



## Certification and Document Upload Guide

Click on the following links to take you to the sections within the document. It is required to read the links with an asterisk (\*) and in **red** **BEFORE going to your program's specific section.** You may always use the Table of Contents to help guide you through the document.

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## Certification and Document Upload Guide

### How to use this document

The headings found in the above Table of Contents are links to the sections within this document. With your computer's mouse, hover over the section to which you want to go, hold down the CTRL (control) key on your keyboard and while holding the CTRL key, click the header in the Table of Contents.

### Purpose

This document has a dual purpose: provides instructions to identify which certification(s) to enter through the secure Web Portal Demographic Maintenance panel; and gives the definitions of the document types that need to be uploaded to support the certification updates.

### Audience for This Document

Currently, this document is solely for the following:

- Substance Use Disorder (SUD) providers
- Methadone Clinic providers supporting the Mobile Narcotic Treatment Vehicle and

This document is divided by each program.

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# Web Portal Panel Specific Certification and Document Upload Instructions

## Purpose

The purpose of this section of the document is to provide instructions as to where and how to both enter certificate information and how to upload the required documents.

*NOTE: Both of the certification entry and document uploading needs to be done for EACH AVRS/MCD ID!*

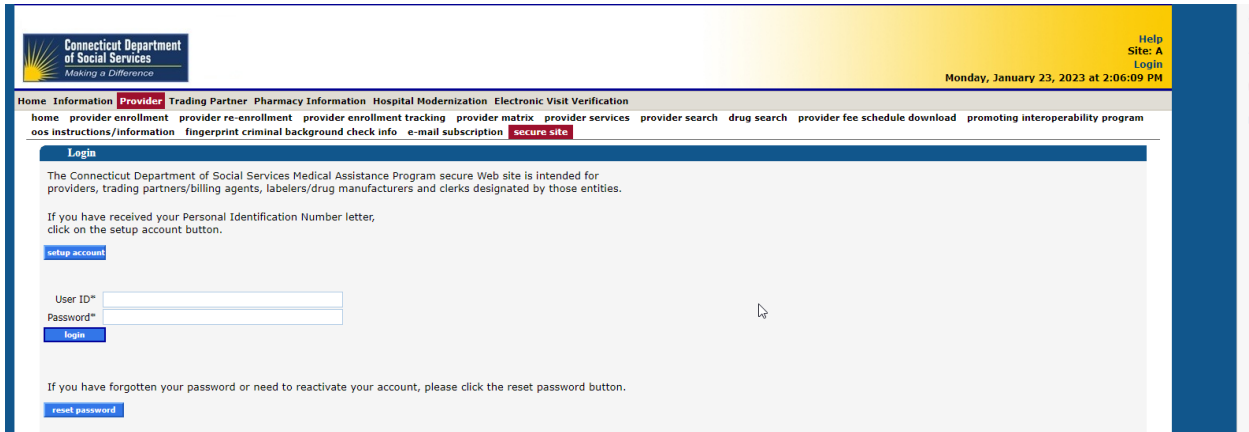
## Certification Entry

You will need to login to the secure Web portal to complete these activities. If you do not have a secure Web portal set up, or if you are unable to unlock/change your password, please call the Provider Assistance Call Center (PAC) at 1-800-842-8440.

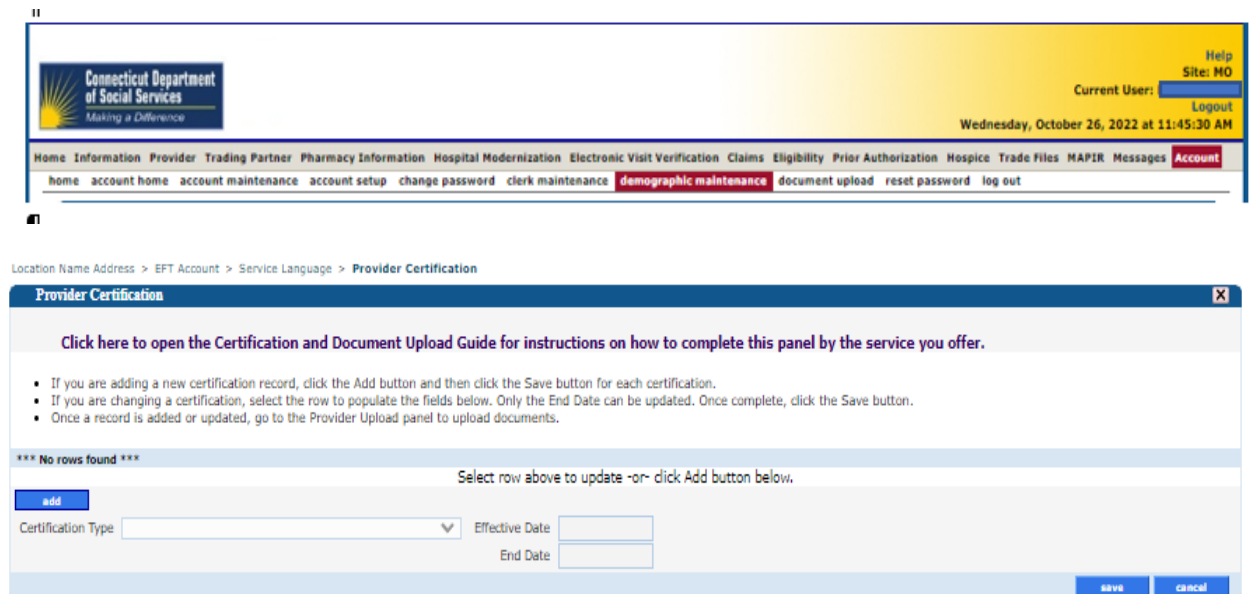
Step 1: Go to [www.ctdssmap.com](http://www.ctdssmap.com) and under the provider section on the left, click the link called, Secure Site:



Step 2: Login to your secure account:



Step 3: In the menu bar select: Demographic Maintenance, then Provider Certification:



Step 4: Select your certification(s) from the Certification Type dropdown menu. **NOTE: LOOK FOR THE APPROPRIATE CERTIFICATION TYPE THAT MATCHES YOUR CERTIFICATE. THE LIST DISPLAYED BELOW IS NOT A COMPLETE LIST:**

Location Name Address > EFT Account > Service Language > Provider Certification

**Provider Certification**

Click here to open the Certification and Document Upload Guide for instructions on how to complete this panel by the service you offer.

- If you are adding a new certification record, click the Add button and then click the Save button for each certification.
- If you are changing a certification, select the row to populate the fields below. Only the End Date can be updated. Once complete, click the Save button.
- Once a record is added or updated, go to the Provider Upload panel to upload documents.

Certification Type	Effective Date	End Date
Type data below for new record.		

**add**

Certification Type\*  Effective Date\*   
End Date\*

SUD Intensive Outpatient-Preliminary Certification  
SUD Partial Hospitalization-Preliminary Certificat  
Withdrawal Management 1-Preliminary Certification  
Withdrawal Management 2-Preliminary Certification

**save** **cancel**

Step 5: Use the specific effective and end dates as stated on your certification letter, then click save when done. More information may be included in your program's section within this document.

*IMPORTANT NOTE: If you have more than one AVRS/MCD ID you must repeat steps 1 – 5 for EACH ID.*

## Document Upload Feature Instructions

Step 1: From the main menu bar to the right of Demographic Maintenance, select Document Upload:



Step 2: In the top half of the panel that opens, enter all the following information:

1. AVRS ID: The ID that was used for login should appear here
2. Contact Name: The name of the person uploading the document(s)
3. Contact Phone: The phone number of the person uploading the document(s)
4. Contact Email: The email address of the person uploading the document(s)
5. User Comments: Enter notes as to what is being uploaded, what you are trying to accomplish, etc.

*NOTE: Please read the panel instructions CAREFULLY! There is a size limit on a document's size to be uploaded, formats are restricted, etc.*

Step 3: In the bottom half of the panel that appeared as noted in Step 2 above, click the add button. From the Transaction Type dropdown box, select the Transaction type and click on the Choose File button, one at a time, to identify the document that you are uploading. **NOTE: THE LIST BELOW IS NOT THE COMPLETE LIST. LOOK CAREFULLY AT THE LIST TO SELECT THE APPROPRIATE DOCUMENT TO MEET YOUR PROGRAM. SEE YOUR SPECIFIC PROGRAM SECTION WITHIN THIS DOCUMENT FOR ADDITIONAL INFORMATION.**

Step 4: Click Upload ALL Files once all documents are added to the Files list.

*IMPORTANT NOTE: Both of the certification entry and document uploading needs to be done for EACH AVRS/MCD ID!*

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# Mobile Narcotic Treatment Vehicle

## Providers that Need to Add and Update Certification Information

This section of the document is for the following provider types and specialties:

### Home Health Agencies and Therapists

Provider Type	Provider Specialty
Clinic (08)	Methadone Clinic (096)

### Certification Definitions

Below is the certification definition. Please enter the obtained certification in the secure Web Portal’s Demographic Maintenance panel.

