

# PT 06 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 detailed information and documentation requirements, click the following link to access the [PT 06 Chemical Dependency Treatment Center \(CDTC\) Provider Type Summary](#).

## 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**
- **ASAM LOC Certification** - Users who do not currently have 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.

## 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.

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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 ASAM LOC certification within the allocated timeframe will have their Medicaid ID end dated.

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](#).

**For additional information on the ASAM LOC certification and obtaining a Provisional Certification from DMS, [click here](#).**

## 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

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.

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\* Are you currently accredited by a Nationally Recognized Accreditation Organization?

Yes  No

\* Accredited Organization Name

\* Initiated Date

\* Requested Effective Date

\* Application Received Date

Select if you are currently Accredited. If "No", enter Accredited Organization Name and Date Accreditation was initiated.

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.**

## 1.5 Add Group Members

At least one group member with an active Medicaid ID must be added.

Provider Medicaid ID	NPI	Provider Name
No records found		

\* Provider Medicaid ID

\* Provider Linkage Effective Date

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

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

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## 1.10 Enter Bed Data

Bed data must be entered to indicate the number of Adult and Adolescent Beds located at the selected address.

This screenshot shows the 'Enter Bed Data' form with several callouts:

- Select Address pre-populated from the 1.7 Address Information Screen**: Points to the 'Physical Address' dropdown menu.
- Select Bed Type**: Points to the 'Bed Type' dropdown menu.
- Indicate number of Adult & Adolescent Beds at Facility**: Points to the 'Adult Beds' and 'Adolescent Beds' input fields.
- When complete, click "Add to Grid"**: Points to the 'Add To Grid' button.

The form fields include: \*Physical Address (dropdown), \*Bed Type (dropdown), \*Bed Effective Date (calendar), Bed End Date (calendar), \*Adult Beds (input), and \*Adolescent Beds (input). The 'Add To Grid' button is located at the bottom right.

## 2.2 Licence Information

At least one CDTC License is required.

This screenshot shows the 'Licence Information' form with several callouts:

- Licence Effective & Expiration date must match the information on License**: Points to the 'License Effective Date' and 'License Expiration Date' calendar fields.
- After information has been entered, Click "Add to Grid"**: Points to the 'Add To Grid' button.

The form fields include: \*Physical Address (dropdown), \*License Type (dropdown), \*Issue State (dropdown), \*License Number (input), Provider Name (text), \*License Designation (dropdown), \*License Effective Date (calendar), and \*License Expiration Date (calendar). The 'Add To Grid' button is located at the bottom center.

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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 (3.5 or 3.7)
- **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 form with 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:** An empty 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".
- Add To Grid:** A blue button.

## 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](#).

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

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN	FEIN Verification	Y			
MAP-347	MAP-347 - 7100682640	Y			
CDTC License	CDTC License - 18709383	Y			
AS-ASAM Certification	AS - ASAM - 3.5 - ADR01 - CDTC - 1583 Partner Way, Lexington, 40254 - 43366743	Y			

Callouts:

- Payment Authorization for Individual Linking to the Group (points to MAP-347)
- Upload ASAM Certification or Provisional Certification (points to AS-ASAM Certification)
- Add (points to the Add button)