

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 DY1Q4</i>
Reporting period	<i>01/01/2023–03/31/2023</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;

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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: This milestone was completed in DY1Q2.

Milestone 2: 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, Advanced Behavioral Health, continue to meet weekly for quality assurance coordination. Prior authorization (PA) remains in place with the State’s Administrative Services Organization (ASO), Carelon, utilizing the ASAM 3rd edition as their standard utilization management review tool for SUD services. Carelon has continued to work with treatment providers to clarify authorization processes and request information to justify authorization of services when initial information provided is insufficient.

Milestone 3: Department of Mental Health and Addiction Services (DMHAS) and the State’s certification and monitoring agency, Advanced Behavioral Health, completed the initial round of onsite ASAM monitoring visits of residential providers in January 2023. Monitoring visits for private nonprofit providers of ambulatory (ASAM 2.1 and 2.5) began in March of 2023. The State set a deadline for residential providers to complete their ASAM training this quarter to ensure agencies’ ability to incorporate the ASAM criteria in all areas of treatment provision.

Milestone 4: The State’s existing bed capacity reporting system has been updated to reflect that all Medicaid benefit groups are covered for SUD residential treatment services. The State continues to phase in additional provider types requiring certification for the provision of SUD services.

Milestone 5: This milestone is completed.

Milestone 6: The State’s contractor, CHDI, has begun to work on developing a curriculum on enhancing care coordination for adolescent populations that have SUD. The State completed a fiscal analysis of expanding Targeted Case Management (TCM) services to the SUD-only population. The estimated costs associated with this option is greater than the State can pursue at this time.

Budget Neutrality: The State submitted its first budget neutrality report for QE 12/31/2022. The State will keep CMS informed of its progress on future reports.

Annual Grievance and Appeals: In DY1, the rate of SUD grievances was 4% and 25% for SUD appeals relative to all behavioral health grievances and appeals.

Evaluation Design: Connecticut received CMS approval of the evaluation design on May 22, 2023.

Post Award Forum: The post-award forum held October 21, 2022 was attended by 69 individuals. The presentation, public comments, and State response are posted on the State’s Demonstration website. Feedback was positive, noting inclusivity and collaboration with a focus on person-centered and recovery-oriented care. Treatment Providers noted challenges with workforce and supported coordination with other Diversity, Equity, and Inclusion (DEI) efforts, and requested that training not duplicate in-house agency training. State coverage for Licensed Alcohol and Drug Counselors (LADCs) was clarified. Providers requested that the State monitor residential lengths of stay for access. Providers discussed the authorization process with interest in opportunities for a member to remain in care within one program as they transition between LOCs. Housing needs were identified as a continued challenge for discharge planning. Providers believe two years may be insufficient to implement State standards for ASAM Third Edition.

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			<p>DY1Q2 (July 1, 2022–September 30, 2022)</p> <p>The State received approval effective July 1, 2022 for its SPA for rehabilitative services, which updates provider qualifications to be consistent with ASAM requirements.</p>

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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			
<p>2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>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)</p>			<p>DY1Q4 (January 1, 2023–March 31, 2023)</p> <p>The State is in the process of developing an opportunity for existing residential providers to obtain provisional certification in lower ASAM residential levels of care and flex existing beds to these lower levels of care as needed to address potential capacity gaps and ensure continuity of care of beneficiaries. This flex bed model will begin next quarter with agencies who have opted in to this process. Agencies who have opted in have been making preparatory efforts this quarter to obtain updated facility licenses, when needed, and updated certification through the State’s certification and monitoring entity, Advanced Behavioral Health (ABH). The State continues to monitor changes in capacity and utilization and assess whether additional efforts are indicated to ensure adequate access at these levels of care.</p> <p>DY1Q3 (October 1, 2022–December 31, 2022)</p> <p>The State, with the support of the State’s behavioral health administrative support organization (BH ASO), Beacon, has begun tracking data on admissions to the residential levels of care. The currently available data shows that agencies providing ASAM 3.7 may be having difficulty either identifying appropriate members for admission and/or are having difficulty supplying sufficient information at the time of the authorization</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>request with the BH ASO. The State reviewed the statewide data at a provider drop-in meeting with the residential levels of care and intend to meet with individual agencies in Q4 to review agency-specific data and begin identifying strategies for improvement.</p> <p>DY1Q2 (July 1, 2022–September 30, 2022)</p> <p>On September 19, 2022, CMS approved SPA 22-0020 which establishes coverage and reimbursement for substance use services provided in outpatient and residential setting within the rehabilitative services category. Also on September 19, 2022, CMS approved SPA 22-0021 to update the Alternative Benefit Plan (ABP) to implement to add coverage for SUD services under the rehabilitative services benefit category for services provided in outpatient and residential settings. Both SPA approvals received an approved effective date of June 1, 2022.</p> <p>DY1Q1 (April 1, 2022–June 30, 2022)</p> <p>The State has submitted its SPA for rehabilitative services.</p> <p>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 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</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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	X		and facilitate connections to recovery resources and community supports, as appropriate. DY1Q1 (April 1, 2022–June 30, 2022) The State covers MAT (for non-ODU 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		

