



## 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.

### General Instructions:

[TABLE OF CONTENTS](#)

[\\*CERTIFICATION AND DOCUMENT UPLOAD  
GUIDE INSTRUCTIONAL INFORMATION](#)

[\\*SECURE PORTAL LOGIN & PANEL SPECIFIC  
INSTRUCTIONS](#)

### Provider Specific Instructions:

[Mobile Narcotic Treatment Vehicle](#)

[COPE and CAPABLE](#)

[SUBSTANCE USE DISORDER \(SUD\)](#)

[Children's Urgent Crisis Centers](#)



## Table of Contents

<b>Certification and Document Upload Guide</b> .....	1
General Instructions:.....	1
TABLE OF CONTENTS.....	1
*CERTIFICATION AND DOCUMENT UPLOAD GUIDE INSTRUCTIONAL INFORMATION .....	1
*SECURE PORTAL LOGIN & PANEL SPECIFIC INSTRUCTIONS .....	1
Provider Specific Instructions: .....	1
Mobile Narcotic Treatment Vehicle.....	1
COPE and CAPABLE .....	1
SUBSTANCE USE DISORDER (SUD) .....	1
Children's Urgent Crisis Centers.....	1
Table of Contents .....	2
Certification and Document Upload Guide.....	5
How to use this document.....	5
Purpose .....	5
Audience for This Document .....	5
Web Portal Panel Specific Certification and Document Upload Instructions .....	6
Purpose .....	6
Certification Entry .....	6
Document Upload Feature Instructions .....	8
Mobile Narcotic Treatment Vehicle.....	11
Providers that Need to Add and Update Certification Information .....	11
Home Health Agencies and Therapists .....	11
Certification Definitions .....	11
CRITICAL NOTE: Updates to Certification Levels.....	11
Document Upload Instructions.....	11
Purpose .....	11
ONLY DOCUMENTS ALLOWED TO BE UPLOADED ARE FOR THE FOLLOWING PROVIDERS .....	11
Mobile Narcotic Treatment Vehicle Service Document Type Definition.....	12
COPE and CAPABLE Services .....	13
Providers that Need to Add and Update Certification Information .....	13



Home Health Agencies.....	13
Certification Definitions.....	13
CRITICAL NOTE: Updates to Certification Levels.....	14
Document Upload Instructions.....	14
Purpose.....	14
ONLY DOCUMENTS ALLOWED TO BE UPLOADED ARE FOR THE FOLLOWING PROVIDERS ...	14
Home Health COPE and CAPABLE Services Document Types Definitions.....	14
Substance Use Disorder (SUD) Providers.....	16
Providers that Need to Add and Update Certification Information.....	16
Substance Use Disorder (SUD).....	16
NOTE TO OTHER SUD Providers.....	16
NOTE TO Alcohol Abuse Center/Inpatient Providers (63/001).....	16
Certification Definitions.....	17
CRITICAL NOTE: Updates to Certification Levels.....	21
Document Upload Instructions.....	21
Purpose.....	21
SUD ONLY DOCUMENTS ALLOWED TO BE UPLOADED ARE FOR THE FOLLOWING PROVIDERS .....	21
SUD Document Types Definitions.....	22
Children's Urgent Crisis Centers.....	25
Providers that Need to Add and Update Certification Information.....	25
Home Health Agencies and Therapists.....	25
Certification Definitions.....	25
CRITICAL NOTE: Updates to Certification Levels.....	25
Document Upload Instructions.....	26
Purpose.....	26
ONLY DOCUMENTS ALLOWED TO BE UPLOADED ARE FOR THE FOLLOWING PROVIDERS .....	26
Children's Urgent Crisis Centers Document Type Definition.....	26
Appendix.....	27
Appendix A1: Sample of Program Certification Letter (SUD Services) ALL SUD PROVIDER TYPES <b>EXCEPT</b> 63/001 (Alcohol Abuse Center/Inpatient).....	27
Appendix A1a: Sample of Program Certification Letter (SUD Services) ALL SUD PROVIDER TYPES Providing Ambulatory Services <b>EXCEPT</b> 63/001 (Alcohol Abuse Center/Inpatient).....	29



Appendix A2: Sample of Adult Residential Conditional Certification Letter (Certification – 1115 Demonstration Waiver Letter (SUD Services)) for **63/001** (Alcohol Abuse Center/Inpatient) **ONLY**..... 31

Appendix A2a: Sample of Adolescent Residential Conditional Certification Letter (Certification – 1115 Demonstration Waiver Letter (SUD Services)) for **63/001** (Alcohol Abuse Center/Inpatient) **ONLY**..... 33

Appendix A2b: Sample of Adult Certification Letter (Certification – 1115 Demonstration Waiver Letter (SUD Services)) for **63/001** (Alcohol Abuse Center/Inpatient) **ONLY** ..... 35

Appendix A2c: Sample of Adolescent Certification Letter (Certification – 1115 Demonstration Waiver Letter (SUD Services)) for **63/001** (Alcohol Abuse Center/Inpatient) **ONLY**..... 37

Appendix B: Sample of Program Acknowledgement Form (SUD Services). ALL SUD PROVIDER TYPES except Alcohol Abuse Center 63/ 001 Inpatient..... 39

Appendix C: Sample of Program Addendum (SUD Services) ALL SUD PROVIDER TYPES except Alcohol Abuse Center 63/ 001 Inpatient ..... 40

Appendix D1: Sample of Attestation Letter for COPE and Confident Caregiver Provider Entities ..... 42

Appendix D2: Sample of CAPABLE National Center’s CAPABLE License ..... 43

Appendix E: Sample of Mobile Narcotic Treatment Vehicle Certification Letter ..... 44

Appendix F: Sample of Children’s Urgent Crisis Centers’ Certification Letter ..... 45

[Back to First Page](#)



## 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
- Home Health Agencies providing COPE and CAPABLE services to select waiver participants. There are two types of home health services noted below: Care of Older Persons in their Environment (**COPE**) program; and Community Aging in Place (**CAPABLE**) program.
- Children's Urgent Crisis Centers

This document is divided by each program.

[Back to First Page](#)



# 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!*

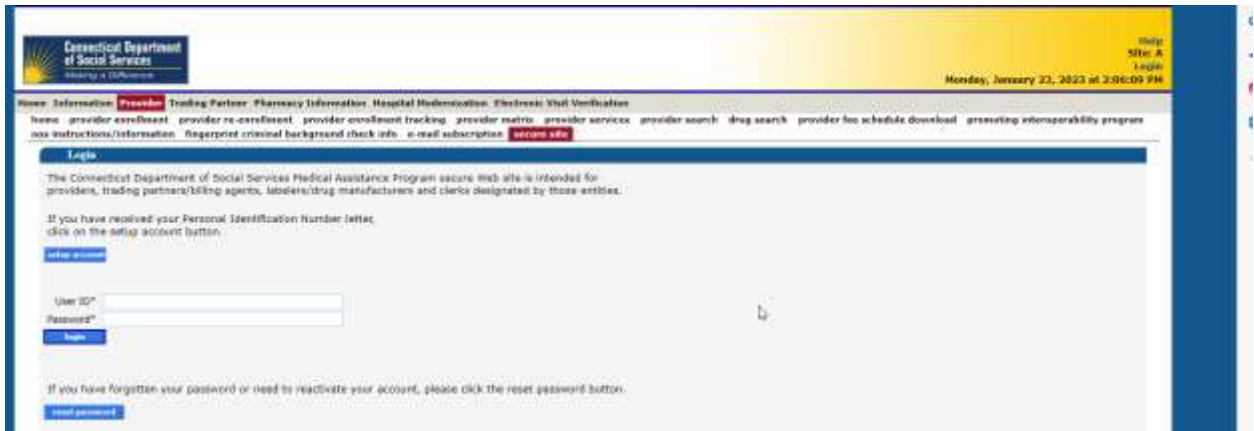
## Certification Entry

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.

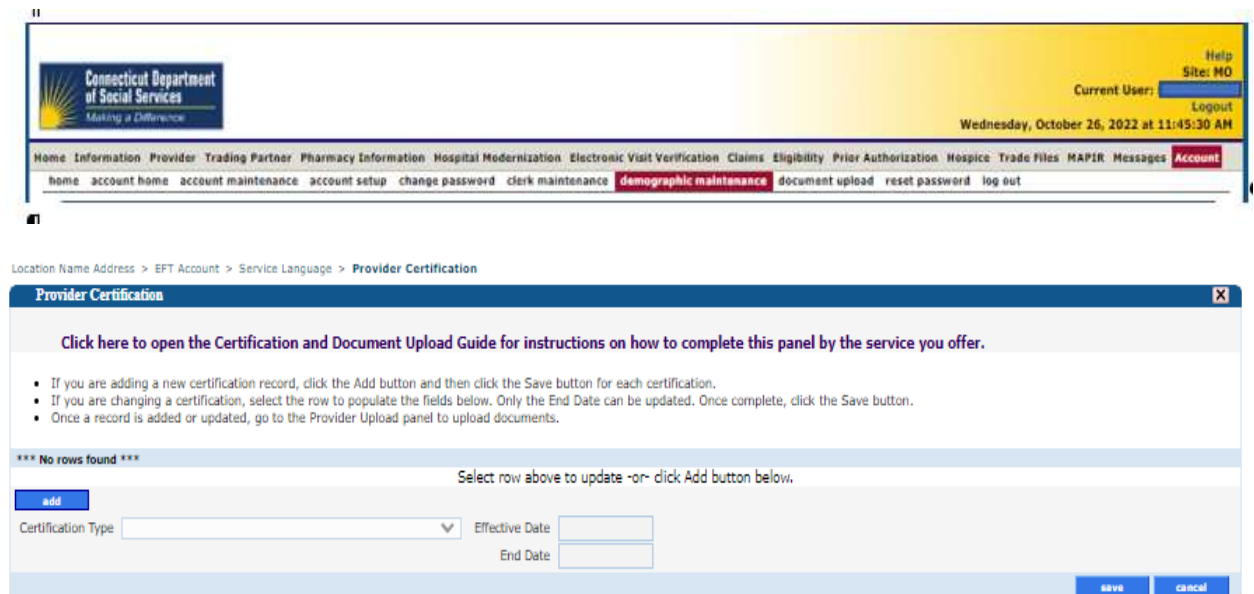
Step 1: Go to [www.ctdssmap.com](http://www.ctdssmap.com) and under the provider section on the left, click the link called, Secure Site:



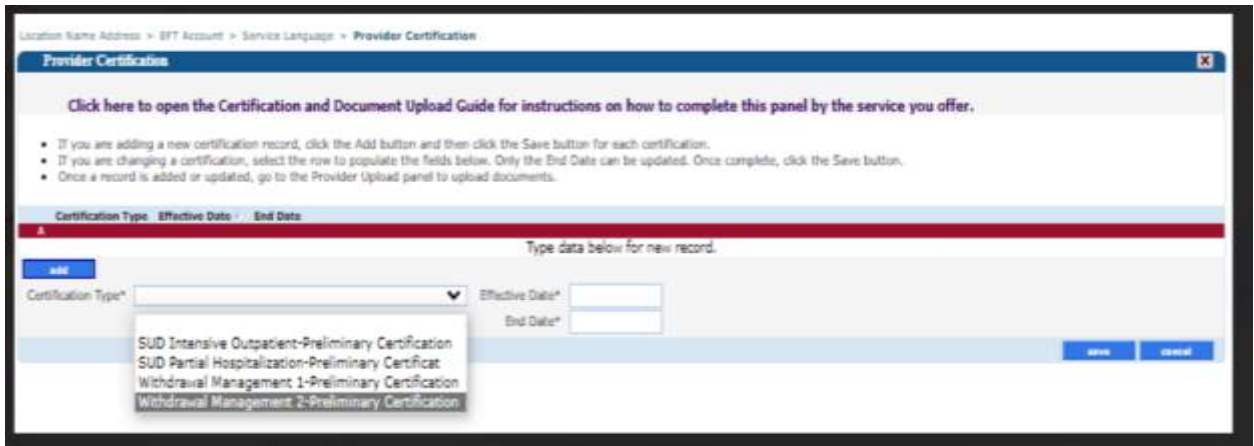
Step 2: Login to your secure account:



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:**



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:

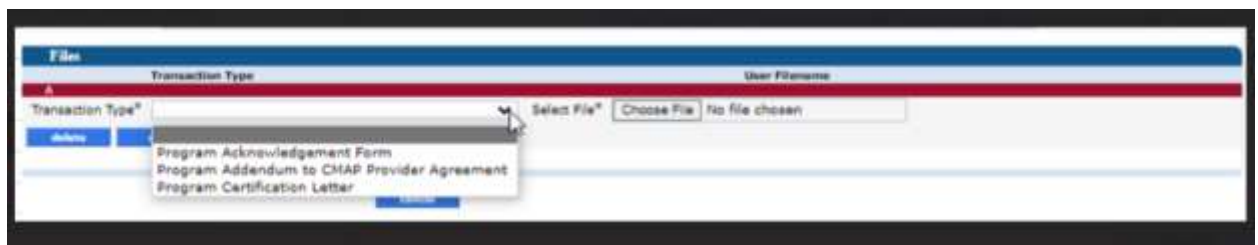


Step 2: In the top half of the panel that opens, enter all the following information:

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.

A screenshot of a web application interface for file uploads. At the top, there is a blue header bar with the word "Files" on the left and "User Filename" on the right. Below this is a red header bar with "Transaction Type" and "Program Acknowledgment Form". The main area contains a table with one row. The first column is "Transaction Type" with a dropdown menu showing "Program Acknowledgment Form". The second column is "Select File" with a "Choose File" button and the text "SAMPLE PRD..ENT FORM.doc". Below the table are two blue buttons: "delete" and "add". At the bottom of the interface, there are two blue buttons: "cancel" and "Upload ALL Files".

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

[Back to First Page](#)



## 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 E: 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>

[Back to First Page](#)



## COPE and CAPABLE Services

### 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

Provider Type	Provider Specialty
Home Health Agency (05)	Home Health Agency (050)
Therapist (17)	Occupational Therapist (171)
Therapist Group (87)	Occupational Therapist (171)

#### Certification Definitions

Below are the certification definitions. Please enter all obtained certifications 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
- Code: 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
Home Health Agency (05/050)	CO	COPE-Care of Older People in their Environment	S0274 Homecare Training – Nurse (15 min)  Or  S5108 Homecare Training – OT (15 min)
Occupational Therapist (17/171)  Occupational Therapist Group (87/171)	CO	COPE-Care of Older People in their Environment	S5108 Homecare Training – OT (15 min)
Home Health Agency (05/050)	CA	CAPABLE-Comm. Aging in Place	G9002 Care Coordination – Nurse (15 min)



Provider Type/Specialty	Certification Type	Definition	Billing Codes Allowed
			Or G9006 Care Coordination – OT (15 min) OR 1397Z Assistive Technology OR 1417Z Environmental Accessibility Adaptations

CRITICAL NOTE: Updates to Certification Levels

**If a change occurs in the certification(s) granted, and it is prior to 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 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 types 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 documents allowed to be uploaded are in the COPE and CAPABLE Services [Document Types Definitions](#) section of this document.

Provider Type	Provider Specialty
Home Health Agency (05)	Home Health Agency (050)

Home Health COPE and CAPABLE Services Document Types Definitions

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><a href="#">COPE Certification Letter with Effective and End Dates</a></u></p> <p><u><a href="#">CAPABLE License with Effective and End Dates</a></u></p> <p>See <u><a href="#">Appendix D1: Attestation Letter for COPE and Confident Caregiver Provider Entities</a></u> for sample copy of forms</p> <p>See <u><a href="#">Appendix D2: Sample of CAPABLE National Center's CAPABLE License</a></u> for sample copy of forms</p> <p>Applies to the following provider types/specialties:</p> <ul style="list-style-type: none"><li>• Home Health Agency (05/050)</li></ul>	<p>These documents are given to the provider by the licensing/credentialing agency(ies) upon successful completion of the requirement(s) for each program. The COPE 2-year effective period can be found in the "For DSS only" section of the Certification Letter. The CAPABLE 2-year effective period can be found on the License.</p> <p><b>These documents are required to be uploaded if a change in certification occurs between enrollment periods.</b></p> <p>These documents will be required at the time of re-enrollment, but as a follow-on-document (FOD).</p>

[Back to First Page](#)



## 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)

Effective July 1, 2025, three ASAM levels ASAM 3.1, ASAM 3.5 and ASAM 3.7R, have two separate rates for adult and adolescents (13 – 17 years of age). Rates are listed at the bottom of the fee schedule. A provider can be certified for both adult and adolescence services, or just one. New certification letters will be sent upon successful certification completion. 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)	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	Clinic / Alcohol Abuse Center Outpatient H0014 - Hourly Rate Billed up to 4 hours of service (4 units)



Provider Type/Specialty	Certification Type	Definition	Billing Codes Allowed
Alcohol Abuse Center Outpatient (63/007)  Hospital Outpatient (01/007)  Hospital Psychiatric Outpatient (01/008)  Clinic Behavioral Health FQHC (08/522)		evaluation, withdrawal management, and referral services.	Hospital RCC 919 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



Provider Type/Specialty	Certification Type	Definition	Billing Codes Allowed
Clinic Behavioral Health Clinic or Behavioral Health Clinic Outpatient Psychiatric Clinics for Children (08/525)	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)
Enhanced Care Clinics (ECC) (08/526)			
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) Adult  ASAM 3.1 (A1) Adolescent	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	Tx: H2036 HI R&B: H0047 HI



Provider Type/Specialty	Certification Type	Definition	Billing Codes Allowed
		they could benefit from other levels of residential care and may require services provided in a deliberately repetitive fashion to support their recovery.	
Drug and Alcohol Abuse Center; Inpatient (63/001)	ASAM 3.5 (35) Adult  ASAM 3.5 (A5) Adolescent	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 living environments in order to develop and/or demonstrate sufficient recovery skills to minimize relapse or continued use and continued problem potential.	Tx: H2036 R&B: H0047
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) Adult  ASAM 3.7R (AV) Adolescent	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	Tx: H2036 HE R&B: H0047 HE



Provider Type/Specialty	Certification Type	Definition	Billing Codes Allowed
		substance use disorder and mental health disorder.	
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 management in a permanent facility with inpatient beds.	Tx: H0011 R&B: H0047 HW