The definitions of each field in the below table are:

- Provider Type/Specialty: Lists the Provider Type/Specialty to which the Certification applies
- Certification Type: This is the option to select on the Demographic Maintenance panel
- Definition: Defines the Code
- Billing Codes Allowed: Identifies the billing code(s) allowed (i.e., the services that are covered) by the Code

**IMPORTANT NOTE: Only use this grid if your type and specialty is listed.**

Provider Type/Specialty	Certification Type	Definition	Billing Codes Allowed
Methadone Clinic (08/096)	MM	Mobile Narcotic Treatment Vehicle - MM	H0022 – Services occurred at mobile unit

### CRITICAL NOTE: Updates to Certification Levels

**If a change occurs in the certification granted, and it is prior to re-enrollment due date, or during your enrolled period, you are required to make the updates via the secure Portal’s Demographic Maintenance panel. You will be required to upload the certification documentation supporting the change. To upload the document, refer to the Document Upload section within this document.**

### Document Upload Instructions

#### Purpose

This section of the document will define the document types allowed to be uploaded to support the updates made via the secure Web Portal’s Demographic Maintenance panel.

#### ONLY DOCUMENTS ALLOWED TO BE UPLOADED ARE FOR THE FOLLOWING PROVIDERS

Currently, the only documents allowed to be uploaded are listed and defined below. No other documents are allowed to be uploaded. **If any other type of documents are uploaded they will not be reviewed or worked by the Department of Social Services (DSS) or Gainwell Technologies.**



The following provider types and specialties are allowed to upload documents. The specific document allowed to be uploaded is in the Mobile Narcotic Treatment Vehicle services [Document Types Definitions](#) section of this document.

Provider Type	Provider Specialty
Clinic (08)	Methadone Clinic (096)

### Mobile Narcotic Treatment Vehicle Service Document Type Definition

This section identifies and defines the allowed documents to be uploaded for those providers listed in the [ONLY DOCUMENTS ALLOWED TO BE UPLOADED ARE FOR THE FOLLOWING PROVIDERS ...](#) section in this document. **All documents are required to be uploaded.**

Document Type	Document Type Definition
<p><u>Mobile Narcotic Treatment Vehicle Certification Letter with Effective date</u>. This is a onetime certification; an end date of 12/31/2299, must be used.</p> <p>See <a href="#">Appendix D: Sample of Mobile Narcotic Treatment Vehicle Certification Letter</a> for sample copy of form</p> <p>Applies to the following types/specialties:</p> <ul style="list-style-type: none"><li>• Methadone Clinics (08/096)</li></ul>	<p>This document is given to the provider by the licensing/credentialing agency/agencies upon successful completion of all program requirement(s).</p> <p><b>This document is required to be uploaded if a change in certification occurs between enrollment periods.</b></p>

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## Substance Use Disorder (SUD) Providers

### Providers that Need to Add and Update Certification Information

This section of the document is for the following provider types and specialties:

#### Substance Use Disorder (SUD)

Provider Type	Provider Specialty
Clinic (08)	Behavioral Health Clinic or Behavioral Health Clinic Outpatient Psychiatric Clinics for Children (525)
Clinic (08)	Enhanced Care Clinic (ECC) (526)
Alcohol Abuse Center (63)	Outpatient (007)
Hospital (01)	Outpatient (007)
Hospital (01)	Psychiatric Outpatient (008)
Clinic (08)	Behavioral Health FQHC (522)

#### NOTE TO OTHER SUD Providers

The following provider types and specialties have already provided certification information and documentation. No additional action is needed unless certification changes before it is time for your re-enrollment. If certification changes prior to your re-enrollment, follow the directions in this document.

Provider Type	Provider Specialty
Alcohol Abuse Center (63)	Inpatient (001)
Hospital (01)	Inpatient 21-64 (003)
State Institution (90)	Inpatient 21-64 (003)

#### NOTE TO Alcohol Abuse Center/Inpatient Providers (63/001)

The following provider type had already submitted certification information and documentation; however, if your Alcohol Abuse Center/Inpatient agency has obtained an updated certification letter, you must enter this information into the Web portal. Examples of certification updates may include, but are not limited to, changes to the effective or end date of an existing certified program, the addition or removal of a certified level of care. Refer to the instructions for Certification Entry and Document Upload Feature within this document. Please note, only changes need to be entered in the Demographic Maintenance panel; any information that remains the same does not require a reentry.

Provider Type	Provider Specialty
Alcohol Abuse Center (63)	Inpatient (001)

### Certification Definitions

Below are the certification definitions. Please enter all obtained certifications in the secure Portal's Demographic Maintenance panel.

Please refer to the Provider Type and Specialty column in the following table to confirm if the certification(s) apply to you:



The definitions of each field in the below table are:

- Provider Type/Specialty: Lists the Provider Type/Specialty to which the Code applies
- Certification Type: This is the option to select on the Demographic Maintenance panel
- Definition: Defines the Code
- Billing Codes Allowed: Identifies the billing code(s) allowed (the services that are covered) by the Code

**IMPORTANT NOTE: Only utilize the grid below if your type and specialty are listed**

Provider Type/Specialty	Certification Type	Definition	Billing Codes Allowed
Clinic Behavior Health Clinic or Behavioral Health Clinic Outpatient Psychiatric Clinics for Children (08/525)  Enhanced Care Clinics (ECC) (08/526)  Hospital Outpatient (01/007)  Hospital Psychiatric Outpatient (01/008)  Clinic Behavioral Health FQHC (08/522)	Partial Hospitalization (PH)	ASAM 2.5 – Substance Use Disorder (SUD) Partial Hospitalization Program (PHP) provides 20 or more hours of clinically intensive programming per week (minimum of four contact days per week) based on individual treatment plans.	Clinic H0015 with HH Modifier (for SUD PHP)   Hospital RCC 906 H0015 HH modifier- SUD   FQHC T1015 with informational code H0015 HH modifier
Clinic Behavioral Health Clinic or Behavioral Health Clinic Outpatient Psychiatric Clinics for Children (08/525)  Enhanced Care Clinics (ECC) (08/526)  Alcohol Abuse Center Outpatient (63/007)  Hospital Outpatient (01/007)	Withdrawal Management 1 (W1)	ASAM 1-WM - Level 1-Withdrawal Management (WM) is an organized outpatient service (with a duration up to four hours), which may be delivered at a certified outpatient, an office setting or a health care or addiction treatment facility by trained staff, who provide medically supervised evaluation, withdrawal management, and referral services.	Clinic / Alcohol Abuse Center Outpatient H0014 - Hourly Rate Billed up to 4 hours of service (4 units)         Hospital RCC 919



Provider Type/Specialty	Certification Type	Definition	Billing Codes Allowed
Hospital Psychiatric Outpatient (01/008)  Clinic Behavioral Health FQHC (08/522)			H0014 - hourly rate billed for up to 4 hours of service (4 units)  FQHC T1015 with informational code H0014
Clinic Behavioral Health Clinic or Behavioral Health Clinic Outpatient Psychiatric Clinics for Children (08/525)  Enhanced Care Clinics (ECC) (08/526)  Alcohol Abuse Center Outpatient (63/007)  Hospital Outpatient (01/007)  Hospital Psychiatric Outpatient (01/008)  Clinic Behavioral Health FQHC (08/522)	Withdrawal Management 2 (W2)	ASAM 2-WM - Level 2-Withdrawal Management (WM) with extended monitoring is an organized outpatient service (with a duration of more than four hours but fewer than 24 hours), which may be delivered at a certified outpatient, an office setting, a general health care facility, a mental health care facility or addiction treatment facility by trained staff, who provide medically supervised evaluation, withdrawal management, and referral services.	Clinic H0012 - Per diem rate billed for services greater than 4 hours & less than 24 hours       Hospital RCC 919 H0012 – per diem rate billed for services greater than 4 hours and less than 24 hours  FQHC T1015 with informational code H0012
Clinic Behavioral Health Clinic or Behavioral Health Clinic Outpatient Psychiatric Clinics for Children (08/525)  Enhanced Care Clinics (ECC) (08/526)	Intensive Outpatient (IO)	ASAM 2.1 – Substance Use Disorder (SUD) Intensive Outpatient (IOP) 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.	Clinic H0015 (for SUD IOP)



Provider Type/Specialty	Certification Type	Definition	Billing Codes Allowed
Hospital Outpatient (01/007)			Hospital RCC 906 H0015 – SUD
Hospital Psychiatric Outpatient (01/008)			
Clinic Behavioral Health FQHC (08/522)			FQHC T1015 with informational code H0015

Provider Type/Specialty	Certification Type	Definition	Billing Codes Allowed
Drug and Alcohol Abuse Center; Inpatient (63/001)	ASAM 3.1 (31)	ASAM 3.1 Clinically Managed Low-Intensity Residential - programs provide a 24-hour staffed recovery residence environment for individuals who need time and structure to practice and integrate their recovery and coping skills, self-efficacy and connection to community systems.	Tx: H2034 R&B: H0047 HF
Drug and Alcohol Abuse Center; Inpatient (63/001)	ASAM 3.2WM (32)	ASAM 3.2WM Clinically Managed Residential Withdrawal Management (WM) - programs are an organized service that may be delivered by appropriately trained staff, who provide 24-hour supervision, observation, and support for individuals who are intoxicated or experiencing withdrawal.	Tx: H0010 R&B: H0047 HG
Drug and Alcohol Abuse Center; Inpatient (63/001)	ASAM 3.3 (33)	ASAM 3.3 Clinically Managed High-Intensity Residential - programs provide a 24-hour staffed recovery residence environment for individuals whose functional limitations and cognitive impairments make it unlikely that they could benefit from other levels of residential care and may require services provided in a deliberately repetitive fashion to support their recovery.	Tx: H2036 HI R&B: H0047 HI
Drug and Alcohol Abuse Center; Inpatient (63/001)	ASAM 3.5 (35)	ASAM 3.5 Clinically Managed High Intensity Residential - programs provide a 24-hour staffed recovery residence environment for individuals who, because of specific functional limitations, need safe and stable	Tx: H2036 R&B: H0047



Provider Type/Specialty	Certification Type	Definition	Billing Codes Allowed
		living environments in order to develop and/or demonstrate sufficient recovery skills to minimize relapse or continued use and continued problem potential.	
Drug and Alcohol Abuse Center; Inpatient (63/001)	ASAM 3.5PPW (3W)	ASAM 3.5PPW Clinically Managed Population-Specific High Intensity Residential – Pregnant and Parenting Women - programs provide a 24-hour staffed recovery residence environment for pregnant and parenting women who, because of specific functional limitations, need safe and stable living environments in order to develop and/or demonstrate sufficient recovery skills to minimize relapse or continued use and continued problem potential.	Tx: H2036 HD R&B: H0047 HD
Drug and Alcohol Abuse Center; Inpatient (63/001)	ASAM 3.7R (3V)	ASAM 3.7R Medically Monitored Intensive Inpatient Treatment – programs provide a 24-hour staffed recovery residence environment for individuals whose subacute biomedical and emotional, behavioral, or cognitive problems are so severe that they require medical monitoring.	Tx: H2036 HV R&B: H0047 HV
Drug and Alcohol Abuse Center; Inpatient (63/001)	ASAM 3.7RE (3E)	ASAM 3.7RE Medically Monitored Intensive Inpatient Treatment – Co-occurring Enhanced - programs provide a 24-hour staffed recovery residence environment for individuals whose subacute biomedical and emotional, behavioral, or cognitive problems are so severe that they require medical monitoring and who require therapeutic intervention aimed at treating both their substance use disorder and mental health disorder.	Tx: H2036 HE R&B: H0047 HE
Drug and Alcohol Abuse Center; Inpatient (63/001)	ASAM 3.7WM (37)	ASAM 3.7WM Withdrawal Management (WM)- Clinically Monitored Inpatient Withdrawal Management - programs are an organized service delivered by medical and nursing professionals, which provides for 24-hour evaluation and withdrawal	Tx: H0011 R&B: H0047 HW



Provider Type/Specialty	Certification Type	Definition	Billing Codes Allowed
		management in a permanent facility with inpatient beds.	

CRITICAL NOTE: [Updates to Certification Levels](#)

**If a change occurs in the certification(s) granted, and it is prior to your re-enrollment due date, you are required to make the updates via the secure Portal’s Demographic Maintenance panel. You will be required to upload the certification documentation supporting the change. To upload the document, refer to the Document Upload section within this document.**

[Document Upload Instructions](#)

Purpose

This section of the document will define the document types allowed to be uploaded to support the updates made via the secure Portal’s Demographic Maintenance panel.

[SUD ONLY DOCUMENTS ALLOWED TO BE UPLOADED ARE FOR THE FOLLOWING PROVIDERS ...](#)

Currently, the only documents allowed to be uploaded are listed and defined below. No other documents are allowed to be uploaded. **If any other type of documents are uploaded they will not be reviewed nor worked by the Department of Social Services (DSS) or Gainwell Technologies.**

The following provider types and specialties are allowed to upload documents. The specific documents allowed to be uploaded are in the [SUD Document Types Definitions](#) section of this document.

Provider Type	Provider Specialty
Clinic (08)	Behavioral Health Clinic or Behavioral Health Clinic Outpatient Psychiatric Clinics for Children (525)
Clinic (08)	Enhanced Care Clinic (ECC) (526)
Alcohol Abuse Center (63)	Inpatient (001)
Alcohol Abuse Center (63)	Outpatient (007)
Hospital (01)	Outpatient (007)
Hospital (01)	Psychiatric Outpatient (008)
Clinic (08)	Behavioral Health FQHC (522)

[SUD Document Types Definitions](#)

This section identifies and defines the allowed documents to be uploaded for those providers listed in the [SUD ONLY DOCUMENTS ALLOWED TO BE UPLOADED ARE FOR THE FOLLOWING PROVIDERS ...](#) section in this document. **All documents are required to be uploaded for all except for PT/S 63 Alcohol Abuse Center /001 Inpatient. PT63/01 needs to just upload the Program Certification Letter.**