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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>DY1Q4 (January 1, 2023–March 31, 2023)</p> <p>The State continues to offer ASAM training for all life span providers. ABH has partnered with The Change Companies in purchasing 500 online ASAM On-Demand training slots as well offering a 2-day Clinical Leadership ASAM training through Train for Change that will occur in April 2023. The 2-day training will be attended by clinical staff providing direct services at the Demonstration’s residential SUD treatment facilities. Motivational Interviewing (MI) will continue to be offered to providers to enhance their skills in working with this population. Twenty-four individual participants (from six providers) attended the March 2023 MI training. The State utilized this quarter in a concerted effort to have all applicable staff in the residential SUD treatment facilities complete the required trainings by 4/1/2023.</p> <p>The State completed the training plan for the ambulatory providers and will be commencing their trainings in April 2023.</p> <p>The State has continued to offer Provider Drop-in meetings to assist with answering questions that providers might have and regularly update the Frequently</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>Asked Questions (FAQ) documents posted to the State’s dedicated website for the Demonstration.</p> <p>The State has continued to field questions from providers (ambulatory, hospitals, and residential) regarding requirements to strengthen success of appropriate authorization for client LOC. The Department of Children and Families (DCF) has offered technical assistance to providers and has developed quarterly meetings with one residential provider to assist them with improving their practice.</p> <p>The State’s Administrative Service Organization (ASO), Carelon Behavioral Health (“Carelon”; formerly known as Beacon Health Options), continues to utilize ASAM 3rd edition when assessing medical necessity for admission to all SUD levels of care. Residential providers were given agency-specific reports for authorization requests made to Carelon for each of the residential levels of care provided by the agency. These reports highlighted the percentage of initial and concurrent authorization requests in which there was insufficient information provided at the time of the request and for which some flexibility was offered in authorizing the services to ensure that members seeking treatment were not negatively impacted by agencies continued learning of the ASAM admission criteria and authorization request processes. Agency-specific meetings were held this quarter to review the results of these reports as well as the outcomes of the six-month monitoring visits conducted by ABH. Agencies were encouraged to adopt ASAM assessment tools in their records systems to ensure consistent adoption of the patient placement criteria and</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>implementation across processes. Several agencies have identified that this data is helpful in monitoring if changes in their practices are positively impacting their progress in this area.</p> <p>The Judicial Branch – Court Support Services Division (JB-CSSD) continues regular weekly meetings with state agency partners and attends provider drop-in meetings. The JB-CSSD began a preliminary review of the residential providers entering data into their Contractor Data Collection System (CDCS). The initial review showed a number of programs have not been entering the appropriate data elements. Subsequently, a meeting with providers was held to review the expectations and answer questions. Programs were given data to go back and re-enter.</p> <p>The JB-CSSD has seen reduced issues from courts regarding the Demonstration. However, some probation staff continue to be frustrated by the ASAM criteria and supplying the additional paperwork that is required.</p> <p>The JB-CSSD has discussed with Carelon some data showing that pre-authorizations are not always being completed. This was discussed with the applicable treatment program directly.</p> <p>DY1Q3 (October 1, 2022–December 31, 2022)</p> <p>The State continues to offer ASAM training for all providers related to the new program standards. GAIN ASAM tool has been tested with several of our contract providers and now the reports are undergoing review to complete the final development of the instrument.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>Motivational Interviewing will continue to be offered to providers to enhance their skills in working with this population.</p> <p>The State has continued to offer Provider Drop-in meetings to assist with answering questions that providers might have.</p> <p>The state has held meetings with OP Hospitals and Ambulatory providers in preparing them for provisional certification/certification requirements.</p> <p>The State has continued to provide access to ASAM Model trainings for all participating agencies and monitored participation. The State and its certification and monitoring agency, Advanced Behavioral Health conducted a Two-day ASAM criteria skill building training through the Train for Change Company on December 14th-15th 2022. This training was attended by clinical leaders from all participating residential SUD treatment facilities, representatives from the ASAM compliance monitoring teams at the Department of Mental Health and Addiction Services and Advanced Behavioral Health, as well as members of utilization review teams at the State’s other administrative service organization, Beacon Health Options.</p> <p>The State’s ASO continues to utilize ASAM 3rd edition when assessing medical necessity for admission to all SUD levels of care. Additionally, the ASO has provided educational support to providers during the provider drop-in meetings by reviewing what types of clinical information is needed by the treatment provider during authorization requests. The State has made available on</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>its dedicated website for the Demonstration resources for providers on the ASAM criteria as well as a sample authorization request for the ASAM 3.7 LOC.</p> <p>The JB-CSSD continues to educate field and court staff regarding the Waiver, and proper use of residential treatment.</p> <p>The JB-CSSD continues to meet weekly with state partners reviewing data, addressing questions/concerns, and discussing ongoing implementation of the Waiver.</p> <p>DY1Q2 (July 1, 2022–September 30, 2022)</p> <p>The State has continued to provide access to ASAM Model trainings for all provisionally certified agencies and are monitoring participation. The State is in the planning stages for an in-person statewide training for clinical leadership from the provisionally certified agencies.</p> <p>The State continues to offer ASAM training for all providers related to the new program standards for children and adolescents. The GAIN ASAM training tool will be piloted with several DCF contracted providers prior to finalizing the tool and rollout in the next three months. Motivational Interviewing trainings are offered to all the providers to enhance their skills in working with this population.</p> <p>Several Provider Implementation meetings have occurred to assist providers with implementation activities and answer questions they might have.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>The State’s ASO, Beacon Health Options (“Beacon”) continues to assess medical necessity for admission to all SUD LOCs using the ASAM third edition. The ASO’s Utilization Management (UM) staff have continued to provide education and support to providers in understanding the information required to conduct these reviews. Continued monitoring for compliance with this criteria will be ongoing.</p> <p>The JB-CSSD continued to provide training to several new Intake, Assessment, and Referral (IAR)/Bail staff hired post implementation.</p> <p>The JB-CSSD meets regularly with state partners to discuss the roll out and initial implementation and provide guidance to courts and probation staff.</p> <p>DY1Q1 (April 1, 2022–June 30, 2022)</p> <p>The State conducted ASAM training for all providers related to the new program standards. 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 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 State’s administrative service organization, Advanced Behavioral Health, 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,</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>over 400 training slots have been filled by 1115 Demonstration providers.</p> <p>The State conducted ASAM training for all providers related to the new program standards.</p> <p>The JB-CSSD provided access to training related to ASAM for selected Intake, Assessment, and Referral (IAR)/Bail staff as well as a number of Public Defender Social Workers, responsible for pretrial referrals.</p> <p>The JB-CSSD 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>DY1Q4 (January 1, 2023–March 31, 2023)</p> <p>The State meets with the one adolescent residential provider in the state quarterly to discuss utilization management barriers and strengths. The residential provider sends weekly utilization reports specifying intakes and admission timeline for clients.</p> <p>The State offers technical assistance to providers to answer questions they might have around level of care access and interventions.</p> <p>ABH has completed chart reviews for 1 adolescent residential provider during this reporting period and 3 ambulatory providers regarding their adolescent SUD services. Providers are given monitoring tools by ABH to assist them in assessing SUD services, interventions used for diagnosis for that level of care as well their reviewing process for their treatment setting.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>Carelon began conducting an independent review process in July 2022. Both Carelon and ABH continue to meet weekly for quality assurance coordination.</p> <p>Prior authorization (PA) remains in place with the State’s ASO, Carelon, utilizing the ASAM 3rd edition as their standard utilization management review tool for SUD services. Carelon has continued to work with treatment providers to clarify authorization processes and request information to justify authorization of services when initial information provided is insufficient. The State has permitted some flexibility for residential providers while they became trained in ASAM 3rd Edition and became acclimated to the authorization processes so as to not negatively impact members seeking SUD treatment at these facilities while the system transformed. The State anticipates decreasing these flexibilities in the upcoming quarter as this provider cohort nears the year mark of their provisional certification period to ensure readiness and compliance with full certification by the end of the 24 months.</p> <p>The JB-CSSD continues to monitor the authorization process and utilization of the different levels of care. The JB-CSSD has held several meetings with individual providers regarding increasing utilization. Though utilization has improved overall, there are a couple providers that need improvement.</p> <p>DY1Q3 (October 1, 2022–December 31, 2022)</p> <p>DCF partnered with DMHAS to add Stonegate adolescent residential 3.5 LOC to the https://www.ctaddictionervices.com/ website. This allows anyone to access bed availability and referrals.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>DCF has met with the residential adolescent provider as well has emailed ambulatory and hospital providers offering them continued support throughout the Demonstration process.</p> <p>The State’s ASO, Beacon began conducting an independent review process in July 2022. Both Beacon and the State’s certification and monitoring agency, ABH, continue to meet regularly for quality assurance coordination.</p> <p>The State’s BH ASO continues to utilize ASAM Third Edition when assessing medical necessity for admission to all SUD LOCs. Additionally, the BH ASO has provided educational support to providers during the provider drop-in meetings by reviewing what types of clinical information is needed by the treatment provider during authorization requests. The State has made available on its dedicated website for the Demonstration resources for providers on the ASAM criteria as well as a sample authorization request for the ASAM 3.7 LOC.</p> <p>Prior authorization (PA) remains in place with the State’s BH ASO, Beacon, utilizing the ASAM Third Edition as their standard utilization management review tool. PA is required for intermediate SUD LOCs (ASAM 2.1 and ASAM 2.5) as well as all residential SUD LOCs. The State’s certification and monitoring entity, ABH, continues to conduct initial site visits with residential treatment providers. Beacon and ABH have begun holding weekly collaborative meetings to review information obtained at the initial site visits, identify trends, and plan for continued support to the provider</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>network. A couple of members from the State agencies also attend this weekly meeting.</p> <p>The State, with the support of the State’s BH ASO, Beacon, has begun tracking data on admissions to the residential LOCs. The currently available data shows that agencies providing ASAM 3.7 may be having difficulty either identifying appropriate members for admission and/or are having difficulty supplying sufficient information at the time of the authorization request with the BH ASO. The State reviewed the statewide data at a provider drop-in meeting with the residential LOCs and intend to meet with individual agencies in CYQ4 to review agency-specific data and begin identifying strategies for improvement.</p> <p>The State continues to phase in additional provider types requiring certification for the provision of SUD services. As of September 15, 2022, agencies providing SUD intermediate LOCs (ASAM 2.1 and ASAM 2.5) as well as ambulatory WM (ASAM 1-WM and ASAM 2-WM) at behavioral health clinics, enhanced care clinics, and outpatient drug and alcohol abuse centers have been provisionally certified by the State’s certification and monitoring entity, ABH. Required enrollment updates for these provider types and specialties have been completed to ensure that only certified programs are able to receive reimbursement for these SUD LOCs. The State anticipates making these same changes for the outpatient hospital providers providing the same LOC next quarter.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>The JB-CSSD along with State partners continue to monitor the authorization process, utilization across the LOCs, and provider feedback. The JB-CSSD has held a number of meetings with providers regarding utilization and will continue these meetings as we move through the year.</p> <p>The JB-CSSD along with the State partners has continued to see a decrease in the number of clients eligible for 3.7, and there seems to be some unused capacity in the 3.5 LOC. The JB-CSSD had several meetings with providers to discuss the use and understanding of the JB-CSSD electronic information system.</p> <p>DY1Q2 (July 1, 2022–September 30, 2022)</p> <p>Beacon began conducting an independent review process in July 2022. Both Beacon and the State's certification and monitoring agency, Advanced Behavioral Health (ABH) continue to meet regularly for quality assurance coordination. The State and Beacon continue to program and test with the Medicaid Management Information System (MMIS) to ensure that the independent review process is occurring.</p> <p>The State performed a deep dive analysis with providers at ASAM 3.3 LOC to ensure that the State agencies, ASO, and providers agree on admission criteria. The State has also met with another state (New York) on the feasibility of implementing a flex bed approach to address capacity needs at different LOCs. Continued conversations regarding the topic of a flex bed approach are anticipated in the next quarter.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>PA remains in place with the State’s ASO utilizing the ASAM third edition as their standard UM review tool. The State in collaboration with Beacon and ABH continue to support the provider network in identifying beneficiaries who are appropriate for the SUD LOC and receive interventions appropriate for their individualized needs.</p> <p>The State’s ASO continues to program and testing with the MMIS to ensure that the independent review process is occurring.</p> <p>DCF and the adolescent program are in close communication surrounding utilization weekly as well as if there are questions and concern regarding referrals and LOC. DCF and the ASO work on ensuring youth have access to this level of care and if they don’t, meetings are convened to address barriers.</p> <p>The Judicial Branch – Court Support Services Division (JB-CSSD) with support from Beacon and the other state agencies is monitoring authorizations for criminal justice involved individuals.</p> <p>The JB-CSSD and DMHAS have held several meetings with Connecticut Valley Hospital (CVH), the State’s state-operated hospital, to discuss authorizations and the appropriateness of referrals</p> <p>DY1Q1 (April 1, 2022–June 30, 2022)</p> <p>The State’s ASO began programing and testing with the MMIS to ensure that the independent review process could begin.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>The State’s utilization management ASO, Beacon Health, began programing and testing with the MMIS to ensure that the independent review process could begin. Both State ASOs, Beacon Health and Advanced Behavioral Health have started meeting regularly for quality assurance coordination.</p> <p>The State’s ASO 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 JB-CSSD worked to establish a process of “preauthorization” to provide feedback to courts related to the appropriate level of care.</p> <p>The JB-CSSD provided information to courts and probation staff to educate them on the levels of care and “medical necessity”.</p>
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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Prompt	State has no trends/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			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			<p>DY1Q4 (January 1, 2023 – March 31, 2023)</p> <p>DCF and ABH completed chart reviews for 1 adolescent residential provider during this reporting period and 3 ambulatory providers regarding their adolescent SUD services. Providers are given the provisional certification requirements, core activities, monitoring score rubric and milestone table and chart monitoring tools by ABH to assist them in assessing SUD services, interventions used for diagnosis for that level of care as well their reviewing process for their treatment setting.</p> <p>DMHAS and ABH completed the initial round of onsite ASAM monitoring visits for adult residential treatment providers in January 2023. DMHAS and ABH utilized this process to develop a monitoring report for providers, identify redundancies in the initial monitoring tool, develop a revised monitoring tool and complete an interrater reliability exercise for the revised tools. DMHAS and ABH met with residential SUD providers for feedback sessions related to the first monitoring process and to provide technical assistance related to the findings. DMHAS and ABH plan on commencing round</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>two of the monitoring visits residential providers in May 2023. Monitoring visits for private nonprofit providers of ambulatory SUD services (ASAM 1-WM, 2-WM, 2.1 & 2.5) began in March of 2023.</p> <p>DY1Q3 (October 1, 2022–December 31, 2022) DCF and its State’s certifying and monitoring agency, ABH has given the provider the ASAM admission criteria and provider has expressed the benefit of this tool and how they have begun to embed this in their Epic system. DCF has a quarterly meeting scheduled to review milestones and provide any support they need around meeting milestones.</p> <p>DMHAS and ABH completed the ASAM certification monitoring tools which were shared with providers in October 2022, developed core ASAM monitoring activities, designed a medical record selection rubric based on the number of Medicaid claims per year, and initiated full onsite monitoring visits to participating residential SUD treatment facilities in November 2022. As of December 31, 2022, site visits and clinical documentation monitoring had been completed at 15 agencies and 31 sites. This represents over 70% of the SUD residential facilities participating in the 1115 SUD Demonstration. Full completion of this initial site monitoring will be completed by mid-January 2023.</p> <p>Initial reports summarizing the findings from the initial site monitoring visits will be generated in early February 2023. Representatives from DMHAS, ABH, and Beacon will utilize these reports to hold joint meetings with providers to discuss deficiencies and create action plans.</p> <p>DY1Q2 (July 1, 2022–September 30, 2022)</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>DMHAS and ABH utilized this reporting period to develop the provisional certification monitoring tools. ABH and DMHAS began initial site visits to provisionally certified agencies in September 2022.</p> <p>DCF and ABH have provisionally certified the adolescent residential provider in the State. ABH is working with the adolescent provider to get staff trained in ASAM and making this a priority.</p> <p>DY1Q1 (April 1, 2022–June 30, 2022)</p> <p>DMHAS and its contractor ABH have begun a process to provisionally certify all applicable residential SUD providers provisionally. 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 Advanced Behavioral Health, and distribution of provisional certification approval letters for 43 treatment facilities across 18 agencies. As of 5/31/2022, 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 Advanced Behavioral Health prior to this quarter in March 2022.</p>
4.2.1.ii. Review process for residential treatment providers’ compliance with qualifications			<p>DY1Q4 (January 1, 2023 – March 31, 2023)</p> <p>Providers submitted updating staffing reports in January 2023 which indicated significant difficulties in recruiting</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>and retaining key Demonstration related positions. Residential providers continue to report staffing barriers resulting in not meeting compliance in accordance to the standard requirements. DMHAS and ABH developed an updated staffing qualification form which will be utilized during the next round of monitoring visits in May-June 2023.</p> <p>DCF and ABH completed a second monitoring site visit for 1 adolescent residential provider and initiated site visits for 3 ambulatory providers regarding their adolescent SUD services during this reporting period.</p> <p>Providers were all given updated provisional/certification requirements, core activities, monitoring score rubric and milestone table and chart monitoring tools by ABH to assist them in assessing SUD services, interventions used for diagnosis for that level of care as well their reviewing process for their treatment setting.</p> <p>The State has provided support to residential providers for connecting residents to service providers when transitioning to a lower level of care.</p> <p>DMHAS and ABH completed the initial round of adult residential onsite ASAM monitoring visits in January 2023. DMHAS and ABH utilized this process to develop a monitoring report for providers, identify redundancies in the initial monitoring tool, develop a revised monitoring tool and complete an interrater reliability exercise for the revised tools. DMHAS and ABH met with adult residential SUD providers for feedback sessions related to the first monitoring process and to provide technical assistance related to the findings. DMHAS and ABH plan on commencing round two of the</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>monitoring visits with adult residential providers in May 2023. Monitoring visits for private nonprofit providers of ambulatory services (ASAM 1-WM, 2-WM, 2.1 & 2.5) began in March of 2023.</p> <p>During this quarter, the State transitioned temporarily from large group implementation meetings with providers to agency-specific meetings with Residential providers to review the outcomes of their first monitoring site visit and also review their progress in admitting and retaining appropriate individuals for treatment as evidenced by the collected authorization data. Programs identified specific strategies for improving performance in areas needing additional progress, including completion of staff training. The State set a deadline for residential providers to complete their ASAM training this quarter to ensure agencies’ ability to incorporate the ASAM criteria in all areas of treatment provision. The State is in the process of identifying an approximate number of ASAM Criteria training slots needed for ambulatory providers and is developing training expectations for this next cohort of providers.</p> <p>DY1Q3 (October 1, 2022–December 31, 2022) DCF and the State’s certification and monitoring agency, ABH have completed onsite visits to the one adolescent residential facility. We learned that the facility is still struggling with hiring and meeting clinical hour requirements as well as the 16-hour admission criteria. The use of the ASAM intake assessment criteria aided them during intake requirements. ABH has learned that initiating a 9- day follow-up monitoring review with facility will be most effective to support compliance.</p> <p>The State’s certifying and monitoring agency has</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>successfully completed monitoring of the adolescent provider within the expected timeline. Provider has been able to meet larger percentage of standards minus meeting clinical hours, staffing, and admission timelines. Provider is seeking guidance and support from State partners and State certifying and monitoring agency on how to overcome such challenges.</p> <p>DMHAS and ABH completed the ASAM certification monitoring tools, developed core ASAM monitoring activities, designed a medical record selection rubric based on the number of Medicaid claims per year, and initiated full onsite monitoring visits to participating residential SUD treatment facilities in November 2022. As of December 31, 2022, site visits and clinical documentation monitoring had been completed at 15 agencies and 31 sites. This represents over 70% of the SUD residential facilities participating in the 1115 SUD Demonstration. Full completion of this initial site monitoring will be completed by mid-January 2023. Qualifications were assessed during this monitoring process and updated staffing plans will be obtained during the next quarter.</p> <p>DY1Q2 (July 1, 2022–September 30, 2022)</p> <p>ABH and DMHAS continued to conduct the activities reported last quarter in preparation for the commencement of site monitoring in September 2022. The initial site visits began in September 2022 with full compliance monitoring expected to commence in November 2022.</p> <p>The oversight of residential providers by the State has included the following activities this quarter: ABH</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>providing site visits to all the facilities and compiling reports on each of the facilities and where they are with compliance and what needs to occur to get them in compliance. ABH is working with the sites to ensure training is available and that staff are all trained in ASAM.</p> <p>DY1Q1 (April 1, 2022–June 30, 2022)</p> <p>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 partners, ASOs and participating SUD providers to discuss questions and expectations related to the Demonstration, weekly meetings between Advanced Behavioral Health and DMHAS to outline and create the certification review process, ongoing development by Advanced Behavioral Health 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 Advanced Behavioral Health 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>
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

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Prompt	State has no trends/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			
<p>5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>5.2.1.i. Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care</p>			<p>DY1Q4 (January 1, 2023–March 31, 2023)</p> <p>The State continues to utilize the state’s bed capacity monitoring website and authorization data to assess availability of providers across the continuum of SUD care in Connecticut. The state’s existing bed capacity reporting system has been updated to reflect that all Medicaid benefit groups are covered for SUD residential treatment services.</p> <p>The State continues to phase in additional provider types requiring certification for the provision of SUD services. As of March 1, 2023, agencies providing SUD intermediate LOCs (ASAM 2.1 and ASAM 2.5) as well as ambulatory withdrawal management (ASAM 1-WM and ASAM 2-WM) at Outpatient Hospitals require certification. Nine agencies have completed all necessary requirements for certification and six of these have completed all the necessary system updates to receive reimbursement for these services. The other three providers continue to receive support to complete the remaining action items. The nine agencies represent a total of 18 ASAM 2.1 programs, 13 ASAM 2.5 programs, 6 ASAM 1-WM programs and 4 ASAM 2-WM programs. One additional Outpatient Hospital provider has expressed interest in certification and is working to update their internal policies to comply with the certification requirements. Some agencies inquired about</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>certification requirements for dual diagnosis programs whose members have mental health primary diagnoses; the State issued guidance clarifying when certification is required.</p> <p>The Behavioral Health Clinics, Enhanced Care Clinics and Outpatient Drug and Alcohol Abuse Centers who were phased in for ambulatory SUD services on November 15, 2022 have continued to take action in this quarter to complete any of the required processes to obtain certification and access to billing.</p> <p>The State and the ASO have continued to meet with partner agencies in addressing the gap surrounding adolescent WM services. Meetings with Massachusetts providers were completed to learn how they are addressing these gaps for adolescents. DCF developed the Assisted Intervention Matching tool allowing for families, hospitals, residential programs, and ambulatory treatment providers to access in-home services and linking to providers in a timely fashion. DCF continues to offer providers assistance in learning about the adolescent service array.</p> <p>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 Demonstration. A finalized contract amendment with one residential provider, APT Foundation, is pending. DOC and APT Foundation agreed to a 10 male bed reduction due to consistently low utilization. DOC's total bed count at APT is 32 male and 10 female.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>DOC also has a contract with Connecticut Renaissance for ten 3.5 male beds at Waterbury West.</p> <p>DOC continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds. DOC 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.</p> <p>DY1Q3 (October 1, 2022–December 31, 2022)</p> <p>DMHAS has completed the updates to the State’s capacity monitoring website and has aligned it with the most recent ASAM criteria. All requested programming changes are now in production.</p> <p>The state’s existing bed capacity reporting system has been updated to align with ASAM 3rd edition language and all requested changes are now in production.</p> <p>The State continues to phase in additional provider types requiring certification for the provision of SUD services. As of September 15, 2023, agencies providing SUD intermediate LOCs (ASAM 2.1 and ASAM 2.5) as well as ambulatory withdrawal management (ASAM 1-WM and ASAM 2-WM) at Behavioral Health Clinics, Enhanced Care Clinics and Outpatient Drug and Alcohol Abuse Centers have been provisionally certified by the State’s certification and monitoring entity, Advanced Behavioral Health (ABH). Required enrollment updates for these provider types and specialties have been completed to ensure that only certified programs are able</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>to receive reimbursement for these SUD LOCs. The State anticipates making these same changes for the Outpatient Hospital providers providing the same LOC next quarter.</p> <p>The State and the ASO have initiated a partner meeting to maintain conversation around gaps surrounding WM for adolescents and hospitals. Hiring for nursing staff, milieu staff, and clinician has limited the provider from meeting full bed capacity.</p> <p>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. A contract amendment with APT is pending. DOC and APT agreed to a 10 male bed reduction due to consistently low utilization. Our total bed count at APT is 32 male and 10 female.</p> <ul style="list-style-type: none"> — The agency also has a contract with Connecticut Renaissance for 10, 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 LOCs to best meet the clinical needs of individuals under parole supervision.