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</p> <p>To see examples of form:            For All SUD Provider Types <b>EXCEPT 63/001</b>:  <a href="#">Appendix A1: Sample of Program Certification Letter (SUD Services) ALL SUD PROVIDER TYPES EXCEPT 63/001 (Alcohol Abuse Center/Inpatient)</a></p> <p>To See example of form:            For All SUD Provider Types Providing Ambulatory Services <b>EXCEPT 63/001</b>:  <a href="#">Appendix A1a: Sample of Program Certification Letter (SUD Services) ALL SUD PROVIDER TYPES Providing Ambulatory Services EXCEPT 63/001 (Alcohol Abuse Center/Inpatient)</a></p> <p>For <b>63/001 Providers only</b>:  <a href="#">Appendix A2: Sample of Adult Residential Conditional Certification Letter (Certification – 1115 Demonstration Waiver Letter (SUD Services)) for 63/001 (Alcohol Abuse Center/Inpatient) ONLY</a></p> <p><a href="#">Appendix A2a: Sample of Adolescent Residential Conditional Certification Letter (Certification – 1115 Demonstration Waiver Letter (SUD Services)) for 63/001 (Alcohol Abuse Center/Inpatient) ONLY</a></p> <p><a href="#">Appendix A2b: Sample of Adult Certification Letter (Certification – 1115 Demonstration Waiver Letter (SUD Services)) for 63/001 (Alcohol Abuse Center/Inpatient) ONLY</a></p> <p><a href="#">Appendix A2c: Sample of Adolescent Certification Letter (Certification – 1115 Demonstration Waiver Letter (SUD Services)) for 63/001 (Alcohol Abuse Center/Inpatient) ONLY</a></p> <p>For copy of your certification letter contact            Advanced Behavioral Health’s 1115            Demonstration Unit at <a href="mailto:1115Waiver@abhct.com">1115Waiver@abhct.com</a>.</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>



Document Type	Document Type Definition
<p><u>Program Acknowledgement Form</u></p> <p>See <a href="#">Appendix B: Sample of Program Acknowledgement Form (SUD Services)</a>. ALL SUD PROVIDER TYPES except Alcohol Abuse Center 63/ 001 Inpatient 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>

[Back to First Page](#)



## Children's Urgent Crisis Centers

### 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)	Behavioral Health Clinic or Behavioral Health Clinic Outpatient Psychiatric Clinics for Children (525)
Clinic (08)	Enhanced Care Clinic (ECC) (526)

### 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
Clinic/Behavioral Health Clinic or Behavioral Health Clinic Outpatient Psychiatric Clinics for Children (08/525)	CC	Children's Urgent Crisis Centers (CC)	90839 Psytch crisis initial 60 min 90840 Psytch crisis an addl 30 min 96127 Brief Emotional/behave assmt H2011 Crisis intervention service, per 15 min T1001 Nursing assessment/evaluatn T1002 Rn services up to 15 minutes

### 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 Children’s Urgent Crisis Centers services [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)

### Children’s Urgent Crisis Centers 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><a href="#">Children’s Urgent Crisis Centers</a>. This certification end date must match the specified in the document and be updated prior to the end date to retain future certification.</p> <p>See <a href="#">Appendix F: Sample of Children’s Urgent Crisis Centers’ Certification Letter for sample copy of form</a></p> <p>Applies to the following types/specialties:</p> <ul style="list-style-type: none"> <li>Behavioral Health Clinic or Behavioral Health Clinic Outpatient Psychiatric Clinics for Children (08/525) and</li> <li>Enhance Care Clinic (08/526)</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 and upon re-enrollment.</b></p>

[Back to First Page](#)

## Appendix

Appendix A1: Sample of Program Certification Letter (SUD Services) ALL SUD PROVIDER TYPES EXCEPT 63/001 (Alcohol Abuse Center/Inpatient)



**CERTIFICATION – 1115 DEMONSTRATION WAIVER**

Month Day, Year

Mr. Johnathan Husky  
 Chief Executive Officer  
 Husky Blue Behavioral Health  
 410 Capitol Avenue  
 Hartford, CT 06134

Dear Mr. Husky:

The Department of Social Services (DSS), in partnership with the Department of Mental Health and Addiction Services (DMHAS), the Department of Children and Families (DCF) and Advanced Behavioral Health (ABH) has completed the final review for full certification of Husky Blue Behavioral Health as a provider in the Connecticut 1115 Substance Use Disorder (SUD) Demonstration Waiver. Where applicable, DSS, DMHAS and DCF have affirmed that the programs/sites and associated levels of care listed below have been granted certification as a SUD services provider in the Connecticut Medical Assistance Program (CMAP) for ambulatory levels of care. Certification lengths are determined based on the program’s overall score on the monitoring reports. Agencies should review these reports to identify any areas where improvement is needed. Another review will be conducted by ABH prior to the identified certification end date. Providers must comply with all requirements detailed in the Special Terms and Conditions of the Connecticut 1115 SUD Demonstration Waiver, the Medicaid State Plan and any amendments, federal and state regulations, guidance on program requirements and operations and provider bulletins that apply to the provision of SUD services, including provisions that apply broadly to CMAP providers. Certification under the 1115 SUD Demonstration does not serve as a substitute for or amend any of these requirements.

<b>Site Information</b>		
Agency Name: Husky Blue Behavioral Health		Date: MM/DD/YYYY
Agency Corporate Address: 410 Capitol Avenue, Hartford, CT 06134		
Agency Contact: Jonathan Husky	Phone: 860-496-2100	Email: jHusky@example.org
Site Name: Husky House	Certification Effective Date: <a href="#">Click or tap to enter a date.</a> Certification End Date: <a href="#">Click or tap to enter a date.</a>	
Site Address: 410 Capitol Avenue, Hartford, CT 06134		
DPH Facility License Number: 1234 Example Facility		
DCF Facility License Number: N/A		
<input type="checkbox"/> Certification Level 1 <input type="checkbox"/> Certification Level 2		

ASAM Level of Care(s) Approved for Certification
<input type="checkbox"/> Level 1-WM - Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring Services
<input type="checkbox"/> Level 2-WM - Ambulatory Withdrawal Management with Extended On-Site Monitoring Services
<input type="checkbox"/> Level 2.1 - SUD Intensive Outpatient (IOP) Treatment
<input type="checkbox"/> Level 2.5 - SUD Partial Hospitalization (PHP) Services

Sincerely,

*Fatmata Williams, MPH, MSN, PMHNP-BC*

Fatmata Williams, MPH, MSN, PMHNP-BC  
Director of Integrated Care  
Department of Social Services

*Robert Haswell, LCSW*

Robert Haswell, LCSW  
Section Chief, Managed Services  
Department of Mental Health and  
Addiction Services

*Kristin Bonilla, MS, LADC, AADC, CCS*

Kristin Bonilla, MS, LADC, AADC, CCS  
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 A1a: Sample of Program Certification Letter (SUD Services) ALL SUD PROVIDER TYPES Providing Ambulatory Services EXCEPT 63/001 (Alcohol Abuse Center/Inpatient)



