

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

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

State	<i>Connecticut</i>
Demonstration name	<i>Connecticut Substance Use Disorder Demonstration</i>
Approval Period for Section 1115 Demonstration	<i>04/14/2022–03/31/2027</i>
SUD Demonstration Start Date^a	<i>04/14/2022</i>
Implementation Date of SUD Demonstration, if Different from SUD Demonstration Start Date^b	<i>04/14/2022</i>
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	<i>SUD DY2Q3</i>
Reporting period	<i>10/01/2023–12/31/2023</i>

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

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

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

2. Executive Summary

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

The first data points for calendar year metrics were reported this quarter. Please see the graphs across the time periods in the attachment Graphs Part B. Metric summary:

- Metric #3: The change in the monthly number of members with an SUD diagnosis compared to the beginning of the demonstration has decreased -2.6%.
- Metric #6: The monthly number of unduplicated individuals receiving any services has decreased since the beginning of the Demonstration remains less than 2% despite data fluctuations of greater than 2% each month.
- Metric #7 The monthly number of individuals reported to receive early intervention (EI) remained low.
- Metric #8 The monthly number of individuals receiving outpatient (OP) services compared to the beginning of the demonstration decreased -7.6%.
- Metric #9 The monthly number of individuals receiving intensive outpatient program (IOP) and partial hospital program (PHP) services compared to the beginning of the demonstration increased by 5.6%.
- Metric #10 The monthly number of individuals receiving inpatient and residential services compared to the beginning of the demonstration has increased by +77% when Medicaid began covering non-hospital residential stays under the demonstration.
- Metric #11 The number of individuals receiving Withdrawal Management (WM) services compared to the beginning of the demonstration increased by 8%.
- Metric #12 The monthly number of individuals receiving medication-assistant treatment (MAT) services has decreased -7%.
- Metric #23: Emergency department (ED) utilization for SUD per 1,000 individuals appears to have a slight upward trend of 4.4% since the beginning of the demonstration.
- Metric #24: The rate of inpatient hospitalizations for SUD has increased as Medicaid began covering more hospitalizations (up 54%). We are researching the rate of hospitalization for older adults because the third month of every quarter is much greater than the first two months of every quarter.

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Milestone #2: The State has continued to provide access to American Society of Addiction Medicines (ASAM) Model training and on-demand ASAM. Two staff from ambulatory adolescent programs received access to The Change Companies' online ASAM training modules. DCF disseminated access to The Change Companies' online Introduction to ASAM module to Department of Children and Families (DCF) clinical staff and DCF-contracted outpatient SUD providers to enhance systemwide knowledge and adoption of ASAM.

Connecticut continued intensive ASAM certification monitoring for ambulatory SUD providers during this quarter and completed reviews for Hospital based SUD providers. The State met with Opioid Treatment Providers (OTPs) on December 21, 2023 to review clinical standards for ASAM 1 LOC under the demonstration.

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

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

Milestone #6: The State has emphasized specific measures in the audit tools that measure the integration of transitioning and coordination of beneficiaries to community-based services and supports. Weekly clinical rounds discuss and address individual cases experiencing significant transition issues between levels of care (LOCs).

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

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than two percent related to the assessment of need and qualification for SUD services		Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly) Metric #4: Medicaid Beneficiaries with SUD Diagnosis (annually) Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)	Analysis for monthly metrics Quarter Ending (QE) June 30, 2023: Note: Graphs of this metric can be found in the separate Appendix for this quarter. - Metric #3 reports the number of members by month with a SUD diagnosis. - The change in the number of members with an SUD diagnosis compared to the beginning of the demonstration has decreased -2.6%. Subpopulations: - Pregnant women increased 2% in May 2023 and decreased -2.9% in June 2023 — this appears to be a normal data fluctuation for a small population. - The number of dual-eligibles with SUD diagnoses and older adults increased in June 2023, 5.8% and 8.8% respectively. The older adults had decreased -2% in April 2023. These also appear to be normal data fluctuations for a small population. - The number of individuals with criminal justice involvement receiving Medicaid residential services increased throughout the quarter by 70.3% in April, 2023, 21.9% in May 2023, and 8.5% in June 2023. This is due to the increasing ramp up of individuals with criminal justice involvement under the demonstration.

