

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 DY1Q1</i>
Reporting period	<i>04/14/2022 – 06/30/2022</i>

^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;

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 Connecticut Substance Use Disorder 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 12/15/2020, with an effective date of 1/1/2021 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.

Milestone 1: The State submitted its rehabilitative SPA updating SUD services and rates consistent with American Society of Addiction Medicine (ASAM) and the Demonstration. The State is enrolling residential SUD providers for the first time into Medicaid as of 6/1/2022.

Milestone 2: The state's Medicaid administrative services organization began reviewing and authorizing residential stays as of 6/1/2022 consistent with ASAM patient placement criteria 3rd edition. Providers are learning to apply the ASAM assessments, develop treatment plans consistent with those assessments, and deliver interventions consistent with ASAM requirements.

The State is meeting regularly for quality assurance coordination. The Judicial Branch-Court Support Services Division provided access to ASAM training related to ASAM for: Intake, Assessment, and Referral (IAR)/Bail staff; Public Defender Social Workers; and probation staff.

Milestone 3: Oversight of residential SUD providers has included the following activities this quarter:

- Weekly provider drop-in meetings.
- Weekly meetings to outline and create the certification review process.
- Ongoing development of the Demonstration's ASAM Readiness Assessment Survey Result report and compliance monitoring tools.
- ASAM training for over 400 SUD residential staff representing 18 agencies statewide (as of June 30, 2022).
- Provision of reference materials on the ASAM placement criteria.
- Live training for Children's.

As of 5/31/2022, all residential agencies submitting applications for provisional certification have received approval with tasks including:

- Training on the provisional certification process and Motivational Interviewing and Stages of Change.
- Distribution of Provisional Certification Application Files.
- Collection of Provisional Certification Application Files.
- Providing support on the readiness assessment process.
- Review and approval of certification applications.
- Distribution of provisional certification approval letters for 43 treatment facilities across 18 agencies.

Milestone 4: The State is beginning conversations on how to update existing bed capacity reporting and ensuring access by beneficiaries and treatment providers on SUD treatment services available across the continuum. The state has identified access issues with adolescent female residential settings. The state will be taking the next three months to look at projected utilization under the new 3rd edition and develop a capacity plan in conjunction with the new application of ASAM 3rd edition.

Milestone 6: The new ASAM standards require facilities to support beneficiaries' transition from residential and inpatient levels of care. The new rate structure includes support for care coordination. The State is defining care coordination activities for intermediate levels of care and incorporating these into the State's provider standards.

Budget Neutrality: The State has begun programming of budget neutrality reports and expects to submit its first report in DY1Q2. The State has reviewed the CMS Budget Neutrality report template and has one suggested edit that it will forward to CMS regarding cumulative budget targets from the STCs that are not in the template.

Evaluation Design: The State has begun drafting the SUD evaluation design and anticipates submittal through the PMDA no later than 180 days after the demonstration approval date (October 14, 2022).

Post award forum: A post award forum is being planned for October 2022. Comments and responses will be included in the annual report.

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
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	X		
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			DY1Q1 (April 1, 2022 to June 30, 2022) The State has submitted its SPA for rehabilitative services, which updates provider qualifications to be consistent with ASAM requirements.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

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	X		
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.i. 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)			DY1Q1 (April 1, 2022 to June 30, 2022) The State has submitted its SPA for rehabilitative services. The State has expanded access to SUD inpatient and residential services to all beneficiaries and provides Medicaid reimbursement for treatment services provided in these settings. Beneficiaries are expected to have opportunities to be introduced to the potential benefits of Medication-assisted treatment (MAT) and receive access to MAT while participating in these treatment services. Inpatient and residential programs are expected to facilitate referrals, as needed, for beneficiaries to gain access to other Medicaid services and facilitate connections to recovery resources and community supports, as appropriate.
2.2.1.ii. 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			DY1Q1 (April 1, 2022 to June 30, 2022) The State covers MAT (for non-OUD and OUD) and associated counseling/services. The State has submitted its SPA for rehabilitative services.
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

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		
3.2. Implementation update			

