

Substance Use Disorder 1115

Federal Requirements and State Flexibility

Waiver Requirements	State Flexibility
<p>Six Federally Required Milestones and Implementation Plan</p> <p>Connecticut must submit a plan outlining how the 1115 will be implemented either with the submission or within 90 days of approval of the demonstration. The high-level implementation plan addresses how the state will meet the goals and milestones and includes the following for each milestone:</p> <ul style="list-style-type: none"> - A summary of how the state already meets each milestone and/or any actions needed to meet each milestone, including the persons responsible for completing actions - The timelines and activities the state will undertake to achieve the milestones - An overview of any future plans to improve beneficiary access to SUD services and promote quality and safety standards 	<p>CMS requires Connecticut to meet six milestones in the 1115 SUD Waiver. There is flexibility in how Connecticut will meet these milestones (see below)</p>
<p>Milestone 1: Access to Critical Levels of Care for OUD and other SUDs</p> <p>- To meet this milestone, coverage of the following services must be provided:</p> <ul style="list-style-type: none"> - Outpatient Services; - Intensive Outpatient Services; - Medication assisted treatment (medications as well as counseling and other services with sufficient provider capacity to meet needs of Medicaid beneficiaries in the state); - Intensive levels of care in residential and inpatient settings; and - Medically supervised withdrawal management <p>This milestone must be met within 12 to 24 months of demonstration approval.</p>	<p>Connecticut must provide Medicaid coverage of each of these levels of care. Connecticut may define these services so long as the requirements of the other milestones below are met.</p>
<p>Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria</p> <p>To meet this milestone, the following criteria must be met:</p> <ul style="list-style-type: none"> - Providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools, e.g., the ASAM Criteria, or other patient placement assessment tools that reflect evidence-based clinical treatment guidelines; and - Utilization management approaches are implemented to ensure that (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, and (c) there is an independent process for reviewing 	<p>Connecticut has flexibility in how to meet these requirements so long as the federal criteria are met including:</p> <ul style="list-style-type: none"> • provider's use of an acceptable assessment tool, • utilization management to ensure access to appropriate levels of care, • interventions appropriate to all levels of care

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<p>placement in residential treatment settings.</p> <p>This milestone must be met within 12-24 months of demonstration approval.</p>	<p>and</p> <ul style="list-style-type: none"> • an independent process for review residential placements.
<p><i>Milestone 3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities</i></p> <p>To meet this milestone, the following must be met:</p> <ul style="list-style-type: none"> - Implementation of residential treatment provider qualifications (in licensure requirements, policy manuals, managed care contracts, or other guidance) that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding the types of services, hours of clinical care and credentials of staff for residential treatment settings; - Implementation of a state process for reviewing residential treatment providers to assure compliance with these standards; and - Implementation of a requirement that residential treatment facilities offer MAT on-site or facilitate access off site. <p>This milestone must be met within 12 to 24 months of demonstration approval.</p>	<p>Connecticut has flexibility in how to meet these requirements so long as the federal criteria are met including:</p> <ul style="list-style-type: none"> • implementation of detailed residential provider qualifications linked to nationally recognized program standards, • implementation of a state compliance review process, • and access to MAT in residential settings.
<p><i>Milestone 4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD</i></p> <p>To meet this milestone, Connecticut must complete an assessment of the availability of providers enrolled in Medicaid and accepting new patients in the critical levels of care listed in Milestone 1. This assessment must determine availability of treatment for Medicaid beneficiaries in each of these levels of care, as well as availability of MAT and medically supervised withdrawal management, throughout the state. This assessment should help to identify gaps in availability of services for beneficiaries in the critical levels of care.</p> <p>This milestone must be met within 12 months of demonstration approval.</p>	<p>Connecticut has flexibility in how to meet these requirements so long as the federal criteria are met including:</p> <ul style="list-style-type: none"> • assessment of capacity at all levels of care including providers accepting new patients.
<p><i>Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD</i></p> <p>To meet this milestone, the following criteria are met:</p> <ul style="list-style-type: none"> - Implementation of opioid prescribing guidelines along with other interventions to prevent prescription drug abuse; - Expanded coverage of and access to naloxone for overdose reversal; and 	<p>Connecticut has already met these requirements or will meet these requirements through existing State strategies.</p>

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<ul style="list-style-type: none"> - Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs. <p>This milestone may be met over the course of the demonstration.</p>	
<p><i>Milestone 6: Improved Care Coordination and Transitions between Levels of Care</i> To meet this milestone, Connecticut must implement policies to ensure residential and inpatient facilities link beneficiaries, especially those with OUD, with community-based services and supports following stays in these facilities.</p> <p>This milestone must be met within 12 to 24 months of demonstration approval.</p>	<p>Connecticut has flexibility in how to meet these requirements so long as the federal criteria are met including improving care coordination and transitions between levels of care.</p>
<p>Health IT Plan (Part of the Implementation Plan) The Health IT Plan is a detailed component of the Implementation Plan that describes several different health IT functions needed for the program and ties back to several of the milestones.</p>	<p>Connecticut will meet these requirements through existing strategies.</p>
<p>Budget Neutrality (Part of demonstration application and regular reporting) “Budget Neutrality” is a requirement of all 1115 Waivers and requires that spending under the program cannot exceed expected Medicaid spending absent the demonstration.</p>	<p>Connecticut has flexibility in how to meet these requirements so long as the federal criteria are met.</p>
<p>Evaluation Design The Evaluation Design is a document that describes how a state will measure the outcomes of the 1115 SUD Wavier. Connecticut has flexibility in contracting with an independent entity to complete the Evaluation Design and the research hypotheses and questions included in the demonstration application and Evaluation Design document.</p>	<p>Connecticut has flexibility in how to meet these requirements so long as the federal criteria are met. CMS has generally required states to report on quality, access, and spending in SUD treatment.</p>
<p>Monitoring Protocol and Monitoring Metrics The Monitoring Protocol will describe the reporting timeframes monitoring metrics and that Connecticut will report on. There are several required monitoring metrics that must be reported on, other metrics that are recommended but optional, and Connecticut can also establish state-defined metrics.</p>	<p>Connecticut must report on the 25 CMS-required performance metrics using the federal technical specifications. The State must report on three additional health information technology state-specified metrics. Annually, the State must report on grievances and appeals filed by individuals in SUD treatment.</p>