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			The initial annual data for metric #22: Continuity of Pharmacotherapy for OUD was reported in this report: 14,148 individuals out of a total of 20,040 had continuous pharmacotherapy or a rate of 70.60%.
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes:	X		
1.2.1.i. The target population(s) of the demonstration			
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to the assessment of need and qualification for SUD services	X		

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
2. Access to Critical Levels of Care for OUD and Other SUDs (Milestone 1)			
2.1 Metric Trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 1		Metric #6: Any SUD Treatment Metric #7: EI Metric #8: Outpatient Services Metric #9: Intensive Outpatient and Partial Hospitalization Services Metric #10: Residential and Inpatient Services Metric #11: WM Metric #12: MAT Metric #22: Continuity of Pharmacotherapy	Metrics #6–#12 report the number of members by month receiving services through QE June 30, 2023. See the Appendix for graphs associated with these metrics. Metric #6: The number of unduplicated individuals receiving any services has decreased since the beginning of the Demonstration from 28,943 to 28,283. The number of individuals receiving any SUD services compared to the previous quarter was -7% in April 2023, with an offsetting increase in May, 2023 of +2.1%. The overall changes remain less than 2%. - Pregnant women receiving services has slightly decreased from 399 to 395 monthly since the demonstration beginning with the monthly data fluctuations of -9.6% for April 2023, +6.5% in May 2023, and -3.4% in June 2023. - Children’s subpopulations increased from 321 to 349 since the beginning of the quarter. However, April 2023, there was a -13.3% decrease from the previous quarter that appears to be a data fluctuation. - Dual eligibles and older adults’ utilization of SUD services have a trend that has increased from 924 to 1283 and from 495 to 791 respectively since the beginning of the waiver. Both populations had offsetting data fluctuations: Dual eligibles had -15.6% in April 2023 and +18.7% in June 2023; while older adults had -23.9% in April 2023 and +35.2% in June 2023.

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
		for OUD (USC; NQF #3175)	- Individuals with criminal justice involvement receiving any service increased from 74 in June 2022, which was the first month of reporting for that population, to 206 in June 2023. The number of individuals with criminal justice involvement receiving Medicaid residential services increased throughout the quarter by 70.3% in April 2023, 22.6% in May 2023, and 8.4% in June 2023. This is due to the increasing ramp up of individuals with criminal justice involvement under the demonstration. - Members with OUD diagnoses receiving any service decreased from 18,804 to 17,773 each month from the beginning of the waiver (-5% overall). April 2023 had a -5.3% decrease from the previous month and May 2023, had a 2.7% increase over April. This fits the overall downward trend seen in OUD service treatment since the beginning of the waiver. Analysis by Service: Metric #7 reports the number of individuals receiving EI. The number of individuals receiving EI remained very low with just two individuals receiving a screening, brief intervention and referral to treatment (SBIRT) screening in in June 2023 compared to six at the beginning of the demonstration. Metric #8 reports the number of individuals receiving OP services. The number of individuals receiving OP

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			services compared to the beginning of the demonstration decreased -7.6%. • Utilization for all populations except the criminal justice population has been relatively flat since the beginning of the demonstration with some monthly fluctuations as noted below that was partially due to April and June having only 30 days and May having 31 days: ○ Utilization for dual eligibles increased from 504 to 567 and older members increased from 205 to 259 per month since the beginning of the demonstration with dual eligible utilization fluctuating -4.1% in April 2023, and -3.4% in June, 2023 and older adult utilization fluctuating -2.8% in April 2023, and +7.8% in May 2023. ○ Pregnant women utilization decreased from 233 to 231 since the beginning of the waiver despite monthly data fluctuations of greater than 2%. ○ Children’s utilization increased from 246 to 280 per month despite a -15.2% decrease in April 2023. ○ In June 2022 the first month that members with criminal justice involvement were tracked, 15 individuals were receiving OP services, which has increased to 45 per month, with monthly data fluctuations of as great as 30.6% in May 2023 that was partially offset by decreases in April 2023 and June 2023. ○ The number of individuals receiving OUD treatment declined from 7,386 per month to

