in Medicaid and maintain access for Medicaid beneficiaries. As such, these seven programs received a one-year Conditional Certification with a site review pending the availability of eligible charts for review.

Connecticut submitted a copy of its budget neutrality this quarter. The amount of gap between with and without the waiver expenditures is shown below.

Waiver to date: \$179,946,546

DY3 \$ 48,809,727

A summary of the Post Award forum and grievances and appeals are included in this annual report.

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

Prompt	State has no trends/update 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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.		<i>Metric #3 Medicaid Beneficiaries with SUD Diagnosis (monthly)</i> <i>Metric #4 Medicaid Beneficiaries with SUD Diagnosis (annual)</i>	Analysis for metrics Quarter Ending (QE) September 30, 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: The number of Medicaid members with a SUD diagnosis decreased in the third quarter of calendar year 2024 less than 2% quarter over quarter. The following subpopulations had decreases of more than 2% this quarter: ○ Individuals with criminal justice involvement (-8.6%), ○ Individual with Opioid Use Disorder (OUD) diagnosis (-2.8%), ○ Dual eligibles (-2.8%) and ○ Pregnant individuals (-7.0%) All other subpopulations had decreases, but less than 2% than last quarter. The metrics reported by the State this quarter continue to show declines likely due to the PHE unwinding, which continued through the end of the QE September 30, 2024. Metric #4: Medicaid beneficiaries with SUD diagnosis decreased from DY2Q2 to DY3Q2 with a year over year change of -3.2%.
1.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	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 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 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 Metric #22 Continuity of Pharmacotherapy for Opioid Use	Analysis for metrics QE September 30, 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: Overall and in all subpopulations this metric decreased in the third quarter of calendar year 2024 by more than 2% quarter over quarter (-7.2%). ○ Dual eligibles, -11.6% ○ Children <18 years old, -3.6% ○ Older adults ages 65 years old and older, -7.1% ○ Individuals with criminal justice involvement, -8.9% ○ Individuals with OUD diagnoses, -8.2% ○ Pregnant individuals, -16.2% • Metric #7: The number of Medicaid members receiving early intervention remained at one in the third quarter of calendar year 2024. The overall utilization continued to be low across all populations. • Metric #8: The number of Medicaid members receiving outpatient services decreased in the third quarter of calendar year 2024 with a -10.5% decrease quarter over quarter. Subpopulations decreases are reflected below. ○ Dual eligibles, -13.0% ○ Children <18 years old, -4.1% ○ Older adults ages 65 years old and older, -10.1% ○ Individuals with criminal justice involvement, -9.7% ○ Individuals with OUD diagnoses, -14.2% ○ Pregnant individuals, 19.1%
---	--	--	---

			• Metric #9: The number of Medicaid members receiving intensive outpatient program/physical health treatment decreased in the third quarter of calendar year 2024 by -6.8%% quarter over quarter. All, but one subpopulation, individuals with criminal justice involvement (5.2%), decreased more than 2%. ○ Dual eligibles, -15.8% ○ Children <18 years old, -6.9% ○ Individuals with OUD diagnoses, -12.7% ○ Pregnant individuals, -36.8% ○ Older Adults 65 years old and older, -2.5% • Metric #10: The number of Medicaid members receiving SUD residential and inpatient services decreased in the third quarter of calendar year 2024 by less than 2% quarter over quarter. Children <18 years and older adults increased respectively 100.0% and 14.9%. However, several subpopulations declined. ○ Dual eligibles, -6.3% ○ Pregnant individuals, -20.2% ○ Individuals with criminal justice involvement, -9.0% ○ Individuals with OUD diagnoses, -2.5% • Metric #11: The number of Medicaid members receiving withdrawal management decreased in the third quarter of calendar year 2024 by less than 2%. ○ Older adults increased, 33.3% ○ Several subpopulations (Children <18 years old, Adults 18 years old–64 years old, and Individuals with criminal justice involvement) decreased less than 2%. ○ Dual eligibles, pregnant individuals and individuals with OUD diagnoses decreased -6.0%, -43.8%, and -2.3%, respectively.
--	--	--	--

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			• Metric #12: The number of Medicaid members receiving medication-assisted treatment (MAT) decreased in the third quarter of calendar year 2024 by –6.0% quarter over quarter. Most subpopulations decreased. ○ Dual eligibles, -17.1% ○ Older adults, -7.9% ○ Pregnant individuals, -19.5% ○ Individuals with OUD, -6.1% There was a change of less than 2% for children under 18 years old and individuals with criminal justice involvement populations. The metrics reported by the State this quarter continue to show declines likely due to the PHE unwinding, which continued through the end of the QE September 30, 2024. Metric #22: The Continuity of Pharmacotherapy for OUD decreased -6.4%.
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)			DY3Q4 (January 1, 2025–March 31, 2025) The State started work on rate restructuring to improve access for adolescent residential treatment. The State considered stakeholder concerns and cost reports from providers who offered adolescent residential treatment in the past to help in the development of a new treatment rate for adolescents. Two new adolescent-serving 2.1 (IOP) programs were added to the private non-profit ambulatory provider cohort. DY3Q3 (October 1, 2024 through December 31, 2024) During this quarter, private non-profit ambulatory providers received certification following the end of this cohort’s provisional certification. During this quarter, the State began efforts to restructure adolescent rates as an approach to attract SUD residential providers who are willing and qualified to provide residential treatment to the adolescent population. The State continues to monitor changes in capacity and utilization and assess whether additional efforts are indicated to ensure adequate access across all LOCs. DY3Q2 (July 1, 2024–September 30, 2024) Outpatient Psychiatric Clinics for Children (OPCCs) participating in this initiative screened 181
--	--	--	--