			<p>DY1Q2 (July 1, 2022–September 30, 2022)</p> <p>All residential SUD providers have been provisionally certified, have completed their enrollment with the Connecticut Medical Assistance Program (CMAP), and are now billing for SUD services provided to beneficiaries. As the provider network continues to adjust to the implementation of ASAM third edition, the State is monitoring for utilization across the LOCs to help determine where provider availability may be over or under the need for these services.</p> <p>DMHAS has been working with the vendor responsible for maintaining the State’s existing bed capacity reporting system and have identified updates needed to align with ASAM third edition language. These updates are anticipated to be put into production in the upcoming quarter.</p> <p>This quarter, the State reviewed utilization data using authorization data from the State’s ASO. In subsequent quarters, the State will transition to claims based utilization analysis. The providers are continuing to learn ASAM criteria and the State continued to look at projected utilization under the new third edition, developed a statewide training plan, and developed a plan in conjunction with the new application of ASAM third edition.</p> <p>DY1Q1 (April 1, 2022–June 30, 2022)</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. 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</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			processes in relation to the 1115 SUD Demonstration and making the associated updates to the website utilized for this area of the Demonstration.
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			This milestone is completed.
6.2.1.ii. Expansion of coverage for and access to naloxone			This milestone is completed.
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5			This milestone is completed.
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			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting			DY1Q4 (January 1, 2023–March 31, 2023) DCF and ABH maintains close communication with the adolescent residential provider regarding operational details, the use of services coordination/care coordination

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
beneficiaries' transition from residential and inpatient facilities to community-based services and supports			<p>in assisting clients transitioning from one LOC to the next. All adolescent providers have been provided tools to assist them prior to site visits and monitoring charts for adherence to ASAM criteria and Standards that have been developed. Three ambulatory providers have had reviews regarding their adolescent SUD services during this reporting period. The State will continue to monitor access to MAT and coordination of lower level of care services for residential and ambulatory levels of care when a client transitions out of their current treatment level.</p> <p>DCF will continue to monitor the adolescent residential provider's use of flex beds and will include this for discussion in the next quarterly meeting with the provider. DCF has contracted with the Child Health and Development Institute (CHDI) to assist preparing community-based services in supporting providers with educating on SUD patients that are transitioning out of higher levels of care, enhancing care coordination and training on Adolescent Screening, Brief Intervention, and Referral to Treatment (A-SBIRT) for Outpatient Psychiatric Clinics for Children (OPCC). CHDI has begun to work on developing a curriculum on enhancing care coordination for adolescent populations that have SUD as well as beginning to educate OPCC on SBIRT and early screening intervention.</p> <p>DMHAS and ABH completed the provisional certification monitoring tools including a policy monitoring form. This form was deployed during this quarter and findings communicated to SUD residential providers. To assist in the adoption of ASAM policies each provider was assigned an individual clinical care manager through ABH who will assist in reviewing</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>policies and providing ongoing feedback during the process. The State plans to release admission guidance for residential SUD providers in April 2023 to assist in transition management discussions.</p> <p>The State completed a fiscal analysis of expanding Targeted Case Management (TCM) services to the SUD-only population. This analysis looked at two different options: 1) the SUD-only population more broadly and 2) the SUD-only population whose clinical acuity is assumed to be more significant given their recent participation in withdrawal management and inpatient care. The estimated costs associated with either of these options are greater than the State can pursue at this time.</p> <p>DY1Q3 (October 1, 2022–December 31, 2022) DCF and ABH have maintained close communication with the adolescent children’s provider regarding operational details that are expected to assist clients to transition to different LOCs. Provider has reported that their clinicians have close contacts with providers to ensure youth is transitioning to next level and there is not a gap in treatment as well offer medication assisted treatment (MAT) prior to leaving their facility while linking to a provider in the community to continue treatment. Provider to develop a standard practice to be consistent for all LOCs.</p> <p>DMHAS and ABH completed the provisional certification monitoring tools, developed core ASAM monitoring activities, and initiated full onsite monitoring visits to participating residential SUD treatment facilities in November 2022. As of December 31, 2022, site visits and clinical documentation monitoring had been completed at 15 agencies and 31 sites. Transition</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>management was reviewed during these site visits. Full policy reviews for participating SUD providers will commence in January 2023.</p> <p>The State continues to monitor care coordination efforts and activities at SUD programs. The State is currently reviewing all existing care management models to identify clear referral pathways and identify any potential gaps. The State is also working on the budget analysis to determine if the target population in the TCM SPA can be expanded to include members with SUD-only diagnoses. The State continues to work on a redesign of outpatient services that will include care coordination activities.</p> <p>DY1Q2 (July 1, 2022–September 30, 2022)</p> <p>The State continues to monitor care coordination efforts at the residential and inpatient LOCs. The State incorporated care coordination activities for intermediate LOCs into the State’s provider standards and will monitor implementation of these activities ongoing. The State continues to work on a redesign of outpatient services that will include care coordination activities.</p> <p>DMHAS and ABH began initial site visits in September 2022. During these visits, care coordination efforts were reviewed with participating agencies in the form of a readiness assessment. Full implementation of the monitoring tool will occur in November 2022. 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>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>For Adolescents, the State has adopted new ASAM standards including policies requiring facilities to support beneficiaries’ transition from residential and inpatient. The State’s certifying and monitoring agency and DCF have maintained in close communication with provider regarding the use of the ASAM Standard, implementation of policy changes and training, while answering questions they have along the way. The State’s certifying and monitoring agency has begun to engage in site visits to review standards, practice and policies in place. The State continue to meet with provider monthly to providing support discuss any concerns with individuals transitioning from one level of care to community that are involved with the department. The State has worked closely with the ASO and provider to discuss and address barriers when they come up.</p> <p>DY1Q1 (April 1, 2022–June 30, 2022)</p> <p>The State has adopted new ASAM standards including policies requiring facilities to support beneficiaries’ transition from residential and inpatient LOCs.</p> <p>DMHAS and Advanced Behavioral Health 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</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			work on a redesign of outpatient services that will include care coordination activities.
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		
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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 successfully submitted its first budget neutrality report for QE12/31/2022. Staff are working to run and submit the budget neutrality reports this quarter for QE 3/31/2023. However, because of timing, those reports may miss the CMS deadlines for this quarter. The State will keep CMS informed of its progress.
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 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>DY1Q4 (January 1, 2023 – March 31, 2023) Annual report of SUD Complaints and Grievances for DY1</p> <p>The table outlines the rate of SUD grievances in DY1 (4%) and SUD appeals (25%) relative to all behavioral health grievances and appeals. As this is the first year of reporting SUD grievances and appeals, there is no ability to compare to previous time periods. The large number of appeals is due to the transition of the Medicaid system to ASAM requirements.</p> <table border="1" data-bbox="1123 727 1730 915"> <thead> <tr> <th></th> <th>DY1 Grievances</th> <th>DY1 Appeals</th> </tr> </thead> <tbody> <tr> <td>Numerator SUD</td> <td>4</td> <td>8</td> </tr> <tr> <td>Denominator All BH</td> <td>99</td> <td>32</td> </tr> <tr> <td>Metric</td> <td>4.0%</td> <td>25.0%</td> </tr> </tbody> </table> <p>DY1Q3 (October 1, 2022–December 31, 2022) The State continues to hold biweekly implementation meetings with SUD residential and ambulatory providers and will be exploring opportunities to enhance learning opportunities for successful implementation of ASAM Third Edition and the State standards. The State continues to monitor residential providers’ completion of the ASAM Third Edition training and also offered an in-person training for clinical leadership at the residential programs. The in-person training was well attended with positive feedback received from participants. Additional opportunities to offer this training to additional leadership staff will be explored. DMHAS and DCF are also working to identify a training plan for intermediate SUD and ambulatory WM providers and is exploring opportunities to make similar trainings available to these provider types.</p>		DY1 Grievances	DY1 Appeals	Numerator SUD	4	8	Denominator All BH	99	32	Metric	4.0%	25.0%
	DY1 Grievances	DY1 Appeals												
Numerator SUD	4	8												
Denominator All BH	99	32												
Metric	4.0%	25.0%												

