OPEN MINDS

Connecticut Health & Human Services Market Profile: 2024

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Health & Human Services Market Profile Overview

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A. Executive Summary

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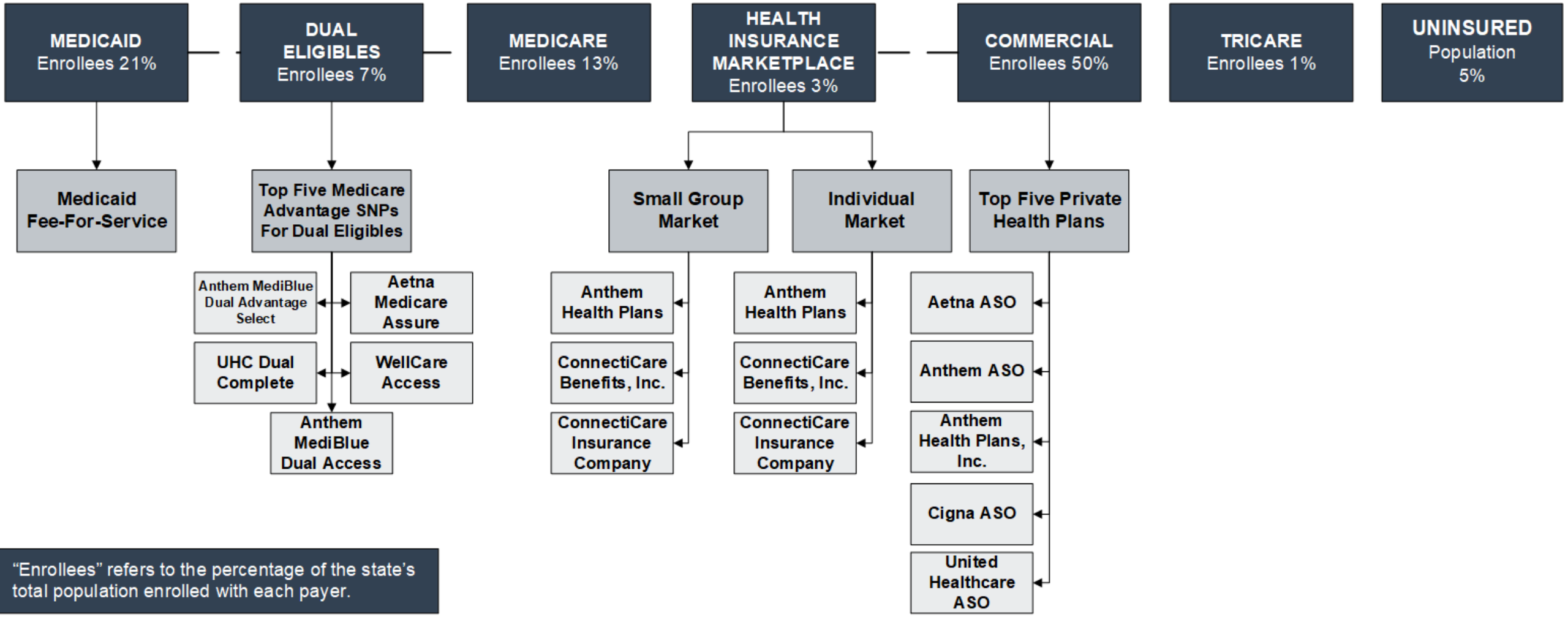
A.1. Connecticut Physical Health Care Coverage by Payer

Total Connecticut Population- 3,626,205
Estimated SMI Population- 290,096



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

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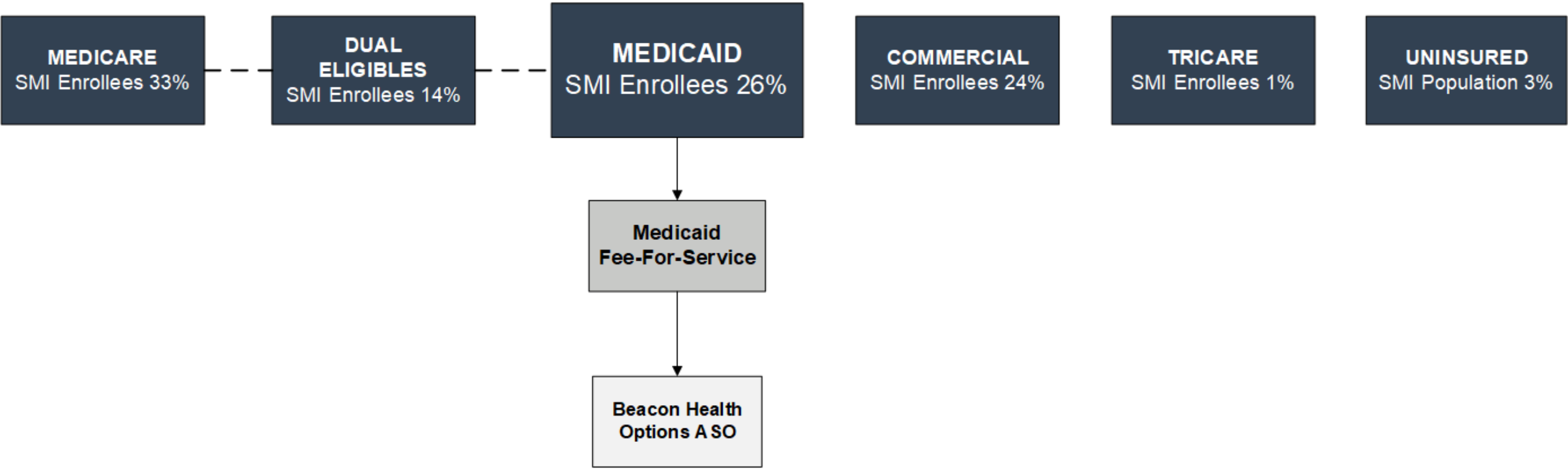
A.1. Connecticut Behavioral Health Care Coverage by Payer



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

Totals may not equal 100% due to rounding

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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	✓	The state currently operates nine CCBHCs.
Other Care Coordination Initiatives		None

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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.

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B. Connecticut Health Financing System Overview

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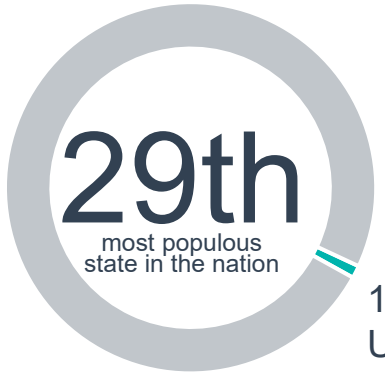
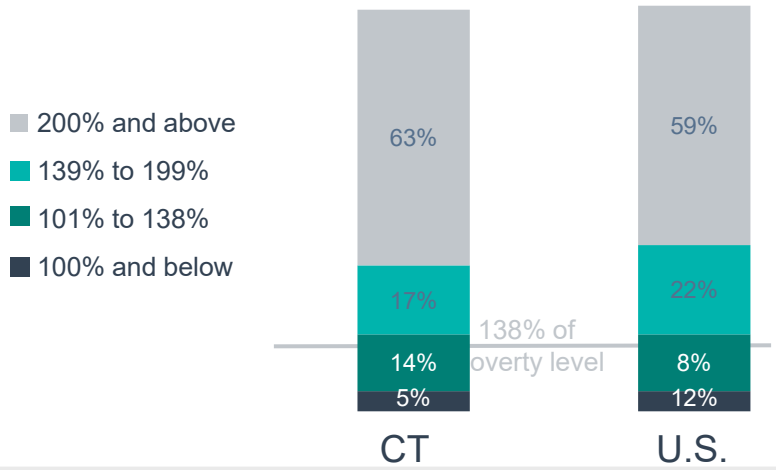
B.1. Population Demographics

Total Connecticut Population- 3,626,205
Estimated SMI Population- 290,096



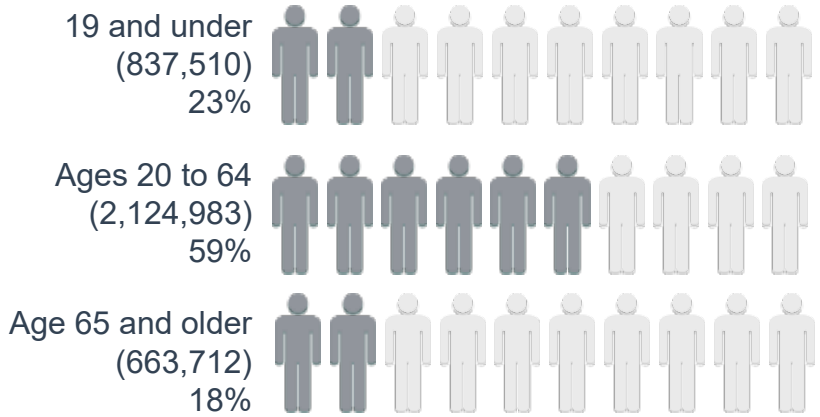
1% of the
U.S. population

Population Distribution By Income To Poverty Threshold Ratio

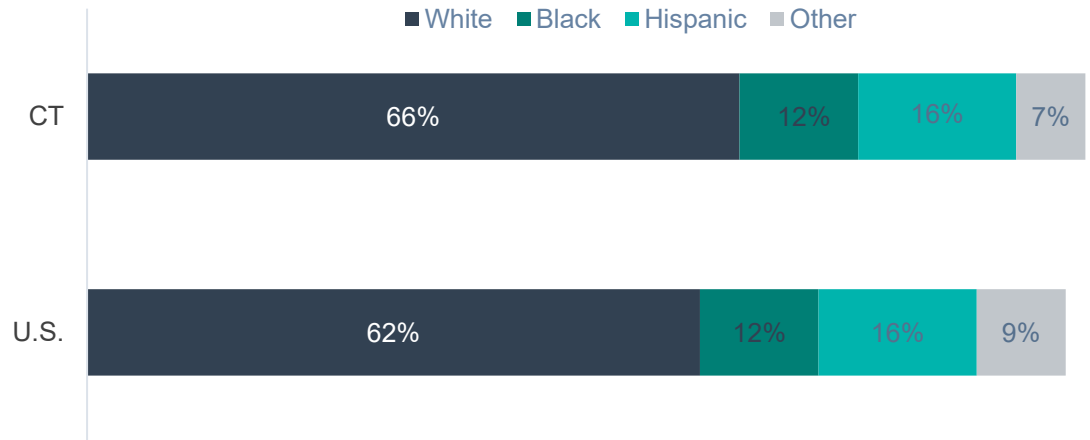


Median Household Income	
Connecticut	$88,429
U.S.	$74,755

Population Distribution By Age



Connecticut & U.S. Racial Composition



Totals may not equal 100% due to rounding.

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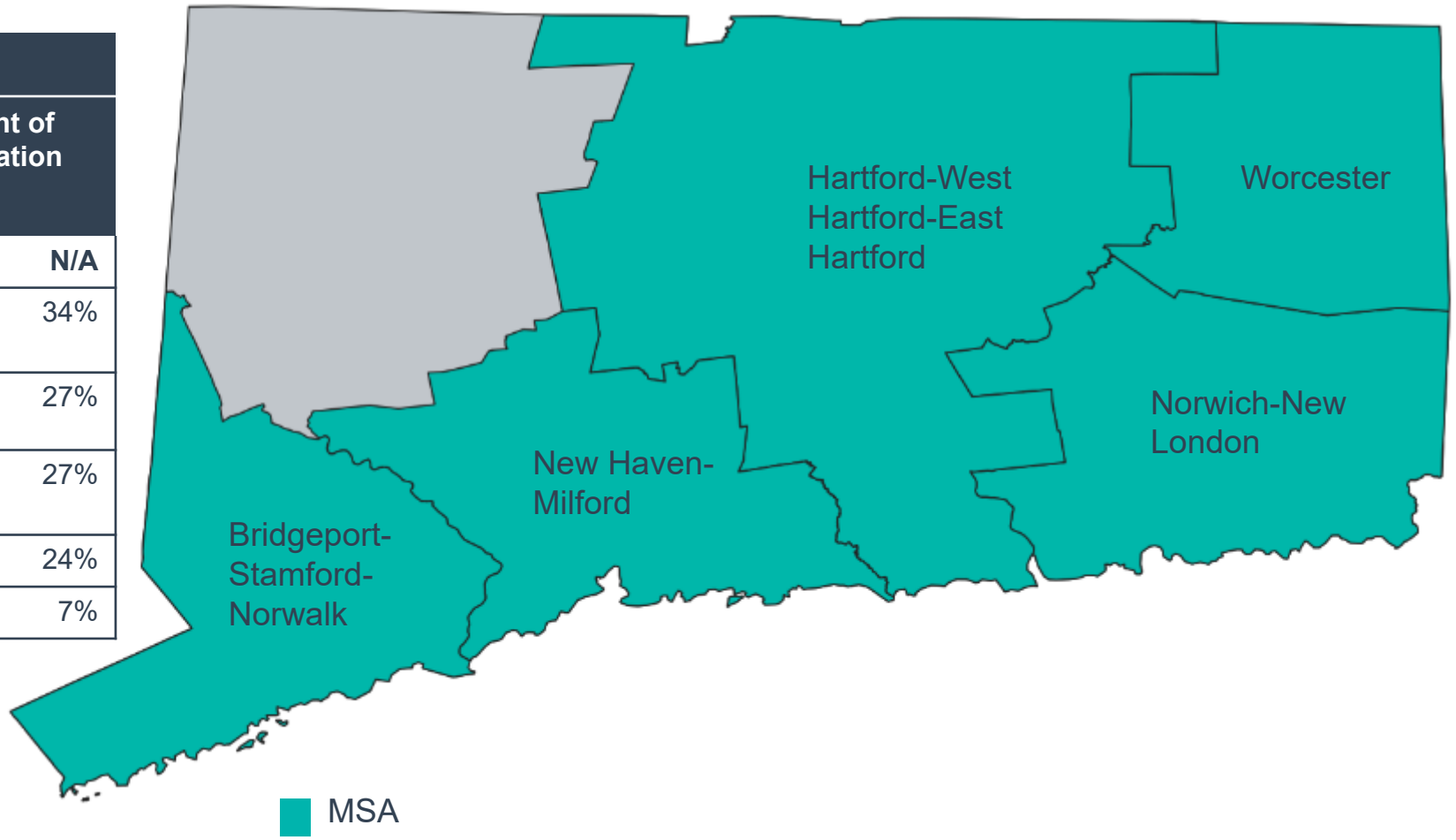
B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	**MSA Residents**	**Percent of Population**
Total MSA Population	**4,303,016**	**N/A**
Hartford-Hartford-Middletown, CT	1,221,725	34%
Worcester, MA-CT	980,137	27%
Bridgeport-Stamford-Norwalk, CT	962,946	27%
New Haven-Milford, CT	869,527	24%
Norwich-New London, CT	268,681	7%



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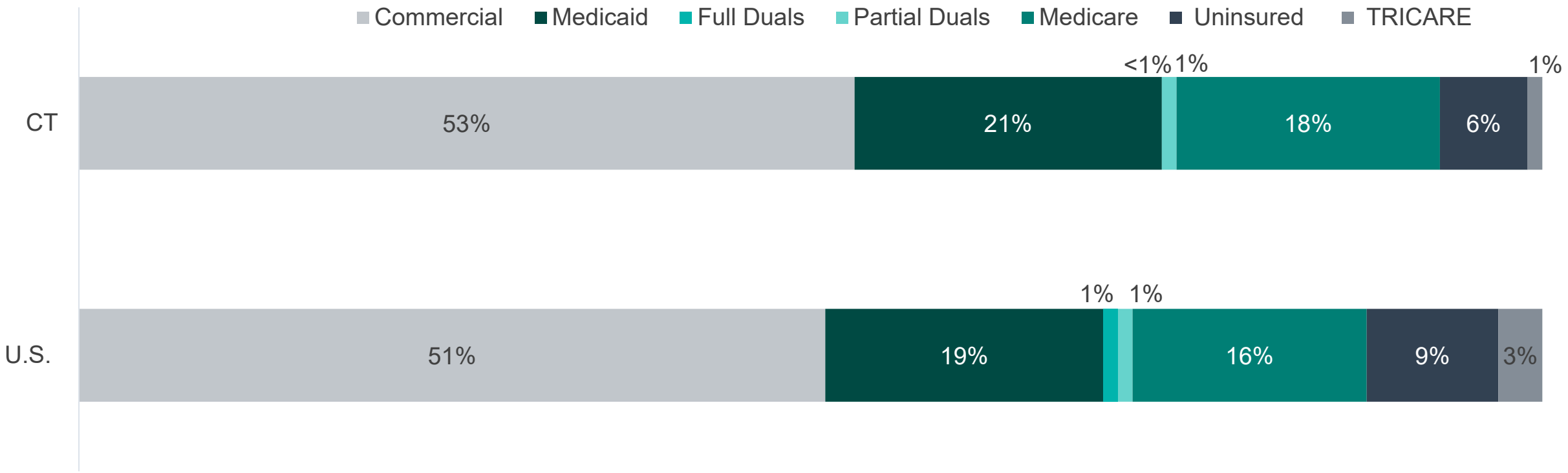
B.3. Population Distribution By Payer: National vs. State