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			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 LOCs.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		
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 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 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: Medicaid Beneficiaries Treated in an IMD for SUD had a rate of change of 27.9% year over year from DY2Q2 to DY3Q2. Specific to individual with an OUD the rate of change was 17.7%. • Metric #36: Average Length of Stay in IMDs had a rate of change of 62.0% year over year from DY2Q2 to DY3Q2. Specific to individuals with an OUD the rate of change was 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			DY3Q4 (January 1, 2025–March 31, 2025) 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 trainings were completed on January 21, 2025–January 22, 2025 and March 13, 2025–March 14, 2025 and was attended by 74 individuals from SUD treatment providers representing adult services. The State continued the deployment of on-demand ASAM slots during this quarter with an additional 82 slots being deployed statewide to adult providers. The State partnered with Advanced Behavioral Health (ABH) INC who presented three online Technical Assistance Webinars and was attended by 125 participants. Topics included Common Elements for Improvement, A Closer Look: Administrative & Support Activities, and Residential Policy Review. The State and ABH continues to provide technical support to providers. The State partners and ABH continue to host technical assistance webinar series. The State’s Administrative Services Organization (ASO), Carelon Behavioral Health (“Carelon”), continues to utilize ASAM 3rd edition when assessing medical necessity for admission to all SUD LOCs. We continue to meet with Carelon to review authorizations and reviews.
---	--	--	---

			The Judicial Branch Court Support Services Division (JB-CSSD) and State partners continue meeting to discuss several Waiver related topics including staff hiring and retention, ASAM 4 training, potential rate adjustments, etc. DY3Q3 (October 1, 2024 through December 31, 2024) ABH, in partnership with the State Agencies, continued offering a monthly ASAM Technical Assistance series on topics related to ASAM alignment. This quarter’s webinar series addressed individualized documentation, progress notes and discharge, and service coordination/case management. On October 8, 2024, <i>Co-Occurring Capability</i> had 89 live participants. On November 12, 2024, <i>Therapies</i> had 54 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. An in-person two-day ASAM training was not conducted this quarter; however, another adolescent-focused training is scheduled for February 2025. Registration for this training is underway. The State partners continue to meet, but at a reduced frequency. We are continuing to discuss staffing ratios, credentialling, staff supervision, hiring, and retention. The State’s ASO, Carelon Behavioral Health (Carelon), continues to utilize ASAM 3rd edition
--	--	--	--

			when assessing medical necessity for admission to all SUD LOCs. State partners meet with Carelon regularly to review referral and admission data, as well as initial and concurrent authorization reviews. The data strongly suggests that providers are improving overtime. 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 slots being deployed statewide. The State partnered with ABH INC 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 ASO, Carelon Behavioral Health (“Carelon”), continues to utilize ASAM 3rd edition when assessing medical necessity for admission to all SUD LOCs. 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 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, <i>Individualized Documentation Considerations, Part 1</i> had 80 live participants. On August 13, 2024, <i>Individualized Documentation Considerations, Part 2</i> had 104 live participants. On September 10, 2024, <i>Service Coordination/Case Management</i> 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. DY3Q1 (April 1, 2024–June 30, 2024) The State has continued to provide access to the ASAM Model training for all participating substance use treatment agencies. The State utilized this quarter to complete three additional two-day ASAM criteria skill building trainings through the Train for Change Company. Three trainings were completed on May 14, 2024–May 17, 2024, June 5, 2024, and June 6, 2024 and was attended by 124 individuals from SUD treatment providers representing adult and adolescent services. The State continued the deployment of on-demand ASAM slots during this quarter with an additional 119 being deployed statewide. The State partnered with ABH INC and initiated a monthly webinar training series to further support key areas of the ASAM criteria that started in June 2024. These webinars are focused on areas identified for further technical assistance as part of the Certification monitoring process.
--	--	--	--

			On April 18, 2024 and April 19, 2024, DCF and ABH held an in-person two-day ASAM training led by The Change Companies specifically for provider staff working in adolescent services. This application-focused training provided participants with an in-depth look at the theoretical foundations of the ASAM Criteria, including clinically driven services, biopsychosocial assessment, the six dimensions, continued stay, and transfer/discharge criteria. The two-day training was attended by 28 individuals from 12 community agencies, as well as four clinical staff from ABH and one clinical staff person from Carelon. This quarter, access to The Change Companies' online ASAM 1-3 Training Modules was given to three new staff serving both adolescent and adult populations at two provider organizations. ABH, in partnership with the State Agencies, began offering a Monthly ASAM Technical Assistance series. Each month, a webinar will provide training on a specific topic related to ASAM alignment. This is a time-limited series running monthly from June 2024–May 2025 with the purpose of providing resources, training, and information to support providers with ASAM alignment across all LOCs. The first webinar was held on June 11, 2024 and was focused on Operationalizing Individualized care. The webinar was attended live by 62 participants and will be made available for viewing by other interested individuals on the State's dedicated website for the Demonstration.
--	--	--	--

