#### Connecticut's Section 1115 Demonstration Waiver for SUD Treatment

### Year 1 Update

## Behavioral Health Partnership Oversight Council Operations Committee July 7, 2023









# Thank You!!





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## CT 1115 SUD Demonstration Background



## **1115 SUD Waiver Background**

 In response to the Opioid Crisis, The Federal Government, under the authority of section 1115(a) of the Social Security Act, has provided states with the opportunity to test innovative approaches to improving access to care and the quality of services provided across the continuum of care for beneficiaries with substance use disorders.<sup>4</sup>

1. https://www.medicaid.gov/medicaid/section-1115-demonstrations/1115-substance-use-disorder-demonstrations/section-1115-demonstrations-substance-use-disorders-serious-mental-illness-and-serious-emotional-disturbance/index.html

## **1115 SUD Waiver Background**

- States became eligible to receive federal financial participation as they tested demonstrations that improved access, quality of care, and client outcomes.
- In 2017, the Federal Government expanded these waivers to include residential substance use treatment facilities that had been previously disqualified due to the exclusion of institutions for mental disease (IMDs) in Medicaid statutes.<sup>2</sup>

2-https://www.medicaid.gov/federal-policy-guidance/downloads/smd17003.pdf

## **CT 1115 SUD Demonstration Overview**

- On April 14<sup>th</sup> 2022 The State of Connecticut was approved for an 1115 Demonstration Waiver for substance use disorder (SUD) inpatient and residential treatment for adults and children under a fee-for-service (FFS) structure. Connecticut Valley Hospital was first to begin process.
- On 6/1/2022 community behavioral health agencies providing residential SUD services entered the Demonstration.
- This Demonstration was designed to build upon Connecticut's dynamic and extensive history of providing critical residential care for persons experiencing substance use disorders.



### **CT 1115 SUD Demonstration Goals and Milestones**



## CT 1115 SUD Waiver Demonstration



## CT 1115 SUD Waiver Demonstration

# Demonstration

Goals

Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment where the utilization is preventable or medically inappropriate Fewer readmissions to the same or higher level of care where readmissions are preventable or medically inappropriate for OUD and other SUDs

Improved access to care for physical health conditions among beneficiaries with OUD or other SUDs.

#### **CT's 1115 SUD Demonstration Milestones**

1	Access to Critical LOCs for SUDs
2	Use of American Society of Addiction Medicine (ASAM) Placement Criteria
3	Use of ASAM Program Standards for Residential Provider Qualifications
4	Provider Capacity of SUD Treatment including MAT
5	Implementation of Opioid Use Disorder (OUD) Comprehensive Treatment and Prevention Strategies
6	Improved Care Coordination and Transitions between LOCs

### CT 1115 SUD Demonstration Year 1 Activities A Year in Transition



## CT 1115 SUD DEMO LEVEL OF CARE PHASED IN DATES

• To promote stability in the substance use treatment system, levels of care were phased into the Demonstration by provider type and specialty.

Provider Type- ASAM Levels of Care	Start Date
State Hospitals ASAM 3.7 WM, 3.7 R, 4.0 WM	April 1, 2022 <u>Provider Bulletin- 2022-21</u>
Private Freestanding SUD Residential Treatment Facilities ASAM 3.1, 3.2, 3.3, 3.5, 3.5 PPW 3.7R, 3.7RE, 3.7WM	June 1, 2022 <u>Provider Bulletin 2022-39</u>
Behavioral Health Clinic, Enhanced Care Clinic or Outpatient Drug and Alcohol Abuse Center ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	November 15, 2022 <u>Provider Bulletin 2022-86</u>
Outpatient Hospitals ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	March 1, 2023 Provider Bulletin 2023-09
Behavioral Health Federally Qualified Health Centers (FQHCs) ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	July 1, 2023 <u>Provider Bulletin 2023-50</u>

# **Provisional Certification**

- Under Connecticut's 1115 SUD Demonstration increased <u>fee-for-service payment</u> <u>rates</u> were developed within Connecticut's Medical Assistance Program for substance use treatment. In alignment with the milestones of the Demonstration, SUD treatment services provided in the Medicaid fee-for-service (FFS) delivery system will comply with the current American Society of Addiction Medicine's (ASAM) criteria for activities including authorizations, utilization review decisions, multi-dimensional assessments and individualized treatment plans.
- All participating programs must be certified by the Department of Mental Health and Addiction Services or Department of Children and Families.

# Why Provisional Certification?

## Different Adoption Stages

• Recognizing that behavioral health providers participating in the Connecticut 11115 SUD Waiver are in different ASAM criteria adoption process stages, time is needed for full adoption of the standards.

Provider Education • This process provides agencies with an opportunity to assess their current compliance with the ASAM standards and to identify areas where improvement is required for full certification.

State Agency Support • This information will also help the Department of Mental Health and Addiction Services and Department of Children and Families support community providers over the 24month certification process.

