OPEN MINDS

Connecticut Health & Human Services Market Profile

Connecticut © OPEN MINDS. All Rights Reserved.

Health & Human Services Market Profile Overview

A. Executive Summary
   1. Health Care Coverage by Payer
   2. Medicaid Care Coordination Initiatives
   3. Behavioral Health Safety-Net System Overview
B. Health Financing System Overview
   1. Population Demographics
   2. Population Centers
   3. Population Distribution By Payer
   4. Largest Health Plans
   5. Health Insurance Marketplace
   6. Accountable Care Organizations (ACOs)
C. Medicaid Administration, Governance & Operations
   1. Medicaid Governance
   2. Medicaid Program Spending
   3. Medicaid Expansion Status
   4. Medicaid Program Benefits
D. Medicaid Financing & Service Delivery System
   1. Medicaid Financing & Service Delivery System
   2. Medicaid FFS Program
   3. Medicaid Managed Care Program
   4. Medicaid Program: Care Coordination Initiatives
   5. Medicaid Program Waivers
   6. Medicaid Program: New Initiatives
E. Dual Eligible Financing & Service Delivery System
   1. Dual Eligible Medicaid Financing & Service Delivery System
   2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment
   3. Dual Eligible Medicaid Financing & Delivery System: Overview
   4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives
F. Long-Term Services & Supports Financing & Service Delivery System
   1. LTSS Financing & Service Delivery System
   2. Largest LTSS Health Plans By Estimated SMI Enrollment
   3. Medicaid LTSS Program: Health Benefits
   4. LTSS Medicaid Financing & Delivery System: New Initiatives
G. State Behavioral Health Administration & Finance System
   1. Public Behavioral Health System Governance
   2. Public Behavioral Health System Spending
   3. Behavioral Health Hospital Capacity
   4. Behavioral Health Safety-Net Delivery System
H. Appendices
   1. *OPEN MINDS* Estimates For The Share Of SMI Consumers By Payer/Plan
   2. Glossary Of Terms
   3. Sources

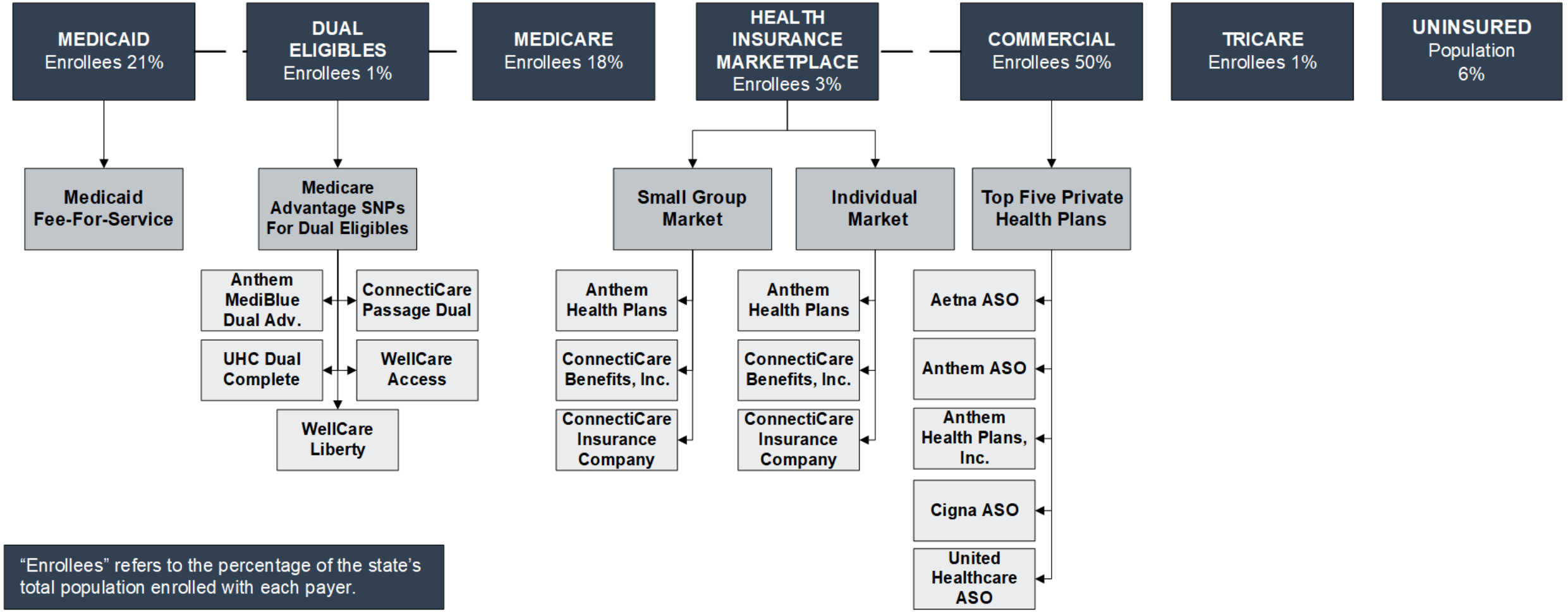
Connecticut © OPEN MINDS. All Rights Reserved.

A. Executive Summary

Connecticut © OPEN MINDS. All Rights Reserved.

A.1. Connecticut Physical Health Care Coverage by Payer

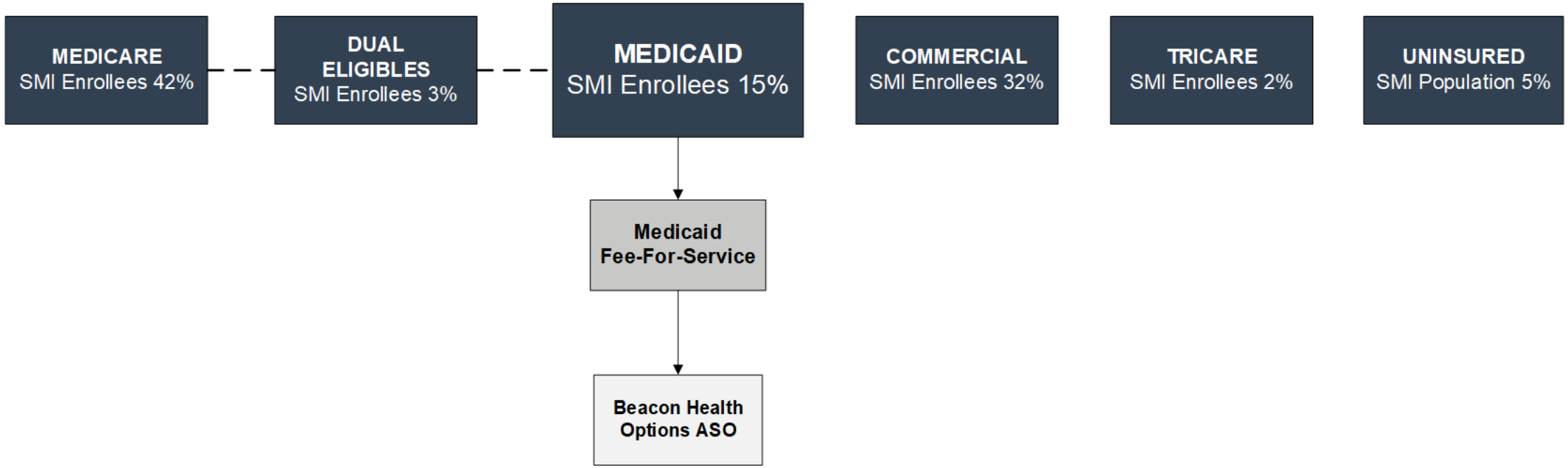
Total Connecticut Population- 3,605,597
Estimated SMI Population- 176,674



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

Connecticut © OPEN MINDS. All Rights Reserved.

A.1. Connecticut Behavioral Health Care Coverage by Payer



"Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer

Connecticut © OPEN MINDS. All Rights Reserved.

A.2. Health & Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan		The state does not operate a managed care program, but there are Medicare D-SNP plans.
Primary Care Case Management (PCCM)	✓	HUSKY Primary Care is Connecticut's PCCM Program.
Accountable Care Organization (ACO) Program	✓	The state's PCMH+ program contains a shared savings component.
Affordable Care Act (ACA) Model Health Home	✓	The state has a health home program for individuals with behavioral health conditions.
Patient-Centered Medical Home (PCMH)	✓	The state operates two PCMH programs, one with an enhanced payment model, and the other with a shared savings model.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Six agencies have been invited to participate based on program criteria. Two CCBHCs will be certified by the end of the planning year, one serving a rural area and one serving an urban area.
Other Care Coordination Initiatives		None

Connecticut © OPEN MINDS. All Rights Reserved.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Connecticut Department of Public Health is responsible for providing physical health services to the uninsured population.

Mental Health Services

- The Connecticut Department of Mental Health and Addiction Services (DMHAS) provides mental health services to the uninsured population by funding and/or operating regional Local Mental Health Authorities.

Addiction Treatment Services

- DMHAS provides addiction treatment to the uninsured population by operating its own treatment center, and by contracting with a network of provider organizations.

Connecticut © OPEN MINDS. All Rights Reserved.

B. Connecticut Health Financing System Overview

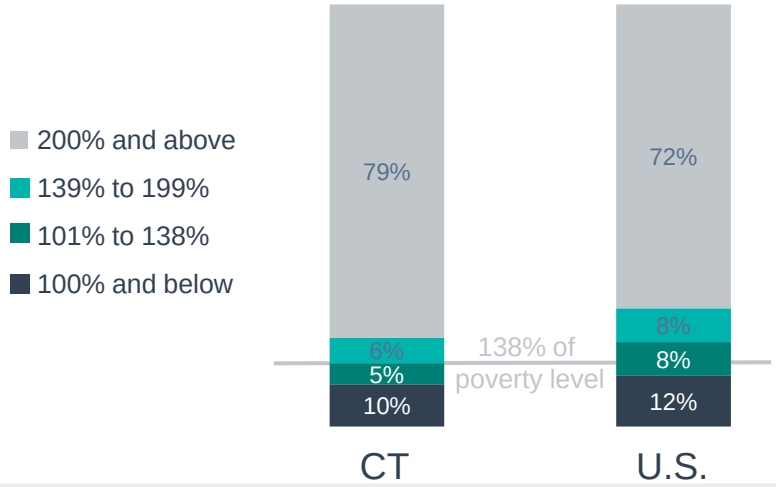
Connecticut © OPEN MINDS. All Rights Reserved.

