1. Title page for the state's substance use disorder (SUD) demonstration or the SUD component of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	*Connecticut*
Demonstration name	*Connecticut Substance Use Disorder Demonstration*
Approval period for section 1115 demonstration	*04/14/2022–03/31/2027*
SUD demonstration start date[a]	*04/14/2022*
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	*04/14/2022*
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	Under this demonstration, the State expects to achieve the following: Objective 1. Increase rates of identification, initiation, and engagement in treatment. Objective 2. Increase adherence to and retention in treatment. Objective 3. Reductions in overdose deaths, particularly those due to opioids. Objective 4. Reduce utilization of emergency department and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services. Objective 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate. Objective 6. Improved access to care for physical health conditions among beneficiaries.
SUD demonstration year and quarter	*SUD DY1Q3*
Reporting period	*10/01/2022–12/31/2022*

[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: This milestone was completed last quarter.

Milestone 2: The State of Connecticut (Connecticut or State) continued the American Society of Addiction Medicine (ASAM) Model trainings for SUD agencies. The behavioral health administrative support services organization (BH ASO), Beacon Health Options (Beacon), reviews the types of clinical information needed during authorization requests during the provider drop-in meetings. The State and its BH ASO began tracking residential level of care (LOC) admissions. The State's certification and monitoring entity, Advanced Behavioral Health (ABH) continues to phase in certification for the provision of SUD services at different LOCs. As of September 15, 2023, Medicaid enrollment updates were completed for agencies providing ASAM 2.1, 2.5, 1-Withdrawal Management (WM) and 2-WM in non-hospital settings that were newly provisionally certified. Outpatient Hospital provider updates for these same LOCs will occur next quarter.

Milestone 3: Department of Mental Health and Addiction Services (DMHAS) and ABH completed ASAM certification monitoring tools, shared tools with providers, and initiated onsite monitoring visits to residential SUD treatment facilities. As of December 31, 2022, site visits and clinical documentation monitoring had been completed at over 70% of the SUD residential facilities in the 1115 SUD Demonstration. Residential site visits will be completed by mid-January 2023. Department of Children and Families (DCF) and the State's certification and monitoring agency, ABH have completed onsite visits to the one adolescent residential facility in the State.

Milestone 4: DMHAS completed updates aligning the State's capacity monitoring website with ASAM criteria. The State held a partner meeting around gaps surrounding WM for adolescents and hospitals.

Milestone 6: The State is reviewing 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 Targeted Case Management (TCM) State Plan Amendment (SPA) can be expanded to include members with SUD-only diagnoses.

Budget Neutrality: The State will submit budget neutrality reports this quarter, but may miss the CMS deadlines for this quarter. The State will keep CMS informed of its progress.

Evaluation Design: Connecticut received CMS comments on the draft evaluation design on December 15, 2022.

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 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	X		

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)	X		
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			**Demonstration Year 1, Quarter 3 (DY1Q3) (October 1, 2022–December 31, 2022)** This milestone was completed last quarter. Nothing further to report.
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

Prompt	State has no trends/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			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			**DY1Q3 (October 1, 2022–December 31, 2022)** 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 (ABH), conducted a two-day ASAM criteria skill building training through the Train for Change Company on December 14–15, 2022. This training was attended by clinical leaders from all participating residential SUD treatment facilities, representatives from the ASAM compliance monitoring teams at the DMHAS and ABH, as well as members of utilization review teams from the State's Administrative Services Organization (ASO), Beacon Health Options ("Beacon"). The State has held meetings with outpatient hospitals and ambulatory providers in preparing them for provisional certification/certification requirements. The Judicial Branch Court Support Service Division (JB-CSSD) continues to educate field and court staff regarding the Waiver, and proper use of residential treatment. The JB-CSSD continues to meet weekly with State partners reviewing data, addressing

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			questions/concerns, and discussing ongoing implementation of the Waiver.
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			**DY1Q3 (October 1, 2022–December 31, 2022)** DCF partnered with DMHAS to add Stonegate adolescent residential 3.5 LOC to the https://www.ctaddictionservices.com/ website. This allows anyone to access bed availability and referrals. DCF has met with the residential adolescent provider as well has emailed ambulatory and hospital providers offering them continued support throughout the Demonstration process. 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. 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. 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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			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 network. A couple of members from the State agencies also attend this weekly meeting. 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 Q4 to review agency-specific data and begin identifying strategies for improvement. 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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			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 to make these same changes for the outpatient hospital providers providing the same LOC next quarter. 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 regrading utilization and will continue these meetings as we move through the year. 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.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

