



## **1115 SUD Demonstration Provisional Certification of New SUD Residential Programs**

The purpose of this communication is to provide guidance for behavioral health agencies seeking to enroll new residential programs for the treatment of substance use disorders in the Connecticut Medical Assistance Program (CMAP) under Connecticut's 1115 Substance Use Disorder (SUD) Demonstration. The State of Connecticut will begin processing new applications for such programs on June 1<sup>st</sup> 2023. Unless otherwise communicated by the State of Connecticut, the guidance outlined in this document and all provisional certification statuses will be repealed on June 1, 2024. At that time, all new and existing SUD residential treatment programs must meet the requirements for full certification outlined in the Demonstration to access the CMAP system. Application for certification is open to any willing and qualified provider. Such qualifications shall be assessed in accordance with the [Residential Provisional/Certification Requirements](#) and [Residential Monitoring Thresholds](#) and shall not discriminate or exclude applicants on the basis of race, color, national origin, age, disability, sex or otherwise as may be prohibited by federal and state law.

### **Applicant Residential SUD Providers**

To ensure individuals seeking substance use treatment services receive the appropriate resources, provisional certification applications will not be processed for new SUD residential treatment programs if the following issues are identified:

- Any of the applicant agency's current CMAP enrolled residential SUD programs are not meeting the Core Activities under the Demonstration.\*
- The applicant agency is under program improvement plan(s), as defined by their contractual expectations by a state agency or branch related to the provision of SUD treatment services at any CMAP enrolled residential SUD level of care.
- The applicant agency is operating any residential SUD treatment programs with a license that is currently under consent order, summary suspension or summary probation or any other disciplinary action(s) as defined by CT Gen Stat § 19a-494a through the Department of Public Health.

\*Agencies may request a formal review of their compliance with the Demonstration's Core Activities as part of their application for new SUD residential programs. These reviews will be conducted within 60 days of the initial request provided adequate monitoring resources are available and will consist of an onsite assessment of the administrative, policy, and medical record requirements related to the Demonstration's Core Activities. Programs will receive written notification from Advanced Behavioral Health of the estimated timeframe for completion of this review when monitoring resources aren't available within 60 days. If, upon initial review, these facilities remain out of compliance with the Demonstration's Core Activities, a follow-up review process will be scheduled 180 days from the completion of the initial assessment or as part of the Demonstration's established monitoring schedule, whichever comes first.

<sup>1</sup> Provisional certification may be suspended prior to this date for the following reasons: (1) Mutual consent by the provider and the Department of Mental Health and Addiction Services, Department of Social Services or Department of Children and Families as applicable. (2) Failure to adopt or comply with the standards outlined within the Connecticut ASAM Substance Use Disorder Services Policy and Clinical Assumptions Grid. (3) Failure to comply with all applicable standards and requirements for providing services under the Connecticut Medical Assistance Program (CMAP), including, but not limited to, the provider participation regulations in Sections 17b-262-522 through 17b-262-532, inclusive, of the Regulations of Connecticut State Agencies. (4) Failure to comply with conditions contained in section 17b-99 of the Connecticut General Statutes and sections 17-83K-1 through 17-83K-7 of the Regulations of Connecticut State Agencies.



## Application Process

To ensure all applications for provisional certification are addressed in a timely and cohesive manner the following process should be adhered to:

1. Providers must complete a Provisional Certification Application Request form. Forms can be obtained from and submitted to the state's certifying administrative services organization, Advanced Behavioral Health (ABH), at [1115Waiver@abhct.com](mailto:1115Waiver@abhct.com).

ABH will review the Provisional Certification Application Request and submit it for review to the state partner organizations, the Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF) respectively.

2. Upon approval by the state partners, ABH will provide the applicant agency with a Provisional Certification Application File which will include the following forms:

- ***Provisional Certification Cover Letter*** (Developed and submitted by ABH)
- ***Application for Provisional Certification***
- ***Organization-Wide ASAM Readiness Assessment Survey (combined excel file)***
- ***Program ASAM Readiness Assessment Surveys (combined excel file)***
- ***Provisional Application Submission Checklist (combined excel file)***
- ***Attestation signed by the agency's Executive Director or designee that the applicant program(s) are providing the 1115 SUD Demonstration's Core activities.***
- ***Copy of current policies related to the 1115 SUD Demonstration.***

3. Applicant agencies will complete the items outlined in step 2 of this guidance and submit them to ABH via email [1115Waiver@abhct.com](mailto:1115Waiver@abhct.com). These emails should include the subject line "[Agency Name]: 1115 SUD Residential Provisional Certification Application." Provisional Certification Application Files must also include the following documents:

- Proof of Certificate of Need determination approval or waiver from the Connecticut [Office of Health Strategy](#).
- Approved LP-173 Form from the [Connecticut Department of Public Health](#) or photocopy of current facility license.

4. Within 30 days of receipt of the items outlined in steps 3 and 4 of this guidance representatives from ABH and DMHAS or DCF as applicable will conduct a pre-provisional certification site visit.
5. ABH will review all applications and submit certification recommendations to DMHAS for any adult-serving programs or DCF for any youth-serving programs.



6. Upon approval or denial by the state agencies, ABH will draft and provide the applicant agency with a Provisional Certification determination letter. These letters will include the following information:
  - All applicable program names
  - Program locations
  - ASAM level(s) of care the program is certified to provide
  - DPH licensed capacity
  - Effective and end dates for Provisional Certification
  
7. New SUD residential programs will be granted provisional certification for up to 120 days. Prior to the ending of this period, representatives from ABH and DMHAS or DCF as applicable will conduct an onsite review of the administrative, policy, and medical record requirements related to the Demonstration's Core Activities to ensure the Demonstration's Core Activities are being met. If the onsite review concludes that the program is meeting the Core Activities, provisional certification will be extended until June 1, 2024 and programs must make continual progress towards full certification. For programs not meeting the Core Activities, these 120 day review periods will be extended and a program improvement plan generated by the respective state agency until the Core Activities are met or until June 1, 2024. All provisional certifications will be repealed as of June 1, 2024 and agencies must obtain full certification in order to maintain CMAP enrollment for the respective level(s) of care.
  
8. Upon receipt of the provisional certification determination letter, approved agencies should enroll in the CMAP system and submit the appropriate follow-on documents. A copy of the Provisional Certification determination letter, the [Addendum to the Provider Enrollment Agreement for SUD Providers](#) and the [Acknowledgement of Deadline for Full ASAM Certification](#) must be emailed to [ct-sud-demo@ct.gov](mailto:ct-sud-demo@ct.gov).

Questions regarding the guidance in this document should be directed to the state partner agencies via the following email address: [CT-SUD-DEMO@ct.gov](mailto:CT-SUD-DEMO@ct.gov).