**AMBULATORY CONDITIONAL CERTIFICATION – 1115 DEMONSTRATION WAIVER**

Month Day, Year

Mr. Johnathan Husky  
Chief Executive Officer  
Husky Blue Behavioral Health  
410 Capitol Avenue  
Hartford, CT 06134

Dear Mr. Husky:

Thank you for submitting your completed application for certification for the program(s) listed below. Your agency is being issued a one-year conditional certification to maintain operations and availability for Medicaid beneficiaries. As a one-year conditional certificate ambulatory Medicaid provider under the Connecticut 1115 Substance Use Disorder (SUD) Demonstration Waiver you will need to upload this certification letter and enter the certification dates on this certificate into the Connecticut Medical Assistance Program portal (CMAP). Detailed instructions on how to complete this process is available in the Certification and Document Upload Guide which can be found on the State's SUD Demonstration Website under Provider Resources. Providers must also notify the State Agency partners copied on this letter upon admission of the first Medicaid beneficiary served under this conditional certification. Approximately six months after this admission, Advanced Behavioral Health, Inc. will conduct a site monitoring visit and records review to determine final certification status of the program.

As an ambulatory provider with a one-year conditional certificate you must comply with all requirements detailed in the Special Terms and Conditions of the Connecticut 1115 SUD Demonstration Waiver, the Medicaid State Plan and any amendments, federal and state regulations, guidance on program requirements and operations and provider bulletins that apply to the provision of SUD services, including provisions that apply broadly to CMAP providers. Certification under the 1115 SUD Demonstration does not serve as a substitute for or amend any of these requirements.



Site Information		
Agency Name: <b>Husky Blue Behavioral Health</b>	Date: MM/DD/YYYY	
Agency Corporate Address: 410 Capitol Avenue, Hartford, CT 06134		
Agency Contact: Jonathan Husky	Phone: 860-496-2100	Email: jHusky@example.org
Site Name: Husky House	Certification Effective Date: Click or tap to enter a date. Certification End Date: Click or tap to enter a date.	

Site Address: 410 Capitol Avenue, Hartford, CT 06134
DPH Facility License Number: Click or tap here to enter text. DCF Facility License Number: Click or tap here to enter text.
ASAM Level of Care(s) Approved for Conditional Certification <input type="checkbox"/> Level 1-WM - Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring Services <input type="checkbox"/> Level 2-WM - Ambulatory Withdrawal Management with Extended On-Site Monitoring Services <input type="checkbox"/> Level 2.1 - SUD Intensive Outpatient (IOP) Treatment <input type="checkbox"/> Level 2.5 - SUD Partial Hospitalization (PHP) Services

Sincerely,

*Fatmata Williams, MPH, MSN, PMHNP-BC*

Fatmata Williams, MPH, MSN, PMHNP-BC  
Director of Integrated Care  
Department of Social Services

*Keri Lloyd, LCSW*

Keri Lloyd, LCSW  
Behavioral Health Program Manager  
Department of Children and Families

*Kristin Bonilla, MS, LADC, AADC, CCS*

Kristin Bonilla, MS, LADC, AADC, CCS  
Vice President of Programs  
Advanced Behavioral Health, Inc.



Appendix A2: Sample of Adult Residential Conditional Certification Letter (Certification – 1115 Demonstration Waiver Letter (SUD Services)) for 63/001 (Alcohol Abuse Center/Inpatient) ONLY



**ADULT RESIDENTIAL CONDITIONAL CERTIFICATION – 1115 DEMONSTRATION WAIVER**

Month Day, Year

Mr. Jonathan Husky  
Chief Executive Officer  
Husky Blue Behavioral Health  
410 Capitol Avenue  
Hartford, CT 06134

Dear Mr. Husky:

Thank you for submitting your completed application for certification for the program(s) listed below. Your agency is being issued a 6-month conditional certification. Upon receipt of your 6-month conditional residential certificate you will need to upload this certification letter and enter the certification dates on this certificate into the Connecticut Medical Assistance Program (CMAP) portal. Detailed instructions on how to complete this process are available in the Certification and Document Upload Guide which can be found on the State's Substance Use Disorder (SUD) Demonstration Website under Provider Resources. Providers must also notify the State Agency partners copied on this letter upon admission of the first Medicaid beneficiary served under this conditional certification. New residential programs will be monitored within 3-5 months by Advanced Behavioral Health, Inc. who will conduct a site monitoring visit and records review to determine final certification status of the program.

As a residential provider with a 6-month conditional certificate you must comply with all requirements detailed in the Special Terms and Conditions of the Connecticut 1115 SUD Demonstration Waiver, the Medicaid State Plan and any amendments, federal and state regulations, guidance on program requirements and operations and provider bulletins that apply to the provision of SUD services, including provisions that apply broadly to CMAP providers. Certification under the 1115 SUD Demonstration does not serve as a substitute for or amend any of these requirements.

<b>Site Information</b>		
Agency Name:		Date: MM/DD/YYYY
Husky Blue Behavioral Health		
Agency Corporate Address:		
410 Capitol Avenue, Hartford, CT 06134		
Agency Contact:	Phone:	Email:
Jonathan Husky	860-496-2100	jHusky@example.org
Site Name:	Certification Effective Date: Click or tap to enter a date.	
Husky House	Certification End Date: Click or tap to enter a date.	
Site Address:		
410 Capitol Avenue, Hartford, CT 06134		
DPH Facility License Number: Click or tap here to enter text.		
DCF Facility License Number: Click or tap here to enter text.		

