

**STATE OF CONNECTICUT**  
**CONNECTICUT MEDICAL ASSISTANCE PROGRAM (CMAP)**  
**SUBSTANCE USE DISORDER (SUD) SERVICES**  
**PROVIDER CERTIFICATION STANDARDS AND PROCESS**

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## I. Glossary of Terms

**Agency:** A business or organization established to provide a particular service, typically one that involves organizing transactions between two other parties.

**Ambulatory:** Medical services performed on an outpatient basis, without admission to a hospital or other facility

**American Society of Addiction Medicine (ASAM):** The organization responsible for development of the ASAM Criteria, a comprehensive set of standards for placement, continued service, and transfer of individuals experiencing substance use disorders and co-occurring conditions. For this document and current standards and practices all reference to ASAM is for ASAM, 3rd Edition.

**Centers for Medicare and Medicaid Services (CMS):** The Federal agency responsible for approval and oversight of Section 1115 demonstrations.

**Connecticut Department of Children and Families (DCF):** The lead state agency for children's behavioral health whose mission is to partner with communities and empower families to raise resilient children who thrive.

**Connecticut Department of Corrections (DOC):** whose mission is to be a leader in progressive correctional practices and partnered re-entry initiatives to support responsive evidence-based practices geared toward supporting reintegration and reducing recidivism under the Department's supervision. Safety and security shall be a primary component of this responsibility, coinciding with an unwavering respect for the human dignity of the staff, victims, citizens and offenders.

**Connecticut Department of Social Services (DSS):** whose mission is to make a positive impact on the health and well-being of Connecticut's individuals, families and communities.

**Connecticut Department of Mental Health and Addiction Services (DMHAS)-** The state agency responsible for promoting and administering comprehensive, recovery-oriented services in the areas of mental health, substance use treatment and substance use prevention.

**Fee for Service (FFS):** A healthcare payment model in which healthcare providers and physicians are reimbursed based on the number of services or procedures they provide.

**Flex Bed:** Agencies providing inpatient (ASAM 3.7RE and 3.7R) and/or residential (ASAM 3.5 and 3.3) treatment for substance use disorders for both adolescents and adults under the 1115 SUD Demonstration are able to provide ongoing services across a continuum of these and the ASAM 3.1 levels of care, as defined by the ASAM criteria, in order to meet the treatment needs of the member at that moment in time, while ensuring continuity of care. Known as the "flex bed option" this process allows individuals to continue to receive treatment for substance use disorders in the facility where they are currently admitted, according to what is clinically appropriate and medically necessary given their clinical history and current stage of recovery and to also ensure agencies can bill for services under the appropriate fee-for-service rates.

**Institution for Mental Diseases (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, which includes substance use disorders (SUDs).

**Intensive Outpatient Program (IOP):** This ASAM 2.1 level of care provides 6-19 hours of clinically intensive programming per week (minimum of three contact days per week) for adolescents and 9-19 hours (minimum of three contact days per week) for adults based on individual treatment plans and are designed for more intensive treatment than routine outpatient SUD services.

**Judicial Branch - Court Support Services Division (JB-CSSD):** whose mission is to provide effective support services within the Judicial Branch by working collaboratively with system stakeholders to promote compliance with court orders and instill positive change in individuals, families, and communities.

**Member:** Any individual receiving comprehensive health care benefits as part of Connecticut's HUSKY Health Program (HUSKY A, B, C or D).

**Opioid Treatment Program (OTP):** A program or practitioner engaged in opioid treatment of individuals with an opioid agonist medication with federal oversight by the Substance Abuse and Mental Health Services Administration (SAMHSA).

**Outpatient Treatment Provider:** Offers non-residential treatment in which the patient spends structured time in treatment during the day or evening but is not required to remain at treatment facility overnight or for a prescribed duration during treatment.

**Opioid Use Disorder (OUD):** the chronic use of opioids that causes clinically significant distress or impairment.

**Partial Hospitalization Program (PHP):** This ASAM 2.5 level of care provides 20 or more hours of clinically intensive programming per week (minimum of four contact days per week) based on individual treatment plans.

**Provider:** Any hospital, residential facility, health care clinic, community mental health center Federally Qualified Health Center, group practice, or other outpatient treatment facility that provides services under the CT 1115 SUD waiver.

**Provider Bulletin:** Bulletin produced by DSS to participating providers to communicate procedures, changes to the State Medicaid Plan, rates or other information deemed necessary to ensure services to Members are appropriate and aligned with state and federal requirements.

**Residential Facility:** A live-in health care facility that provides treatment for substance use disorders, mental health conditions, and/or other behavioral problems.

**State Plan Amendment (SPA):** refers to Connecticut's Medicaid State Plan and any changes approved by the legislature and CMS. The State Plan is a formal, written agreement between a

state and the federal government, submitted by the single state agency (42 CFR 431.10) and approved by CMS, describing how that state administers its Medicaid program.

**Substance Use Disorders (SUDs):** are treatable, chronic diseases characterized by a problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use.

**Substance Use Disorder Services Policy and Clinical Assumptions Grid:** A set of standards and expectations for Medicaid treatment providers in areas including admissions, interventions and treatment services, documentation, staffing and supervision related to Connecticut's 1115 Substance Use Disorder Demonstration.

**1115 Medicaid Waiver:** The Medicaid 1115 Waiver constitutes the legal authority granted to the State by the federal government to pursue innovations that improve health care access, quality and outcomes and further the goals of the Medicaid and CHIP Programs. The terms and conditions of the State's Medicaid 1115 Waiver act as a contract that establishes the scope of the State's flexibility under federal law relative to the Medicaid State Plan.

## **II. Certification Standards Purpose and Overview**

The purpose of this document is to formalize the Certification Standards and the process to become certified for agencies that are interested in providing services under the Connecticut Medicaid State Plan Rehabilitative Option for Substance Use Disorder (SUD). The Connecticut Department of Social Services (DSS) submitted the State Plan Amendment (SPA) as part of the Implementation Plan required and approved under the 1115 Demonstration Waiver for SUD for adults and children under a fee-for-service (FFS) payment model, utilizing the American Society of Addiction Medicine (ASAM) levels of care (LOCs) service array as part of an essential continuum of care for Medicaid-enrolled individuals with Opioid Use Disorder (OUD) and other SUDs. 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. Connecticut requested, through the Demonstration amendment and effective immediately upon approval, authority to use Institutions for Mental Diseases (IMDs) as a Medicaid-covered setting and approval for beneficiaries covered under the Childrens Health Insurance Plan (CHIP) and diagnosed with a SUD, access to SUD services furnished in an IMD; the inclusion of this Title XXI expenditure authority ensures that children who otherwise would have been ineligible for CHIP because they reside in IMDs will be able to gain CHIP coverage and receive SUD treatment. CMS approved the waiver on April 14, 2022. CMS approved the State Plan Amendment including all non-hospital levels of care with an effective date of June 1, 2022 on September 16, 2022 in SPAs 22-0020 and 22-0021.

The provider qualifications of the State Plan require that all non-hospital SUD providers providing intensive levels of care above ASAM 1.0, be certified consistent with the ASAM 3<sup>rd</sup> edition standards as outlined in the demonstration implementation plan. Providers were given a provisional certification period of two years to meet certification requirements as each provider type was phased-in to the demonstration. The authority for enrollment and provision of SUD services in the Medicaid program is thus the Medicaid State Plan, with the 1115 demonstration granting authority for Connecticut to claim federal funds for facilities meeting IMD criteria for services provided by providers who otherwise meet State Plan provider requirements.

Interested parties are invited to submit applications for certification in the program through the agencies that collaboratively manage the application process and issue certification, the Connecticut Department of Social Services (DSS), the Connecticut Department of Mental Health and Addiction Services (DMHAS) and the Connecticut Department of Children and Families (DCF).

## **III. Background and Context**

The State Plan establishes a full continuum of treatment services that follow the American Society of Addiction Medicine (ASAM) levels of care (LOCs). DSS in partnership with the DMHAS, DCF, the Department of Corrections (DOC) and the Judicial Branch, Court Support

Services Division (JBCSSD) implemented the Connecticut SUD program through amendments to the Medicaid State Plan to update the state standards so they are consistent with the 3<sup>rd</sup> edition of the ASAM Criteria. This included coverage of intensive outpatient services, coverage of medications for addiction treatment (MAT), coverage of intensive levels of care in residential and inpatient settings and coverage of withdrawal management services. Implementation of certified agencies that would provide services under the State Plan were phased in beginning April 1, 2022 through July 1, 2023. All applicants enrolled during that period received “Provisional Certification” and were provided up to a two-year timeline to achieve full implementation of all program requirements and become fully certified.