			The State’s ASO, Carelon Behavioral Health (“Carelon”), continues to utilize ASAM 3rd edition when assessing medical necessity for admission to all SUD LOCs. Carelon continues to produce a monthly report for residential levels of care that highlight the percentage of initial and concurrent authorization requests. The State, Carelon, and ABH continued to provide technical support to providers. The JB-CSSD has added toxicology reporting to the Contractor Data Collection System (CDCS) system. The CDCS team is conducting audits related to data entry and timeliness. Under the continued efforts of DCF's contract with Child Health and Development Institute (CHDI), a Care Coordination Introduction training took place in April 2024 over four half-days and was attended by 18 individuals from three agencies. A-SBIRT foundational training Part I and Part II occurred in May 2024 with 20 attendees from four agencies. An A-SBIRT specialized training on pre-contemplative clients was held May 21, 2024 with 16 attendees from four agencies. CHDI also hosted a Statewide Reimbursement SUD Educational Session facilitated by the Office of the Healthcare Advocate (OHA) on April 30, 2024 with nine attendees from five agencies. OPCCs participating in this initiative screened 120 outpatient youth for the first-time using A-SBIRT in this quarter. Sixty-one (61) youth with identified
--	--	--	--

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			substance use concern from A-SBIRT at any point in treatment received care coordination services this quarter.

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			DY3Q4 (January 1, 2025–March 31, 2025) The State’s Behavioral Health 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. Carelon began conducting an independent review process in July of 2022. Phase 4 monitoring was completed for Outpatient Hospitals whose provisional certification period ended on March 1, 2025. Five programs, including four 2.1 (IOP) and one 2.5 (PHP), were surveyed and all received a three-year Level I Certification. The remaining seven programs did not have eligible charts available for review but remain enrolled in Medicaid and maintain access for Medicaid beneficiaries. As such, these seven programs received a one-year Conditional Certification with a site review pending the availability of eligible charts for review. A site monitoring visit will be scheduled approximately six months after admission of their first Medicaid beneficiary to complete a determination of certification level. 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.
---	--	--	---

			JB-CSSD and State partners continue to review utilization data related to all levels of care. The goal is to adjust the number of beds across all levels to maintain maximum utilization. The review will identify gaps and seek expansion to fill those or work with providers to either flex or change levels of care. DY3Q3 (October 1, 2024 through December 31, 2024) Carelon continues to provide support to treatment providers in ensuring beneficiaries are receiving treatment at the appropriate LOC. Phase 4 monitoring was completed during the second quarter with the expiration of the provisional certification period on November 15, 2024. Two adolescent 2.1 programs achieved a three-year Level 1 Certification. Six adolescent programs consisting of five 2.1 programs and one 2.5 program did not have charts available for review during the Phase 4 site monitoring visits and were therefore issued a one-year Conditional Certification to continue providing access for Medicaid beneficiaries. Once eligible client records are available for review, ABH will conduct another site visit to determine each program's final certification status. In November 2024, DCF provided technical assistance to an adolescent ambulatory SUD provider to enhance documentation of alignment
--	--	--	--

			with the ASAM criteria and State Standards in the client records. The JB-CSSD and State partners continue to discuss utilization, including identifying gaps in the service system. The continued use of the JB-CSSD’s other residential resources have helped in transition clients out from residential treatment. The transition will be aided in March 2025 when the new 37-bed Recovery House opens. 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. 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. DY3Q1 (April 1, 2024–June 30, 2024) Transitioning clients to lower levels of care continues to be an issue and trying to ensure that clients do not leave treatment and become homeless or housed in a shelter is a priority. JB-CSSD has opened a fourth Transitional Housing program, and a fifth is scheduled to open in September 2024. Carelon and the State's certification and monitoring agency, ABH, continue to meet bi-weekly for quality assurance coordination.
--	--	--	--

Prompt	State has no trends/update to report (place an X)	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 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 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.			As of March 31, 2025, DY3 total number of residential programs (all level of care combined) with active certifications for adults were 44, 0 for adolescents. This is a slight increase (increase of one in both 3.1 and 3.5) from DY2 with 42 and 0, respectively. In support of the certification process a total of 32 monitoring visits were conducted across all residential levels of care with 32 adult and 0 adolescents.
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			DY3Q4 (January 1, 2025 – March 31, 2025) No updates to the provider qualifications this quarter specific to adolescent residential treatment providers due to no actively enrolled programs. DCF continued working in partnership with DSS to propose rate increases for adolescent residential levels of care utilizing reinvestment funds from the Demonstration. This proposal was finalized and approved by the OPM on March 31, 2025. A State Plan Amendment is anticipated to be submitted in the upcoming quarter. DCF will resume targeted conversations with potentially interested providers in the upcoming quarter. The ABH monitoring team conducted Phase 4 Monitoring Surveys for eight Outpatient Hospital Ambulatory programs during this quarter. This phase focused on assessing the deficiencies identified in Phase 3 and helping where needed to meet full certification. Survey Reports were prepared and distributed to each provider program following completion of its survey. At the end of the two-year provisional certification period 13 Outpatient Hospital ambulatory programs met full certification under the demonstration. Additional technical assistance and site monitoring is planned for three of those programs in need of additional support. DY3Q3 (October 1, 2024 through December 31, 2024) The State established a four-phase monitoring process at the beginning of the 1115 SUD
--	--	--	---

