

Sec. 17a-453a-12. Provider credentials

(a) The provider credentialing process is described as follows:

(1) The purpose of the credentialing process is for DMHAS to determine if a provider applying to participate in the GABHP has the requisite qualifications.

(2) The credentialing process shall include the assessment and validation of qualifications of providers to determine whether the provider is qualified to offer specific levels of care and meets the credentialing requirements specified for those levels of care in this section. If DMHAS determines that a provider has not met the required qualifications as specified in this section, DMHAS shall not contract with the provider under the GABHP.

(3) The designated agent shall collect and review documentation that includes, but is not limited to:

(A) Status of facility or professional licensure, certification or accreditation;

(B) Experience in providing behavioral health services to individuals;

(C) Evidence of adequate malpractice insurance coverage; and

(D) Descriptions detailing programmatic and staffing information for each behavioral health service and level of care proposed for credentialing.

(4) The designated agent shall review the credentials of each provider for each behavioral health service or level of care that the provider proposes to deliver and shall make a recommendation to DMHAS. DMHAS shall decide whether the provider meets the credentialing qualifications necessary to offer the proposed behavioral health service(s) or level(s) of care.

(5) The provider shall be required to submit to the designated agent additional information or clarification, if any discrepancies or questions are identified.

(6) The provider shall be required to meet all credentialing criteria as specified in this section. If any of the credentialing criteria are not met, the provider shall be denied participation in the GABHP.

(7) Any provider that has been sanctioned by DSS for violations while participating in the Medicaid program shall not be credentialed for the GABHP.

(8) DMHAS shall notify the provider in writing of the outcome of the credentialing process. If DMHAS determines that the provider meets the requisite credentialing qualifications as specified in this section, then DMHAS may initiate the contracting process as specified in section 17a-453a-13 of the Regulations of Connecticut State Agencies.

(b) A provider that is denied participation in the GABHP may request reconsideration of such denial. Such request shall be submitted in writing to the commissioner not more than ten (10) calendar days following the date of receipt of the denial notice.

(c) Credentialing criteria that providers shall meet to qualify to deliver covered behavioral health services under the GABHP are as follows:

(1) Acute psychiatric hospitalization as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Acute psychiatric hospitalization shall be delivered in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage of at least three million dollars (\$3,000,000) per occurrence and ten million dollars

(\$10,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability; and

(iii) Is Joint Commission-accredited.

(B) If this behavioral health service is located in a general hospital, the hospital shall deliver acute psychiatric hospitalization on a psychiatric unit that is separate and distinct from a medical unit.

(C) Acute psychiatric hospitalization shall include the following staff, licensed by the state of Connecticut and employed by or under contract with the facility in which acute psychiatric hospitalization operates:

(i) A medical director;

(ii) A board-certified or board-eligible psychiatrist;

(iii) A psychologist;

(iv) Social workers;

(v) A physician on site 24 hours per day, seven (7) days per week; and

(vi) Registered nurses on site 24 hours per day, seven (7) days per week.

(D) Acute psychiatric hospitalization components shall include:

(i) The ability to conduct an admission 24 hours per day, seven (7) days per week;

(ii) Diagnostic evaluation, including screening for a co-occurring substance use disorder, a biopsychosocial assessment and a risk assessment;

(iii) A medical history and physical examination conducted upon admission;

(iv) Medication evaluation and monitoring;

(v) Medical management and monitoring of coexisting medical problems, except that life support systems or a full array of medical services are not required;

(vi) Appropriate observation and precautions for individuals who may be suicidal;

(vii) Development of a recovery plan for each individual;

(viii) Individual and group therapy and, when indicated, family therapy;

(ix) Rehabilitative social and recreational therapies, when indicated;

(x) Laboratory services, when indicated; and

(xi) Discharge planning that helps ensure the continuation of appropriate treatment.

(2) Ambulatory detoxification as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Ambulatory detoxification shall be delivered in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations.

(ii) Except as provided by state law, maintains professional liability insurance coverage of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability; and

(iii) Is Joint Commission or CARF-accredited or has a licensed physician with experience in providing behavioral health services for substance use disorders, who is responsible for supervising all medical services and is credentialed by DMHAS as specified in the credentialing criteria contained in this section;

(B) Ambulatory detoxification shall include a clinical supervisor with authority over all behavioral health services. The clinical supervisor shall have a minimum of a master's degree in the behavioral health services field and at least three (3) years of full-time work experience in substance use disorders treatment, be licensed by the state of Connecticut or certified as appropriate in his or her respective discipline and be employed by or under contract with the facility in which the behavioral health service is operated;

(C) The organization operating ambulatory detoxification shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care; and

(D) Ambulatory detoxification components shall include:

- (i) Initial evaluation, including screening for co-occurring psychiatric disabilities;
- (ii) A physical examination by a physician, physician's assistant or nurse practitioner as part of the initial assessment;
- (iii) Individual assessment and medication or non-medication methods of detoxification;
- (iv) Medical supervision and management of substance withdrawal as indicated by a licensed physician and inclusive of laboratory assessments;
- (v) One (1) hour of substance use disorder services per week;
- (vi) Significant other or family involvement in the detoxification process, when appropriate;
- (vii) Development of a recovery plan for each individual;
- (viii) Laboratory services, when indicated;
- (ix) The ability to provide or assist in accessing transportation for individuals who are unable to drive safely for legal or medical reasons or who otherwise lack transportation;
- (xi) Discharge planning that helps ensure the continuation of appropriate treatment and movement through the recovery continuum;
- (xii) Referral to self-help programs; and
- (xiii) Adequate testing for or analysis of drugs of abuse as specified in applicable state and federal statutes and regulations;

(E) Substance use disorder services performed by a staff member who is not a licensed behavioral health professional or Connecticut certified alcohol and drug counselor shall meet the following conditions:

- (i) The staff member is employed by or under contract with the facility;
- (ii) The medical or clinical supervisor has determined that the staff member is qualified to deliver behavioral health services; and
- (iii) The staff member is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health services or a Connecticut certified clinical supervisor.

(3) Ambulatory detoxification with on-site monitoring as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Ambulatory detoxification with on-site monitoring shall be delivered in a facility that:

- (i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;
- (ii) Except as provided by state law, maintains professional liability insurance coverage

of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability; and

(iii) Is Joint Commission or CARF-accredited or has a licensed physician with experience in providing behavioral health services for substance use disorders, who is responsible for supervising all medical services delivered by the program and is credentialed by DMHAS in accordance with credentialing criteria contained in this section;

(B) Ambulatory detoxification with on-site monitoring shall include a clinical supervisor with authority over all behavioral health services. The clinical supervisor shall have a minimum of a master's degree in a behavioral health services field, at least three (3) years of full-time work experience in substance use disorder treatment, be licensed by the state of Connecticut or certified as appropriate in his or her respective discipline and be employed by or under contract with the facility.

(C) The organization operating the ambulatory detoxification with on-site monitoring shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for its individuals, when needed, to facilities that offer such care;

(D) Ambulatory detoxification with on-site monitoring components shall include:

(i) Initial evaluation, including screening for a co-occurring psychiatric disability;

(ii) A physical examination by a physician, physician's assistant or nurse practitioner as part of the initial assessment;

(iii) Individual assessment, medication or non-medication methods of detoxification;

(iv) Medical supervision and management of substance withdrawal as indicated by a licensed physician and inclusive of laboratory assessments;

(v) A minimum of one (1) hour of substance use disorder services per week;

(vi) Significant other or family involvement in the withdrawal process when appropriate;

(vii) Development of a recovery plan for each individual;

(viii) Laboratory services, when indicated;

(ix) The ability to deliver or assist in accessing transportation for individuals who are unable to drive safely for legal or medical reasons or who otherwise lack transportation;

(x) Discharge planning that helps ensure the continuation of appropriate treatment and movement through the recovery continuum;

(xi) Referral to self-help programs; and

(xii) Adequate testing for or analysis of drugs of abuse as specified in applicable state and federal statutes and regulations;

(E) Ambulatory detoxification with on-site monitoring shall have a licensed nurse on site during all hours of operation; and

(F) Ambulatory detoxification with on-site monitoring shall have available psychiatric and other behavioral health services for problems identified through a comprehensive biopsychosocial assessment;

(G) Substance use disorder services performed by a staff member who is not a licensed behavioral health professional or Connecticut certified alcohol and drug counselor shall meet the following conditions:

- (i) The staff member is employed by or under contract with the facility;
- (ii) The medical or clinical supervisor has determined that the staff member is qualified to deliver behavioral health services; and
- (iii) The staff member is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health services or a Connecticut certified clinical supervisor.

(4) Chemical maintenance treatment as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Chemical maintenance treatment shall be delivered in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability;

(iii) Meets conditions for the use of methadone or other SAMHSA-approved medications in chemical maintenance treatment of opiate dependence, as specified in 21 CFR 291 and other applicable federal regulations; and

(iv) Is Joint Commission, CARF-accredited or accredited by the Council on Accreditation or has a clinical supervisor with authority over all behavioral health services. The clinical supervisor shall have a minimum of a master's degree in a behavioral health services-related field and at least three (3) years of full-time work experience in substance use disorders, be licensed by the state of Connecticut or certified, as appropriate in his or her respective discipline and be employed by or under contract with the facility in which chemical maintenance treatment is operated.

(B) The organization operating chemical maintenance treatment shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for its individuals, when needed, to facilities that offer such care;

(C) Chemical maintenance treatment components shall include:

(i) Initial intake evaluation, including screening for a co-occurring psychiatric disability;

(ii) A medical history and physical examination conducted by a physician or other appropriate medical personnel;

(iii) Laboratory services;

(iv) A minimum of one (1) clinical contact per individual per month;

(v) Medication evaluation and management;

(vi) A complete biopsychosocial assessment;

(vii) Development of a recovery plan for each individual;

(viii) Daily administration of methadone at least six (6) days per week or administration as appropriate of another SAMHSA-approved medication; ability to dispense doses for off-premises consumption as appropriate;

(ix) Psycho-educational programming;

(x) Discharge planning that helps ensure the continuation of appropriate treatment;

(xi) Adequate testing for or analysis of drugs of abuse as specified in applicable federal

and state statutes and regulations;

(xii) Vocational or pre-vocational planning; and

(xiii) Referral to self-help programs;

(D) Chemical maintenance programs shall have the ability to gradually increase to or maintain medication at a therapeutic and stable level in order to block the effects of opiates for individuals receiving such care;

(E) The facility shall have a written medication diversion plan in place that assists in the identification and management of inappropriate diversion of take-home medications; and

(F) Substance use disorder services performed by a staff member who is not a licensed behavioral health professional or a Connecticut certified alcohol and drug counselor shall meet the following conditions:

(i) The staff member is employed by or under contract with the facility;

(ii) The medical or clinical supervisor has determined that the staff member is qualified to deliver behavioral health services; and

(iii) The staff member is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health services or a Connecticut certified clinical supervisor.

(5) Initial intake evaluation as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) The initial intake evaluation shall be conducted in a facility that meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations to offer any behavioral health service.

(B) The provider shall obtain the following information from the individual to conduct the initial intake evaluation:

(i) Demographic information;

(ii) Clinical presentation, including problems and needs;

(iii) History of psychiatric disability, substance use disorder or both and history of treatment, if any;

(iv) Other disability and treatment, if any;

(v) Current prescription medications and history of medications prescribed;

(vi) Current substance use and history of substances used previously;

(vii) Risk assessment and relapse potential;

(viii) Legal status; and

(ix) All other relevant information.

(6) Intensive outpatient-mental health as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Intensive outpatient-mental health shall be in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability;

(iii) Is Joint Commission or CARF-accredited or has a board-certified or board eligible psychiatrist who is responsible for supervising all medical services. If intensive outpatient-mental health is operated by a non-profit mental health agency, the psychiatrist shall be credentialed by DMHAS in accordance with credentialing criteria as specified in this section; and

(iv) Includes a clinical supervisor with authority over all behavioral health services who is licensed in a behavioral health services field and has at least three (3) years of full-time work experience in mental health treatment;

(B) Intensive outpatient-mental health shall include at least three licensed behavioral health professionals;

(C) The organization shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for its individuals, when needed, to facilities that offer such care;

(D) Intensive outpatient-mental health shall include:

(i) Initial intake evaluation, including screening for a co-occurring substance use disorder;

(ii) Diagnostic evaluation and risk assessment;

(iii) Individual and group therapy and, when indicated, family therapy;

(iv) A complete biopsychosocial assessment;

(v) Development of a recovery plan for each individual;

(vi) Psycho-educational programming;

(vii) Psychological testing, when indicated;

(viii) Medication evaluation and management;

(ix) Discharge planning that helps ensure the continuation of appropriate treatment; and

(x) Referral to self-help programs;

(E) Intensive outpatient-mental health shall deliver to each individual three (3) to four (4) hours per day, three (3) to five (5) days per week, of programming that includes not less than one (1) individual or group therapy session per day; and

(F) Any behavioral health services, other than psycho-educational programming, performed by a staff member who is not a licensed behavioral health professional shall meet the following conditions:

(i) The staff member is employed by or under contract with the facility;

(ii) The medical director or clinical supervisor has determined that the staff member is qualified to deliver behavioral health services; and

(iii) The staff member is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health services and is actively pursuing a DPH professional license in a behavioral health discipline.

(7) Intensive outpatient-substance use as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Intensive outpatient-substance use shall be in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage

of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability; and

(iii) Is Joint Commission or CARF-accredited or has a clinical supervisor with authority over all behavioral health services. The clinical supervisor shall have a minimum of a master's degree in a behavioral health services field, at least three (3) years of full-time work experience in substance use disorders treatment, be licensed by the state of Connecticut or certified, as appropriate in his or her respective discipline and be employed by or under contract with the facility;

(B) Intensive outpatient-substance use shall include drug and alcohol abuse counselors or other staff in related fields with experience in treatment of substance use disorders;

(C) The organization shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care;

(D) Intensive outpatient-substance use components shall include:

(i) Initial intake evaluation, including screening for a co-occurring psychiatric disability;

(ii) A complete biopsychosocial assessment;

(iii) Development of a recovery plan for each individual;

(iv) Orientation and referral to a self-help program;

(v) Psycho-educational programming;

(vi) Individual, group and, when indicated, family counseling;

(vii) Discharge planning that helps ensure the continuation of appropriate treatment; and

(viii) Adequate testing for or analysis of drugs of abuse as specified in applicable federal and state statutes and regulations.

(E) Intensive outpatient-substance use shall deliver to each individual three (3) to four (4) hours per day, three (3) to five (5) days per week, of substance use disorders services based on an individualized recovery plan inclusive of at least one (1) individual or group therapy session per day; and

(F) Any behavioral health services performed by a staff member who is not a licensed behavioral health professional or Connecticut certified alcohol and drug counselor shall meet the following conditions:

(i) The staff member is employed by or under contract with the facility;

(ii) The medical director or clinical supervisor has determined that the staff member is qualified to deliver behavioral health services; and

(iii) The staff member is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health services or a Connecticut certified clinical supervisor.

(8) Intensive residential treatment as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Intensive residential treatment shall be in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage

of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability; and

(iii) Is Joint Commission or CARF-accredited or has a clinical supervisor with authority over all behavioral health services;

(B) Intensive residential treatment shall include the following staff, licensed by the state of Connecticut or certified as appropriate in their respective disciplines and employed by or under contract with the facility:

(i) A clinical supervisor with authority over all behavioral health services, who shall have a minimum of a master's degree in a behavioral health services field and at least three (3) years of full-time work experience in substance use disorders treatment and be licensed by the state of Connecticut or certified, as appropriate in his or her respective discipline; and

(ii) A sufficient number of staff to meet the needs of individuals;

(C) Any behavioral health services performed by a staff member who is not a licensed behavioral health professional or a Connecticut certified alcohol and drug counselor shall meet the following conditions:

(i) The staff member is employed by or under contract with the facility;

(ii) The medical director or clinical supervisor has determined that the staff member is qualified to deliver behavioral health services; and

(iii) The staff member is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health services or a Connecticut certified clinical supervisor.

(D) The organization operating intensive residential treatment shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care; and

(E) Intensive residential treatment shall include:

(i) Initial intake evaluation, including screening for a co-occurring psychiatric disability;

(ii) A complete biopsychosocial assessment;

(iii) Development of a recovery plan for each individual;

(iv) Intensive residential treatment shall deliver to each individual a minimum of thirty (30) hours per week of substance use disorder services;

(v) Orientation and referral to a self-help program;

(vi) Discharge planning that helps ensure the continuation of appropriate treatment;

(vii) Adequate testing for or analysis of drugs of abuse as specified in applicable federal and state statutes and regulations; and

(viii) Vocational and pre-vocational planning.

(9) Intermediate or long-term treatment or care as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Intermediate or long-term treatment or care shall be in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage

of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability; and

(iii) Is Joint Commission or CARF-accredited or has a clinical supervisor with authority over all behavioral health services. The clinical supervisor shall have a minimum of a master's degree in a behavioral health services field and at least three (3) years of full-time work experience in substance use disorder treatment, be licensed by the state of Connecticut or certified, as appropriate in his or her respective discipline and be employed by or under contract with the facility.

(B) Intermediate or long-term treatment or care shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care.

(C) Intermediate or long-term treatment or care shall include:

- (i) Initial intake evaluation, including screening for a co-occurring psychiatric disability;
- (ii) A biopsychosocial assessment;
- (iii) Development of a recovery plan for each individual;
- (iv) Orientation and referral to a self-help program;
- (v) Discharge planning that helps ensure the continuation of appropriate treatment;
- (vi) Adequate testing for or analysis of drugs of abuse as specified in applicable federal and state statutes and regulations; and

(vii) Vocational and pre-vocational planning and one of the following shall be delivered to each individual:

(I) A minimum of twenty (20) hours per week of substance use disorders services by facilities licensed for intermediate and long-term treatment and identified as delivering intermediate and long-term residential treatment; or

(II) A minimum of twenty (20) hours per week of substance use disorders services by facilities licensed for care and rehabilitation and identified as providing long-term care; or

(III) A minimum of four (4) hours per week of substance use disorder services by facilities licensed for intermediate and long-term treatment and identified as providing transitional or halfway house services.

(D) Any behavioral health services performed by a staff member who is not a licensed behavioral health professional or a Connecticut certified alcohol and drug counselor shall meet the following conditions:

- (i) The staff member is employed by or under contract with the facility;
- (ii) The medical director or clinical supervisor has determined that the staff member is qualified to deliver behavioral health services; and
- (iii) The staff member is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health services or a Connecticut certified clinical supervisor.

(10) Laboratory services as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Specimen testing and analyses used to establish diagnosis and treatment of behavioral health disorders shall be delivered by a facility that is:

(i) Certified pursuant to the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 CFR 493; and

(ii) Licensed as a clinical laboratory as specified in sections 19a-36-D20 to 19a-36-D38, inclusive, of the Regulations of Connecticut State Agencies.

(11) Matrix intensive outpatient as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Matrix intensive outpatient shall be in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability; and

(iii) Is Joint Commission or CARF-accredited or has a clinical supervisor with authority over all behavioral health services. The clinical supervisor shall have a minimum of a master's degree in a behavioral health services field and at least three (3) years of full-time work experience in substance use disorders treatment, be licensed by the state of Connecticut or certified, as appropriate in his or her respective discipline and be employed by or under contract with the facility.

(B) Matrix intensive outpatient shall include alcohol and drug abuse counselors or other staff in related fields with experience in treatment of substance use disorders, who are licensed by the state of Connecticut or certified as appropriate in their respective disciplines and are employed by or under contract with the facility;

(C) Matrix intensive outpatient shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care;

(D) Matrix intensive outpatient components shall include:

(i) Initial intake evaluation, including screening for a co-occurring psychiatric disability;

(ii) A biopsychosocial assessment;

(iii) Development of a recovery plan for each individual;

(iv) Individual sessions that are scheduled weekly and consist of eight (8), one-hour meetings for the first two months, followed by one (1), one-hour meeting for the next two months;

(v) Early recovery skills groups that meet twice weekly and consist of eight (8), one-hour group sessions during the first month of treatment;

(vi) A recovery group that meets once weekly and consists of twelve (12), ninety-minute group sessions for the first three months;

(vii) A family education group that meets once weekly and consist of twelve (12), ninety-minute group sessions for the first three months;

(viii) A social support group that meets weekly and consists of ninety-minute group sessions, beginning at week thirteen;

(ix) Adequate testing for or analysis of drugs of abuse as specified in applicable federal and state statutes and regulations;

(x) Referral to a self-help program; and
(xi) Discharge planning that helps ensure the continuation of appropriate treatment; and
(E) Any substance use disorder services performed by a staff member who is not a licensed behavioral health professional or Connecticut certified alcohol and drug counselor shall meet the following conditions:

(i) The staff member is employed by or under contract with the facility;
(ii) The medical director or clinical supervisor has determined that the staff member is qualified to deliver behavioral health services; and
(iii) The staff member is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health services or a Connecticut certified clinical supervisor.

(12) Medically managed inpatient detoxification as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Medically managed inpatient detoxification shall be in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage of at least three million dollars (\$3,000,000) per occurrence and ten million dollars (\$10,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability; and

(iii) Is Joint Commission or CARF-accredited.

(B) Medically managed inpatient detoxification shall deliver emergency psychiatric services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care;

(C) Medically managed inpatient detoxification shall include:

(i) Initial intake evaluation, including screening for a co-occurring psychiatric disability;
(ii) The ability to conduct an admission 24 hours per day, seven (7) days per week;
(iii) A medical history and physical examination conducted upon admission, inclusive of laboratory testing;

(iv) Diagnostic evaluation and risk assessment;

(v) Medical management and monitoring of substance withdrawal;

(vi) Individual, group and, when indicated, family therapy;

(vii) A biopsychosocial assessment;

(viii) Development of a recovery plan for each individual;

(ix) Appropriate observation and precautions for individuals who may be suicidal;

(x) Referral to a self-help program;

(xi) Medical management and monitoring of co-existing medical problems; and

(xii) Discharge planning that helps ensure the continuation of appropriate treatment.

(D) Medically managed inpatient detoxification shall include the following staff, licensed by the state of Connecticut or certified as appropriate in their respective disciplines:

(i) A medical director;

(ii) A social worker or counselor experienced in the treatment of substance use disorders;

(iii) A physician on site 24 hours per day, seven (7) days per week;

- (iv) A registered nurse on site 24 hours per day, seven (7) days per week; and
 - (v) A pharmacist.
- (13) Medically monitored residential detoxification as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:
- (A) Medically monitored residential detoxification shall be in a facility that:
 - (i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;
 - (ii) Except as provided by state law, maintains professional liability insurance coverage of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability; and
 - (iii) Is Joint Commission or CARF-accredited or has a physician with experience in providing substance use disorder services, who is responsible for supervising all medical services. The physician shall be credentialed by DMHAS in accordance with credentialing criteria as specified in this section.
 - (B) Medically monitored residential detoxification shall include the following staff, licensed by the state of Connecticut or certified as appropriate in their respective disciplines and who are employed by or under contract with the facility:
 - (i) A clinical supervisor with authority over all behavioral health services, who has a minimum of a master's degree in a behavioral health services field and at least three (3) years of full-time work experience in substance use disorders treatment and who is licensed by the state of Connecticut or certified as appropriate in his or her respective discipline and employed by or under contract with the facility;
 - (ii) A registered nurse on site 24 hours per day, seven (7) days per week;
 - (iii) A physician who is on-call during those hours when a physician is not physically present;
 - (iv) A physician eligible to be certified by the American Board of Psychiatry or Neurology or a licensed clinical psychologist;
 - (v) A pharmacist; and
 - (vi) A social worker or counselor experienced in the treatment of substance use disorders.
 - (C) Medically monitored residential detoxification shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care;
 - (D) Medically monitored residential detoxification shall include:
 - (i) Initial intake evaluation, including screening for a co-occurring psychiatric disability;
 - (ii) Screening and initial evaluation by a registered nurse;
 - (iii) Medical supervision and management of withdrawal from a substance, as indicated by a licensed physician and inclusive of laboratory assessments;
 - (iv) Individual, group and, when indicated, family therapy;
 - (v) A biopsychosocial assessment;
 - (vi) Development of a recovery plan for each individual;
 - (vii) Referral to a self-help program;
 - (viii) Psycho-educational programming; and

(ix) Discharge planning that helps ensure the continuation of appropriate treatment.

(E) Any behavioral health services performed by a staff member who is not a licensed behavioral health professional or a Connecticut certified alcohol and drug counselor shall meet the following conditions:

(i) The staff member is employed by or under contract with the facility;

(ii) The medical or clinical supervisor has determined that the staff member is qualified to deliver behavioral health services; and

(iii) The staff member is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health services or a Connecticut certified clinical supervisor.

(14) Observation bed-mental health as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Observation bed-mental health shall be in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage of at least three million dollars (\$3,000,000) per occurrence and ten million dollars (\$10,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound dedicated trust or account funded for the purpose of covering professional liability; and

(iii) Is Joint Commission-accredited;

(B) Observation bed-mental health shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care;

(C) Observation bed-mental health includes the following staff, licensed by the state of Connecticut or certified as appropriate in their respective disciplines:

(i) A board-certified or board-eligible psychiatrist, who is responsible for supervising all medical services; and

(ii) A registered nurse and other licensed or certified behavioral health professionals.

(D) Observation bed-mental health shall deliver to each individual up to twenty-three (23) hours of supervised stabilization, clinical monitoring and, when necessary, laboratory testing to facilitate the formulation of an appropriate diagnosis and suitable disposition for individuals in urgent need of care; and

(E) Observation bed-mental health components shall include:

(i) The ability to conduct an admission 24 hours per day, seven (7) days per week;

(ii) Crisis intervention, as required;

(iii) Initial intake evaluation, including screening for a co-occurring substance use disorder;

(iv) Diagnostic evaluation and risk assessment;

(v) A medical history and physical examination conducted upon admission;

(vi) Medication evaluation and management;

(vii) Appropriate observation and precautions for individuals who may be suicidal;

(viii) Laboratory services, when indicated; and

(ix) Discharge planning that helps ensure the continuation of appropriate treatment.

(15) Observation bed-substance use as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Observation bed-substance use shall be in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability;

(iii) Is Joint Commission or CARF-accredited or has a physician with experience in providing substance use disorders services, who is responsible for supervising all medical services. The physician shall be credentialed by DMHAS in accordance with credentialing criteria as specified in this section.

(B) Observation bed-substance use shall include the following staff, licensed by the state of Connecticut or certified as appropriate in their respective disciplines and employed by or under contract with the facility:

(i) A registered nurse;

(ii) An alcohol and drug counselor; and

(iii) A clinical supervisor with authority over all services, who has a minimum of a master's degree in a behavioral health field and at least three (3) years of full-time work experience in substance use disorders treatment and is licensed by the state of Connecticut or certified, as appropriate in his or her respective discipline and employed by or under contract with the facility.

(C) The organization operating observation bed-substance use shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care;

(D) Observation bed-substance use shall deliver to each individual up to twenty-three (23) hours of supervised stabilization, clinical monitoring and, when necessary, laboratory testing to facilitate the formulation of an appropriate diagnosis and suitable disposition for individuals in urgent need of care;

(E) Observation bed-substance use components shall include:

(i) Crisis intervention, as required;

(ii) Initial intake evaluation, including screening for a co-occurring psychiatric disability;

(iii) Diagnostic evaluation and risk assessment;

(iv) Medication evaluation and management;

(v) Discharge planning that helps ensure the continuation of appropriate treatment;

(vi) Laboratory services, when indicated; and

(vii) A physical examination and medical history conducted upon admission; and

(F) Any behavioral health services performed by a staff member who is not a licensed behavioral health professional or a Connecticut certified alcohol and drug counselor shall meet the following conditions:

(i) The staff member is employed by or under contract with the facility;

(ii) The medical director or clinical supervisor has determined that the staff member is

qualified to deliver behavioral health services; and

(iii) The staff member is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health services or a Connecticut certified clinical supervisor.

(16) Outpatient-mental health as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Outpatient-mental health shall be in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability; and

(iii) Is Joint Commission or CARF-accredited or has a board-certified or board-eligible psychiatrist who is responsible for supervising all behavioral health services. If outpatient-mental health is operated by a nonprofit psychiatric facility, the psychiatrist shall be credentialed by DMHAS as specified in this section.

(B) Outpatient-mental health shall include a clinical supervisor with authority over all behavioral health services, who is licensed by the state of Connecticut in a behavioral health services field and has at least three (3) years of full-time work experience in mental health treatment.

(C) The facility operating outpatient-mental health shall deliver emergency psychiatric and emergency medical services, or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care;

(D) Outpatient-mental health components shall include:

(i) Initial intake evaluation, including screening for a co-occurring substance use disorder;

(ii) Diagnostic evaluation and risk assessment;

(iii) Individual and group therapy and, if indicated, family therapy;

(iv) A complete biopsychosocial assessment;

(v) Development of a recovery plan for each individual;

(vi) Psychological testing, when indicated;

(vii) Medication evaluation and management;

(viii) Discharge planning that helps ensure the continuation of appropriate treatment; and

(ix) Referral to self-help programs.

(E) Any behavioral health services performed by a staff member who is not a licensed behavioral health professional shall meet the following conditions:

(i) The staff member is employed by or under contract with the facility;

(ii) The medical director or clinical supervisor has determined that the staff member is qualified to deliver behavioral health services; and

(iii) The staff member is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health

services and is actively pursuing a DPH license in a behavioral health discipline.

(17) Outpatient-substance use as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Outpatient-substance use shall be in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability; and

(iii) Is Joint Commission or CARF-accredited or has a clinical supervisor with authority over all behavioral health services. The clinical supervisor shall have a minimum of a master's degree in a behavioral health services field and at least three (3) years of full-time work experience in substance use disorders treatment, be licensed by the state of Connecticut or certified, as appropriate in his or her respective discipline and be employed by or under contract with the facility.

(B) Outpatient-substance use shall include Connecticut certified alcohol and drug abuse counselors or other staff in related fields with experience in treatment of substance use disorders, who are licensed by the state of Connecticut or certified as appropriate in their respective disciplines and employed by or under contract with the facility;

(C) The organization operating outpatient-substance use shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care;

(D) Outpatient-substance use components shall include:

(i) Initial intake evaluation, including screening for a co-psychiatric disability;

(ii) A biopsychosocial assessment;

(iii) Development of a recovery plan for each individual;

(iv) Individual and group therapy and, when indicated, family therapy;

(v) Referral to a self-help program;

(vi) Discharge planning that helps ensure the continuation of appropriate treatment; and

(vii) Adequate testing for or analysis of drugs of abuse as specified in applicable federal and state statutes and regulations.

(E) Any behavioral health services performed by a staff member who is not a licensed behavioral health professional or a Connecticut certified alcohol and drug counselor shall meet the following conditions:

(i) The staff member is employed by or under contract with the facility;

(ii) The medical director or clinical supervisor has determined that the staff member is qualified to deliver behavioral health services; and

(iii) The staff member is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health services or a Connecticut certified clinical supervisor.

(18) Partial hospitalization-mental health as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Partial hospitalization-mental health shall be in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability; and

(iii) Is Joint Commission or CARF-accredited or has a board-certified or board-eligible psychiatrist who is responsible for supervising all behavioral health services. The psychiatrist shall be credentialed by DMHAS as specified in this section.

(B) Partial hospitalization-mental health shall include the following staff, licensed by the state of Connecticut or certified as appropriate in their respective disciplines and employed by or under contract with the facility:

(i) A clinical supervisor who is licensed by the state of Connecticut in a behavioral health services field and has at least three (3) years of full-time work experience in mental health treatment;

(ii) A registered nurse or other licensed behavioral health professionals;

(iii) Staff from the disciplines of nursing, psychology, social work and occupational therapy;

(iv) Other behavioral health professionals available on a full-time, part-time or consultative basis, as may be appropriate to individual needs.

(C) The organization operating partial hospitalization-mental health shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling access for individuals, when needed, to facilities that offer such care;

(D) Partial hospitalization-mental health components shall include:

(i) Initial intake evaluation, including screening for a co-occurring substance use disorder;

(ii) Diagnostic evaluation and risk assessment;

(iii) A biopsychosocial assessment;

(iv) Individual and group therapy and, when indicated, family therapy;

(v) Rehabilitative social and recreational therapies;

(vi) Development of a recovery plan for each individual;

(vii) Laboratory services, when indicated;

(viii) Pre-vocational and vocational planning;

(ix) Medication evaluation and management;

(x) Psycho-educational and self-help programming; and

(xi) Discharge planning that helps ensure the continuation of appropriate treatment.

(E) Any behavioral health services other than psycho-education and self-help programming performed by a staff member who is not a licensed behavioral health professional shall meet the following conditions:

(i) The staff member shall be employed by or under contract with the facility;

(ii) The medical director or clinical supervisor has determined that the staff member is qualified to deliver behavioral health services; and

(iii) The staff member is actively pursuing behavioral health licensure and is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health services; and

(F) Partial hospitalization-mental health shall deliver to each individual a minimum of four (4) hours per day, three (3) to five (5) days per week, of programming based on an individualized recovery plan that includes not less than one (1) individual or a minimum of one (1) group therapy session per day.

(19) Partial hospitalization (day or evening treatment)-substance use as specified in section 17a-453a-4 of the Regulations of Connecticut State Agencies:

(A) Partial hospitalization (day or evening treatment)-substance use shall be in a facility that:

(i) Meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations;

(ii) Except as provided by state law, maintains professional liability insurance coverage of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate or, if self-insured, provides documentation that it maintains a fiscally sound, dedicated trust or account funded for the purpose of covering professional liability; and

(iii) Is Joint Commission or CARF-accredited or has a licensed physician with experience in providing services for substance use disorders who is responsible for supervising all behavioral health services and is credentialed by DMHAS in accordance with credentialing criteria contained in this section.

(B) Partial hospitalization (day or evening treatment)-substance use shall include a clinical supervisor with authority over all behavioral health services, who has a minimum of a master's degree in a behavioral health services field and at least three (3) years of full-time work experience in substance use disorders treatment, who is licensed by the state of Connecticut or certified as appropriate in his or her respective disciplines and employed by or under contract with the facility;

(C) The organization operating Partial hospitalization (day or evening treatment)-substance use shall deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care;

(D) Partial hospitalization (day or evening treatment)-substance use shall deliver to each individual a minimum of four (4) hours per day, three (3) to five (5) days per week, of programming, inclusive of at least one (1) individual or group therapy session per day;

(E) Partial hospitalization (day or evening treatment)-substance use components shall include:

(i) Initial intake evaluation, including screening for a co-occurring psychiatric disability;

(ii) A biopsychosocial assessment;

(iii) Development of a recovery plan for each individual;

(iv) Individual and group therapy and, when indicated, family therapy;

(v) Psycho-educational programming;

(vi) Vocational or pre-vocational planning;

(vii) Orientation and referral to a self-help program;

(viii) Discharge planning that helps ensure the continuation of appropriate treatment; and

(ix) Adequate testing for or analysis of drugs of abuse as specified in applicable federal and state statutes and regulations.

(F) Any behavioral health services performed by a staff member who is not a licensed behavioral health professional or a Connecticut certified alcohol and drug counselor shall meet the following conditions:

(i) The staff member is employed by or under contract with the facility;

(ii) The medical director or clinical supervisor has determined that the staff member is qualified to deliver behavioral health services; and

(iii) The staff member is under the direct supervision of a licensed behavioral health professional with at least two (2) years of experience in the provision of behavioral health services or a Connecticut certified clinical supervisor.

(d) **Credentialing criteria for practitioners with medical responsibility.**

(1) Any physician responsible for providing medical supervision in a level of care for which the provider is seeking to be credentialed shall apply for separate credentials.

(2) The physician applicant shall:

(A) Hold a current, valid and unrestricted license to practice medicine in the state of Connecticut;

(B) Be certified by the American Society of Addiction Medicine (ASAM) or have at least two (2) years of experience in the treatment of substance use disorders (for substance use disorder treatment services only);

(C) Maintain professional liability insurance coverage of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in aggregate;

(D) Possess a current Drug Enforcement Administration (DEA) certificate; and

(E) Not be subject to any current Medicaid or Medicare sanctions.

(3) As part of the credentialing process, DMHAS shall consider the following factors when determining the physician applicant's suitability to participate in the GABHP:

(A) Any malpractice claim(s) made against the physician applicant that has (have) been settled or otherwise resolved, whether or not a lawsuit was filed in relation to the claim(s);

(B) Any lawsuit, other than a malpractice lawsuit, that is related to the physician applicant's competency to practice or to the physician applicant's conduct in the course of his or her practice, filed against the physician applicant or settled, adjudicated or otherwise resolved;

(C) Insofar as permitted by law, any record of criminal convictions;

(D) Any discipline imposed on the physician applicant for violation of the rules, bylaws or standards of practice of any governmental authority, health care facility, group practice or professional association or society;

(E) Whether the physician applicant's privilege to possess, dispense or prescribe a controlled substance has been surrendered, suspended, revoked, denied or restricted by any state or federal agency;

(F) Whether the physician applicant withdrew a medical license application or was denied a medical license for any reason;

(G) Whether any professional liability insurance carrier terminated, restricted, limited,

imposed a surcharge or co-payment or placed any condition(s) on the physician applicant's professional liability insurance related to his or her professional conduct or competency or whether the physician applicant ever voluntarily terminated, restricted or limited his or her insurance coverage related to an inquiry from the liability insurance carrier;

(H) Whether the applicant has been diagnosed with a medical condition that limits or impairs his or her ability to practice medicine;

(I) Whether the applicant engaged in the use of chemical substance(s) in a way that interferes with his or her ability to practice medicine; and

(J) Whether the applicant participated in continuing education related to his or her area of practice.

(e) **Re-credentialing.**

(1) DMHAS shall re-credential contracted providers every two (2) years. The re-credentialing process shall include updates of information collected in the original credentialing process and review of additional data that includes, but is not limited to:

(A) Eligible recipient complaints;

(B) Results of quality reviews and contracted provider profiles;

(C) Results of utilization management activities;

(D) Results of eligible recipient satisfaction surveys;

(E) Re-verification of hospital privileges;

(F) Re-verification of current licensure or certification or both;

(G) Re-verification of current malpractice and liability insurance or self-funding resources; and

(H) Updates on insurance claims, if any.

(2) Any contracted provider who has been sanctioned by DSS for violations while participating in the Medicaid program shall not be re-credentialed for the GABHP.

(Adopted effective December 7, 2009)