The certification standards, application and process for full certification determinations supports the goals and desired outcomes of the state of Connecticut by ensuring that agencies that enroll in and provide services under the State Plan have fully adopted, in policy and in practice, ASAM 3<sup>rd</sup> edition.

Connecticut developed a universal training program for agencies to enable them to assess treatment needs based on ASAM’s multi-dimensional tools and to base treatment needs on those assessment; all provisionally certified providers received this training during the first-year effective date of the State Plan. Connecticut state partner agencies worked with agencies to develop program standards and provided ongoing monitoring and technical support of agency progress toward full adoption of ASAM 3<sup>rd</sup> edition during the provisional certification period. Provisionally certified agencies, through the adoption of ASAM 3<sup>rd</sup> edition, ensure that treatment needs are assessed and services are provided based on SUD-specific, multi-dimensional assessment tools that reflect evidence-based clinical treatment guidelines. Utilization management approaches implemented are designed to ensure that beneficiaries have access to SUD services at the appropriate level of care, that interventions are appropriate for the diagnosis and level of care and there is an independent process for reviewing placement in residential treatment settings.

Connecticut requires all intensive levels of care to be certified. The SPA requirements include mandates consistent with the 1115 Demonstration that providers for all intensive ambulatory and residential levels of care utilize a SUD-Specific, multidimensional assessment tool (e.g., ASAM criteria patient placement assessment tool) that reflects evidence-based clinical treatment guidelines to assess treatment needs. SPA Certification at all levels also requires ensuring that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care consistent with the 1115 requirements.

In addition, Connecticut required provisionally certified residential treatment facilities providing services to beneficiaries, implement residential treatment provider qualifications that meet ASAM criteria, submit to a state review process to ensure compliance with the required criteria and offer MAT on-site or facilitate access off-site for members requiring that service. Residential and inpatient facilities are also required to link beneficiaries to community-based services and



supports following discharge from a residential or inpatient facility and to ensure collaboration and a seamless transition between LOCs.

#### IV. Public Input Process

To assure the SUD program requirements reflected collaboration and consensus DSS, DMHAS, DCF, DOC and JBCCSD ensured the process for developing these standards was inclusive of public input and stakeholder engagement. DSS, DMHAS, DCF, DOC and JBCCSD will continue to engage stakeholders to ensure valuable feedback is received on the program to guide future decisions.

#### V. Certification and Continued Compliance with Certification Standards

Connecticut has not been granted selective contracting authority under the demonstration. As a result, any qualified provider under the State Plan may enroll in the Connecticut Medical Assistance Program (CMAP) to provide SUD services. Qualification under the Medicaid State Plan is defined as a provider who has been certified to provide a level of care by the State of Connecticut. Interested parties are invited to apply for certification to provide services under the State Plan at any time. New applicants that enroll after the provisional certification end dates outlined in Table 1 for their respective level(s) of care, must be providing services at the level of care for which they are applying according to ASAM Criteria, 3<sup>rd</sup> Edition. All fully certified agencies must be re-certified every three years to ensure continued commitment to and compliance with program requirements.

##### Provisionally Certified Agencies

Agencies that received provisional certification during the SUD 1115 Waiver implementation period detailed in Part II of this document will be fully certified according to the following schedule:

**Table 1 - CT 1115 SUD Level of Care Phased-In Certification Schedule**

<b>Provider Type and Specialty</b>	<b>ASAM LOC</b>	<b>Provisional Certification Start Date</b>	<b>Provisional Certification End Date</b>	<b>Associated Provider Bulletin</b>
State Hospitals <b>90/003</b>	3.7 WM, 3.7 R, 4.0 WM	April 1, 2022	April 1, 2024	<a href="#">Provider Bulletin- 2022-21</a>
Private Freestanding SUD Residential Treatment Facilities <b>63/001</b>	3.1, 3.3, 3.5, 3.5 PPW, 3.7R, 3.7 RE, 3.2WM, 3.7WM	June 1, 2022	June 1, 2024	<a href="#">Provider Bulletin 2022-39</a>
Behavioral Health Clinic, Enhanced Care Clinic or	ASAM 1-WM, ASAM 2-WM, ASAM 2.1, ASAM 2.5	November 15, 2022	November 15, 2024	<a href="#">Provider Bulletin 2022-86</a>