Document Type	Document Type Definition
<p><u>Program Certification Letter</u> for program enrolled (includes 63/001)</p> <p>See <a href="#">Appendix A: Sample of Program Certification Letter (SUD Services) ALL SUD PROVIDER TYPES</a> for sample copy of form</p> <p>For copy of your certification letter contact Advanced Behavioral Health's 1115 Demonstration Unit at 1115Waiver@abhct.com.</p>	<p>This document is given to the provider by the certifying/monitoring agency/agencies upon successful completion of all program requirement(s).</p> <p><b>This document is required to be uploaded if a change in certification occurs between enrollment periods.</b></p> <p>This document will be required at the time of re-enrollment, but as a follow-on-document (FOD)</p>
<p><u>Program Acknowledgement Form</u></p> <p>See <a href="#">Appendix B: Sample of Program Acknowledgement Form (SUD Services). ALL SUD PROVIDER TYPES except Alcohol Abuse Center 63/ 001 Inpatient</a> for sample copy of form</p> <p>For a copy of the form, visit: <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> then: Information&gt;Publications&gt;Provider Enrollment/Maintenance Forms&gt;Provider Agreement For Substance Use Disorder (SUD) Providers</p>	<p>This form is required at this time for all enrolled providers now providing the services listed in their respective program(s). If a change in certification occurs during the period of time in which the provider is enrolled, this form is not required a second time.</p> <p>For all newly enrolling providers, this form will be needed and will be a part of the enrollment process as a follow-on-document (FOD).</p>
<p><u>Program Addendum to CMAP Provider Agreement</u></p> <p>See <a href="#">Appendix C: Sample of Program Addendum (SUD Services) ALL SUD PROVIDER TYPES except Alcohol Abuse Center 63/ 001 Inpatient</a> for sample copy of form</p> <p>For a copy of the form, visit: <a href="http://www.ctdssmap.com">www.ctdssmap.com</a> then: Information&gt;Publications&gt;Provider Enrollment/Maintenance Forms&gt;SUD Provider Attestation Acknowledgement Form</p>	<p>This addendum is required at this time for all enrolled providers now providing the services listed in their respective program(s). If a change in certification occurs during the period of time in which the provider is enrolled, this form is not required a second time.</p> <p>This document will become a part of the Provider Agreement signed at the time of initial enrollment and at re-enrollment as a part of the application process.</p>

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## Appendix

### Appendix A: Sample of Program Certification Letter (SUD Services) ALL SUD PROVIDER TYPES

    		
<b>PROVISIONAL CERTIFICATION – 1115 DEMONSTRATION WAIVER</b>		
<p>September 23, 2022          John Doe, LCSW          President &amp; CEO          Behavioral Health Agency          410 Capitol Avenue          Hartford, CT 06134</p>		
Dear Mr. Doe:		
<p>This letter is written in response to your application for provisional certification to participate in the State of Connecticut 1115 SUD Waiver Demonstration Project. After review and analysis of the submitted materials performed by Advanced Behavioral Health, Inc., working in collaboration with The State of Connecticut Department of Mental Health and Addiction Services and the Department of Children and Families, <b>DMHAS has affirmed that the programs/sites and associated levels of care listed below have been granted provisional certification to participate in the Waiver.</b></p>		
<b>Agency/ Site I Information</b>		
<b>Agency Name:</b> Click or tap here to enter text.		<b>Date:</b> Click or tap to enter a date.
<b>Agency Corporate Address:</b> Click or tap here to enter text.		
<b>Agency Contact:</b> Click or tap here to enter text.	<b>Phone:</b> Click or tap here to enter text.	<b>Email:</b> Click or tap here to enter text.
<b>Site Name:</b> Click or tap here to enter text.	<b>Provisional Certification Effective Date:</b> Click or tap to enter a date. <b>Provisional Certification End Date<sup>1</sup>:</b> Click or tap to enter a date.	
<b>Site Address:</b> Click or tap here to enter text.		
<b>DPH Facility License Number:</b> Click or tap here to enter text. <b>DCF Facility License Number:</b> Click or tap here to enter text.	<b>CMAP ID Number:</b> Click or tap here to enter text. <b>CMAP ID Number:</b> Click or tap here to enter text.	
<b>Program ASAM Level of Care:</b> <input type="checkbox"/> <b>Level 1-WM - Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring Services</b> Medicaid Provider ID: Click or tap here to enter text. Services Provided to: <input type="checkbox"/> Adults (Ages 18 and over) <input type="checkbox"/> Children (Individuals under the age of 18)		
<input type="checkbox"/> <b>Level 2-WM - Ambulatory Withdrawal Management with Extended On-Site Monitoring Services</b> Medicaid Provider ID: Services Provided to: <input type="checkbox"/> Adults (Ages 18 and over) <input type="checkbox"/> Children (Individuals under the age of 18)		
<input type="checkbox"/> <b>Level 2.1 - Intensive Outpatient Treatment</b> Medicaid Provider ID: Click or tap here to enter text. Services Provided to: <input type="checkbox"/> Adults (Ages 18 and over) <input type="checkbox"/> Children (Individuals under the age of 18)		
<input type="checkbox"/> <b>Level 2.5 - Partial Hospitalization Services</b> Medicaid Provider ID: Click or tap here to enter text. Services Provided to: <input type="checkbox"/> Adults (Ages 18 and over) <input type="checkbox"/> Children (Individuals under the age of 18)		
<small><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, 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 the standards outlined in Sections 17b-262-522 through 17b-262-532, inclusive, of the Regulations of Connecticut State Agencies set forth the Department of Social Services general requirements to which providers of Medical Assistance Program goods and services shall adhere in order to participate in, and receive payment from, the Connecticut Medical Assistance Program (CMAP) pursuant to section 17b-262 of the Connecticut General Statutes. (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.</small>		