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Prompts	State has no update to report (Place an X)	State response
		<p>The JB-CSSD continues to address issues with court and field staff regarding their knowledge of the Waiver process. The JB-CSSD continued to review its referral and placement process to ensure it is efficient and effective.</p> <p>DY1Q2 (July 1, 2022–September 30, 2022)</p> <p>The State continues to hold biweekly implementation meetings with SUD residential and ambulatory providers and will be exploring opportunities to enhance learning opportunities for successful implementation of ASAM third edition and the State standards. The State has made available to residential providers formal training on ASAM third edition, motivational interviewing, and the transtheoretical stages of change. The State will continue to develop recommended and required training plans.</p> <p>The State has implemented specific standards to serve a specialty population of pregnant and parenting women at an ASAM 3.5 LOC. 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 State continues to identify a gap in access for adolescent girls that can benefit from residential services. In addition, we have also identified a gap in withdrawal management (WM) for adolescents.</p> <p>The Department of Correction, 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. A contract amendment with APT is pending. There have been several discussions about potential bed reductions to the agency contract due to a decrease in utilization. However, in recent months, utilization has increased, and bed use will continue to be monitored.</p>

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Prompts	State has no update to report (Place an X)	State response
		<p>The agency executed a contract with Connecticut Renaissance for ten 3.5 male beds at Waterbury West.</p> <p>The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds.</p> <p>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 JB-CSSD has had to modify an additional court process to receive “full court agreement” prior to making a referral for authorization. With the window for “preauthorization’s” for incarcerated individuals at 60 days, we needed to have court agreement in place before we moved forward so we didn’t lose time missing the 60-day window with the pretrial process (negotiations) or referring clients the court would not approve, wasting effort and resources of the providers.</p> <p>DY1Q1 (April 1, 2022–June 30, 2022)</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>

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		<p>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 JB-CSSD changed multiple processes related to the referral of pretrial clients, coordinated through the judge responsible for Criminal Matters statewide.</p> <p>The JB-CSSD 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>
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	