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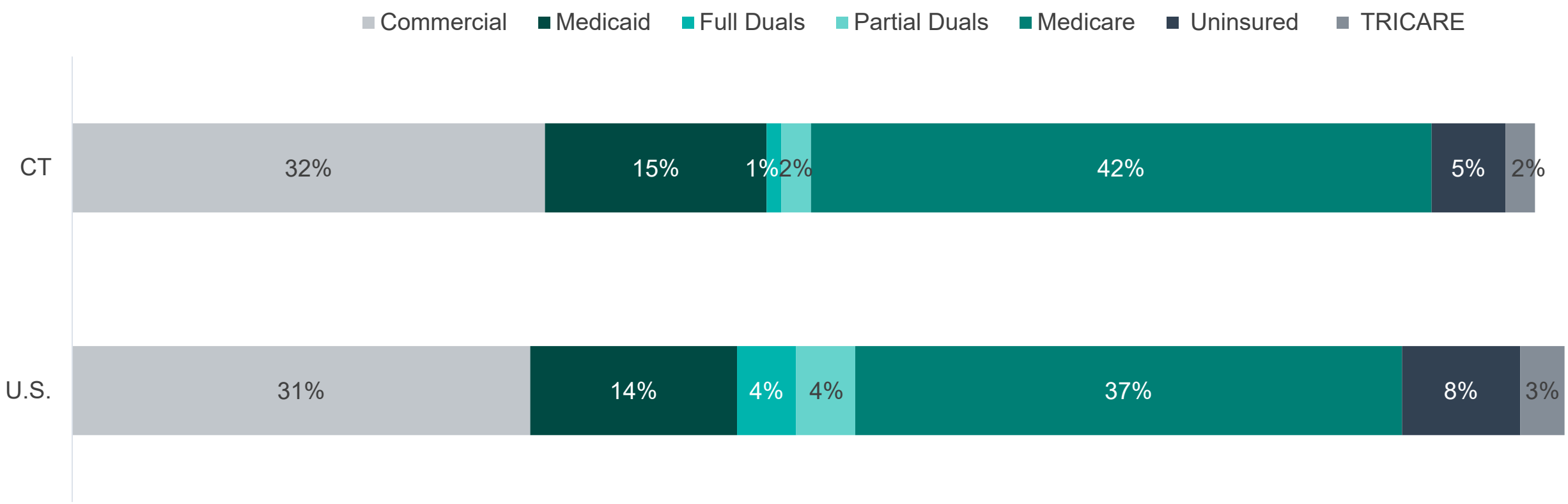
B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding

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B.4. Largest Connecticut Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Anthem Health Plans	Commercial	825,410
HUSKY A	Medicaid	539,427
UnitedHealthcare ASO	Commercial administrative services organization (ASO)	353,305
Medicare Fee-for-service (FFS)	Medicare	311,067
Cigna ASO	Commercial ASO	302.638
Aetna ASO	Commercial ASO	226,276
Care Improvement Plus South Central Insurance Company	Medicare Advantage	138,725
Aetna Medicare	Medicare Advantage	104,298
ConnectiCare Benefits	Commercial	80,861
Husky C	Medicaid	80,356

*Medicaid enrollment as of March 2023; TRICARE as of December 2023; Commercial as of March 2023; Medicare enrollment as of March 2023

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

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	311,067	70,612
HUSKY A	Medicaid	539,427	62,574
Anthem Health Plans	Commercial	825,410	34,667
Care Improvement Plus South Central Insurance Company	Medicare Advantage	138,725	31,491
Aetna Medicare	Medicare Advantage	104,298	23,676
UnitedHealthcare Dual Complete	Medicare Advantage	70,255	15,948
UnitedHealthcare ASO	Commercial ASO	353,305	14,839
Cigna ASO	Commercial ASO	302,638	12,711
AARP MedicareComplete	Medicare Advantage	44,470	10,095
Aetna ASO	Commercial ASO	226,276	9,504

*Medicaid enrollment as of March 2023; TRICARE as of December 2023; Commercial as of March 2023; Medicare enrollment as of March 2023

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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

2024 Individual Market Health Plans
1. Anthem
2. ConnectiCare Benefits Company
3. ConnectiCare Insurance Company

2024 Small Group Market Health Plans
1. Anthem
2. ConnectiCare Benefits Company
3. ConnectiCare Insurance Company

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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

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C. Medicaid Administration, Governance & Operations

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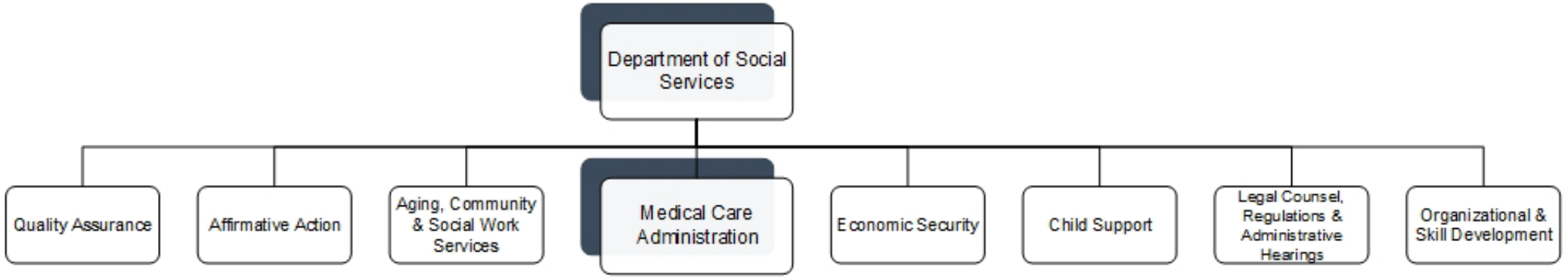
C.1. Medicaid Governance: Organization Chart & Key Leadership



Name	Position	Department	Email
Andrea Barton Reeves	Commissioner	Department of Social Services	commis.dss@ct.gov
William Gui Woolston	Director of Medicaid and Division of Health Services	Department of Social Services	william.woolston@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

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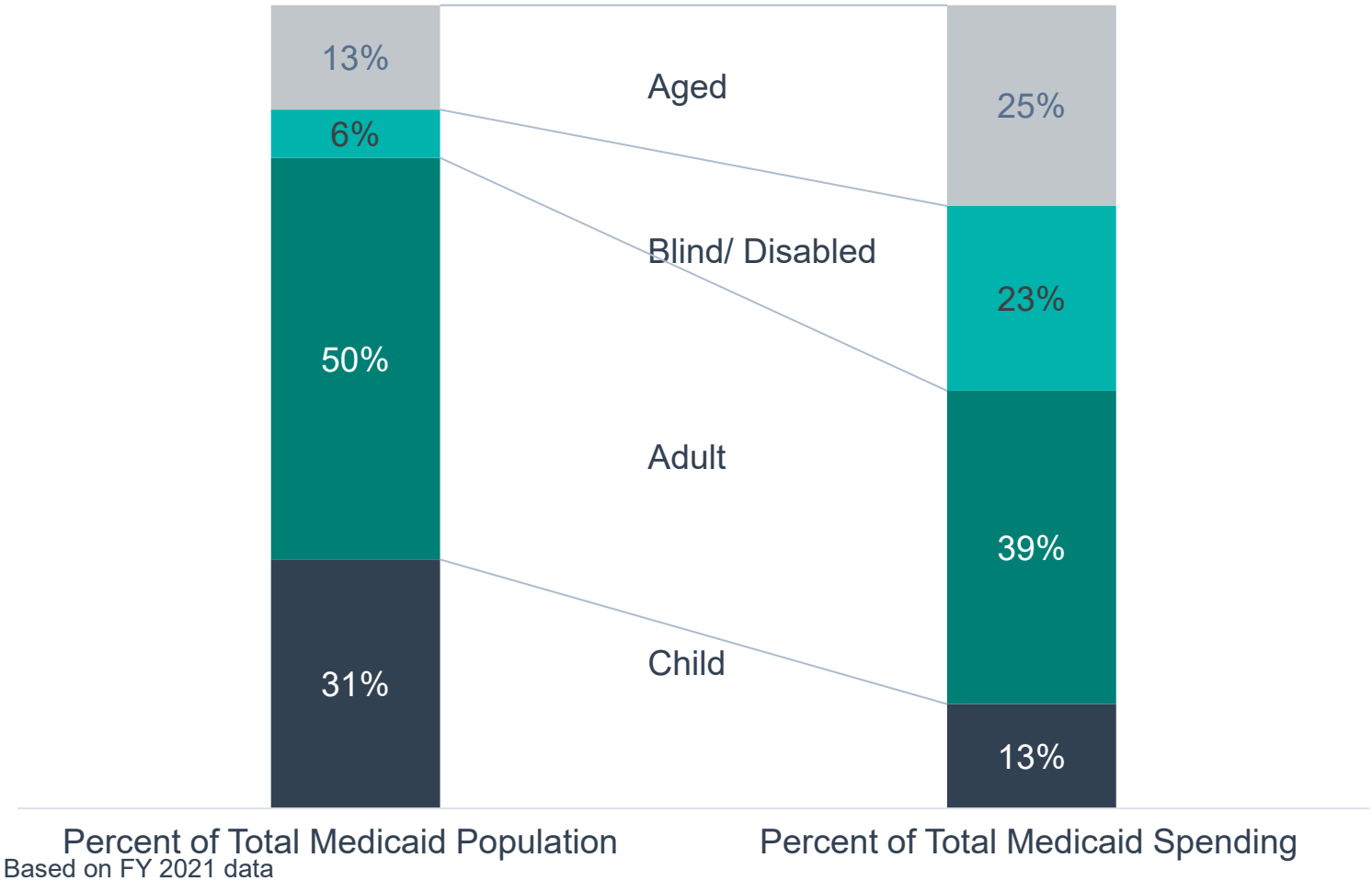
C.2. Medicaid Program Spending By Eligibility Group



