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Overview of Connecticut SUD 1115 Interim Evaluation

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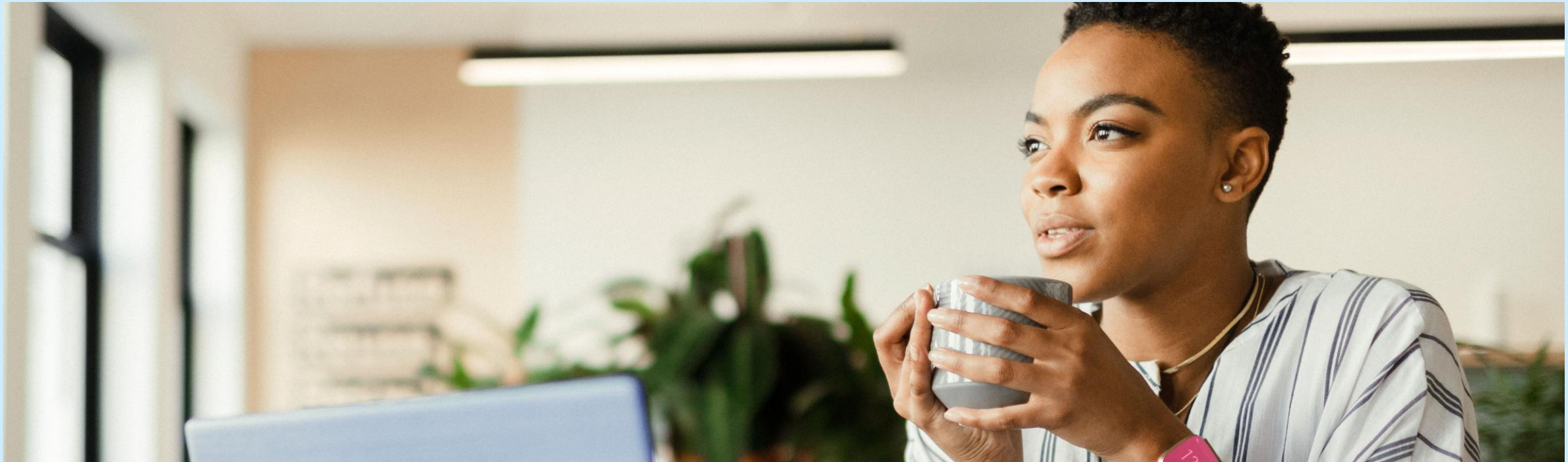


Agenda

1. Introduction
2. Findings
3. Recommendations
4. State Actions
5. Appendix

Connecticut SUD 1115 Medicaid Waiver and Purpose

- As part of the US Department of Health and Human Services effort to combat the ongoing opioid crisis, the Centers for Medicare & Medicaid Services (CMS) created an opportunity under the authority of section 1115(a) of the Social Security Act for states to demonstrate and test flexibilities to improve the substance use disorder (SUD) service system for beneficiaries.
- The purpose of this 1115 waiver is to allow coverage of residential and inpatient SUD services under HUSKY Health that have previously been excluded due to longstanding federal policies.
- Connecticut received CMS approval of the waiver on April 14, 2022, with a Demonstration approval period through March 2027.

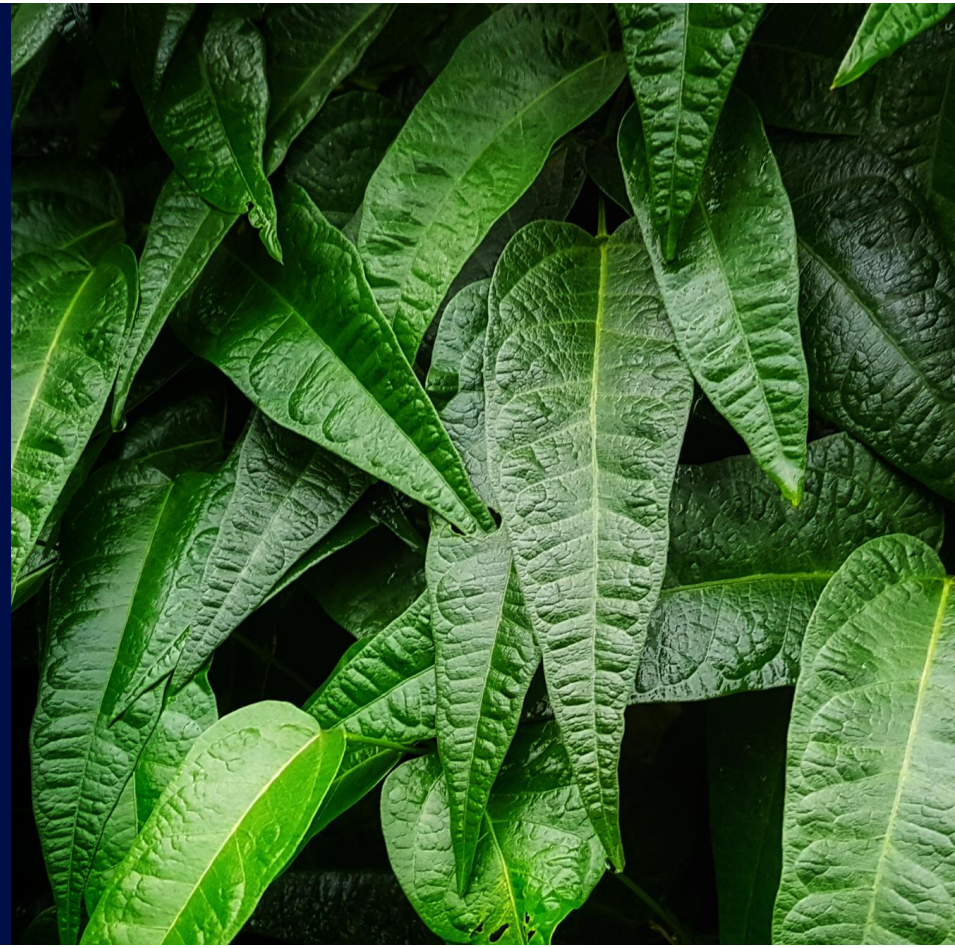
SUD Waiver Eligibility

- This Demonstration removed Medicaid payment barriers for SUD residential and inpatient treatment, ensuring critical access for all coverage groups:
  - HUSKY A — Medicaid for children, teens, parents, relative caregivers, and pregnant women
  - HUSKY B — Children's Health Insurance Program for children and teens up to age 19 years old
  - HUSKY C — Medicaid for adults 65 years and older and adults with disabilities, including
    long-term services and supports and Medicaid for Employees with Disabilities
  - HUSKY D — Medicaid for low-income adults without dependent children

