



Provider Manual

Fiscal Years 2026-2028

**Certification and Monitoring for the
1115 Demonstration Waiver for
Substance Use Disorder Programs**





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Important Notice – DMHAS & DCF reserves the right to interpret terms and provisions of this manual and to amend the manual as may be required to improve operation of the Program. To the extent that there are inconsistencies between this manual and the Provider Agreement or Regulations governing the Program, the Provider Agreement and Regulations shall apply.



SECTION 1: Overview

1.1: Corporate Information

Advanced Behavioral Health, Inc. (ABH®), founded in 1995, is a nationally recognized nonprofit behavioral health management company with a strong commitment to the Northeast. ABH® specializes in delivering high-quality administrative and behavioral health management services, including utilization management, provider network administration, claims processing, data management, and the application of health information technology. With decades of experience and a mission-driven focus, ABH® partners with state and federal agencies, payers, and a diverse network of providers to deliver person-centered, cost-effective care for individuals of all ages. ABH® emphasizes innovation and continuous quality improvement to achieve better outcomes for clients and reduce administrative burdens for providers. Its comprehensive services include coordinating intake and referrals, managing care integration, ensuring service utilization, and fostering system-wide innovation. As a trusted leader in the field, ABH® remains dedicated to advancing the recovery, health, and well-being of individuals, families, and communities through effective solutions and strong collaborations.

1.2 Purpose of Certification and Monitoring

The CT Departments of Mental Health and Addiction Services (DMHAS) and Children and Families (DCF) have contracted with ABH® to certify and monitor that programs enrolled in Medicaid providing residential (ASAM 3.1, 3.3., 3.5, 3.5PPW, 3.5RE, 3.7, 3.7RE, 3.7WM) and intermediate ambulatory (ASAM 2.1, 2.5, 1-WM, 2-WM) levels of care are implementing program standards that align with the American Society of Addiction Medicine (ASAM) Criteria. The ASAM Criteria is a nationally recognized set of standards for the placement, continued service and transfer of individuals with addiction and co-occurring conditions. The monitoring of programs includes both a review of the facility's infrastructure, as well as how the infrastructure is applied to ensure compliance with the state standards. Programs require certification for these levels of care to receive Medicaid reimbursement.

Advanced Behavioral Health, Inc.
213 Court Street
Middletown, CT 06457
1115waiver@abhct.com



Section 2: Monitoring Activities

2.1: Monitoring Schedule and Frequency

Each provider program may undergo multiple site visits as part of the certification monitoring process. These visits ensure compliance with clinical documentation standards and administrative requirements.

ABH® will contact providers to schedule an onsite or remote monitoring survey. Site visits are conducted by an assigned Monitoring Team either at the provider's facility or through secure, time-limited access to the provider's electronic record system.

Whenever possible, certification monitoring site visits are scheduled no fewer than forty-five (45) days prior to the expiration of the provider's current certification.

ABH® will confirm the date, time, and location of the visit with the provider. Providers must designate a primary contact person and share that individual's name, phone number, and email address for all monitoring communications. An Outlook calendar invitation will be sent to confirm the appointment.

2.2: Chart Sample Selection

ABH® will request a de-identified census of Medicaid clients with episodes of care during a designated lookback period of 90 days (or up to a year to achieve closed charts, if necessary). This census is used to select the sample charts for review.

Charts are selected based on clients with a primary SUD diagnosis treated during the lookback period. Closed charts will be prioritized for sampling, but if not available from the previous year, active charts may be utilized at the discretion of ABH®

2.3: Pre-Site Visit Communication

Prior to the visit, ABH® will send an email outlining expectations. The message will include expectations such as:



- Date and time of the scheduled site visit (typically 9:30 a.m. – 4:00 p.m.)
- Location of the visit, or confirmation if it will be conducted remotely
- List of programs scheduled for review
- Level(s) of care under review
- Deadline for submission of the client census

Five (5) to seven (7) days before the visit, ABH® will remind providers of the upcoming site visit and request the Medicaid client census. The census must be submitted no later than three (3) days before the start of the visit.

