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	*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 DY2Q1*
Reporting period	*04/01/2023–06/30/2023*

[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.

Milestone 1:

- A Flex Bed model was implemented for individuals to receive multiple levels of treatment in residential facilities.

- This report includes quarterly metrics for the first time. Annual metrics will be reported in the retrospective reporting workbook next quarter.

  o Metric #3: Individuals with SUD diagnoses increased from 64,053 to 64,264 individuals.

Milestone 2: Providers were offered two in-person two-day American Society of Addiction Medicine (ASAM) trainings. The State discontinued initial authorization residential provider flexibility. Guidance was issued barring admission denials on treatment history, medication profile, and/or co-occurring conditions.

  o Metric #6: Unduplicated individuals receiving SUD services increased from 28,943 to 29,646 individuals.

  o Metric #7 Individuals receiving Early Intervention (EI)/Screening Brief Intervention and Referral to Treatment (SBIRT) screenings were six individuals or less per month.

    ▪ On June 16, 2023, Child Health and Development Institute of Connecticut (CHDI) contracted with a trainer to develop and provide an Adolescent Screening Brief Intervention and Referral to Treatment (A-SBIRT) training attended by 22 Outpatient Psychiatric Clinics for Children (OPCC) clinicians.

  o Metric #8 Individuals receiving outpatient (OP) care decreased from 15,141 to 14,883 individuals.

  o Metric #9 Individuals receiving intensive ambulatory care of Intensive Outpatient and Partial Hospitalization (IOP/PHP) increased from 1,725 to 1,754 individuals.

- o Metric #10 Individuals receiving residential and inpatient services jumped in June 2022 from 1,189 to 2,149 individuals when Medicaid began covering non-hospital residential stays under the demonstration. Utilization for older adults, dual eligibles, and individuals with Opioid Use Disorder (OUD) or who were criminal justice involved increased with this new Medicaid coverage.

- o Metric #11 Individuals receiving Withdrawal Management (WM) services increased with the new non-hospital Medicaid coverage from 1,027 to 1,102 individuals. No children received WM.
  - On May 12, 2023, the State's Administrative Service Organization, Carelon Behavioral Health, held an updated Youth SUD Workgroup on inpatient WM services for adolescents.
- o Metric #12 The number of individuals receiving Medication Assisted Treatment (MAT) services was steady with 12,292–12,231 receiving MAT each month.

Milestone 3: In April 2023, Department of Mental Health and Addiction Services (DMHAS) and Advanced Behavioral Health (ABH) met with residential SUD providers and launched ASAM adoption monitoring Phase 2. ABH reviewed the residential adolescent provider on June 26, 2023.

Milestone 4: Connecticut had 33-bed reductions at two residential programs. One new ASAM 2.1 program was provisionally certified. OP Hospital providers offering SUD intermediate Levels of Care (LOCs) and/or ambulatory WM came under the Demonstration this quarter.

Milestone 6: CHDI provided SUD training, professional development and consultation for OPCCs including seven provider agencies for care coordinator trainings.

Other Data:

- o Metric #23: SUD Emergency Department (ED) utilization per 1,000 individuals increased from 3.31 to 3.6.

- o Metric #24: SUD inpatient hospitalizations for 1,000 individuals increased from 1.34 to 1.89 stays; and jumped from .9 to 5.77 stays for older adults. These increases appear related to the new Medicaid SUD coverage.

Budget Neutrality: The second budget neutrality report was submitted.

Evaluation Design: CMS approved the evaluation design on May 22, 2023.

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	X	Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly) Metric #4: Medicaid Beneficiaries with SUD Diagnosis (annually) Metric #32: Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD (Adjusted Healthcare Effectiveness Data and Information Set [HEDIS] measure)	The following trends are seen in the data: **Analysis DY1Q1 (Quarter Ending (QE) 6/30/2022):** **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 through QE **6/30/2022**. Metric #3: The number of individuals with SUD diagnoses increased slightly from 64,053 to 64,264. Subpopulations: • There is an increase in pregnant women with diagnoses from April 2022 through June 2022, from 955 to 975. • The number of dual eligibles with SUD diagnoses has increased from 3,150 to 3,305. • The number of older adults and children with a SUD diagnosis increased in the first quarter of the demonstration. Children under 18 year increased from 1,185 to 1,217 and adults age 65 years and above increased from 1,547 to 1,691. Annual Metrics for DY1 will be reported next quarter consistent with the approved Monitoring Protocol in the retrospective reporting workbook.
1.2 Implementation update			