B.1. Population Demographics

Total Connecticut Population- 3,605,597
Estimated SMI Population- 176,674

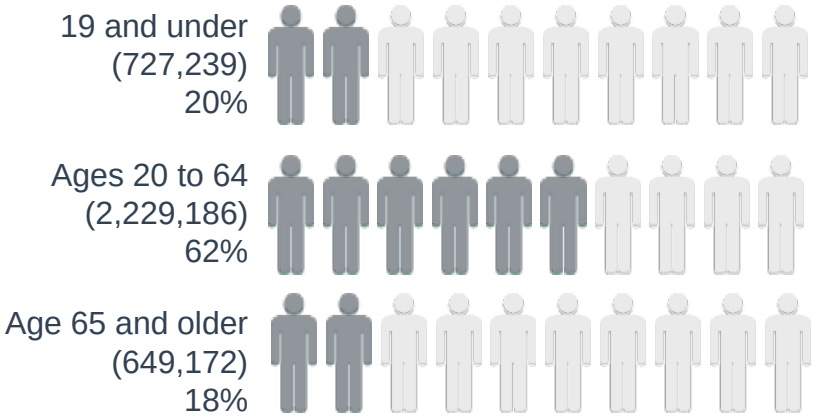
1% of the
U.S. population

Population Distribution By Income To Poverty Threshold Ratio

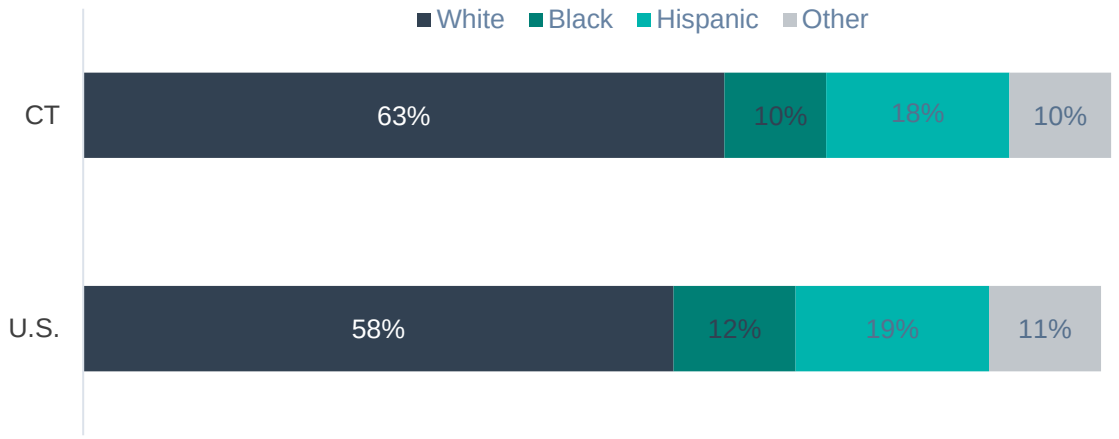


Median Household Income	
Connecticut	$83,771
U.S.	$69,717

Population Distribution By Age



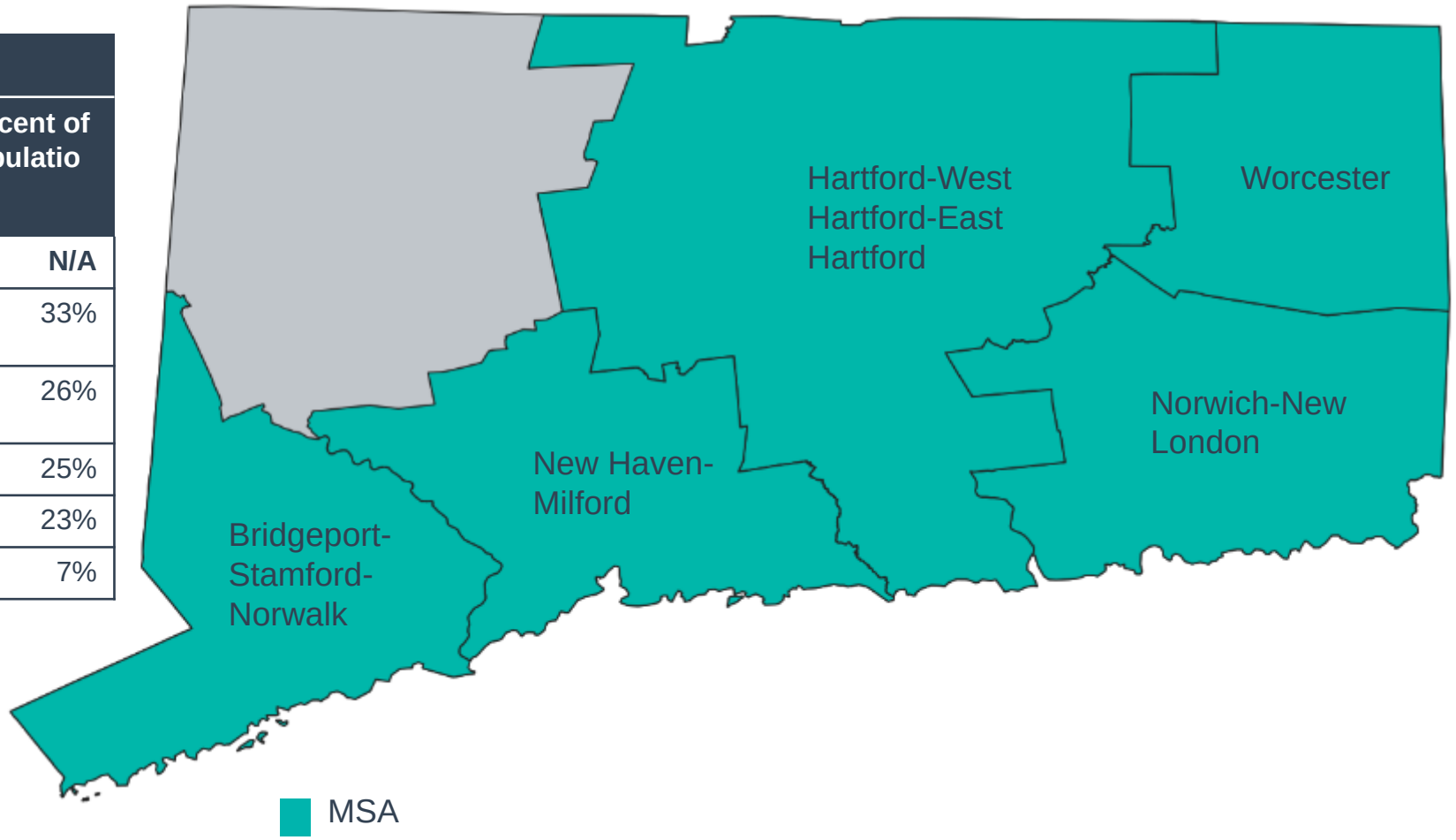
Connecticut & U.S. Racial Composition



Connecticut © OPEN MINDS. All Rights Reserved.

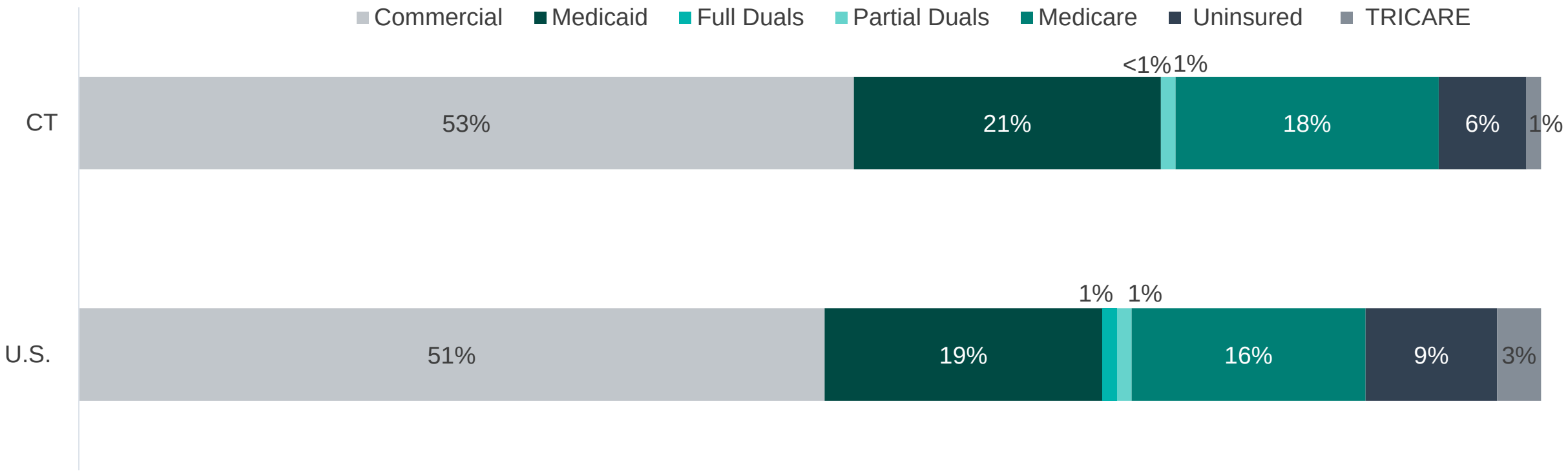
B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	**MSA Residents**	**Percent of Population**
Total MSA Population	**4,439,102**	**N/A**
Hartford-Hartford-Middletown, CT	1,211,906	33%
Bridgeport-Stamford-Norwalk, CT	959,768	26%
Worcester, MA-CT	934,923	25%
New Haven-Milford, CT	863,700	23%
Norwich-New London, CT	268,805	7%



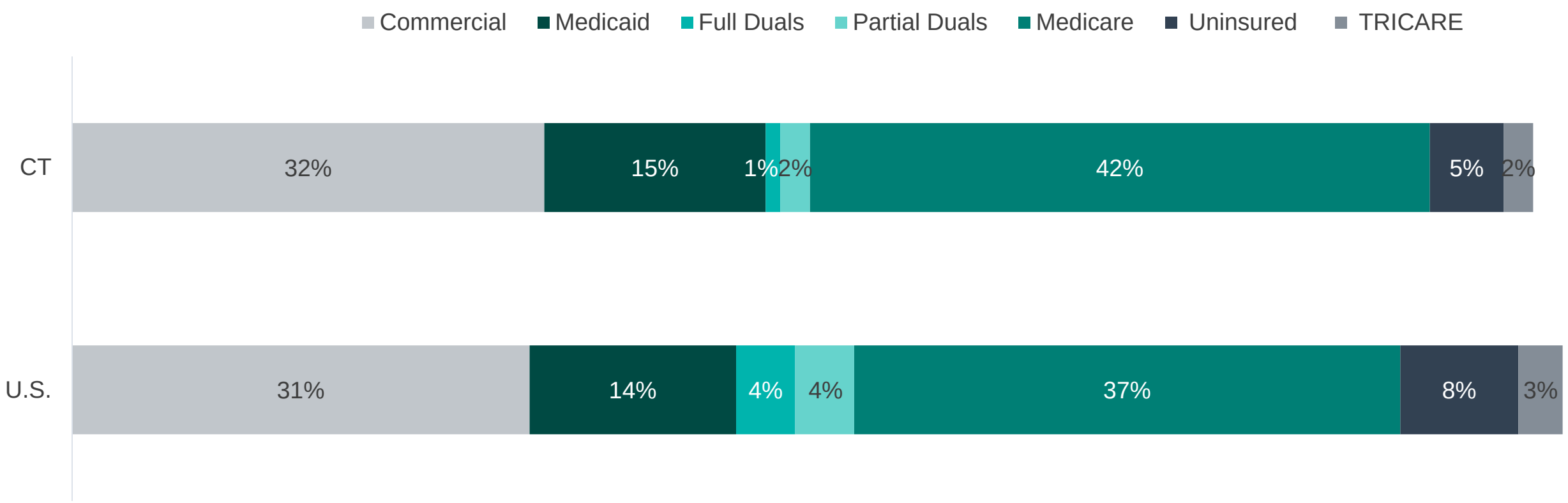
Connecticut © OPEN MINDS. All Rights Reserved.

B.3. Population Distribution By Payer: National vs. State



Connecticut © OPEN MINDS. All Rights Reserved.

B.3. SMI Population Distribution By Payer: National vs. State



Connecticut © OPEN MINDS. All Rights Reserved.

B.4. Largest Connecticut Payers By Enrollment

Plan Name	Plan Type	Enrollment*
Anthem Health Pans	Commercial	761,234
HUSKY A	Medicaid	532,486
Anthem	Commercial administrative services organization (ASO)	442,098
UnitedHealthcare	Commercial ASO	366,200
HUSKY D	Medicaid	334,853
Medicare Fee-for-Service (FFS)	Medicare	311,067
Cigna	Commercial ASO	308,983
Aetna	Commercial ASO	217,648
HUSKY C	Medicaid	79,391
Sierra Health and Life Insurance Company	Medicare Advantage	76,334

*Medicaid enrollment as of May 2022; TRICARE as of July 2021; Commercial as of May 2022; Medicare enrollment as of May 2022

Connecticut © OPEN MINDS. All Rights Reserved.

B.4. Largest Connecticut Payers By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Connecticut Medicare Fee-For-Service (FFS)	Medicare	311,067	49,771
Anthem Health Plans	Commercial	761,234	37,300
HUSKY A	Medicaid FFS	532,486	26,092
Anthem	Commercial ASO	442,098	21,663
UnitedHealthcare	Commercial ASO	366,200	17,944
HUSKY D	Medicaid FFS	334,853	16,408
Cigna ASO	Commercial ASO	308,983	15,140
Sierra Health and Life Insurance Company	Medicare Advantage	76,334	12,213
Aetna	Commercial ASO	217,648	10,665
Aetna Medicare	Medicare Advantage	55,500	8,880

*Medicaid enrollment as of May 2022; TRICARE as of July 2021; Commercial as of May 2022; Medicare enrollment as of May 2022

Connecticut © OPEN MINDS. All Rights Reserved.

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Healthcare Market Enrollment Percentage	<1%
Type of Marketplace	State-based
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	https://accesshealthctsmallbiz.com/
	1-855-805-4325

2023 Individual Market Health Plans
1. Anthem
2. ConnectiCare Benefits Company
3. CTCare Insurance Company

2023 Small Group Market Health Plans
1. Anthem
2. ConnectiCare Benefits Company
3. CTCare Insurance Company

Connecticut © OPEN MINDS. All Rights Reserved.

B.6. Accountable Care Organizations

Medicare Shared Savings ACOs
1. CMG ACO
2. Hartford HealthCare Accountable Care Organization, Inc. (HHC ACO)
3. Hudson Accountable Care, LLC
4. Integra Community Care Network, LLC
5. Life Health Services, LLC
6. LTC ACO, LLC
7. North Shore-LIJ MSSP ACO, LLC
8. Northeast Medical Group ACO
9. Physicians Accountable Care Solutions
10. ProHealth Physicians ACO
11. Prospect ACO NE, LLC
12. QHI ACO, LLC
13. Taconic ACO
14. Trinity Health of New England ACO
15. Western Connecticut Health Network Physician Hospital Organization ACO, Inc.
16. Westchester Medical Group, PC

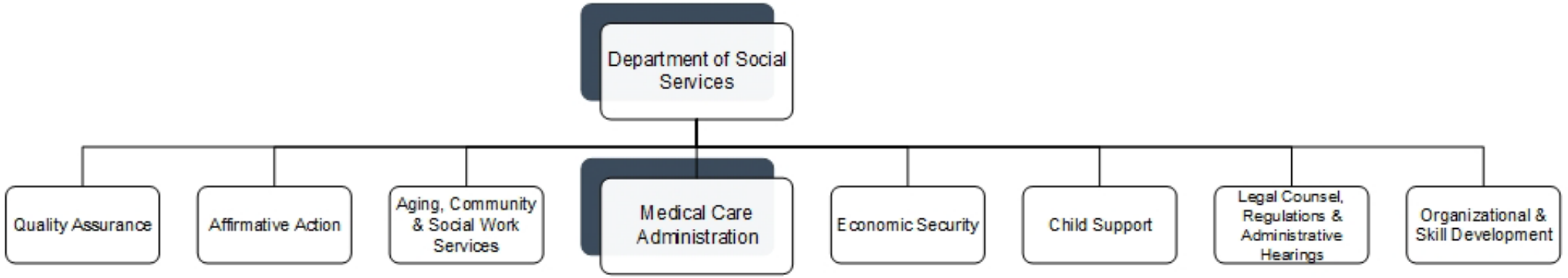
Commercial	
ACO	**Commercial Insurer**
CMG ACO	Aetna, Anthem, Cigna
Connecticut State Medical Society-IPA	Anthem, Cigna, ConnectiCare, UnitedHealthcare, WellCare
Day Kimball Healthcare	Cigna
Eastern Connecticut Physician Hospital Organization, Inc	Cigna
Greenwich Physicians Association	Cigna
Hartford HealthCare Accountable Care Organization, Inc (HHC ACO)	Aetna
Integrated Health Partners	Cigna
Northeast Medical Group ACO, LLC	Aetna, Cigna
ProHealth Physicians ACO, LLC	Aetna, Cigna, UnitedHealthcare
ValueCare Alliance ACO	Aetna

Connecticut © OPEN MINDS. All Rights Reserved.