			Demonstration. All residential SUD treatment programs participating in the Demonstration are fully certified. The ABH monitoring team conducted Phase 4 Monitoring Surveys for 25 ambulatory programs during this quarter. This phase was focused on assessing the deficiencies identified in Phase 3 and providing assistance where needed, to meet full certification. Survey reports were prepared and distributed to each provider program, following completion of the survey. At the end of the two-year provisional certification period, 107 ambulatory programs met full certification under the demonstration. Additional technical assistance and site monitoring is planned for 19 of those programs in need of additional support. As of December 31, 2024, one of the 19 programs has ceased operations, reducing the total number of programs requiring additional support to 18. There are no updates to the provider qualifications this quarter specific to adolescent residential treatment providers due to no actively enrolled programs. The DCF and the Department of Social Services continue to discuss the adolescent residential rates as a strategy to increase enrollment from interested treatment providers in the Connecticut Medical Assistance Program. It is anticipated that there will be an identified rate increase, which would enable targeted discussions with providers.
--	--	--	---

			DY3Q2 (July 1, 2024–September 30, 2024) 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. 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. Federally qualified health center (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 potential interest in Medicaid enrollment. DCF hopes to schedule a meeting with this provider in the next quarter. DY3Q1 (April 1, 2024–June 30, 2024) Connecticut established a four-phase monitoring process at the beginning of the 1115 SUD Demonstration. DMHAS and ABH continued intensive ASAM certification monitoring by completing Phase 4 of monitoring with residential SUD programs. This phase focused on assessing the deficiencies identified in Phase 3 and helping where needed to meet full certification. At the end of the two-year provisional certification period 42 residential SUD programs met full certification under the Demonstration. Additional technical assistance and site monitoring is planned for three programs in need of additional support. DMHAS and ABH met with ambulatory private non-profit providers, reviewing the Phase 3 reports (from DY2Q4 and DY3Q1) and issuing CIPs while also offering Technical Assistance to assist in the process of certification preparation.
--	--	--	--

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Monitoring the medical record sampling methodology was expanded utilizing the 8/30 monitoring method created by the National Committee for Quality Assurance. During this reporting period, DMHAS and ABH met with Hospital-based SUD providers to review their Phase 2 reports and issued CIPs to assist in the process of certification while also offering Technical Assistance. During this reporting period, DMHAS and ABH met with the three FQHCs that are operating five IOP programs to review from phase 1 chart reviews. No updates to the provider qualifications this quarter specific to adolescent residential treatment providers due to no actively enrolled programs.

4.2.1.b Review process for residential treatment providers' compliance with qualifications			DY3Q4 (January 1, 2025 – March 31, 2025) Two new Residential programs entered the demonstration during this period and were awarded Conditional Certification. At the conclusion of the final provisional certification period in June 2025, The State will begin implementing ongoing quality monitoring strategies for compliance for the previously certified provider types. DY3Q3 (October 1, 2024 through December 31, 2024) All residential programs received three-year certifications. The State plans to develop protocols to conduct ongoing monitoring during this three-year period. There were no activities this quarter specific to adolescent residential treatment providers due to no actively enrolled programs. 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.
---	--	--	---

			DY3Q1 (April 1, 2024 – June 30, 2024) Connecticut established a four-phase monitoring process at the beginning of the 1115 SUD Demonstration. DMHAS and ABH continued intensive ASAM certification monitoring by completing Phase 4 of monitoring with residential SUD programs. This phase focused on assessing the deficiencies identified in Phase 3 and helping where needed to meet full certification. At the end of the two-year provisional certification period, 42 residential SUD programs met full certification under the Demonstration. Additional technical assistance and site monitoring is planned for three programs in need of additional support. DMHAS and ABH met with ambulatory private non-profit providers, reviewing the Phase 3 reports (from DY2Q4 and DY3Q1) and issuing CIPs while also offering Technical Assistance to assist in the process of certification preparation. Monitoring the medical record sampling methodology was expanded utilizing the 8/30 monitoring method created by the National Committee for Quality Assurance. During this reporting period, DMHAS and ABH met with Hospital-based SUD providers to review their Phase 2 reports and issued CIPs to assist in the
--	--	--	--

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			process of certification while also offering Technical Assistance. During this reporting period, DMHAS and ABH met with the three FQHCs that are operating five IOP programs to review from phase 1 chart reviews. No updates to the provider qualifications this quarter specific to adolescent residential treatment providers due to no actively enrolled programs.
4.2.1.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 an X)	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: SUD Provider Availability decreased — from DY2Q2 to DY3Q2 with a year over year change of -3.4%. - Metric #14: SUD Provider Availability-MAT increased from DY2Q2 to DY3Q2 with a year over year change of 9.4%.
5.2 Implementation update				