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			6,638 per month with large monthly declines in April (-14.2%) and June (-2.9%) offset by an increase in May, 2023 (6.2%). Metric #9 reports the number of individuals receiving IOP and PHP services. The number of individuals receiving IOP and PHP services compared to the beginning of the demonstration changed by +5.6%. The ramp up due to the clinic and outpatient hospital transition to ASAM under the Medicaid Demonstration seems to be leveling off. The number of individuals receiving IOP, and PHP has increased since the beginning of the demonstration from 1,725 to 1,823 per month. • The Pregnant women subpopulation metric increased from 20 to 29 individuals served since the beginning of the demonstration. Increases of 13.3% in April 2023 and 5.9% in May 2023 offset the decrease of -19.4% in June 2023 • Dual eligible members have approximately 38 individuals served in intensive ambulatory LOCs per month since the beginning of the demonstration. Monthly fluctuations of -13.9% in April 2023, +32.2% in May 2023 and -7.3% in June 2023 balanced out the number of individuals served. • Children served fluctuated from 26 to 22 individuals served per month. April 2023 and June 2023 had a decrease of -6.7% and respectively -24.1% while there was an increase of 3.6% in May 2023.

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			- Older adults aged 65 years and above decreased from nine to eight served per month. May 2023 showed an increase of 16.7% while June 2023 reflected a decrease of -42.9% - There were four individuals with criminal justice in IOP/PHP in June 2022, which increased from 4 to 22 served per month by June 2023. This ramp up is similar to other increases in services that we have seen this quarter for this population. For the quarter there was a decrease of -41.7% in April 2023 which was dramatically offset by increases in May 2023 (128.6%) and June 2023 (37.5%). - Members with OUD in IOP/PHP increased from 868 to 870 since the beginning of the demonstration (April 2023 decreased -13.9% and May 2023 increased 3.0%). Metric #10 reports the number of individuals receiving residential and inpatient services. The number of individuals receiving inpatient and residential services compared to the beginning of the demonstration increased by +77%%. The number of individuals receiving residential and inpatient services jumped beginning in June 2022 when Medicaid began covering non-hospital residential stays under the demonstration (from 1,189 to 2110). - The Children’s population has increased since the beginning of the demonstration (7-10 individuals served per month). Monthly fluctuations offset each other by a decrease of -

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			36.4% in April 2023, -100% decrease due to a drop to 0 individuals served in May 2023 and 42.9% increase over April 2023 in June 2023. • Older adults saw a significant increase since the beginning of the demonstration (14–48 per month) with monthly fluctuations (-59.5% in April 2023, +5.9% in May 2023 and +166.7% in June 2023). • Dual-eligible individuals increased from 23 to 94 since the beginning of the demonstration with an offset in the quarter of -23.3% in April 2023 and +49.2% in June 2023. • Individuals who were justice-involved increased from 74 to 205 although the rate of increase has slowed month over month in the quarter (April 2023 +70.3%, May 2023 +21.9% and June +8.5%). • Individuals with OUD (647 to 1,118 per month) all had dramatic increases in utilization from April 2022 to June 2023 with the coverage of this new Medicaid service despite small decreases in April 2023 (-5.6%) and June 2023 (-2.4%). Metric #11 reports the number of individuals receiving WM services. The number of individuals receiving WM services compared to the beginning of the demonstration changed by 8%. The number of individuals receiving WM services also increased with the addition of non-