C. Medicaid Administration, Governance & Operations

Connecticut © OPEN MINDS. All Rights Reserved.

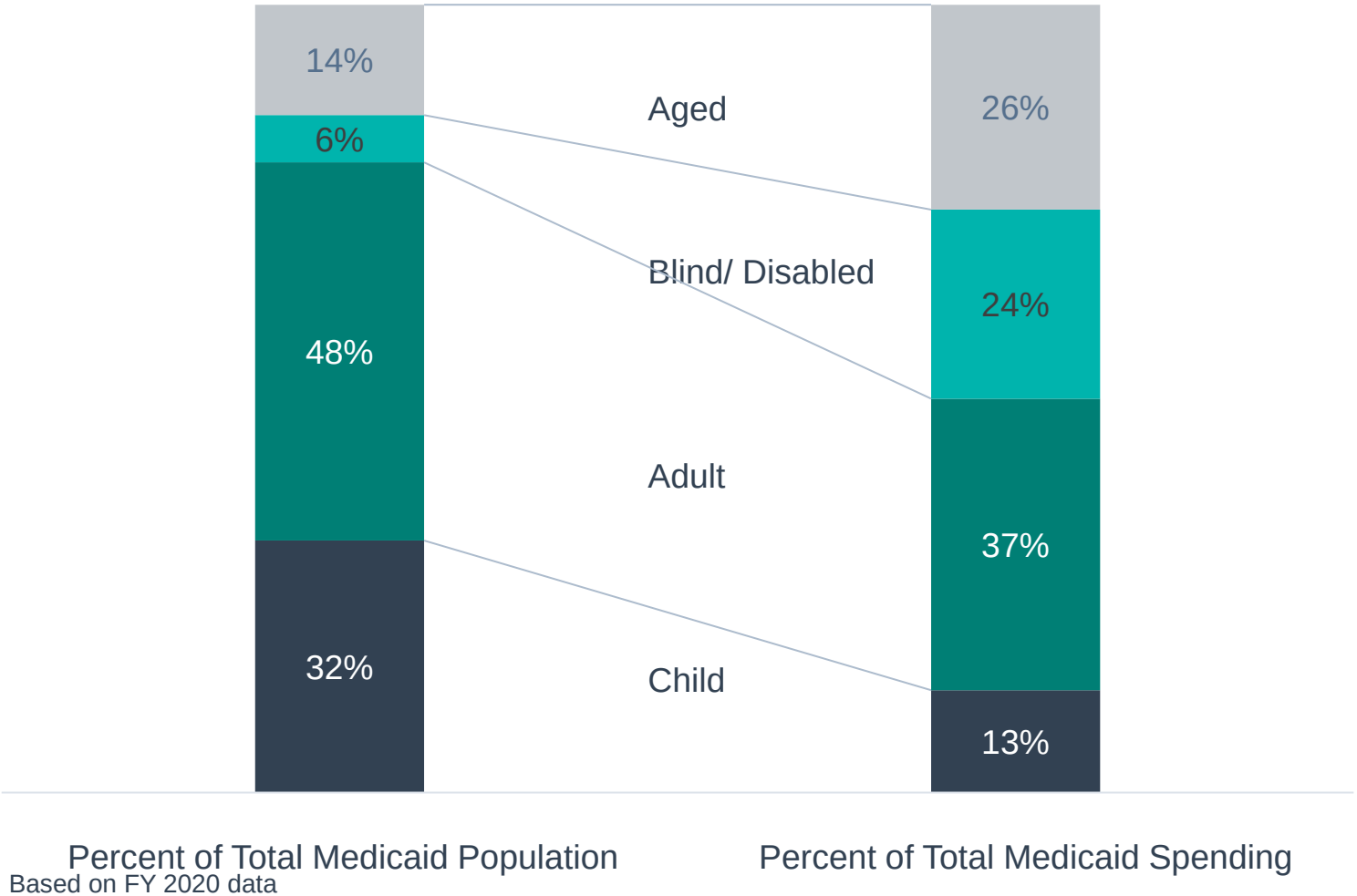
C.1. Medicaid Governance: Organization Chart & Key Leadership



Name	Position	Department	Email
Diedre S. Gifford, M.D., MPH	Commissioner	Department of Social Services	commis.dss@ct.gov
Kathleen M. Brennan	Deputy Commissioner of Programs and Administration	Department of Social Services	kathleen.brennan@ct.gov
William Halsey	Interim Director of Medicaid and the DSS Division of Health Services	Department of Social Services	william.halsey@ct.gov
Kathy Bruni	Health Services Community Operations Director	Department of Social Services	kathy.bruni@ct.gov
Brad Richards	Chief Medical Officer	Department of Social Services	brad.richards@ct.gov

Connecticut © OPEN MINDS. All Rights Reserved.

C.2. Medicaid Program Spending By Eligibility Group



Based on FY 2020 data

Medicaid Spending Per Enrollee, FY 2020		
	U.S.	CT
All populations	$8,718	$8,725
Children	$3,495	$3,561
Adults	$5,461	$5,826
Expansion adults	$7,227	$7,578
Blind and disabled	$23,123	$30,999
Aged	$18,552	$16,041

Connecticut © OPEN MINDS. All Rights Reserved.

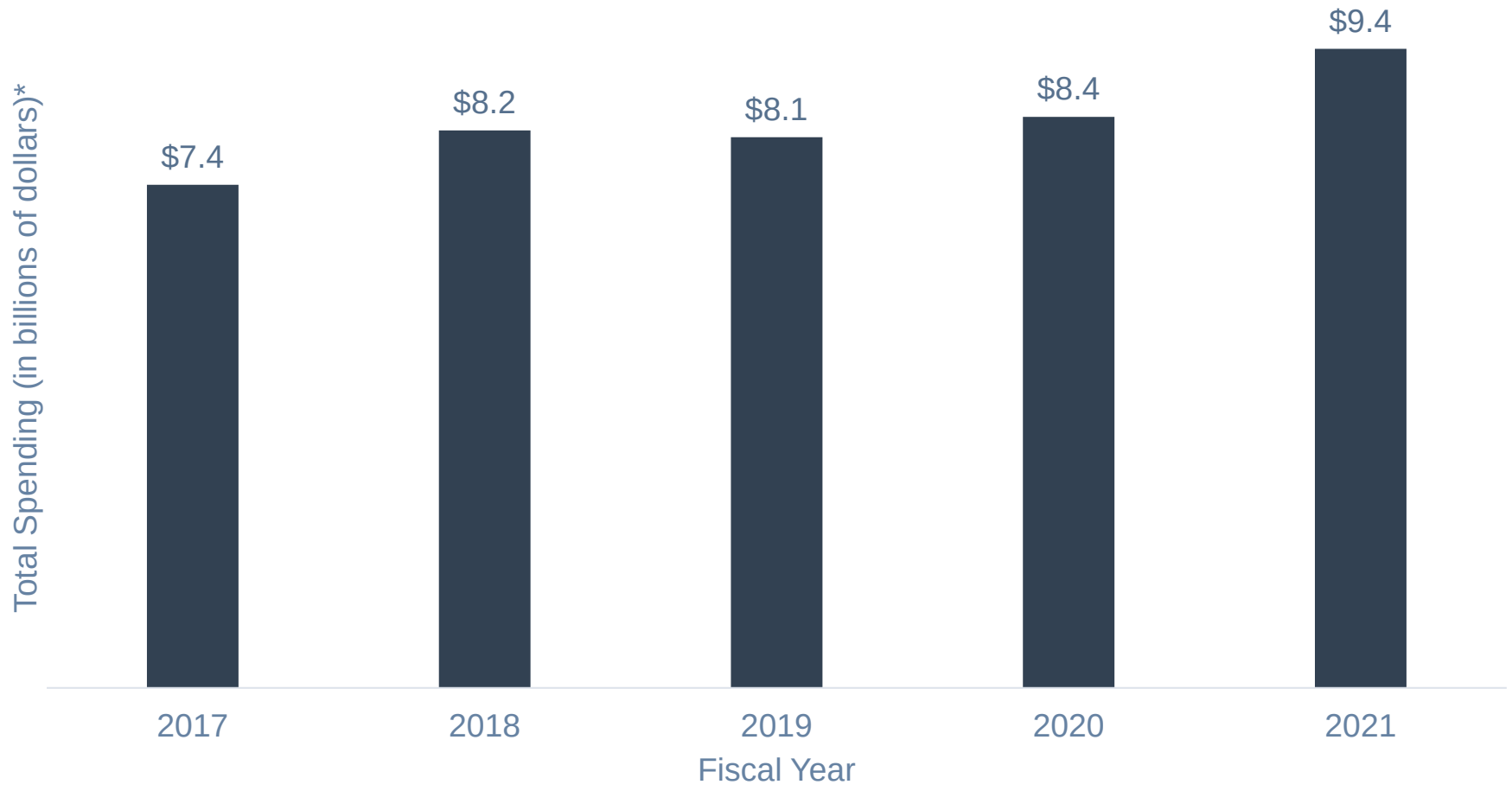
C.2. Medicaid Program Spending: Budget

Budget Item	SFY 2021 Spending	Percent Of Budget
Hospital	$2,795,000,000	29%
Home- and community-based LTSS	$2,058,000,000	22%
Institutional LTSS	$1,495,000,000	15%
Drugs	$708,000,000	7%
Other acute services	$641,000,000	7%
Medicare premiums and coinsurance	$569,000,000	6%
Physician	$507,000,000	5%
Clinic and health center	$389,000,000	4%
Other practitioner	$277,000,000	3%
Dental	$153,000,000	2%
Budget Total: $9,486,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	56%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

Connecticut © OPEN MINDS. All Rights Reserved.

C.2. Medicaid Program Spending: Change Over Time



Connecticut © OPEN MINDS. All Rights Reserved.

C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	• 133% of Federal Poverty Level (FPL) for childless adults and parents and caretaker relatives • Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
Legislation Used To Expand Medicaid	None, Connecticut expanded its Medicaid program using a state plan amendment.
Number Of Individuals Enrolled In The Expansion Group (March 2022)	367,373
Number Of Enrollees Newly Eligible Due To Expansion	338,452
Benefits Plan For Expansion Population	The alternative benefit plan is identical to the state plan.

Connecticut © OPEN MINDS. All Rights Reserved.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care
18. Substate Use Disorder services

Connecticut's Optional Services

1. Ambulatory surgery
2. Audiology and hearing aids
3. Behavioral health services
4. Chiropractor services
5. Dental services
6. Dialysis
7. Durable medical equipment
8. Eyeglasses and vision care
9. Hospice services
10. Intermediate care facility services for I/DD
11. Medical surgical supplies
12. Naturopathic medicine
13. Nursing facilities
14. Orthotic and prosthetic devices
15. Oxygen and respiratory therapy
16. Pharmacy services
17. Physical, occupational, and speech therapy
18. Podiatry

Connecticut © OPEN MINDS. All Rights Reserved.

D. Medicaid Financing & Service Delivery System

Connecticut © OPEN MINDS. All Rights Reserved.

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid Managed Care**
Enrollment (May 2022)	963,411	N/A
SMI Enrollment	• Connecticut does not operate a managed care program; therefore, all individuals—including those with SMI—are served through the FFS system. • Estimated 100% of the SMI population is in FFS	
Management	• Physical Health: Community Health Network of CT (ASO) • Behavioral Health: Beacon Health Options (ASO)	• N/A
Payment Model	All: FFS, plus administrative fees for the ASOs	• N/A
Geographic Service Area	Statewide	• N/A

Total Medicaid: 963,411 | Total Medicaid With SMI: 47,207

Connecticut © OPEN MINDS. All Rights Reserved.

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	• Connecticut does not operate a managed care or primary care case management (PCCM) program. As a result, all populations—including dual eligibles and the SMI population—are served through the FFS system. • As of May 2022, 100% of the Medicaid population is in FFS.
SMI population inclusion in managed care	
Dual eligible population inclusion in managed care	
Long-term services and supports (LTSS) inclusion in managed care	

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	Connecticut contracts with Beacon Health Options to act as the administrative services organization (ASO) for Medicaid behavioral health services. All services are covered FFS by the state.	N/A
Specialty behavioral health		N/A
Pharmaceuticals		N/A
Long-term services and supports (LTSS)	Covered FFS by the state	N/A

Connecticut © OPEN MINDS. All Rights Reserved.

