

CONNECTICUT

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Mental Health (MH): Connecticut regulates residential MH treatment identified as a Private Intermediate Treatment Facility (PITF), which is “a facility which provides evaluative, diagnostic, and treatment services in a residential setting for individuals who are experiencing mental, emotional or behavioral problems, disturbances, dysfunctions or disorders as defined in the Diagnostic and Statistical Manual of the American Psychiatric Association, ..., which do not require a hospital level of treatment.”

Substance Use Disorder (SUD): Connecticut maintains two systems of regulation of residential SUD treatment, which can overlap:

- A Private Freestanding Residential Facility for the Care or Treatment of Substance Abusive or Dependent Persons may offer the following levels of care:
 - *Care and Rehabilitation* is a structured and supervised group living experience that includes work therapy.
 - *Intensive Treatment* includes supervision and services which are designed to arrest, reverse, or ameliorate the disorder or problem and motivate the person toward recognizing dependence, needs, and to obtain help and make changes.
 - *Intermediate and Long-Term Treatment* is a structured and supervised group living experience, the aim of which is to arrest, reverse, or ameliorate the problem or disorder and providing ongoing evaluation and activities supportive of integration into educational, vocational, familial or social structures independent of the service.
 - *Residential Detoxification and Evaluation* is a residential service to which a person may be admitted for the management of detoxification from a substance or substances of abuse, for an assessment of needs ,and motivation toward continuing participation in an ongoing treatment process or for a combination of both detoxification and assessment.

- Behavioral Health Recovery Program (BHRP) facilities:
 - *Intensive Residential Treatment* is “a medically necessary, residential behavioral health service delivered in a private freestanding psychiatric hospital, general hospital, state-operated facility or other facility that meets and maintains all applicable licensing and certification requirements of federal and state statutes or

- regulations. ...Intensive residential treatment is delivered within a fifteen (15) to thirty (30) day period”
- *Intermediate or Long-Term Treatment or Care* is “a medically necessary, residential behavioral health service delivered in a facility that meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations pertaining to intermediate or long-term treatment or care and rehabilitation. Each individual shall receive substance use disorder services to address significant problems with his or her behavior and functioning in major life areas due to a substance use disorder and to reintegrate such individual into the community.” Levels include:
 - *Intermediate or Long-Term*
 - *Long-Term Care and Rehabilitation*
 - *Intermediate or Long-Term Transitional or Halfway-House Services*
 - *Medically Managed Residential Detoxification* is a medically necessary, inpatient behavioral health service delivered in a state-operated facility or in a facility that meets and maintains all applicable licensing and certification requirements of federal and state statutes or regulations pertaining to residential detoxification and evaluation that involves treatment of a substance use disorder. Medically managed residential detoxification shall be used when 24-hour medical and nursing supervision are required.

Unregulated Facilities: State staff indicate that all residential MH and SUD facilities in Connecticut are regulated. We exclude from this summary private freestanding MH residential living centers and private freestanding community residences because they do not require delivery of in-house clinical services within the scope of this summary. Rehabilitative services may be provided to some individuals within these settings and that is addressed in the section related to Medicaid and residential facilities at the end of this summary.

Approach

Mental Health (MH) and Substance Use Disorder (SUD): The Connecticut Department of Public Health (DPH) regulates nonstate operated or maintained residential MH treatment and private residential SUD treatment facilities.

Substance Use Disorder (SUD): The Connecticut Department of Mental Health and Addiction Services (DMHAS) relies on policy documents to regulate all private residential SUD treatment facilities that contract with the state or accept Medicaid beneficiaries and all state operated residential SUD treatment facilities. These are the BHRP facilities.

Processes of Licensure or Certification and Accreditation

Mental Health (MH) and Substance Use Disorder (SUD): PITFs and Private Freestanding Residential Facilities for the Care or Treatment of Substance Abusive or Dependent Persons require licensure by the DPH for operation.

- Accreditation is not required.
- A facility is initially licensed for one year.
- According to state staff, site visits are required.
- A Certificate of Need is required.

Substance Use Disorder (SUD): Facilities that wish to be part of the BHRP must apply for credentialing from the DMHAS. Credentialing requires, among other things, licensure by the DPH if the facility is private. After credentialing, the DMHAS may elect to contract with the provider.

- BHRP residential facilities must be Joint Commission or CARF-accredited, although Intensive Residential Treatment and Intermediate or Long-Term Care Treatment may, alternatively, have a clinical supervisor with authority over all behavioral health services. The clinical supervisor must meet specific criteria.
- BHRP credentialing is for a 2 year period.
- According to state staff, site visits are required.

Cause-Based Monitoring

Mental Health (MH): A PITF license may be suspended, revoked, denied or its renewal refused.

Substance Use Disorder (SUD):

- A Private Freestanding Residential Facility for the Care or Treatment of Substance Abusive or Dependent Persons may have its license suspended, revoked, denied or its renewal refused. Refusal to grant the DPH access to the facility or to the facility's record is grounds for denial or revocation of the facility's license.
- For BHRP facilities that offer Medically Managed Residential Detoxification, the DMHAS or its designated agent may conduct audits of a contracted provider's records and may require a corrective action plan to address adverse audit findings, if any.

Access Requirements

Mental Health (MH): Wait-time requirements were not found for adult residential MH facilities.

Substance Use Disorder (SUD): Wait-time requirements were not found but, pursuant to state staff, DMHAS contracts with an Administrative Services Organization that manages authorizations.

Staffing

Mental Health (MH): Each PITF must have an Executive Director who is accountable to the governing body and who meets educational and experiential requirements. Each facility shall designate a psychiatrist who meets specific credentialing requirements to be responsible for diagnostic and treatment services. Each facility must have a sufficient number of staff, qualified by virtue of education and training, to meet the needs of the clients and the programs or services the facility delivers. Each facility must establish a plan to provide initial orientation and ongoing training for staff which clearly describes the type of training necessary to maintain current skills and provide for growth in skill and which relates to the objectives of the services offered.

- Intermediate Treatment Facilities must have a qualified person designated responsible for a program of recreation or creative arts activities and must have a licensed nurse on duty and awake at all times. During sleeping hours, the facility must have at least one direct care staff person on duty and awake for each thirty clients or fraction thereof, and during non-sleeping hours must at no time have less than one direct care staff person on duty for each ten clients or fraction thereof. At no time can there be less than two direct care staff on duty in any intermediate treatment facility.

Substance Use Disorder (SUD):

- Each Private Freestanding Residential Facility for the Care or Treatment of Substance Abusive or Dependent Persons must have an executive director who is accountable to the governing authority. Each facility must have individuals, who meet qualifications as described in the facility's job descriptions and who comply with all mandated state and federal laws, to meet the needs of the clients and the programs or services the facility delivers. Providers of auricular acupuncture must satisfy specific requirements related to training and supervision. Each facility which provides residential services shall have at least, one direct care staff person in each building, when a client is known to be present and who shall have immediate access to back up staff, for urgent or emergency situations.

Employees shall receive orientation to all policies and procedures necessary for them to perform duties specified in their job descriptions and provide for the safety of the clients. Changes in these policies and procedures shall be communicated in a manner prescribed by the executive director. Each facility shall establish and implement a staff development plan.

- Residential Detoxification and Evaluation facilities must have a physician licensed in the State of Connecticut who is designated to direct the medical services of the facility. Such a physician shall have experience or training in providing services for substance dependent persons. A licensed physician must be on-call during those hours when a physician is not physically present. A licensed registered nurse must be designated to direct the nursing services of the facility. Such a registered nurse must have experience or training in providing services for substance dependent persons. There must be on each shift at least one registered nurse who is currently licensed in the State of Connecticut. In each separate Residential Detoxification and Evaluation unit, there must be at all times a licensed nurse and other direct care staff on duty to meet the needs of the clients. There must be a physician, currently licensed in the State of Connecticut and who is eligible to be certified by the American Board of Psychiatry and Neurology; or, a clinical psychologist, currently licensed in the State of Connecticut, to provide psychological evaluation and treatment when necessary. There shall be a pharmacist, currently licensed in the State of Connecticut, who is responsible for the supervision of the pharmaceutical services.
- Particular to Intensive Treatment Facilities, there must be a licensed physician who is eligible to be certified by the American Board of Psychiatry and Neurology to provide psychiatric diagnosis or treatment when necessary, or, a licensed psychologist to provide psychological evaluation and treatment when necessary.
- BHRP facilities:
 - For Intensive Residential Treatment, 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 specified conditions. To satisfy credentialing, the facility must 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, with specified education, experience, and credentials; and (ii) A sufficient number of staff to meet the needs of individuals.
 - For Intermediate or Long-Term Treatment or Care, 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 specified conditions.
 - For Medically Managed Residential Detoxification, services include medical supervision and management as indicated by a licensed physician and inclusive of laboratory assessments. To satisfy credentialing, the facility 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 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.

Placement

Mental Health (MH): PITFs must have admission policies and criteria and each client record shall contain a comprehensive written assessment written within 15 days of admission and include identification of individual needs of the client as well as the approaches to meet each identified need (i.e., psychiatric, psychological, recreational, creative arts, dietary, nursing and social work as applicable).

Substance Use Disorder (SUD):

- Private Freestanding Residential Facilities for the Care or Treatment of Substance Abusive or Dependent Persons must have admission policies and criteria and each client record shall have documentation, at the time of admission, of an initial assessment which identifies the client's appropriateness for participation in the facility.
 - For Residential Detoxification and Evaluation Facilities, preliminary assessments include a medical history and physical examination within 24 hours of admission, diagnostic tests as determined by the physician within 72 hours of admission, and an initial drug-screening urinalysis upon admission if the substance of abuse is other than alcohol.
 - For Intensive Treatment, Intermediate and Long Term Treatment and Rehabilitation and Care and Rehabilitation Facilities, each client must have a documented physical examination not more than one month prior to or an appointment scheduled not later than five days after admission.
- BHRP facilities: Facility credentialing requirements for intake include:
 - Intensive Residential Treatment: initial intake evaluation, including screening for a co-occurring psychiatric disability; a complete biopsychosocial assessment; development of a recovery plan for each individual; orientation and referral to a self-help program; and discharge planning that helps ensure the continuation of appropriate treatment.
 - Intermediate or Long-Term Treatment or Care: initial intake evaluation, including screening for a co-occurring psychiatric disability; and a biopsychosocial assessment.
 - Medically Managed Residential Detoxification: initial intake evaluation, including screening for a co-occurring psychiatric disability; a physical examination including a medical history upon admission, inclusive of laboratory testing; a diagnostic evaluation and risk assessment; and a biopsychosocial assessment.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): PITF: A comprehensive individualized care plan is required within 30 days of admission and must be reviewed at least every 60 days. No requirements were found for discharge or aftercare planning although the facilities must have discharge policies.

Substance Use Disorder (SUD):

- For a Private Freestanding Residential Facility for the Care or Treatment of Substance Abusive or Dependent Persons, an individualized program plan based on the client's needs must be initiated at the time of admission and, for facilities providing care and rehabilitation or intermediate and long term treatment and rehabilitation, it must be reviewed no later than 30 days after admission. Discharge planning is required.
 - Intermediate and Long Term Treatment and Rehabilitation facilities review the individualized program plan at least every 60 days thereafter.
 - Care and Rehabilitation facilities review the plan every 90 days thereafter for the first year and at least every 180 calendar days thereafter.
 - Each Residential Detoxification and Evaluation facility shall modify the individual program plan as needed until the client is discharged.
 - Each Intensive Treatment facility shall review the individualized program plan on a weekly basis.

- BHRP facilities: All contracted providers must develop a recovery plan which meets specific requirements and is regularly reviewed. All contracted providers must develop a discharge plan that helps ensure the continuation of appropriate treatment and, if the person is admitted to Medically Managed Residential Detoxification, Intensive Residential Treatment, Intermediate or Long-Term Treatment or Care, participate in a discharge plan review. As part of credentialing, the following also is required:
 - Intermediate or Long-Term Treatment or Care discharge planning must include orientation and referral to a self-help program.
 - Medically Managed Residential Detoxification discharge planning must include the offering of referrals to self-help programs.

Treatment Services

Mental Health (MH): Specific treatment requirements were not located for PITFs other than the description provided above under Types of Facilities.

Substance Use Disorder (SUD):

- Specific treatment requirements were not located for a Private Freestanding Residential Facility for the Care or Treatment of Substance Abusive or Dependent Persons, other than a statement that auricular acupuncture may be used.
- For BHRP facilities, additional treatment services are required as part of facility credentialing:
 - For Intensive Residential Treatment, the organization operating intensive residential treatment must deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care. Intensive Residential Treatment must deliver to each individual a minimum of thirty (30) hours per week of substance use disorder services; orientation and referral to a self-help program; adequate testing for or analysis of drugs of abuse as specified in applicable federal and state statutes and regulations; and vocational and pre-vocational planning.
 - Intermediate or Long-Term Treatment or Care facilities must deliver emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care; orientation and referral to a self-help program; adequate testing for or analysis of drugs of abuse as specified in applicable federal and state statutes and regulations; vocational and pre-vocational planning; and one of the following must be delivered to each individual: (I) A minimum of twenty (20) hours per week of SUD services by facilities licensed for and delivering Intermediate and Long-Term Treatment; or (II) A minimum of twenty (20) hours per week of SUD 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 SUD services by facilities licensed for intermediate and long-term treatment and identified as providing transitional or halfway house services. If the facility is licensed for Intermediate or Long-Term Residential Treatment and delivers transitional or halfway-house services, a minimum of four (4) hours per week of SUD services must be delivered to each individual.
 - Medically Managed Residential Detoxification must include emergency psychiatric and emergency medical services or maintain written agreements enabling immediate access for individuals, when needed, to facilities that offer such care; medical supervision and management of withdrawal from a substance, as indicated by a licensed physician and inclusive of laboratory assessments; and individual, group and, when indicated, family therapy. These facilities must deliver 24-hour substance use evaluation and withdrawal management.

Patient Rights and Safety Standards

Mental Health (MH): PITFs are subject to requirements regarding responding to critical incidents.

Substance Use Disorder (SUD):

- Any Private Freestanding Residential Facility for the Care or Treatment of Substance Abusive or Dependent Persons is subject to requirements regarding responding to critical incidents. In addition, each client must be informed of his or her rights relating to the services provided in the language of his or her understanding.
 - For Residential Detoxification and Evaluation Facilities, physical restraints may be utilized only when there is imminent danger to the client or others and when other alternatives have not been successful or are not applicable. Specific conditions for the restraint must be met.
- BHRP facilities: The regulations include requirements for reporting critical incidents.

Quality Assurance or Improvement

Mental Health (MH): Each PITF must have established goals and objectives appropriate to the population served and program model. Each facility must establish a program evaluation process, which will determine the degree to which these goals and objectives are being met. Documentation of corrective action is based on this evaluative process.

Substance Use Disorder (SUD):

- Each Private Freestanding Residential Facility for the Care or Treatment of Substance Abusive or Dependent Persons must have established goals and objectives related to the client population served. Each facility must establish an annual program evaluation, which will determine the degree to which these goals and objectives are being met. Action taken by the facility, based on this evaluation process, is documented. Providers must develop and implement a structured and ongoing process to assess, monitor, and improve the quality and effectiveness of services provided to individuals and their families. Additionally, the facility must establish a quality assurance program to address the use of computerized systems for the maintenance of client records and the administration of medication. The quality assurance program must include, but not necessarily be limited to, monitoring compliance with all policies and procedures for the use of such systems. Each facility that elects to use auricular acupuncture must maintain a program for quality assurance that includes, but is not limited to, infection prevention, surveillance and monitoring of adverse reactions and monitoring compliance with policies and procedures for auricular acupuncture.

- BHRP facilities:
 - For Medically Monitored Residential Detoxification, the contracted provider must submit to the DMHAS or its designated agent timely and accurate information in a format to be specified. This information includes, but is not limited to, the following: (1) Demographic data regarding the eligible recipients served; (2) Descriptions of covered behavioral health services delivered; (3) Descriptions of the contracted provider's staff sufficient for the DMHAS to assess the agency's cultural competency; (4) Treatment outcomes; (5) Results of risk assessment screenings; and (6) A critical incident review summary, including recommendations, in the format and manner specified by the department.

Governance

Mental Health (MH): PITFs must have a governing body responsible for the management and operation of the facility. Among other responsibilities, the governing body must adopt and implement policies as specified in the regulations.

Substance Use Disorder (SUD):

- A Private Freestanding Residential Facility for the Care or Treatment of Substance Abusive or Dependent Persons must have a governing body responsible for the management and operation of the facility. Among other responsibilities, the governing body must adopt and implement policies as specified in the regulations.
- BHRP facilities: No requirements for governance was identified.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): No requirements regarding special populations in adult residential behavioral health treatment were located.

Location of Regulatory and Licensing Requirements

Department of Public Health regulations¹; Institution Licensing statute²; Behavioral Health Recovery Program Policies³. Regulatory data collected September 28, 2019.

¹ See https://eregulations.ct.gov/eRegsPortal/Browse/RCSA/Title_19aSubtitle_19a-495/.

² See https://www.lawserver.com/law/state/connecticut/ct-laws/connecticut_statutes_19a-490.

³ See <https://portal.ct.gov/-/media/DMHAS/MSD/BHRPpoliciespdf.pdf?la=en>.

Other Information Sources

L. Siembab, Y. Addo, C. Harrington (DMHAS); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

CONNECTICUT MEDICAID

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Approach

The Connecticut Department of Social Services (DSS) oversees the state Medicaid program with many behavioral health services provided via the Connecticut Behavioral Health Partnership (CBHP). Connecticut does not have a relevant Section 1115 demonstration. It has historically relied to some extent on Disproportionate Share Hospital (DSH) payments but not the in lieu of provision to reimburse services in IMDs.

Types of Facilities

Mental Health (MH): The Connecticut Medicaid program does reimburse for rehabilitation services provided to some residents in Private Non-Medical Institutions (PNMIs). These are provided pursuant to a state plan amendment and state Medicaid regulations, the latter of which incorporate the following definition of *Group Home* as “a privately operated, community-based residential facility that serves sixteen or fewer adult clients.” Among other things, to receive reimbursement, the group home must have provided one qualifying billable unit of service for that month. In addition, the Connecticut Behavioral Health Partnership (CBHP) fee schedule includes codes⁴ for “Private Non-Medical Institutional Services,” as a special service. Room and board are not included.

Substance Use Disorder (SUD): Facilities credentialed by DMHAS as BHRP facilities may accept Medicaid enrollees. The CBHP fee schedule includes codes for ambulatory detoxification⁵ and the CBHP provider manual⁶ identifies residential detoxification, free standing detoxification, and substance abuse residential rehabilitation as covered services.

⁴ See

https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=refw242_feesched_sserv_30.csv&URI=fee_schedules/refw242_feesched_sserv_30.csv.

⁵ See

https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=refw242_feesched_fsatc_14.csv&URI=fee_schedules/refw242_feesched_fsatc_14.csv.

⁶ See http://www.ctbhp.com/providers/manuals/Provider_Handbook-Complete_Edition.pdf.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): To be enrolled as a Medicaid provider in Connecticut, the provider must, among other things, apply and sign a provider agreement. An enrollment may be terminated. A Medicaid provider must meet and maintain all applicable licensing, accreditation, and certification requirements.

Mental Health (MH): To provide PNMI rehabilitative services eligible for Medicaid reimbursement, the provider must, among other things, enroll with the Department, have a valid provider agreement, follow all laws and policies that apply for reimbursement, be licensed by the DPH as either a private freestanding mental health residential living center or a private freestanding community residence, be certified by the DMHAS as a provider of mental health rehabilitation services, and meet the requirements for participation in the Medicaid program as a provider of PNMI rehabilitative services. Providers are subject to audit. According to state staff, DMHAS Regional Managers perform site visits to ensure compliance with the state plan amendment and licensure requirements.

Staffing

Mental Health (MH): To provide reimbursable PNMI rehabilitative services, the provider must provide an initial orientation, training and periodic supervision to direct service staff related to the provision of rehabilitative services and ensure that all group home staff are certified in first aid and cardiopulmonary resuscitation. Minimum education and experiential requirements are established for the facility director and direct service staff.

Substance Use Disorder (SUD): No evidence of Medicaid-based staffing requirements for residential treatment facilities for adults was located other than the requirements for BHRPs.

Placement

Mental Health (MH): To receive reimbursable PNMI rehabilitative services, the Medicaid enrollee must: (1) have a mental illness so serious and disabling as to require care in a group home setting; (2) be sufficiently stable to be able to function outside of a twenty-four hour medically managed setting and participate in community-based treatment services; and (3) have functional disabilities secondary to serious and persistent mental illness and such disabilities are so great as to require that the client reside in a non-medical residential setting with rehabilitative services and supports. Prior authorization is required and may be given for up to six months with an extension possible upon request for another six months.

Substance Use Disorder (SUD): The CBHP provider manual requires use of the ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders: Third Edition (ASAM PPC-3). Requirements for BHRPs also apply.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): The CT BHP provider manual includes a general expectation that all providers to develop a treatment and recovery plan with the member and the member's family as appropriate. The content of the treatment plan may vary depending on the complexity of the member's needs, the array of services being provided, and the duration of the episode of care. Nevertheless, Care Managers and Intensive Care Managers talk with providers about the member's treatment and discharge plan as part of every review process. Discharge planning is expected to begin at admission.

Mental Health (MH): To provide reimbursable PNMI rehabilitative services, the provider must develop an individual residential rehabilitation plan for each client not later than 30 days after admission to the program. The plan must contain specific behavioral health goals and objectives that are based on mental health diagnosis and diagnostic and functional evaluation and are targeted toward the maximum reduction of a client's behavioral health symptoms, restoration of functioning, and recovery, and shall identify the type, amount, frequency and duration of services to be provided. To receive payment, among other things: (1) For up to 30 days of a PNMI client's initial stay in a PNMI program, the PNMI rehabilitative services shall be provided in accordance with an initial assessment of need that is completed and signed by a licensed clinician. This assessment shall, for up to thirty days of a PNMI client's initial stay, be utilized as the individual residential rehabilitation plan. (2) After the first 30 days of a client's stay in a PNMI program, the PNMI rehabilitative services shall be provided in accordance with a written individual residential rehabilitation plan. This plan shall be reviewed and signed by the licensed clinical staff employed by, or under contract with, the performing provider at least every 90 days thereafter.

Substance Use Disorder (SUD): Requirements for BHRPs apply.

Treatment Services

Mental Health (MH): PNMI rehabilitative services are designed to assist individuals with a serious and persistent mental illness to achieve their highest degree of independent functioning and recovery. These services include the following, depending upon the needs of each client and the individual rehabilitation plan: (1) Intake and assessment; (2) Development of an individual residential rehabilitation plan; (3) Socialization skills development; (4) Behavior management training and intervention; (5) Supportive counseling directed at solving daily problems related to community living and interpersonal relationships; (6) Psycho-educational

groups pertaining to the alleviation and management of psychiatric disorders; (7) Teaching, coaching and assisting with daily living and self-care skills; (8) Assistance in developing skills necessary to support a full and independent life in the community; (9) Support with connecting individuals to natural community supports; (10) Orientation to, and assistance with, accessing self help and advocacy resources; (11) Development of self-advocacy skills; (12) Health education; (13) Teaching of recovery skills in order to prevent relapse; (14) Other rehabilitative support necessary to develop or maintain social relationships, to provide for independent participation in social, interpersonal or community activities and to achieve full community reintegration; and (15) Individual, family, and group counseling.

Substance Use Disorder (SUD): Requirements for BHRPs apply.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): A primary responsibility of all providers is to proactively identify potential medical needs of CBHP members to whom they are providing behavioral health care services and work with CBHP Care Managers and the member's health care providers to assure that both physical and behavioral health care needs are met.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): The CBHP provider manual includes information on the general BHP quality program and identifies opportunities for network providers to participate in the quality program and provider responsibilities that include but are not limited to maintaining an internal quality management program to ensure that opportunities for improvement are identified and appropriate actions are implemented. The CBHP agent also conducts provider site visits for quality review.

Substance Use Disorder (SUD): Requirements for BHRPs apply.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): No Medicaid requirements regarding special populations in adult residential behavioral health treatment were located.

Location of Medicaid Requirements

CT Provider Enrollment Manual⁷; CBHP Provider Manual⁸; Department of Social Services Regulations for Payment of Mental Health Rehabilitation Services in a PNMI⁹; State Plan Amendments #3 and 4¹⁰. Regulatory data collected January 2020.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report **“State Residential Treatment for Behavioral Health Conditions: Regulation and Policy”**. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

⁷ See

https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=ch2_requirements_for_provider_participation.pdf&URI=Manuals/ch2_requirements_for_provider_participation.pdf.

⁸ See http://www.ctbhp.com/providers/manuals/Provider_Handbook-Complete_Edition.pdf.

⁹ See https://eregulations.ct.gov/eRegsPortal/Browse/RCSA?id=Title_17bSubtitle_17b-262Section_17b-262-758&content=%20Private%20Non-Medical%20Institutions/.

¹⁰ See <https://portal.ct.gov/DMHAS/Divisions/Community-Services-Division/PLC-Mental-Health-Group-Homes#amendment>.