SUPPORT Act Section 1003: Planning Grants for the Demonstration Project to Increase Substance Use Disorder Provider Capacity

State Medicaid Agency: Connecticut

Key Focus Populations: Pregnant and postpartum women; infants including those with neonatal abstinence syndrome (NAS) and neonatal opioid withdrawal syndrome (NOWS); adolescents and young adults between the ages of 12 and 21 years; American Indians/Alaska Natives; people living in rural areas; Medicare-Medicaid dually-eligible individuals; older adults; individuals diagnosed with HIV infection; high-need high-cost individuals; and individuals involved with the criminal justice system

Funding Amount: $2,881,404

Program Areas of Focus\(^1\): The information below summarizes the grantee’s initial areas of focus through the planning grant awards, which are to:

- Measure the unmet need for substance use disorder (SUD) and opioid use disorder (OUD) treatment and recovery services for Medicaid-eligible individuals, including gaps in services as compared to the general population of the state.
- Gauge the unique needs of Medicaid subpopulations, including soliciting input from members of these subpopulations groups, for age- and gender-appropriate and culturally-relevant SUD and OUD treatment and recovery services.
- Develop system enhancements based on assessment results that will improve state infrastructure (e.g., evidence-based treatment, value-based reimbursement, SUD core measure set/outcomes) for SUD and OUD treatment and recovery services.
- Use key SUPPORT Act grant findings to inform planning for section 1115 Demonstration Waiver application.

\(^1\) The purpose of the planning grants is to increase the capacity of Medicaid providers to deliver SUD treatment or recovery services through:

- An ongoing assessment of the substance use disorder treatment needs of the state;
- Recruitment, training, and technical assistance for Medicaid providers that offer substance use disorder treatment or recovery services; and
- Improved reimbursement for and expansion of the number or treatment capacity of Medicaid providers.