SUD Waiver Pending Activities

Waiver Renewal and Interim Evaluation

- The Demonstration Renewal and Interim Evaluation were submitted to CMS on March 31, 2026.
- The Renewal can be found at: https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ct-sud-demo-pa-renewal-03312026.pdf
- The Draft Interim Evaluation can be found starting at page 55 of the renewal.



SUD Waiver Pending Activities

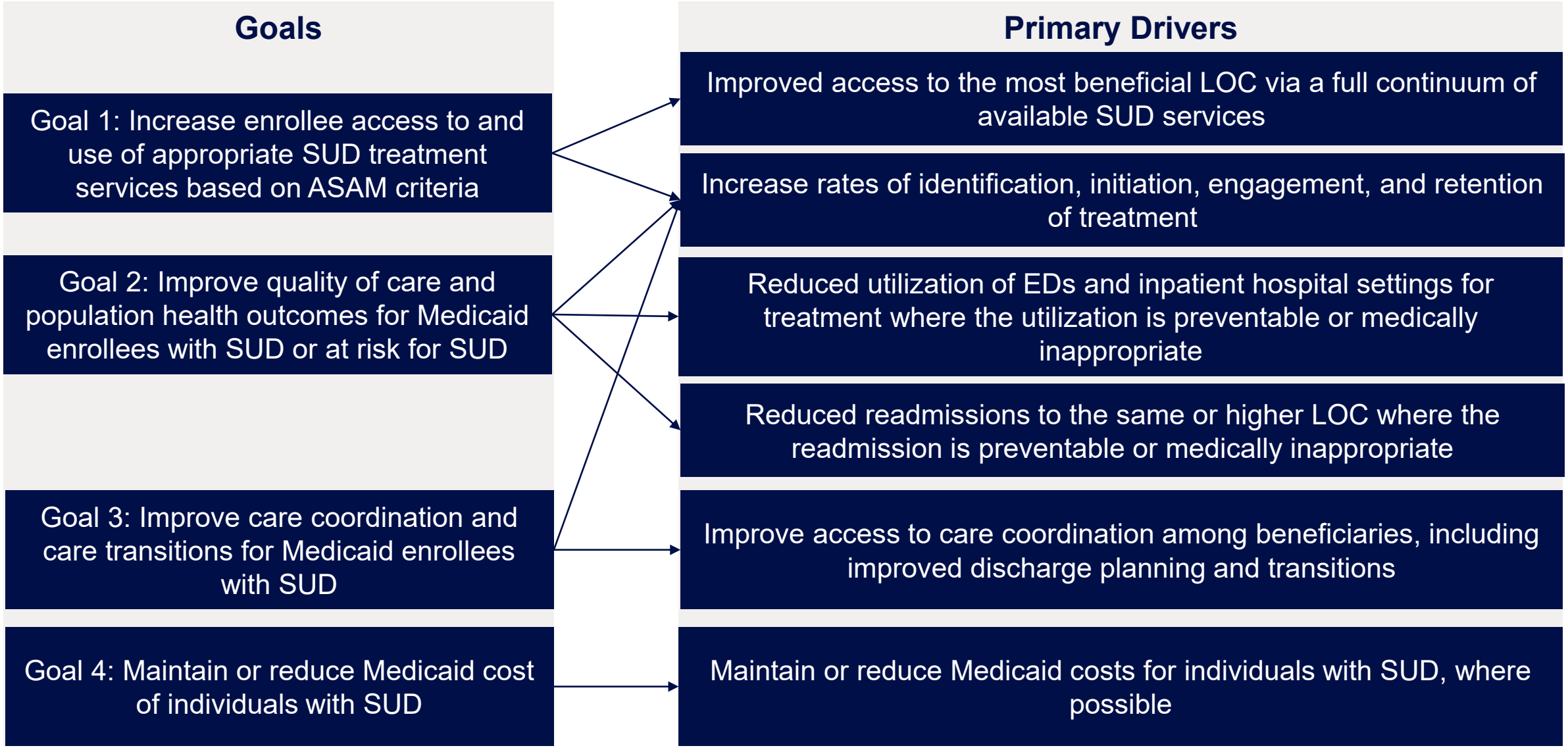
Waiver Renewal and Interim Evaluation

As a condition of approval, the CT Demonstration is required to implement a rigorous evaluation to understand the Demonstration's impact and effectiveness. The Interim Evaluation accounted for three external events:

- Public Health Emergency (PHE)
- Residential providers learning how to bill April 2022–December 2022
- PHE unwinding and loss of Medicaid eligibility June 2023–October 2024

CMS has reviewed and commented on the Interim Evaluation but has not accepted the report yet. Submitted and accepted CMS reports can be found at www.Medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/110976

SUD Waiver Evaluation Goals and Primary Drivers



SUD Waiver Evaluation Hypotheses

15 Hypotheses

Hypotheses	
Hypothesis 1	The Demonstration will expand access to critical levels of care for Opioid Use Disorder (OUD) and other SUDs, resulting in increased rates of identification, initiation, and engagement in treatment for OUD and other SUDs.
Hypothesis 2	The Demonstration will increase the use of residential, medication assisted treatment (MAT), withdrawal management, early intervention, and ambulatory care available by Medicaid individuals.
Hypothesis 3	The Demonstration will lead to use of the most recent version of the American Society of Addiction Medicine (ASAM) placement criteria by all providers.
Hypothesis 4	The Demonstration will increase provider capacity for SUD treatment at critical levels of care (LOCs) for individuals in the State.
Hypothesis 5	The Demonstration will improve access and develop capacity for adolescent girls needing SUD residential treatment.
Hypothesis 6	More adolescent SUD treatment services will be provided at the ambulatory ASAM LOCs.
Hypothesis 7	The Demonstration will improve rates of identification, initiation, and engagement in treatment.