The census must be de-identified and include medical record or chart ID numbers, along with admission and discharge dates. If more than one program is being reviewed at the site visit, providers must submit a separate census for each program.

2.4: Certification Monitoring Site Visits

Chart Tools and Process Used

The Monitoring Team will use the applicable Level of Care (LOC) Chart Review Tool to evaluate provider compliance with Demonstration Standards. A separate tool is completed for each chart reviewed. These Monitoring Tools and the Monitoring Team have undergone and continue to undergo Interrater Reliability Reviews for validity and equity across programs.

The process is collaborative. If information appears to be missing from the record, the Monitoring Team will consult the provider for clarification and/or assistance in locating.

Administrative Activities Review

The Monitoring Team will also use the appropriate Ambulatory or Residential Administrative Activities Tool to assess compliance with Demonstration requirements. This review includes, but is not limited to:

- Attestations
- Written Agreements
- Policies and Procedures
- Staffing Plans and Supervision
- Staff Training Records



- Daily schedules of therapeutic and recovery support programming

One Administrative Activities Tool is completed for each monitoring survey per provider program.

2.5: Client Focus Groups

As part of the monitoring process, the Monitoring Team may conduct client focus groups to gather feedback from residential clients regarding their treatment experience. These discussions focus on treatment planning, discharge planning, and client autonomy during care.

The purpose of the focus groups is to identify strengths and opportunities for improvement in client-centered care. Summary findings are shared with State Partners to support continuous quality improvement.

1. Participation Criteria

- Current clients in residential treatment
- Minimum age 18, unless otherwise approved by a legal guardian and program policy
- Voluntary participation, with capacity to participate
- Maximum of three (3) to four (4) participants per group

2. Confidentiality and Ethics

- Participation is voluntary and anonymous
- No client names or identifiable information will be recorded or shared
- A confidentiality agreement will be reviewed and discussed prior to beginning the group
- Participants may decline to answer any question or withdraw at any time

3. Focus Group Structure

- Duration: approximately 30 minutes
- Location: private meeting space determined by the provider
- Facilitators: one funder representative and one Clinical Care Specialist
- Support: a second Clinical Care Specialist will attend to take anonymized notes



2.6: Exit Interviews

At the conclusion of the site visit, the Monitoring Team meets with the provider's executive and clinical leadership. During this discussion, the Monitoring Team highlights the provider's observed strengths and identifies opportunities for improvement.

Note: Provider questions posed to ABH® staff during site visits that fall outside of the guidelines and procedures established by the Demonstration will be referred to the appropriate State Partner(s) for determination and response.

2.7: Interim Monitoring Site Visits

Interim monitoring may be conducted for quality assurance purposes and to ensure programs' continued alignment with the Demonstration's standards. Site visits occur at scheduled intervals during the program's effective certification period. The timing and scheduling of interim monitoring may be adjusted based on funder directives or unforeseen circumstances.

Interim Monitoring consists of:

- Review of the Administrative Tool
- Review of eight (8) charts randomly selected
- Completion of a Policy Attestation by the provider

2.8: Provider Satisfaction Surveys

ABH® assesses provider satisfaction with the Demonstration's certification monitoring activities through a provider satisfaction survey. The survey addresses the following areas:

- My agency is satisfied with the quality of the provider materials distributed by ABH®
- My agency is satisfied with effectiveness and responsiveness of ABH's® communications
- My agency is satisfied with the ABH® program monitoring process
- Overall, my agency is satisfied with the service we have received from ABH®

Following each Ambulatory and Residential survey visit, a post-monitoring survey will be sent electronically to the staff member who participated in the survey. The staff member will be asked to complete the survey within fourteen (14) calendar days of receipt.



Section 3: Description of Approved Scoring Methodology and Rating Elements

3.1: Chart Sampling Methodology

During certification monitoring visits, the Monitoring Team selects a sample of client charts from the provider's census.