Prompt	State has no Trends/Updates 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: 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 the assessment of need and qualification for SUD services	X		

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: 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	Annual Metrics for DY1 will be reported next quarter consistent with the approved Monitoring Protocol in the retrospective reporting workbook. Metrics #6–#12 report the number of members by month receiving services through QE 6/30/2022. See the Appendix for graphs associated with these metrics. Metrics #6–#12: The number of unduplicated individuals receiving any services has increased since the beginning of the Demonstration from 28,943 to 29,646 • Pregnant women receiving services has increased from 399 to 427 monthly. Children's subpopulations declined slightly from 321 to 303. • Dual eligibles and older adult's utilization of SUD services have a trend that has increased from 924 to 1,197 and from 495 to 695 respectively. • Individuals with criminal justice involvement receiving any service increased to 74 in June 2022, which was the first month of reporting for that population. • Members with OUD diagnoses receiving any service increased from 18,804 to 18,959 each month. **Analysis by service:** Metric #7 reports the number of individuals receiving EI. The number of individuals receiving EI is very low with

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
		Assisted Treatment Metric #22: Continuity of Pharmacotherapy for OUD (USC; NQF #3175)	just six individuals receiving an SBIRT screening in April 2022 and two individuals receiving an SBIRT screening in May 2022 and June 2022. Metric #8 reports the number of individuals receiving OP services. The number of individuals receiving OP care had a slight decrease over time (15,141 to 14883). Utilization for dual eligibles and older member utilization slightly increased (from 504 to 527 and from 205 to 207 respectively). Pregnant women utilization increased from 233 to 248. Children's utilization has remained relatively constant (246 to 252 per month). In June 2022 the first month that members with criminal justice involvement were tracked, 15 individuals were receiving OP services. The number of individuals receiving OUD treatment declined slightly from 7,386 per month to 7,232 per month. Metric #9 reports the number of individuals receiving IOP and PHP services. The number of individuals receiving IOP, and PHP has increased since the beginning of the demonstration from 1,725 to 1,754. The Pregnant women subpopulation metric had quite a bit of volatility during this period (a low of 20 to a high of 33 individuals served each month). Dual eligible members had a decline from 38 individuals served in intensive ambulatory levels of care down to 28 individuals per month. Older Adults aged 65 years and above were relatively steady at 26–28 served per month. There were four individuals with criminal justice in IOP/PHP in

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			June 2022. Members with OUD in IOP/PHP increased slightly from 868 to 880.
			Metric #10 reports the number of individuals receiving residential and inpatient services. 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 2,149). The Children's population was relatively stable (7-9 individuals served per month). Older adults (14–42 per month), dual-eligible (23–76 per month), individuals who were justice-involved (0–74 per month), and individuals with OUD (647 to 1,248 per month) all had dramatic increases in utilization from May 2022 to June 2022 with the coverage of this new Medicaid service.
			Metric #11 reports the number of individuals receiving WM services. The number of individuals receiving WM services also increased with the addition of non-hospital residential care but not as dramatically (1,027–1,102). Pregnant women served increased from 4-16 individuals per month. Dual-eligible and Older adult individuals receiving WM fluctuated without a trend. No members with criminal justice and no children received WM services. The number of individuals with OUD receiving WM increased from 579–622 per month.
			Metric #12 reports the number of individuals receiving MAT services, which was relatively steady at 12,292-