SUD Waiver Evaluation Hypotheses

15 Hypotheses

Hypotheses	
Hypothesis 8	The Demonstration will improve access and develop capacity for adolescent girls needing SUD residential treatment.
Hypothesis 9	The 1115 SUD Demonstration will decrease the rate of emergency department (ED) and hospital use among Medicaid enrollees with SUD.
Hypothesis 10	The 1115 SUD Demonstration will lead to lower hospitalization readmission rates for enrollees with SUD.
Hypothesis 11	Enrollees with SUD will have fewer opioid-related overdose deaths.
Hypothesis 12	The 1115 SUD Demonstration will increase the rate of Medicaid enrollees with SUD-related conditions who are also receiving primary/ambulatory care.
Hypothesis 13	Medicaid Institution for Mental Diseases (IMD) providers will demonstrate consistency in program design and discharge planning policies.
Hypothesis 14	The Demonstration will be budget neutral to the Federal government.
Hypothesis 15	Total Medicaid SUD spending during the measurement period will remain constant after adjustment for the new residential services and any other new SUD treatment services, including care coordination, developed under this Demonstration.

Findings

SUD Waiver Evaluation Findings

28 Findings

Findings	
1	The State has used reinvestment funds to change rate structures and increase rates; this has increased provider interest but has not yet translated to better availability.
2	Some providers are piloting the use of flex-beds to accommodate an expanded continuum of LOCs.
3	At the start of the Demonstration, the State lost 90 adult residential beds. It has since replaced 28 of those adult residential beds.
4	Advocates and family members of people in need of treatment did not see any increases in access to care, largely because Medicaid individuals are not aware of what is available or how to access services.
5	Utilization rates for partial hospitalization program (PHP)/intensive outpatient program (IOP) increased significantly for most groups, but not for children, older adults or dual-eligible subgroups.
6	Utilization rates for residential and inpatient services increased significantly for nearly all subgroups. However, service utilization for children/adolescents declined.
7	Utilization rates for Withdrawal Management services increased significantly for the total population and for all subgroups except for pregnant women and children.
8	Early intervention, outpatient, and MAT services did not increase because of the Demonstration. However, the Demonstration does appear to have slowed declines in these service areas.

SUD Waiver Evaluation Findings

28 Findings

Findings	
9	The number of individuals served in IMDs for SUD and the length of stay for those stays both increased under the Demonstration.
10	Stakeholders generally reported that implementation of the ASAM placement criteria has gone well and that training and technical assistance have supported providers during the transition.
11	The State continues to struggle to expand capacity at the residential levels of care and has lost some outpatient providers. While providers are using placement criteria, it is not translating to greater access to care.
12	Stakeholders report that the onboarding of new providers remains challenging.
13	Overall, there has been a decrease in the number of SUD providers and an increase in the number of providers providing MAT services.
14	The State has not yet been successful in developing any capacity for residential/inpatient treatment for adolescent girls.
15	No adolescents reported to be screened positively using Screening, Brief Intervention, and Referral to Treatment (SBIRT) and receiving services. Data under the new SBIRT coding and rates effective July 1, 2025, is not yet available. Screening was conducted by behavioral health providers. There were approximately 1,300 screens conducted in behavioral health clinics on youth that are not included in the coding of the metric. Of those screens, 418 youth screened positively for SUD and were referred to services.

SUD Waiver Evaluation Findings

28 Findings

Findings	
16	The rate of child/adolescent outpatient SUD services has stayed the same throughout the Demonstration. However, the trend prior to implementation was a declining rate of services, indicating that the Demonstration has likely prevented further service utilization decreases.
17	There were some small improvements in initiation of treatment, while the percentage of individuals engaged in treatment decreased.
18	The State has not yet successfully recruited and certified any SUD residential providers for adolescent girls.
19	For most Medicaid enrollees, there was no positive effect of the Demonstration on measures of ED or hospital utilization for SUD.
20	There were some small positive effects on ED utilization for children and on hospital stays for older adults.
21	There was no positive effect of the Demonstration on hospital readmission rates for individuals with an SUD. Rates increased slightly.
22	There has been a statistically significant decline in overdose deaths, compared to the calendar year before the Demonstration.

SUD Waiver Evaluation Findings

28 Findings

Findings	
23	The percentage of Medicaid individuals who also received primary/ambulatory care decreased from baseline.
24	All rates of follow-up following an ED visit for either a mental health or SUD-related cause also declined from baseline.
25	The State has completed training and technical assistance (TA) for IMD providers that include program design and discharge planning. Providers, overall, have been positive about training and TA opportunities.
26	The Demonstration is budget neutral under Hypothetical Budget Neutrality Test 1 in each of the first three years of the Demonstration.
27	Costs were already beginning to increase before the start of the Demonstration and the effect of implementation was not statistically significant even before adjusting for the cost of the new residential services and other new SUD treatment services, including care coordination, required by ASAM.
28	Connecticut invested $152 million into its SUD treatment network to begin covering residential treatment and require ASAM standards, including care coordination, at every level of care. Many providers were provisionally certified through April 2025, which was the beginning of DY 4, and expenditures to continue to come into compliance with ASAM criteria occurred through that timeframe.

Recommendations

SUD Waiver Evaluation Recommendations

9 Recommendations

Recommendations	
1	Continue to publicize and implement the residential rate adjustments made July 1, 2025.
2	Continue to work with providers to explore flex-bed options to facilitate increased capacity for level 3.1 and level 3.5 LOCs. Create enhanced access to ASAM 3.1 to improve transitions to lower LOCs.
3	Enhance bi-directional, problem-focused communications with providers and Administrative Service Organizations (ASOs) around managing care transitions across LOCs when bed capacity is limited. The State should ensure that ASAM LOCs focus on individualized treatment planning and not cost-control mechanisms.
4	Build on the existing foundation of open and productive communication by increasing reporting of data regarding Demonstration outcomes and progress, particularly the monitoring metrics, to all stakeholders, including providers. Consider enhancing regular meetings with State agencies and providers to move beyond policy and procedure updates and instead focus on problem-solving discussions for metrics that are not meeting Demonstration targets.