For initial and renewal certification surveys, ABH® follows a methodology based on the National Committee for Quality Assurance (NCQA) [Health Care Accreditation, Health Plan Accreditation Organization - NCQA - NCQA](#) 8-and-30 file sample procedure:

- The first eight charts are randomly selected and reviewed in full.
- If deficiencies are identified, an additional twenty-two charts are selected and reviewed for compliance with identified deficiencies.
- If the number of eligible charts is limited, the Monitoring Team reviews all available records within the lookback period.

3.2: Chart Scoring Methodology

Certification Rating Guide

During certification monitoring, each rating element is evaluated using the following scale:

- 0 Not Met
 - The requirement was not addressed, or evidence of compliance was not provided.
- 1 Partially Met
 - Some elements of the requirement were demonstrated; however, documentation or practice did not fully meet the established standard.
- 2 Met
 - The provider demonstrated full compliance with the requirement through appropriate documentation and/or practice.
- N/A Not Applicable
 - Does not apply to the program or medical record under review.



Section 4: Technical Assistance Resources

ABH® provides all Demonstration providers with ongoing updates, guidance, and technical assistance. These resources include certification requirements, training opportunities, and tools to support compliance with Demonstration standards.

4.1: Available Support Services

1. Connecticut Department of Social Services (DSS) 1115 Demonstration Waiver Website:

- [\(DSS\) SUD 1115 Demonstration Waiver](#)

This website contains links to the Connecticut DSS Demonstration webpage, which provides access to the Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grids, the 1115 SUD Certification Standards and Process Guide, and additional educational resources.

What you'll find on the website:

- Policy and Clinical Assumptions Grid for (ASAM 3.1, 3.3, 3.5, 3.5PPW, 3.7, 3.7RE, 3.2WM, 3.7WM)
- Residential Levels of Care for Adolescents (ASAM 3.5 and 3.1)
- Residential Admission Guidance
- Residential Flex Bed Guidance
- Intensive Outpatient (IOP) and Partial Hospitalization (PHP) for Adults and Children (ASAM 2.1 and 2.5)
- Ambulatory Withdrawal Management (ASAM 1-WM and 2-WM)
- Opioid Treatment Program (OTPs) (ASAM 1)
- Introduction to the ASAM Criteria
- ASAM Criteria Intake Assessment Guide
- Residential and Ambulatory FAQs



4.2: Individual Technical Assistance Training

1. ABH® provides on-site or remote, individualized education and technical assistance to support providers in meeting full-certification requirements.

Providers may request assistance or schedule a visit by contacting ABH® at 1115waiver@abhct.com.

4.3: Training Opportunities and Webinar Series

1. *Train for Change* In-Person Training

These training sessions provide an in-depth review of the ASAM Criteria, including theoretical foundations and clinical applications. Topics include:

- Biopsychosocial assessments
- The six ASAM dimensions
- Continued stay, transfer, and discharge criteria

ABH® coordinates with *Train for Change* to establish training dates. Announcements are distributed via email, and attendance may be mandatory for certain provider staff.

2. *The Change Companies* Online Training

Online, self-paced training is available to providers intended to give an introductory overview to the ASAM Criteria, including:

For Adult-Serving and Adolescent-Serving programs:

ASAM Criteria 3rd Edition

- Multidimensional Assessment
- From Assessment to Service Planning and Level of Care
- Introduction to The ASAM Criteria

For Adolescent-Serving Programs:

ASAM Criteria 4th Edition

- Introduction to the Fourth Edition of the ASAM Criteria
- Continuum of Care
- Assessments: Level of Care and Treatment Planning
- Case Application Exercise



3. Technical Assistance Webinars

ABH® conducts technical assistance webinars to provide information in support of participating and prospective SUD providers. These webinars are developed and presented to address the following two key training areas:

Quarterly Provider Application Guidance Seminar: Quarterly public informational webinars guide providers through the application process and requirements for achieving full certification under the Connecticut Medical Assistance Program.

ASAM Alignment Technical Assistance: Periodic technical assistance webinars focus on aligning provider practices with Demonstration standards outlined in the Connecticut SUD Services Policy and Clinical Assumptions Grids. Each webinar highlights a specific topic relevant to current priorities and emerging needs.