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			hospital residential care but not as dramatically (1,027–1,110). • Pregnant women served increased from four–six individuals per month with a direct fluctuation offset of +42.9% in April 2023 and -40% in June 2023. • Dual-eligible and older adult individuals receiving WM increased over time from 16–27 (-4% in April 2023 and +12.5% in May 2023) and 10–17 respectively (-25% in April 2023, +55.6% in May 2023 and +21.4% 2023). • Since the beginning of the demonstration 1 child received WM services in April 2023. • Members with criminal justice receiving WM have slowly increased beginning in February 2023 with 1 individual to 6 individuals in June 2023. May 2023 increased by 83.3% and took a decrease of -45.5% in June 2023. • The number of individuals with OUD receiving WM decreased from 579–555 per month. April 2023 had a -8.9% decrease and June 2023 had a -2.8% decrease. Metric #12 reports the number of individuals receiving MAT services, which has decreased from 12,292 to 11,410 individuals receiving MAT since the beginning of the demonstration. The number of individuals receiving MAT services compared to the beginning of the demonstration changed by -7%.

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			- Pregnant women receiving MAT increased from 144 to 147 per month. April 2023 increased by 6% and June 2023 decreased by -5.8%. - Dual-eligibles decreased from 273 to 259 per month. However, this has somewhat stabilized in the quarter with increases in April 2023 (5.6% and June 2023 (3.2%) despite the -3.1% decrease in May 2023. - Older adults aged 65 years and above increased from 229–244 per month. May 2023 had a drop of -4.2% but was made up by an increase of 6.1% in June 2023. - The number of individuals with criminal justice involvement increased from 15 in June 2022 to 71 (April 2023 +68.2%, May 2023 +48.6% and June +29.1%). - The number of individuals with OUD receiving MAT declined since the beginning of the demonstration (12,055–11,251). However this quarter the decline has remained under 2%.
2.2.2 Implementation Update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes:			DY2Q3 (October 1, 2023–December 31, 2023) During this quarter, there's been no bed reduction at any LOC. The State continues to monitor changes in capacity.

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., OP services, IOP services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised WM)			
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised WM, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 2	X		
3.2. Implementation Update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			DY2Q3 (October 1, 2023–December 31, 2023) The State has continued to provide access to the ASAM Model training for all participating agencies. The State utilized this quarter to complete an additional two-day ASAM criteria skill building training through the Train for Change Company. That training was completed December 6, 2023 and December 7, 2023 and was attended by 39 individuals from SUD treatment providers representing adult and adolescent services, two staff from DCF's adolescent services, of Mental Health \ and Addiction Services (DMHAS) and Carelon Behavioral Health (Carelon). The State continued the deployment of on-demand ASAM slots during this quarter with an additional 208 being deployed statewide. Additionally, two staff from ambulatory adolescent programs requested access to The Change Companies' online ASAM training modules. This quarter, DCF also disseminated access to The Change Companies' online Introduction to ASAM module to DCF clinical staff and DCF-contracted outpatient SUD providers to enhance system wide knowledge and adoption of ASAM. 20 out of these 25 individuals have successfully completed the online training. DCF through contract with Faces and Voices of

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			Recovery offered two recovery-oriented trainings this quarter for DCF staff and community providers. Peer Support Core Competencies was held on 10/27/23 and attended by 24 individuals. Fostering Recovery Ready Workplaces was held on 11/17/23 and attended by 28 individuals. The State’s Administrative Service Organization (ASO), Carelon continues to utilize ASAM third edition when assessing medical necessity for admission to all SUD levels of care. Carelon continues to produce a monthly report for residential LOCs that highlights the percentage of initial and concurrent authorization requests. The State, Carelon and Advanced Behavioral Health (ABH) continued to provide technical support to providers. The Judicial Branch Court Support Services Division (JB-CSSD) continues to meet with the State partners. However, as we progress further, the number of committee meetings and frequency has been reduced.
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of an independent process for reviewing placement in residential treatment settings			DY2Q3 (October 1, 2023 – December 31, 2023) The State’s administrative service organization, Carelon (renamed from Beacon Health Options) began conducting an independent review process in July of 2022. Both Carelon and the State’s certification and monitoring agency, ABH, continue to meet bi-weekly for quality assurance coordination. The JB-CSSD and the State partners are continuing to monitor the authorization data closely. There are still some programs that require updated training on the “Pre-Authorization” process for Judicial referrals.

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			JB-CSSD continues to work with providers ensuring a smooth transition to other LOCs. Utilization continues to improve.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 3 Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report	X		
4.2 Implementation Update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			DY2Q3 (October 1, 2023 – December 31, 2023) DMHAS and ABH continued intensive ASAM certification monitoring by initiating Phase 3 of monitoring with residential SUD programs. During this phase, the medical record sampling methodology was expanded utilizing the 8/30 monitoring method created by the National Committee for Quality Assurance. One Residential program was audited in this quarter, with the remaining programs scheduled for audit during the next quarter. DMHAS and ABH will utilize the findings from this monitoring phase to develop collaborative improvement plans (CIPs) to assist programs in continuing their progress towards full certification. DMHAS and ABH will meet with these providers next quarter to review reports, implement CIPs and where appropriate, issue Certification to the qualified programs. DMHAS and ABH continued intensive ASAM certification monitoring by initiating Phase 2 of monitoring for ambulatory SUD providers during this

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			quarter. This phase commenced in late September of 2023 and continued through Dec of 2023. Twenty-four agencies operating multiple ambulatory programs statewide participated in this monitoring. During the next quarter, CIPs will be developed to assist programs in continuing their progress towards full certification. DMHAS and ABH will meet with these providers individually next quarter to review reports and implement CIPs. During this reporting period, DMHAS and Advanced Behavioral Health completed performance reviews from Phase 1 of their ASAM adoption monitoring for Hospital based SUD providers. DMHAS and ABH utilized the findings from these reports to provide technical assistance, as needed, to hospital providers. The residential adolescent provider's 18-month site monitoring visit was scheduled to occur on 12/14/23. However, this visit was cancelled by the provider on 12/13/23 and the State received formal notification on 12/14/23 that the program would be closing due to a consistently low census spanning several years and staffing challenges making the continued operations financially unsustainable. The program announced a plan to stop taking any new admissions on 12/18/23, maintain all residents until their treatment completion and identified a targeted program close date of 1/26/24.
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications			DY2Q3 (October 1, 2023—December 31, 2023) DMHAS and Advanced Behavioral Health revised the monitoring tools for the audits in a collaborative meeting on November 7, 2023. The tools were utilized in the

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

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
5. Sufficient Provider Capacity at Critical Levels of Care Including for MAT for OUD (Milestone 4)			
5.1 Metric Trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 4	X		
5.2 Implementation Update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 5.2.1.i. Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care			DY2Q3 (October 1, 2023–December 31, 2023) DMHAS and the State Partner agencies continue to utilize the State’s capacity monitoring website and authorization data to assess the availability of providers across the Continuum of SUD care in Connecticut. The State met with OTPs on December 21, 2023 to review clinical standards for ASAM 1 LOC. The State continues to finalize responses to the FAQs document and will post them on the SUD Demonstration webpage. The State anticipates OTPs to join the demonstration on March 1, 2024. With the anticipated closure of the state's only SUD residential treatment program for adolescent boys and with the continued absence of SUD residential for adolescent girls, DCF has plans to meet with an in-state adolescent residential provider not presently enrolled in Medicaid. The meeting's intention is to provide information about the Demonstration's activities and explore possible interest in enrollment in the Connecticut Medical Assistance Program (CMAP). The State continued efforts this quarter to increase rates of identification, initiation and engagement in treatment through use of Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT) at OPCCs. DCF's