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			12,231 individuals receiving MAT per month. Pregnant women receiving MAT slightly increased (14–148 per month), Dual-Eligibles slightly decreased (273–261 per month), and older adults aged 65 years and above slightly decreased (229–226 per month). The number of individuals with criminal justice involvement increased to 15 in June 2022, but the number of individuals with OUD receiving MAT declined slightly (12,055–12,014).
2.2 Implementation Update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 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)			**DY2Q1 (April 1, 2023–June 30, 2023)** The State implemented the Flex Bed model with residential treatment providers beginning May 1, 2023. This model allows current residential treatment providers to receive provisional certification to provide lower levels of residential care and flex their census of beds to meet the needs of members being served by their program at any given time. This process will allow members to receive treatment in the facility where they are currently admitted, according to what is clinically appropriate and medically necessary given their clinical history and current stage of recovery and provide agencies the opportunity to have these services covered under the appropriate fee-for-service rates. As of the end of this quarter, four programs completed all the required steps to update facility licenses, as applicable, and receive update certifications to provide additional levels of care. Three of these programs are ASAM 3.7 programs that have opted into also providing ASAM 3.5, for a combined total of 54 flex beds. One ASAM 3.5 program with 64 beds also opted into providing ASAM 3.1. This option will improve access to lower levels of residential care where the State anticipates there may be a deficit in capacity to meet statewide needs. The State continues to

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Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			monitor changes in capacity and utilization and assess whether additional efforts are indicated to ensure adequate access at these levels of care.
			The State developed a Frequently Asked Questions document related to the Flex Bed model and posted it to the State's dedicated website for the Demonstration.
			The one adolescent residential treatment provider has expressed interest in participating in the flex bed model to offer an ASAM 3.1 level of care in addition to their current ASAM 3.5 programming. The agency continues to work on developing policies consistent with treatment provision at the lower level of care and is pending completion of the requirements to obtain provisional certification at the ASAM 3.1 level of care.
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		

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		Metric #5: Medicaid Beneficiaries Treated in an Institution for Mental Diseases (IMD) for SUD Milestone #36: Average Length of Stay in IMDs	Annual Metrics for DY1 will be reported next quarter consistent with the approved Monitoring Protocol in the retrospective reporting workbook.
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			**DY2Q1 (April 1, 2023–June 30, 2023)** The State offered two in-person two-day ASAM training to treatment providers this quarter. The first was offered to residential treatment providers on April 25, 2023 and April 26, 2023 and the second was offered to ambulatory treatment providers on June 5, 2023 and June 6, 2023. The residential training was attended by 44 clinical staff providing direct services at the Demonstration's residential SUD and ambulatory providers, including one staff person from the State's certification and monitoring agency, ABH. The State completed the training plan for the ambulatory providers and commenced that training phase with the deployment of over 139 on-demand ASAM training slots. The ambulatory training was attended by 40 individuals including five staff from Department of Children and

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			Families and one staff from DSS. The ambulatory training included representation from five agencies who either offer or plan to offer adolescent SUD services and at least one of the individual participants noted active provision of adolescent SUD treatment at the time of the training participation. The State's Administrative Services Organization (ASO), Carelon Behavioral Health ("Carelon"), continues to utilize ASAM third edition when assessing medical necessity for admission to all SUD levels of care. Carelon continued to produce a monthly report for residential levels of care that highlighted the percentage of initial and concurrent authorization requests in which there was insufficient information at the time of the request. The State, Carelon and ABH continued to provide support to providers in this quarter to ensure providers' progress in understanding and adopting ASAM third edition. DCF contracted providers were provided Motivational Interviewing training on June 20, 2023 and June 22, 2023; 14 participants registered and 12 attended. The State is planning to offer in-person Motivational Interviewing training for up to 40 ambulatory and residential provider participants in DY2Q2 on August 24, 2023 and August 25, 2023. Registration for this is underway. The State is planning to offer peer support core competency training in DY2Q3 on October 27, 2023. This will be a virtual offering. The Judicial Branch Court Support Services Division (JB-CSSD) continues to attend weekly meetings with