<b>Provider Type and Specialty</b>	<b>ASAM LOC</b>	<b>Provisional Certification Start Date</b>	<b>Provisional Certification End Date</b>	<b>Associated Provider Bulletin</b>
Outpatient Drug and Alcohol Abuse Center <b>08/525, 08/526,63/007</b>				
Outpatient Hospitals <b>01/007, 01/008</b>	ASAM 1-WM, ASAM 2-WM, ASAM 2.1, ASAM 2.5	March 1, 2023	March 1, 2025	<a href="#">Provider Bulletin 2023-09</a>
Behavioral Health Federally Qualified Health Centers (FQHCs) <b>08/522</b>	ASAM 1-WM, ASAM 2-WM, ASAM 2.1, ASAM 2.5	July 1, 2023	July 1, 2025	<a href="#">Provider Bulletin 2023-50</a>

## **VI. Process for Achieving Full Certification for Provisionally Certified Agencies**

Provisional certification for all agencies ends following the two-year implementation period detailed in Table 1 above. All provisionally certified agencies pursuing full certification under the Demonstration will receive a certification determination by provider type and according to the date listed in the Table 1 above. Following a final monitoring and oversight review, if an agency meets the standards for delivering care according to the ASAM 3<sup>rd</sup> Edition LOC for which they are enrolled, the agency will be fully certified and receive a Level 1 Certification for three years. An agency that does not achieve Level 1 Certification but does meet the requirements for a Level 2 Certification will be placed on a Medicaid Corrective Action Plan (MCAP) with a requirement to meet the standards for delivering care and full certification within six months of an MCAP determination. Providers who do not resolve their MCAP and achieve a Level 1 certification within the six-month period or providers who receive a Certification Denial will be disenrolled from the Connecticut Medicaid Assistance Program (CMAP) for the respective level(s) of care not certified and will not be able to provide these services under the Medicaid State Plan. Providers who resolve their MCAP and meet the standards for delivering care will receive a Level 1 Certification for the remainder of the three-year period.

### **Scoring Methodology**

Each agency operating under provisional certification will have a final monitoring and oversight review within three months of the provisional certification end date for the level(s) of care for which services are provided as detailed in Table 1 of this guidance. Following final review, the agency will receive a report detailing the outcome of the assessment and, if required, a performance improvement plan that addresses the critical deficiencies that must be remediated to

achieve Level I Certification by the end of the provisional period. Any unmet standard should be non-critical to program operations and able to be addressed adequately during the provisional certification period. Table 2 details the Core requirements with associated due dates for achieving each requirement and final scores that must be achieved to receive full certification. Any identified deficiencies not impacting certification will be monitored with Quality Improvement Plans. There will be ongoing monitoring for compliance with all of the Demonstration's standards for continuous quality improvement.

### Core Requirements Scoring

The Core requirements bulleted below and **bolded** in Table 2 must meet a score of 100% for Level 1 and Level 2 certification:

- Evidence that facility offers pharmacotherapies (including medication for addiction treatment - MAT) as a treatment option through direct provision or in collaboration with other enrolled Medicaid providers as permitted.
- Evidence of a daily schedule of activities designed to meet individualized treatment needs in alignment with the minimum required treatment hours outlined in the Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid.

All other requirements in Table 2 must each achieve a score of not less than 75% for Level 1 and not less than 60% for Level 2:

**Table 2**

<b>Core Requirements:</b> A score of 75% must be achieved in each standard for Certification. <b>Bolded</b> requirements must be met with a score of 100%.	
<b>Requirement</b>	<b>Achievement Date</b>
Evidence of individualized/variable length of stay based on ASAM assessment and ASAM continued stay criteria.	24-months from Provisional Certification
<b>Evidence that facility offers pharmacotherapies (including medication for addiction treatment - MAT) as a treatment option through direct provision or in collaboration with other enrolled Medicaid providers as permitted.</b>	24-months from Provisional Certification
Individualized progress notes in the individual’s record that clearly reflect implementation of the treatment plan and the individual’s response to therapeutic intervention for all disorders treated, as well as subsequent amendments to the plan.	24-months from Provisional Certification
An individualized, comprehensive biopsychosocial assessment is conducted utilizing the ASAM Criteria and Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid.	24-months from Provisional Certification
<b>Evidence of a daily schedule of activities designed to meet individualized treatment needs in alignment with the minimum required treatment hours outlined in the</b>	24-months from Provisional Certification

