

## **Meeting summary for Adult Quality, Access & Policy Committee Zoom Meeting (03/12/2024)**

### **Quick recap**

The meeting focused on the State Plan amendment related to the Substance Use Disorders Demonstration Waiver. Brenda from Mercer, the independent evaluator for the State of Connecticut's substance use demonstration, discussed the waiver goals and the metrics reported to CMS. The team also discussed the impact of the Medicaid SUD demonstration waiver on access to services and the challenges faced in shifting programming to meet community needs. The discussion highlighted the need for more data to better understand the system and the importance of improving the tracking of referrals across the residential continuum.

---

### **Summary**

#### **State Plan Amendment and Technical Issues**

The main focus of the meeting was to understand how the state is achieving the identified objectives in the State Plan amendment related to the Substance Use Disorders Demonstration Waiver. Brenda from Mercer, the independent evaluator for the State of Connecticut's substance use demonstration, began her presentation, but technical issues occurred with her camera.

#### **Connecticut's CMS Metrics and Waiver Goals**

Brenda from Mercer, the independent evaluator for Connecticut, discussed the different types of metrics reported to CMS. She mentioned that Connecticut has completed reporting the CMS annual metrics for the first time in December 2023, and will be reporting their calendar year metrics at the end of the month. Brenda also outlined the waiver goals, which include increased rates of identification, initiation and engagement in treatment, increased adherence and retention, reduced overdose deaths and emergency room visits, and improved access to care. She emphasized that the State of Connecticut has successfully implemented interventions, as evidenced by the completion of Milestone One, which involved improving access to critical levels of care for OUD and other SUDs. Finally, she discussed the metrics that Connecticut reports on a quarterly and annual basis, and highlighted that the state committed to increasing the outcome over the baseline for all of these metrics.

### **Pharmacotherapy Continuity Metric for Opioids in 2022**

Brenda Jackson from Mercer discussed the metric for continuity of pharmacotherapy use for opioids in calendar year 2022, which stood at 70%. She explained that the metric was a baseline and they were hoping to see an increase over time. However, Sabrina asked for the number of individuals who continuously had access to the medications, which Brenda promised to provide. Ece inquired about the timeframe for continuity, which Brenda clarified was for the whole year. Shawn suggested flagging this as a follow-up item if the needed data couldn't be easily retrieved.

### **Medicaid SUD Waiver Impact on Service Access**

Sabrina expressed concern about the impact of the Medicaid SUD demonstration waiver on access to services. Brenda, representing Mercer, responded that they only have one data point for the national metrics, but they have more detailed monthly and quarterly data. Brenda presented graphs showing trends in diagnoses, members receiving services, and those receiving specific types of services. She noted that trends were not moving in the hoped direction and suggested that the unwinding of the public health emergency might be a contributing factor. Brenda also mentioned an upcoming criminal justice re-entry demonstration in hopes of improving data collection.

### **Data Trends and Evaluation Plans Discussed**

Brenda discussed the fluctuating trends in the data related to their program, particularly noting increases in July, August, and December. She expressed concerns about the regularity of the peaks and valleys in the data for older adult members and suspected a data handling issue. Brenda also mentioned an increase in children's data. She presented a detailed document that Mercer submits to CMS quarterly and annually, which includes metrics and graphs. She explained that there will be three major sets of evaluations for the demonstration, the first being a midpoint assessment in 2025, followed by an interim evaluation in 2026 and a final report in 2028. The primary goal of CMS is to ensure the state is implementing its implementation plan correctly, with penalties for non-compliance.

### **Patient Access to Higher Levels of Care: Concerns and Metrics**

Sabrina voiced concerns about the timeline for analyzing patient access to higher levels of care, such as residential substance abuse treatments, stating that waiting until 2025 or 2026 could have a significant impact on patient care. Brenda reassured her that they would work with DSS to answer any further questions and proceeded to share additional metrics related to patient placement, treatment, and access to services. She also mentioned that

Connecticut has a cutting-edge bed availability tracking website and that they would review each metric in detail. Miss asked if they would receive the slides presented, which Brenda confirmed and added that they would also receive a copy of the graphs document submitted to CMS at the end of the quarter.

### **Prescription Drug Monitoring Program Utilization and Overdose Tracking**

Brenda presented data on the utilization of the prescription drug monitoring program, the number of opioid prescriptions tracked, and the usage of medication-assisted treatments via telemedicine. She noted that emergency room utilization was declining, but there was a slight increase in utilization among older adults since September 2022. Brenda also discussed the tracking of drug overdose deaths among Medicaid eligibles and the goal to link these deaths to Medicaid by 2026. She then moved on to discuss inpatient stays for substance use individuals and the requirement for improved care coordination and transitions between levels of care. Brenda highlighted that follow-up after emergency visits for mental health or alcohol and drug abuse, and readmissions among beneficiaries with substance use were low compared to other states. She concluded by inviting questions and feedback on how to present the data more effectively in the future.

### **Waiver Program Impact and Access Issues**

There were several participants who expressed concerns and questions during the meeting. Sabrina raised a question about the impact of the waiver program on patient access and action access issues. She suggested that other data should be accessed to get a better understanding of the situation. Kelly inquired about the number of residential beds and whether their number had increased or decreased since the start of the waiver. There were also issues with the microphone and chat function, preventing some participants, such as Alexis, from contributing effectively.

### **Bed Tracking and Treatment Effectiveness**

Brenda, an independent assessor, and Kelly discussed the issue of lost beds during the demonstration, with Brenda assuring that the state is addressing this issue. Kelly raised concerns about access to residential rehabs for those who have detoxed, with Brenda highlighting the use of bed tracking software to track real-time bed capacity. The discussion also focused on the effectiveness of different levels of care in treating substance abuse, with Kelly expressing her observation about the higher relapse rates in lower levels of care. Brenda, representing Mercer, emphasized the shift in treatment towards serving individuals at lower levels of care and the importance of individualized care. The conversation concluded with Tyler raising concerns about the stability of

the number of people receiving care through Medicaid and the reduction of residential beds in the State of Connecticut.

### **Challenges in Shifting Care Levels and Bed Tracking**

Tyler from a provider organization discussed the challenges they face in shifting their programming to meet the community's needs due to the financial implications and the lack of available beds at lower levels of care. He highlighted the difficulties in transitioning from a 3.7 level of care to a 3.5 level due to the lack of beds and the impact on their bottom line. Sabrina questioned the capabilities of their bed tracking software, specifically if it captures when a bed is not available and if it's broken down by geography. Robert clarified that the software does track by level of care and community, but not by region, and there's no current way to capture when a bed is not available.

### **Referral Tracking and Data Analysis in Residential Programs**

Robert raised the issue of improving the tracking of referrals across the residential continuum and how to measure the duration from a phone call to bed placement for their residential programs. Maria added that there is a need to track the number of people who call and try to get a bed at various facilities and how long they stay on the waitlist without further contact. Shawn suggested that this data could potentially be tracked with Carelon and confirmed taking the issue back to their internal agenda meeting for further discussion. Sabrina emphasized the importance of obtaining more data to understand their system better a year into implementation and encouraged the team to ask more questions and look at more data.

### **Next steps**

- Brenda will provide the numerators and denominators for the continuity of pharmacotherapy metric.
- Brenda will provide the slides and the graphs document to the attendees.
- Brenda will provide data on Medicaid eligibility and residential care bed numbers.
- Rob will look into tracking residential care referrals and transition times.
- Shawn will discuss the possibility of tracking residential care referrals and transition times with Carelon.