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			state partners regarding the implementation of the 1115 demonstration Waiver. The JB-CSSD has worked with providers regarding data entry/tracking.
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			**DY2Q1 (April 1, 2023–30, 2023)** On May 1, 2023, the State discontinued its flexibility to residential providers on the information needed at the time of the initial authorization request. When a member is admitted to residential treatment the program must ensure sufficient assessment of the member and communication to the ASO of relevant clinical information to determine that the member meets medical necessity for admission to that level of care. The State continues to permit flexibility on the information received at the time of the concurrent authorization requests and will continue to monitor the frequency in which this flexibility continues. The State will develop a plan in the upcoming quarter for discontinuation of this flexibility on concurrent authorizations as well. The State provided and posted guidance on residential admissions to ensure that members were not being denied admission to these programs based solely on things like their treatment history, their medication profile and/or their co-occurring conditions. The State continues to work with providers, Carelon and ABH to work through member-specific admission or connect-to-care challenges and ensure that beneficiaries, including those with complex presenting needs, are receiving medically necessary treatment services. The State released updated admission guidance based on provided feedback in April of 2023 and has published

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			this to the Demonstration's website. After finalizing the ASAM policy monitoring form, ABH and DMHAS deployed this form to the residential SUD providers and utilized individual care managers to assist in reviewing and providing feedback on policies. These forms will be deployed to subsequent phases during DY2Q2. The State's administrative service organization, Beacon Health Options began conducting an independent review process in July of 2022. Both Beacon Health Options and the State's certification and monitoring agency, ABH, continue to meet weekly for quality assurance coordination. Prior authorization remains in place with the State's ASO, Carelon, utilizing the ASAM third edition as their standard utilization management review tool for SUD services. The State finalized the ambulatory provisional certification monitoring milestones and process for final certification and posted these to the State's dedicated website for the Demonstration. The State continues to receive utilization reports at least weekly from the adolescent residential treatment provider. Utilization of this program has been low and DCF continues to support and brainstorm strategies for increasing utilization. The State's utilization of ambulatory SUD services is monitored by the State's Administrative Service Organization, Carelon Behavioral Health.

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			Site reviews were completed for six ambulatory SUD youth programs this quarter (one PHP program and five IOP programs). The site review reports were sent out to the provider agencies with an offering to meet on any items of concern. The JB-CSSD continues meeting with the state partners to review authorization and utilization data. The authorization process has improved, there was one program that was not following the "Pre-Authorization" protocol but has since complied. While overall utilization is good, the JB-CSSD has met with one provider on several occasions to discuss continued utilization issues. DMHAS has been part of these meetings which have also included JB-CSSD Programs and Services staff. There is a followed meeting scheduled for July 18, 2023.
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/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			**DY2Q1 (April 1, 2023–June 30, 2023)** DMHAS and the State's certification and monitoring agency, ABH developed a revised monitoring tool based on observations and feedback from the initial monitoring process in January 2023. DMHAS and ABH commenced the initial phase of monitoring for Behavioral Health Clinic, Enhanced Care Clinics, or Outpatient Drug and Alcohol Abuse Centers offering ambulatory levels of care (ASAM 1-WM, ASAM 2-WM, ASAM 2.1 — IOP, ASAM 2.5 —PHP. Over 175 programs were identified and participated in the initial monitoring process. Performance reports were developed and generated for these providers. Phase II of monitoring will commence in October of 2023. DMHAS and ABH met with residential SUD providers in April 2023 to launch Phase 2 of their ASAM adoption monitoring which commenced in May of 2023. Over 40 programs have participated in monitoring with performance reports being generated in late June 2023 and early July 2023. DMHAS plans to meet with

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			providers to review these reports and develop collaborative improvement plans to address deficiencies. The residential adolescent provider's 12-month site monitoring visit occurred on June 26, 2023, as conducted by the State's monitoring and certification agency, ABH. Results from the site visit are pending and will be reviewed in the next quarter.
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications			**DY2Q1 (April 1, 2023–June 30, 2023)** DMHAS and ABH developed an updated staffing qualification form which was utilized during Phase II of monitoring visits with the residential SUD facilities in May 2023–June 2023. DMHAS updated this form in June 2023 and provided detailed guidance on its completion. It will be redeployed in July 2023 at which time an aggregate report will be developed. This form will be utilized in all subsequent monitoring phases. Compliance with qualifications for the adolescent residential provider will be assessed in the upcoming quarter as a result of the monitoring site visit that was completed on June 26, 2023.
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		

