

PT 03 SUD Guide

This Job Aid provides important information and demonstrates input screens to assist SUD providers in completing a New Enrollment in Partner Portal.

Provider Type Summary

For more information and documentation requirements, click the following links to access the [PT 03 Behavioral Health Service Organization Provider Type Summary](#) and the [PT 03 Webpage](#).

Provider Type 03 consists of three specialty Tiers that are outlined below. When completing a New Enrollment, Providers should indicate each Tier in which services will be provided. Tiers include: [Tier 1: Mental Health](#), [Tier 2: Outpatient SUD](#), and [Tier 3: Residential SUD](#).

Tier 1: Mental Health

The following information applies to Tier 1 only

Prior to Starting a New Enrollment:

Providers must possess, or be in the process of obtaining the following:

- **Accreditation Certification from a Nationally Recognized Organization**

Accreditation Certification

Providers are required to obtain an Accreditation Certification from one of the following programs: The Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), or a nationally recognized accreditation organization. In order to complete a New Enrollment in Partner Portal, users are required to have initiated the accreditation process and have one year to obtain accreditation. At the end of the year, users can request an extension by performing a Maintenance on the Medicaid ID.

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Navigating Partner Portal Screens

The information below includes screens relevant to SUD Providers and does not represent a complete New Enrollment Application. For more information on completing a New Enrollment, refer to the [How to Apply for a Medicaid ID - New Enrollment Job Aid](#).

1.1 Basic Information Screen

Tier Selection: Multiple Tiers can be selected during a single application with one exception. Tier 2 Narcotic Treatment Providers (NTP) will need to enroll separately and cannot be combined with a Tier 1, Tier 2 Non-NTP, or Tier 3 provider.

Accreditation: Users should indicate if they are currently accredited. If not, and the process has been initiated, enter accredited organization name and date that accreditation was initiated. Users can request an additional one year extension by completing a Maintenance on the 1.1 Basic Information Screen prior to the due date.

The screenshot shows the 1.1 Basic Information Screen with several callouts:

- Tier Selection:** A callout points to the "Select Tier" button.
- Accreditation:** A callout points to the "Are you currently accredited by a Nationally Recognized Accreditation Organization?" question, with a note: "Select if you are currently Accredited. If 'No,' enter Accredited Organization Name and Accreditation Initiated Date."
- Extension:** A callout points to the "Do you request a one year extension to obtain accreditation?" question, with a note: "Users can request an additional one year extension by completing a Maintenance on the 1.1 Basic Information Screen prior to the due date."
- Effective Date:** A callout points to the "Requested Effective Date" field, with a note: "The Requested Effective Date applies to the Medicaid ID and when it will become Active; it does not apply to Accreditation."

Users who have initiated the Accreditation process will receive reminder notifications 90 days, 60 days, and 30 days prior to the Accreditation submission due date. After a Medicaid ID is issued, users can request an additional one year extension by completing a Maintenance on the 1.1 Basic Information Screen prior to the due date.

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1.5 Add Group Members

At least one group member with an active Medicaid ID must be added. After adding a Provider, users must indicate if the Provider is licensed to prescribe buprenorphine. If selecting Yes, an XDEA Identifier should be on the Individual Medicaid ID file. If an error is received perform a Maintenance on the Individual Medicaid ID to add the XDEA information.

The screenshot shows a form for adding group members. At the top right is a 'Discard' button. Below it is a table header with 'Provider Medicaid ID', 'NPI', and 'Provider Name'. The table body shows 'No records found'. Below the table are input fields for 'Provider Medicaid ID' and 'Provider Linkage Effective Date' (with a calendar icon). A blue button 'Verify Provider Medicaid ID' is below these fields. Below that are input fields for 'NPI' and 'Provider Name'. A radio button question 'Is this Provider licensed to prescribe buprenorphine?' with 'Yes' and 'No' options is present. A blue button 'Add To Grid' is at the bottom. Annotations with arrows point to the 'Provider Medicaid ID' field, the 'Verify Provider Medicaid ID' button, the 'Add To Grid' button, and the buprenorphine question. A text box says 'Enter Provider's Medicaid ID and intended Effective Date. Select "Verify Provider Medicaid ID"'. Another text box says 'After information has been entered, Click "Add to Grid"'. A third text box says 'Select if Provider is Licensed to Prescribe Buprenorphine'.