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan		The state does not operate a managed care program, but there are Medicare D-SNP plans.
Primary Care Case Management (PCCM)	✓	HUSKY Primary Care is Connecticut's PCCM Program.
Accountable Care Organization (ACO) Program	✓	The state's PCMH+ program contains a shared savings component.
Affordable Care Act (ACA) Model Health Home	✓	The state has a health home program for individuals with behavioral health conditions.
Patient-Centered Medical Home (PCMH)	✓	The state operates two PCMH programs, one with an enhanced payment model, and the other with a shared savings model.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Six agencies have been invited to participate based on program criteria. Two CCBHCs will be certified by the end of the planning year, one serving a rural area and one serving an urban area.
Other Care Coordination Initiatives		None

Connecticut © OPEN MINDS. All Rights Reserved.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Connecticut does not operate a managed care or primary care case management (PCCM) program. As a result, all populations are enrolled in FFS.

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers	X		
Children	X		
Blind and disabled individuals	X		
Aged individuals	X		
Dual eligibles	X		
Medicaid expansion	X		
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care	X		
Other populations	X		

Connecticut © OPEN MINDS. All Rights Reserved.

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of May 2022 was 963,411.
- Connecticut's Medicaid program is called Husky Health. There are four major groups that receive services through Husky Health:
  - Husky A: Provides services to children, parents, caretaker relatives, and pregnant women. Enrollment as of May 2022 was 532,486.
  - Husky B: Provides services to uninsured children under the age of 19 with household incomes between 201% and 323% of FPL. Enrollment as of May 2022 was 16,681.
  - Husky C: Provides services to aged, blind, and disabled individuals. Enrollment as of May 2022 was 79,391.
  - Husky D: Provides services to the Medicaid expansion population ages 19 to 64 years old with income below 138% of the FPL. Enrollment as of May 2022 was 334,853.
- Connecticut utilizes administrative services organizations (ASOs) to manage benefits for its Medicaid populations.
  - The state contracts with four ASOs to administer four categories of benefits: Medical (Community Health Network of CT ASO), behavioral health (Beacon Health Options), dental (Connecticut Dental Health Partnership), and non-emergency transportation (Veyo).
  - ASOs are responsible for care coordination, utilization management, disease management, customer service, network management, provider organization credentialing, and review of grievances.

Connecticut © OPEN MINDS. All Rights Reserved.

D.2. Medicaid FFS Program: Intensive Care Management

- Connecticut, in partnership with its medical ASO, Community Health Network of Connecticut (CHNCT), operates an Intensive Care Management (ICM) program for high-risk Medicaid enrollees.
- The organization partners with Beacon Health Options to provide ICM to individuals with behavioral health and SMI diagnoses.
- Individuals are identified using predictive modeling or referral. Other factors for eligibility include number of emergency room visits, health risk assessment score, and pharmacy adherence.
  - Participation is voluntary.
- The ICM program provides a comprehensive assessment, care planning, member direction in setting goals, education, coaching, coordination, and integration of services.
- Members complete the ICM program when they have met pre-determined health care goals and can successfully manage their condition independently.

Connecticut © OPEN MINDS. All Rights Reserved.

D.2. Medicaid FFS Program: Behavioral Health Benefits

Beacon Health Options serves as the ASO for behavioral health services, psychotropic medications, and medications for addiction disorders.

FFS Mental Health Benefits
1. Inpatient and emergency hospitalization
2. Crisis stabilization and observation
3. Partial hospitalization
4. Extended day treatment
5. Outpatient services, including psychotherapy
6. Intensive outpatient services
7. Electro-convulsive therapy
8. Psychological testing
9. Evaluation
10. Adult mental health group homes
11. Home health care
12. Case management
13. Medication management

FFS Addiction Treatment Benefits
1. Inpatient and residential detoxification
2. Ambulatory detoxification
3. Methadone maintenance
4. Medication assisted treatment
5. Evaluation
6. Outpatient services
7. Intensive outpatient services

Connecticut © OPEN MINDS. All Rights Reserved.

D.2. Medicaid FFS Program: SMI Population

- Connecticut does not operate a managed care program; therefore, all members with SMI are enrolled in FFS.
- As of May 2022, *OPEN MINDS* estimates that 100% of the SMI population was enrolled in FFS.

Connecticut © OPEN MINDS. All Rights Reserved.

D.2. Medicaid FFS Program: Pharmacy Benefit

Connecticut FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, anticonvulsants, antidepressants, antipsychotic, and anxiolytics are included on the pharmacy's PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid dependence medications are included on the pharmacy's PDL.
Coverage Of Antipsychotic Injectable Medications	Antipsychotic injectable medications are covered as a pharmacy benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	Mental health and addiction treatment medications may be subject to prior authorization or step therapy requirements; generic brand medication is preferred.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Connecticut operates a Drug Utilization Review (DUR) to develop a pharmacy restriction program. If members are suspected of pharmaceutical misuse, they will be restricted to one pharmacy for one year as per Connecticut state law.

Connecticut © OPEN MINDS. All Rights Reserved.

D.3. Medicaid Managed Care Program: Overview

- Connecticut does not have a managed care program.

Connecticut © OPEN MINDS. All Rights Reserved.

D.4. Medicaid Program: Care Coordination Initiatives

Accountable Care Organization (ACO) Program

The state's PCMH+ program has a shared savings component.

Affordable Care Act Health Home

The state has health homes for individuals with behavioral health disorders.

Patient-Centered Medical Home (PCMH)

The state has a long-standing PCMH program, and a newer PCMH program called PCMH+ that incorporates shared savings.

Other Care Coordination Initiatives

None

Connecticut © OPEN MINDS. All Rights Reserved.

D.4. State Medicaid Health Home Characteristics

Integrated Health Homes Concept	
Target Population	• Adults and children with psychotic, mood, anxiety, obsessive compulsive, post-traumatic stress, or borderline personality disorder (adults only) whose Medicaid claims exceed $10,000 per year
Enrollment Model	• Automatic assignment for those already receiving services at a designated BHH provider organization, with the ability to opt-out • State notification of opt-in eligibility for individuals not receiving services at a designated BHH provider organization
Geographic Service Area	Statewide
Care Delivery Model	• Local Mental Health Authorities (LMHAs) or their designated affiliates (see section G.4.) serve as BHHs. • Six core health home services: Comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family support, referral to community services, and health information technology. • Comprehensive needs assessment and care plan for each individual
Payment Model	• $317 per member per month (PMPM) rate for providing at least one health home service
Practice Performance & Improvement	• Hospital, ER, and SNF admission rate • Centers for Medicare & Medicaid Services and state measures for chronic disease management • State measures for decreasing homelessness and increasing employment and educational opportunities • State will track encounters and discharge follow-up to assess care coordination • Pre- and post-enrollment cost comparisons

Connecticut © OPEN MINDS. All Rights Reserved.

D.4. Medicaid Care Coordination: PCMHs

- As of the fourth quarter of 2021, there were 111 unique NCQA approved practices participating in the state's PCMH initiative. The last reported PCMH enrollment had 417,424 attributed members in the last quarter of 2019.
- PCMH practices with NCQA level 2 or 3 recognition receive increased Medicaid rates for certain primary care services. These practices are also eligible for additional retrospective lump sum PMPM payments based on improved quality measure performance over the prior year.
  - Qualifying HUSKY health PCMH programs can earn performance-based payments (performance payments and improvement payments) for select measures. For more information, see the next slide.
  - As of 2020, the state updated and removed the number of performance measures to increase clinical value. The state will continue to use the 2018-2019 payment methodology for the new performance measures.
- Practices have 18 months to achieve recognition and may receive enhanced payments through the glide path option during this time.
  - In the second quarter of 2019, there were 18 glide path practices, one glide path renewal practice, and 16 PCMH accredited practices.
- The state's physical health ASO, the Community Health Network of Connecticut, Inc., provides ongoing technical support to practices pursuing PCMH initial recognition or renewal.

Connecticut © OPEN MINDS. All Rights Reserved.

D.4. Medicaid Care Coordination: PCMH Quality Measures

PCMH Quality Measures	
1. Avoidable Emergency Department Visits	16. Follow-up after ED visits for mental illness
2. Avoidable Hospitalizations	17. Annual fluoride treatment ages 0-4
3. Adolescent well-care visits	18. Annual monitoring for persistent medications
4. Avoidance of antibiotic treatment in adults with acute bronchitis	19. Appropriate treatment for children with upper respiratory infection
5. Developmental screening in the first three years of life	20. Asthma Medication Ratio
6. Diabetes HbA1c screening	21. Breast cancer screening
7. Emergency Department Usage	22. Cervical cancer screening
8. Medication Management for Asthmatics	23. Chlamydia screening in women
9. PCMH CAPHS	24. Diabetes eye exam
10. Behavioral Health Screening	25. Diabetes: medical attention for nephropathy
11. Metabolic Monitoring for Children and Adolescents on Antipsychotics	26. Follow-up care for children prescribed ADHD medication
12. Readmissions within 30 days	27. HPV Vaccine
13. Antidepressant medication management	28. Oral Evaluation in Dental Services
14. Prenatal and Postpartum Care	29. Use of imaging studies for low back pain
15. Follow-up after hospitalization for mental illness	30. Well-child visits in the third, fourth, fifth, and sixth year.

Connecticut © OPEN MINDS. All Rights Reserved.

D.4. Medicaid Care Coordination: PCMH+

- PCMH+ is a care coordination initiative with shared savings.
  - The program was previously called the Medicaid Quality Improvement and Shared Savings Program.
- FQHCs or state-defined advanced networks are eligible to participate.
  - Advanced networks can be ACOs, individual practices, or networks of practices.
- As of September 2019, a total of 178,672 Medicaid members were attributed to 11 FQHCs and eight advanced network PCMH+ organizations.
- PCMH+ organizations must hold Joint Commission or NCQA PCMH recognition. They provide enhanced care coordination activities to members who are prospectively attributed but can opt-out.
- Participating FQHCs and advanced networks are eligible for a share of savings if they reduce the cost of providing care by at least 2%. Shared savings are distributed through the:
  - Individual pool: Payments funded by the specific participating organization's savings for meeting nine performance measures.
  - Challenge pool: Savings remaining in the individual pool from organizations that fail to meet performance measures are awarded to organizations that meet four additional performance measures.
- FQHCs also receive $4.50 PMPM payment for FQHC add-on care coordination activities.

Connecticut © OPEN MINDS. All Rights Reserved.

D.4. Medicaid Care Coordination: PCMH+ Participants

PCMH+ Organization	Type	Final Quality Score 2021
Hartford Healthcare Medical Group, Inc.	Advanced Network (AN)	62.5%
First Choice Health Centers Inc.	FQHC	16.7%
Generations Family Health	FQHC	37.5%
Charter Oak Family Health	FQHC	37.5%
Southwest Community Health	FQHC	25.0%
Optimus Health Care	FQHC	31.3%
United Community and Family Services	FQHC	50.0%
Cornell Scott-Hill Health	FQHC	56.3%
Community Health Center	FQHC	18.8%
Wheeler Clinic inc.	FQHC	12.5%
Fair Haven Community Health	FQHC	18.8%
Connecticut Children's Medical Center	AN	31.3%

Connecticut © OPEN MINDS. All Rights Reserved.

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
EPSDT EIS Qualified Program Waiver (CT-07)	Authorizes the state to limit choice of provider organizations for the early intervention services program.	1915 (b)	None	10/01/2021	09/30/2023
CT Home Care Program for Elders Case Management Freedom of Choice Waiver (CT-06)	Authorizes the state to limit the choice of provider organizations for case management services for individuals enrolled in the state's 1915 (c) waiver for elders and its 1915 (i) state plan amendment.	1915 (b)	1,000	04/01/2021	06/20/2025
Connecticut Substance Use Disorder Demonstration	The goal of this demonstration is for the state to maintain and enhance access to SUD services, and continue delivery system improvements to provide more coordinated and comprehensive treatment for beneficiaries with SUD.	1115	None	04/14/2022	03/31/2027

Connecticut © OPEN MINDS. All Rights Reserved.

D.5. Medicaid Program: Demonstration & Care Management Waivers (cont.)

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Covered Connecticut	The goal is too close the health insurance affordability gap for low-income individuals who earn too much to qualify for Medicaid but not enough to afford coverage through the state's health insurance marketplace, Access Health CT	1115	18,721	12/15/2022	12/31/2027
Connecticut Housing Engagement and Support Services (CHESS) Initiative (CT-08)	Aims to identify Medicaid Participants who are experiencing homelessness and a higher rate of hospitalizations than would otherwise be expected based on their diagnoses and other risk factors. Once the Participant is identified, services are designed to support the participant with a range of housing stabilization services, healthcare coordination services, services to support community participation, ongoing engagement, and housing maintenance.	1915 (b)	None	08/16/2021	08/15/2026

Connecticut © OPEN MINDS. All Rights Reserved.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
CT HCBS for Elders (0140.R07.00)	Individuals ages 65 and older	18,753	Home- and Community-Based Services (HCBS) Unit	Yes, the state has a concurrent 1915 (b) wavier.
CT Comprehensive Supports (0437.R03.00)	Individuals with a developmental disability ages 18 and older, and individuals with an intellectual disability ages 3 and older	5,700	Department of Developmental Services	No
CT Individual and Family Support (0426.R03.00)	Individuals with a developmental disability ages 18 and older, and individuals with an intellectual disability ages 3 and older	4,500	Department of Developmental Services	No
CT Employment and Day Supports (0881.R02.00)	Individuals with a developmental disability ages 18 and older, and individuals with an intellectual disability ages 3 and older	2,703	Department of Developmental Services	No
CT Personal Care Assistance (0301.R05.01)	Individuals who are physically disabled ages 18 to 64	1,637	Alternate Care Unit/ HCBS Unit	Yes, the state has a concurrent 1915 (b) wavier.
CT Mental Health Waiver (0653.R02.00)	Individuals with mental illness ages 22 and older	1,002	Department of Mental Health and Addiction Services	No
CT Acquired Brain Injury (0302.R05.00)	Individuals with brain injury ages 18 and older	325	Community Options Unit	No
CT Katie Beckett (4110.R08.00)	Individuals with a physical disability ages 0 to 22	341	Community Options Unit	No

Connecticut © OPEN MINDS. All Rights Reserved.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
CT ABI Waiver II (1085.R00.00)	Individuals with brain injury ages 18 and older	276	HCBS Unit	No
CT Home and Community Supports Waiver for Persons with Autism (0993.R01.00)	Individuals with autism ages 3 and older	1,000	Community Options Unit	No

Connecticut © OPEN MINDS. All Rights Reserved.

D.6. Medicaid Program New Initiatives: Timeline

- As part of Connecticut's state innovation model (SIM) grant, the state is exploring the use of Health Enhancement Communities (HEC).
- HECs will be comprised of multiple organizations that operate across sectors for a defined geographic region.
  - The Population Health Council recommends that eight to 12, non-overlapping HECs be established. Each HEC must serve at least 150,000 people, 20,000 of which must be Medicare beneficiaries.
- The HECs will work to address health disparities and improve community health. The three proposed goals for the HEC to address are:
  - Improve child well-being; increase healthy weight and physical fitness; and improve health equity.
- To address these goals, the HECs will select initiatives across four categories:
  - System interventions
  - Policy interventions
  - Programmatic interventions
  - Cultural norm interventions
- The state is exploring financing options for the HECs, including outcome-based financing (shared savings arrangements, pay for success/social impact bonds, and outcome rate cards), flexible funds (braided funds, blended funds, or wellness trust), and new funds (grants, debt/equity, and tax credits).
- Information on when the HECs will be implemented is not currently available; however, the state's SIM grant suggested they should have been implemented by 2020. As of December 2022, there are no updates on a start date.

Connecticut © OPEN MINDS. All Rights Reserved.

E. Dual Eligible Financing & Service Delivery System

Connecticut © OPEN MINDS. All Rights Reserved.

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics	
Characteristics	**Medicaid Fee-For-Service (FFS)**
Enrollment (May 2022)	68,919
Estimated SMI Enrollment	22,054
Management	• Physical Health: Community Health Network of CT (ASO) • Behavioral Health: Beacon Health Options (ASO) • Dental: Benecare (ASO) • Pharmacy: DSS, Division of Health Services, Pharmacy Unit
Payment Model	FFS, plus administrative fees for the ASOs
Geographic Service Area	Statewide

Total Dual Eligible Enrollment: 68,919 | Total Dual Eligible Enrollment With SMI: 22,054

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

Connecticut © OPEN MINDS. All Rights Reserved.

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	December May 2022 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	37,239	11,916
Cigna TotalCare Plus	Cigna, Inc	Medicare Advantage D-SNP	28,114	8,996
WellCare Freedom	Centene	Medicare Advantage D-SNP	20,448	6,543
WellCare Access	Centene	Medicare Advantage D-SNP	8,203	2,625
ConnectiCare Choice Dual	ConnectiCare, Inc	Medicare Advantage D-SNP	8,112	2,596
HumanaChoice	Humana, Inc	Medicare Advantage D-SNP	6,135	1,963
Anthem MediBlue Dual Advantage	Anthem, Inc	Medicare Advantage D-SNP	3,713	1,188
Aetna Medicare Assure	CVS Health	Medicare Advantage D-SNP	2,629	841

Connecticut © OPEN MINDS. All Rights Reserved.

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of May 2022, dual eligible enrollment was 68,919.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Connecticut does not operate a managed care or primary care case management (PCCM) program; therefore, dual eligibles are automatically enrolled in FFS.

Connecticut © OPEN MINDS. All Rights Reserved.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Connecticut does not have a financial alignment initiative with the Centers for Medicare & Medicaid Services.

Connecticut © OPEN MINDS. All Rights Reserved.

F. Long-Term Services & Supports Financing & Service Delivery System

Connecticut © OPEN MINDS. All Rights Reserved.

F.1. LTSS Financing & Service Delivery System

Connecticut does not operate a MLTSS program. All LTSS beneficiaries are enrolled in FFS.

LTSS* Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (December 2022)	N/A
Estimated SMI Enrollment	N/A
Management	Medicaid FFS
Payment Model	Medicaid FFS
Geographic Service Area	Statewide

*Long-Term Services & Supports

Connecticut © OPEN MINDS. All Rights Reserved.

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults	X		
Disabled children	X		
Blind individuals	X		
Aged individuals	X		
Dual eligibles	X		
Individuals with I/DD	X		
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients	X		
Other populations	X		

Connecticut © OPEN MINDS. All Rights Reserved.

F.2. LTSS Medicaid Financing & Delivery System: Overview

- Connecticut does not offer MLTSS services and instead, all individuals receive care through the FFS system.

Connecticut © OPEN MINDS. All Rights Reserved.

F.3. Medicaid LTSS Program: Health Benefits

- Connecticut does not offer MLTSS services and instead, all services are the same as the FFS program.

Connecticut © OPEN MINDS. All Rights Reserved.

F.4. LTSS Medicaid Financing & Delivery System: New Initiatives

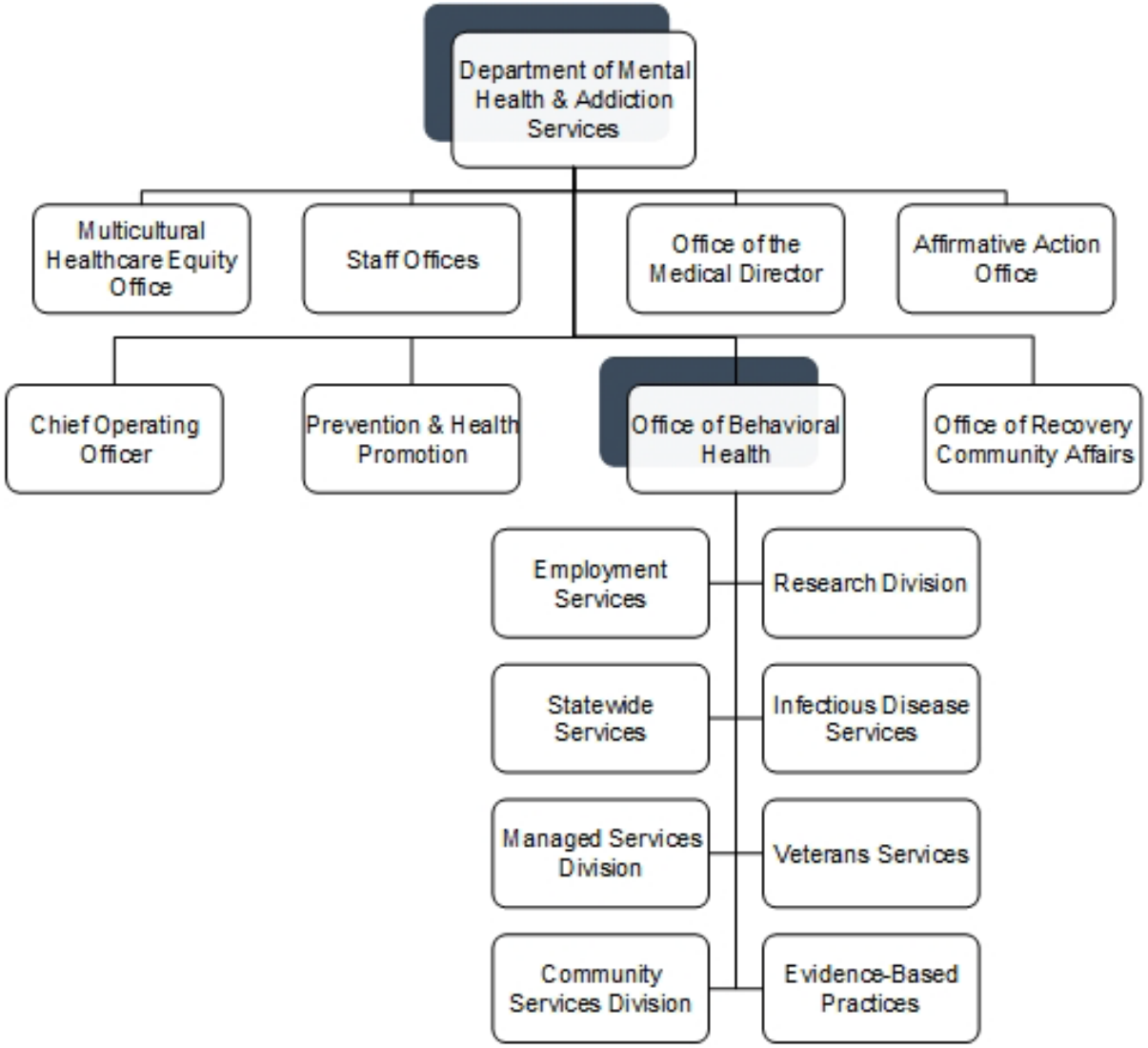
- Connecticut has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

Connecticut © OPEN MINDS. All Rights Reserved.

G. State Behavioral Health Administration & Finance System

Connecticut © OPEN MINDS. All Rights Reserved.

G.1. Department Of Mental Health & Addiction Services: Organization Chart



Connecticut © OPEN MINDS. All Rights Reserved.

G.1. Department Of Mental Health & Addiction Services: Key Leadership

Name	Position	Department	Email
Nancy Navarretta, MA, LPC, NCC	Acting Commissioner	Department of Mental Health & Addiction Services (DMHAS)	nancy.navarretta@ct.gov
Nancy Navarretta, MA, LPC, NCC	Deputy Commissioner	DMHAS, Office of Behavioral Health	nancy.navarretta@ct.gov
Paul Di Leo	Chief Operating Officer	DMHAS	paul.dileo@ct.gov
Julienne Giard, LCSW	Director, Community Services Division	DMHAS, Office of Behavioral Health	julienne.giard@ct.gov
Colleen Harrington	Director, Managed Services Division	DMHAS, Office of Behavioral Health	colleen.harrington@ct.gov
Kimberley Karanda, Ph.D., LCSW	Director, Statewide Services Division	DMHAS, Office of Behavioral Health	kimberly.karanda@ct.gov
Charles Dike, M.D.	Medical Director	DMHAS	charles.dike@ct.gov

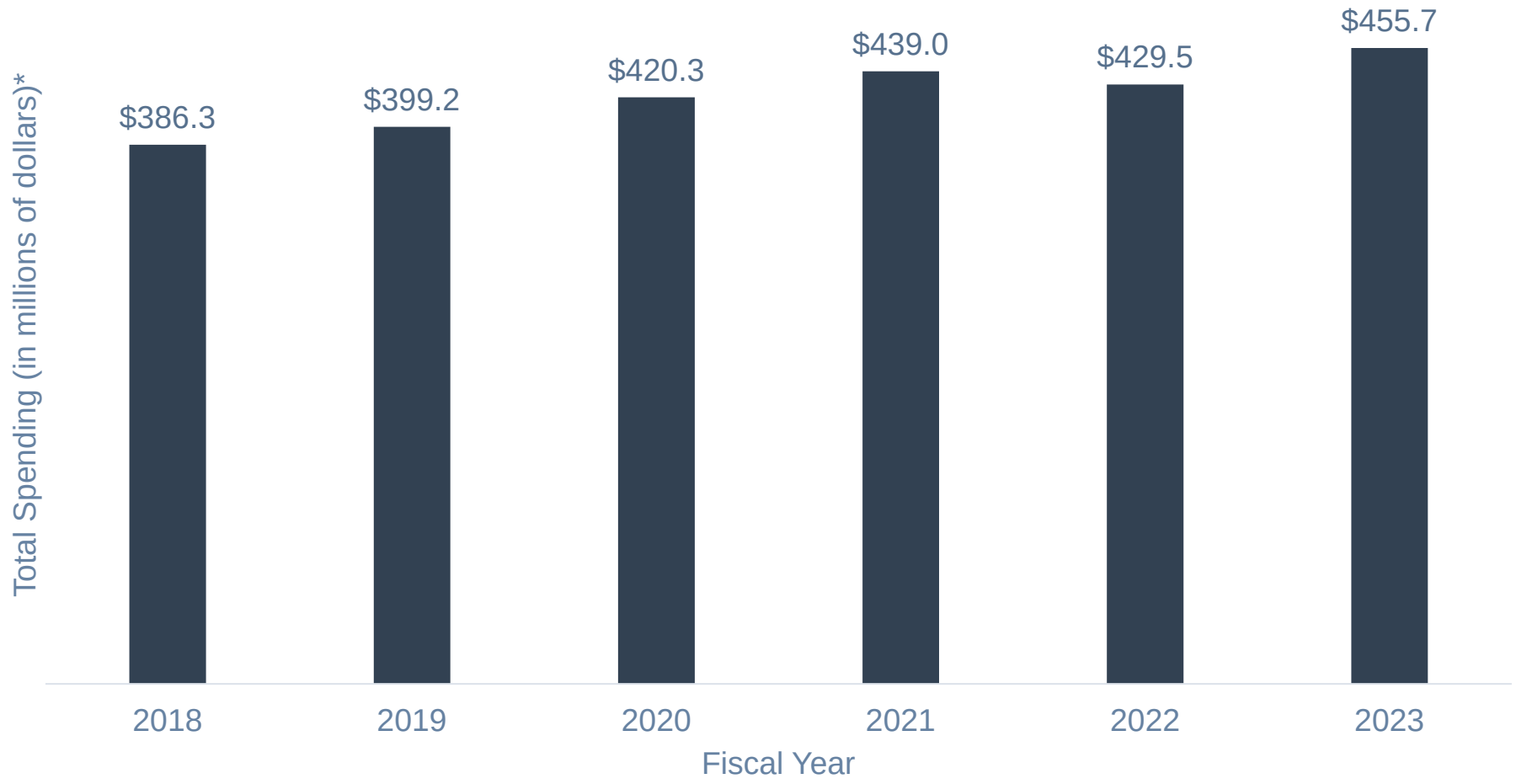
Connecticut © OPEN MINDS. All Rights Reserved.