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.			DY3Q4 (January 1, 2025 – March 31, 2025) As of March 31, 2025, the total number of ambulatory outpatient programs (all level of care combined) with active certifications for adults were 132. There were 22 programs with active certifications for adolescents. This is a decrease of 40 programs for adults and 15 for adolescents. DY2 had 181 adult programs and 51 adolescent programs, respectively. In support of the certification process a total of 200 monitoring visits were conducted across all ambulatory levels of care for 184 adult and 16 adolescent programs. During this quarter outpatient hospital ambulatory providers received certification following the end of this cohort’s provisional certification. During this quarter, the State added 11 new residential beds at the 3.1 LOC and 9 new beds at the 3.5 parenting and pregnant woman LOC. There is a total of 1,103 adult residential beds across the State. 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. No new provider cohorts were phased into the demonstration this quarter; however, the State encourages any willing and able provider interested in providing SUD treatment/services to apply. DY3Q3 (October 1, 2024 through December 31, 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 the State. No new provider cohorts were phased into the Demonstration this quarter. 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 one 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 emergency department (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. DY3Q1 (April 1, 2024 – June 30, 2024) During this quarter there has been a total bed reduction of 28 beds. Bed loss in ASAM 3.7 Withdrawal Management (WM), 3.7 and 3.5 Pregnant and Parenting Women (PPW) LOC. The greatest bed loss this quarter was at the 3.5 PPW LOC. The provider at this LOC reported ceasing operations due to fiscal reasons. The State continues to monitor changes in capacity and utilization and assess whether additional efforts are indicated to ensure adequate access at these levels of care. DMHAS and the State Partner agencies continue to utilize the State’s capacity monitoring website and authorization data to assess availability of providers across the Continuum of SUD care in Connecticut. DCF and DSS met to discuss the adolescent residential rates to enroll interested treatment providers in Connecticut Medical Assistance Program. Feedback from interested providers has pointed to the rates being lower than reimbursement by
--	--	--	---

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			commercial insurance providers and insufficient to maintaining operational costs of the associated level(s) of care. The State agencies are continuing these discussions with interested adolescent providers to mitigate any barriers.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place an X)	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 #18 Use of Opioids at High Dosage in Persons Without Cancer Metric #21 Concurrent Use of Opioids and Benzodiazepines	- Metric #23: The number of Medicaid members with ED utilization for SUD per 1,000 members decreased in the third quarter of calendar year 2024 by -2.4% quarter over quarter. The ED utilization rate decreased for children by -9.4% and older adults by -3.7%, while the OUD subpopulations decreased less than 2% - Metric #18: The use of Opioids at High Dosage in Persons Without Cancer decreased by -21.7% demonstrating effectiveness of prescribing guidelines. - Metric #21: The Concurrent Use of Opioids and Benzodiazepines decreased less than -10.5%.
6.2 Implementation update				
6.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
6.2.1.a	Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
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 an X)	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.		Metric #15 Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Metric #17 Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD abuse or dependence. Metric #17(2) Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of mental illness or	• Metric #15: The percentage of beneficiaries ages 18 years old and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received initiation of AOD treatment within 14 days of the diagnosis decreased for three of the four sub-metrics. Initiation of opioid abuse or dependence increased 5.9%. Initiation of alcohol, other drugs, and overall treatment decreased (-7.5%, -19.1%, and -4.2%, respectively). The Percentage of beneficiaries ages 18 years old and older with engagement of AOD treatment representing the percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit decreased for all, but one sub-metric, opioid abuse or dependence rate (1.1%). This metric demonstrates the effectiveness of engagement post diagnosis. Treatment engagement for alcohol, other drugs and overall decreased -9.2%, -16.6%, and -9.9%, respectively. • Metric #17: Both parts of this metric demonstrate a reduction in the number of individuals with a SUD diagnosis receiving follow-up within seven days of the ED visit (-27.6%) and in the number of individuals receiving follow-up within 30 days of the ED visit (-33.9%) year over year. Both components of this metric demonstrates improvement in the percentage of ED visits for beneficiaries age 18 years old and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness and received a follow-up within seven days of
---	--	---	--

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		intentional self-harm and who had a follow-up visit for mental illness.	the ED visit (8.3%) and ED visits for mental illness for which the beneficiary received a follow-up within 30 days of the ED visit (9.7%).
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.			DY3Q4 (January 1, 2025 – March 31, 2025) CHDI continued planning for the provision of a Substance Use Overview Training and associated booster sessions and is pending finalization. CHDI held two A-SBIRT Specialized Module (A-SBIRT Part II) trainings via zoom for OPCCs. The first training was held on January 14, 2025 with 14 attendees and the second was held on February 11, 2025 with 14 attendees. Additionally, CHDI held a group consultation meeting on February 10, 2025 with eight provider attendees from six unique OPCC agencies to discuss implementation successes and challenges, review data, and to check-in on agency data-driven goals set in the previous quarter to improve implementation. Some goals included training new staff, increasing use of the S2BI assessment, understanding, building, and staffing for service coordination, increasing data collection, and improving understanding of data elements. OPCCs participating in this initiative screened 270 outpatient youth for the first time using A-SBIRT in this quarter. 103 youth with an identified substance use concern from A-SBIRT at any point in treatment received service coordination services this quarter. 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: Common Elements for Improvement, A Closer Look: Administrative & Support Activities, and Residential Policy Review. The Webinars will continue through May 2025 with other topics to support the implementation of ASAM. DY3Q3 (October 1, 2024 through December 31, 2024) ABH and DMHAS collaborated 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 LOCs. 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: Co-occurring Capabilities and Therapies. The webinars will continue through
--	--	--	--