<b>ASAM Level of Care(s) Approved for Certification</b> <input type="checkbox"/> <a href="#">Level 3.7 WM</a> - Medically Monitored Inpatient Withdrawal Management <input type="checkbox"/> <a href="#">Level 3.2 WM</a> - Clinically Monitored Inpatient Withdrawal Management <input type="checkbox"/> <a href="#">Level 3.7</a> - Medically Monitored Intensive Inpatient Services <input type="checkbox"/> <a href="#">Level 3.7 E</a> - Medically-Monitored Intensive Inpatient Services, Co-Occurring Enhanced <input type="checkbox"/> <a href="#">Level 3.5</a> - Clinically Managed High-Intensity Residential Services <input type="checkbox"/> <a href="#">Level 3.5 PPW</a> - Clinically Managed Population-Specific High Intensity Residential – Pregnant and Parenting Women <input type="checkbox"/> <a href="#">Level 3.3</a> - Clinically Managed, High-Intensity Residential Population Specific <input type="checkbox"/> <a href="#">Level 3.1</a> - Clinically Managed Low-Intensity Residential Services
<b>Flex Bed Option ASAM Levels of Care Approved for Certification:</b> <input type="checkbox"/> <a href="#">Level 3.5</a> - Clinically Managed High-Intensity Residential Services (Adults) <input type="checkbox"/> <a href="#">Level 3.1</a> - Clinically Managed Low-Intensity Residential Services

Sincerely,

*Alexis Mohammed, LCSW*  
Alexis Mohammed, LCSW  
Behavioral Health Partnership Contract Manager  
Department of Social Services

*Shea Mitlehner, LCSW*  
Shea Mitlehner, LCSW  
Behavioral Health Program Manager  
Department of Mental Health and  
Addiction Services

*Kristin Bonilla, MS, LADC, AADC, CCS*  
Kristin Bonilla, MS, LADC, AADC, CCS  
Vice President of Programs  
Advanced Behavioral Health, Inc.



Appendix A2a: Sample of Adolescent Residential Conditional Certification Letter (Certification – 1115 Demonstration Waiver Letter (SUD Services)) for 63/001 (Alcohol Abuse Center/Inpatient) ONLY



**ADOLESCENT RESIDENTIAL CONDITIONAL CERTIFICATION – 1115 DEMONSTRATION WAIVER**

Month Day, Year

Mr. Jonathan Husky  
Chief Executive Officer  
Husky Blue Behavioral Health  
410 Capitol Avenue  
Hartford, CT 06134

Dear Mr. Husky:

Thank you for submitting your completed application for certification for the program(s) listed below. Your agency is being issued a 6-month conditional certification. Upon receipt of your 6-month conditional residential certificate you will need to upload this certification letter and enter the certification dates on this certificate into the Connecticut Medical Assistance Program (CMAP) portal. Detailed instructions on how to complete this process are available in the Certification and Document Upload Guide which can be found on the State's Substance Use Disorder (SUD) Demonstration Website under Provider Resources. Providers must also notify the State Agency partners copied on this letter upon admission of the first Medicaid beneficiary served under this conditional certification. New residential programs will be monitored within 3-5 months by Advanced Behavioral Health, Inc. who will conduct a site monitoring visit and records review to determine final certification status of the program.

As a residential provider with a 6-month conditional certificate you must comply with all requirements detailed in the Special Terms and Conditions of the Connecticut 1115 SUD Demonstration Waiver, the Medicaid State Plan and any amendments, federal and state regulations, guidance on program requirements and operations and provider bulletins that apply to the provision of SUD services, including provisions that apply broadly to CMAP providers. Certification under the 1115 SUD Demonstration does not serve as a substitute for or amend any of these requirements.

<b>Site Information</b>		
Agency Name: Husky Blue Behavioral Health		Date: MM/DD/YYYY
Agency Corporate Address: 410 Capitol Avenue, Hartford, CT 06134		
Agency Contact: Jonathan Husky	Phone: 860-496-2100	Email: jHusky@example.org
Site Name: Husky House	Certification Effective Date: Click or tap to enter a date. Certification End Date: Click or tap to enter a date.	
Site Address: 410 Capitol Avenue, Hartford, CT 06134		
DPH Facility License Number: Click or tap here to enter text.		
DCF Facility License Number: Click or tap here to enter text.		

<b>ASAM Level of Care(s) Approved for Certification</b> <input type="checkbox"/> <u>Level 3.7</u> - Medically Monitored High-Intensity Inpatient Services <input checked="" type="checkbox"/> <u>Level 3.5</u> - Clinically Managed Medium-Intensity Residential Services <input checked="" type="checkbox"/> <u>Level 3.1</u> - Clinically Managed Low-Intensity Residential Services
<b>Flex Bed Option ASAM Levels of Care Approved for Certification:</b> <input type="checkbox"/> <u>Level 3.5</u> - Clinically Managed Medium Intensity Residential Services <input checked="" type="checkbox"/> <u>Level 3.1</u> - Clinically Managed Low-Intensity Residential Services

Sincerely,

*Alexis Mohammed, LCSW*  
Alexis Mohammed, LCSW  
Behavioral Health Partnership Contract Manager  
Department of Social Services

*Keri Lloyd, LCSW*  
Keri Lloyd, LCSW  
Behavioral Health Program Manager  
Department of Children and Families

*Kristin Bonilla, MS, LADC, AADC, CCS*  
Kristin Bonilla, MS, LADC, AADC, CCS  
Vice President of Programs  
Advanced Behavioral Health, Inc.



Appendix A2b: Sample of Adult Certification Letter (Certification – 1115 Demonstration Waiver Letter (SUD Services)) for 63/001 (Alcohol Abuse Center/Inpatient) ONLY



**ADULT CERTIFICATION – 1115 DEMONSTRATION WAIVER**

February 14, 2024  
Mr. Jonathan Husky  
Chief Executive Officer  
Husky Blue Behavioral Health  
410 Capitol Avenue  
Hartford, CT 06134

Dear Mr. Husky:

The Department of Social Services (DSS), in partnership with the Department of Mental Health and Addiction Services (DMHAS), the Department of Children and Families (DCF) and Advanced Behavioral Health (ABH) has completed the final review for full certification of Husky Behavioral Health as a provider in the Connecticut 1115 Substance Use Disorder (SUD) Demonstration Waiver and the adoption of the current American Society of Addiction Medicine (ASAM) Criteria and Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid for this program. DSS, DMHAS and DCF have affirmed that the programs/sites and associated levels of care listed below have been granted certification to continue enrollment as an SUD services provider in the Connecticut Medical Assistance Program (CMAP) as a provider of outpatient and/or residential levels of care. Providers must comply with all requirements detailed in the Special Terms and Conditions of the Connecticut 1115 SUD Demonstration Waiver, the Medicaid State Plan and any amendments, federal and state regulations, guidance on program requirements and operations and provider bulletins that apply to the provision of SUD services, including provisions that apply broadly to CMAP providers. Certification under the 1115 SUD Demonstration does not serve as a substitute for or amend any of these requirements.