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			contract with CHDI resulted in 19 OPCC staff receiving the A-SBIRT foundational training this quarter. An A-SBIRT specialized training focused on clients who are pre-contemplative to change was also offered this quarter and was attended by 30 individuals who previously participated in a foundational A-SBIRT training. Additionally, a Learning Community Session was held and focused on successful implementation of A-SBIRT and use of Care Coordination highlighting the efforts of one of the OPCC providers. The OPCCs participated in discussion around successes and barriers, managing confidentiality of minors and data collection.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
Y6.1 Metric Trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 5		Metric #15: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) Metric #18: Use of Opioids at High Dosage in Persons Without Cancer	The first data points for the following calendar year using national steward technical specifications were reported in Part A this quarter: • Metric #15 IET-AD ○ Initiation of alcohol and other drug (AOD) treatment ▪ Alcohol (2,150/9,801 = 21.94%) ▪ Opioid (875/3,451 = 25.35%) ▪ Other (1,367/7,385 = 18.51%) ▪ Total (5,094/20,691 = 24.62%) ○ Engagement of AOD treatment ▪ Alcohol (1,553/2,150 = 72.23%) ▪ Opioid (723/875 = 82.63%) ▪ Other (950/1,367 = 69.50%) ▪ Total (3,197/5,094 = 62.76%)

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
		Metric #21: Concurrent Use of Opioids and Benzodiazepine	- Metric #18: Use of Opioids at High Dosage in Persons Without Cancer: 508 individuals out of 9,844 for a rate of 51.16%. - Metric #21: Concurrent Use of Opioids and Benzodiazepine: 1,699 individuals out of 9,844 for a rate of 17.26%.
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.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric Trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to Milestone 6		Metric #17: Follow-up after Emergency Department	The initial annual data for metric #17 Follow-up after ED was reported in this report: - Follow-up after ED visit for AOD use <30 days - 2,464 individuals out of a total of 9,915 received follow-up or a rate of 24.86%. <7 days – 1,543 individuals out of a total of 9,915 received follow-up or a rate of 15.56%. - Follow-up after ED visit for MH use

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			○ <30 days – 2,084 individuals out of a total of 5,664 received follow-up or a rate of 36.79%. ○ <7 days - 1,373 individuals out of a total of 5,664 received follow-up or a rate of 24.24%.
7.2 Implementation Update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports			DY2Q3 (October 1, 2023–December 31, 2023) ABH And DMHAS continued collaborating with providers to update policies related to ASAM adoption and the Demonstration. There are specific measures in the audit tools that measures the integration of transitioning and coordination of beneficiaries to community-based services and supports. DMHAS and the State's ASO Caredon meet weekly for clinical rounds to discuss and address individual cases experiencing significant transition issues between LOCs. There were no new care coordination trainings offered this quarter under the DCF contract with CHDI. However, data provided by the DCF-contracted Outpatient Psychiatric Clinics for Children (OPCCs) showed that 34 youth received care coordination services this quarter at some point while in treatment. These linkages may have been made at the time that a youth screened at-risk for SUD and/or during the course of treatment. Additionally, 37 youth with identified substance use from the OPCCs' administration of an Adolescent SUD Screening (A-SBIRT) received a referral to treatment this quarter.

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD Health Information Technology (Health IT)			
8.1 Metric Trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to its health IT metrics	X		
8.2 Implementation Update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes:	X		
8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.iii. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/managed care organization, and individual provider levels	X		

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase the use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related Metrics			
9.1 Metric Trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to other SUD-related metrics		Metric #23: Emergency Department (ED) Utilization for SUD per 1,000 Medicaid Beneficiaries Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries Metric #32: Access to Preventive/ Ambulatory Health Services for Adult	- Metric #23: ED utilization for SUD per 1,000 individuals appears to have a slight upward trend (from 3.31 to 3.46 ED utilization for SUD per 1,000 individuals), which is a rate increase of 4.4% since the beginning of the demonstration. The children’s population and older adult population both have lower ED utilization per 1,000 individuals than the overall average (.14 for children and 2.18 increasing to 2.47 for older adults). The ED rate per 1,000 does have multiple fluctuations especially in May 2023, where all subpopulations increased by more than 2% except for older adults over Age 65 which had a -5% decrease. Older adults had large increases in April 2023, (31.1%) and June 2023 (15.1%). - Metric #24: The rate of inpatient hospitalizations for SUD has increased as Medicaid began covering more hospitalizations (up 54%). The rate increased from 1.34 stays per 1,000 beneficiaries to 2.08 stays per 1,000. For children, the rate of hospitalizations has increased from .04 stays per 1,000 to .06 stays. However, the rate of hospitalization for older adults