SUD Waiver Evaluation Recommendations

9 Recommendations

Recommendations	
5	Continue to publicize and implement the new SBIRT coding and payments made July 1, 2025. Consider providing education in primary care settings for the new SBIRT coding and reimbursement.
6	The State should ensure that ASAM LOCs focus on individualized treatment planning and not cost-control mechanisms.
7	Communicate more information to providers when provider on-site reviews find areas of concern around quality of care (e.g., insufficient daily treatment dosage received by individuals) and use those opportunities to improve individualized care.
8	Consider the following options to improve retention and continuity in care: • A targeted case management pilot with an SUD-only population with acute treatment needs that could help the State to determine whether costs for those services might be offset by savings in reduced returns to SUD treatment after 30 days, emergency department utilization, transitions to higher, rather than lower LOCs, etc. • Creating access to recovery housing for individuals receiving ambulatory care. • Enhanced access to ASAM 3.1 to improve transitions to lower LOCs.
9	Increase focus on providing early intervention and outpatient services, including more widespread screening for SUD across all age groups to avoid costs associated with higher LOCs.

State Actions

SUD Waiver Evaluation State Actions

21 State Actions for the Upcoming Waiver Period

State Actions	
1	DSS will continue to monitor and review monthly metrics related to authorizations, placement decisions, and care transitions with State partner agencies to identify training and technical assistance needs. Continuing since January 1, 2025, DSS and State partners increased engagement efforts including site visits to providers to share information about the program; through informational meetings with interested providers; through ongoing training initiatives; and provider collaboratives that seek to provide engagement opportunities and Technical Assistance. DSS plans to engage new providers to share updates on the program and changes to rates, eliminate barriers in program requirements that go beyond ASAM and create additional burdens on providers; continue to provide opportunities for TA and engagement through provider collaboratives, training series. DSS will continue to engage in a multi-pronged approach to address access if data continues to trend in the wrong direction.
2	Connecticut will increase engagement efforts with providers for the adult and adolescent populations to ensure an understanding of the new initiatives to increase bed capacity through training and outreach.

SUD Waiver Evaluation State Actions

21 State Actions for the Upcoming Waiver Period

State Actions	
3	Connecticut intends to continue the rate increases initiated in Year 4 of the initial Demonstration, to enhance provider recruitment initiatives, and to increase access under the Demonstration.
4	Connecticut will enhance bi-directional, problem-focused communications with providers and ASOs around managing care transitions across LOCs when bed capacity is limited.
5	Connecticut will build on the existing foundation of open and productive communication by increasing reporting of data regarding Demonstration outcomes and progress, particularly the monitoring metrics, to all stakeholders, including providers. Consider enhancing regular meetings with State agencies and providers to move beyond policy and procedure updates and instead focus on problem-solving discussions for metrics that are not meeting Demonstration targets.
6	Connecticut will investigate reports that some facilities including ASAM 3.1 and sober houses have methadone dosage limits. The reason for this is unclear and may be a holdover from abstinence philosophy. Connecticut will address any instances of this practice when identified at specific providers.

SUD Waiver Evaluation State Actions

21 State Actions for the Upcoming Waiver Period

State Actions	
7	DSS intends to collaborate with DCF and DMHAS on an implementation plan for transitioning to ASAM fourth edition. This will include ASAM fourth edition listening sessions, training sessions, and technical assistance.
8	DSS will continue to work with the ASO to collaborate on: • Reviewing and enhancing the documentation for medical necessity to ensure the guidance and process are clear. • Establish a process for supporting providers through technical assistance and/or training.
9	DSS has recently adopted a new rate structure to address provider concerns regarding rates and will continue to monitor capacity and continuity of care.
10	Connecticut intends to continue the training and technical assistance to align providers with ASAM standards as on-going activities as new providers and/or new staff at existing providers are identified.
11	The State will work on alternative level of care — hospital, Psychiatric Residential Treatment Facility and out-of-state to make sure that youth have the treatment they need.

SUD Waiver Evaluation State Actions

21 State Actions for the Upcoming Waiver Period

State Actions	
12	Connecticut intends to educate and train new providers on new Medicaid coding and reimbursement to improve SBIRT rates. On July 1, 2025, Connecticut began reimbursing all negative and positive SUD screenings by adding two new SBIRT billing codes to incentivize providers to conduct screenings and to report all screenings conducted via administrative data. This change is intended to improve early intervention rates under the Demonstration.
13	The State will review to make sure that the rate of child/adolescent outpatient SUD improves with the ending of the public health unwinding.
14	Under the extension, Connecticut intends to increase care coordination to ensure continued engagement and strengthen transitions of LOCs and to adopt ASAM fourth edition in 2027.
15	Connecticut will pilot a targeted case management pilot with an SUD-only population with acute treatment needs that could help the State to determine whether costs for those services might be offset by savings in reduced returns to SUD treatment after 30 days, emergency department utilization, transitions to higher, rather than lower LOCs, etc.

SUD Waiver Evaluation State Actions

21 State Actions for the Upcoming Waiver Period

State Actions	
16	The State will analyze readmission rates and develop a plan to address readmissions. • The State will analyze readmission rate data by rural vs urban. Connecticut will consider addressing as part of the rural transformation grant. • Hold joint provider meetings to discuss coordination between hospitals and Opioid Treatment Programs (OTPs). • Ensure OTPs are utilizing Connie (the state's health information exchange) to check for and follow-up on hospital admissions and readmissions.
17	Connecticut intends to continue to increase the use of Prescription Drug Monitoring Program (PDMP) by providers and pharmacists through continued promotion of the PDMP. Connecticut intends to continue to identify opportunities for expanding PDMP functionality and use as noted in the three items below: • Enhance interstate data sharing in order to better track patient specific prescription data. • Enhance ease of use for prescribers and other State and federal stakeholders. • Enhance connectivity between the State's PDMP and Statewide Health Information Exchange (HIE).