2.1 Specialty Information

Users must add at least one of the following Specialty Types: **BHSO Without Residential Services**, **BHSO Including Residential Services to All Members**, **BHSO Including Residential Services to Children Only**.

The screenshot shows a form for adding specialty information. At the top right is a 'Discard' button. Below it is a table header with 'Specialty Type', 'Primary', 'Effective Date', 'Expiration Date', and 'Action'. The table body shows 'No records found'. Below the table are input fields for 'Specialty Type' (a dropdown menu), 'Effective Date' (with a calendar icon), and 'Expiration Date' (with a calendar icon). A radio button question 'Primary?' with 'Yes' and 'No' options is present. A blue button 'Add To Grid' is at the bottom. Annotations with arrows point to the 'Specialty Type' dropdown, the 'Primary?' radio button, and the 'Add To Grid' button. A text box says 'Select Specialty Type'. Another text box says 'If multiple Specialties selected, select "Yes" for the Primary Specialty'.

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2.2 Licence Information

At least one BHSO License is required.

The screenshot shows a form for entering license information. The fields are as follows:

- Physical Address:** ADR01 - BHO - 1583 Partner Way, Lexington (dropdown)
- License Type:** BHSO (dropdown)
- Issue State:** Kentucky (dropdown)
- License Number:** (empty text field)
- Provider Name:** Behavioral Health (text field)
- License Designation:** Permanent (dropdown)
- License Effective Date:** 08/01/2023 (calendar icon)
- License Expiration Date:** 08/31/2023 (calendar icon)

Two callout boxes with arrows point to the date fields:

- Left callout: "License Effective & Expiration date must match the information on License"
- Right callout: "After information has been entered, Click 'Add to Grid'"

An "Add To Grid" button is located between the two callouts.

2.3 Certification Information Entry

The following certification information must be inputted:

- **Accreditation Certification:** Users in the process of obtaining Accreditation are not required to enter Certification Information unless they possess an 'Other' Certification.

The screenshot shows the Certification Information Entry form. At the top right is a "Discard" button. Below it is a table with the following headers: Certification Type, Certification Number, Effective Date, Expiration Date, and Action. The table body contains the text "No records found". Below the table is a form with the following fields:

- * Certification Type:** Select One (dropdown)
- Certification Number:** (empty text field)
- * Effective Date:** 08/10/2023 (calendar icon)
- * Expiration Date:** MM/DD/YYYY (calendar icon)









An "Add To Grid" button is located at the bottom of the form.

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8.0 Certification Document Upload

Documents indicated with a “Y” are required to be uploaded. Additionally, a Certification of Accreditation is required if users are currently accredited from a national organization. For more information on uploading documents, refer to the Uploading Documents Job Aid.

The screenshot shows a web application for uploading documents. It features a table with columns: Document Type, Name, Required, Uploaded By, Uploaded Date, and Action. There are four rows of documents listed. Callouts provide additional context: 'Payment Authorization for Individual Linking to the Group' points to the first row; 'Required if Currently Accredited from a National Organization' points to the 'Certification of Accreditation' row; and 'For any documents not listed as required, Click the "Add" button to upload additional Documents' points to an 'Add' button in the top right corner. At the bottom of the interface are buttons for 'Exit', 'Back', and 'Save & Next'.

| Document Type | Name | Required | Uploaded By | Uploaded Date | Action |
|---|--------------------------------|----------|-------------|---------------|---|
| IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN | FEIN Verification | Y | | 08/18/2023 |   |
| BHSO License | BHSO License - | Y | | 08/18/2023 |   |
| MAP-347 | MAP-347 - | Y | | 08/18/2023 |   |
| Certification of Accreditation | Certification of Accreditation | N | | 08/29/2023 |   |

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Exit Back Save & Next

Tier 2: Outpatient SUD

The following information applies to Tier 2 only

Prior to Starting a New Enrollment

Providers must possess, or be in the process of obtaining the following:

- **Accreditation Certification from a Nationally Recognized Organization**

Accreditation Certification

Providers are required to obtain an Accreditation Certification from one of the following programs: The Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA) or a nationally recognized accreditation organization. In order to complete a New Enrollment in Partner Portal, users are required to have initiated the Accreditation process and have one year to obtain accreditation. At the end of the year, users can request an extension by performing a Maintenance on the Medicaid ID.

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Navigating Partner Portal Screens

The information below includes screens relevant to SUD Providers and does not represent a complete New Enrollment Application. For more information on completing a New Enrollment, refer to the [How to Apply for a Medicaid ID - New Enrollment Job Aid](#).

1.1 Basic Information Screen

Tier Selection: Multiple Tiers can be selected during a single application with one exception. Tier 2 Narcotic Treatment Providers (NTP) will need to enroll separately and cannot be combined with a Tier 1, Tier 2 Non-NTP, or Tier 3 provider.

Accreditation: Users should indicate if they are currently accredited. If not, and the process has been initiated, enter accredited organization name and date that accreditation was initiated. Users can request an additional one year extension by completing a Maintenance on the 1.1 Basic Information Screen prior to the due date.

The screenshot displays the '1.1 Basic Information Screen' with several fields and annotations:

- Tier Selection:** A box labeled 'Select Tier' points to the radio button options: ☐ Tier 1 Mental Health, ☒ Tier 2 Outpatient SUD, and ☐ Tier 3 Residential SUD.
- Are you a licensed Narcotic Treatment Program(NTP)?** A box labeled 'Select if you are a licensed NTP' points to the ☒ Yes option.
- Are you currently accredited by a Nationally Recognized Accreditation Organization?** A box labeled 'Select if you are currently Accredited. If "No," enter Accredited Organization Name and Accreditation Initiated Date.' points to the ☒ Yes option.
- Accredited Organization Name:** A text input field.
- Initiated Date:** A date input field with a calendar icon.
- Do you request a one year extension to obtain accreditation?** Radio button options: ☐ Yes, ☐ No.
- Requested Effective Date:** A date input field with a calendar icon, showing '07/20/2023'. A box labeled 'The Requested Effective Date applies to the Medicaid ID and when it will become Active; it does not apply to Accreditation.' points to this field.
- Maintenance Received Date:** A date input field with a calendar icon, showing '07/20/2023'. A box labeled 'Users can request an additional one year extension by completing a Maintenance on the 1.1 Basic Information Screen prior to the due date.' points to this field.

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1.4 Taxonomy Information

Tier 2 NTP Providers are required to have taxonomy code 261QM2800X Clinic/Methadone. This taxonomy must be entered in order to proceed. Please note, Tier 2 Non-NTP does not have this requirement.

Alert
• For Tier 2 NTP provider, Taxonomy "261QM2800X Clinic/Methadone" is required.

Add

| Taxonomy | Taxonomy Primary | Action |
|------------|------------------|--------|
| 2084B0040X | Yes | |

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1.5 Add Group Members

At least one group member with an active Medicaid ID must be added. After adding a Provider, users must indicate if the Provider is licensed to prescribe buprenorphine. If selecting Yes, an XDEA Identifier should be on the Individual Medicaid ID file. If an error is received perform a Maintenance on the Individual Medicaid ID to add the XDEA information.