Provisional certification will be granted for a period not to exceed twenty-four (24) months. During the provisional certification period, providers are expected to make continuous progress toward full certification, which will include periodic site visits by DMHAS, DCF and/or its designated agent, Advanced Behavioral Health, Inc., to monitor progress. The provider must satisfactorily demonstrate compliance with all ASAM criteria including the DSS provider regulation, bulletin and manual prior to or by the end of the 24-month period to achieve full certification.

If you have any questions related to this provisional certification or any information contained in this notification, please contact Advanced Behavioral Health, Inc. at [1115Waiver@abhct.com](mailto:1115Waiver@abhct.com) or Robert Haswell at DMHAS at [Robert.Haswell@ct.gov](mailto:Robert.Haswell@ct.gov).

Sincerely,

Kristin Bonilla

Vice President of Programs  
**Advanced Behavioral Health, Inc.**

SAMPLE

**NOTE: This letter can include additional pages depending on the number of sites being certified.**



Appendix B: Sample of Program Acknowledgement Form (SUD Services). ALL SUD PROVIDER TYPES except Alcohol Abuse Center 63/ 001 Inpatient

**Department of Social Services, Division of Health Services  
Connecticut Medical Assistance Program (CMAP)**

**SUBSTANCE USE DISORDER (SUD) PROVIDERS – OUTPATIENT AND  
RESIDENTIAL LEVELS OF CARE  
ACKNOWLEDGMENT OF DEADLINE FOR FULL ASAM CERTIFICATION**

On behalf of the provider listed below (Provider), I, as the Chief Executive Officer (CEO), Executive Director or equivalent, acknowledge that one of the conditions of retaining enrollment as an SUD services provider in CMAP as a provider of outpatient and/or residential levels of care, as applicable, is receiving full certification from the State of Connecticut or its designee for compliance with the applicable edition of American Society of Addiction Medicine (ASAM) clinical criteria adopted by the state and as outlined in the State's Policy Manual for all levels of care for which such certification is required no later than twenty-four (24) months after the effective date of the Provider's initial enrollment in CMAP as an SUD provider. For currently enrolled providers, this acknowledgement must be signed and submitted to the State's MMIS vendor prior to submitting any CMAP SUD claims for codes newly enabled in connection with the state's implementation of the SUD Demonstration Waiver pursuant to section 1115 of the Social Security Act. Full certification must be obtained no later than twenty-four (24) months from the date this acknowledgement is signed.

If the Provider does not receive full certification from the State on or before 24 months after the effective date as outlined above, then I acknowledge that the Provider's CMAP enrollment will terminate and the Provider will not receive CMAP payment for SUD services provided after termination. I further acknowledge that failure to maintain certification will result in termination of the Provider's participation in CMAP for that level of care.