SUD Waiver Evaluation State Actions

21 State Actions for the Upcoming Waiver Period

State Actions	
18	Connecticut will create access to recovery housing for individuals receiving ambulatory care.
19	Connecticut intends to continue collaboration with providers to enhance care coordination activities.
20	Connecticut intends to continue communication with providers. Ongoing activities supporting this effort include website maintenance and provider updates, provider forums, and newsletters.
21	Connecticut will increase focus on providing early intervention and outpatient services, including more widespread screening for SUD across all age groups to avoid costs associated with higher LOCs.

Thank You

Appendix

SUD Waiver Evaluation Findings and Recommendations

Goal 1, Primary Driver 1, Hypothesis 1 (G1, PD1, H1)

Goal 1: Increase enrollee access to and use of appropriate SUD treatment services based on ASAM criteria.
Primary Driver 1: Improved access to the most beneficial LOC via a full continuum of available SUD services.

Hypothesis 1: The Demonstration will expand access to critical levels of care for OUD and other SUDs, resulting in increased rates of identification, initiation, and engagement in treatment for OUD and other SUDs.

#	Finding	Recommendation
1	The State has used reinvestment funds to change rate structures and increase rates; this has increased provider interest but has not yet translated to better availability.	Continue to publicize and implement the residential rate adjustments made July 1, 2025.
2	Some providers are piloting the use of flex-beds to accommodate an expanded continuum of LOCs.	Continue to work with providers to explore flex-bed options to facilitate increased capacity for level 3.1 and level 3.5 LOCs. Enhanced access to ASAM 3.1 to improve transitions to lower LOCs.
3	At the start of the Demonstration, the State lost 90 adult residential beds. It has since replaced 28 of those adult residential beds.	
4	Advocates and family members of people in need of treatment did not see any increases in access to care, largely because Medicaid individuals are not aware of what is available or how to access services.	Enhance bi-directional, problem-focused communications with providers and Administrative Service Organizations around managing care transitions across LOCs when bed capacity is limited. The State should ensure that American Society of Addiction Medicine LOCs focus on individualized treatment planning and not cost-control mechanisms.

SUD Waiver State Actions

Goal 1, Primary Driver 1, Hypothesis 1 (G1, PD1, H1)

Goal 1: Increase enrollee access to and use of appropriate SUD treatment services based on ASAM criteria.
Primary Driver 1: Improved access to the most beneficial LOC via a full continuum of available SUD services.

Hypothesis 1: The Demonstration will expand access to critical levels of care for OUD and other SUDs, resulting in increased rates of identification, initiation, and engagement in treatment for OUD and other SUDs.

#	State Action
1	DSS will continue to monitor and review monthly metrics related to authorizations, placement decisions, and care transitions with State partner agencies to identify training and technical assistance needs. Continuing since January 1, 2025, DSS and State partners increased engagement efforts including site visits to providers to share information about the program; through informational meetings with interested providers; through ongoing training initiatives; and provider collaboratives that seek to provide engagement opportunities and TA. DSS plans to engage new providers to share updates on the program and changes to rates, eliminate barriers in program requirements that go beyond ASAM and create additional burdens on providers; continue to provide opportunities for TA and engagement through provider collaboratives, training series. DSS will continue to engage in a multi-pronged approach to address access if data continues to trend in the wrong direction.
2	Connecticut will increase engagement efforts with providers for the adult and adolescent populations to ensure an understanding of the new initiatives to increase bed capacity through training and outreach.
3	Connecticut intends to continue the rate increases initiated in Year 4 of the initial Demonstration, to enhance provider recruitment initiatives, and to increase access under the Demonstration.
4	Connecticut will enhance bi-directional, problem-focused communications with providers and Administrative Service Organizations (ASOs) around managing care transitions across LOCs when bed capacity is limited.

SUD Waiver Evaluation Findings and Recommendations

Goal 1, Primary Driver 1, Hypothesis 2 (G1, PD1, H2)

Goal 1: Increase enrollee access to and use of appropriate SUD treatment services based on ASAM criteria.
Primary Driver 1: Improved access to the most beneficial LOC via a full continuum of available SUD services.

Hypothesis 2: The Demonstration will increase the use of residential, medication assisted treatment (MAT), withdrawal management, early intervention, and ambulatory care available by Medicaid individuals.

#	Finding	Recommendation
5	Utilization rates for partial hospitalization program (PHP)/intensive outpatient program (IOP) increased significantly for most groups, but not for children, older adults or dual-eligible subgroups.	Build on the existing foundation of open and productive communication by increasing reporting of data regarding Demonstration outcomes and progress, particularly the monitoring metrics, to all stakeholders, including providers. Consider enhancing regular meetings with State agencies and providers to move beyond policy and procedure updates and instead focus on problem-solving discussions for metrics that are not meeting Demonstration targets.
6	Utilization rates for residential and inpatient services increased significantly for nearly all subgroups. However, service utilization for children/ adolescents declined.	
7	Utilization rates for Withdrawal Management services increased significantly for the total population and for all subgroups except for pregnant women and children.	
8	Early intervention, outpatient, and MAT services did not increase because of the demonstration. However, the Demonstration does appear to have slowed declines in these service areas.	Continue to publicize and implement the new Screening, Brief Intervention, and Referral to Treatment (SBIRT) coding and payments made July 1, 2025. Consider providing education in primary care settings for the new SBIRT coding and reimbursement.
9	The number of individuals served in Institution for Mental Diseases (IMDs) for SUD and the length of stay for those stays both increased under the Demonstration.	