Based on FY 2021 data

Medicaid Spending Per Enrollee, FY 2021		
	U.S.	CT
All populations	$8,651	$8,444
Children	$3,584	$3,565
Adults	$5,462	$5,431
Expansion adults	$7,486	$7,421
Blind and disabled	$23,935	$33,499
Aged	$18,514	$15,772

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C.2. Medicaid Program Spending: Budget

Budget Item	SFY 2022 Spending	Percent Of Budget
Hospital	$2,860,000,000	29%
Home- and community-based LTSS	$2,085,000,000	21%
Institutional LTSS	$1,615,000,000	17%
Medicare premiums and coinsurance	$629,000,000	6%
Other acute services	$604,000,000	6%
Physician	$541,000,000	6%
Drugs	$462,000,000	5%
Clinic and health center	$391,000,000	4%
Other practitioner	$298,000,000	3%
Dental	$149,000,000	2%
Managed care and premium assistance	$136,000,000	1%
Budget Total: $9,770,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	50%
CY 2024 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

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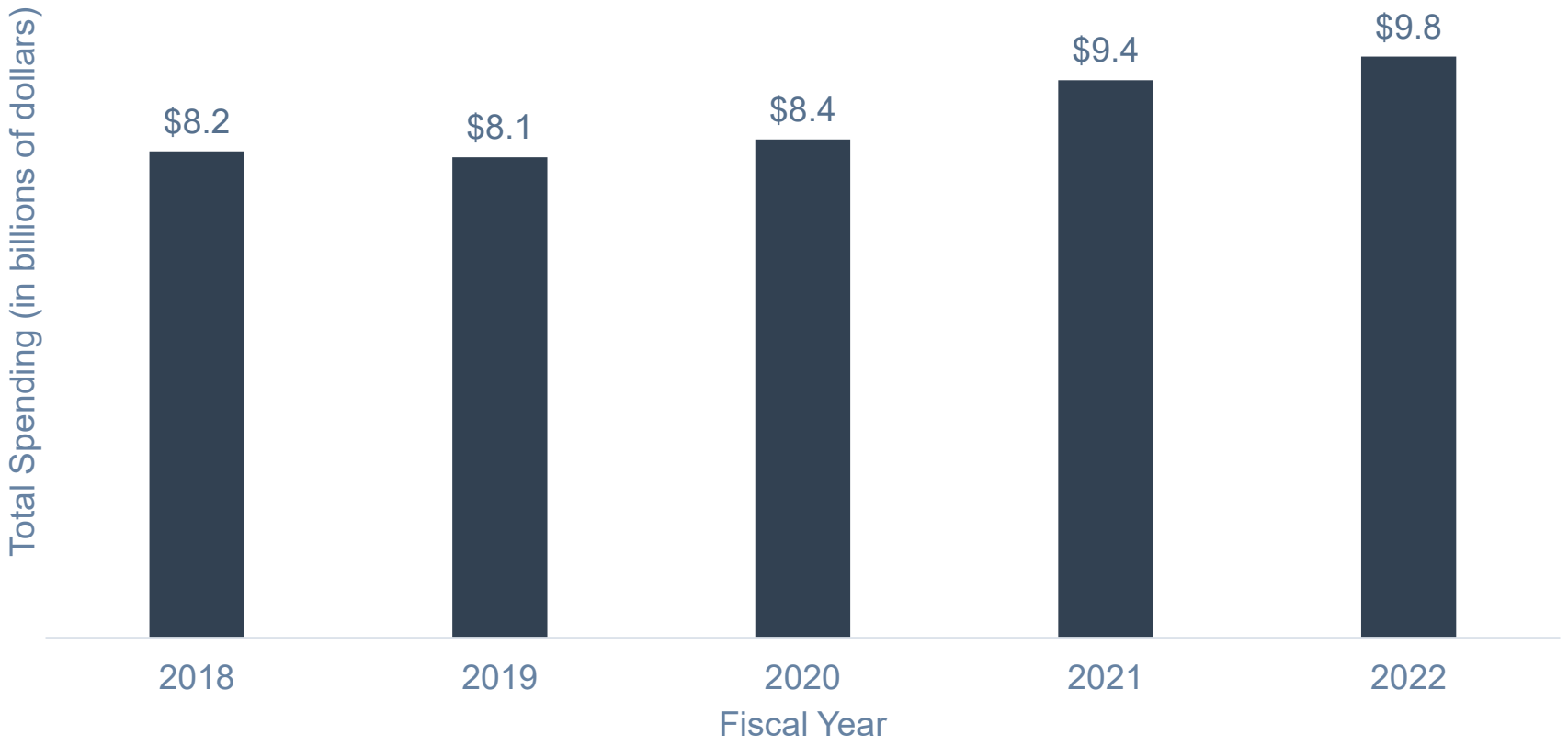
C.2. Medicaid Program Spending: Change Over Time



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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 (October 2023)	380,130
Number Of Enrollees Newly Eligible Due To Expansion	348,193
Benefits Plan For Expansion Population	The alternative benefit plan is identical to the state plan.

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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

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D. Medicaid Financing & Service Delivery System

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D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics	
Characteristics	**Medicaid Fee-For-Service (FFS)**
Enrollment (November 2023)	975,684
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)
Payment Model	All: FFS, plus administrative fees for the ASOs
Geographic Service Area	Statewide

Total Medicaid: 975,684 | Total Medicaid With SMI: 113,179

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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 November 2023, 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**
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, there is no managed care option.
Specialty behavioral health	
Pharmaceuticals	
Long-term services and supports (LTSS)	Covered FFS by the state

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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	✓	The state currently operates nine CCBHCs.
Other Care Coordination Initiatives		None

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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		

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D.2. Medicaid FFS Program: Overview

- FFS enrollment as of November 2023 was 975,684
- 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 November 2023 was 539,427.
  - Husky B: Provides services to uninsured children under the age of 19 with household incomes between 201% and 323% of FPL. Enrollment as of November 2023 was 14,711.
  - Husky C: Provides services to aged, blind, and disabled individuals. Enrollment as of November was 80,356.
  - 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 November 2023 was 341,190.
- 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.

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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.

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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

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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 November 2023, *OPEN MINDS* estimates that 100% of the SMI population was enrolled in FFS.

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D.3. Medicaid Managed Care Program: Overview

- Connecticut does not have a managed care program.

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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 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.

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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

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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

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D.4. Medicaid Care Coordination: PCMHs

- There are currently over 100 unique NCQA approved practices participating in the state's PCMH initiative.
- 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.
  - As of 2021, there were 19 glide path practices, zero glide path renewal practices, 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.

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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.

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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.
- 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.

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D.4. Medicaid Care Coordination: PCMH+ Participants

PCMH+ Organization	Type
Hartford Healthcare Medical Group, Inc.	Advanced Network (AN)
First Choice Health Centers Inc.	FQHC
Generations Family Health	FQHC
Charter Oak Family Health	FQHC
Southwest Community Health	FQHC
Optimus Health Care	FQHC
United Community and Family Services	FQHC
Cornell Scott-Hill Health	FQHC
Community Health Center	FQHC
Wheeler Clinic inc.	FQHC
Fair Haven Community Health	FQHC
Connecticut Children's Medical Center	AN

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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	10/01/2023	09/30/2025
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

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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 a participant is identified, services are designed to support the participant with a range of housing stabilization services, health care coordination services, services to support community participation, ongoing engagement, and housing maintenance.	1915 (b)	None	08/16/2021	08/15/2026

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

Waiver Title	Target Population	2024 Enrollment Cap	Operating Unit	Concurrent Management Authority
CT HCBS for Elders (0140.R07.00)	Individuals ages 65 and older	19,324	Home- and Community-Based Services (HCBS) Unit	Yes, the state has a concurrent 1915 (b) wavier.
CT Comprehensive Supports (0437.R04.00)	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.R04.00)	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	2,915	Department of Developmental Services	No
CT Personal Care Assistance (0301.R05.01)	Individuals who are physically disabled ages 18 to 64	1,795	Alternate Care Unit/ HCBS Unit	Yes, the state has a concurrent 1915 (b) wavier.
CT Mental Health Waiver (0653.R03.00)	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	342	Community Options Unit	No

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

Waiver Title	Target Population	2024 Enrollment Cap	Operating Unit	Concurrent Management Authority
CT ABI Waiver II (1085.R01.00)	Individuals with brain injury ages 18 and older	327	HCBS Unit	No
CT Home and Community Supports Waiver for Persons with Autism (0993.R02.00)	Individuals with autism ages 3 and older	417	Community Options Unit	No

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D.6. Medicaid Program New Initiatives: Timeline

- There are no new or pending Medicaid initiatives at this time.