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Provider CMAP Number: \_\_\_\_\_

**Acknowledged and Agreed to:**

Provider Name: \_\_\_\_\_

By: \_\_\_\_\_, Duly Authorized

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Updated 03/31/2022



Appendix C: Sample of Program Addendum (SUD Services) ALL SUD PROVIDER TYPES  
except Alcohol Abuse Center 63/ 001 Inpatient

**STATE OF CONNECTICUT**  
**DEPARTMENT OF SOCIAL SERVICES**  
Division of Health Services  
**Addendum to Provider Enrollment Agreement for**  
**Substance Use Disorder Services (SUD) Providers – Outpatient and**  
**Residential Levels of Care**

The Provider wishes to participate in the Connecticut Medical Assistance Program as a Substance Use Disorder (SUD) services provider. The Connecticut Medical Assistance Program is administered by the State of Connecticut Department of Social Services ("DSS"). Except as otherwise specifically provided in this Addendum to Provider Enrollment Agreement (the "Addendum"), all provisions of the Provider Enrollment Agreement (the "Agreement") remain in full force and effect. This Addendum is incorporated by reference into the Agreement as if fully set forth therein and DSS may enforce this Addendum pursuant to all applicable authority, including, but not limited to, all authority specified in the Agreement. In addition to all representations and agreements made in the Agreement, the Provider also agrees as follows:

1. To the full extent applicable to the Provider, comply with all requirements set forth in, as applicable and each as amended from time to time, the DSS operational policy, regulations, guidance, bulletins, and manuals that apply to the provision of SUD services, including provisions that apply broadly to CMAP providers and also including the DSS Standards for SUD Services (the "Standards"), including, but not limited to, staff qualifications, minimum staffing, and supervision requirements.
2. To comply with all requirements applicable to the Provider as set forth in the approved Medicaid State Plan regarding SUD services and the approved demonstration waiver, terms and conditions, and implementation plan under section 1115 of the Social Security Act, each as amended from time to time.
3. To comply with all applicable requirements set forth in the documents referenced above, including, but not limited to, compliance with requirements associated with the American Society of Addiction Medicine ("ASAM") level or levels of care performed by the provider, within each timeframe applicable to the requirement. Compliance includes maintaining all applicable certifications required from DSS, Department of Mental Health and Addiction Services (DMHAS), the Department of Children and Families (DCF), any combination thereof, or the authorized agent of one or more of such agencies for each ASAM level of care for which the provider is providing services and for which certification is required (which is currently required for all levels of care other than ASAM 1 – Outpatient Services). **The Provider specifically understands and agrees that, to the extent applicable, the deadlines for obtaining provisional and then full certification, as established by DSS, for complying with SUD services requirements, including, but not limited to, the Standards and ASAM clinical criteria, are mandatory and that failing to comply on time may result in immediate termination of the Provider's participation in CMAP as an SUD Services provider for those levels of care not certified. Failure to maintain certification on an ongoing basis for each ASAM level of care requiring certification for which the provider is enrolled will result in termination of the Provider's participation in CMAP for that level of care.**
4. To comply with all requests from DSS or its designees for information, documentation, and reports and to fully participate in training, monitoring, and evaluation conducted by or on behalf of DSS.

*Last Updated: 05/05/2022*



THE UNDERSIGNED, BEING THE PROVIDER OR HAVING THE SPECIFIC AUTHORITY TO BIND THE PROVIDER TO THE TERMS OF THIS ADDENDUM TO PROVIDER ENROLLMENT AGREEMENT AND HAVING READ THIS ADDENDUM AND UNDERSTANDING IT IN ITS ENTIRETY, DOES HEREBY AGREE, BOTH INDIVIDUALLY AND ON BEHALF OF THE PROVIDER AS A BUSINESS ENTITY, TO ABIDE BY AND COMPLY WITH ALL OF THE STIPULATIONS, CONDITIONS, AND TERMS SET FORTH HEREIN.

\_\_\_\_\_  
Provider Name (type/print name)

\_\_\_\_\_  
Provider Address (type/print name)

\_\_\_\_\_  
Provider NPI

\_\_\_\_\_  
Provider CMAP (AVRS/MCD) ID Number:

**Acknowledged and Agreed to:**

\_\_\_\_\_  
Provider Name:

\_\_\_\_\_, Duly Authorized  
By:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Signed date:



*Last Updated: 05/05/2022*



NED LAMONT  
GOVERNOR

STATE OF CONNECTICUT  
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES  
*A Healthcare Service Agency*

**DRAFT**

NANCY NAVARRETTA, MA, LPC, NCC  
COMMISSIONER

DATE: \_\_\_\_

**NOTICE OF CERTIFICATION**

*This is to acknowledge that the agency and program named below is granted certification by the Department of Mental Health and Addiction Services (DMHAS) as a Mobile Methadone provider effective \_\_\_\_.*

Agency: \_\_\_\_

Program: \_\_\_\_

Address of Brick & Mortar Opioid Treatment Program (OTP): \_\_\_\_\_

Address(es) of Mobile Methadone Unit Services: \_\_\_\_

*This certification will remain in effect, unless otherwise notified, until \_\_\_\_.*

*If you have questions regarding this matter, please contact your DMHAS Regional Supervisor or Gina Florenzano, State Opioid Treatment Authority (SOTA) for CT.*

(AC 860) 418-7000  
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