SUD Waiver State Actions

Goal 1, Primary Driver 1, Hypothesis 2 (G1, PD1, H2)

Goal 1: Increase enrollee access to and use of appropriate SUD treatment services based on ASAM criteria. Primary Driver 1: Improved access to the most beneficial LOC via a full continuum of available SUD services.	
Hypothesis 2: The Demonstration will increase the use of residential, medication assisted treatment (MAT), withdrawal management, early intervention, and ambulatory care available by Medicaid individuals.	
#	**State Action**
5	Connecticut will build on the existing foundation of open and productive communication by increasing reporting of data regarding Demonstration outcomes and progress, particularly the monitoring metrics, to all stakeholders, including providers. Consider enhancing regular meetings with State agencies and providers to move beyond policy and procedure updates and instead focus on problem-solving discussions for metrics that are not meeting Demonstration targets.
6	See capacity action above.
7	See capacity action above.
8	Connecticut will investigate reports that some facilities including ASAM 3.1 and sober houses have methadone dosage limits. The reason for this is unclear and may be a holdover from abstinence philosophy. Connecticut will address any instances of this practice when identified at specific providers.
9	DSS intends to collaborate with DCF and DMHAS on an implementation plan for transitioning to ASAM fourth edition. This will include ASAM fourth edition listening sessions, training sessions, and technical assistance.

SUD Waiver Evaluation Findings and Recommendations

Goal 1, Primary Driver 1, Hypothesis 3 (G1, PD1, H3)

Goal 1: Increase enrollee access to and use of appropriate SUD treatment services based on ASAM criteria.
Primary Driver 1: Improved access to the most beneficial LOC via a full continuum of available SUD services.

Hypothesis 3: The Demonstration will lead to use of the most recent version of the American Society of Addiction Medicine (ASAM) placement criteria by all providers.

#	Finding	Recommendation
10	Stakeholders generally reported that implementation of the ASAM placement criteria has gone well and that training and technical assistance have supported providers during the transition.	
11	The State continues to struggle to expand capacity at the residential levels of care and has lost some outpatient providers. While providers are using placement criteria, it is not translating to greater access to care.	The State should ensure that ASAM LOCs focus on individualized treatment planning and not cost-control mechanisms.

SUD Waiver State Actions

Goal 1, Primary Driver 1, Hypothesis 3 (G1, PD1, H3)

Goal 1: Increase enrollee access to and use of appropriate SUD treatment services based on ASAM criteria. Primary Driver 1: Improved access to the most beneficial LOC via a full continuum of available SUD services.	
Hypothesis 3: The Demonstration will lead to use of the most recent version of the American Society of Addiction Medicine (ASAM) placement criteria by all providers.	
#	**State Action**
10	DSS will continue to work with the ASO to collaborate on: • Reviewing and enhancing the documentation for medical necessity to ensure the guidance and process are clear. • Establish a process for supporting providers through technical assistance and/or training.
11	DSS has recently adopted a new rate structure to address provider concerns regarding rates and will continue to monitor capacity and continuity of care.

SUD Waiver Evaluation Findings and Recommendations

Goal 1, Primary Driver 1, Hypothesis 4 (G1, PD1, H4)

Goal 1: Increase enrollee access to and use of appropriate SUD treatment services based on ASAM criteria.
Primary Driver 1: Improved access to the most beneficial LOC via a full continuum of available SUD services.

Hypothesis 4: The Demonstration will increase provider capacity for SUD treatment at critical LOCs for individuals in the State.

#	Finding	Recommendation
12	Stakeholders report that the onboarding of new providers remains challenging.	Communicate more information to providers when provider on-site reviews find areas of concern around quality of care (e.g., insufficient daily treatment dosage received by individuals) and use those opportunities to improve individualized care.
13	Overall, there has been a decrease in the number of SUD providers and an increase in the number of providers providing MAT services.	

SUD Waiver State Actions

Goal 1, Primary Driver 1, Hypothesis 4 (G1, PD1, H4)

Goal 1: Increase enrollee access to and use of appropriate SUD treatment services based on ASAM criteria.
Primary Driver 1: Improved access to the most beneficial LOC via a full continuum of available SUD services.

Hypothesis 4: The Demonstration will increase provider capacity for SUD treatment at critical LOCs for individuals in the State.

#	State Action
12	Connecticut intends to continue the training and technical assistance to align providers with ASAM standards as on-going activities as new providers and/or new staff at existing providers are identified.
13	See capacity action above.

SUD Waiver Evaluation Findings and Recommendations

Goal 1, Primary Driver 1, Hypothesis 5 and 6 (G1, PD1, H5 and H6)

Goal 1: Increase enrollee access to and use of appropriate SUD treatment services based on ASAM criteria. Primary Driver 1: Improved access to the most beneficial LOC via a full continuum of available SUD services.		
Hypothesis 5: The Demonstration will improve access and develop capacity for adolescent girls needing SUD residential treatment.		
#	**Finding**	**Recommendation**
14	The State has not yet been successful in developing any capacity for residential/inpatient treatment for adolescent girls.	
Hypothesis 6: More adolescent SUD treatment services will be provided at the ambulatory ASAM LOCs.		
15	No adolescents reported to be screened positively using Screening, Brief Intervention, and Referral to Treatment (SBIRT) and receiving services. Data under the new SBIRT coding and rates effective July 1, 2025, is not yet available. Screening was conducted by behavioral health providers. There were approximately 1,300 screens conducted in behavioral health clinics on youth that are not included in the coding of the metric. Of those screens, 418 youth screened positively for SUD and were referred to services.	Continue to publicize and implement the new Screening, Brief Intervention, and Referral to Treatment (SBIRT) coding and payments made July 1, 2025. Consider providing education in primary care settings for the new SBIRT coding and reimbursement.
16	The rate of child/adolescent outpatient SUD services has stayed the same throughout the Demonstration. However, the trend prior to implementation was a declining rate of services, indicating that the Demonstration has likely prevented further service utilization decreases.	