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E. Medicare Financing & Service Delivery System

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E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (March 2023)	311,067	631,091
SMI Enrollment	• *OPEN MINDS* estimates 67% of the population in Medicare Advantage, 33% in traditional Medicare.	
Management	• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide all Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 942,158 | Total Medicare With SMI: 231,869

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E.2. Medicare System Overview

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of March 2023: 67% Medicare Advantage, 33% in traditional Medicare.
SMI population inclusion in managed care	• Estimated 67% of population in Medicare Advantage, 33% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	• Estimated that less than 1% of population in C-SNP plans
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	• Estimated that less than 1% of population in I-SNP plans

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E.2. Medicare System: Overview

- Medicare enrollment as of March 2023 was 942,158
- Medicare enrollment in Connecticut is comprised mostly of people who are eligible due to their age (i.e., being at least 65).
  - Younger Americans gain Medicare eligibility after they have been receiving disability benefits for 24 months, or have ALS or end-stage renal disease.
  - In Connecticut, 10% of beneficiaries are eligible due to disability rather than age. Nationally, the rate is slightly under 12%.
- All counties in Connecticut have at least 44 Medicare Advantage plans available for 2023; some areas have as many as 58.
- There are 13 insurers that offer Medigap plans in Connecticut–12 offer individual plans, while one offers group plans.
- There are 24 stand-alone Medicare Part D prescription plans available in Connecticut for 2023, with premiums that range from about $7 to $127 per month. Less than one-third of Connecticut Medicare beneficiaries have stand-alone Medicare Part D plans.

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E.3. Medicare ACOs

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

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E.4. Medicare System: New Initiatives - BPCI Advanced

- In October 2022, CMS announced a two-year extension of the Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model. The model launched in October 2018 and was originally set to end in December 2023.
- With the extension, BPCI Advanced is set to end in December 2025.
- New applicants (Model Year 7), must be Medicare-enrolled providers, suppliers, or Medicare Accountable Care Organizations (ACOs).
- BPCI Advanced is part of the continuing efforts by the CMS and the Center for Medicare and Medicaid Innovation in implementing voluntary episode payment models.
- The model aims to support health care providers that invest in practice innovation and care redesign to better coordinate care and reduce expenditures, while improving the quality of care for Medicare beneficiaries.
- BPCI Advanced qualifies as an Advanced Alternative Payment Model (APM) under the Quality Payment Program.
- The BPCI Advanced Model aims to address these issues by having the BPCI Advanced participants take responsibility for ensuring the patient's entire health care team – including the providers from all health care settings – communicate and collaborate on quality and total cost of a patient's care.
- The participant facilitates coordination among the health care team, working to meet the patient's full needs throughout the duration of the episode of care.
- The goal is to provide patients high-quality care, support a successful recovery and reduce the frequency and length of preventable hospital stays and emergency department use.

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E.4. Medicare System: New Initiatives - Value-Based Insurance Design Model

- Through the Medicare Advantage (MA) Value-Based Insurance Design (VBID) Model, CMS is testing a broad array of complementary MA health plan innovations designed to reduce Medicare program expenditures, enhance the quality of care for Medicare beneficiaries, including those with low incomes such as dual-eligibles, and improve the coordination and efficiency of health care service delivery.
  - Overall, the VBID Model contributes to the modernization of MA and tests whether these model components improve health outcomes and lower costs for MA enrollees.
- For plan year 2024, the VBID Model has 69 participating Medicare Advantage Organizations (MAOs) with a total of 12.4 million enrollees projected to be enrolled in participating plan benefit packages (PBPs).
  - Over 8.7 million of these enrollees are projected to be offered additional Model benefits and/or rewards and incentives as part of the Model test in 2024.
- The MA Value-Based Insurance Design (VBID) Model helps to remove obstacles to health and health care.
- For instance, under this Model, participating MA plans may provide patients with tailored supplemental benefits like lower costs for prescription drugs; grocery assistance to help ensure their unmet medical needs and nutrition needs are met; transportation services to make sure they can attend medical appointments; and support managing chronic health conditions.
- The VBID Model tests a broad array of MA service delivery and/or payment approaches and contributes to the modernization of MA through increasing choice, lowering cost, and improving the quality of care for Medicare beneficiaries.

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F. Dual Eligible Financing & Service Delivery System

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

Dual Eligible* Medicaid System Characteristics	
Characteristics	**Medicaid Fee-For-Service (FFS)**
Enrollment (December 2022)	77,945
Estimated SMI Enrollment	26,368
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: 77,945 | Total Dual Eligible Enrollment With SMI: 26,368

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

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

Health Plans	Parent Company	Plan Type	November 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	43777	9,937
Anthem MediBlue Dual Advantage Select	Anthem, Inc	Medicare Advantage D-SNP	14,349	3,257
Aetna Medicare Assure	CVS Health	Medicare Advantage D-SNP	6,952	1,578
WellCare Access	Centene	Medicare Advantage D-SNP	4,251	965
Anthem MediBlue Dual Access	Anthem, Inc	Medicare Advantage D-SNP	3,979	903
Anthem MediBlue Dyal Advantage	Anthem, Inc	Medicare Advantage D-SNP	2,638	599
ConnectiCare Choice Dual Basic	ConnectiCare Insurance Company, Inc	Medicare Advantage D-SNP	1,701	386
ConnectiCare Choice Dual	ConnectiCare Insurance Company, Inc	Medicare Advantage D-SNP	1,656	376

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

- As of December 2022, dual eligible enrollment was 77,945.
- 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.

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

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

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

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G.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 2023)	N/A
Estimated SMI Enrollment	N/A
Management	Medicaid FFS
Payment Model	Medicaid FFS
Geographic Service Area	Statewide

*Long-Term Services & Supports

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G.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		

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

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

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G.3. Medicaid LTSS Program: Health Benefits

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

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G.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.

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H. State Behavioral Health Administration & Finance System

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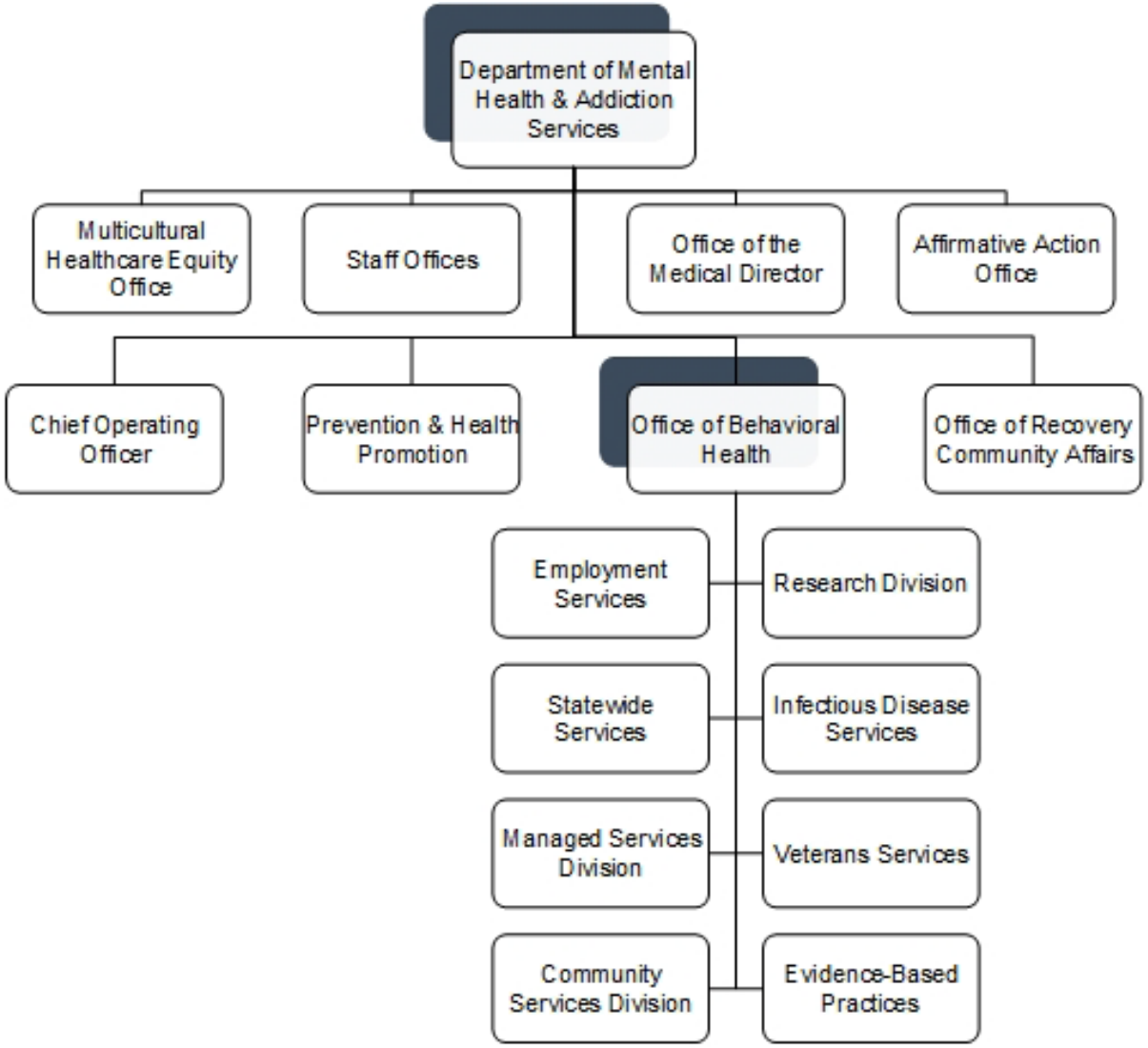
H.1. Department Of Mental Health & Addiction Services: Organization Chart



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

Name	Position	Department	Email
Nancy Navarretta, MA, LPC, NCC	Commissioner	Department of Mental Health & Addiction Services (DMHAS)	nancy.navarretta@ct.gov
Colleen Harrington, LCSW, MBA	Deputy Commissioner	DMHAS	colleen.harrington@ct.gov
Celeste Cremin-Endes	Chief of State-Operated Services	DMHAS	celeste.cremin-endes@ct.gov
Julienne Giard, LCSW	Section Chief, Community Services Division	DMHAS, Office of Behavioral Health	julienne.giard@ct.gov
Robert Haswell	Section Chief, Managed Services Division	DMHAS, Office of Behavioral Health	colleen.harrington@ct.gov
Kimberley Karanda, Ph.D., LCSW	Section Chief, Statewide Services Division	DMHAS, Office of Behavioral Health	kimberly.karanda@ct.gov
Charles Dike, M.D.	Medical Director	DMHAS	charles.dike@ct.gov

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

Budget Item	SFY 2024 Budget Request	Percent Of Budget
Personal services	$242,775,161	46%
Young adult services	$92,022,701	18%
Managed service system	$68,857,468	13%
Housing supports and services	$27,763,723	5%
Behavioral health recovery services	$25,979,688	5%
Home- and community-based services	$24,495,278	5%
Forensic services	$11,157,536	2%
Connecticut mental health center	$9,229,406	2%
TBI community services	$9,190,172	2%
Behavioral health medications	$6,949,232	1%
Medicaid adult rehabilitation services	$4,419,683	1%
Total Budget: $522,840,048		

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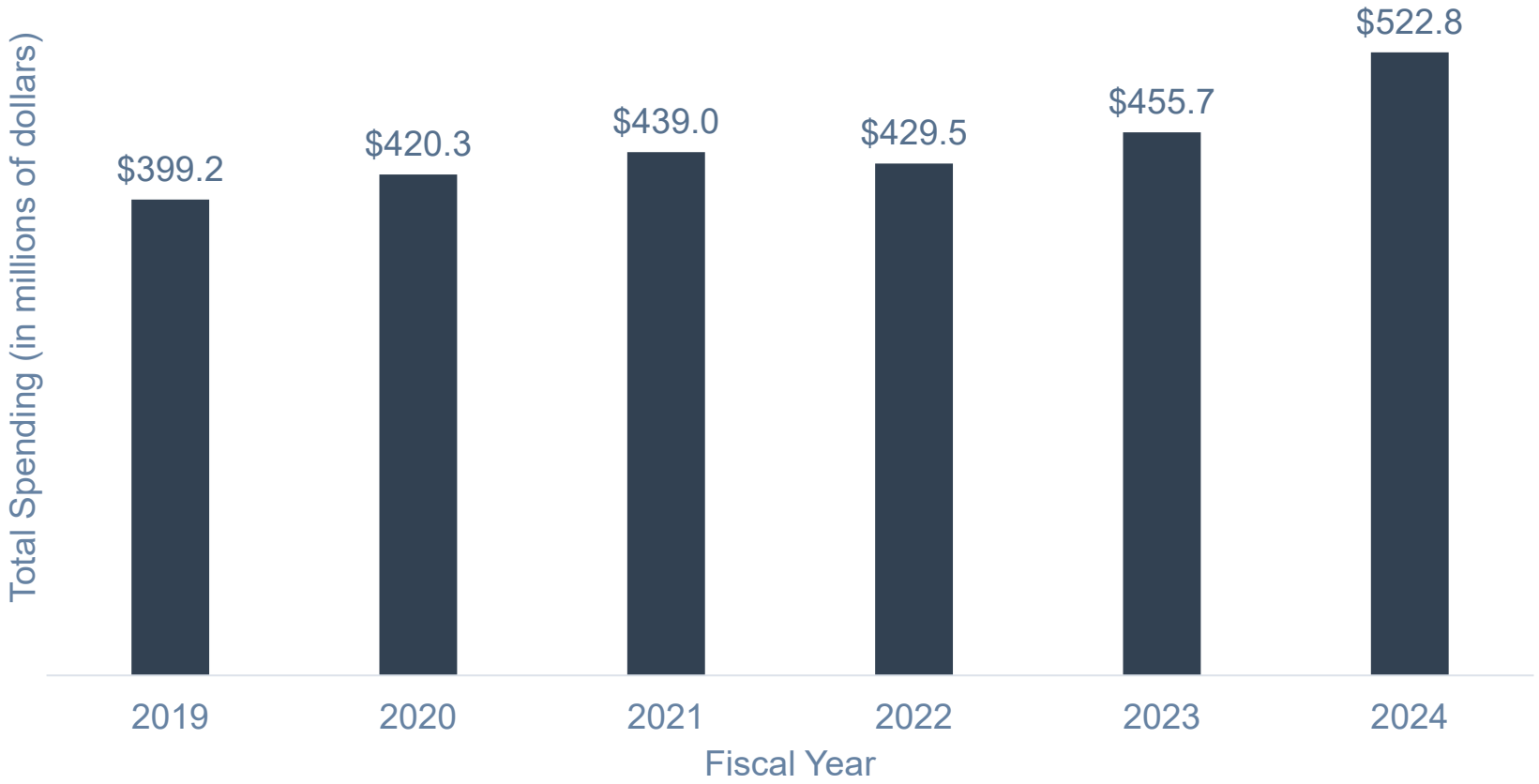
H.2. Department Of Mental Health & Addiction Services: Spending Over Time



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H.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**

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H.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.

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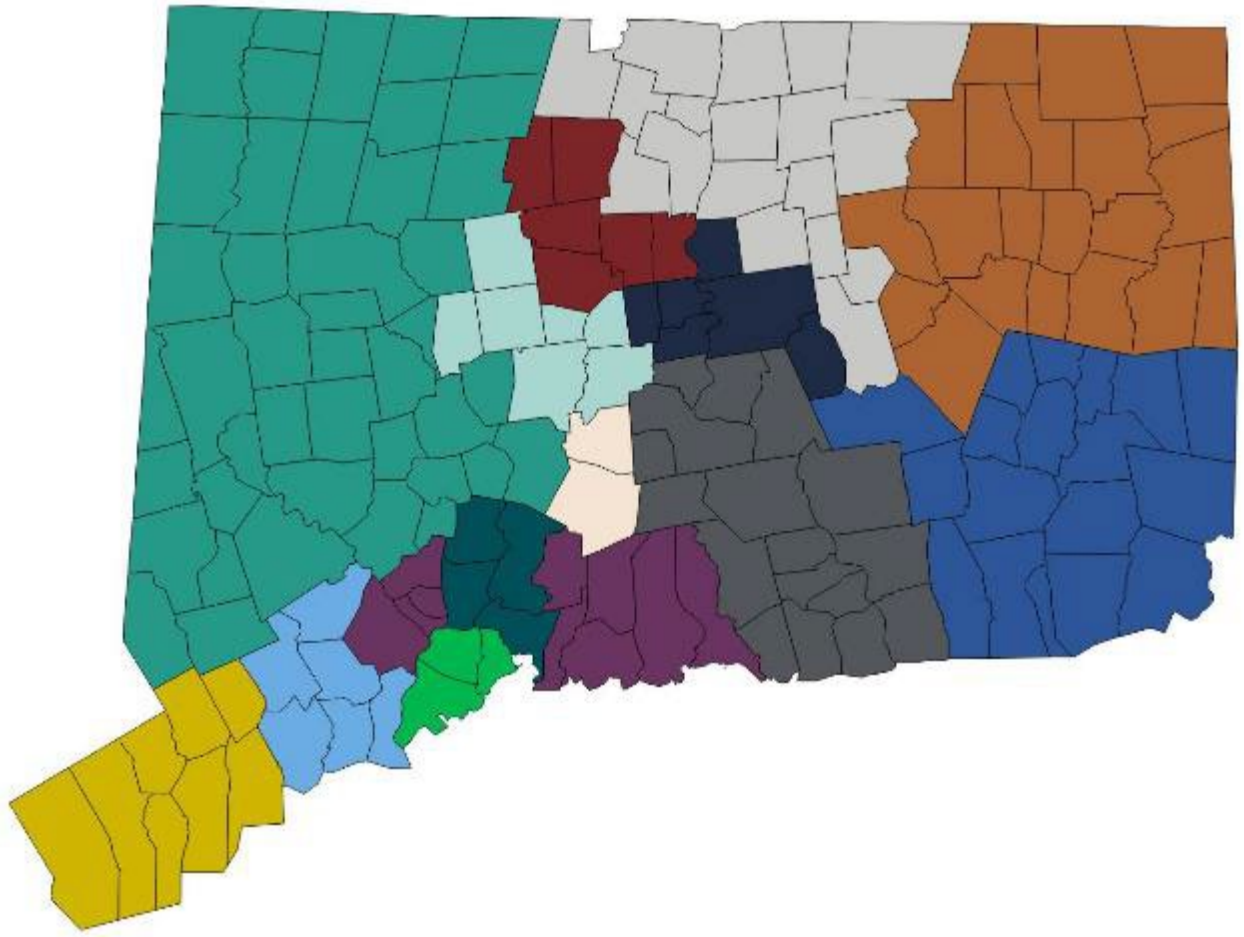
H.4. Behavioral Health Safety-Net Delivery System: LMHA Catchment Areas