<p>3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>3.2.1.i. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria</p>			<p>DY1Q1 (April 1, 2022 to June 30, 2022)</p> <p>The State’s ASO is utilizing ASAM 3rd edition criteria to assess medical necessity for admission to all SUD levels of care. The State began programing and testing between the ASO and the MMIS to ensure that the ASO independent review process could begin. The state’s Medicaid administrative services organization began reviewing and authorizing residential stays as of 6/1/2022 consistent with ASAM patient placement criteria 3rd edition. Providers are learning to apply the ASAM assessments, develop treatment plans consistent with those assessments, and deliver interventions consistent with ASAM requirements.</p> <p>The Department of Mental Health and Addiction Services’ (DMHAS) administrative services organization (ASO), Advanced Behavioral Health (ABH), implemented ASAM training for SUD residential providers statewide. These training modules include ASAM multidimensional assessments, ASAM service planning, and an introduction to the ASAM criteria. As of June 30, 2022, over 400 training slots have been filled by 1115 Demonstration providers.</p> <p>All providers received reference materials on the ASAM placement criteria as part of the certification process. ASAM 3rd edition criteria is currently being utilized by the State’s ASO, Beacon Health Options (Beacon), to assess medical necessity for admission to all SUD levels of care. Continued monitoring for compliance with this criteria will be ongoing.</p> <p>The Department of Children and Families (DCF) sponsored two live ASAM workshops for providers and the GAIN ASAM training tool is going live in the Fall.</p> <p>The Judicial Branch-Court Support Services Division provided access to training related to ASAM for selected</p>
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Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>Intake, Assessment, and Referral (IAR)/Bail staff as well as a number of Public Defender Social Workers, responsible for pretrial referrals.</p> <p>The Judicial Branch-Court Support Services Division provided information related to ASAM to probation staff who refer sentenced individuals under community supervision.</p>
<p>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 independent process for reviewing placement in residential treatment settings</p>			<p>DY1Q1 (April 1, 2022 to June 30, 2022) The State’s utilization management ASO, Beacon, began programing and testing with the MMIS to ensure that the independent review process could begin. Both State ASOs, Beacon and ABH, have started meeting regularly for quality assurance coordination.</p> <p>Beacon implemented the use of ASAM 3rd edition as their standard utilization management review tool. The State has implemented a prior authorization process for inpatient and residential SUD levels of care to ensure beneficiaries have access to SUD services at the appropriate level of care.</p> <p>The Judicial Branch-Court Support Services Division worked to establish a process of “preauthorization” to provide feedback to courts related to the appropriate level of care.</p> <p>The Judicial Branch-Court Support Services Division provided information to courts and probation staff to educate them on the levels of care and “medical necessity”.</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

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		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

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			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards</p>			<p>DY1Q1 (April 1, 2022 to June 30, 2022) Department of Mental Health and Addiction Services (DMHAS) and their ASO, ABH, have begun a process to certify all applicable residential SUD providers provisionally (adults). That process included the following activities this quarter: Distribution of Provisional Certification Application Files for residential SUD treatment providers statewide, collection of Provisional Certification Application Files from residential SUD providers in April 2022, review and approval of certification applications by DMHAS and ABH, and distribution of Provisional Certification Approval letters for 43 treatment facilities across 18 agencies. As of May 31, 2022, all agencies submitting initial applications for provisional certification under Connecticut’s 1115 SUD Demonstration have received approval. Trainings for residential SUD providers on the Provisional Certification process were held by DMHAS and ABH prior to this quarter in March 2022.</p> <p>DCF and its contractor ABH have begun a process to provisionally certify all residential providers (youth). That process included the following activities this quarter: offering ASAM training to the 3.5 adolescent provider as well as Motivational Interviewing and Stages of Change. They have provided support in completing the Readiness Assessment and notified them when approved.</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.ii. Review process for residential treatment providers’ compliance with qualifications.			<p>DY1Q1 (April 1, 2022 to June 30, 2022) Following the launch of Connecticut’s 1115 SUD Demonstration oversight of residential SUD providers has included the following activities this quarter: Provider drop-in meetings attended by the State agencies, ASOs and participating SUD providers to discuss questions and expectations related to the Demonstration, weekly meetings between ABH and DMHAS to outline and create the certification review process, ongoing development by ABH of the Demonstration’s ASAM compliance monitoring tool to be utilized at future certification review site visits with providers, collaborative meetings between DMHAS’ Community and Statewide Service Divisions and ABH to discuss provider communication strategies and development of a Readiness Assessment Survey Result report which aggregates the data from the provisional certification applications and identifies critical areas of ASAM criteria adoption to address during initial site visits.</p> <p>The oversight of residential providers by the State has included the following activities this quarter: ABH has provided reviews and the results of Readiness Assessments for the adolescent 3.5 residential. DCF with ABH is working on setting up regular monthly regional meetings with the provider.</p>
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		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