Providers receive email invitations with links to the live sessions. Recordings for the ASAM Alignment Technical Assistance are posted on the DSS 1115 Demonstration Waiver webpage under "Training Opportunities".

Following each webinar, ABH® will email an evaluation survey to gather feedback and assess satisfaction with the training series.

Section 5: Contact Information

Providers may contact ABH® or the State of contacts with questions or concerns regarding the Demonstration.

ABH: 1115waiver@abhct.com

State of Connecticut Contacts

DSS: Medicaid related questions including enrollment or reimbursement contact:
Janice.Shields@ct.gov

DMHAS: Adult Serving Programs contact: Shea.Mitlehner@ct.gov

DCF: Adolescent Serving Programs contact: Keri.Lloyd@ct.gov



Section 6: Process for Submitting Certification Denial Appeals and Complaints & Grievances

ABH® maintains a structured appeal process to ensure providers have the opportunity to contest adverse certification decisions issued under the Connecticut 1115 SUD Demonstration Waiver.

6.1: Monitoring and Application Decisions Eligible for Appeal

- Conditional Certification Application Determinations
- Initial Full Certification Determinations
- Recertification Determinations

First-Level Appeals

- **Submission:** Providers must submit appeals in writing to ABH, with supporting documentation, no later than seven (7) calendar days after receipt of the adverse decision.
- **Review and Decision:** ABH® will issue a written decision within seven (7) calendar days of receiving all necessary information.
- **Failure to Issue Timely Decision:** If ABH® does not issue a timely decision, the provider may escalate directly to the appropriate State Partner under the Second-Level Appeal process.

Second-Level Appeals

- **Submission:** Providers must submit appeals in writing to the appropriate State Partner, with supporting documentation, no later than twenty-one (21) calendar days from either:
 - The date of the First-Level Appeal Decision, or
 - The missed First-Level Appeal deadline.
- **Review and Decision:** The State Partner will issue the Second-Level Appeal Decision within thirty (30) calendar days.



- **Finality:** Second-Level Appeal Decisions are final. No further appeal is available under the Demonstration.

6.2: Complaints and Grievances Procedures

ABH® also maintains complaint and grievance procedures for providers who wish to express dissatisfaction with the application or monitoring processes under the Demonstration.

Definitions

- **Complaint:** An informal expression of dissatisfaction or concern that may be resolved quickly through discussion.
- **Grievance:** A formal, written expression of dissatisfaction requiring investigation and documented resolution.

Filing a Complaint or Grievance

- **Verbal Complaints:** May be submitted by calling the ABH® 1115 Waiver Program at 1-800-606-3677 (Option 2). If unresolved, ABH® may request that the provider submit the concern in writing.
- **Written Complaints/Grievances:** May be submitted via email to 1115waiver@abhct.com within ten (10) business days of or upon learning of the incident.

Acknowledgement and Response

- Written complaints/grievances will be acknowledged within seven (7) calendar days.
- A written response will be provided within thirty (30) calendar days of receipt.
- If resolution requires more than thirty (30) days, ABH® will notify the provider in writing with:
 - The reason for the delay
 - Any additional information required
 - An updated timeframe for response



Resolution Process

- **Complaints:** Addressed promptly and informally where possible.
- **Grievances:** Investigated formally, with a written response provided to both the complainant and the funder.

Special Considerations

- **Monitoring Tools and Evaluation Procedures:** Providers who wish to challenge the design or application of certification monitoring tools may submit concerns in writing to ABH. These concerns will be forwarded to the appropriate State authority for review.

Grievance Reconsideration

- Providers dissatisfied with ABH's grievance response may request reconsideration by the appropriate State Authority.
- Requests must be submitted in writing within twenty-one (21) calendar days of ABH's response and must include supporting documentation.
- Late requests may be considered if good cause is demonstrated.

Section 7: ABH® Support Staff Information

For additional guidance or support regarding certification, monitoring or technical assistance under the 1115 Demonstration Waiver for Substance Use Disorder (SUD) Program, providers may contact:

ABH Administrative Staff at 1115Waiver@abhct.com