# **Types of ASAM Certification**

#### Provisional Certification

- Recognizing that adoption of the ASAM criteria may represent a significant shift in service provision, quality monitoring, and resource allocation for many providers, the State of Connecticut has elected to provide a 24-month provisional certification period for the adoption of the ASAM criteria.
- Provisional certification periods began on the effective phased in dates e.g. June 1, 2022 for residential SUD providers.

#### **Full Certification**

• Full Certification will occur once providers successfully demonstrate compliance with the ASAM criteria for each level of care and associated programs they operate. Full certification status will last for three years from the date of approval.

## CT 1115 SUD DEMO Provisional Certification Numbers

Provider Type- ASAM Levels of Care	Number of Programs
State Hospitals ASAM 3.7 WM, 3.7 R, 4.0 WM	4
Private Freestanding SUD Residential Treatment Facilities ASAM 3.1, 3.2, 3.3, 3.5, 3.5 PPW 3.7R, 3.7RE, 3.7WM	45
Behavioral Health Clinic, Enhanced Care Clinic or Outpatient Drug and Alcohol Abuse Center ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	177
Outpatient Hospitals ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	41
Behavioral Health Federally Qualified Health Centers (FQHCs) ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	10
Total	277 Programs

# CT 1115 SUD DEMO Monitoring Phases

Provider Type- ASAM Levels of Care	Demo Year 1 Monitoring Phases
State Hospitals ASAM 3.7 WM, 3.7 R, 4.0 WM	November 2022 (Phase 1) May 2023 (Phase 2)
Private Freestanding SUD Residential Treatment Facilities ASAM 3.1, 3.2, 3.3, 3.5, 3.5 PPW 3.7R, 3.7RE, 3.7WM	December 2022- January 2023 (Phase 1) May-June 2023 (Phase 2)
Behavioral Health Clinic, Enhanced Care Clinic or Outpatient Drug and Alcohol Abuse Center ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	March-April 2023 (Phase 1)
Outpatient Hospitals ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	August 2023 (Phase 1)
Behavioral Health Federally Qualified Health Centers (FQHCs) ASAM 1-WM, ASAM 2-WM, ASAM 2.1 - Intensive Outpatient (IOP) ASAM 2.5 - Partial Hospitalization (PHP)	TBD (Phase 1)

### Ct 1115 SUD Demo Certification Monitoring Trends Year 1

#### Successes

- Number of programs provisionally certified
- Creation and implementation of monitoring assessment tools with provider feedback
- Significant improvement from Phase 1- Phase 2 monitoring visits.
- Collaboration between agencies and monitoring process. Feedback loop has been instrumental to moving process forward.
- Most residential providers are close to completing all policy updates related to SUD Demonstration
- Changes to scoring methodology

#### Challenges

- Base staffing and filling new positions has been the biggest challenge for providers. This impacts most aspects of the adoption process.
- Implementation of new monitoring process is iterative.
- Time needed to make implementation changes particularly for electronic health records and see these changes reflected in monitoring reports.
- Time needed to effectively train SUD workforce on ASAM and logistical limitations for in-person trainings.
- Consistency of implementation of CORE activities

# CT 1115 SUD Demonstration Provisional/Certification Requirements

Following the initial round monitoring visits in December-January 2023 and feedback from meetings with providers the scoring rubric for the monitoring process was updated to allow for more flexibility.

Programs must meet the following scoring thresholds to obtain full certification:

- 100% compliance with the Demonstration's Core Activities
- 100% compliance with the Demonstration's Administrative Activities
- An average overall score of 2 in the Demonstration's Support Activities

## **1115 CORE Monitoring Activities**

#### 100% Compliance Required upon Review Due Date: 6/1/2023\*

- Evidence of individualized/variable length of stay based on ASAM assessment and ASAM continued stay criteria
- ASAM diagnostic and dimensional criteria are utilized for the appropriate level of care during screening, admission, continued stay and discharge processes. The ASAM Transfer/Discharge criteria are applied to discharge planning processes.
- Evidence that facility offers pharmacotherapies (including medication for addiction treatment MAT) as a treatment option through direct provision or in collaboration with other enrolled Medicaid providers as permitted.
- Formal reviews necessary for payers are dictated by clinical/medical necessity as determined by a clinical assessment utilizing all six dimensions of the ASAM criteria. Payer utilization management processes are utilized.
- Individualized progress notes in the individual's record that clearly reflect implementation of the treatment plan and the individual's response to therapeutic intervention for all disorders treated, as well as subsequent amendments to the plan

#### 100% Compliance Required upon Review Due Date: 6/1/2023\*

- Individualized treatment plans are completed, reviewed and signed in accordance with the ASAM Criteria, Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid, and Provider Manual and state regulations.
- An individualized, comprehensive biopsychosocial assessment is conducted utilizing the ASAM Criteria and Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid
- Facility does not preclude admission of individuals based on MAT profile and active medication prescriptions. If agency cannot support a medication need internally they have policies in place to ensure communication with prescribing physician is ongoing or appropriate referrals are made.
- Evidence of a daily schedule of activities designed to meet individualized treatment needs in alignment with the minimum required treatment hours outlined in the Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid

## **CT 1115 SUD Demonstration Year 1 Capacity Changes**



## Residential SUD Bed Capacities by Level of Care

ASAM Level of Care	Bed Capacity 5/1/2022	Bed Capacity 6/1/2023
ASAM 3.1	76	73
ASAM 3.3	50	24
ASAM 3.5 PPW	54	51
ASAM 3.5	493	469
ASAM 3.7 R/ ASAM 3.7 RE	269	265
ASAM 3.7 WM	172	158
ASAM 4.0 WM	51	51
Total	1165	1091

### **CT 1115 SUD Demonstration Year 1 ASAM Training**



# Year 1 Changes to Training Plan

- Initially all agencies participating in Connecticut's 1115 SUD Waiver Demonstration and were provided access to on demand trainings through the Change Companies. Agencies were required to complete trainings in ASAM, Motivational Interviewing and The Transtheoretical Stages of Change Model.
- Based on provider feedback the State elected to waive the requirement that the Motivational Interviewing and Stages of Change trainings be completed through the Change Companies.
- Advanced Behavioral Health, DMHAS and DCF have partnered with Train for Change to offer a Two-day ASAM Criteria Skill Building Training. These began in December 2022.

# Training Grid Example

#### Connecticut 1115 SUD Demonstration Residential Provider Training Grid

Training Area	Content Area	Required Staff
ASAM Model Trainings	Introduction to ASAM Criteria	
	From Assessment to Service Planning and Level of Care	<ul> <li>Clinical Supervisors</li> <li>Masters Level Behavioral Health Providers</li> <li>Non-licensed staff providing therapeutic services</li> </ul>
	Multi-Dimensional Assessment	Agencies must demonstrate that required staff has completed the ASAM Model Trainings provided by the Change Companies to obtain full certification.
	ASAM Criteria Skill Building (Two Day)	Clinical Leadership* This training is not required, but it is recommended that agencies enroll at least one clinical staff person who can help lead the ASAM adoption process. This course will be provided by DMHAS and Advanced Behavioral Health in December 2022.

# Year 1 Training Highlights

- Advanced Behavioral Health deployed 1251 online training slots with an additional 150 set to deploy early this month.
- 719 individuals have completed the online training (57%). Most of these were from the initial residential training slots deployed at the beginning of the Demonstration.
- 102 staff persons from the PNP sector have completed the two-day intensive in-person training.
- Approximately 25 staff from ABH, DMHAS, DCF, DSS and Carelon have completed the in-person training as well.

### **CT 1115 SUD Demonstration Authorization Process**



# **Carelon Presentation**

- The State's administrative service organization, Carelon (Formerly Beacon Health Options) began conducting an independent review and prior authorization process in July of 2022.
- Flexibility on initial and concurrent authorizations was in place from July 1, 2022-May 1, 2023, to support stability in the system.
- On May 1, 2023, flexibility on initial authorizations ended
- Flex Bed Option- As of May 1, 2023, agencies providing inpatient (ASAM 3.7RE and 3.7) and residential (ASAM 3.5 and 3.3) treatment for substance use disorders for both adolescents and adults under the 1115 SUD Demonstration were able to provide ongoing services across a continuum of levels of care, as defined by the most recent edition of the ASAM criteria, in order to meet the treatment needs of the member at that moment in time, while ensuring continuity of care.
- Presentation from Carelon on process

### **CT 1115 SUD Demonstration Year 2 Plan**



### CT 1115 SUD Demonstration Year 2 Plan

#### **Provider Trainings**

- July 2023- Release on initial on-demand ASAM trainings for Hospital/FQHC Providers
- Quarterly assessment of entire SUD workforce training needs and deployment of training slots as needed.
- At least quarterly in-person ASAM Trainings through Train for a Change. Frequency will be assessed and increased as needed based on overall workforce turnover projections.

#### **Collaborative Improvement Plans**

- ABH and DMHAS will be meeting with agencies not meeting the CORE activities under the Demonstration after Phase II of monitoring to develop collaborative improvement plans.
- ASAM adoption needs are specific to each agency and the purpose of these meetings is to develop individualized and actionable plans that will help support full certification.

# Year 2-1115 Monitoring Phase Timelines

#### **1115 SUD ASAM Monitoring Phases**

Provider Type	Start Date	Completion Date
Residential (3.1, 3.3, 3.5, 3.7, 3.7 WM) Monitoring Phase II	22-May-23	15-Jul-23
Hospital Outpatient Monitoring Phase I	15-Aug-23	15-Sep-23
FQHC Monitoring Phase I	TBD	TBD
Private Non-Profit Ambulatory Monitoring Phase II	1-Oct-23	15-Nov-23
Residential (3.1, 3.3, 3.5, 3.7, 3.7 WM) Monitoring Phase III	1-Dec-23	15-Jan-24
Hospital/FHQC Ambulatory Monitoring Phase II	1-Feb-24	1-Mar-24
Private Non-Profit Ambulatory Monitoring Phase III	15-Mar-24	1-May-24
Residential (3.1, 3.3, 3.5, 3.7, 3.7 WM) Monitoring Phase IV	2-May-24	15-Jun-24
* Phase timelines are subject to change		

\* Phase timelines are subject to change

# Questions