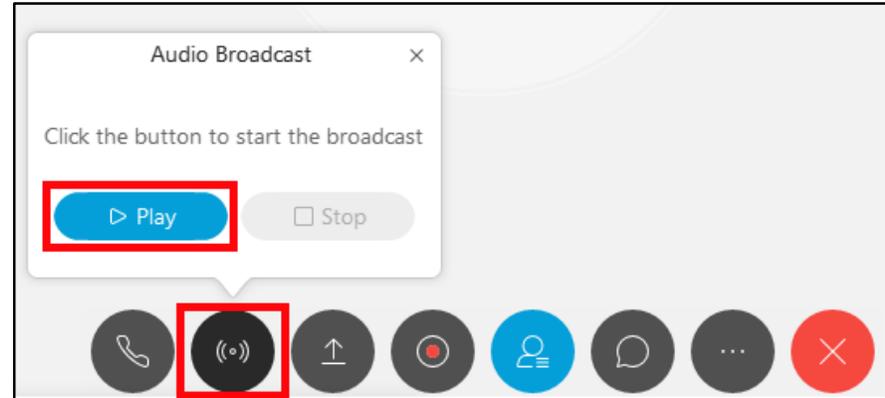


The SUD Provider Webinar will begin shortly!

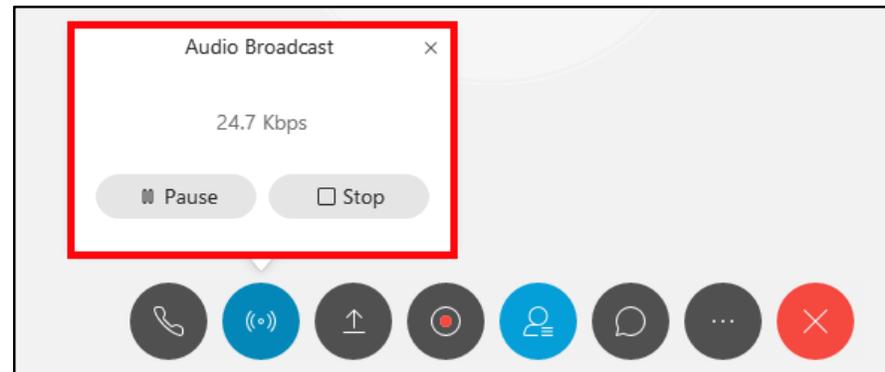


Webinar Audio Instructions

- 1) Navigate to the "Audio Broadcast" icon on the bottom of the webinar screen
- 2) Click on the "**Audio Broadcast**" icon and select "**Play**" on the Audio Broadcast pop-up



- 3) Once turned on, the Audio Broadcast pop-up should look as follows:



- 4) The audio will begin streaming through the computer once the webinar begins

If you experience any webinar issues, please contact KYHealthTeam@ky.gov



Commonwealth of Kentucky
Kentucky HEALTH Change Management:
Substance Use Disorder (SUD) 1115 Demonstration Update
June 17, 2019

Agenda

Topic

Presenters

Welcome/Introduction

Hannah Welch, Communications Team

SUD 1115 Demonstration Overview

Ann Hollen, Senior Behavioral Health Policy Advisor

Submitted State Plan Amendment (SPA) Changes

Sherri Staley, Behavioral Health Specialist

Proposed Regulation Changes

Angela Sparrow, Behavioral Health Specialist

Partner Portal Changes & Required Maintenance Updates

Sapna Sairajeev, Medicaid/ Medicare Services Specialist III

Claims Additional Information

Angela Sparrow, Behavioral Health Specialist

Training Objectives

By the end of training, you should be able to:

SUD 1115 Demonstration Training Objectives:

- Receive updates on submitted State Plan Amendment (SPA) changes to Center for Medicare and Medicaid Services (CMS)
- Understand Chapter 15 regulation changes
- Be informed of Partner Portal changes and provider requirements

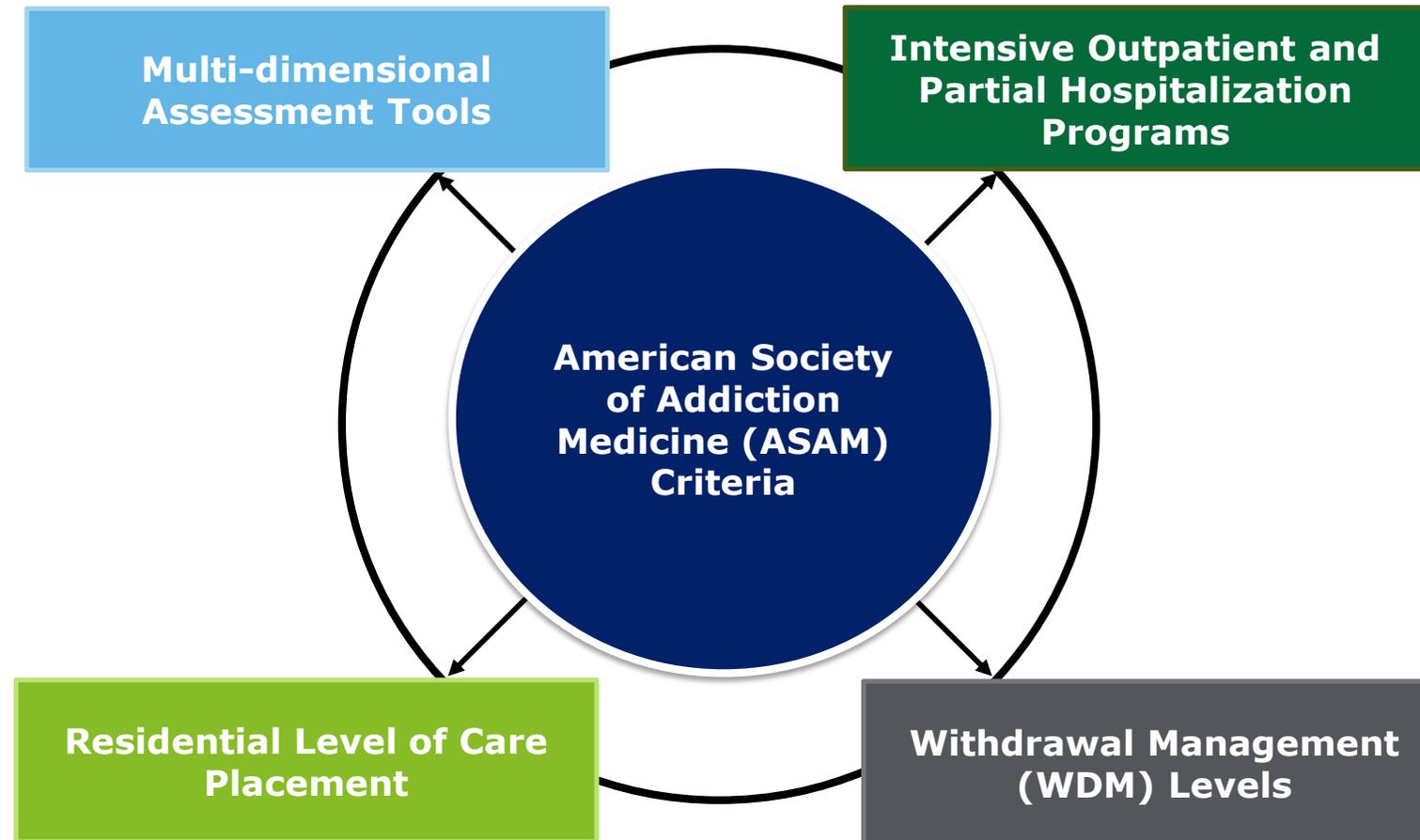
The approved Implementation Plan can be located by clicking [HERE](#) or by navigating to:

<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ky/health/ky-health-sud-implement-protocol-apprvl-10052018.pdf>

State Plan Amendment (SPA) Updates

State Plan Amendment (SPA) Updates

Providers will be required to utilize the current edition of "*The American Society of Addiction Medicine (ASAM) Criteria*" for recipients receiving SUD treatment. The criteria outlined in "ASAM" should be applied to the utilization of the following services:



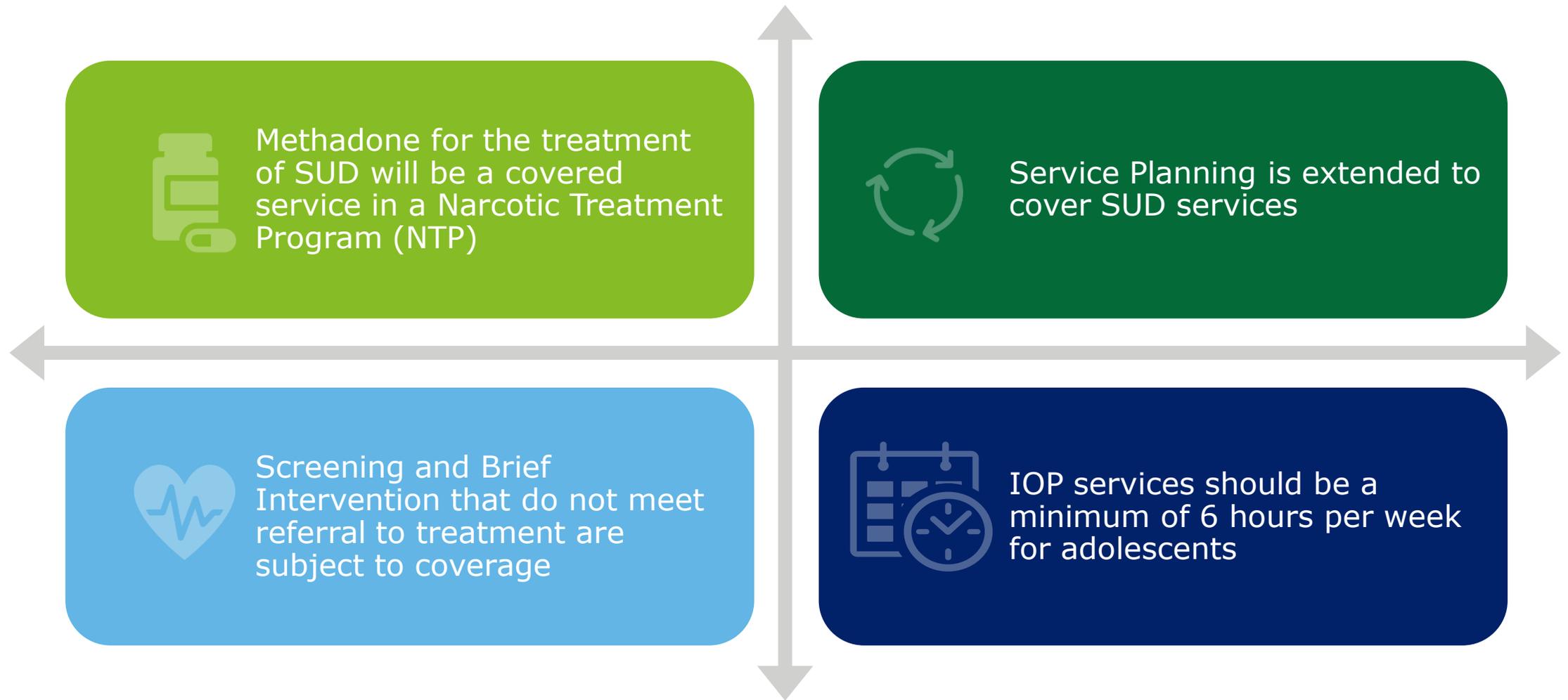
Peer Supports

- Except for engaging recipients into SUD treatment through ED Bridge Clinics, peer support should be identified in a recipients treatment plan within 30 days.
- Peer led groups are limited to a maximum of 8 individuals at a time.
- Peer Support Specialist are permitted a maximum of 120 units of direct recipient contact per week.

Supervision

- Physician Assistants do not require billing supervision for Medicaid.
- Non-licensed professionals including Peer Support Specialist and Community Support Associates require supervision by independently licensed behavioral health practitioners
- Registered Behavioral Technician (RBT) are allowable rendering professionals under supervision of a Licensed Behavioral Analyst (LBA).

State Plan Amendment (SPA) Continued



QUESTIONS: State Plan Amendment (SPA) Updates

Take 5 minutes to type questions into the questions box on your screen. The presenters will choose several questions to answer out loud. The reminder of the questions will be addressed in the FAQ document.

907 KAR 15:005

Definitions for 907 KAR Chapter 15

Updated the following definitions:

- "Approved Behavioral Health Practitioner"
- "Approved Behavioral Health Practitioner under supervision"
- "Behavioral Health Service Organization"
- "Face-to-face"

Added the following definitions:

- "ASAM Criteria"
- "Co-occurring Disorder"
- "Medication Assisted Treatment"
- "Registered Behavioral Technicians"
- "Telehealth"
- "Withdrawal Management"

907 KAR 15:010

Coverage provisions and requirements regarding behavioral health services provided by individual approved behavioral health practitioners, behavioral health provider groups, and behavioral health multi-specialty groups.

Included plan of care requirements:



Recipients receiving services for SUD treatment shall have a plan of care in accordance with those established in **908 KAR 1:370, Section 19.**



Multi-Specialty Groups (MSG)

Multi-Specialty Groups (MSG) providing SUD treatment shall possess an Alcohol and Other Drug Entity (AODE) license pursuant to 908 KAR 3:170 and 3:174



Medical Professionals

Medical professionals providing behavioral health services in an MSG shall possess a psychiatric or addictionology specialty if providing SUD services.

15:010 - Section 3: Covered Services



- When assessing for SUD, practitioners shall utilize a multidimensional assessment according to the most recent edition of the "ASAM Criteria"



- Intensive Outpatient Programs providing services for SUD should meet the service criteria outlined in the most recent edition of the ASAM Criteria including the following components: Support systems, Staffing and Therapies.
 - IOP should be provided at least 6 hours per week for adolescents



- Service Planning can be provided for SUD or co-occurring disorders, and shall be signed by the recipient

Peer Support Services should be incorporated into the plan of care except for when engaging a recipient into SUD treatment through ED Bridge Clinics

01

When provided in a group setting, the group shall not exceed more than 8 individuals at one time

02

Peer support specialist may not provide more than 120 units of direct recipient contact per week



Therapeutic Rehabilitation Programs (TRP) should include:

- Individualized plan of care identifying measurable goals and objectives including discharge and relapse prevention planning
- Coordination of services the individual may be receiving and referral to other necessary support services as needed



Program staffing should include:

- Licensed clinical supervision, consultation and support to direct care staff
- Direct care staff to provide scheduled therapeutic activities and support



Withdrawal Management (WDM):

- WDM *is not* a stand alone service
- Should be provided in accordance with the "ASAM Criteria" levels in a clinically monitored or managed outpatient setting
- Should comply with **908 KAR 1:374, Section 2**



WDM may be Provided by:

- A behavioral health multi-specialty group
- Behavioral health provider group
- An approved behavioral health practitioner or behavioral health practitioner under supervision, with oversight by a MD, APRN or PA.

Medication Assisted Treatment (MAT) should be provided by an authorized prescriber who is an:



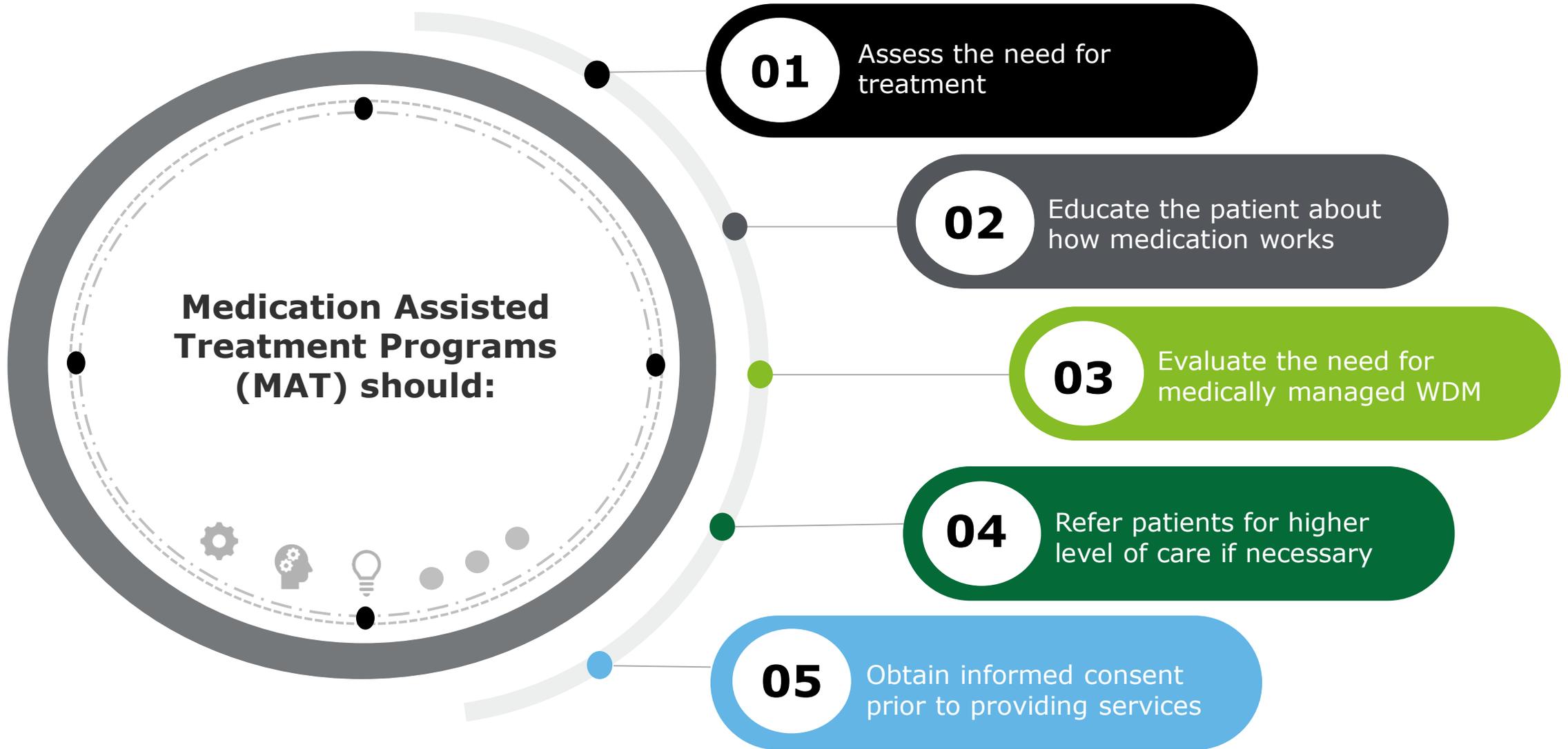
MD or APRN with experience and knowledge in addiction medicine



If prescribing buprenorphine a current SAMSHA DEA waiver is required

If MAT therapy components are not provided within the same location as the prescriber, linkage to appropriate behavioral health treatment providers who specialize in SUD is required

MAT may be provided in behavioral health provider group or multi-specialty group operating in accordance with 908 KAR 1:374, Section 7.



15:010 - Section 3: Covered Services Continued

Limited laboratory services shall be reimbursable in accordance with 907 KAR 1:028 when provided in a behavioral health provider group or behavioral health multi-specialty group *if*:

01

The provider has the appropriate CLIA certificate to perform the service

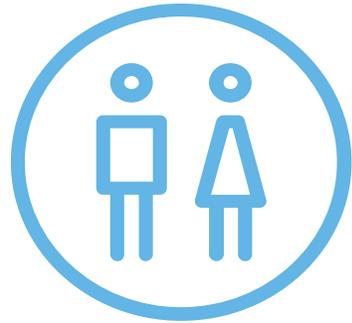


02

The services are prescribed by a MD, APRN or PA who have a contractual relationship with the provider



Service notes should indicate if the service was provided via:



Face-to-face



Telehealth

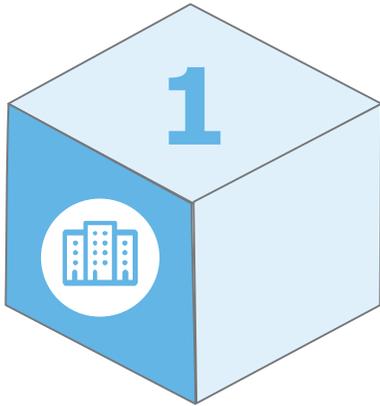
907 KAR 15:015

Reimbursement provisions and requirements for behavioral health services provided by individual approved behavioral health practitioners, behavioral health provider groups, or behavioral health multi-specialty groups.

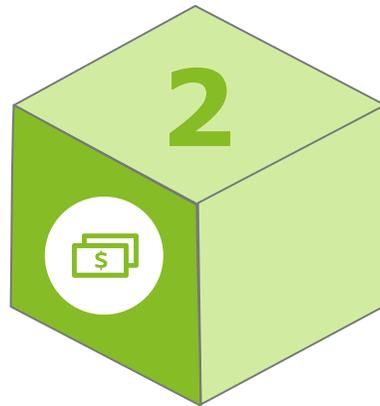
- Physician Assistants (PA) is paid 63.75 percent of the rate on the Kentucky-specific Medicare Physician Fee Schedule
- Reimbursement will be made for services eligible to be provided by each individual behavioral health practitioner, provider group or multi-specialty group established and pursuant to 907 KAR 15:010.

907 KAR 15:020

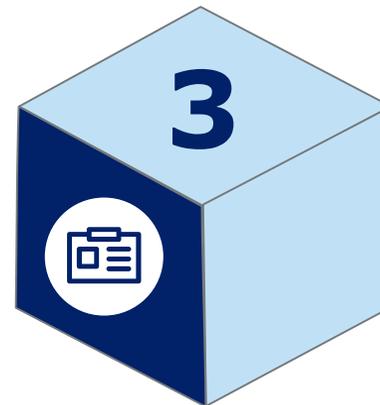
**Coverage provisions and requirements
regarding services provided by behavioral
health service organizations for mental health
treatment**



A behavioral health service organization (BHSO) shall provide access to emergency services 24/7



A BHSO I will not be reimbursed for SUD outpatient or residential services



A BHSO I is required to obtain licensure pursuant to 902 KAR 20:430 and shall obtain accreditation within one year of initial enrollment

15:020 - Section 3: Covered Services

The following practitioners are not eligible to provider services in a BHSO I:



Medical professionals providing behavioral health services in a BHSO I shall possess a psychiatric specialty



Peer Support led groups shall not exceed more than 8 individuals at one time



Peer support specialist may not provide more than 120 units of direct recipient contact per week



IOP services shall be provided at least 6 hours per week for adolescents



Individual, Family or Group Therapy should not exceed more than three (3) hours per day alone or in combination with any other outpatient therapy unless additional time is medically necessary.



1

Medication prescribing and monitoring is no longer included in the monthly per diem for Assertive Community Treatment (ACT)



2

Registered Behavioral Technicians (RBT) are allowable professionals to provide appropriate services where indicated



Therapeutic Rehabilitation Programs (TRP) should include:

- Individualized plan of care identifying measurable goals and objectives including discharge and relapse prevention planning
- Coordination of services the individual may be receiving and referral to other necessary support services as needed



Program staffing should include:

- Licensed clinical supervision, consultation and support to direct care staff
- Direct care staff to provide scheduled therapeutic activities and support

Partial Hospitalization in a BHSO I shall be:

01

Short term, less than 24 hours per day and at least 4 hours per day



02

Should consist of individual, family and group therapies and medication management



03

Have agreements with local educational authorities

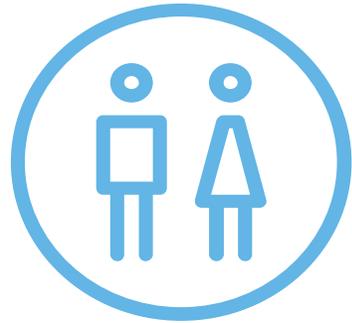


04

Be provided with a MD, APRN or PA available on site, with a psychiatrist available for consultation



Service notes should indicate if the service was provided via:



Face-to-face

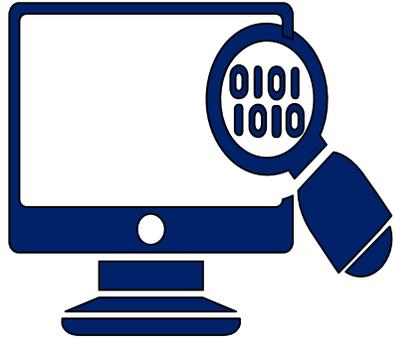


Telehealth

907 KAR 15:022

Coverage provisions and requirements regarding services provided by behavioral health service organizations for substance use disorder treatment and co-occurring disorders.

Included plan of care requirements:



A plan of care shall meet the plan of care requirements established in **908 KAR 1:370, Section 19.**

15:022 - Section 2: Provider Participation

A behavioral health service organization (BHSO II and III) shall provide access to emergency services 24/7.

A BHSO II

- Will not be reimbursed for residential SUD treatment
- Is required to obtain licensure pursuant to **908 KAR 1:370 and 1:374** and
- Shall obtain accreditation within one year of initial enrollment

A BHSO III

- Will not be reimbursed for outpatient SUD treatment
- Is required to obtain licensure pursuant to **908 KAR 1:370 and 1:372** and
- Shall obtain accreditation within one year of initial enrollment

15:022 - Section 3: Covered Services

The following practitioners are not eligible to provider services in a BHSO I:



Medical professionals providing behavioral health services in a BHSO II or III shall possess a psychiatric or addictionology specialty

When assessing for SUD, practitioners shall utilize a multidimensional assessment according to the most recent edition of the ASAM Criteria to determine the most appropriate level of care placement

Intensive Outpatient Programs providing services for SUD should meet the service criteria outlined in the most recent edition of the ASAM Criteria including the following components: Support systems, staffing and therapies.

- IOP should be provided at least 6 hours per week for adolescents



Peer Support led groups shall not exceed more than 8 individuals at one time



Peer support specialist may not provide more than 120 units of direct recipient contact per week



Service Planning can be provided for SUD or co-occurring disorders, and shall be signed by the recipient



Individual, Family or Group Therapy should not exceed more than three (3) hours per day alone or in combination with any other outpatient therapy unless additional time is medically necessary.



Residential SUD Services shall be provided in a BHSO III and meet the "ASAM Criteria" for residential level of care placement.



Care coordination should include:

- Referral to appropriate community services
- Facilitation of follow ups and
- Linking recipient to appropriate level of SUD treatment



Length of stay shall be person-centered and according to an individually designed plan of care.

15:022 - Section 3: Covered Services Continued

Withdrawal Management (WDM) *is not* a stand alone service

When provided in a BHSO II outpatient setting:

- Shall comply with **908 KAR 1:374, Section 2** and
- Be provided by a MD, APRN, PA or approved behavioral health practitioner with oversight by a MD, APRN or PA.

When provided in a BHSO III residential setting:

- Shall comply with **908 KAR 1:372, Section 2** and
- Be provided by a MD, APRN, PA.

WDM should be provided in accordance with the "ASAM Criteria"



Medication Assisted Treatment (MAT) should be provided by an authorized prescriber :

- MD or APRN with experience and knowledge in addiction medicine
- If prescribing buprenorphine a current SAMSHA DEA waiver is required



MAT can be Provided in:

- An outpatient, BHSO II setting; including a Narcotic Treatment Program (NTP) with methadone operating in accordance with 908 KAR 1:374, Section 7
 - If MAT therapy components **are not** provided within the same location as the prescriber, linkage to appropriate behavioral health treatment providers who specialize in SUD is required
- A residential, BHSO III setting
 - **If** the residential program does not offer MAT on-site, care coordination shall be provided to facilitate MAT off-site by recipient choice

MAT Programs Shall:

- Assess the need for treatment
- Educate the patient about how medication works
- Evaluate the need for medically managed WDM
- Refer patients for higher level of care if necessary
- Obtain informed consent prior to providing services

Partial Hospitalization in a BHSO II shall be:

01

Short term, less than 24 hours per day and at least 4 hours per day



02

Should consist of individual, family and group therapies and medication management



03

Have agreements with local educational authorities



04

Be provided with a MD, APRN or PA available on site with a psychiatrist available for consultation



Limited laboratory services shall be reimbursable in a BHSO II or III in accordance with 907 KAR 1:028, *if*:

01

The provider has the appropriate CLIA certificate to perform the service



02

The services are prescribed by a MD, APRN or PA who have a contractual relationship with the provider



907 KAR 15:025

Reimbursement provisions and requirements regarding behavioral health services provided by behavioral health service organizations.

15:022: Section 1 - General Requirements and Section 2 - Reimbursement

Reimbursement will be made for services within a BHSO, BHSO II and BHSO III established in the appropriate coverage provision regulation 15:020 or 15:022

01

The rates for covered services established pursuant to 907 KAR 15:020 and provided within a BHSO



02

The rates for covered services established pursuant to 907 KAR 15:022 and provided within a BHSO II



03

The rates for covered services established pursuant to 907 KAR 15:022 and provided within a BHSO III

15:025 - Section 2: Reimbursement

Reimbursement will be made for services provided by a **BHSO I** for those services which are eligible to be provided and established pursuant to **907 KAR 15:020**.

Reimbursement will be made for services provided by a **BHSO II** for those services which are eligible to be provided within a **BHSO II** as established pursuant to **907 KAR 15:022**.

Reimbursement will be made for services provided by a **BHSO III** for those services which are eligible to be provided within a **BHSO III** as established pursuant to **907 KAR 15:022**.

QUESTIONS: KAR Updates

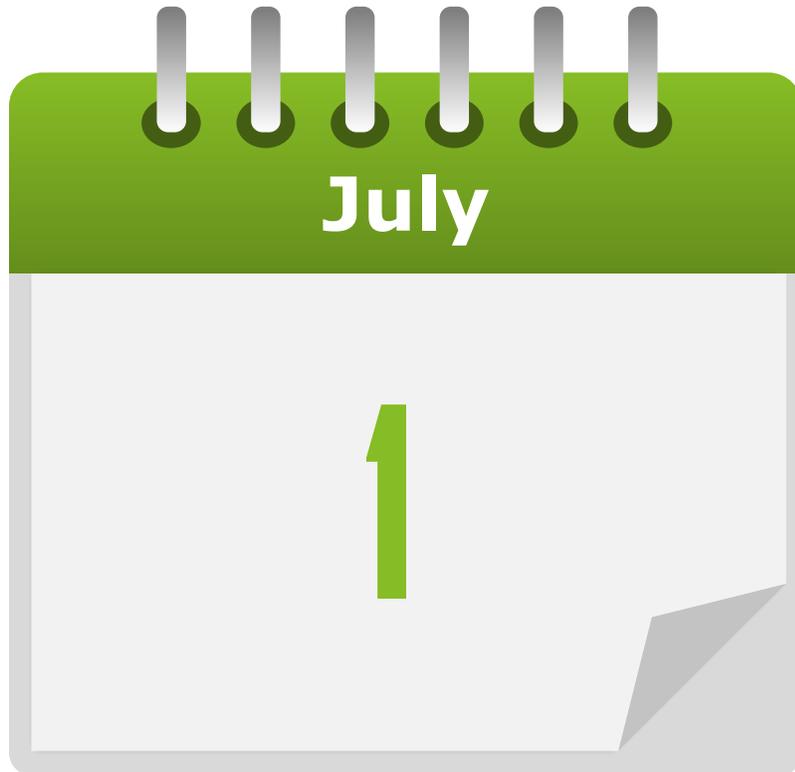
Take 5 minutes to type questions into the questions box on your screen. The presenters will choose several questions to answer out loud. The remainder of the questions will be addressed in the FAQ document.

Partner Portal Updates

Provider Type 03 (“BHSO Redesign”)

Requirements		
Tier I – Mental Health	Tier II – Outpatient SUD (Including Co-occurring)	Tier III – Residential SUD (Including Co-Occurring)
<ul style="list-style-type: none"> • BHSO OIG License • National Accreditation • Psychiatric Specialty for Medical Professionals (MD, APRN) 	<ul style="list-style-type: none"> • Outpatient Alcohol and Other Drug Entity (AODE) License • National Accreditation • Verification of Psychiatric or Addictionology Specialty for Medical Professionals (MD, APRN) • DEA Waivered License number and issued date for Medical Professionals prescribing buprenorphine 	<ul style="list-style-type: none"> • Residential Alcohol and Other Drug Entity (AODE) License • National Accreditation • Verification of Psychiatric or Addictionology Specialty for Medical Professionals (MD, APRN) • DEA Waivered License number and issued date for Medical Professionals prescribing buprenorphine

Provider Type 03 Required Maintenance Update



Current BHSO providers will be required to complete a “maintenance” update prior to **July 1, 2019**.

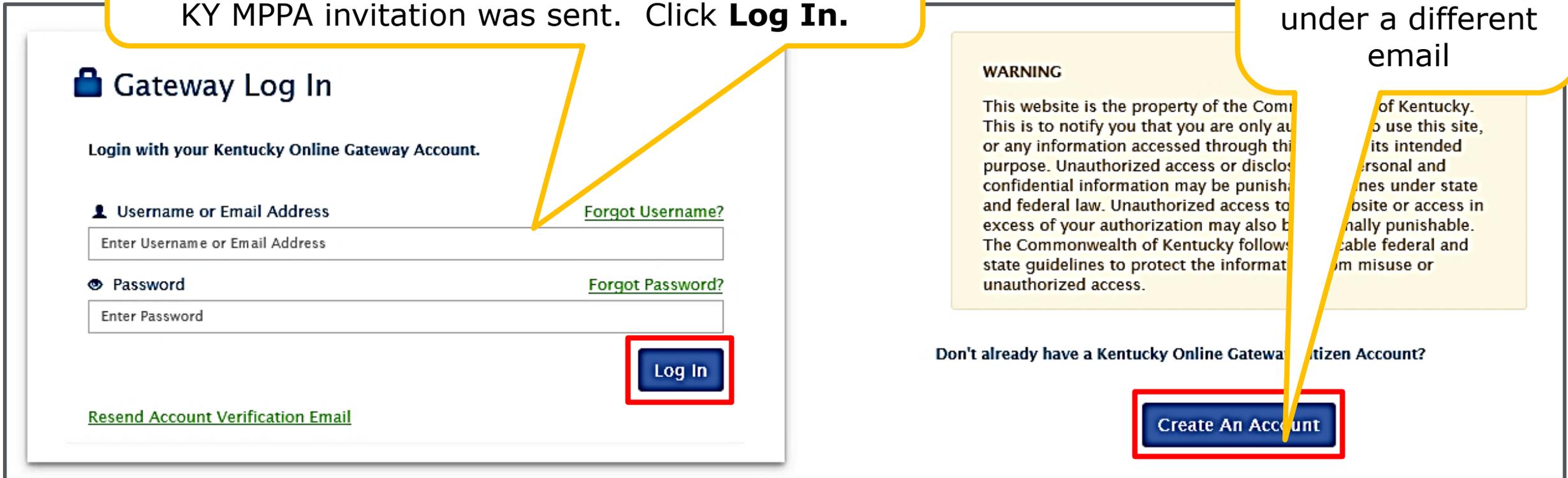
A current provider will “default” to a **Tier I** if the update ***IS NOT*** completed prior to July 1, 2019.

Using KY Medicaid Partner Portal Application (MPPA)

- Click **Create An Account**

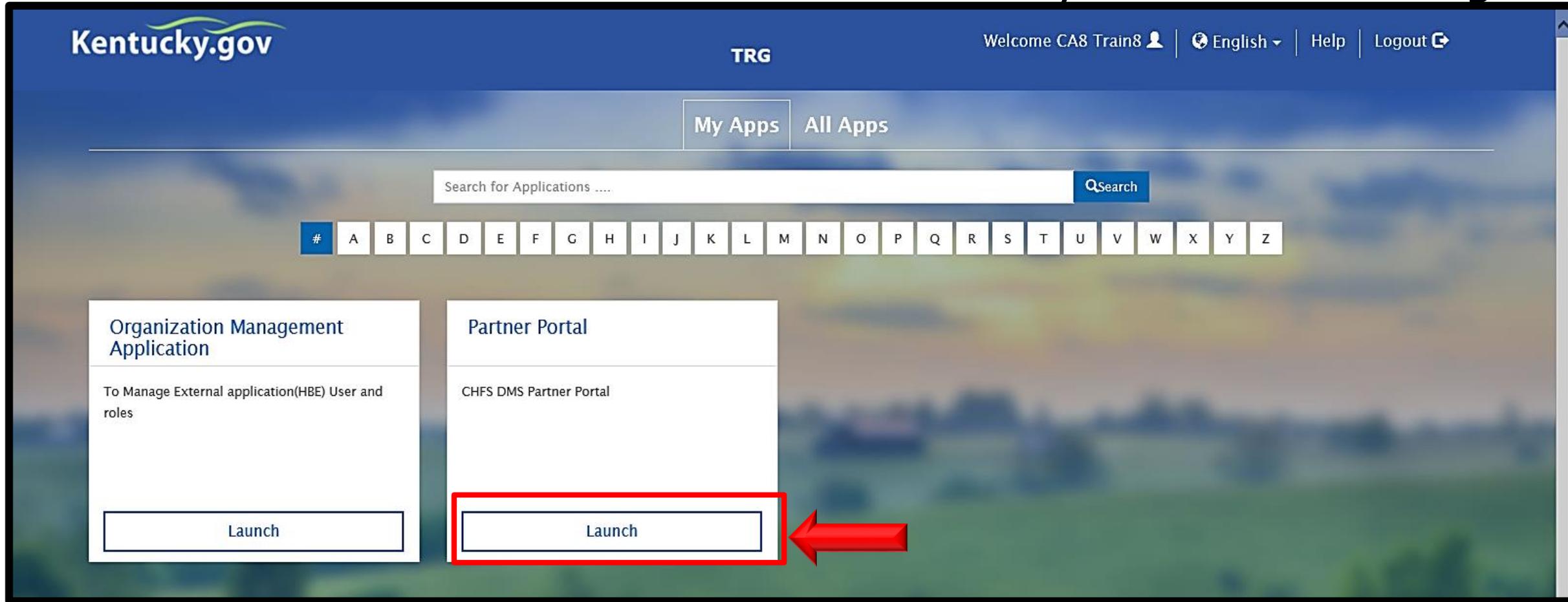
Enter **Username** and **Password** if you have a KOG account with the email address where your KY MPPA invitation was sent. Click **Log In**.

If you do not have a KOG account or if your KOG account is set up under a different email



The screenshot shows the 'Gateway Log In' page. It features a header with a lock icon and the text 'Gateway Log In'. Below this is the instruction 'Login with your Kentucky Online Gateway Account.' There are two input fields: 'Username or Email Address' and 'Password'. Each field has a 'Forgot' link to its right. A 'Log In' button is located at the bottom right of the form area. Below the form is a link for 'Resend Account Verification Email'. To the right of the form is a 'WARNING' box with legal text. Below the warning box is a link: 'Don't already have a Kentucky Online Gateway Citizen Account?'. At the bottom right of the page is a 'Create An Account' button. A yellow callout box points to the 'Log In' button, and another yellow callout box points to the 'Create An Account' button. A red box highlights the 'Log In' button, and another red box highlights the 'Create An Account' button.

Click **Launch** on the Partner Portal tile on your KOG Landing



The screenshot shows the KOG Landing page with the following elements:

- Header:** Kentucky.gov logo, TRG, and user information: Welcome CA8 Train8 | English | Help | Logout
- Navigation:** My Apps | All Apps
- Search:** Search for Applications QSearch
- Alphabetical Index:** # A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
- Application Tiles:**
 - Organization Management Application:** To Manage External application(HBE) User and roles. Launch button.
 - Partner Portal:** CHFS DMS Partner Portal. Launch button (highlighted with a red box and arrow).

Partner Portal Updates: Functions of KY MPPA

Dashboard **Application** Maintenance Correspondence

- About
- Application Help
- Contact DMS
- Sign Out

Dashboard

[Go To My Dashboard](#)

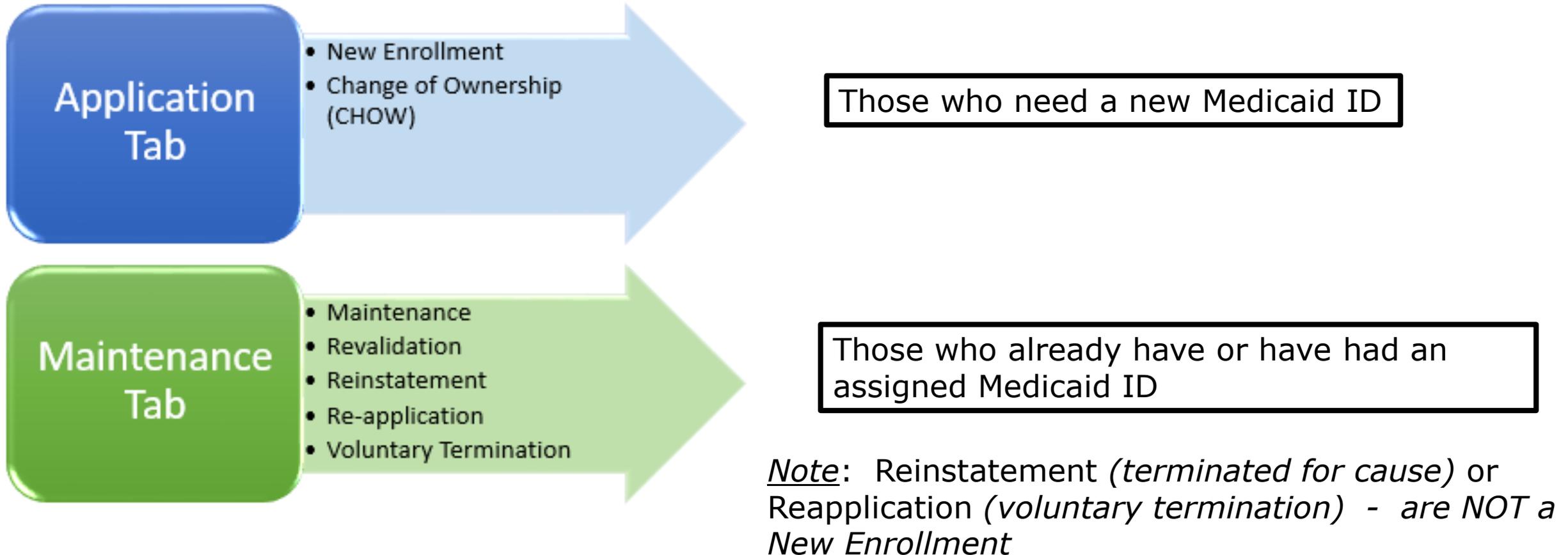
Notifications >

KY Medicaid Provider IDs >

Application Status >

Maintenance Status >

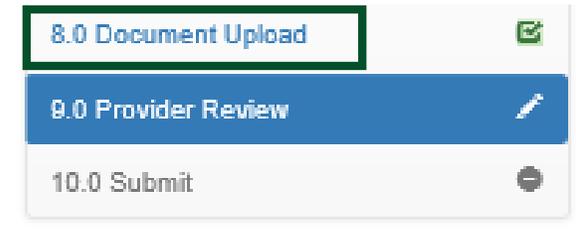
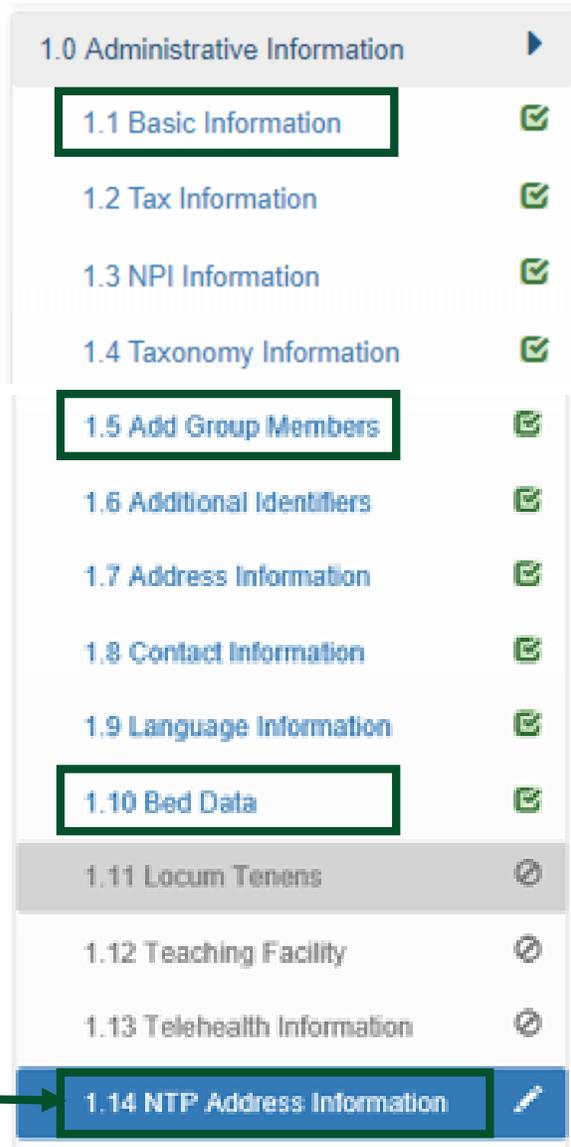
Partner Portal Updates: Functions of KY MPPA



****Navigation and Functionality Webinar** walks users through basic functionality, how to start an application/maintenance & how to navigate the system

KY MPPA Screens Impacted by SUD and NTP Changes

Left Navigation Menu



Menu items with NTP/SUD Information:

- 1.1 Basic Information
- 1.5 Add Group Members
- 1.10 Bed Data
 - If a Tier 3 Provider
- 1.14 NTP Address Information
 - If a NTP Provider
- 2.2 License Information
- 2.3 Certification Information
- 8.0 Document Upload

New screen

1.1 Basic Information screen

*** Tier Selection**
 Tier 1 Mental Health Tier 2 Outpatient SUD Tier 3 Residential SUD

*** Are you a licensed Narcotic Treatment Program (NTP)?**
 Yes No

*** Are you current accredited by a Nationally Recognized Accreditation Organization?**
 Yes No

*** Accredited Organization Name**

*** Initiated Date** 

*** Requested Effective Date** 

*** Application Received Date** 

Providers have the capability to select multiple Tiers.

- Providers will select the appropriate “Tiers” that are applicable to them

BHSO Enrollment: Accreditation

1.1 Basic Information screen

If **No**, BHSO must have applied for certification

- Enter name of Accredited Organization
- Enter Initiated Date – date applied for certification (*must be prior to today's date*)

* Tier Selection

Tier 1 Mental Health Tier 2 Outpatient SUD Tier 3 Residential SUD

* Are you a licensed Narcotic Treatment Program (NTP)?

Yes No

* Are you current accredited by a Nationally Recognized Accreditation Organization?

Yes No

* Accredited Organization Name

* Initiated Date

MM/DD/YYYY

* Requested Effective Date

06/04/2019

* Application Received Date

06/04/2019

Exit

Save & Next

If **Yes**, information will be entered in the 2.3 Certification Information Screen

1.5 Add Group Members screen

Add Group Members ⓘ Ⓔ * = Required

Provider Medicaid ID	NPI	Provider Email	Provider Name	Provider Linkage Effective Date	Action
No records found					

* Provider Medicaid ID

* Provider Linkage Effective Date

Adding group members, linking to your KY Medicaid Provider number

- Enter Provider's KY Medicaid ID
- Click Verify Provider Medicaid ID
 - Must have Psychiatric or Addictionology specialty* if adding APRN (PT78) or Physician (PT64)

**If Provider does not have one of these specialties, will need to perform Maintenance on Individual Provider Medicaid ID to add before linking to Entity on screen 1.5 Add Group Members*



Alert

- An active record of Addictionology or Psychiatric Specialty is required when linking Provider Type "64 - Physician Individual" or "78 - Advanced Practice Registered Nurse (APRN)"

1.5 Add Group Members screen

Add Group Members ⓘ ? * = Required

Discard

Provider Medicaid ID	NPI	Provider Email	Provider Name	Provider Linkage Effective Date	Action
No records found					

* Provider Medicaid ID

* Provider Linkage Effective Date

NPI

Provider Name

Provider Email

* Is this Provider licensed to prescribe buprenorphine?
 Yes No

If adding APRN (PT78) or Physician (PT64), will answer prescribing buprenorphine question

- If **Yes**, must have XDEA*
- If **No**, no further action required

**If Provider does not have XDEA, will need to perform Maintenance on Individual Provider Medicaid ID to add as Additional Identifier before linking to Entity on screen 1.5 Add Group Members*

BHSO Enrollment: Address Information

Examples of information required

1.7 Address Information screen

All Applications:

Must enter three required addresses:

- Primary Physical
- Pay To/1099
- Mailing

Enter additional addresses for Other Physical locations (satellite offices)

- *Select Address Type*
- Enter Required Information
- *Click Validate Address*
- **Select Choose and Continue or Enter Address Again**
- *Click Save & Next*

Address Information * = Required

[Discard](#)

Address Type	Contact Name	Address	Phone Number	Fax Number	Action
Primary Physical	David Rossi	100 Fake Street, Frankfort, Kentucky 40601	(859)632-1456		 
Pay To/1099	David Rossi	100 Fake Street, Frankfort, Kentucky 40601	(859)632-1456		 
Mailing	David Rossi	100 Fake Street, Frankfort, Kentucky 40601	(859)632-1456		 

[First](#) [Previous](#) [Next](#) [Last](#) (Page 1 of 1) Page: 1

* Address Type(Select All That Apply):
 Primary Physical Other Physical Pay To/1099 Mailing

* Contact Name Location Name

* Address 1 Address 2

* City * State * Zip Code Zip+4 * County

* Phone Number Ext Fax Number

[Validate Address](#)

BHSO Tier III Enrollment: Bed Data

Examples of information required

1.10 Bed Data screen

Bed Information ⓘ Ⓐ * = Required

- Click "Add" if you wish to add Bed Data records, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add record to the grid, "Discard" to not save the record

Discard

Facility	Bed Type	Bed Effective Date	Bed End Date	Total Beds	Action
No records found					

* Facility * Bed Type

* Bed Effective Date Bed End Date

* Total Beds

Add To Grid

PT 03 Tier 3:

- Must have at least one bed data record
- Bed data must be entered for each Residential Facility
 - *Select Facility*
 - Address information pre-populated from 1.7 Address Information screen
 - *Select Bed Type – Residential*
 - *Enter Bed Effective Date*
 - *Enter Total Beds (cannot exceed 999)*
 - *Click Add to Grid*

-  Alert
- At least one Bed record is required

2.2 License Information screen

License Information ⓘ ? * = Required

Add

License Type	Issue State	License Number	Name	License Designation	License Effective Date	License Expiration Date	Action
No record found							

* License Type
Health Board ▼

* Issue State
Select One ▼

* License Number

Name on License

* License Designation
Select One ▼

* License Effective Date
MM/DD/YYYY

* License Expiration Date
MM/DD/YYYY

Add To Grid

Upon *clicking* Add button,

- *Select License Type:* Health Board
- Complete remaining information

- Will need to enter a separate License record for each Tier selected on the 1.1 Basic Information screen
- Will require upload of each license on 8.0 Document Upload screen
 - Tier 1: BHSO license
 - Tier 2: Outpatient AODE* license
 - Tier 3: Residential AODE license

*Alcohol and Other Drug Entity

BHSO Enrollment: Accreditation

2.3 Certification Information screen

- Only need to enter if selected Yes to accreditation organization question on 1.1 Basic Information screen

* Certification Type
Select One

Certification Number

* Effective Date 06/04/2019

Expiration Date MM/DD/YYYY

Add To Grid

Upon clicking Add button,

- Select Certification Type: 08, 14, 18, or Other
- Complete remaining information

* Certification Type

Select One

- Select One
- 08 - JC-The Joint Commission
- 14 - CARF-Commission on Accreditation of Rehab Faciliti
- 18 - CAS-Council on Accreditation of Services
- OT - OTHER

- Will require upload for proof of certification on 8.0 Document Upload screen
 - Tier 2 and Tier 3 will also require OIG Letter

BHSO Enrollment: Document Upload

8.0 Document Upload screen

- Options will be tied to selections made throughout the application

Document Upload ⓘ 🔍 * = Required

[Add](#)

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
BHSO License	BHSO License - 123654	Y			 
IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN	FEIN Verification	Y			 
MAP-347	MAP-347 - 7100573150	Y			 
Specialty Certification	BHSO Without Residential Services	Y			 
Certification of Accreditation	Certification of Accreditation	Y			 

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Click the **Edit** icon next to each required document to upload

- Tier 1:
 - BHSO License
 - Certification of Accreditation (if currently accredited)
- Tier 2:
 - Outpatient AODE License
 - Certification of Accreditation (if currently accredited)
 - OIG Letter
- Tier 3:
 - Residential AODE License
 - Certification of Accreditation (if currently accredited)
 - OIG Letter

Narcotic Treatment Program (NTP) Enrollment

With the addition of methadone coverage to the SPA and BHSO regulation changes, NTPs will enroll with Medicaid as a BHSO



NTPs will enroll as a BHSO Tier II



NTPs are permitted to have Medication Stations



Addresses and Hours of Operation will be captured in enrollment



Limited services are allowable in NTPs

****Kentucky Medicaid will ONLY reimburse methadone for treatment of SUD in a Narcotic Treatment Program (NTP)***

Narcotic Treatment Program (NTP) Enrollment

Examples of information required of NTP – Tier Selection for BHSO (PT 03)

1.1 Basic Information screen

* Tier Selection
 Tier 1 Mental Health Tier 2 Outpatient SUD Tier 3 Residential SUD

* Are you a licensed Narcotic Treatment Program (NTP)? 
 Yes No

* Are you current accredited by a Nationally Recognized Accreditation Organization?
 Yes No

* Requested Effective Date 

* Application Received Date 

Exit **Save & Next**

Only Tier II answers this question

- If **Yes**, will need to complete screen 1.14 NTP Address Information
- If **No**, no additional action required

Narcotic Treatment Program (NTP) Enrollment

Examples of information required of NTP

1.14 NTP Address Information screen (new screen)

- *Only active if indicated Yes as Narcotic Treatment Provider on 1.1 Basic Information screen*

NTP Address Information

* = Required

Add

Location	Address	Action
No records found		

Exit Back Save & Next

If an NTP, enter address associated with NTP

- At least one NTP location must be entered
- Multiple addresses can be entered if also operating a Medication Station

Click **Add** to enter address information

Narcotic Treatment Program (NTP) Enrollment

Examples of information required of NTP

1.14 NTP Address Information screen (new screen) - NTP Location

NTP Address Information + - * = Required

Top of Screen Discard

Location	Address	Action
No records found		

* Is this location NTP Location Or Additional Affiliated Medication Station?
 NTP Location Medication Station

* Address 1 Address 2

* City * State * Zip Code Zip+4 * County

Validate Address

- Upon *clicking* Add button,
- *Select* NTP Location
 - *Enter* Address information

Click Validate Address to save information

Narcotic Treatment Program (NTP) Enrollment

Examples of information required of NTP

1.14 NTP Address Information screen (new screen) – NTP Location

*** Enter Hours of Operation for Licensed NTP** **Bottom of Screen**

Start Time End Time

*** Do you operate a Non-Methadone Clinic at the same location?**

Yes No

For NTP Location:

- *Enter Hours of Operation*
- Answer question “**Do you operate a Non-Methadone Clinic at the same location?**”
 - If **No**, no further action required
 - If **Yes**, will receive alert message to enroll the Non-Methadone Clinic with a separate Medicaid ID

Warning:

- Please enroll Non-Methadone clinic as a separate Entity

Current MSG providers will be required to complete a “maintenance” update ***IF*** any of the following are applicable:

- Providing SUD treatment
- Medical Professionals (MD or APRN) are linked to the entity

Behavioral Health Multi-Specialty Group (PT 66) Enrollment

Examples of information required – Behavioral Health Multi-Specialty Group (PT 66)

1.1 Basic Information screen

john.smith@email.com

* Business Structure Type
Non-Profit

* Business Ownership Type
Private

* Are you providing Substance Use Disorder Treatment (SUD)?
 Yes No

* Requested Effective Date
06/07/2019

* Application Received Date
06/07/2019

Exit

Save & Next

- If **Yes**, must add Health Board as license on 2.2 License Information screen
- If **No**, no further action is required

MSG Enrollment: Linking Practitioners

Examples of information required

1.5 Add Group Members screen

Add Group Members ⓘ Ⓔ * = Required

Provider Medicaid ID	NPI	Provider Email	Provider Name	Provider Linkage Effective Date	Action
No records found					

