

CT 1115 SUD Ambulatory Provisional/Certification Requirements

- As part of the 1115 Substance Use Disorder (SUD) Demonstration Waiver, providers seeking enrollment in the Connecticut Medical Assistance Program (CMAP) as an American Society of Addiction Medicine (ASAM) ambulatory SUD provider must apply for provisional certification of the Demonstration requirements through the Connecticut Department of Mental Health and Addiction Services (DMHAS) and/or The Department of Children and Families (DCF) as applicable.
- Provisional certification will be granted for a period not to exceed 24 months from initial approval and will end for all providers no later than 11/15/2024. During the provisional certification period, providers must make continuous progress toward full certification as demonstrated by incorporating the activities outlined in this document within the given timeframes. The provider must satisfactorily demonstrate compliance with all ASAM Criteria including, but not limited to, any associated regulations, bulletins, and manuals issued by the Department of Social Services (DSS) prior to or by the end of the 24-month period to achieve full certification.
- To assist providers in achieving the implementation milestones in the table below and compliance with the full requirements of this certification process, DMHAS/DCF and/or their contracted entity will perform monitoring and onsite reviews to assess provider progress toward achieving full certification. Desk audit and onsite reviews will be scheduled throughout the 24-month provisional certification period, with the goal of full certification being awarded no later than 24 months from initial approval of the provisional certification.

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- Progress reports will be generated following each visit and distributed to the providers. These reports will consist of an assessment of each program's progress in adopting the ASAM standards.
- Programs must meet the following scoring thresholds to obtain full certification:
 - 100% compliance with the Demonstration's Core Activities
 - 100% compliance with the Demonstration's Administrative Activities
 - An average overall score of 2 in the Demonstration's Support Activities

The following slides outline each of these areas. Please note that the activities presented represent broader monitoring categories and providers should reference the monitoring assessment forms for further details on how these areas will be assessed.

1115 CORE Monitoring Activities

100% Compliance Required upon Review

Due Date: 11/15/2023*

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

100% Compliance Required upon Review

Due Date: 11/15/2023*

- Individualized treatment plans are completed, reviewed and signed in accordance with the ASAM Criteria, Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid, Provider Manual and state regulations.
- An individualized, comprehensive biopsychosocial assessment (ASAM 2.1, ASAM 2.5) or sufficient biopsychosocial screening assessment (ASAM 1-WM and ASAM 2-WM) is conducted in alignment with the ASAM Criteria and Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid
- Facility does not preclude admission of individuals based on MAT profile and active medication prescriptions. If agency cannot support a medication need internally they have policies in place to ensure communication with prescribing physician is ongoing or appropriate referrals are made.
- Evidence of a daily schedule of activities designed to meet individualized treatment needs in alignment with the minimum required treatment hours outlined in the Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid

*If within 12 months of provisional certification Demonstration's core activities remain unmet, the State's Administrative Services Organization, under the direction of DMHAS or DCF, will implement corrective action plans. If within 18 months of provisional certification, the Demonstration's core activities remain unmet, the State's administrative under the direction of DMHAS or DCF, will implement additional corrective action plans accompanied by a notice of pending provider decertification and forward these to the agency's leadership.

1115 Administrative Activities

100% Compliance Required upon Review

Due Date: At time of Provisional Certification Application

- 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.
- DPH licensure appropriate for the ASAM Level(s) of Care (LOCs) for which the Full Certification is requested.
- Emergency services available 24 hours a day, 7 days a week.
- Program has policy and procedures for drug screen supervision, testing and review and evidence of compliance
- Has policy and procedures for medication monitoring and evidence of monitoring individual's adherence in taking any medications. (1-WM and 2-WM)
- Direct care staff to client ratios are in place

100% Compliance Required upon Review

Due Date: No Later Than 11/15/2024

- Policies related to provisional certification are in place as evidenced through documentation.
- Evidence of completion of required staff trainings on ASAM Criteria*
- 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.
- Facility's staffing pattern is gender responsive and trauma informed
- At admission and where clinically indicated the individual is screened for medical needs as well as their status with being established with primary care. Individuals are referred to the appropriate agency-based and/or community-based resources as part of their treatment plan within a reasonable timeframe matching the urgency of their medical needs. Such determinations are made according to established protocols, which include reliance on the individual's personal physician (or NP/PA) whenever possible.

*Required staff must complete ASAM training by 10/15/2023 or within 1 year of provisional certification date for new programs

1115 Support Activities

- During the monitoring process all activities will be assessed on a 4 point scale.
- The following activities must have an average overall score of 2 for full certification to be granted.

Ratings Guide

- 0=NOT MET
- 1=PARTIALLY MET
- 2=MET
- 3=EXEMPLARY

1115 Support Activities

Average Score of 2 Required upon Review

Due Date: No Later Than 11/15/2024

- Documentation of training plans for each staff, reflective of responsibilities and clinical activities is present in personnel record
- 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.
- Evidence of staff trainings on Motivational Interviewing and Transtheoretical Stages of Change in personnel records.
- Treatment services align with the ASAM Criteria, Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid, and DSS provider regulations, bulletins, and manual
- With individual's consent, offers services with and for the individual's family and significant others other than educational sessions
- 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.
- Necessary support systems align with the ASAM Criteria and Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid

Average Score of 2 Required upon Review

Due Date: No Later Than 11/15/2024

- Evidence of Motivational enhancement and engagement strategies appropriate to the individual's stage of readiness and desire to change.
- Evidence of planned community reinforcement is present in clinical records
- Programs have direct affiliations with other levels of care, or close coordination through referral to more or less intensive levels of care
- Evidence that there is the coordination of care between therapeutic and pharmaceutical interventions