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



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H.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

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H.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

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H.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

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H.5. Behavioral Health System: New Initiatives

- The Connecticut Department of Mental Health and Addiction Services (DMHAS) announced in June 2023, that it was awarded a 5-year, $3,675,000 grant from the U.S. Department of Health and Human Services and SAMHSA to enhance statewide and community-level mental health promotion and suicide prevention, intervention and response capacity.
- The CT Partnerships for Hope and Healing (PH2) youth suicide prevention grant will be co-directed by DMHAS and the Departments of Children and Families (DCF) and Public Health (DPH), the lead state agencies for suicide prevention. The PH2 grant will utilize comprehensive, equitable, public health approaches and evidence-based practices, frameworks and strategies to address gaps and reduce suicide attempts and deaths among youth ages 24 and under.
- Planned enhancements include a Training Collaborative, Data to Action Dashboard, 988 Suicide and Crisis Lifeline co-promotion with the state's 1 WORD, 1 VOICE, 1 LIFE suicide prevention campaign, and the release of Connecticut's Suicide Prevention Plan 2030.
- The grant will also fund the development of informed, coordinated, and sustainable partnerships within five prioritized areas across schools, campuses, community organizations and clinical services to ensure at-risk youth are identified, connected to care/treatment, provided with lethal means counseling, safety planning, and follow-up services.
- The PH2 grant will promote suicide prevention as a core priority in Connecticut, with interventions that are data and quality-driven, sustainable, culturally competent and equitable.

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I. Appendices

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

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

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I.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	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a

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I.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.

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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 2024, the FPL is $14,580 for an individual and $30,000 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.

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I.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.

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I.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.

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I.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.

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I.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.

I.3. Sources

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

B.1. Population Demographics
1. United States Census Bureau. (2021). 2022 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved January 2024 from https://data.census.gov/cedsci/table?q=S0101
2. United States Census Bureau. (2021). 2022 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved January 2024 from https://data.census.gov/cedsci/table?q=S1701
3. United States Census Bureau. (2021). 2022 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved January 2024 from https://data.census.gov/cedsci/table?q=S1901
4. United States Census Bureau. (2021). 2022 Population Distribution by Race/Ethnicity. Retrieved January 2024 from https://data.census.gov/cedsci/table?q=S1701

B.2. Population Centers
1. Federal Reserve Bank of St Louis. (2022, March) US Regional Data, MSAs. Retrieved January 2024 from https://fred.stlouisfed.org
2. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved January 2024 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas
3. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved January 2024 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29
4. United States Census Bureau. (2020). 2019 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved January 2024 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*. (2024). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2023 Beneficiaries. Retrieved January 2024. 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 2023). Retrieved January 2024. 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 January 2024. 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*. (2024). Serious Mental Illness Prevalence Estimates.

Connecticut © OPEN MINDS. All Rights Reserved.

I.3. Sources

B.4. Largest State Health Plans By Enrollment

1. *OPEN MINDS.* (2023, March). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved January 2024 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. (2023). Subscription Database. www.markfarrah.com

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

1. *OPEN MINDS.* (2023, March). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved January 2024 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. (2023). Subscription Database. www.markfarrah.com

B.5. Health Insurance Marketplace

1. United States Department of Health and Human Services. (2023, November 28). PY2024 Individual Medical Landscape. Retrieved January 2024 from https://data.healthcare.gov/dataset/2cfb30f4-7c65-42bd-bc4c-a3fbcf1cb2cd
2. United States Department of Health and Human Services. (2023, November 28). QHP Landscape PY2024 SHOP Market Medical. Retrieved January 2024 from https://data.healthcare.gov/dataset/e68d9ef0-549c-4fec-a91b-781eb865c60e

B.6. ACOs

1. *OPEN MINDS*. (2022). 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 January 2024 from https://www.phone.ct.gov/EmpByDept.aspx
2. Department of Social Services. (2019). Annual Report State Fiscal Year 2019. Retrieved January 2024 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.

I.3. Sources

C.2. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2024 from https://www.macpac.gov/macstats/

C.2. Medicaid Program Spending: Budget

1. Kaiser Family Foundation. (2023). Federal Medical Assistance Percentages FY 2024. Retrieved January 2024 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. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2024 from https://www.macpac.gov/macstats/

C.2. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2024 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2024 from https://www.macpac.gov/macstats/
3. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2024 from https://www.macpac.gov/macstats/
4. Centers for Medicare and Medicaid Services. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2024 from https://www.macpac.gov/macstats/
5. Medicaid and CHIP Payment and Access Commission. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2024 from https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf
6. Medicaid and CHIP Payment and Access Commission. (2018, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2024 from https://www.macpac.gov/publication/macstats-archive/
7. Medicaid and CHIP Payment and Access Commission. (2017, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2024 from https://www.macpac.gov/publication/macstats-archive/
8. Medicaid and CHIP Payment and Access Commission. (2016, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved January 2024 from https://www.macpac.gov/publication/macstats-archive/
9. Medicaid and CHIP Payment and Access Commission. (2015, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved January 2024 from https://www.macpac.gov/wp-content/uploads/2015/03/March-2014-MACStats.pdf

Connecticut © OPEN MINDS. All Rights Reserved.

I.3. Sources

C.3. Medicaid Expansion Status

1. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2024 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2024, January). Medicaid Enrollment Data Collected Through MBES 2024 Q1. Retrieved January 2024 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 January 2024 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 January 2024 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 January 2024 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 January 2024 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 January 2024 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 January 2024 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 January 2024 from http://www.ctbhp.com/
3. Connecticut Medicaid & CHIP Services. HUSKY Health Connecticut. Retrieved January 2024 from https://www.huskyhealthct.org/members.html?hhNav=|
4. OPEN MINDS (2023) Health Plan Database

Connecticut © OPEN MINDS. All Rights Reserved.

I.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 January 2024 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 January 2024 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HuskyB_MemberHandbook.pdf
3. State of Connecticut. (2019, October). Husky Health Connecticut Eligibility. Retrieved January 2024 from https://www.ct.gov/hh/cwp/view.asp?a=3573&q=421548

D.2. Medicaid FFS Program: Overview

1. OPEN MINDS (2023) Health Plan Database
2. Connecticut Department of Social Services. (2020, February 14). Financial Trends in the Connecticut HUSKY Health Program – Transparency & Sustainability. Retrieved January 2024 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 January 2024 from https://portal.ct.gov/DSS/Fiscal/Contracts/Contracts---MED-Medicaid
4. Husky Health Connecticut. (2020). Member Benefits & Handbooks. Retrieved January 2024 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 January 2024 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 January 2024 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 January 2024 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 January 2024 from https://www.huskyhealthct.org/providers/provider_postings/ICM_Flyer.pdf

Connecticut © OPEN MINDS. All Rights Reserved.

I.3. Sources

D.2. Medicaid FFS Program: Behavioral Health Benefits

1. Connecticut Behavioral Health Provide. (2020, June). Beacon Health Options Provider Manual. Retrieved January 2024 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 January 2024 from http://www.ctbhp.com/members/info/Member_Handbook-English.pdf

D.2. Medicaid FFS Program: SMI Population

1. *OPEN MINDS.* (2024). SMI Prevalence Estimates.

D.2. Medicaid FFS Program: Pharmacy Benefit

1. Connecticut Husky Health. (2021). Medicaid Management. Retrieved January 2024 from https://www.huskyhealthct.org/providers/medical-management.html
2. Connecticut Department of Social Services. Pharmacy Services. Retrieved January 2024 from https://www.ctdssmap.com/CTPortal/PharmacyInformation/tabid/65/Default.aspx
3. Connecticut Department of Social Services. (2021, January 1). Preferred Drug List. Retrieved January 2024 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 January 2024 from https://www.ctdssmap.com/CTPortal/PharmacyInformation/tabid/65/Default.aspx
5. Connecticut Medical Assistance Pharmacy Program. Drug Utilization Review Program. Retrieved January 2024 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 January 2024 from https://www.ct.gov/hh/cwp/view.asp?a=3573&q=421552

Connecticut © OPEN MINDS. All Rights Reserved.

I.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 January 2024 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 January 2024 from https://www.ct.gov/dmhas/cwp/view.asp?a=2900&q=528136
3. Husky Health. DSS Person-Centered Medical Home. Retrieved January 2024 from https://www.huskyhealthct.org/providers/pcmh.html
4. Connecticut Department of Social Services. PCMH+ Information for Members. Retrieved January 2024 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 January 2024 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 January 2024 from https://www.ct.gov/dmhas/cwp/view.asp?a=2900&q=528136
3. Husky Health. DSS Person-Centered Medical Home. Retrieved January 2024 from https://www.huskyhealthct.org/providers/pcmh.html
4. Connecticut Department of Social Services. PCMH+ Information for Members. Retrieved January 2024 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 January 2024 from https://www.huskyhealthct.org/providers/PCMH/pcmh-financial-incentives.html
2. Husky Health Connecticut. PCMH Performance-Based Payment Program. Retrieved January 2024 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 January 2024 from https://www.huskyhealthct.org/providers/PCMH/pcmh_postings/PCMH_Performance_Based_Payment_Changes.pdf
4. Husky Health. DSS Person-Centered Medical Home. Retrieved January 2024 from https://www.huskyhealthct.org/providers/pcmh.html
5. Husky Health Connecticut. (2019, June 12). Care Management PCMH Committee. Retrieved January 2024 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 January 2024 from https://www.huskyhealthct.org/providers/PCMH/pcmh_postings/PCMH_Reimbursement_Summary.pdf

Connecticut © OPEN MINDS. All Rights Reserved.

