

I. Application Process

Agencies seeking to enroll in the Connecticut Medical Assistance Program (CMAP) as a treatment provider for the American Society of Addiction Medicine (ASAM) levels of care and provider types and specialties detailed in Table 1, must first demonstrate successful completion of or exemption from the Certificate of Need (CON) requirement administered by the Connecticut Office of Health Strategy (OHS); must demonstrate active licensure through the Connecticut Department of Public Health (CT DPH) and the Department of Children and Families (DCF) as applicable and must be enrolled in the Connecticut Medical Assistance Program (CMAP) before applying for certification.

Certificate of Need information and process can be found on the OHS website:

- [Certificate of Need- Office of Health Strategy](#)
- [Certificate of Need Guidebook-Office of Health Strategy](#)

CT DPH licensure information and process can be found on the CT DPH website:

- [Facility Licensing - CT Department of Public Health](#)
- [Licensure Regulations- CT Department of Public Health](#)

Connecticut Medical Assistance Program (CMAP) Provider Enrollment

- [Medicaid Provider Enrollment](#)

DCF licensure information and process can be found at:

- [Facility Licensing – CT DCF](#)
- [Licensure Regulations \(Part 1\)- Operation of Child-Caring Agencies and Facilities](#)
- [Licensure Regulations \(Part 2\) - Children's Homes or Similar Institutions, Residential Treatment Facilities, Group Homes, and Temporary Shelters](#)
- [Licensure Regulations - Outpatient Psychiatric Clinics for Children](#)

Those interested in applying for a DCF license as a childcare facility, child placing agency, extended day treatment program, or outpatient psychiatric clinic for children should contact the DCF Licensing Unit at DCF.LICENSING@ct.gov or by calling 860-550-6532 prior to filing application paperwork to assist in determining the appropriate license type and in helping the prospective applicant understand the application process.

Agencies that have fulfilled the CON requirement and have demonstrated the requisite active licensure must complete an application for certification through the Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS) and DCF.

Provider Types and Specialties

Provider Type	Specialty
63 – Drug and Alcohol Abuse Center	001 – Inpatient

08 – Clinic	525 – Behavioral Health Clinic
08 – Clinic	526 – Enhanced Care Clinic
63 – Drug and Alcohol Abuse Center	007 – Outpatient
01 – Hospital	007 – Outpatient
01 – Hospital	008 – Outpatient Psychiatric
08 – Clinic	522 – Behavioral Health FQHC

Certification Application Process

CT 1115 SUD Demonstration Waiver information and certification applications can be found at:

<https://portal.ct.gov/dss/health-and-home-care/substance-use-disorder-demonstration-project/provider-resources>

1. Providers must complete the CT 1115 Certification Application and submit it and all required documents to the state’s certification and monitoring entity, Advanced Behavioral Health (ABH), at 1115Waiver@abhct.com.
 - Residential providers should include the subject line “[Agency Name]: 1115 SUD Residential Certification Application.”
 - Ambulatory providers should include the subject line “[Agency Name]: 1115 SUD Ambulatory Certification Application.”
2. Email completed application to 1115Waiver@abhct.com once required licensures and CON have been approved.
3. ABH will review the Certification Application for completeness and submit it for review and determination to the applicable state partner organization(s), which include the Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS) and/or the Department of Children and Families (DCF).
4. **Residential Programs Only:** Within 45 days of application receipt, representatives from ABH, DMHAS or DCF, as applicable, and DSS will conduct a pre-certification site visit. The site visit will include a review of agency policies and procedures, workflows and processes that relate to the provision of SUD services under the Medicaid waiver and an assessment of readiness with the 1115 waiver Core Activities.
5. Within 45-days of receipt of application notice of completeness, agencies will receive a Certification Determination letter. These letters will include the following information:
 - Application status
 - All applicable program names
 - Program locations
 - ASAM level(s) of care the program is certified to provide

- DPH license number and licensed capacity, when applicable for the level(s) of care
- If certified, effective dates of Certification
- Medicaid Provider Identification Number

DSS, DMHAS and DCF are available to meet and discuss the program and an agency’s intent to apply by emailing 1115Waiver@abhet.com.

Providers already enrolled in CMAP may not begin billing for SUD services until the conditional certification application is approved. Billing for SUD services will be effective as of the date listed on the communication detailing application status if the provider application is approved.

Applying During Provisional Certification Period

SUD treatment programs entering the demonstration during an active provisional certification period will be granted provisional certification through the end of the provisional certification period for the Provider Type and Specialty detailed in Table 1. Applicants joining during a provisional period will be subject to the monitoring and evaluation process for the level of care for which they are enrolled as a provider. Agencies must make continued progress toward full certification prior to the end of the provisional certification period. Agencies that fail to achieve milestones that demonstrate progress toward full certification during the provisional period will be placed on a Collaborative Improvement Plan (CIP) until the deficiencies are remediated or until the provisional certification end date detailed in Table 1 of this guidance.

All provisional certifications will be repealed as of the dates outlined in Table 1 of this guidance and agencies must obtain full certification by the provisional end date to maintain CMAP enrollment for the respective level(s) of care. Applications for provisional certification must be received two-months prior to the end date of the provisional certification period(s) detailed in Table 1 to enroll during a provisional period.

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

Provider Type and Specialty	ASAM LOC	Provisional Certification Start Date	Provisional Certification End Date	Associated Provider Bulletin
State Hospitals 90/003	3.7 WM, 3.7 R, 4.0 WM	April 1, 2022	April 1, 2024	Provider Bulletin- 2022-21
Private Freestanding SUD Residential Treatment Facilities 63/001	3.1, 3.3, 3.5, 3.5 PPW, 3.7R, 3.7 RE, 3.2WM, 3.7WM	June 1, 2022	June 1, 2024	Provider Bulletin 2022-39
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	Provider Bulletin 2022-86

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

Updates and Uploads to the Connecticut Medical Assistance Program Provider Enrollment

Upon receipt of the certification determination letter, approved agencies should update their enrollment in the CMAP system by uploading:

- A copy of the Certification determination letter (issued by ABH)
- The Addendum to the Provider Enrollment Agreement for SUD Providers
- The Acknowledgement of Deadline for Full ASAM Certification. *

**Note: this document is only required during the Provisional Certification Period for the applicable Provider Type/Specialty*

Agencies should also enter the certification effective and end dates into the CMAP system. The Certification and Document Upload Guide provides instructions to complete this process and are located on the dedicated website for the Demonstration at [Substance Use Disorder Demonstration Project](#) under the "[Provider Resources](#)" tab.

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

- The applicant agency is under a Medicaid Corrective Action Plan (MCAP)
- 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.
- Separate from MCAP, the applicant agency is under a corrective action plan 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.

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.