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		
5.2 Implementation update			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care</p>			<p>DY1Q1 (April 1, 2022 to June 30, 2022)</p> <p>The providers are learning ASAM criteria and the state will be taking the next three months to look at projected utilization under the new 3rd edition and develop a capacity plan in conjunction with the new application of ASAM 3rd edition.</p> <p>The State has submitted a SPA and is updating provider enrollment criteria to enroll residential SUD providers for the first time into the Medicaid system.</p> <p>The Medicaid enrollment process for residential SUD providers remains ongoing.</p> <p>The State is beginning conversations on how to update existing bed capacity reporting and ensuring access by beneficiaries and treatment providers on SUD treatment services available across the continuum.</p> <p>DMHAS has identified a lead person for capacity monitoring. DMHAS has utilized this quarter to assess its capacity monitoring and reporting process. DMHAS intends on updating these processes in relation to the 1115 SUD Demonstration and making the associated updates to the website utilized for this area of the Demonstration.</p> <p>The State has identified a gap in access for adolescent girls that can benefit from residential services.</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
7.2 Implementation update			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			<p>DY1Q1 (April 1, 2022 to June 30, 2022) The State has adopted new ASAM standards including policies requiring facilities to support beneficiaries’ transition from residential and inpatient levels of care.</p> <p>DMHAS and ABH have incorporated care coordination reviews as part of the monitoring tool for certification review and ASAM criteria adoption audits under the 1115 SUD Demonstration.</p> <p>The State has developed a rate structure that supports these facilities in implementing care coordination work. The State is working to define care coordination activities for intermediate levels of care and incorporating these into the State’s provider standards. The State continues to work on a redesign of outpatient services that will include care coordination activities.</p>
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 2 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 to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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/MCO, and individual provider levels	X		
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase 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	X		
9.2 Implementation update			
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 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.		The State has begun programming of budget neutrality reports and expects to submit its first report in DY1Q2. The State has reviewed the CMS BN report template and has one suggested edit that it will forward to CMS regarding cumulative budget targets from the STCs that are not in the template.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

Prompts	State has no update to report (Place an X)	State response
11. SUD-related demonstration operations and policy		
11.1 Considerations		
<p>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.</p>		<p>DY1Q1 (April 1, 2022 to June 30, 2022) The State continues to have weekly meetings with treatment providers to support implementation of residential and inpatient services and continue planning for implementation of intermediate levels of care.</p> <p>The State has implemented specific standards to serve a specialty population of pregnant and parenting women at an ASAM 3.5 level of care. These programs permit beneficiaries to receive residential treatment and bring at least one of her children with her while a resident of the program.</p> <p>The Judicial Branch-Court Support Services Division changed multiple processes related to the referral of pretrial clients, coordinated through the judge responsible for Criminal Matters statewide.</p> <p>The Judicial Branch-Court Support Services Division met with both the Chief Public Defender and Chief States Attorney to discuss changes related to the implementation of ASAM and referrals of pretrial incarcerated defendants.</p> <p>The Department of Correction, Division of Parole and Community Services, worked with contracted providers to draft preliminary contracts and amendments to contracts including the referral process and payment structure/process under the Waiver program. The agency is reviewing and monitoring bed utilization, including referrals, authorization approvals and denials, and insurance status to ensure maximum efficiency and use of agency funds. The agency will monitor and assess whether there is a need for reallocation of funding for other levels of care to best meet the clinical needs of individuals under parole supervision.</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

Prompts	State has no update to report (Place an X)	State response
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	<p>DY1Q1 (April 1, 2022 to June 30, 2022) The Department of Correction, Division of Parole and Community Services, worked with contracted providers to draft preliminary contracts and amendments to contracts including the referral process and payment structure/process under the Waiver program. The agency is reviewing and monitoring bed utilization, including referrals, authorization approvals and denials, and insurance status to ensure maximum efficiency and use of agency funds. The agency will monitor and assess whether there is a need for reallocation of funding for other levels of care to best meet the clinical needs of individuals under parole supervision.</p> <p>The Judicial Branch-Court Support Services Division updated the JB-CSSD’s internal data collection system to include insurance type and fields related to client tracking and potential billing. The Judicial Branch-Court Support Services Division created client tracking forms in collaboration with providers.</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

Prompts	State has no update to report (Place an X)	State response
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities		DY1Q1 (April 1, 2022 to June 30, 2022) The State and its partners meet regularly and have excellent working relationships. This includes relationships with the adult and child serving State agencies, the criminal justice State agencies, the licensing State agencies, and contracted agencies. The State presently holds provider drop-in meetings almost weekly to assist with implementation success.
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 for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		DY1Q1 (April 1, 2022 to June 30, 2022) The State has begun drafting the SUD Evaluation Design consistent with federal requirements and the approved STCs.
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		DY1Q1 (April 1, 2022 to June 30, 2022) The State expects to have it submitted to CMS consistent with the timelines required in the STCs.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		DY1Q1 (April 1, 2022 to June 30, 2022) The Evaluation Design is anticipated to be submitted to CMS through the PMDA no later than 180 days after the Demonstration approval date (October 14, 2022).

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

Prompts	State has no update to report (Place an X)	State response
13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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 submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 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 report.		DY1Q1 (April 1, 2022 to June 30, 2022) A post award forum is being planned for October 2022. Comments and responses will be included in the annual report.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Connecticut Substance Use Disorder Demonstration

Prompts	State has no update to report (Place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		DY1Q1 (April 1, 2022 to June 30, 2022) The State has a dedicated webpage (ct.gov/dss/SUD1115) for ensuring communication of Demonstration updates including FAQ documents, ongoing meeting schedules, and related resources. The State has provided Demonstration update presentations for consumer groups and the Demonstration remains a standing agenda item on the Operations Subcommittee of the Behavioral Health Partnership Oversight Committee.

*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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