Prompt	State has no trends/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			**DY1Q3 (October 1, 2022–December 31, 2022)** DCF and its State's certifying and monitoring agency, ABH, has given the adolescent residential provider resources related to the ASAM admission criteria and the provider has expressed the benefit of this tool and how they have begun to embed this in their electronic health record system. DCF has a quarterly meeting scheduled to review milestones and provide any support the provider needs around meeting milestones. 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.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Initial reports summarizing the findings from the initial site monitoring visits will be generated in early February 2023. Representatives from DMHAS, DSS, ABH, and Beacon will utilize these reports to hold joint meeting with providers to discuss deficiencies and create action plans.
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications			**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 facility is still struggling with hiring and meeting clinical hour requirements as well as the 16-hour per day admission availability criteria. The use of the ASAM intake assessment criteria has demonstrated to aid them during intake requirements. ABH has learned that initiating a 90-day follow-up monitoring review with facility will be most effective to support compliance. The State's certifying and monitoring agency has 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. 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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			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.
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

Prompt	State has no trends/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			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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			**DY1Q3 (October 1, 2022–December 31, 2022)** 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.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 beneficiaries' transition from residential and inpatient facilities to community-based services and supports			**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 are transitioning to the next appropriate level of care and there is not a gap in treatment. As applicable, they are also offering medication for addiction 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. 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 management was reviewed during these site visits. Full policy reviews for participating SUD providers will commence in January 2023. 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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			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.
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		

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 is working to run and submit the budget neutrality reports this quarter. 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		
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		**DY1Q3 (October 1, 2022–December 31, 2022)** 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 clinicians has in some programs limited the provider from meeting full bed capacity. 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 one adult residential provider is pending. DOC and this provider agreed to a 10 male bed reduction due to consistently low utilization. The total DOC-allocated bed count at this facility is currently 32 male and 10 female beds. — The DOC also has a contract with another adult residential program for 10, 3.5 male beds. — 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. 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

Prompts	State has no update to report (Place an X)	State response
		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 are exploring opportunities to make similar trainings available to these provider types. 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.
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
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	X	**DY1Q3 (October 1, 2022–December 31, 2022)** 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. 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 as detailed above.

Prompts	State has no update to report (Place an X)	State response
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		**DY1Q3 (October 1, 2022–December 31, 2022)** On December 15, 2022, Connecticut received comments from CMS on the draft evaluation design. Connecticut responded to those comments on February 2, 2023.
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs	X	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates	X	
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	

Prompts	State has no update to report (Place an X)	State response
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report		**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 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

Prompts	State has no update to report (Place an X)	State response
		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. Attendees self-report statistics: • An individual eligible for Medicaid — one attendee • Five attendees were interested parties • 32 attendees were Medicaid enrolled providers • 16 attendees were State agency staff Attendee rating of the current Connecticut SUD treatment system: • Excellent — four attendees • Good — 27 attendees • Fair — 31 attendees • 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 Attendee reported ability to access the current Connecticut SUD treatment system: • 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). For the question "Connecticut Medicaid covers the following substance use disorder treatment services, check all that apply": **1.** Outpatient Services

Prompts	State has no update to report (Place an X)	State response
		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)" • 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 • Three people selected three • Two people selected one — both selected "residential" for this answer, both respondents were State agency staff Feedback: 1. Process: 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

Prompts	State has no update to report (Place an X)	State response
		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 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. 2. Workforce: 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

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		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. 3. Length of Stay: 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. 4. Training: a. Training requirements should not duplicate existing training to ensure that there is no duplication of what is already required of staff. 5. Authorization: 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

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		challenging. Having the same expectations as commercial insurers may be more difficult in Medicaid and make access more difficult. 6. Flex beds: 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. 7. Housing: a. There is a need to continue building up housing options including sober living and other step-down housing. 8. DEI: 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. 9. Implementation timelines and flexibility: a. Providers recommended continued flexibility from the 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

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		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. 10. LADCs: 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.
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.		**DY1Q3 (October 1, 2022—December 31, 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. Reminders are regularly provided to encourage interested parties to subscribe for website updates.

*The state should remove all example text from the table prior to submission.

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