* Provider Medicaid ID

* Provider Linkage Effective Date

- ⚠ Alert
- An active record of Addictionology or Psychiatric Specialty is required when linking Provider Type "64 - Physician Individual" or "78 - Advanced Practice Registered Nurse (APRN)"

Adding group members, linking to your KY Medicaid Provider number

- Enter Provider's KY Medicaid ID
- Click Verify Provider Medicaid ID
 - Must have Psychiatric or Addictionology specialty* if adding APRN (PT78) or Physician (PT64)

**If Provider does not have one of these specialties, will need to perform Maintenance on Individual Provider Medicaid ID to add before linking to Entity on screen 1.5 Add Group Members*

MSG Enrollment: Linking Practitioners

Examples of information required

1.5 Add Group Members screen

Add Group Members ⓘ ? * = Required

Discard

Provider Medicaid ID	NPI	Provider Email	Provider Name	Provider Linkage Effective Date	Action
No records found					

* Provider Medicaid ID

* Provider Linkage Effective Date 📅

Verify Provider Medicaid ID

NPI

Provider Name

Provider Email

* Is this Provider licensed to prescribe buprenorphine?
 Yes No

Add To Grid

Exit Back Save & Next

If adding APRN (PT78) or Physician (PT64), will answer prescribing buprenorphine question

- If **Yes**, must have XDEA*
- If **No**, no further action required

**If Provider does not have XDEA, will need to perform Maintenance on Individual Provider Medicaid ID to add as Additional Identifier before linking to Entity on screen 1.5 Add Group Members*

MSG Enrollment: License Information

Examples of information required

2.2 License Information screen

License Information ⓘ ? * = Required

Add

License Type	Issue State	License Number	Name	License Designation	License Effective Date	License Expiration Date	Action
No record found							

* License Type

* Issue State

* License Number

Name on License

* License Designation

* License Effective Date

* License Expiration Date

Add To Grid

Upon *clicking* Add button,

- *Select License Type:* Health Board
- Complete remaining information

- If indicated “Yes” on 1.1 Screen, will require upload license on 8.0 Document Upload screen
 - Outpatient AODE license

**Alcohol and Other Drug Entity*

MSG Enrollment: Document Upload

Examples of information required

8.0 Document Upload screen

- Options will be tied to selections made throughout the application

Document Upload ⓘ 🔄 * = Required

[Add](#)

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
BHSO License	BHSO License - 123654	Y			 
IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN	FEIN Verification	Y			 
MAP-347	MAP-347 - 7100573150	Y			 
Specialty Certification	BHSO Without Residential Services	Y			 
Certification of Accreditation	Certification of Accreditation	Y			 

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- PT 66:
 - Outpatient AODE License
 - OIG Letter

Click the **Edit** icon next to each required document to upload

Partner Portal Upcoming Series: June 24-27, 2019

- Overview & Roles (Monday)
- Account Set-Up & Sign-On (Tuesday)
- Navigation & Functionality (Wednesday)
- Linking Providers & Credentialing Agents (Thursday)

Resource Webpage: <https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/pptrain.aspx>

Access KY MPPA:

<https://prdweb.chfs.ky.gov/partnerportal/home.aspx>

KY MPPA Contact Center Phone: 877- 838- 5085 Hours: 8 am – 5 pm (EST)		
Description	Phone	E-mail
Technical Support for: <ul style="list-style-type: none"> • KY MPPA technical issues • Remote identity validation • Credentialing Agent management • Access issues • Linking issues 	Extension 1	Medicaidpartnerportal.info@ky.gov
<ul style="list-style-type: none"> • Program or policy inquiries • Status & help with paper applications • Assistance with content questions/fields in KY MPPA 	Extension 2	

Provider Enrollment Examples

Provider Enrollment Examples

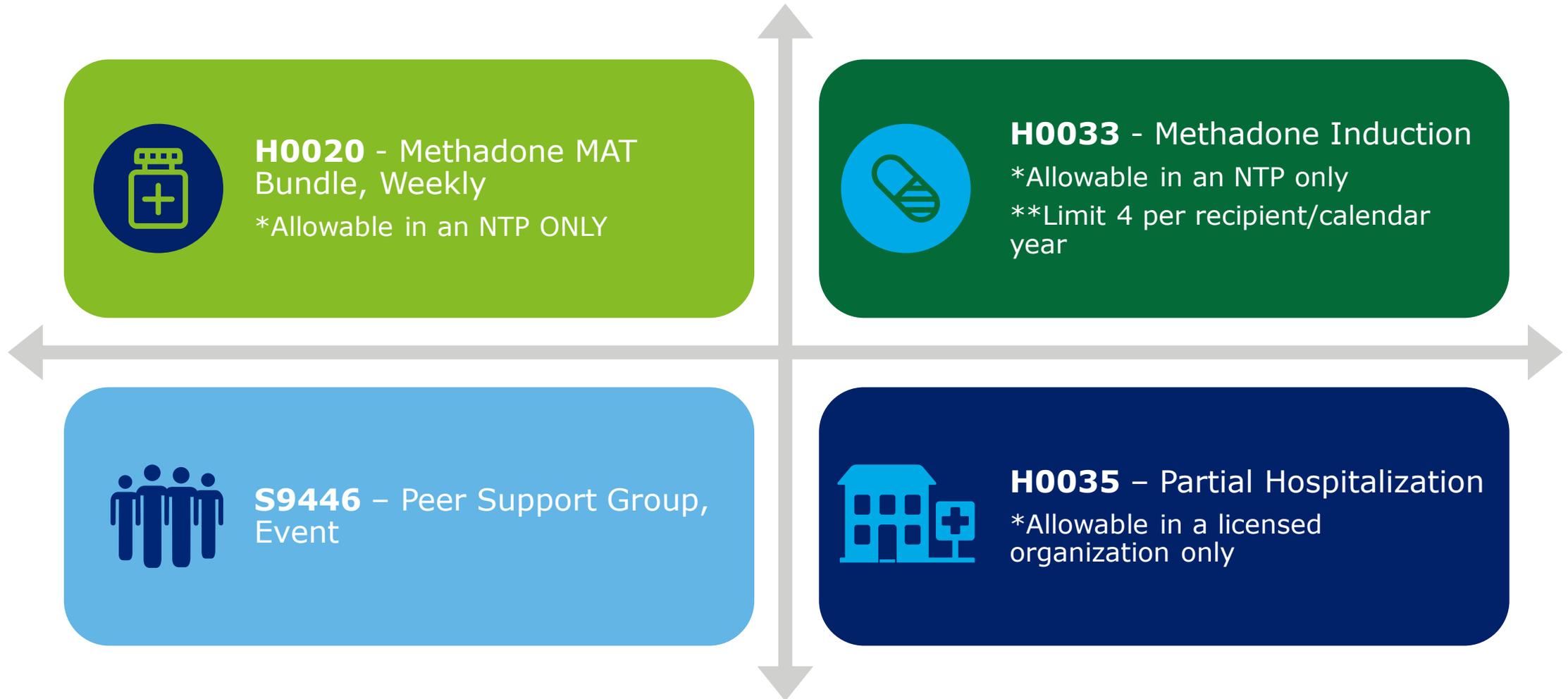
- Agency X provides services for adolescents with mental health disorders. We have licensed LPCC's, LBA, APRN and Targeted Case Managers providing services within our BHSO.
- Agency Y provides SUD residential treatment services. We have a Physician who can prescribe medications for OUD, LCSW's, LCADC's, CADC's and Peer Support Specialist providing services within our BHSO.
- Agency Z provides outpatient SUD services, as well as residential SUD treatment at another location. We have an APRN, LCADC, LCSW, CADC, and Peer Support Specialists providing services within our BHSO.

QUESTIONS: Enrollment

Take 5 minutes to type questions into the questions box on your screen. The presenters will choose several questions to answer out loud. The reminder of the questions will be addressed in the FAQ document.

Claims Information

New Procedure Codes



~ An **HF Modifier** is required on **ALL** SUD claims ~

Questions

- Please submit additional questions to: DMS.Issues@ky.gov
- A webinar recording will be posted on the DMS Website at: <https://chfs.ky.gov/agencies/dms/Pages/default.aspx>
- Responses to webinar questions will also be posted on the DMS Website