

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.

PT 03 SUD Guide

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 above the checkboxes for Tier 1 Mental Health, Tier 2 Outpatient SUD, and Tier 3 Residential SUD.
- Accreditation:** A callout points to the "Are you currently accredited by a Nationally Recognized Accreditation Organization?" question, which has radio buttons for "Yes" (selected) and "No". Below this are fields for "Accredited Organization Name" and "Initiated Date". A callout explains: "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, which has radio buttons for "Yes" and "No". Below this are fields for "Requested Effective Date" and "Maintenance Received Date", both showing "07/20/2023". A callout explains: "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, explaining: "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.

PT 03 SUD Guide

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 a provider. At the top right is a 'Discard' button. Below it is a table header with columns: 'Provider Medicaid ID', 'NPI', 'Provider Name', and 'Action'. The table content shows 'No records found'. Below the table are input fields for 'Provider Medicaid ID', 'Provider Linkage Effective Date' (with a date picker showing 08/29/2023), 'NPI', and 'Provider Name'. A 'Verify Provider Medicaid ID' button is below the effective date field. Below these are radio buttons for 'Is this Provider licensed to prescribe buprenorphine?' with options 'Yes' and 'No'. An 'Add To Grid' button is at the bottom. Annotations include: 'Enter Provider's Medicaid ID and intended Effective Date. Select "Verify Provider Medicaid ID"' pointing to the Medicaid ID and effective date fields; 'Select if Provider is Licensed to Prescribe Buprenorphine' pointing to the radio buttons; and 'After information has been entered, Click "Add to Grid"' pointing to the 'Add To Grid' button.

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 columns: 'Specialty Type', 'Primary', 'Effective Date', 'Expiration Date', and 'Action'. The table content shows 'No records found'. Below the table are a dropdown menu for 'Specialty Type' (with 'Select One' selected), a 'Primary?' checkbox (with 'Yes' selected), an 'Effective Date' field (with a date picker showing 08/10/2023), and an 'Expiration Date' field (with a date picker showing MM/DD/YYYY). An 'Add To Grid' button is at the bottom. Annotations include: 'Select Specialty Type' pointing to the dropdown menu; and 'If multiple Specialties selected, select "Yes" for the Primary Specialty' pointing to the 'Primary?' checkbox.

PT 03 SUD Guide

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
- License Type:** BHSO
- Issue State:** Kentucky
- License Number:** (empty text box)
- Provider Name:** Behavioral Health
- License Designation:** Permanent
- License Effective Date:** 08/01/2023
- License Expiration Date:** 08/31/2023

Two callout boxes with arrows point to the date fields:

- One box points to both the effective and expiration date fields, containing the text: "License Effective & Expiration date must match the information on License".
- Another box points to the "Add To Grid" button, containing the text: "After information has been entered, Click 'Add to Grid'".

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 a certification entry form and a table. The table has the following structure:

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

Below the table is a form for entering certification information:

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









An "Add To Grid" button is located below the form. A "Discard" button is located in the top right corner of the form area.

PT 03 SUD Guide

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 table with columns: Document Type, Name, Required, Uploaded By, Uploaded Date, and Action. The table contains four rows of document entries. Callouts provide additional context: 'Payment Authorization for Individual Linking to the Group' points to the 'BHSO License' 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 the 'Add' button in the top right corner.

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	 

Buttons: 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.

PT 03 SUD Guide

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:

- Select Tier:** A callout points to the "Tier Selection" section, which includes radio buttons for "Tier 1 Mental Health", "Tier 2 Outpatient SUD" (selected), and "Tier 3 Residential SUD".
- Select if you are a licensed NTP:** A callout points to the "Are you a licensed Narcotic Treatment Program(NTP)?" question, which has "Yes" selected.
- Select if you are currently Accredited. If "No," enter Accredited Organization Name and Accreditation Initiated Date.** A callout points to the "Are you currently accredited by a Nationally Recognized Accreditation Organization?" question, which has "Yes" selected, and the "Accredited Organization Name" and "Initiated Date" fields.
- Users can request an additional one year extension by completing a Maintenance on the 1.1 Basic Information Screen prior to the due date.** A callout points to the "Do you request a one year extension to obtain accreditation?" question, which has "No" selected, and the "Requested Effective Date" and "Maintenance Received Date" fields.
- The Requested Effective Date applies to the Medicaid ID and when it will become Active; it does not apply to Accreditation.** A callout points to the "Requested Effective Date" field, which is set to 07/20/2023.



PT 03 SUD Guide

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	 

First Previous Next Last (Page 1 of 1) Page: 1

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 records found

* 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

Add To Grid

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

Select if Provider is Licensed to Prescribe Buprenorphine

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

PT 03 SUD Guide

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.

The screenshot shows a form for entering NTP location information. It includes a radio button selection for 'NTP Location' or 'Medication Station'. Below this are two address input fields, followed by fields for City, State (a dropdown menu), Zip Code, Zip+4, and County (a dropdown menu). A 'Validate Address' button is positioned below these fields. The next section is for 'Enter Hours of Operation for Licensed NTP', featuring 'Start Time' and 'End Time' fields, each with an 'HH:MM' input and an 'AM/PM' dropdown. Below the hours section is a question: 'Do you operate a Non-Methadone Clinic at the same location?' with 'Yes' and 'No' radio buttons. An 'Add To Grid' button is at the bottom. Several callout boxes with arrows point to specific elements: 'Select NTP or Medication Station' points to the radio buttons; 'Add Address Information and click "Validate Address"' points to the address fields; 'Enter hours of operation for NTP location' points to the time selection fields; 'Indicate if a Non-Methadone Clinic operates at the same location.' points to the 'Yes/No' radio buttons; and 'After information has been entered, Click "Add to Grid"' points to the 'Add To Grid' button.