SUD Waiver State Actions

Goal 1, Primary Driver 1, Hypothesis 5 and 6 (G1, PD1, H5 and H6)

Goal 1: Increase enrollee access to and use of appropriate SUD treatment services based on ASAM criteria. Primary Driver 1: Improved access to the most beneficial LOC via a full continuum of available SUD services.	
Hypothesis 5: The Demonstration will improve access and develop capacity for adolescent girls needing SUD residential treatment.	
#	**State Action**
14	See capacity action above. The State will work on alternative levels of care - hospital, PRTF and OOS to make sure that youth have the treatment they need.
Hypothesis 6: More adolescent SUD treatment services will be provided at the ambulatory ASAM LOCs.	
15	Connecticut intends to educate and train new providers on new Medicaid coding and reimbursement to improve SBIRT rates. On July 1, 2025, Connecticut began reimbursing all negative and positive SUD screenings by adding two new SBIRT-billing codes to incentivize providers to conduct screenings and to report all screenings conducted via administrative data. This change is intended to improve early intervention rates under the Demonstration.
16	The State will review to make sure that the rate of child/adolescent outpatient SUD improves with the ending of the public health unwinding.

SUD Waiver Evaluation Findings and Recommendations

Goal 1, Primary Driver 2, Hypothesis 7 and 8 (G1, PD2, H7 and H8)

Goal 1: Increase enrollee access to and use of appropriate SUD treatment services based on ASAM criteria. Primary Driver 2: Increase rates of identification, initiation, engagement, and retention in treatment.		
Hypothesis 7: The Demonstration will improve rates of identification, initiation, and engagement in treatment.		
#	**Finding**	**Recommendation**
17	There were some small improvements in initiation of treatment, while the percentage of individuals engaged in treatment decreased.	Consider the following options to improve retention and continuity in care: • A targeted case management pilot with an SUD-only population with acute treatment needs that could help the State to determine whether costs for those services might be offset by savings in reduced returns to SUD treatment after 30 days, emergency department utilization, transitions to higher, rather than lower LOCs, etc. • Creating access to recovery housing for individuals receiving ambulatory care. • Enhanced access to ASAM 3.1 to improve transitions to lower LOCs.
Hypothesis 8: The Demonstration will improve access and develop capacity for adolescent girls needing SUD residential treatment.		
18	The State has not yet successfully recruited and credentialed any SUD residential providers for adolescent girls.	

SUD Waiver State Actions

Goal 1, Primary Driver 2, Hypothesis 7 and 8 (G1, PD2, H7 and H8)

Goal 1: Increase enrollee access to and use of appropriate SUD treatment services based on ASAM criteria. Primary Driver 2: Increase rates of identification, initiation, engagement, and retention in treatment.	
Hypothesis 7: The Demonstration will improve rates of identification, initiation, and engagement in treatment.	
#	**State Action**
17	Under the extension, Connecticut intends to increase care coordination to ensure continued engagement and strengthen transitions of levels of care and to adopt ASAM fourth edition in 2027.
Hypothesis 8: The Demonstration will improve access and develop capacity for adolescent girls needing SUD residential treatment.	
18	See capacity action above.

SUD Waiver Evaluation Findings and Recommendations

Goal 2, Primary Driver 1, Hypothesis 9 and 10 (G2, PD1, H9 and H10)

Goal 2: Improve quality of care and population health outcomes for Medicaid enrollees with SUD or at risk for SUD. Primary Driver 1: Reduced utilization of EDs and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate.		
Hypothesis 9: The 1115 SUD Demonstration will decrease the rate of ED and hospital use among Medicaid enrollees with SUD.		
#	**Finding**	**Recommendation**
19	For most Medicaid enrollees, there was no positive effect of the Demonstration on measures of ED or hospital utilization for SUD.	A targeted case management pilot with an SUD-only population with acute treatment needs that could help the State to determine whether costs for those services might be offset by savings in reduced returns to SUD treatment after 30 days, emergency department utilization, transitions to higher, rather than lower LOCs, etc.
20	There were some small positive effects on ED utilization for children and on hospital stays for older adults.	
Goal 2: Improve quality of care and population health outcomes for Medicaid enrollees with SUD or at risk for SUD. Primary Driver 2: Reduced readmissions to the same or higher LOC where the readmission is preventable or medically inappropriate.		
Hypothesis 10: The 1115 SUD Demonstration will lead to lower hospitalization readmission rates for enrollees with SUD.		
21	There was no positive effect of the Demonstration on hospital readmission rates for individuals with a SUD. Rates increased slightly.	

SUD Waiver State Actions

Goal 2, Primary Driver 1, Hypothesis 9 and 10 (G2, PD1, H9 and H10)

Goal 2: Improve quality of care and population health outcomes for Medicaid enrollees with SUD or at risk for SUD. Primary Driver 1: Reduced utilization of EDs and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate.	
Hypothesis 9: The 1115 SUD Demonstration will decrease the rate of ED and hospital use among Medicaid enrollees with SUD.	
#	**State Action**
19	Connecticut will pilot a targeted case management pilot with an SUD-only population with acute treatment needs that could help the State to determine whether costs for those services might be offset by savings in reduced returns to SUD treatment after 30 days, emergency department utilization, transitions to higher, rather than lower LOCs, etc.
20	No action needed.
Goal 2: Improve quality of care and population health outcomes for Medicaid enrollees with SUD or at risk for SUD. Primary Driver 2: Reduced readmissions to the same or higher LOC where the readmission is preventable or medically inappropriate.	
Hypothesis 10: The 1115 SUD Demonstration will lead to lower hospitalization readmission rates for enrollees with SUD.	
21	The State will analyze readmission rates and develop a plan to address rising rates: • The State will analyze readmission rate data for CT by rural vs urban. Connecticut will consider testing as part of the rural transformation grant. • Hold joint provider meetings to discuss coordination between hospitals and OTPs. • Ensure OTPs are utilizing Connie (the state's health information exchange) to check for and follow-up on hospital admissions and readmissions.

SUD Waiver Evaluation Findings and Recommendations

Goal 2, Primary Driver 3, Hypothesis 11 (G2, PD2, H11)

Goal 2: Improve quality of care and population health outcomes for Medicaid enrollees with SUD or at risk for SUD. Primary Driver 3: Increase rates of identification, initiation, engagement, and retention in treatment.		
Hypothesis 11: Enrollees with SUD will have fewer opioid-related overdose deaths.		
#	**Finding**	**Recommendation**
22	There has been a statistically significant decline in overdose deaths, compared to the calendar year before the Demonstration.	