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		Metric #13: SUD Provider Availability Metric #14: SUD Provider Availability — MAT	Annual Metrics for DY1 will be reported next quarter consistent with the approved Monitoring Protocol in the retrospective reporting workbook.
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			**DY2Q1 (April 1, 2023–June 30, 2023)** There was a 26-bed reduction at an ASAM 3.3 Men's Residential program and a 7-bed reduction at an ASAM 3.7 Residential program. There was one new ASAM 2.1 program that received provisional certification this quarter. 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. No new provider cohorts were phased into the Demonstration this quarter. However, the State provided support, as needed, to OP Hospital providers offering SUD intermediate LOCs (ASAM 2.1 and ASAM 2.5) and/or ambulatory WM (ASAM 1-WM and ASAM 2-WM) who came under the Demonstration last quarter. Additionally, the State prepared for the next implementation phase to bring the Behavioral Health Federally Qualified Health Centers (BH FQHCs) under

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
			the Demonstration beginning July 1, 2023, for programs providing ASAM 2.5, 2.1 1-WM and/or 2-WM. BH FQHCs identified as presently providing any of these levels of care obtained certification from the State's certification and monitoring agency, ABH, and began the required process of uploading and entering their certification information to their existing provider enrollment.
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 two percent related to Milestone 5		Metric #15: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Metric #18: Use of Opioids at High Dosage in Persons Without Cancer Metric #21: Concurrent Use of Opioids and Benzodiazepine	Annual Metrics for DY1 will be reported next quarter consistent with the approved Monitoring Protocol in the retrospective reporting workbook.
6.2 Implementation Update			

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
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 two percent related to Milestone 6		Metric #17: Follow-up after Emergency Department	Annual Metrics for DY1 will be reported next quarter consistent with the approved Monitoring Protocol in the retrospective reporting workbook.
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			**DY2Q1 (April 1, 2023–June 30, 2023)** DCF has contracted with the (CHDI to provide training, professional development and consultation on SUD for OPCCs. This quarter, CHDI recruited seven provider agencies for participation in care coordinator training. CHDI held seven unique meetings with the OPCCs to help them identify who would be the most appropriate staff person for providing care coordination. CHDI identified and contracted with a care coordination trainer, Verneesha Banks. A half-day care coordination overview training for OPCC clinicians was held on June 20, 2023 and was attended by seven participants. A 2-day care coordination introduction training for care coordinators was held on June 13, 2023 and June 15, 2023 and was attended by 12 participants.

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		Q1. Total Number of Prescription Drug Monitoring Program (PDMP) Users Q2. Number of Opioid Prescriptions in PDMP Q3. Tracking MAT with the Use of Counseling and Behavioral Therapies	Annual Metrics for DY1 will be reported next quarter consistent with the approved Monitoring Protocol in the retrospective reporting workbook.
8.2 Implementation Update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD	X		

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
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		
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	Annual Metrics for DY1 will be reported next quarter consistent with the approved Monitoring Protocol in the retrospective reporting workbook. • Metric #23: ED utilization for SUD per 1,000 individuals appears to have a slight upward trend (from 3.31 to 3.6 ED utilization for SUD per 1,000 individuals). 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 for older adults) • Metric #24: The rate of inpatient hospitalizations for SUD has increased as Medicaid began covering more

Prompt	State has no Trends/Updates to Report (Place an X)	Related Metric(s) (if any)	State Response
		Metric #25: Readmissions Among Beneficiaries with SUD Metric #26: Drug Overdose Deaths (count) Metric #27: Drug Overdose Deaths (rate) Metric #32: Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	hospitalizations. The rate increased from 1.34 stays per 1,000 beneficiaries to 1.89 stays per 1,000. For children, the rate of hospitalizations has remained steady at .04 stays per 1,000. However, the rate of hospitalization for older adults jumped from .9 in April 2022 to 5.77 in June 2022. This appears to be related to the new coverage of SUD hospitalizations under Medicaid.
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		The State successfully submitted its second budget neutrality report for QE3 March 31, 2022.
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		**DY2Q1 (April 1, 2023–June 30, 2023)** The State's Administrative Service Organization, Carelon Behavioral Health, held an updated Youth SUD Workgroup on May 12, 2023, which focused on inpatient WM services for adolescents. Treatment providers and State Agency partners were in attendance. Guest presenters from Massachusetts shared information about their programs that may help guide future work for CT in this area. CHDI contracted with A-SBIRT expert trainer, Manu Singh-Looney, to co-develop training materials for A-SBIRT. This quarter one 2-hour foundational A-SBIRT training was held on June 16, 2023; 22 OPCC clinicians attended. On May 7, 2023, a meeting was held with (BH FQHC providers to review standards for ambulatory intermediate levels of care, discuss the certification and monitoring process in preparation for their inclusion in the Demonstration as of July 1, 2023.