			May 2025 with other topics to support the implementation of ASAM. In alignment with the contract revisions outlined last quarter, CHDI began planning for the provision of a Substance Use Overview Training and associated booster sessions. CHDI initiated conversations with potential trainers to develop and offer this training in a future quarter. Planning efforts will continue in the upcoming quarter. CHDI held one A-SBIRT Foundational Training (Part I) via Zoom on October 22, 2024, with 21 attendees from five OPCCs. One A-SBIRT Specialized Module (A-SBIRT Part II) was held on October 29, 2024, with 23 attendees from five OPCCs. Two additional A-SBIRT Specialized Modules (A-SBIRT Practice Consultation) were held via Zoom with those who previously participated in A-SBIRT Foundational Training, Part I and Part II. These specialized modules were held on November 12, 2024, with 15 attendees and December 10, 2024, with 17 attendees. The OPCCs participating in this initiative screened 172 outpatient youths for the first time using A-SBIRT in this quarter. Fifty youths with an identified substance use concern from A-SBIRT at any point in treatment received service coordination services this quarter. 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 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.
--	--	--	---

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			CHDI will continue to offer trainings on A-SBIRT. No A-SBIRT trainings occurred this quarter.
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 an X)	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. Total Number of Prescription Drug Monitoring Program (PDMP) Users (Calculated on December monthly data and excludes Law Enforcement) had a rate of change of 1.8% year over year. - Q2. Number of Opioid Prescriptions in PDMP (Includes Opioid Agonist and Opioid Partial Agonist Prescriptions for 12 months) had a change rate of 7.1% year over year. - Q3. Tracking MAT with Use of Counseling and Behavioral Therapies via telehealth had a year over year rate of change of -9.4%.
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		
8.2.1.c How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 #32 Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	- Metric #24: The number of Medicaid members with hospital inpatient stays for SUD per 1,000 members decreased in the third quarter of calendar year 2024, less than 2% quarter over quarter. The hospitalization rate increased by 7.8% for children while decreasing -3.0% for older adults and -2.2% for the OUD subpopulation. - Metric #32: The Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD decreased -7.8%.
9.2 Implementation update				

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.2.1	The state reports the following metric trends, including all changes (+ or -) greater than 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 wholeDescribe the current status of budget neutrality and an analysis of the budget neutrality to date.		DY3Q4 (January 1, 2025–March 31, 2025) Connecticut submitted a copy of its budget neutrality this quarter. The amount of gap between with and without the waiver expenditures is shown below. Waiver to date: \$179,946,546 DY3 \$ 48,809,727 DY2 \$ 60,044,964 DY1 \$ 71,091,854
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		

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.	DY3Q4 (January 1, 2025–March 31, 2025) The Department of Correction, Division of Parole and Community Services, reports that the total bed count at Addiction Prevention and Treatment (APT) remains at 32 males and ten females. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status, to ensure maximum efficiency and use of agency funds. The agency continues to monitor and assess the funding for other levels of care best to meet the clinical needs of individuals under parole supervision. The agency will continue working with non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5. DCF received information about six Medicaid youth this quarter (one male, five 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 adolescent providers. One of these members previously presented in a previous quarter. An additional male youth was identified as needing SUD residential treatment but was uninsured at the time of needs identification. In January 2025, DCF met with two community providers who are potentially interested in providing adolescent SUD residential treatment services. Both programs expressed concerns regarding financial viability with the existing Medicaid reimbursement rates for these levels of care. DCF is working with Faces and Voices of Recovery to conduct interviews and collect survey responses from community adolescent providers regarding gaps in withdrawal management
---	--

		services for youth. This information may help inform the State agency partners in developing strategies for increasing access to these services for youth. DMHAS has continued to receive reports from providers that workforce shortages including recruitment and retention remain an ongoing challenge. A workgroup was formed in August of 2024 to explore options for addressing these challenges. Applications for opening new programs are available on the DSS website. There has been growing interest from providers to offer 3.1 and 3.5 levels of care. The JB-CSSD continues to have utilization issues with one provider. The JBCSSD coordinated a joint meeting with Carelon to help identify areas of improvement. The program hired a new Program Director. Hopefully, this will help address the issues. Several providers have noticed an increase in denials lately and are not sure if this is a larger issue statewide. This topic will be discussed at our next meeting. DY3Q3 (October 1, 2024 through December 31, 2024) DMHAS has continued to receive reports from providers that workforce shortages, including recruitment and retention, remain an ongoing challenge. A workgroup was formed in August of 2024 to explore options for addressing these challenges. DCF received information about eight youths this quarter (seven male, one 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
--	--	--

		adolescent providers. One of these members previously presented in the last quarter. In November 2024, DCF met with the newly licensed adolescent residential program to explore intended service offerings and potential interest in Medicaid enrollment. The agency expressed interest in enrollment but identified uncertainty with the financial viability of existing Medicaid reimbursement rates. The agency was agreeable to providing cost estimates to assist the State in assessing potential reinvestment in the adolescent SUD residential rates. This information is anticipated to be sent next quarter. The Department of Correction (DOC), Division of Parole and Community Services, reports that the total bed count at the APT Foundation remains at 32 for males and 10 for females. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status, to ensure maximum efficiency and use of agency funds. The agency remains in the process of renewing the contract with the APT Foundation and continues to review the submitted request for proposal. The agency continues to monitor and assess the funding for other LOCs, which would best meet the clinical needs of individuals under parole supervision. The agency will continue working with non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOCs other than ASAM 3.5. The JB-CSSD's largest provider continues to utilize video conferencing as the main way to conduct assessments. It now has expanded to all DOC pretrial facilities.
--	--	--