<b>Site Information</b>		
Agency Name: Husky Blue Behavioral Health		Date: 2/14/2024
Agency Corporate Address: 410 Capitol Avenue, Hartford, CT 06134		
Agency Contact: Jonathan Husky	Phone: 860-496-2100	Email: JHusky@example.org
Site Name: Husky House	Certification Effective Date: 2/15/2024 Certification End Date <sup>1</sup> : 2/15/2025	
Site Address: 410 Capitol Avenue, Hartford, CT 06134		
DPH Facility License Number: 1234 Example Facility		
DCF Facility License Number: N/A		
<input type="checkbox"/> Certification Level 1- <u>3 year</u> certification <input type="checkbox"/> Certification Level 2- <u>6 month</u> certification		
<b>ASAM Level of Care(s) Approved for Certification</b>		
<input type="checkbox"/> Level 3.7 WM - Medically Monitored Inpatient Withdrawal Management <input type="checkbox"/> Level 3.2 WM - Clinically Managed Residential Withdrawal Management <input type="checkbox"/> Level 3.7 - Medically Monitored Intensive Inpatient Services		

<sup>1</sup> Certification lengths are determined based on the program's overall score on the monitoring reports. Agencies should review these reports to identify any areas where improvement is needed. Another review will be conducted by Advanced Behavioral Health prior to the identified date.

<input type="checkbox"/> Level 3.7 RE - Medically-Monitored Intensive Inpatient Services, Co-Occurring Enhanced
<input type="checkbox"/> Level 3.5 - Clinically Managed High-Intensity Residential Services
<input type="checkbox"/> Level 3.5 PPW - Clinically Managed Population-Specific High Intensity Residential – Pregnant and Parenting Women*
<input type="checkbox"/> Level 3.3 - Clinically Managed, High-Intensity Residential Population Specific
<input type="checkbox"/> Level 3.1 - Clinically Managed Low-Intensity Residential Services
Flex Bed Option ASAM Levels of Care Approved for Certification:
<input type="checkbox"/> Level 3.5 - Clinically Managed High-Intensity Residential Services
<input type="checkbox"/> Level 3.1 - Clinically Managed Low-Intensity Residential Services

Sincerely,

*Alexis Mohammed, LCSW*  
Alexis Mohammed, LCSW  
Behavioral Health Partnership Contract Manager  
Department of Social Services

*Shea Mitlehner, LCSW*  
Shea Mitlehner, LCSW  
Behavioral Program Manager  
Department of Mental Health  
and Addiction Services

*Kristin Bonilla, MS, LADC, AADC, CCS*  
Kristin Bonilla, MS, LADC, AADC, CCS  
Vice President of Programs  
Advanced Behavioral Health, Inc.



Appendix A2c: Sample of Adolescent Certification Letter (Certification – 1115 Demonstration Waiver Letter (SUD Services)) for 63/001 (Alcohol Abuse Center/Inpatient) ONLY



**ADOLESCENT CERTIFICATION – 1115 DEMONSTRATION WAIVER**

February 14, 2024  
Mr. Jonathan Husky  
Chief Executive Officer  
Husky Blue Behavioral Health  
410 Capitol Avenue  
Hartford, CT 06134

Dear Mr. Husky:

The Department of Social Services (DSS), in partnership with the Department of Mental Health and Addiction Services (DMHAS), the Department of Children and Families (DCF) and Advanced Behavioral Health (ABH) has completed the final review for full certification of Husky Behavioral Health as a provider in the Connecticut 1115 Substance Use Disorder (SUD) Demonstration Waiver and the adoption of the current American Society of Addiction Medicine (ASAM) Criteria and Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid for this program. DSS, DMHAS and DCF have affirmed that the programs/sites and associated levels of care listed below have been granted certification to continue enrollment as an SUD services provider in the Connecticut Medical Assistance Program (CMAP) as a provider of outpatient and/or residential levels of care. Providers must comply with all requirements detailed in the Special Terms and Conditions of the Connecticut 1115 SUD Demonstration Waiver, the Medicaid State Plan and any amendments, federal and state regulations, guidance on program requirements and operations and provider bulletins that apply to the provision of SUD services, including provisions that apply broadly to CMAP providers. Certification under the 1115 SUD Demonstration does not serve as a substitute for or amend any of these requirements.

<b>Site Information</b>		
Agency Name: Husky Blue Behavioral Health		Date: 2/14/2024
Agency Corporate Address: 410 Capitol Avenue, Hartford, CT 06134		
Agency Contact: Jonathan Husky	Phone: 860-496-2100	Email: JHusky@example.org
Site Name: Husky House	Certification Effective Date: 2/15/2024 Certification End Date: 2/15/2025	
Site Address: 410 Capitol Avenue, Hartford, CT 06134		
DPH Facility License Number: 1234 Example Facility		
DCF Facility License Number: N/A		
<input type="checkbox"/> Certification Level 1- 3 year certification		
<input type="checkbox"/> Certification Level 2- 6 month certification		
ASAM Level of Care(s) Approved for Certification		
<input type="checkbox"/> Level 3.7 - Medically Monitored High- Intensity Inpatient Services		
<input type="checkbox"/> Level 3.5 - Clinically Managed Medium-Intensity Residential Services		
<input checked="" type="checkbox"/> Level 3.1 - Clinically Managed Low-Intensity Residential Services		

<sup>1</sup> Certification lengths are determined based on the program's overall score on the monitoring reports. Agencies should review these reports to identify any areas where improvement is needed. Another review will be conducted by Advanced Behavioral Health prior to the identified date.

<p>Flex Bed Option ASAM Levels of Care Approved for Certification:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Level 3.5 - Clinically Managed Medium-Intensity Residential Services</li><li><input type="checkbox"/> Level 3.1 - Clinically Managed Low-Intensity Residential Services</li></ul>
---

Sincerely,

*Alexis Mohammed, LCSW*  
Alexis Mohammed, LCSW  
Behavioral Health Partnership Contract Manager  
Department of Social Services

*Keri Lloyd, LCSW*  
Keri Lloyd, LCSW  
Behavioral Health Program Manager  
Department of Children and Families

*Kristin Bonilla, MS, LADC, AADC, CCS*  
Kristin Bonilla, MS, LADC, AADC, CCS  
Vice President of Programs  
Advanced Behavioral Health, Inc.