<p>11.2.1.iii. Partners involved in service delivery</p>	<p>DY1Q2 (July 1, 2022–September 30, 2022) 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 Demonstration. A contract amendment with DOC’s largest contracted provider is pending. There have been several discussions about potential bed reductions to the agency contract due to a decrease in utilization. However, in recent months, utilization has increased, and bed use will continue to be monitored.</p> <p>DOC also executed a contract with another community provider for ten 3.5 male beds.</p> <p>DOC continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds.</p> <p>DOC 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 JB-CSSD continued to provide training to several new Intake, Assessment, and Referral (IAR)/Bail staff hired post implementation.</p> <p>The JB-CSSD meets regularly with state partners to discuss the roll out and initial implementation and provide guidance to courts and probation staff.</p> <p>The JB-CSSD has had to modify an additional court process to receive “full court agreement” prior to making a referral for authorization. With the window for “preauthorizations” for incarcerated individuals at 60 days, JB-CSSD needed to have court agreement in place before moving forward so they didn’t lose time missing the 60-day window with the pretrial process (negotiations) or referring clients the court would not approve, wasting effort and resources of the providers.</p> <p>It is still too early to tell or make any definitive statements, however, the JB-CSSD has noticed a decrease in the use of 3.7RE.</p>
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<p>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</p>		<p>DY1Q4 (January 1, 2023 – March 31, 2023)</p> <p>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.</p> <p>DY1Q3 (October 1, 2022–December 31, 2022)</p> <p>No new challenges identified this quarter. The State agencies continue to meet several times per week to continue implementation efforts and maintain strong working partnerships in this process.</p> <p>The 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. A contract amendment with APT is pending. DOC and APT agreed to a 10 male bed reduction due to consistently low utilization. Our total bed count at APT is 32 male and 10 female.</p> <p>The agency also has a contract with Connecticut Renaissance for 10, 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.</p> <p>The agency will continue to monitor and assess whether there is a need for reallocation of funding for other LOCs to best meet the clinical needs of individuals under parole supervision.</p> <p>DY1Q2 (July 1, 2022–September 30, 2022)</p> <p>In attempt to alleviate staffing shortage concerns, the State explored opportunities to include master’s level graduates as individuals who could provide clinical services but were unable to proceed with this option given limits set forth in Public Act 19-117, §§162-182. Prior to approval of the above noted SPAs, the State updated the list of qualified</p>

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		<p>practitioners to align with these limitations. The State has established relationships with the practitioner licensing agency to help check in on pending applications for licensure and expedite processing, when possible.</p> <p>DY1Q1 (April 1, 2022–June 30, 2022)</p> <p>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.</p>
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		<p>DY1Q4 (January 1, 2023–March 31, 2023)</p> <p>On December 15, 2022, Connecticut received comments from CMS on the draft evaluation design. Connecticut responded to those comments on February 2, 2023. On May 22, 2023, CMS approved Connecticut’s draft evaluation design.</p> <p>DY1Q2 (July 1, 2022–September 30, 2022)</p> <p>The State submitted its draft SUD Evaluation Design consistent with federal requirements and the approved STCs.</p>

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Prompts	State has no update to report (Place an X)	State response
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		DY1Q2 (July 1, 2022–September 30, 2022) The State submitted its draft SUD Evaluation Design consistent with federal requirements and the approved STCs.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		DY1Q2 (July 1, 2022–September 30, 2022) The State submitted its draft SUD Evaluation Design consistent with federal requirements and the approved STCs.
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	X	DY1Q3 (October 1, 2022–December 31, 2022) The post-award forum was held on October 21, 2022. Spanish translation was made available during the forum. The forum was

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<p>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</p>		<p>attended by 69 individuals. The presentation given at the forum has been posted to the State’s dedicated website for the Demonstration. Also posted are the public comments received during the forum, as well as the State’s response, where applicable. Feedback on the process was positive, with providers noting inclusivity and strong collaboration while maintaining a focus on person-centered and recovery-oriented care. Treatment providers noted continued challenges with workforce given staffing shortages in multiple disciplines. Relatedly, a request was made to not duplicate existing training offered by agencies so as to not further strain staffing resources. Clarification was provided by the State regarding the inclusion of LADCs. Advocacy was made to continue monitoring length of stay for members to ensure that there is no inadvertent impact. Providers are interested in continued support around the authorization process and expressed interest in opportunities to use a “flex bed” approach whereby members can remain in care within one program as they transition between LOCs. Housing needs were identified as a continued challenge for discharge planning when a member is ready to transition back to the community. Encouragement was offered by a participant to combine efforts of this Demonstration with other DEI efforts to increase diversity among licensed staff and leadership. Lastly, concern was expressed that two years for implementation may not be long enough to adequately implement ASAM Third Edition and the State’s standards.</p> <p>Attendees self-report statistics:</p> <ul style="list-style-type: none"> • An individual eligible for Medicaid — one attendee • Five attendees were interested parties • 32 attendees were Medicaid enrolled providers • 16 attendees were State agency staff <p>Attendee rating of the current Connecticut SUD treatment system:</p> <ul style="list-style-type: none"> • Excellent — four attendees • Good — 27 attendees • Fair — 31 attendees

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		<ul style="list-style-type: none"> • Poor — two attendees • Of those who rated the system “excellent” — two were providers and two were State agency staff • Of those who rated the system “poor” — one was a provider and one was a State agency staff <p>Attendee reported ability to access the current Connecticut SUD treatment system:</p> <ul style="list-style-type: none"> • I do not know how to access SUD services — two attendees • I know how to access SUD services — 52 attendees • Of those who said they did not know how to access treatment — one was a State agency staff and one was an interested party (our interpreter). <p>For the question “Connecticut Medicaid covers the following substance use disorder treatment services, check all that apply”:</p> <ol style="list-style-type: none"> 1. Outpatient Services 2. Outpatient services with withdrawal management (detoxification) services 3. Medication for addiction treatment (e.g., buprenorphine, methadone, and naltrexone) 4. Intensive outpatient and partial hospital treatment 5. Residential treatment 6. Residential treatment for withdrawal management (detoxification)” <ul style="list-style-type: none"> • Of those who selected less than six, there was variation in what people knew for Medicaid covered SUD services — some included residential in their response, some did not. • 36 people selected all six (the full continuum) • Seven people selected five • Six people selected four

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		<ul style="list-style-type: none"> • Three people selected three • Two people selected one — both selected “residential” for this answer, both respondents were State agency staff <p>Feedback:</p> <ol style="list-style-type: none"> 1. Process: <ol style="list-style-type: none"> a. This has been an amazingly inclusive process with lots of back and forth. We are appreciative of this. We hope that we are able to continue this process in future design processes. b. We wish that the intensive outpatient rate development was as inclusive as the residential rate development. c. Everyone has been focused on person-centered and recovery-oriented care. The opportunity to work with the State, ABH, and Beacon has been excellent. Everyone is collegial and recovery-oriented. It is much appreciated. d. The providers want to give credit to the State agencies on the collaboration and believe we have reached a better outcome because of it. This process should be a model of how changes to the Behavioral Health system should embark on changes. The work that happens next, we encourage continued collaboration. Inflation and workforce have affected the providers’ ability to implement the ASAM but the implementation is so far working well. Outpatient, intensive outpatient, and partial hospitalization need to have the same level of collaboration to get a good outcome. e. The State agency partners expressed appreciation for the openness and collaboration of the process. The JB-CSSD acknowledged that there has been lots of consideration for the judicial and corrections population. A few of the State agencies participated in a regional justice opioid initiative conference

