

**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 DY3Q3
Reporting period	10/1/2024- 12/31/2024

^a **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

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

2. Executive summary

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

Executive Summary

With the exception of residential/hospitalization Metric #10 and withdrawal management Metric #11, The State of Connecticut's (State's) SUD demonstration experienced overall declines in utilization metrics #3, #6, #8, #9, and #12. This is likely related to the overall declines in enrollment during this period (from April 1, 2024, to June 30, 2024), due to the Public Health Emergency (PHE) unwinding affecting the raw counts of members receiving SUD. More information about the PHE unwinding can be found at: <https://portal.ct.gov/phe/-/media/phe/ct-unwinding-data/husky-health-program-performance-dashboard-april-2023-to-may-2024.pdf?rev=193e2fea476649879ee13b7e8207540b>. Please see the graphs in the attachment Graphs Part B to see metrics over time and the Calendar Year 2023 annual metrics.

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			
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) June 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 second quarter of calendar year 2024. There was a -3.1% decrease quarter over quarter. All subpopulations had similar decreases. ○ Dual eligibles, -6.4% ○ Children <18 years old, -5.3% ○ Older Adults 65 years old and older, -2.9% ○ Pregnant individuals, -6.0% ○ Individuals with criminal justice involvement, -3.1% ○ Individuals with opioid use disorder (OUD) diagnoses, -3.4% • The metrics reported by the State this quarter show significant declines likely due to the PHE unwinding, which continued through the end of the QE June 30, 2024.
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 June 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: The number of Medicaid members receiving any services (unduplicated) decreased in the second quarter of calendar year 2024 by less than 2% quarter over quarter. Most subpopulations had similar decreases. ○ Dual eligibles, -13.0% ○ Children <18 years old, -11.8% ○ Older adults ages 65 years old and older, -3.8% ○ Individuals with criminal justice involvement, -2.8% ○ Individuals with OUD diagnoses, -3.1% ○ Pregnant individuals increased less than 2% quarter over quarter • Metric #7: The number of Medicaid members receiving early intervention decreased in the second quarter of calendar year 2024 from one to zero. The overall utilization continued to be low across all populations. • Metric #8: The number of Medicaid members receiving outpatient services decreased in the second quarter of calendar year 2024 with a -2.5% decrease quarter over quarter. Most subpopulations had similar decreases. ○ Dual eligibles, -21.1% ○ Children <18 years old, -16.3% ○ Older adults ages 65 years old and older, -11.4%
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			○ Individuals with criminal justice involvement, –4.9% ○ Individuals with OUD diagnoses, –3.8% ○ Pregnant individuals and adults ages 18 – 64 decreased right at or less than 2% • Metric #9: The number of Medicaid members receiving intensive outpatient program/physical health treatment increased in the second quarter of calendar year 2024 by 1.2% quarter over quarter. Most subpopulations had increases. ○ Dual eligibles, 26.3% ○ Children <18 years old, 2.9% ○ Individuals with criminal justice involvement, 14.9% ○ Individuals with OUD diagnoses, 3.1% ○ Older Adults 65 years old and older, and pregnant individuals decreased respectively by –13% and –14.6% • Metric #10: The number of Medicaid members receiving SUD residential and inpatient services increased in the second quarter of calendar year 2024 by 2.3% quarter over quarter. This increase would appear to be a result of the interventions under the demonstration. Several subpopulations declined. ○ Dual eligibles, –3.3% ○ Children <18 years old, –60% ○ Pregnant individuals, –9.6% ○ Individuals with criminal justice involvement, –3.4% ○ Individuals with OUD diagnoses, –6.3% ○ Older Adults increased 16% quarter over quarter • Metric #11: The number of Medicaid members receiving withdrawal management increased in the
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			second quarter of calendar year 2024 by 4.4%. Several subpopulations increased. ○ Dual eligibles, 5.1% ○ Older adults ages 65 years old and older, 21.9% ○ Pregnant individuals, 39.1% ○ The OUD population decreased –2.6% ○ Children under 18 years old did not have utilization in this quarter. • Metric #12: The number of Medicaid members receiving medication-assisted treatment (MAT) decreased in the second quarter of calendar year 2024 by –2.3% quarter over quarter. While the number of pregnant individuals receiving MAT increased (8.5%), the number of dual eligibles and individuals with OUD decreased (–12.2% and –2.4% respectively). There was a change of less than 2% for children under 18 years old, older adults ages 65 years old and older, and individuals with criminal justice involvement populations. The metrics reported by the State this quarter show significant declines likely related to the PHE unwinding, which continued through the end of the QE June 30, 2024. Metric #22: The Continuity of Pharmacotherapy for OUD decreased less than 2%.
2.2	Implementation update		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes 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)			Demonstration Year (DY) 3 Quarter (Q) 3 (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.
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.	X	Metric #5 Medicaid Beneficiaries Treated in an IMD for SUD Metric #36 Average Length of Stay in IMDs	
3.2. Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			DY3Q3 (October 1, 2024 through December 31, 2024) Advanced Behavioral Health (ABH), in partnership with the State Agencies, continued offering a monthly American Society of Addiction Medicine (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, "Co-Occurring Capability" had 89 live participants. On November 12, 2024, "Therapies" 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, credentialing, staff supervision, hiring, and retention. The State's Administrative Service Organization (ASO), Carelon Behavioral Health (Carelon), continues to utilize ASAM 3rd edition when assessing medical necessity for admission to all SUD 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.

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			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 level of care (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, Department of Children and Families (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 Judicial Branch Court Support Services Division (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.
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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.	X		
4.2 Implementation update			

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.b Review process for residential treatment providers' compliance with qualifications			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.
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.	X	Metric #13 SUD Provider Availability Metric #14 SUD Provider Availability – MAT	
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.			DY3Q3 (October 1, 2024 through December 31, 2024) The Department of Mental Health and Addiction Services (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.
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 emergency department (ED) utilization for SUD per 1,000 members increased in the second quarter of calendar year 2024 by 11.8% quarter over quarter. The ED utilization rate decreased for children by –5.6% while ED utilization increased for adults, older adults, and the OUD subpopulation (13.2%, 13.3%, and 12.9% respectively). - Metric #18: The use of Opioids at High Dosage in Persons Without Cancer decreased by –12.98% demonstrating effectiveness of prescribing guidelines. - Metric #21: The Concurrent Use of Opioids and Benzodiazepines decreased less than 2%.
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 increased for three of the four sub-metrics. Initiation of other drugs decreased -12.53%. Initiation of alcohol, opioid, and overall treatment increased (1.00%, 8.72%, and 3.09% respectively) demonstrating the effectiveness of care referrals post-diagnosis. 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, other drug abuse or dependence rate (3.44%). This metric demonstrates the effectiveness of engagement post diagnosis. • Metric #17: This first part of this metric demonstrates improvement in the number of individuals with a SUD diagnosis receiving follow-up within seven days of the ED visit (34.19%) but a reduction in the number of individuals receiving follow-up within 30 days of the ED visit (-51.97%) year over year. The second part 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
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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 (68.11%). However, there was a decline in the percentage of ED visits for mental illness for which the beneficiary received a follow-up within 30 days of the ED visit (-26.01%).
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.			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, Child Health and Development Institute (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 Adolescent Screening Brief Intervention and Referral to Treatment (A-SBIRT) Foundational Training (Part I) via Zoom on October 22, 2024, with 21 attendees from five Outpatient Psychiatric Clinics for Children (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, Parts I and II. These specialized modules were held on
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			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.
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.	X	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	
8.2 Implementation update				
8.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
8.2.1.a	How health IT is being used to slow down the rate of growth of individuals identified with SUD			
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 increased in the second quarter of calendar year 2024, 11.7% quarter over quarter. The hospitalization rate increased by 4.6% for children, 14.1% for adults, and 12.1% for the OUD subpopulation while the rate for older adults changed less than 2%. - Metric #32: The Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD decreased less than 2%.
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 whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		Connecticut submitted a copy of its budget neutrality this quarter. The amount of gap between with and without the waiver expenditures is shown below. <i>DY3 year-to-date gap between with and without waiver \$35,560,506.</i>
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.		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, 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 Addiction Prevention and Treatment (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 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.
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Prompts	State has no update to report (place anX)	State response
		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.
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.c Partners involved in service delivery	X	
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities.		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.
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 reviewed information submitted for the midpoint assessment by the State partners and began key informant interviews. The midpoint assessment is 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.
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.	X	

Prompts	State has no update to report (place anX)	State response
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report.	X	

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.		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 JBCCSD'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.

*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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