SUD Waiver State Actions

Goal 2, Primary Driver 3, Hypothesis 11 (G2, PD2, H11)

Goal 2: Improve quality of care and population health outcomes for Medicaid enrollees with SUD or at risk for SUD. Primary Driver 3: Increase rates of identification, initiation, engagement, and retention in treatment.	
Hypothesis 11: Enrollees with SUD will have fewer opioid-related overdose deaths.	
#	**State Action**
22	Connecticut intends to continue to increase the use of PDMP by providers and pharmacists through continued promotion of the PDMP. Connecticut intends to continue to identify opportunities for expanding PDMP functionality and use as noted in the three items below: • Enhance interstate data sharing in order to better track patient specific prescription data. • Enhance ease of use for prescribers and other State and federal stakeholders. • Enhance connectivity between the State's PDMP and Statewide HIE.

SUD Waiver Evaluation Findings and Recommendations

Goal 3, Primary Driver 1 and 2, Hypothesis 12 and 13 (G3, PD1 and PD2, H12 and H13)

Goal 3: Improve care coordination and care transitions for Medicaid enrollees with SUD. Primary Driver 1: Improved access to care coordination among beneficiaries, including improved discharge planning and transitions.		
Hypothesis 12: The 1115 SUD Demonstration will increase the rate of Medicaid enrollees with SUD-related conditions who are also receiving primary/ambulatory care.		
#	**Finding**	**Recommendation**
23	The percentage of Medicaid individuals who also received primary/ambulatory care decreased from baseline.	Creating access to recovery housing for individuals receiving ambulatory care.
24	All rates of follow-up following an ED visit for either a mental health or SUD-related cause also declined from baseline.	
Goal 3: Improve care coordination and care transitions for Medicaid enrollees with SUD. Primary Driver 2: Increase rates of identification, initiation, engagement, and retention in treatment.		
Hypothesis 13: Medicaid IMD providers will demonstrate consistency in program design and discharge planning policies.		
25	The State has completed training and TA for IMD providers that include program design and discharge planning. Providers, overall, have been positive about training and TA opportunities.	Build on the existing foundation of open and productive communication by increasing reporting of data regarding Demonstration outcomes and progress, particularly the monitoring metrics, to all stakeholders, including providers. Consider enhancing regular meetings with State agencies and providers to move beyond policy and procedure updates and instead focus on problem-solving discussions for metrics that are not meeting Demonstration targets.

SUD Waiver State Actions

Goal 3, Primary Driver 1 and 2, Hypothesis 12 and 13 (G3, PD1 and PD2, H12 and H13)

Goal 3: Improve care coordination and care transitions for Medicaid enrollees with SUD. Primary Driver 1: Improved access to care coordination among beneficiaries, including improved discharge planning and transitions.	
Hypothesis 12: The 1115 SUD Demonstration will increase the rate of Medicaid enrollees with SUD-related conditions who are also receiving primary/ambulatory care.	
#	**State Action**
23	Connecticut will create access to recovery housing for individuals receiving ambulatory care.
24	Connecticut intends to continue collaboration with providers to enhance care coordination activities.
Goal 3: Improve care coordination and care transitions for Medicaid enrollees with SUD. Primary Driver 2: Increase rates of identification, initiation, engagement, and retention in treatment.	
Hypothesis 13: Medicaid IMD providers will demonstrate consistency in program design and discharge planning policies.	
25	Connecticut intends to continue communication with providers. Ongoing activities supporting this effort include website maintenance and updates, provider forums, and newsletters.

SUD Waiver Evaluation Findings and Recommendations

Goal 4, Primary Driver 1, Hypothesis 14 and 15 (G4, PD1, H14 and H15)

Goal 4: Maintain or reduce Medicaid cost of individuals with SUD. Primary Driver 1: Maintain or reduce Medicaid costs for individuals with SUD, where possible.		
Hypothesis 14: The Demonstration will be budget neutral to the Federal government.		
#	**Finding**	**Recommendation**
26	The Demonstration is budget neutral under Hypothetical Budget Neutrality Test 1 in each of the first three years of the Demonstration.	
Hypothesis 15: Total Medicaid SUD spending during the measurement period will remain constant after adjustment for the new residential services and any other new SUD treatment services including care coordination developed under this Demonstration.		
27	Costs were already beginning to increase before the start of the Demonstration and the effect of implementation was not statistically significant even before adjusting for the cost of the new residential services and other new SUD treatment services, including care coordination, required by ASAM.	Increase focus on providing early intervention and outpatient services, including more widespread screening for substance use disorder (SUD) across all age groups to avoid costs associated with higher LOCs.
28	Connecticut invested $152 million into its SUD treatment network to begin covering residential treatment and require ASAM standards, including care coordination, at every level of care. Many providers were provisionally certified through April 2025, which was the beginning of DY 4, and expenditures to continue to come into compliance with ASAM criteria occurred through that timeframe.	

SUD Waiver State Actions

Goal 4, Primary Driver 1, Hypothesis 14 and 15 (G4, PD1, H14 and H15)

Goal 4: Maintain or reduce Medicaid cost of individuals with SUD. Primary Driver 1: Maintain or reduce Medicaid costs for individuals with SUD, where possible.	
Hypothesis 14: The Demonstration will be budget neutral to the Federal government.	
#	**State Action**
26	No action needed.
Hypothesis 15: Total Medicaid SUD spending during the measurement period will remain constant after adjustment for the new residential services and any other new SUD treatment services including care coordination developed under this Demonstration.	
27	Connecticut will increase focus on providing early intervention and outpatient services, including more widespread screening for ~~substance use disorder (~~SUD~~)~~ across all age groups to avoid costs associated with higher LOCs.
28	No action needed.

Readmissions Rate Among Individuals with SUD

The rates of hospital readmission for Medicaid individuals with an SUD increased slightly across the first years of the Demonstration and did not improve. This increase from Baseline to DY2 was statistically significant (p<.01).

Metric #25 Measure	DY Baseline (2021–2022)	DY 1 (2022–2023)	DY 2 (2023–2024)	Percentage Change	p-value
#25 Readmissions Among Individuals with SUD	22.7%	22.4%	23.7%	4.4%	p<0.01

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