SAMPLE



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:**

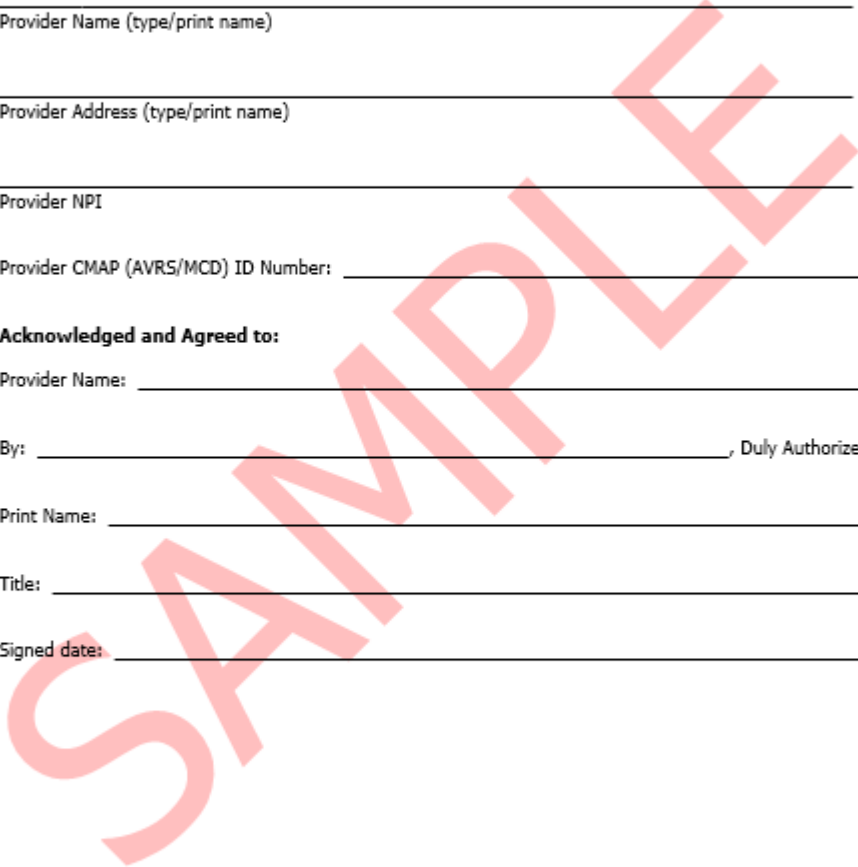
\_\_\_\_\_  
Provider Name:

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

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

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

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



*Last Updated: 05/05/2022*



Appendix D1: Sample of Attestation Letter for COPE and Confident Caregiver Provider Entities

State of Connecticut Department of Social Services
Division of Health Services, Community Options
Training and Counseling Services for Unpaid Caregivers Supporting Participants ("COPE and Confident Caregiver")

Attestation letter for COPE and Confident Caregiver provider entities

On behalf of the provider entity ("Provider") listed below I certify and agree to all of the following:

- 1. The Provider agrees to hire and/or enter into a business agreement with Registered Nurses and/or Occupational Therapists that are licensed by the State of Connecticut Department of Public Health and comply with all applicable requirements.
2. The Provider is a business entity (including a nonprofit organization) or municipality organized or registered in good standing under State law.
3. The Provider must maintain their Medicaid enrollment, or enroll as a Medicaid provider, with the State of Connecticut Department of Social Services (DSS) in order to participate as a Training and Counseling Services for Unpaid Caregivers Supporting Participants ("COPE and Confident Caregiver") provider for DSS Home and Community Based Services (HCBS) programs.
4. The Provider will comply with the evidence-based COPE and Confident Caregiver program models.
5. The Provider will ensure staff successfully complete COPE/Confident Caregiver trainings and only COPE and Confident Caregiver certified employee (s) can render services to the client.
6. On an ongoing basis, the Provider agrees to keep documentation of certifications and all other requirements on file and available to produce upon request.
7. The Provider will contact DSSCOPECAPABLEAttestation@ct.gov if a certified employee is no longer with the agency, and/or if more certified staff are hired or added to the agency.

Signature and Certification:

Provider Entity Name: [Redacted]

By: [Redacted], Duly Authorized

Print Name:

Title:

Date Signed:

Table with 2 columns: Fields for DSS only (DATE, Billing PROVIDER ENTITY NAME, BILLING PROVIDER ADDRESS, Existing ID/AVRS, Certification Type: COPE) and Attestation text (With this signed attestation, DSS is credentialing that [PROVIDER AGENCY NAME] has met all required qualifications... for [2 years from EFFECTIVE DATE]. Please accept this letter as the necessary follow-on documentation to update your current enrollment or to complete the initial enrollment application process with Gainwell Technologies (www.ctdssmap.com).)



**CAPABLE**

This is to certify \_\_\_\_\_ is licensed as a  
CAPABLE provider through CAPABLE National Center.

Month/Day/Year – Month/Day/Year  
2 years

**CAPABLE LICENSE**

---

Billing provider ID/AVRS Number

Tricia Ford  
CAPABLE National Center

CAPABLE National Center  
8289 East Lowry Boulevard, Denver, CO 80230  
1-888-352-9062



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  
410 Capitol Avenue, P.O. Box 341431 Hartford, Connecticut 06134  
[www.dmhas.state.ct.us](http://www.dmhas.state.ct.us)

*An Equal Opportunity Employer*



Appendix F: Sample of Children’s Urgent Crisis Centers’ Certification Letter



DEPARTMENT of CHILDREN and FAMILIES  
Making a Difference for Children, Families and Communities



Jodi Hill-Lilly, MSW  
Commissioner Designate

Ned Lamont  
Governor

March 21, 2024

Connecticut Department of Social Services  
Division of Health Services  
55 Farmington Avenue  
Hartford, CT 06106

Please accept this letter as confirmation that {Provider Name}, Medicaid ATN  
xxxxxx/AVRS xxxxxxxx, is certified by DCF to provide services as an Urgent Crisis  
Center ("UCC"). We further attest that {Provider Name} is licensed by DCF as an  
Outpatient Psychiatric Clinic for Children until {Month, Day, Year}. {Provider Name}  
program will be operated at {Address, City, ST, Zip} and will have a service capacity of  
up to 12 youth per day.

Thank you for your assistance in this matter. If you require additional information or  
clarification please do not hesitate to contact us.

Francis X. Gregory, PhD  
Administrator  
DCF Behavioral Health Community Service System

Diane Rosen, MSW  
Program Director  
DCF Licensing Unit  
Division of Transitional Supports and Services

STATE OF CONNECTICUT  
www.ct.gov/def  
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