

## Certified Community Behavioral Health Clinic (CCBHC)

### Provider Type 16

### CCBHC 2 Year Demonstration

### [908 KAR 1:370](#)

#### **Notice to Providers:**

- All Providers and individual provider services sites must be certified by the State Medicaid agency before enrollment.
- Upon request, providers may be subject to an onsite inspection.

#### **Information about the Program:**

- Provider can only be an entity, not an individual.
- A valid NPI and Taxonomy Code for Ambulatory Health registered with NPPES. (Recommended 261QC1500X)
- Provider must have a permanent physical location.
- All physical locations are required to be registered with DMS.
- Provider's primary physical location must be in Kentucky, and the provider must contact the [Office of Inspector General \(OIG\)](#) for a survey/license. DMS will not assign a provider number to facilities unless a survey/license has been received.
- No Out of State Enrollments.
- Provider must have AODE (Alcohol and Other Drug Treatment Entity) Outpatient license.

#### **New Provider Application, Revalidation and Maintenance Information:**

- All provider applications (new enrollment, revalidations, and maintenance items) are now completed using the **KY Medicaid Partner Portal Application** (KY MPPA website).

#### **Supporting Documentation Required for New Provider Enrollment, Revalidation and Maintenance Tasks:**

- DMS CCBHC Certification Letter (on official DMS letterhead) listing each CCBHC service site.
- Outpatient Alcohol and Other Drug Entity (AODE) license (must be current and reflect the requested enrollment date). If extension sites are established, addresses for each site are required. A letter of approval from the Kentucky [Office of Inspector General \(OIG\)](#) should be provided in conjunction with the AODE license.
- **If** applicable, Medical Professionals (MD and APRN) prescribing buprenorphine for medication assisted treatment related to opioid use treatment, must submit a XDEA Waiver license documenting the number, issue date, and the capacity to prescribe.
- [Clinical Laboratory Improvement Amendments \(CLIA\) certificate](#) (if applicable) (must be current and reflect the requested enrollment date). CLIA address must match primary physical address.
- IRS letter of verification of FEIN or official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- If the provider chooses to enroll in direct deposit, verification of the bank routing/accounting numbers, such as voided check or bank letter, is required.

#### **The following INDIVIDUAL provider types can link to this provider type:**

PT 62 – Licensed Professional Art Therapist  
PT 63 – Applied Behavior Analyst  
PT 64 – Physician (XDEA)  
PT 67 – Licensed Clinical Alcohol and Drug Counselor  
PT 78 – Advanced Practice Registered Nurse (XDEA)  
PT 79 – Speech Language Pathologist  
PT 81 – Licensed Professional Clinical Counselor  
PT 82 – Licensed Clinical Social Worker  
PT 83 – Licensed Marriage and Family Therapist  
PT 84 – Licensed Psychological Practitioner  
PT 87 – Physical Therapist  
PT 88 – Occupational Therapist  
PT 89 – Licensed Psychologist  
PT 95 – Physician Assistant

**KY Medicaid Partner Portal Application (KY MPPA):**

**Link to Enroll as a Kentucky Medicaid Provider:**

<https://medicaidsystems.ky.gov/Partnerportal/home.aspx> and click **Let's Get Started**

**Link to the Kentucky Medicaid Partner Portal Application (KY MPPA):**

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx>

Where providers can:

- Register for a KY MPPA account
- Access KY MPPA training resources
- Register for or view pre-recorded webinars
- Subscribe to CHFS email for updates