Discard

Provider Medicaid ID NPI Provider Name No record

* Provider Medicaid ID * Provider Linkage Effective Date 08/29/2023

Verify Provider Medicaid ID

NPI Provider Name

* Is this Provider licensed to prescribe buprenorphine? ☐ Yes ☐ No

Select if Provider is Licensed to Prescribe Buprenorphine

Add To Grid

After information has been entered, Click "Add to Grid"

Enter Provider's Medicaid ID and intended Effective Date. Select "Verify Provider Medicaid ID"

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1.14 NTP Address Information (Tier 2 NTP Only)

For Tier 2 NTP Providers, at least one NTP address, and hours of operation must be entered. Providers operating a Non-Methadone Clinic must enroll as a separate entity. For Providers also operating Medication Stations, addresses for each are required.

* Is this location NTP Location Or Additional Affiliated Medication Station?
☒ NTP Location ☐ Medication Station ← Select NTP or Medication Station Add Address Information and click "Validate Address"

* Address 1 Address 2

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

City Kentucky XXXXX XXXX Select One

Validate Address

* Enter Hours of Operation for Licensed NTP

Start Time End Time

HH:MM AM HH:MM AM

* Do you operate a Non-Methadone Clinic at the same location?
☐ Yes ☐ No ← Indicate if a Non-Methadone Clinic operates at the same location. Enter hours of operation for NTP location

Add To Grid ← After information has been entered, Click "Add to Grid"

2.2 License Information

At least one AODE - Outpatient License is required.

* Physical Address
ADR01 - BHO - 1583 Partner Way, Lexington

* License Type * Issue State

BHSO Kentucky

* License Number

Provider Name * License Designation

Behavioral Health Permanent

* License Effective Date * License Expiration Date

08/01/2023 08/31/2023

Add To Grid ← After information has been entered, Click "Add to Grid"

License Effective & Expiration date must match the information on License

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2.3 Certification Information

The following certification information must be inputted:

- **Accreditation Certification:** Users in the process of obtaining accreditation are not required to enter Certification Information unless they possess an "Other" Certification.

Discard

| Certification Type | Certification Number | Effective Date | Expiration Date | Action |
|--------------------|----------------------|----------------|-----------------|--------|
| No records found | | | | |

* Certification Type
Select One

Certification Number

* Effective Date
08/10/2023

* Expiration Date
MM/DD/YYYY

Add To Grid

8.0 Certification Document Upload

Documents indicated with a "Y" are required to be uploaded. Additionally, a Certification of Accreditation is required if users are currently accredited from a national organization.

For any documents not listed as required, Click the "Add" button to upload additional Documents

Add

| Document Type | Name | Required | Uploaded By | Uploaded Date | Action |
|---|------------------------------------|----------|-------------|---------------|--------|
| IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN | FEIN Verification | Y | | 08/18/2023 | |
| BHSO License | BHSO License - 18709383 | Y | | 08/18/2023 | |
| MAP-347 | MAP-347 - 7100682640 | Y | | 08/18/2023 | |
| OIG Letter | OIG Letter | Y | | | |
| AODE Outpatient License | AODE Outpatient License - 18709383 | Y | | | |

Payment Authorization for Individual Linking to the Group

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Tier 3: Residential SUD

The following information applies to Tier 3 only

Prior to Starting a New Enrollment

Providers must possess, or be in the process of obtaining the following:

- **Accreditation Certification from a Nationally Certified Organization**
- **ASAM LOC Certification** - Users who do not possess an ASAM LOC Certification must obtain a Provisional Certification from DMS prior to applying for a Medicaid ID.

Accreditation Certification

Providers are required to obtain an Accreditation Certification from one of the following programs: The Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA) or a nationally recognized accreditation organization. In order to complete a New Enrollment in Partner Portal, users are required to have initiated the Accreditation process. Additionally, users can request an additional one year extension by completing a Maintenance on the 1.1 Basic Information Screen prior to the due date.

Provisional Certification & ASAM LOC Certification

Providers offering residential/inpatient services are required to obtain an ASAM LOC certification. Users who have not yet obtained an ASAM LOC certification may be granted a Provisional Certification by DMS after submitting a self-attestation form and supporting documents prior to completing a New Enrollment. This will allow providers to begin offering and billing for services while in the process of obtaining the ASAM LOC certification. Provisional certifications are awarded for at least one year and have a 6/30 end date. Users who do not acquire the the ASAM LOC certification within the allocated timeframe, will have their Medicaid ID end-dated.

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After receiving the ASAM LOC certification, a Maintenance action must be performed in Partner Portal to add the certification details and upload the documentation. For more information on how to perform Maintenance and Upload Documents in Partner Portal, refer to the [How to Update Information on a Medicaid File \(Maintenance\)](#) and the [Uploading Documents Job Aids](#).

Navigating Partner Portal Screens

The information below includes screens relevant to SUD Providers and does not represent a complete New Enrollment Application. For more information on completing a New Enrollment, refer to the [How to Apply for a Medicaid ID - New Enrollment Job Aid](#).

1.1 Basic Information Screen

Tier Selection: Multiple Tiers can be selected during a single application with one exception. Tier 2 Narcotic Treatment Providers (NTP) will need to enroll separately and cannot be combined with a Tier 1, Tier 2 Non-NTP, or Tier 3 provider.

Accreditation: Users should indicate if they are currently accredited. If not, and the process has been initiated, enter accredited organization name and date that accreditation was initiated. Users can request an additional one year extension by completing a Maintenance on the 1.1 Basic Information Screen prior to the due date.

The screenshot displays the '1.1 Basic Information Screen' with several fields and callouts:

- Tier Selection:** A section titled 'Select Tier' with three checkboxes: ☐ Tier 1 Mental Health, ☐ Tier 2 Outpatient SUD, and ☐ Tier 3 Residential SUD.
- Accreditation Status:** A question: '* Are you currently accredited by a Nationally Recognized Accreditation Organization?' with radio buttons for ☒ Yes and ☐ No.
- Accreditation Details:** Two text input fields: '* Accredited Organization Name' and '* Initiated Date' (with a calendar icon). A callout box explains: 'Select if you are currently Accredited. If "No," enter Accredited Organization Name and Accreditation Initiated Date.'
- Extension Request:** A question: '* Do you request a one year extension to obtain accreditation?' with radio buttons for ☐ Yes and ☐ No.
- Effective Dates:** Two date input fields: '* Requested Effective Date' (showing 07/20/2023) and '* Maintenance Received Date' (showing 07/20/2023, with a calendar icon). A callout box explains: 'The Requested Effective Date applies to the Medicaid ID and when it will become Active; it does not apply to Accreditation.'
- Extension Note:** A callout box states: 'Users can request an additional one year extension by completing a Maintenance on the 1.1 Basic Information Screen prior to the due date.'

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1.5 Add Group Members

At least one group member with an active Medicaid ID must be added. After adding a Provider, users must indicate if the Provider is licensed to prescribe buprenorphine. If selecting Yes, an XDEA Identifier should be on the Individual Medicaid ID file. If an error is received perform a Maintenance on the Individual Medicaid ID to add the XDEA information.

The screenshot shows a web form for adding group members. At the top right is an orange 'Discard' button. Below it is a table header with 'Provider Medicaid ID', 'NPI', and 'Provider Name'. The table body shows 'No record'. Below the table are two required fields: '* Provider Medicaid ID' (text input) and '* Provider Linkage Effective Date' (date input with a calendar icon, showing '08/29/2023'). A blue button 'Verify Provider Medicaid ID' is between these fields. Below these are 'NPI' and 'Provider Name' text inputs. A question '* Is this Provider licensed to prescribe buprenorphine?' has radio buttons for 'Yes' and 'No'. A blue button 'Add To Grid' is at the bottom right. Four yellow callout boxes with arrows provide instructions: 1. 'Enter Provider's Medicaid ID and intended Effective Date. Select "Verify Provider Medicaid ID"' points to the Medicaid ID and effective date fields. 2. 'Select if Provider is Licensed to Prescribe Buprenorphine' points to the 'Yes/No' radio buttons. 3. 'After information has been entered, Click "Add to Grid"' points to the 'Add To Grid' button. 4. An arrow points from the 'Verify Provider Medicaid ID' button to the first callout box.