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		<p>and there we heard that hiring qualified licensed staff is a concern in other states as well. We should recognize workforce issues wherever we can and work together to resolve these.</p> <p>2. Workforce:</p> <ul style="list-style-type: none"> a. We underestimated how difficult it has been to hire licensed clinical staff, especially for residential staff. We are concerned with the geographical difficulties. It is hard to hire staff in both outpatient and residential settings. The lack of licensed staff will impact the ability to meet the standards, and could impact future audits. The lack of staff has increased pressure on program managers. We ask that State partners be aware of this. b. It has been extremely difficult to hire licensed clinical staff, especially for residential and outpatient settings. There is a concern about how this will impact the ability to meet the standards and future audits. This also places additional burden on the managers of the programs. There are currently vacancies for counselor positions and drug courts that require licensed staff. c. Providers have tried numerous recruitment strategies (e.g., sign on bonuses, benefit package revisions, and partnerships with universities). The struggle with hiring issues are compounding other issues. Vacant counselor positions place pressure on pre-licensure individuals as well as managers and directors. d. Workforce recruitment remains a significant challenge because providers are facing incredible competition. It is challenging to meet guidelines and compliance with the workforce issues.

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		<p>3. Length of Stay:</p> <ul style="list-style-type: none"> a. Please keep an eye on length of stay impact to make sure there is not an inadvertent impact to members and so that quality does not increase. <p>4. Training:</p> <ul style="list-style-type: none"> a. Training requirements should not duplicate existing training to ensure that there is no duplication of what is already required of staff. <p>5. Authorization:</p> <ul style="list-style-type: none"> a. Please continue to revisit the authorization process to see if once implementation has passed that processes could be streamlined to further reduce those burdens. b. Residential authorizations have been a challenge, but are improving. Concurrent authorizations are the most challenging. Having the same expectations as commercial insurers may be more difficult in Medicaid and make access more difficult. <p>6. Flex beds:</p> <ul style="list-style-type: none"> a. We recommend allowing providers to flex the LOC that a bed can be certified for. Flexing the beds would allow members to remain in care where they are. b. Allowing for flex beds as the length of stay tightens up will keep an individual in treatment for longer periods. <p>7. Housing:</p>

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		<p>a. There is a need to continue building up housing options including sober living and other step-down housing.</p> <p>8. DEI:</p> <p>a. We encourage the State to combine the SUD Waiver efforts with other DEI initiatives to ensure that providers are increasing diversity among licensed staff and leadership. Please loop together the Behavioral Health Partnership Oversight Council DEI subcommittee efforts. Heather Gates will bring that suggestion back to DEI as a participant in that committee.</p> <p>9. Implementation timelines and flexibility:</p> <p>a. Providers recommended continued flexibility from the Department of Social Services (DSS) and CMS in this program — somewhat concerned that the two year period may not be enough time to meet the goals of the ASAM criteria. A two year implementation timeline may not be long enough to adequately implement ASAM. Providers wanted a commitment from DSS and CMS to hold providers harmless during this period of time should they be audited at a future date. Providers stated that there may need to be continued flexibility from DSS and CMS after that time. The State noted that CMS and DSS require provider compliance with Medicaid requirements and that there is no grace period for Medicaid provider audits. For audits — DSS does not have the authority to waive all quality assurance components; however, the State may be able to have flexibility for some component parts.</p> <p>10. LADCs:</p>

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		<p>a. Will LADCs be covered? Response: Yes, they are independent licensed practitioners who we recognize as being able to perform the clinical services within their scope of practice. LADCs are an instrumental part of the new delivery system.</p> <p>DY1Q2 (July 1, 2022–September 30, 2022)</p> <p>The post award forum is scheduled for October 21, 2022. Written comments will also be accepted through October 28, 2022. Comments and responses will be included in the annual report. Communication about the forum has been disseminated to legislative committees, advocacy groups, beneficiary committees, the provider network, and has been posted to our dedicated website. Spanish translation services will be available during the meeting. The forum notice also includes information on how beneficiaries needing additional accommodations can submit these requests.</p> <p>DY1Q1 (April 1, 2022 to June 30, 2022)</p> <p>A post award forum is being planned for September 2022. Results will be reported in the annual report.</p>

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14. Notable state achievements and/or innovations		
14.1 Narrative information		

<p>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.</p>	<p>DY1Q4 (January 1, 2023–March 31, 2023)</p> <p>The State has been discussing utilization and gaps at various levels of care. The State has held several providers meeting to discuss the levels of care and flex bed options. The JB-CSSD has been encouraging the flex bed option with their contracted providers.</p> <p>As mentioned above, the JB-CSSD has met with providers to discuss utilization of CDCS.</p> <p>DY1Q3 (October 1, 2022—December 31, 2022)</p> <p>The State’s certifying and monitoring agency has successfully completed monitoring of the adolescent provider within expected timeline. Provider has been able to meet larger percentage of standards minus meeting clinical hours, staffing and admission timelines. Provider is seeking guidance and support from State partners and state certifying and monitoring agency on how to overcome such challenges.</p> <p>The State continues to regularly update the dedicated webpage for the Demonstration and provide updates to consumer groups, advocacy groups, and legislative committees. Updates to the website are accompanied by an email campaign sent to individuals registered to receive updates. These efforts ensure up-to-date communication is readily available and broadly disseminated. Reminders are regularly provided to encourage interested parties to subscribe for website updates.</p> <p>The Department of Correction, 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. A contract amendment with APT is pending. DOC and APT agreed to a 10 male bed reduction due to consistently low utilization. Our total bed count at APT is 32 male and 10 female.</p> <p>The agency also has a contract with Connecticut Renaissance for ten 3.5 male beds at Waterbury West.</p>
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		<p>The agency continues to monitor bed utilization, including referrals, authorization approvals, denials, and insurance status to ensure maximum efficiency and use of agency funds.</p> <p>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.</p> <p>The JB-CSSD along with the state partners has continued see a decrease in the number of clients eligible for 3.7, and there seems to be some unused capacity in the 3.5 level of care.</p> <p>JB-CSSD had several meetings with providers to discuss the use and understanding of the JB-CSSD electronic information system.</p> <p>DY1Q2 (July 1, 2022–September 30, 2022)</p> <p>The State (DCF) has not identified any achievements nor innovations at this time during the reporting period.</p> <p>The State continues to regularly update the dedicated webpage for the Demonstration and provide updates to consumer groups, advocacy groups, and legislative committees. Updates to the website are accompanied by an email campaign sent to individuals registered to receive updates. These efforts ensure up-to-date communication is readily available and broadly disseminated.</p> <p>The Department of Correction, 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. A contract amendment with APT is pending. There have been several discussions about potential bed reductions to the agency contract due to a decrease in utilization. However, in recent months, utilization has increased, and bed use will continue to be monitored.</p> <p>The agency executed a contract with Connecticut Renaissance for ten 3.5 male beds at Waterbury West.</p>
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*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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