2.2 License Information

At least one AODE - Outpatient License is required.

The screenshot shows a form for entering license information. It includes a 'Physical Address' dropdown menu, 'License Type' and 'Issue State' dropdown menus, a 'License Number' input field, 'Provider Name' and 'License Designation' dropdown menus, and 'License Effective Date' and 'License Expiration Date' date pickers. An 'Add To Grid' button is at the bottom. Two callout boxes with arrows point to the date pickers: 'License Effective & Expiration date must match the information on License' points to the 'License Effective Date' field, and 'After information has been entered, Click "Add to Grid"' points to the 'Add To Grid' button.

PT 03 SUD Guide

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

PT 03 SUD Guide

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.

PT 03 SUD Guide

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 [Uploading Documents Job Aids](#).

Navigating Partner Portal Screens

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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 box labeled "Select Tier" points to the radio button options: Tier 1 Mental Health, Tier 2 Outpatient SUD, and Tier 3 Residential SUD.
- Accreditation:** A callout box points to the question "Are you currently accredited by a Nationally Recognized Accreditation Organization?" with radio buttons for Yes (selected) and No. Below this are fields for "Accredited Organization Name" and "Initiated Date". A callout box explains: "Select if you are currently Accredited. If 'No,' enter Accredited Organization Name and Accreditation Initiated Date."
- Extension:** A callout box points to the question "Do you request a one year extension to obtain accreditation?" with radio buttons for Yes and No. Below this are fields for "Requested Effective Date" (07/20/2023) and "Maintenance Received Date" (07/20/2023). A callout box explains: "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 box points to the "Requested Effective Date" field and explains: "The Requested Effective Date applies to the Medicaid ID and when it will become Active; it does not apply to Accreditation."

PT 03 SUD Guide

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 a "Discard" button. Below it is a table header with columns: "Provider Medicaid ID", "NPI", "Provider Name", and "on". The table content shows "No record". Below the table are two required fields: "* Provider Medicaid ID" (text input) and "* Provider Linkage Effective Date" (calendar icon, showing 08/29/2023). A blue button "Verify Provider Medicaid ID" is below these fields. Below that are "NPI" and "Provider Name" text input fields. A radio button question asks "* Is this Provider licensed to prescribe buprenorphine?" with "Yes" and "No" options. A blue button "Add To Grid" is at the bottom. Three callout boxes with arrows point to: 1) The "Verify Provider Medicaid ID" button, with text "Enter Provider's Medicaid ID and intended Effective Date. Select 'Verify Provider Medicaid ID'". 2) The "Add To Grid" button, with text "After information has been entered, Click 'Add to Grid'". 3) The "Yes" radio button, with text "Select if Provider is Licensed to Prescribe Buprenorphine".

PT 03 SUD Guide

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.

Dashboard Application Maintenance Correspondence DMS Review Administration Search Application Header

1.0 Administrative Information

- 1.1 Basic Information
- 1.2 Tax Information
- 1.3 NPI Information
- 1.4 Taxonomy Information
- 1.5 Add Group Members
- 1.6 Additional Identifiers
- 1.7 Address Information
- 1.8 Contact Information
- 1.9 Language Information
- 1.10 Bed Data**
- 1.11 Locum Tenens
- 1.12 Teaching Facility
- 1.13 Telehealth Information
- 1.14 NTP Address Information
- 1.15 CLIA Information

2.0 Provider Qualifications

3.0 Disclosure of Ownership and Control Interest

4.0 Attestations

5.0 Provider Group Linkage

6.0 Account Information

Bed Information

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.

Discard

Physical Address	Bed Type	Bed Effective Date	Bed End Date	Total Beds	Action
No records found					

*Physical Address: ADR01 - Community Mental Hea

*Bed Type: Residential

*Bed Effective Date: 08/30/2023

Bed End Date: 12/31/2299

*Adult Beds: 5

*Adolescent Beds: 5

Add To Grid

Exit Back Save & Next

2.2 Licence Information

At least one AODE Residential License is required.

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

*License Type: BHSO

*Issue State: Kentucky

*License Number: [Empty]

Provider Name: Behavioral Health

*License Designation: Permanent

*License Effective Date: 08/01/2023

*License Expiration Date: 08/31/2023

Add To Grid

License Effective & Expiration date must match the information on License

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

PT 03 SUD Guide

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

- * Certification Type:** A dropdown menu with "AS - ASAM" selected. Callout: "Enter Certification Type".
- * ASAM Level:** A dropdown menu with "Select One" selected. Callout: "For ASAM Certification, Select Level of Care".
- * Physical Address:** A dropdown menu with "Select One" selected. Callout: "Enter Physical Address".
- Certification Number:** A text input field. Callout: "Enter Certification Number".
- * Effective Date:** A date input field with "08/10/2023" and a calendar icon.
- * Expiration Date:** A date input field with "MM/DD/YYYY" and a calendar icon. Callout: "Enter Certification Expiration Date".

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











PT 03 SUD Guide

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.

Required if Currently Accredited from a National Organization.

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	 

First Previous Next Last (Page 1 of 2) Page: 1