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1.10 Bed Data

Click Add to add Bed Data. If the organization has multiple residential licensed programs at the same location, enter a record for each program.

The screenshot shows the 'Bed Information' form within a web application. The left sidebar lists various sections, with '1.10 Bed Data' selected. The main form area contains instructions and a table for bed records. The instructions state: '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. For Provider Types 03, 06, 26, 30: If your organization is providing residential services and have multiple residential licensed programs at the same location, please enter a Bed record for each residential licensed program with Bed Effective date and End-date same as License Effective date and End-date.' The table has columns: Physical Address, Bed Type, Bed Effective Date, Bed End Date, Total Beds, and Action. Below the table, there are input fields for Physical Address (dropdown), Bed Type (dropdown), Bed Effective Date (calendar), Bed End Date (calendar), Adult Beds (text), and Adolescent Beds (text). An 'Add To Grid' button is at the bottom right of the form. At the very bottom, there are 'Exit', 'Back', and 'Save & Next' buttons.

2.2 Licence Information

At least one AODE Residential License is required.

The screenshot shows the 'Licence Information' form. It includes fields for Physical Address (dropdown), License Type (dropdown), Issue State (dropdown), License Number (text), Provider Name (text), License Designation (dropdown), License Effective Date (calendar), and License Expiration Date (calendar). The 'License Effective Date' is set to 08/01/2023 and the 'License Expiration Date' is set to 08/31/2023. An 'Add To Grid' button is located below the dates. Two yellow callout boxes with arrows point to the dates and the button. The first box says: 'License Effective & Expiration date must match the information on License'. The second box says: 'After information has been entered, Click "Add to Grid"'. The 'Add To Grid' button is highlighted with a blue arrow from the second callout box.

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2.3 Certification Information

The following certification information must be inputted:

- **Provisional Certification OR ASAM LOC Certification:** Users must indicate the current LOC (3.1, or 3.5).
- **Accreditation Certification:** Users in the process of obtaining Accreditation are not required to enter Certification Information unless they possess an "Other" Certification.

The screenshot displays a web form for entering certification information. It includes the following fields and callouts:

- * Certification Type:** A dropdown menu currently showing "AS - ASAM". A callout box labeled "Enter Certification Type" points to this field.
- * ASAM Level:** A dropdown menu currently showing "Select One". A callout box labeled "For ASAM Certification, Select Level of Care" points to this field.
- * Physical Address:** A dropdown menu currently showing "Select One". A callout box labeled "Enter Physical Address" points to this field.
- Certification Number:** A text input field. A callout box labeled "Enter Certification Number" points to this field.
- * Effective Date:** A date input field showing "08/10/2023".
- * Expiration Date:** A date input field showing "MM/DD/YYYY". A callout box labeled "Enter Certification Expiration Date" points to this field.

An "Add To Grid" button is located at the bottom center of the form.











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8.0 Certification Document Upload

Documents indicated with a “Y” are required to be uploaded. Additionally, a Provisional Certification or ASAM LOC Certification, and a Certification of Accreditation (if currently accredited) are required.

For any documents not listed as required, Click the 'Add' button to upload additional documents.

Add

| Document Type | Name | Required | Uploaded By | Uploaded Date | Action |
|---|---|----------|-------------|---------------|---|
| IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN | FEIN Verification | Y | | 07/27/2023 |   |
| AODE Residential License | AODE Residential License | Y | | 07/27/2023 |   |
| Certification of Accreditation | Certification of Accreditation | Y | | 07/27/2023 |   |
| OIG Letter | OIG Letter | Y | | 07/27/2023 |   |
| AS-ASAM Certification | AS - ASAM - 3.5 - ADR01 - test - 95 burt rd, Lexington, 40513 | Y | | 07/27/2023 |   |

Required if Currently Accredited from a National Organization.

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