<b>Core Requirements:</b> A score of 75% must be achieved in each standard for Certification. <b>Bolded</b> requirements must be met with a score of 100%.	
<b>Requirement</b>	<b>Achievement Date</b>
<b>Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid</b>	
ASAM diagnostic and dimensional criteria are utilized for the appropriate level of care during screening, admission, continued stay and discharge processes. The ASAM Transfer/Discharge criteria are applied to discharge planning processes. Transfer or Discharge Plans are utilized and include obtaining necessary release(s) of information to refer to appropriate aftercare services, including clinical recovery supports. Plans are written in conjunction with the individual and their primary counselor and service coordinator.	24-months from Provisional Certification
Formal reviews necessary for payers are dictated by clinical/medical necessity as determined by a clinical assessment utilizing all six dimensions of the ASAM criteria. Payer utilization management processes are utilized.	24-months from Provisional Certification
Individualized treatment plans are completed, reviewed and signed in accordance with the ASAM Criteria, Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid, and Provider Manual and state regulations.	24-months from Provisional Certification
Facility does not preclude admission of individuals based on MAT profile and active medication prescriptions. If agency cannot support a medication need internally, they have policies in place to ensure communication with prescribing physician is ongoing or appropriate referrals are made.	24-months from Provisional Certification

### **Administrative and Support Requirements**

Adoption and implementation of Administrative requirements detailed in Table 3 and Support requirements detailed in Table 4 is required of all providers participating in the Demonstration. Any provider that is not meeting these requirements at the end of the provisional certification period for the level(s) of care for which services are provided will be placed on a Quality Improvement Plan and may be subject to a Medicaid audit.

**Table 3 – Administrative Requirements**

<b>Requirement</b>	<b>Achievement Date</b>
Acknowledgement signed by the CEO agreeing to the timeframes in this document and agreeing that if full certification is not achieved within 24-months CMAP enrollment for the non-certified level of care will terminate.	At time of Provisional Certification
DPH licensure appropriate for the ASAM Level(s) of Care (LOCs) for which the Full Certification is requested.	At time of Provisional Certification

<b>Requirement</b>	<b>Achievement Date</b>
Emergency services available 24 hours a day, 7 days a week admission (LOC: 3.7WM or 4.0WM) OR 16 hours/7 days per week (LOC: 3.1, 3.3, 3.5, 3.5Adol, 3.5PPW, 3.7, 3.7RE).	At time of Provisional Certification
Minimal onsite staffing requirements are met	At time of Provisional Certification
Program has policy and procedures for drug screen supervision, testing and review and evidence of compliance.	At time of Provisional Certification
Has policy and procedures for medication monitoring and evidence of monitoring individual's adherence in taking any medications.	At time of Provisional Certification
A physical examination, performed within a reasonable time and in accordance with any timeframes outlined in the ASAM Criteria and Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid, as determined by the individual's medical condition and consistent with facility policy or legal requirements.	At time of Provisional Certification
Policies related to provisional certification are in place as evidenced through documentation.	24-months from Provisional Certification
Evidence of completion of required staff trainings on ASAM Criteria.	24-months from Provisional Certification
Weekly clinical SUD service hours align with the ASAM Criteria, Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid, and DSS provider regulation, bulletin, and manual.	24-months from Provisional Certification
Admission hours align with Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid and DSS provider regulation, bulletin, and manual.	24-months from Provisional Certification

**Table 4 – Support Requirements Scoring**

<b>Requirement</b>	<b>Achievement Date</b>
Necessary support systems align with the ASAM Criteria and Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid.	24-months from Provisional Certification
Documentation of training plans for each staff, reflective of responsibilities and clinical activities is present in personnel record	24-months from Provisional Certification
Documentation of supervision sessions for each staff in accordance with ASAM standards and Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid are present in personnel records.	24-months from Provisional Certification
Evidence of staff trainings on Motivational Interviewing and Transtheoretical Stages of Change in personnel records	24-months from Provisional Certification