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
		Medicaid Beneficiaries with SUD	jumped from .9 in April 2022 to 5.03 in June 2023. This appears to be related to the new coverage of SUD hospitalizations under Medicaid. However, we are researching because the third month of every quarter is much greater than the first two months of every quarter. The initial annual data for metric #32 Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD (annually) was reported in this report: 54,250 individuals with SUD out of a total of 61,310 received primary care or a rate of 88.48%.
9.2 Implementation Update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than two percent related to other SUD-related metrics	X		

4. Narrative Information on Other Reporting Topics

Prompts	State has No Update to Report (Place an X)	State Response
10. Budget Neutrality		
10.1 Current Status and Analysis		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date	X	
10.2 Implementation Update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
11. SUD-related Demonstration Operations and Policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail		DY2Q3 (October 1, 2023–December 31, 2023) The Department of Correction, Division of Parole and Community Services total bed count at APT remains at 32 male and 10 female. The contract with Waterbury West ended. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds. APT continues to run with a high number of open beds. The agency is in the process of renewing the contract with APT. The agency continues to monitor and assess the funding for other levels of care to best meet the clinical needs of individuals under parole supervision. The agency will continue working with both non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5. The State held a provider drop-in meeting with ambulatory treatment programs on December 13, 2023, to review processes and provide a

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Prompts	State has No Update to Report (Place an X)	State Response
		space for ambulatory providers to provide feedback. The state updated and clarified frequently asked questions to reflect questions asked during drop-in meetings. The JB-CSSD has not noticed any change with the court referrals regarding the ending of “Flex Authorizations. The JB-CSSD has noticed a recent increase in court referrals that have refused the placement at the court/placement date. This continues to be isolated to one or two courts.
11.2 Implementation Update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes:	X	
11.2.1.i. How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		
11.2.1.ii. Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient-Centered Medical Homes)	X	

Prompts	State has No Update to Report (Place an X)	State Response
11.2.1.iii. Partners involved in service delivery		DY2Q3 (October 1, 2023–December 31, 2023) The Department of Correction, Division of Parole and Community Services, total bed count at APT remains at 32 males and 10 females. The contract with Waterbury West ended. The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds. APT continues to run with a high number of open beds. The agency is in the process of renewing the contract with APT. The agency continues to monitor and assess the funding for other levels of care to best meet the clinical needs of individuals under parole supervision. The agency will be working with both non-contracted and contracted SUD providers to establish a continuum of care for individuals requiring LOC other than ASAM 3.5. The JB-CSSD continues to look at the data and monitor data entry. This data will be used to determine funding levels through the judicial system. The JB-CSSD is continuing to look at data entry in our CDCS system which will help providers and provide more timely data, this includes court/probation reports, drug testing results and MAT participation. The JB-CSSD has noticed a slight decrease in the waitlist, but there has also been a decrease in the referral volume. The JB-CSSD has continued to push the “flex bed” model. However, providers seem reluctant to participate.
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	

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Prompts	State has No Update to Report (Place an X)	State Response
11.2.3 The state is working on other initiatives related to SUD or OUD	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	
12. SUD Demonstration Evaluation Update		
12.1 Narrative Information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing of the demonstration. There are specific requirements per the Code of Federal Regulation for annual reports. See report template instructions for more details	X	
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs		The State had its first meeting on the mid-point assessment with its independent evaluator in February 2024.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates	X	
13. Other Demonstration Reporting		
13.1 General Reporting Requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	

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Prompts	State has No Update to Report (Place an X)	State Response
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues by submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 Post-award Public Forum		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD-related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts on beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, (e.g., the number of impacted beneficiaries).		The state continues to regularly update the dedicated webpage for the Demonstration and provide updates to consumer groups, advocacy groups and legislative committees. Updates to the website are accompanied by an email campaign sent to individuals registered to receive updates. These efforts ensure up-to-date communication is readily available and broadly disseminated. Reminders are regularly provided to encourage interested parties to subscribe for website updates.

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

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

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