		JB-CSSD has seen some issues with denials at one program. JB-CSSD has contacted Carelon and are working with them to resolve the issues. 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. JB-CSSD has had success with video conferencing and has expanded it to other DOC facilities. Most programs continue to use phone screens for pretrial incarcerated clients. However, video conferencing has been particularly effective for our largest program. DY3Q1 (April 1, 2024–June 30, 2024) JB-CSSD continues to have issues with some courts regarding <i>medical necessity</i> and the reduced lengths of stay. The Department met with the Chief Public Defender Social Worker to reiterate the new process related to Carelon and Medicaid/ASAM. The JB-CSSD implemented a limited pilot last quarter to allow programs to access JB-CSSD/DOC video conferencing to conduct screenings for a couple of programs that were having issues getting the assessments completed in a timely manner. The conferencing has worked well, and it has been expanded it to other DOC facilities, however, most facilities still utilize phone screenings. The State met with residential providers in their last phase of monitoring for full certification. DSS created an instant message for all providers on how to upload their certificates into the provider portal by June 1, 2024. DSS helped those providers needing support with their uploads. The DOC, Division of Parole and Community Services, reports that the total bed count at APT remains at 32 males and ten females.
--	--	---

Prompts	State has no update to report (place anX)	State response
		The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status, to ensure maximum efficiency and use of agency funds. APT continues to have a high number of open beds. Additionally, the agency plans to make contract amendments with APT to allow CSSD to use open beds on an as-needed/as-available basis. The agency is in the process of renewing the contract with APT. The agency continues to monitor and assess the funding for other levels of care best to meet the clinical needs of individuals under parole supervision. The agency will continue working with non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5. While conducting provider meetings and technical assistance during this reporting period DMHAS has received reports from providers that workforce shortages including recruitment and retention remain an ongoing challenge. The State partner agencies are exploring options for addressing these challenges. DCF received information about 11 youth this quarter (9 male, two 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.
11.2	Implementation update	

Prompts	State has no update to report (place anX)	State response
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	X	DY3Q2 (July 1, 2024–September 30, 2024) The JB-CSSD has open its fifth Transitional Housing program. Hopefully, this will continue to help move clients from higher levels of care. In addition, the JB-CSSD through our existing collaboration with DMHAS, will be opening a new 37 bed Recovery House with federal American Rescue Plan Act (ARPA) 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 JB-CSSD 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.		DY3Q3 (October 1, 2024 through December 31, 2024) There are 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. 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 completed key informant interviews, the midpoint assessment analysis and drafted the midpoint assessment report on track to be delivered to the Centers for Medicare & Medicaid Services (CMS) consistent with the Special Terms and Conditions (STCs) of the approved demonstration. Beginning DY4Q1, the State and independent evaluator will begin collecting information for the interim evaluation.
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 to: 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.	Grievances There were three SUD related grievances in DY3, representing 3.1% of grievances for all behavioral health services in the same time period. Two of the grievances were related to Service Issues and one was determined to be a potential Quality of Care Concern (QOCC). The levels of care associated with the three grievances were partial hospital (n = 1) and intensive outpatient (n = 2). The total number of grievances continues to be low, with a decrease of 50.0% from six in DY2 to three in DY3. The one potential QOCC was related to an intensive outpatient provider under the sub-category of Clinical Practice-Related Issues. It was reviewed by the Caredon Behavioral Health Connecticut (Caredon BH CT) QOCC committee and given a determination of Unable to be Determined following a review of the record set. An Unable to be Determined designation indicates that there was not enough information available to give either a Founded or Unfounded determination. SUD Grievances <table><tr><th></th><th></th><th>All Grievances</th><th>%</th></tr><tr><td>DY1</td><td>4</td><td>99</td><td>4.0%</td></tr><tr><td>DY2</td><td>6</td><td>107</td><td>5.6%</td></tr><tr><td>DY3</td><td>3</td><td>97</td><td>3.1%</td></tr></table> Appeals There were no member appeals in DY3. There were 47 total SUD related provider appeals in DY3, representing 53.4% of all behavioral health appeals in the same time period. This was an increase compared to DY2, which had 11 total SUD related appeals, representing 44.0% of all behavioral health appeals. The increase may be due to the transition of the Medicaid system to ASAM requirements and a tightening of prior authorization as providers learned to utilize the ASAM patient placement criteria. However, this should also be			All Grievances	%	DY1	4	99	4.0%	DY2	6	107	5.6%	DY3	3	97	3.1%
		All Grievances	%															
DY1	4	99	4.0%															
DY2	6	107	5.6%															
DY3	3	97	3.1%															

