

# January 13, 2026 Adult Quality, Access & Policy Committee Zoom Meeting

## Meeting summary

### Quick recap

The meeting focused on reviewing 2024 Medicaid membership trends and profiles for adult HUSKY Health members in Connecticut. Dr. Kris Noam presented data on behavioral health service utilization, including demographics, expenditures, and specific subpopulations with high service use. Participants discussed the implications of the data, particularly regarding homelessness and co-occurring medical conditions. The committee reviewed its proposed 2026 meeting schedule, which includes topics such as CCBHCs, behavioral health homes, and the Medicaid 1115 substance abuse waiver. Members agreed to be flexible in addressing emerging issues and to include more information on housing programs and outreach efforts in future discussions.

### Next steps

- Kris (Dr. Noam)/Carelon Analytics team: Investigate deeper into the data to understand why there was a decrease in substance use diagnoses in 2024 despite the transition of substance abuse residential services under Medicaid, and report back to the committee.
- Co-Chairs Sabrina Trocchi and Kelly Phenix: Meet with Carelon (Kris) and state agency partners to discuss and identify how to present information on housing programs, outreach, and engagement for unhoused or homeless individuals, including how outreach is being conducted and its frequency.
- Sabrina and Kelly: Include in future presentations (e.g., May Behavioral Health Home meeting) data and discussion on comorbidity and co-medical components, as suggested by Brenetta.
- Sabrina and Kelly: When planning the housing-focused meeting, include information on identifying and reaching individuals who are not connected to HUSKY Health but could benefit from enrollment, and examine outreach efforts and the current homeless population using available data (e.g., point-in-time assessment).
- Rob Haswell: Report back to the committee in a future meeting on outcomes and findings from the medically enhanced recovery house pilot program once data is available.
- Sabrina and Kelly: Solicit and incorporate additional agenda items or areas of focus from committee members for future meetings, particularly for the November meeting and in response to emerging needs.
- Sabrina and Kelly: Coordinate with state agency partners and Carelon to address the additional areas identified in this meeting (e.g., housing programs, outreach to unenrolled homeless populations) and incorporate these into upcoming presentations.

## **Summary**

### **2024 Medicaid Membership Trends Analysis**

Sabrina Trocchi and Kelly Phenix co-chaired the Adult Quality Access and Policy Committee meeting, which began with Dr. Kris Noam presenting the 2024 Medicaid Membership Trends and Profile Presentation. Kris Noam, the AVP of Analytics and Innovation at Carelon Behavioral Health, explained the structure of the presentation, which would focus on the Connecticut HUSKY Health Population Profile and drill down into various aspects of adult membership and behavioral health services utilization. The presentation would cover the total adult HUSKY Health population, adults with behavioral health services, and specific subgroups like those with multiple inpatient or ED visits, concluding with a summary of discrepancies between populations and a Q&A session.

### **Behavioral Health Utilization Analysis**

Kris presented an analysis of HUSKY Health members' behavioral health utilization in 2024, noting a decrease of 160,000 members compared to 2023, with two-thirds being adult members. Bonni Hopkins highlighted the importance of collaboration with clinical and medical teams in data analysis, while also pointing out the growing "unknown" bucket of members who did not provide racial identity information. Kris explained that this unknown category reflects members who did not check off a race on their eligibility form, and Bonni emphasized the need to partner with stakeholders to increase comfort in providing this information for health equity analysis. Sabrina inquired about trends from 2023 to 2024, which Kris partially addressed by noting that behavioral health telehealth utilization was slightly more common than medical telehealth, and average expenditures per member increased from \$7,600 to \$9,900.

### **SUD Diagnoses Data Analysis Discussion**

The team discussed a reduction in substance use disorder (SUD) diagnoses and opioid poisoning cases, which Kris attributed to improved data collection methods. Sabrina questioned the decrease, given that 2024 marked the first full year of transitioning SUD residential services under Medicaid, which she expected to increase diagnoses. Bonni explained that the data reflects any claim with a diagnosis at least once during the year, which could explain the lack of increase. Dr. Paulo Correa clarified that while the 1115 SUD demonstration waiver expanded Medicaid coverage to residential levels of care, other SUD services were already covered under Medicaid, such as withdrawal management and outpatient care. Kelly inquired about how multiple episodes of care are counted, and Kris clarified that each new level of care is considered a separate occurrence.

### **2024 Substance Use Data Trends**

The team discussed calendar year 2024 data showing a decrease in substance use disorder diagnoses, which Rob Haswell (DMHAS) explained was due to the public health unwinding affecting Medicaid enrollment. Sabrina and Kelly clarified that while residential substance abuse treatment

was added to Medicaid, patients stepping down to outpatient care would still be counted in the data, which Bonni confirmed was likely the case. Brenetta Henry inquired about whether patients with primary diagnoses other than substance use but with secondary substance abuse diagnoses would be included in the data, which Kris confirmed was the case for the first four diagnoses.

### **Behavioral Health Service Utilization Analysis**

Kris presented data on HUSKY Health members who utilized behavioral health services, noting that approximately 170,000 adults received at least one service, with the majority using outpatient care. The analysis showed that English speakers, females, and white individuals were overrepresented among behavioral health service users compared to the total adult HUSKY Health population. Additionally, a higher proportion of users experienced homelessness or unstable housing and had social driver of health diagnoses. The average expenditure for behavioral health service users was around \$18,000, compared to \$10,000 for the total adult HUSKY Health population. When focusing on outpatient services only, similar demographic patterns were observed, with a higher proportion of members experiencing homelessness or unstable housing. Sabrina inquired about how these participants were reached or connected, but the transcript did not provide a specific answer.

### **Homeless Data and Program Access**

The discussion focused on data collection and program access for homeless individuals. Kelly explained that the presenters collect and analyze data, which drives program improvements and funding decisions. Neva Caldwell inquired about the status of quality health services for homeless individuals, and Kelly suggested connecting Neva with Christy for more detailed information about specific programs.

### **Medicaid Homelessness Data Analysis**

The meeting focused on analyzing data related to Medicaid beneficiaries experiencing homelessness and high utilization of inpatient and emergency department services. Rob Haswell explained how DMHAS uses this data to inform programming, including expanding sober house networks and the HERO program for individuals with opioid use disorders. The discussion highlighted that individuals with frequent inpatient or emergency department visits often have unstable housing, higher rates of social driver of health diagnoses, and opioid poisoning, with significantly higher average expenditures compared to the general Medicaid population.

### **HUSKY Health Adult Subpopulation Analysis**

The meeting focused on analyzing subpopulations of HUSKY Health Adult members, particularly those utilizing withdrawal management services. Kris presented data showing higher proportions of males, whites, and individuals experiencing homelessness in this group, with significantly higher healthcare expenditures compared to the general population. Sabrina raised concerns about the high costs for a small number of members and asked about intervention strategies, which led to a

discussion about existing programs like intensive case management and supportive housing initiatives. The committee reviewed the proposed 2026 meeting schedule, which includes topics such as CCBHCs, behavioral health homes, and Medicaid waiver updates, with flexibility to address emerging issues.