<b>Requirement</b>	<b>Achievement Date</b>
Treatment services align with the ASAM Criteria, Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid, and DSS provider regulations, bulletin, and manual	24-months from Provisional Certification
With individual's consent, offers services with and for the individual's family and significant others other than educational sessions	24-months from Provisional Certification
Evidence of Motivational enhancement and engagement strategies appropriate to the individual's stage of readiness and desire to change.	24-months from Provisional Certification
Evidence of planned community reinforcement is present in clinical records	24-months from Provisional Certification
Programs have direct affiliations with other levels of care, or close coordination through referral to more or less intensive levels of care	24-months from Provisional Certification
Evidence that Supervisors conduct and document face-to-face clinical supervision at rates in accordance with the ASAM criteria and Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid	24-months from Provisional Certification
Uses a range of evidence-based practices (EBPs)/therapies by staff who are trained in accordance with identified model(s) as reflected on the training plans/educational records including motivational interviewing, enhancement and engagement strategies.	24-months from Provisional Certification

### **Level One Certification- Three Years**

An agency will be certified at a Level 1 at the end of the provisional certification period for a period of three-years if the scoring requirements detailed in Table 2 are met and documentation for the level(s) of care provided is consistent, in policies and procedures, on-site interviews/tours, and medical record reviews of the Demonstration's Core requirements and demonstrates the adoption of ASAM 3<sup>rd</sup> edition Criteria and the Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid. Fully certified agencies will be required to submit to a re-certification monitoring and review process within six months of the certification expiration date to ensure ongoing compliance with ASAM 3<sup>rd</sup> edition and the Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid.

### **Level Two Certification - 6 Months Review**

An agency will be fully certified at a Level 2 at the end of the provisional certification period for six months if a minimum score of 75% is not achieved and not below 60% in the Core requirements excluding those that must be met with a score of 100% and as detailed in Table 2 and documentation is not shown to fully support adoption ASAM 3<sup>rd</sup> edition and Connecticut

Substance Use Disorder Services Policy and Clinical Assumptions Grid. Agencies receiving Level 2 certification at the end of the provisional certification period will be placed on a Medicaid Corrective Action Plan (MCAP) immediately upon certification determination and will be required to meet the criteria for Level 1 Certification within 6 months. Agencies receiving a Level 2 determination will be required to submit to a final monitoring and oversight review prior to the end of the six-month period.

### **Certification Denial**

Certification will be denied if, during the final monitoring and oversight review to assess certification determination, an agency receives a score below 60% in the Core requirements and/or does not achieve a score of 100% in the two Core requirements detailed in Table 2 that must meet that threshold; failure to achieve Level 1 certification following the MCAP process; and/or some or all standards requiring improvement are impacting and considered critical to program operations. If Level 1 Certification has been achieved at the end of the six-month Level 2 certification period, certification will be updated to Level 1 and the agency will be certified for an additional 2.5 years. The agency must submit to an additional monitoring and oversight review within six months of the certification expiration date to ensure ongoing compliance with ASAM 3<sup>rd</sup> edition and the Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid. If Level 1 or Level 2 certification has been denied, DSS will notify the agency of the Certification status and status of enrollment in the Connecticut Medical Assistance Program (CMAP) for the respective level(s) of care for which certification has been denied.

## **VII. Certification Standards**

All agencies/providers must adhere to state licensing requirements for their respective level(s) of care. As set forth in the Connecticut Medical Assistance Program (CMAP) provider enrollment agreement, providers must comply with all applicable federal and state statutes, regulation, and other requirements. All treatment services and interventions outlined within are included in the all-inclusive rates unless otherwise specified.

Qualified practitioners must operate within their scope of practice as applicable under state law, ensuring appropriate licensure and supervision as applicable. Qualified practitioners whose credentials exceed the minimum expectations outlined in this and any Demonstration related documents may provide the services identified so long as they continue to operate within their scope of practice as applicable under state law.

All providers must provide services consistent with ASAM 3<sup>rd</sup> edition for the level(s) of care for which they are enrolled. Tables 2,3 and 4 above detail Core standards, Administrative standards and Support standards. The Core standards must be met at the thresholds outlined in Table 2 for the agency to be a certified provider under the Demonstration and ensure alignment with the expectations of the Demonstration and their obligations as a CMAP enrolled provider. Failure to meet any of the standards may result in a Medicaid audit and/or disenrollment from CMAP for the respective level(s) of care.