

**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: