

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 DY1Q2</i>
Reporting period	<i>07/01/2022–09/30/2022</i>

^a **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration;

that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

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

2. Executive summary

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

Milestone 1: The State received approval effective July 1, 2022 for its State Plan Amendment (SPA) for rehabilitative services, which updates provider qualifications to be consistent with American Society of Addiction Medicine (ASAM) requirements.

Milestone 2: The State has continued to provide access to ASAM Model trainings for all participating agencies and monitored participation. Several Provider Implementation meetings have occurred to assist with providers and answer questions they might have. The State’s administrative service organization (ASO) continues to assess medical necessity for admission to all SUD levels of care (LOCs) using the ASAM third edition. The State’s ASO, Beacon Health Options (“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.

Milestone 3: The Department of Mental Health and Addiction Services (DMHAS) and ABH utilized this reporting period to develop the provisional certification monitoring tools. ABH and DMHAS began initial site visits to participating agencies in September 2022. The Department of Children and Families (DCF) and ABH have developed a process to ensure the provisional certification of the adolescent provider in the State. The initial certification site visits began in September 2022 with full compliance monitoring expected to commence in November 2022.

Milestone 4: As the provider network continues to adjust to the implementation of ASAM third edition, the State is monitoring for utilization across the levels of care (LOCs) to help determine where provider availability may be over or under the need for these services. The State 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.

Milestone 6: 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.

Budget Neutrality: The State has begun programming of budget neutrality (BN) reports. The programming is taking longer than expected and the State expects to submit its first BN report in Demonstration Year 1, Quarter 3 (DY1Q3).

Evaluation Design: The State submitted its draft SUD Evaluation Design consistent with federal requirements and the approved Standard Terms and Conditions (STCs).

Post Award Forum: A post award forum is scheduled for October 21, 2022. Comments and responses will be included in the annual report.

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services	X		
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			<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			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)			DY1Q2 (July 1, 2022–September 30, 2022) 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.
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		
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			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<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>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> <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>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>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> <p>Prior authorization 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>DCF and 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 LOC and if they do not, 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</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>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>
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			DY1Q2 (July 1, 2022–September 30, 2022) 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. DCF and ABH have provisionally certified the adolescent residential provider in the State. ABH is working with the adolescent provider to get staffed trained in ASAM and making this a priority.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			<p>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 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 bring them into compliance. ABH is working with the sites to ensure training is available and that staff are all trained in ASAM.</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			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>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>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>The State 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>5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4</p>	X		
<p>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</p>			
<p>6.1 Metric trends</p>			

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

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries’ transition from residential and inpatient facilities to community-based services and supports</p>			<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.</p> <p>For Adolescents, the State has adopted new ASAM standards including policies requiring facilities to support beneficiaries’ transition from residential and inpatient. ABH and DCF have maintained in close communication with the adolescent residential provider regarding the use of the ASAM Criteria, implementation of policy changes and training, while answering questions they have along the way. ABH has begun to engage in site visits to review standards, practice, and policies in place. DCF has met with the adolescent residential provider to discuss individuals involved with DCF when there are any concerns with their transition from one LOC to the community. The State has worked closely with the ASO and the provider to discuss and address barriers when they come up.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		The State has begun programming of BN reports. The programming is taking longer than expected and the State expects to submit its first BN report in DY1Q3.

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Prompts	State has no update to report (Place an X)	State response
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
11. SUD-related demonstration operations and policy		
11.1 Considerations		
<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>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>
11.2 Implementation update		
<p>11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)</p>	X	

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Prompts	State has no update to report (Place an X)	State response
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)</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 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 “pre-authorizations” 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>
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Prompts	State has no update to report (Place an X)	State response
		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.
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>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 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>
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>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>
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		<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
12.1.3 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	

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Prompts	State has no update to report (Place an X)	State response
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.		DY1Q2 (July 1, 2022–September 30, 2022) 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.
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		DY1Q2 (July 1, 2022–September 30, 2022) 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.

*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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