

Connecticut Department of Social Services

Connecticut Medical Assistance Program (CMAP)

Attestation for Behavioral Health Clinician Groups and Solo Clinicians in Independent Practice

Updated: April 18, 2023

All licensed behavioral health clinicians (BH clinicians) enrolled and billing CMAP independently and/or in a BH clinician group practice must complete this attestation form for initial provider enrollment and each re-enrollment. This form must also be signed by the owner(s) of the practice if the owner is different than the billing clinicians in the group practice. This attestation confirms that the provider acknowledges and agrees to abide by the requirements set forth in applicable laws, regulations, the provider enrollment agreement, and other CMAP requirements. This attestation is an acknowledgment that does not establish or change any current CMAP requirements, which all remain in full force and effect as set forth therein. In general, CMAP regulations, bulletins, and guidance documents are posted to the CMAP website at <https://www.ctdssmap.com>, select "Information" then select "Publications".

- For an independent billing clinician, this form must be signed by that clinician.
- For a BH clinician group practice, a separate form must be completed for each owner(s) stated on the application. In the instance an owner is associated to multiple groups, the attestation must be completed specific to each group application.
- For an individual enrolled within a BH clinician group (sometimes referred to as group members or performing providers), this form must be completed when they enroll or re-enroll, even if they previously completed an attestation under the group practice because they are an owner of that group.

I. Categories of Licensed BH Clinicians

The following independent licensed behavioral health clinicians may enroll in CMAP:

- Licensed Psychologist (Ph.D. and Psy.D)
- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapist
- Licensed Professional Counselor
- Licensed Alcohol and Drug Counselor

II. Acknowledgment of Applicable Regulations and Requirements

The clinician and owner of the practice if different, must initial at least one of the below statements:

Clinician	Owner	
		If I am a licensed psychologist or if I have licensed psychologist in my group practice, I have reviewed the following DSS Psychologist Regulations: sections 17b-262-467 through 17b-262-478 of the Regulations of Connecticut State Agencies (RCSA). I acknowledge that I and my group, as applicable, have reviewed and are required to comply with the DSS psychologist regulations, the CMAP provider participation regulations in sections 17b-262-522 through 17b-262-534 of the RCSA, and all other CMAP requirements (including relevant statutes, regulations, bulletins, manuals, and other guidance). I have reviewed section 25 of Public Act 22-81 and understand the requirements for authorization to bill on behalf of services provided

		by associate licensed practitioners I supervise and am authorized to supervise by state law and DPH scope of practice rules.
		If I am a LCSW, LMFT, LPC or a LADC, or one or more of these clinicians are in my group practice, I have reviewed the DSS BH Clinician Regulations: 17b-262-912 through 17b-262-925 of the RCSA. I acknowledge that I and my group, as applicable, have reviewed and are required to comply with the DSS BH clinician regulations, the CMAP provider participation regulations in sections 17b-262-522 through 17b-262-534 of the RCSA, and all other CMAP requirements (including relevant statutes, regulations, bulletins, manuals, and other guidance). I have reviewed section 25 of Public Act 22-81 and understand the requirements for authorization to bill on behalf of services provided by associate licensed practitioners I supervise and am authorized to supervise by state law and DPH scope of practice rules.

III. Acknowledgement of Selected Rules and Completion of Training

The clinician and owner of the practice, if different, must initial all items below:

Clinician	Owner	
		Associate licensed practitioners (Licensed Master Social Workers, Marital and Family Therapist Associates, and Licensed Professional Counselor Associates) are not permitted to enroll in Medicaid.
		Independent clinicians who work independently or in a group practice are permitted to bill for themselves and associate licensed practitioners that they supervise (and are authorized to supervise by state law and DPH scope of practice rules), but not for any other clinicians.
		Group practices may bill for services rendered by the independent clinicians listed in Section I above in this attestation and for associate licensed practitioners (LMSWs, MFTAs, and LPCAs) working under the supervision of independent clinicians authorized to supervise such associate licensed practitioners by state law and DPH scope of practice rules.
		A behavioral health clinic is an agency or organization that is licensed by the Department of Public Health (DPH) or the Department of Children and Families (DCF) and has physician oversight of all clinical services rendered at the agency or organization. I acknowledge that I am not a behavioral health clinic per this definition.
		A group practice should <u>not</u> adhere to the DSS Behavioral Health Clinic Regulations—namely, sections 17b-262-817 through 17b-262-828 of the RCSA—unless the clinic/agency/organization is licensed by DPH or DCF, in which case, the clinic must enroll in CMAP as a clinic, not as an individual or group practice.
		I have completed the DSS CMAP Independent Practice Behavioral Health Licensed Clinician Training within the last [30] days. Link: CT Medical Assistance Program Independent Practice Licensed Behavioral Health Clinicians Training (vimeo.com)

Signature and Certification:

By signing below, I, as the clinician listed below and/or as the owner on behalf of myself and my group practice, certify that I have the authority to sign this document and that everything in this document is true and accurate to the best of my knowledge.

Name of Clinician

Signature of Clinician

Name of Owner

Signature of Owner

Date: _____