G.2. Department Of Mental Health & Addiction Services: Spending

Budget Item	SFY 2023 Budget Request	Percent Of Budget
Personal services	$227,346,000	52%
Young adult services	$84,319,000	19%
Managed service system	$56,923,000	13%
Home- and community-based services	$24,404,000	6%
Housing supports and services	$23,404,000	5%
Forensic services	$11,109,000	3%
Connecticut mental health center	$8,848,000	2%
TBI community services	$8,512,000	2%
Behavioral health medications	$6,721,000	2%
Medicaid adult rehabilitation services	$4,184,000	1%
Total Budget: $455,770,000		

Connecticut © OPEN MINDS. All Rights Reserved.

G.2. Department Of Mental Health & Addiction Services: Spending Over Time



Connecticut © OPEN MINDS. All Rights Reserved.

G.3. State Psychiatric Institutions

Institution	Location	Beds
Connecticut Mental Health Center	New Haven	32
Connecticut Valley Hospital (Civil)	Middletown	230
Connecticut Valley Hospital (Forensic)	Middletown	232
Greater Bridgeport Community Mental Health Center (GBCMHC)	Bridgeport	62
Total		**556**

Connecticut © OPEN MINDS. All Rights Reserved.

G.4. Behavioral Health Safety-Net Delivery System

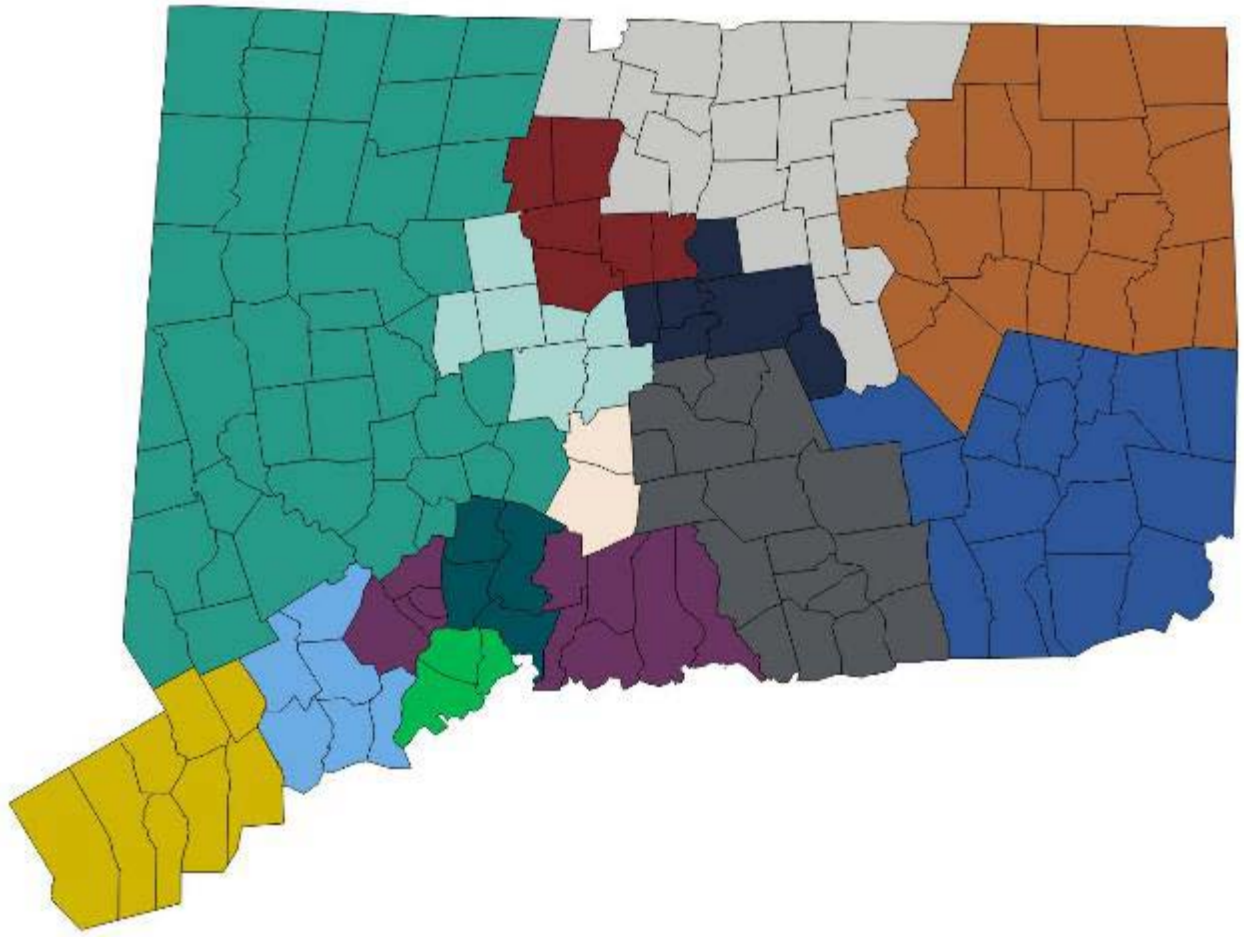
- The Connecticut DMHAS provides mental health services to the uninsured population by funding 17 Local Mental Health Authorities (LMHAs)—nine of which are state-operated, and eight of which are private, non-profit organizations (see next slide).
  - LMHAs provide a variety of mental health treatment services that include: Inpatient hospitalization, outpatient clinical services, 24-hour emergency care services, day treatment, psychosocial and vocational rehabilitation, forensic services, outreach programs for homeless individuals with SMI, support services, and community-based mental health services.
  - Each LMHA serves one or more catchment areas, which are composed of towns. The LMHAs are grouped into five administrative regions overseen by the state.
  - The LMHAs provide services and may also contract with their own provider networks. They accept Medicaid and other health care insurance as payment, as well as sliding-scale fees.
- The state also operates five Regional Behavioral Health Action Organizations (RBHAOs) to provide comprehensive mental health and addiction treatment services. Services originally provided by the Regional Mental Health Boards (RMHBs) and the Regional Action Councils (RACs) are now provided by RBHAOs. The RBHAOs will continue to operate until June 2024.
  - Each RBHAO is responsible for the full range of planning, education, and advocacy for behavioral health and addiction treatment needs of children and adults within the designated region.
- The state delivers addiction treatment services through its own treatment center, and by contracting with a network of provider organizations.

Connecticut © OPEN MINDS. All Rights Reserved.

G.4. Behavioral Health Safety-Net Delivery System: LMHA Catchment Areas

LMHA Catchment Areas

- BHCare
- Bridges…A Community Support System
- Capitol Region Mental Health Center
- Community Health Resources
- Community Mental Health Affiliates
- Connecticut Mental Health Center
- F.S. Dubois Center
- Greater Bridgeport Community Mental Health Center
- InterCommunity
- River Valley Services
- Rushford Center
- Southeastern Mental Health Authority
- United Services
- Western CT Mental Health Network



Connecticut © OPEN MINDS. All Rights Reserved.

G.4. Behavioral Health Safety-Net Delivery System: LMHA Catchment Areas

Region	Catchment Area	LMHA	Administration	Towns Served
1	1 and 2	F.S. Dubois Center	State	Byram, Cos Cob, Darien, East Norwalk, East Portchester, Georgetown, Glenbrook, Glenville, Green Farms, Greenwich, New Canaan, Noroton, Noroton Heights, Norwalk, Old Greenwich, Riverside, Rowayton, Saugatuck, South Norwalk, Springdale, Stamford, Weston, Westport, Wilton
	3 and 4	Greater Bridgeport Community Mental Health Center	State	Bridgeport, Easton, Fairfield, Monroe, Stratford, Southport, Stepney, Stevenson, Trumbull
2	5	BHCare (Valley Offices)	Private, non-profit	Ansonia, Derby, Oxford, Seymour, Shelton
	6	Bridges…A Community Support System, Inc.	Private, non-profit	Milford, Orange, West Haven
	7	Connecticut Mental Health Center	State	Bethany, Hamden, New Haven, Woodbridge
	8	BH Care (Shoreline Offices)	Private, non-profit	Branford, East Haven, Guilford, Madison, North Branford, North Haven
	9	Rushford Center	Private, non-profit	Meriden, Wallingford
	10	River Valley Services	State	Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Lyme, Middlefield, Middletown, Old Lyme, Old Saybrook, Portland, Westbrook

Connecticut © OPEN MINDS. All Rights Reserved.

G.4. Behavioral Health Safety-Net Delivery System: LMHA Catchment Areas

Region	Catchment Area	LMHA	Administration	Towns Served
3	11 and 12	Southeastern Mental Health Authority	State	Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton, Ledyard, Lisbon, Montville, New London, North Stonington, Norwich, Preston, Salem, Sprague, Stonington, Voluntown, Waterford
	13 and 14	United Services	Private, non-profit	Ashford, Brooklyn, Canterbury, Chaplin, Columbia, Coventry, Eastford, Hampton, Killingly, Lebanon, Mansfield, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Union, Willington, Windham, Woodstock
4	15	Community Health Resources (CHR)	Private, non-profit	Amston, Andover, Bolton, Buckland, Ellington, Hebron, Manchester, Rockville, South Windsor, Talcottville, Tolland, Vernon, Wapping
	16	InterCommunity	Private, non-profit	East Hartford, Glastonbury, Maple Hill, Marlborough, Newington, Rocky Hill, South Glastonbury, Wethersfield
	17	Community Health Resources (CHR)	Private, non-profit	Bloomfield, Broad Brook, East Granby, East Hartland, East Windsor, Enfield, Granby, Hazardville, Melrose, North Granby, Poquonock, Scitico, Somers, Somersville, Stafford, Stafford Springs, Staffordville, Suffield, Thompsonville, Warehouse Point, West Granby, West Suffield, Wilson, Windsor, Windsor Locks, Windsorville
	18 and 23	Capitol Region Mental Health Center	State	Avon, Canton, Canton Center, Collinsville, Elmwood, Farmington, Hartford, Simsbury, Tariffville, Unionville, Weatogue, West Hartford, West Simsbury
	19	Community Mental Health Affiliates	Private, non-profit	Berlin, Bristol, Burlington, East Berlin, Kensington, Marion, Milldale, New Britain, Pequabuck, Plainville, Plantsville, Plymouth, Southington, Terryville

Connecticut © OPEN MINDS. All Rights Reserved.

G.4. Behavioral Health Safety-Net Delivery System: LMHA Catchment Areas

Region	Catchment Area	LMHA	Administration	Towns Served
5	20	Western CT Mental Health Network-Waterbury Area	State-operated	Beacon Falls, Bethlehem, Cheshire, Lakeside, Middlebury, Naugatuck, Oakville, Oxford, Prospect, South Britain, Southbury, Thomaston, Union City, Waterbury, Watertown, Waterville, Wolcott, Woodbury
	21	Western CT Mental Health Network-Danbury Area		Bethel, Botsford, Bridgewater, Brookfield, Brookfield Center, Danbury, Gaylordsville, Hawleyville, New Fairfield, New Milford, Newtown, Redding, Redding Center, Redding Ridge, Ridgefield, Roxbury, Sandy Hook, Sherman, West Redding
	22	Western CT Mental Health Network-Torrington Area		Bantam, Barkhamsted, Canaan, Colebrook, Cornwall, Cornwall Bridge, Falls Village, Goshen, Harwinton, Kent, Lakeville, Limerock, Litchfield, Marble Dale, Morris, New Hartford, New Preston, Norfolk, North Canaan, North Kent, Northfield, Pine Meadow, Pleasant Valley, Riverton, Salisbury, Sharon, South Kent, Taconic, Torrington, Warren, Washington, Washington Depot, West Cornwall, West Goshen, West Hartland, Winchester, Winchester Center, Winsted

Connecticut © OPEN MINDS. All Rights Reserved.

H. Appendices

Connecticut © OPEN MINDS. All Rights Reserved.

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved October December 2022 /rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicaid	38.2% of adults age 18 to 64, not dually eligible for Medicare, who qualify for Medicaid based on a disability	Medicaid and CHIP Payment and Access Commission. (2022, June). Report to Congress on Medicaid and Chip. Retrieved December 2022 from https://www.macpac.gov/publication/june-2022-report-to-congress-on-medicaid-and-chip/
	8.1% of persons in the Medicaid expansion population	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved December 2022 from https://www.cms.gov/files/document/reporttocongressmmco.pdf

Connecticut © OPEN MINDS. All Rights Reserved.

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 2022 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	U.S. Department of Health and Human Services. (2019, May 9). Analysis of Pathways to Dual Eligible Status: Final Report. Retrieved December 2022 from https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2020, August 7). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved December 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf

Connecticut © OPEN MINDS. All Rights Reserved.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

Connecticut © OPEN MINDS. All Rights Reserved.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is $13,590 for an individual and $27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

Connecticut © OPEN MINDS. All Rights Reserved.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

Connecticut © OPEN MINDS. All Rights Reserved.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

Connecticut © OPEN MINDS. All Rights Reserved.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

Connecticut © OPEN MINDS. All Rights Reserved.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

Connecticut © OPEN MINDS. All Rights Reserved.

H.3. Sources

A. Executive Summary
1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics
1. United States Census Bureau. (2021). 2021 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved December 2022 from https://data.census.gov/cedsci/table?q=S0101
2. United States Census Bureau. (2021). 2021 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved December 2022 from https://data.census.gov/cedsci/table?q=S1701
3. United States Census Bureau. (2021). 2021 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved December 2022 from https://data.census.gov/cedsci/table?q=S1901
4. United States Census Bureau. (2021). 2021 Population Distribution by Race/Ethnicity. Retrieved December 2022 from https://data.census.gov/cedsci/table?q=S1701

B.2. Population Centers
1. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved December 2022 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas
2. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved December 2022 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29
3. United States Census Bureau. (2020). 2019 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved December 2022 from https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html

B.3. Population Distribution By Payer: National vs. State
1. *OPEN MINDS*. (2021). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2021 Beneficiaries. Retrieved December 2022. https://www.health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State
3. CMS, MMCO Statistical & Analytic Reports, Quarterly Release (September 2021). Retrieved December 2022. https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics
4. Kaiser Family Foundation, Health Coverage & Uninsured, Health Insurance Coverage of the Total Population (2021). Retrieved December 2022. https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

B.3. SMI Population Distribution By Payer: National vs. State
1. *OPEN MINDS*. (2021). Serious Mental Illness Prevalence Estimates.

Connecticut © OPEN MINDS. All Rights Reserved.

H.3. Sources

B.4. Largest State Health Plans By Enrollment

1. *OPEN MINDS.* (2021, December). Health Plans Database.
2. TRICARE. (2021, June 22). Beneficiaries by Location. Retrieved December 2022 from https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
3. Health Plans USA. (2021). Subscription Database. www.markfarrah.com

B.4. Largest State Health Plans By Estimated SMI Enrollment

1. *OPEN MINDS.* (2021, December). Health Plans Database.
2. TRICARE. (2021, June 22). Beneficiaries by Location. Retrieved December 2022 from https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
3. Health Plans USA. (2021). Subscription Database. www.markfarrah.com

B.5. Health Insurance Marketplace

1. United States Department of Health and Human Services. (2022, November 28). PY2023 Individual Medical Landscape. Retrieved December 2022 from https://data.healthcare.gov/dataset/731b5a4b-02ce-4e87-91fc-18854d3f3301
2. United States Department of Health and Human Services. (2022, November 28). QHP Landscape PY2023 SHOP Market Medical. Retrieved December 2022 from https://data.healthcare.gov/dataset/aa2cf0c7-ff39-484a-9472-764e243ffea9

B.6. ACOs

1. *OPEN MINDS*. (2021). ACO Database.

C.1. Medicaid Governance: Organizational Chart & Key Leadership

1. State of Connecticut. (2021). Employee Contact Information by Agency Social Services, Dept of. Retrieved December 2022 from https://www.phone.ct.gov/EmpByDept.aspx
2. Department of Social Services. (2019). Annual Report State Fiscal Year 2019. Retrieved December 2022 from https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Reports/Annual-Reports/DSS_SFY_2019_Annual_Report.pdf

Connecticut © OPEN MINDS. All Rights Reserved.

H.3. Sources

C.2. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved December 2022 from https://www.macpac.gov/macstats/

C.2. Medicaid Program Spending: Budget

1. Kaiser Family Foundation. (2021). Federal Medical Assistance Percentages FY 2021. Retrieved December 2022 from https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
2. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved December 2022 from https://www.macpac.gov/macstats/

C.2. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved December 2022 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved December 2022 from https://www.macpac.gov/macstats/
3. Centers for Medicare and Medicaid Services. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved December 2022 from https://www.macpac.gov/macstats/
4. Centers for Medicare and Medicaid Services. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved December 2022 from https://www.macpac.gov/macstats/
5. Medicaid and CHIP Payment and Access Commission. (2018, December). MACStats: Medicaid and CHIP Data Book. Retrieved December 2022 from https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf
6. Medicaid and CHIP Payment and Access Commission. (2017, December). MACStats: Medicaid and CHIP Data Book. Retrieved December 2022 from https://www.macpac.gov/publication/macstats-archive/
7. Medicaid and CHIP Payment and Access Commission. (2016, December). MACStats: Medicaid and CHIP Data Book. Retrieved December 2022 from https://www.macpac.gov/publication/macstats-archive/
8. Medicaid and CHIP Payment and Access Commission. (2015, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved December 2022 from https://www.macpac.gov/publication/macstats-archive/
9. Medicaid and CHIP Payment and Access Commission. (2014, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved December 2022 from https://www.macpac.gov/wp-content/uploads/2015/03/March-2014-MACStats.pdf

Connecticut © OPEN MINDS. All Rights Reserved.

H.3. Sources

C.3. Medicaid Expansion Status

1. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved December 2022 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2020, June). Medicaid Enrollment Data Collected Through MBES 2020 Q4. Retrieved December 2022 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html
3. Centers for Medicare and Medicaid Services. (2020, October). Medicaid, Children's Health Insurance Program & Basic Health Program Eligibility Levels. Retrieved December 2022 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html
4. US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved December 2022 from https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315

C.4. Medicaid Program Benefits

1. Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved December 2022 from https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/
2. Husky Health Connecticut. (2020, December 15). Husky Health Program Member Benefits Grid Covered Services for HUSKY A, C & D. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/HUSKY_ACD_Covered_Services_Benefit_Grid.pdf
3. Husky Health Connecticut. Husky Health Program Member Benefits Grid Covered Services for HUSKY B. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/HUSKY_B_Covered_Services_Benefit_Grid.pdf

D.1. Medicaid Financing & Service Delivery System

1. Connecticut Department of Social Services. (2018, April). Five Key Point s About Connecticut HUSKY Health (Medicaid an CHIP). Retrieved December 2022 from https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Communications/HUSKY-Health---Five-Key-Points.pdf?la=en
2. Beacon Health Options. Connecticut Behavioral Health Partnership. Retrieved December 2022 from http://www.ctbhp.com/
3. Connecticut Medicaid & CHIP Services. HUSKY Health Connecticut. Retrieved December 2022 from https://www.huskyhealthct.org/members.html?hhNav=|
4. OPEN MINDS (2022) Health Plan Database

Connecticut © OPEN MINDS. All Rights Reserved.

H.3. Sources

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

1. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY A, HUSKY C, and HUSKY D. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HUSKY_ACD_Member_Handbook.pdf
2. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY B. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HuskyB_MemberHandbook.pdf
3. State of Connecticut. (2019, October). Husky Health Connecticut Eligibility. Retrieved December 2022 from https://www.ct.gov/hh/cwp/view.asp?a=3573&q=421548

D.2. Medicaid FFS Program: Overview

1. OPEN MINDS (2020) Health Plan Database
2. Connecticut Department of Social Services. (2020, February 14). Financial Trends in the Connecticut HUSKY Health Program – Transparency & Sustainability. Retrieved December 2022 from https://www.cga.ct.gov/ph/med/related/20190106_Council%20Meetings%20&%20Presentations/20200214/HUSKY%20Financial%20Trends%20February%202020.pdf
3. Connecticut Department of Social Services. Medicaid Contracts. Retrieved December 2022 from https://portal.ct.gov/DSS/Fiscal/Contracts/Contracts---MED-Medicaid
4. Husky Health Connecticut. (2020). Member Benefits & Handbooks. Retrieved December 2022 from https://www.huskyhealthct.org/members/members_benefits.html

D.2. Medicaid Fee-For-Service Program: Intensive Care Management

1. Husky HEALTH Connecticut. (2021). Intensive Care Management. Retrieved December 2022 from https://www.huskyhealthct.org/providers/providers_intensive_care_mngmnt.html
2. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY A, HUSKY C, and HUSKY D. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HUSKY_ACD_Member_Handbook.pdf
3. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY B. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HuskyB_MemberHandbook.pdf
4. Husky Health Connecticut. (2018). HUSKY Health Partnering with Providers for Improved Health Outcomes. Retrieved December 2022 from https://www.huskyhealthct.org/providers/provider_postings/ICM_Flyer.pdf

Connecticut © OPEN MINDS. All Rights Reserved.

H.3. Sources

D.2. Medicaid FFS Program: Behavioral Health Benefits

1. Connecticut Behavioral Health Provide. (2020, June). Beacon Health Options Provider Manual. Retrieved December 2022 from http://www.ctbhp.com/providers/manuals/Provider_Handbook-Complete_Edition.pdf
2. Connecticut Beacon Health Options. (2021, April 21). Behavioral Health Member Handbook: Serving Adults, Children, and Families. Retrieved December 2022 from http://www.ctbhp.com/members/info/Member_Handbook-English.pdf

D.2. Medicaid FFS Program: SMI Population

1. *OPEN MINDS.* (2021). SMI Prevalence Estimates.

D.2. Medicaid FFS Program: Pharmacy Benefit

1. Connecticut Husky Health. (2021). Medicaid Management. Retrieved December 2022 from https://www.huskyhealthct.org/providers/medical-management.html
2. Connecticut Department of Social Services. Pharmacy Services. Retrieved December 2022 from https://www.ctdssmap.com/CTPortal/PharmacyInformation/tabid/65/Default.aspx
3. Connecticut Department of Social Services. (2021, January 1). Preferred Drug List. Retrieved December 2022 from https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/CT_PDL_medicaid.pdf
4. Connecticut Department of Social Services. Retrospective Drug Utilization Review Program. Retrieved December 2022 from https://www.ctdssmap.com/CTPortal/PharmacyInformation/tabid/65/Default.aspx
5. Connecticut Medical Assistance Pharmacy Program. Drug Utilization Review Program. Retrieved December 2022 from https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/DUR_Board_Purpose.pdf

D.3. Medicaid Managed Care Program: Overview

1. Husky Health Connecticut. (2021). Husky Health Overview. Retrieved December 2022 from https://www.ct.gov/hh/cwp/view.asp?a=3573&q=421552

Connecticut © OPEN MINDS. All Rights Reserved.

H.3. Sources

D.4. Medicaid Program: Care Coordination Initiatives

1. Centers for Medicare and Medicaid Services. (2016, September 28). State Plan Amendment #15-014. Retrieved December 2022 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CT/CT-15-014.pdf
2. Connecticut Department of Mental Health & Addiction Services. (2020). Behavioral Health Homes. Retrieved December 2022 from https://www.ct.gov/dmhas/cwp/view.asp?a=2900&q=528136
3. Husky Health. DSS Person-Centered Medical Home. Retrieved December 2022 from https://www.huskyhealthct.org/providers/pcmh.html
4. Connecticut Department of Social Services. PCMH+ Information for Members. Retrieved December 2022 from https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Health-and-Home-Care/PCMH-Plus/PCMHplus_MEMBER_Information_2016.pdf?la=en

D.4. State Medicaid Health Home Characteristics

1. Centers for Medicare and Medicaid Services. (2016, September 28). State Plan Amendment #15-014. Retrieved December 2022 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CT/CT-15-014.pdf
2. Connecticut Department of Mental Health & Addiction Services. (2020). Behavioral Health Homes. Retrieved December 2022 from https://www.ct.gov/dmhas/cwp/view.asp?a=2900&q=528136
3. Husky Health. DSS Person-Centered Medical Home. Retrieved December 2022 from https://www.huskyhealthct.org/providers/pcmh.html
4. Connecticut Department of Social Services. PCMH+ Information for Members. Retrieved December 2022 from https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Health-and-Home-Care/PCMH-Plus/PCMHplus_MEMBER_Information_2016.pdf?la=en

D.4. Medicaid Care Coordination: PCMHs

1. Husky Health Connecticut. PCMH Financial Incentives. Retrieved December 2022 from https://www.huskyhealthct.org/providers/PCMH/pcmh-financial-incentives.html
2. Husky Health Connecticut. PCMH Performance-Based Payment Program. Retrieved December 2022 from https://www.huskyhealthct.org/providers/PCMH/pcmh_postings/PCMH_Performance-Based_Payment_Program.pdf
3. Connecticut Department of Social Services, (2019, March). Person-Centered Medical Home Performance-Based Payment Program Changes in 2020. Retrieved December 2022 from https://www.huskyhealthct.org/providers/PCMH/pcmh_postings/PCMH_Performance_Based_Payment_Changes.pdf
4. Husky Health. DSS Person-Centered Medical Home. Retrieved December 2022 from https://www.huskyhealthct.org/providers/pcmh.html
5. Husky Health Connecticut. (2019, June 12). Care Management PCMH Committee. Retrieved December 2022 from https://www.cga.ct.gov/ph/med/related/20190105_Care%20Management%20Committee/20190612/PCMH%20Care%20Management%20Subcommittee%20Status%20Update%20June%202019.pdf
6. Connecticut Department of Social Services. (2020, December 10). State Plan Amendment 20-0009 https://www.medicaid.gov/Medicaid/spa/downloads/CT-20-0009.pdf
7. Husky Health. PCMH Reimbursement Summary. Retrieved December 2022 from https://www.huskyhealthct.org/providers/PCMH/pcmh_postings/PCMH_Reimbursement_Summary.pdf

Connecticut © OPEN MINDS. All Rights Reserved.

H.3. Sources

D.4. Medicaid Care Coordination: PCMH Quality Measures

1. Connecticut Department of Social Services. Wave 3 Quality Measures. Retrieved December 2022 from https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Health-and-Home-Care/PCMH-Plus/PCMH_Wave_3_Quality_Measures.pdf

D.4. Medicaid Care Coordination: PCMH+

1. Husky Health Connecticut. PCMH Financial Incentives. Retrieved December 2022 from https://www.huskyhealthct.org/providers/PCMH/pcmh-financial-incentives.html
2. Husky Health Connecticut. PCMH Performance-Based Payment Program. Retrieved December 2022 from https://www.huskyhealthct.org/providers/PCMH/pcmh_postings/PCMH_Performance-Based_Payment_Program.pdf
3. Connecticut Department of Social Services, (2019, March). Person-Centered Medical Home Performance-Based Payment Program Changes in 2020. Retrieved December 2022 from https://www.huskyhealthct.org/providers/PCMH/pcmh_postings/PCMH_Performance_Based_Payment_Changes.pdf
4. Husky Health. DSS Person-Centered Medical Home. Retrieved December 2022 from https://www.huskyhealthct.org/providers/pcmh.html
5. Husky Health Connecticut. (2019, June 12). Care Management PCMH Committee. Retrieved December 2022 from https://www.cga.ct.gov/ph/med/related/20190105_Care%20Management%20Committee/20190612/PCMH%20Care%20Management%20Subcommittee%20Status%20Update%20June%202019.pdf
6. Connecticut Department of Social Services. (2020, December 10). State Plan Amendment 20-0009 https://www.medicaid.gov/Medicaid/spa/downloads/CT-20-0009.pdf
7. Husky Health. PCMH Reimbursement Summary. Retrieved December 2022 from https://www.huskyhealthct.org/providers/PCMH/pcmh_postings/PCMH_Reimbursement_Summary.pdf

D.4. Medicaid Care Coordination: PCMH+ Participants

1. Connecticut Department of Social Services. (2020, December). PCMH+ Status Update. Retrieved December 2022 from https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Health-and-Home-Care/PCMH-Plus/CMC-PCMH-Wave-2-Year-2-QM-and-SS-Webinar-12172020.pdf

D.5. Medicaid Program: Demonstration & Care Management Waivers

1. Centers for Medicare & Medicaid Services. Demonstrations and Waivers. Retrieved December 2022 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.5. Medicaid Program Section 1915 (c) HCBS Waivers

1. Centers for Medicare & Medicaid Services. Demonstrations and Waivers. Retrieved December 2022 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

Connecticut © OPEN MINDS. All Rights Reserved.

H.3. Sources

D.6. Medicaid Program Initiatives: New Initiatives

1. Connecticut Office of Health Strategy. (2019, June). Health Enhancement Community Initiative Proposed Framework. Retrieved December 2022 from https://portal.ct.gov/-/media/OHS/SIM/Population-Health-Council/Resources/CT-SIM-HEC-Framework---final.pdf?la=en
2. Connecticut Department of Public Health. (2018, November 9). Health Enhancement Communities: A Pathway to Better Health. Retrieved December 2022 from https://www.cga.ct.gov/ph/med/related/20190106_Council%20Meetings%20&%20Presentations/20181109/Health%20Enhancement%20Communities-%20A%20Pathway%20to%20Better%20Health%20Presentation%2011092018.pdf
3. Connecticut Office of Health Strategy. (2019, July 11). Health Enhancement Communities: A Pathway to Better Health. Retrieved December 2022 from https://portal.ct.gov/-/media/OHS/SIM/Population-Health-Council/Resources/CT-HEC-Stakeholder-Tabletop-Exercise-Session-Slides-FINAL.pdf?la=en

E.1. Dual Eligible Medicaid Financing & Service Delivery System

1. Centers for Medicare and Medicaid Services. (2019, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved December 2022 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html
2. Centers for Medicare and Medicaid Services. (2019, December). Special Needs Plan (SNP) Data. Retrieved December 2022 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

1. Centers for Medicare and Medicaid Services. (2019, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved December 2022 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html
2. Centers for Medicare and Medicaid Services. (2019, December). Special Needs Plan (SNP) Data. Retrieved December 2022 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Centers for Medicare and Medicaid Services. (2018, December). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved December 2022 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

1. Centers for Medicare and Medicaid Services. Financial Alignment Initiative. Retrieved December 2022 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/FinancialModelstoSupportStatesEffortsinCareCoordination.html

Connecticut © OPEN MINDS. All Rights Reserved.

H.3. Sources

F.1 LTSS Financing & Service Delivery System

1. OPEN MINDS. (2016, December 20). State Medicaid Programs With MLTSS: The 2016 OPEN MINDS Update. Retrieved December 2022 from https://www.openminds.com/intelligence-report/state-medicaid-programs-mltss-2016-open-minds-update/
   OPEN MINDS. (2017, October 19). State Medicaid Programs With MLTSS: The 2017 OPEN MINDS Update. Retrieved December 2022 from https://www.openminds.com/intelligence-report/state-medicaid-programs-mltss-2017-open-minds-update/
2. OPEN MINDS. (2019, April 5). State Medicaid Programs With MLTSS: The 2019 OPEN MINDS Update. Retrieved December 2022 from https://www.openminds.com/intelligence-report/state-medicaid-programs-with-mltss-the-2019-open-minds-update/
3. OPEN MINDS. (2020, May 1). Medicaid Managed Long-Term Services & Supports: The 2020 OPEN MINDS Update. Retrieved December 2022 from https://www.openminds.com/intelligence-report/medicaid-managed-long-term-services-supports-the-2020-open-minds-update/
4. Kaiser Family Foundation. (2019, October 18). A View From The States: Key Medicaid Policy Changes: Results From A 50-State Medicaid Budget Survey For State Fiscal Years 2019 & 2020. Retrieved December 2022 from https://www.kff.org/report-section/a-view-from-the-states-key-medicaid-policy-changes-long-term-services-and-supports/
5. Mathematica Policy Research. (2019, January). Managed Long-Term Services & Supports Design Supplment : Final Outcomes Evaluation. Retrieved December 2022 from https://www.medicaid.gov/medicaid/downloads/final-eval-dsgn-mltss.pdf
6. Centers for Medicare & Medicaid Services. (2012, July). The Growth Of Managed Long-Term Services & Supports (MLTSS) Programs: A 2012 Update. Retrieved December 2022 from https://www.medicaid.gov/medicaid/downloads/mltssp_white_paper_combined.pdf
7. BallotPedia. (2012). Historical Medicaid Statistics For All 50 States. Retrieved December 2022 from https://ballotpedia.org/Historical_Medicaid_statistics_for_all_50_states

F.1 Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

1. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY A, HUSKY C, and HUSKY D. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HUSKY_ACD_Member_Handbook.pdf
2. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY B. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HuskyB_MemberHandbook.pdf
3. State of Connecticut. (2019, October). Husky Health Connecticut Eligibility. Retrieved December 2022 from https://www.ct.gov/hh/cwp/view.asp?a=3573&q=421548

F.2. LTSS Medicaid Financing & Delivery System: Overview

1. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY A, HUSKY C, and HUSKY D. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HUSKY_ACD_Member_Handbook.pdf
2. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY B. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HuskyB_MemberHandbook.pdf
3. State of Connecticut. (2019, October). Husky Health Connecticut Eligibility. Retrieved December 2022 from https://www.ct.gov/hh/cwp/view.asp?a=3573&q=421548

Connecticut © OPEN MINDS. All Rights Reserved.

H.3. Sources

F.3. MLTSS Program Benefits

1. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY A, HUSKY C, and HUSKY D. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HUSKY_ACD_Member_Handbook.pdf
2. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY B. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HuskyB_MemberHandbook.pdf
3. State of Connecticut. (2019, October). Husky Health Connecticut Eligibility. Retrieved December 2022 from https://www.ct.gov/hh/cwp/view.asp?a=3573&q=421548

F.4. MLTSS New Initiatives

1. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY A, HUSKY C, and HUSKY D. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HUSKY_ACD_Member_Handbook.pdf
2. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY B. Retrieved December 2022 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HuskyB_MemberHandbook.pdf
3. State of Connecticut. (2019, October). Husky Health Connecticut Eligibility. Retrieved December 2022 from https://www.ct.gov/hh/cwp/view.asp?a=3573&q=421548

G.1. Public Behavioral Health System Governance: Organization Chart

1. Connecticut Department of Mental Health & Addiction Services. (2021). Office of the Commissioner. Retrieved December 2022 from https://portal.ct.gov/DMHAS/Divisions/Divisions/Commissioners-Office
2. State of Connecticut. (2021). Employee Contact Information by Agency Mental Health & Addiction Services, Dept of. Retrieved December 2022 from https://www.phone.ct.gov/EmpByDept.aspx
3. Connecticut Department of Mental Health & Addiction Services. (2021). Chief Operating Officer. Retrieved December 2022 from https://portal.ct.gov/DMHAS/Divisions/Divisions/Chief-Operating-Officer

G.1. Public Behavioral Health System Governance: Key Leadership

1. Connecticut Department of Mental Health & Addiction Services. (2021). Office of the Commissioner. Retrieved December 2022 from https://portal.ct.gov/DMHAS/Divisions/Divisions/Commissioners-Office
2. State of Connecticut. (2021). Employee Contact Information by Agency Mental Health & Addiction Services, Dept of. Retrieved December 2022 from https://www.phone.ct.gov/EmpByDept.aspx
3. Connecticut Department of Mental Health & Addiction Services. (2021). Chief Operating Officer. Retrieved December 2022 from https://portal.ct.gov/DMHAS/Divisions/Divisions/Chief-Operating-Officer

G.2. Public Behavioral Health System Budget

1. Connecticut Office of Policy and Management. FY 2022-2023 Biennium Governor's Budget. Retrieved December 2022 from https://portal.ct.gov/OPM/Bud-Budgets/2022-2023-Biennial-Budget/FY-2022-2023-Biennial-Budget

Connecticut © OPEN MINDS. All Rights Reserved.

H.3. Sources

G.2. Public Behavioral Health System Budget: Spending Over Time

1. Connecticut Office of Policy and Management. FY 2021-2023 Biennium Governor's Budget. Retrieved December 2022 from https://portal.ct.gov/OPM/Bud-Budgets/2022-2023-Biennial-Budget/FY-2022-2023-Biennial-Budget
2. Connecticut Office of Policy and Management. FY 2020-2021 Biennium Governor's Budget. Retrieved December 2022 from https://portal.ct.gov/-/media/OPM/Budget/2020_2021_Biennial_Budget/GovBud_FY2020-21_Final.pdf?la=en
3. Connecticut Department of Mental Health & Addiction Services. (2021). Divisions and Offices Directory. Retrieved December 2022 from https://portal.ct.gov/DMHAS/Divisions/Divisions/INDEX---Divisions-and-Offices
4. Connecticut Office of the State Controller. (2021). OpenBudget. Retrieved December 2022 from https://openbudget.ct.gov/#!/year/default

G.3. State Psychiatric Institutions

1. Connecticut Department of Mental Health & Addiction Services. State-Operated Inpatient Treatment Facilities. Retrieved December 2022 from https://portal.ct.gov/DMHAS/Programs-and-Services/DMHAS-Directories/Inpatient-Treatment-Facilities
2. Connecticut Office of Policy & Management. Connecticut FY 2018-2019 Biennium Governor's Budget Program Addendum. Retrieved December 2022 from https://www.ct.gov/opm/lib/opm/budget/2018_2019_biennial_budget/budgetdocs/4000-healthandhospitals.pdf
3. Connecticut Department of Mental Health and Addiction Services. (2019, April). FY 2020-2021 Block Grant Application. Retrieved December 2022 from https://www.ct.gov/dmhas/lib/dmhas/publications/bg-application.pdf

G.4. State Behavioral Health Safety-Net Delivery System

1. Connecticut Department of Mental Health and Addiction Services. Mental Health Services. Retrieved December 2022 from https://www.ct.gov/dmhas/cwp/view.asp?a=2899&q=334082#overview
2. Connecticut Department of Mental Health and Addiction Services. Local Mental Health Authorities. Retrieved December 2022 from https://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=335194
3. Connecticut Department of Mental Health and Addiction Services. Regional Behavioral Health Action Organizations (RHBAOs). Retrieved December 2022 from https://www.ct.gov/dmhas/cwp/view.asp?q=601578

G.4. Behavioral Health Safety-Net Delivery System: LMHA Catchment Areas

1. Connecticut Department of Mental Health and Addiction Services. Local Mental Health Authorities. Retrieved December 2022 from https://portal.ct.gov/DMHAS/Programs-and-Services/DMHAS-Directories/Local-Mental-Health-Authorities
2. Connecticut Department of Mental Health and Addiction Services. DMHAS-Funded Programs. Retrieved December 2022 from https://portal.ct.gov/DMHAS/Programs-and-Services/DMHAS-Directories/DMHAS-Funded-Programs

Connecticut © OPEN MINDS. All Rights Reserved.