		understood in the context of the overall low volume and the limitation of only three years’ worth of data. SUD Provider Appeals <table><tr><th colspan="2"></th><th>All Appeals</th><th>%</th></tr><tr><td>DY1</td><td>8</td><td>32</td><td>25.0%</td></tr><tr><td>DY2</td><td>11</td><td>25</td><td>44.0%</td></tr><tr><td>DY3</td><td>47</td><td>88</td><td>53.4%</td></tr></table> Forty-two of the 47 appeals were provider appeals for Medical Necessity determinations (Level 1 appeals) where Carelon found that the provider did not submit sufficient documentation to support the residential admission. Twenty-eight were related to medically monitored intensive inpatient services (ASAM 3.7); of these, 25 denial decisions were upheld and three were overturned. Ten were related to inpatient withdrawal management; of these, nine denial decisions were upheld, and one was modified. Two appeals were related to residential rehab clinically managed high intensity residential services (ASAM 3.5) and both denial decisions were upheld. One appeal was related to medically monitored intensive inpatient co-occurring enhanced (ASAM 3.7E) and the denial decision was upheld. One appeal was related to residential rehab clinically managed population focused high intensity (ASAM 3.3) and the denial decision was overturned. <i>Provider Level 1 Appeals by Level of Care and Outcome DY3</i> <table><tr><th>Level of Care</th><th>Denial Upheld</th><th>Denial Overturned</th><th>Denial Modified</th><th>Total Appeals</th></tr><tr><td>Medically monitored intensive inpatient services (3.7)</td><td>25</td><td>3</td><td>0</td><td>28</td></tr></table>			All Appeals	%	DY1	8	32	25.0%	DY2	11	25	44.0%	DY3	47	88	53.4%	Level of Care	Denial Upheld	Denial Overturned	Denial Modified	Total Appeals	Medically monitored intensive inpatient services (3.7)	25	3	0	28
		All Appeals	%																									
DY1	8	32	25.0%																									
DY2	11	25	44.0%																									
DY3	47	88	53.4%																									
Level of Care	Denial Upheld	Denial Overturned	Denial Modified	Total Appeals																								
Medically monitored intensive inpatient services (3.7)	25	3	0	28																								

Prompts	State has no update to report (place anX)	State response				
		Inpatient withdrawal management	9	0	1	10
		Residential rehab clinically managed high intensity residential services (3.5)	2	0	0	2
		Medically monitored intensive inpatient co-occurring enhanced (3.7E)	1	0	0	1
		Residential rehab clinically managed population focused high intensity (3.3)	0	1	0	1
		Total	37	4	1	42
		Five of the 47 appeals were Medical Necessity Provider Level 2 appeals. Three were related to medically monitored intensive inpatient services (ASAM 3.7) level of care and all denial decisions were upheld. Two were related to inpatient withdrawal management and both denial decisions were upheld.				

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.	X	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 intern 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
--	--	--

Prompts	State has no update to report (place anX)	State response
		regulations for unlicensed or associate licensed staff to do the work. There must be a meeting one time a week for supervision. 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>i.e.</i>, 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>i.e.</i>, 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.		DY3Q4 (January 1, 2025 – March 31, 2025) DCF through contract with Faces and Voices of Recovery offered three recovery-oriented trainings this quarter for DCF staff and community providers. On January 16, 2025, 37 participants virtually attended <i>Peer Supervision: How to Raise Your Internal Bar</i>. On February 14, 2025, 79 participants virtually attended <i>Addressing Structural Sexism & Racism in Recovery Services</i>. On March 13, 2025, 54 participants virtually attended <i>Advancing Harm Reduction Approaches</i>. The Department of Correction, Division of Parole and Community Services, reports that the total bed count at APT remains at 32 males and ten females. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status, to ensure maximum efficiency and use of agency funds. The agency continues to monitor and assess the funding for other levels of care best to meet the clinical needs of individuals under parole supervision. The agency will continue working with non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5. Applications are available for new providers to enter the system. During this quarter, two Residential and four ambulatory programs were awarded Conditional Certification. The State partners have been meeting to discuss reinvestment. While many good projects have been identified, it looks like the State may be utilizing some of these funds to pick up the 37 bed Recovery House program that JB-CSSD and DMHAS collaborated on with the time limited ARPA funds when they expire.
--	--	--

		DY3Q3 (October 1, 2024 through December 31, 2024) Applications are available for new providers to enter the system. During this quarter, two residential applications and one ambulatory provider for two sites were received. The DOC, Division of Parole and Community Services, reports that the total bed count at the APT Foundation remains at 32 for males and ten for females. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status, to ensure maximum efficiency and use of agency funds. The agency has made contract amendments with the APT Foundation to allow CSSD to use open beds on an as-needed/as-available basis. The agency is in the process of renewing the contract with the APT Foundation. The agency continues to monitor and assess the funding for other LOCs, which would best meet the clinical needs of individuals under parole supervision. The agency will continue working with non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOCs other than ASAM 3.5. The JB-CSSD and State partners reviewed data in the JB-CCSD's Bi-Annual Adult Risk Reduction meeting. In the review, it was identified that over the last several years, program completion rates have increased slightly. We also looked at the number of referrals that have been withdrawn by the referral source prior to a client's admission. With the advent of the 1115 SUD Waiver, and the Branch's corresponding change to existing court process (we now require full court agreement before a referral is placed), this number has gone down.
--	--	---

Prompts	State has no update to report (place anX)	State response

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

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

Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”