I.3. Sources

D.4. Medicaid Care Coordination: PCMH Quality Measures

1. Connecticut Department of Social Services. Wave 3 Quality Measures. Retrieved January 2024 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 January 2024 from https://www.huskyhealthct.org/providers/PCMH/pcmh-financial-incentives.html
2. Husky Health Connecticut. PCMH Performance-Based Payment Program. Retrieved January 2024 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 January 2024 from https://www.huskyhealthct.org/providers/PCMH/pcmh_postings/PCMH_Performance_Based_Payment_Changes.pdf
4. Husky Health. DSS Person-Centered Medical Home. Retrieved January 2024 from https://www.huskyhealthct.org/providers/pcmh.html
5. Husky Health Connecticut. (2019, June 12). Care Management PCMH Committee. Retrieved January 2024 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 January 2024 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 January 2024 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 January 2024 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 January 2024 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

Connecticut © OPEN MINDS. All Rights Reserved.

I.3. Sources

D.6. Medicaid Program Initiatives: New Initiatives

1. Connecticut Office of Health Strategy. (2019, June). Health Enhancement Community Initiative Proposed Framework. Retrieved January 2024 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 January 2024 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 January 2024 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. Medicare Financing & Service Delivery System

1. OPEN MINDS. (2023, March). Health Plans Database.
2. OPEN MINDS. (2023). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2023, August) Medicare Monthly Enrollment. Retrieved December 2023 from https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment

E.2. Medicare System Overview

1. OPEN MINDS. (2023, March). Health Plans Database.
2. OPEN MINDS. (2023). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2023, August) Medicare Monthly Enrollment. Retrieved December 2023 from https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment

E.2. Medicare System Overview

1. Healthinsurance.org (2023, December) Medicare in Connecticut. Retrieved December 2023 from https://www.healthinsurance.org/medicare/connecticut/

Connecticut © OPEN MINDS. All Rights Reserved.

I.3. Sources

E.3. Medicare ACOs

1. OPEN MINDS. (2022). ACO Database.

E.4. Medicare System: New Initiatives

1. Centers for Medicare & Medicaid Services. (2023, June 8). CMS Announces Multi-State Initiative to Strengthen Primary Care. Retrieved from https://www.cms.gov/newsroom/press-releases/cms-announces-multi-state-initiative-strengthen-primary-care

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

1. Centers for Medicare and Medicaid Services. (2023, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved January 2024 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. (2023, December). Special Needs Plan (SNP) Data. Retrieved January 2024 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html

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

1. Centers for Medicare and Medicaid Services. (2023, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved January 2024 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. (2023, December). Special Needs Plan (SNP) Data. Retrieved January 2024 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html

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

1. Centers for Medicare and Medicaid Services. (2023, December). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved January 2024 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html

Connecticut © OPEN MINDS. All Rights Reserved.

I.3. Sources

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

1. Centers for Medicare and Medicaid Services. Financial Alignment Initiative. Retrieved January 2024 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/FinancialModelstoSupportStatesEffortsinCareCoordination.html

G.1 LTSS Financing & Service Delivery System

1. OPEN MINDS. (2016, December 20). State Medicaid Programs With MLTSS: The 2016 OPEN MINDS Update. Retrieved January 2024 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 January 2024 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 January 2024 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 January 2024 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 January 2024 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 January 2024 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 January 2024 from https://www.medicaid.gov/medicaid/downloads/mltssp_white_paper_combined.pdf
7. BallotPedia. (2012). Historical Medicaid Statistics For All 50 States. Retrieved January 2024 from https://ballotpedia.org/Historical_Medicaid_statistics_for_all_50_states

G.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 January 2024 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 January 2024 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HuskyB_MemberHandbook.pdf
3. State of Connecticut. (2019, October). Husky Health Connecticut Eligibility. Retrieved January 2024 from https://www.ct.gov/hh/cwp/view.asp?a=3573&q=421548

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

1. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY A, HUSKY C, and HUSKY D. Retrieved January 2024 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 January 2024 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HuskyB_MemberHandbook.pdf
3. State of Connecticut. (2019, October). Husky Health Connecticut Eligibility. Retrieved January 2024 from https://www.ct.gov/hh/cwp/view.asp?a=3573&q=421548

Connecticut © OPEN MINDS. All Rights Reserved.

I.3. Sources

G.3. MLTSS Program Benefits

1. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY A, HUSKY C, and HUSKY D. Retrieved January 2024 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 January 2024 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HuskyB_MemberHandbook.pdf
3. State of Connecticut. (2019, October). Husky Health Connecticut Eligibility. Retrieved January 2024 from https://www.ct.gov/hh/cwp/view.asp?a=3573&q=421548

G.4. MLTSS New Initiatives

1. Husky Health Connecticut. Husky Health Program Member Handbook: HUSKY A, HUSKY C, and HUSKY D. Retrieved January 2024 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 January 2024 from https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HuskyB_MemberHandbook.pdf
3. State of Connecticut. (2019, October). Husky Health Connecticut Eligibility. Retrieved January 2024 from https://www.ct.gov/hh/cwp/view.asp?a=3573&q=421548

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

1. Connecticut Department of Mental Health & Addiction Services. (2021). Office of the Commissioner. Retrieved January 2024 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 January 2024 from https://www.phone.ct.gov/EmpByDept.aspx

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

1. Connecticut Department of Mental Health & Addiction Services. (2021). Office of the Commissioner. Retrieved January 2024 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 January 2024 from https://www.phone.ct.gov/EmpByDept.aspx

H.2. Public Behavioral Health System Budget

1. Connecticut Office of Policy and Management. FY 2024-2025 Biennium Governor's Budget. Retrieved December 2023 from https://portal.ct.gov/OPM/Bud-Budgets/2024-2025-Biennial-Budget/FY-2024-2025-Biennial-Budget

Connecticut © OPEN MINDS. All Rights Reserved.

I.3. Sources

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

1. Connecticut Office of Policy and Management. FY 2024-2025 Biennium Governor's Budget. Retrieved December 2023 from https://portal.ct.gov/OPM/Bud-Budgets/2024-2025-Biennial-Budget/FY-2024-2025-Biennial-Budget
2. Connecticut Office of Policy and Management. FY 2021-2023 Biennium Governor's Budget. Retrieved January 2024 from https://portal.ct.gov/OPM/Bud-Budgets/2022-2023-Biennial-Budget/FY-2022-2023-Biennial-Budget
3. Connecticut Office of Policy and Management. FY 2020-2021 Biennium Governor's Budget. Retrieved January 2024 from https://portal.ct.gov/-/media/OPM/Budget/2020_2021_Biennial_Budget/GovBud_FY2020-21_Final.pdf?la=en
4. Connecticut Department of Mental Health & Addiction Services. (2021). Divisions and Offices Directory. Retrieved January 2024 from https://portal.ct.gov/DMHAS/Divisions/Divisions/DMHAS-Divisions-and-Offices
5. Connecticut Office of the State Controller. (2021). Open Budget. Retrieved January 2024 from https://openbudget.ct.gov/#!/year/default

H.3. State Psychiatric Institutions

1. Connecticut Department of Mental Health & Addiction Services. State-Operated Inpatient Treatment Facilities. Retrieved January 2024 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 January 2024 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 January 2024 from https://www.ct.gov/dmhas/lib/dmhas/publications/bg-application.pdf

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

1. Connecticut Department of Mental Health and Addiction Services. Programs and Services. Retrieved January 2024 from https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/Programs-and-Services
2. Connecticut Department of Mental Health and Addiction Services. Local Mental Health Authorities. Retrieved January 2024 from https://portal.ct.gov/DMHAS/Programs-and-Services/DMHAS-Directories/Local-Mental-Health-Authorities
3. Connecticut Department of Mental Health and Addiction Services. Regional Behavioral Health Action Organizations (RHBAOs). Retrieved January 2024 from https://portal.ct.gov/DMHAS/Commissions-Councils-Boards/Index/Regional-Behavioral-Health-Action-Organizations-RBHAOs

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

1. Connecticut Department of Mental Health and Addiction Services. Local Mental Health Authorities. Retrieved January 2024 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 January 2024 from https://portal.ct.gov/DMHAS/Programs-and-Services/DMHAS-Directories/DMHAS-Funded-Programs

Connecticut © OPEN MINDS. All Rights Reserved.

I.3. Sources

H.5. Behavioral Health System: New Initiatives

1. Connecticut Department of Mental Health & Addiction Services. (2023, June) Press Releases. Retrieved January 2024 from https://portal.ct.gov/DMHAS/Newsworthy/News-Items/Press-Releases

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