Prompts	State has No Update to Report (Place an X)	State Response
		The Department of Correction (DOC), Division of Parole and Community Services, continued to work with contracted providers to draft contracts and amendments to contracts including the referral process and payment structure/process under the Waiver program. DOC and the APT Foundation agreed to a 10-male bed reduction due to consistently low utilization. Our total bed count at APT is 32 males and 10 females. During this reporting period, the bed reductions did not adversely impact placements. The agency also has a contract with Connecticut Renaissance for ten 3.5 male beds at Waterbury West. 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 will continue to 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. Additionally, the agency is planning to make contract amendments with APT to allow for the use of open beds by JB-CSSD on an as-needed/as-available basis. The State held a provider drop-in meeting with residential treatment programs on April 20, 2023, to review processes and answer questions related to the Flex Bed Option. The State updated and clarified the guidance based on feedback received during this meeting and posted the finalized guidance to the State's dedicated website for the Demonstration. The State is working with the State's Facility Licensing agency, the Department of Public Health, to identify possible documentation efficiencies for programs participating in the Flex Bed model and hopes to have this guidance finalized and posted in the upcoming quarter.

Prompts	State has No Update to Report (Place an X)	State Response
		JB courts have continued to comply with the new client-centered lengths of stay. However, there have been some issues related to the Public Defender's Office, which JB-CSSD staff have addressed on a case-by-case basis.
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		**DY2Q1 (April 1, 2023–June 30, 2023)** The Department of Correction (DOC), Division of Parole and Community Services, continued to work with contracted providers to draft contracts and amendments to contracts including the referral process and payment structure/process under the Waiver program. DOC and the APT Foundation agreed to a 10-male bed reduction due to consistently low utilization. Our total bed count at APT is 32 males and 10 females. During this reporting period, the bed reductions did not adversely impact placements. The agency also has a contract with Connecticut Renaissance for ten 3.5 male beds at Waterbury West. 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 will continue to 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. Additionally, the agency is planning to make contract amendments with APT to allow for the use of open beds by JB-CSSD on an as-needed/as-available basis. The JB-CSSD has noticed that courts have not ordered clients to remain in treatment longer than is "medically necessary", because programs have not always entered the data timely or accurately, and programs have been providing "flex authorizations" during the first year of the Waiver, this information is antidotal. The JB-CSSD will continue to monitor this during the second year of the Demonstration. However, the information has allowed us to reduce grant funding for "Extended Stays" (stays beyond what is determined to be 'medically necessary") and those dollars will be re-invested in client services.

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		**DY2Q1 (April 1, 2023–June 30, 2023)** No new challenges with partnerships or contracted entities in this quarter. The State continues to partner with providers to make continual progress toward 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	
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		The Evaluation Design was approved May 22, 2023, by CMS.
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 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: 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		
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 Code of Federal Regulation § 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		**DY2Q1 (April 1, 2023–June 30, 2023)** No updates this quarter. Planning for the 2023 Annual Forum is anticipated to begin in the upcoming quarter with the forum to be scheduled within DY2Q3.

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 on beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, (e.g., the number of impacted beneficiaries).		**DY2Q1 (April 1, 2023–June 30, 2023)** On June 26, 2023, CHDI conducted a presentation at the OPCC Statewide Provider Meeting to give an overview of the work that is being done to increase rates of identification, initiation and engagement in treatment and expand care coordination. CHDI encouraged attending agencies to participate in upcoming trainings being offered. CHDI developed a data collection system via an online portal that was shared with participating agencies to begin collecting data on the volume of youth administered an A-SBIRT, the level of intervention needed, and treatment referred to as well as connection to care coordination. Additional efforts to streamline data collection will occur in the upcoming quarter.

*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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