PT 26 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 <u>PT 26 Behavioral Health Multi-Specialty Group</u> <u>Provider Type Summary</u>. Visit the <u>Residential Crisis Stabilization Unit</u> <u>(RCSU) webpage for more information on PT 26.</u>

Prior to Starting a New Enrollment

• ASAM LOC Certification - Users who do not currently have an ASAM LOC 3.7 Certification must obtain a Provisional Certification from DMS prior to applying for a Medicaid ID.

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 selfattestation 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 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, see the <u>How to Update Information on a Medicaid File (Maintenance)</u> and the <u>Uploading Documents</u> Job Aids.



PT 26 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 <u>How to Apply for a Medicaid ID - New</u> <u>Enrollment Job Aid</u>.

1.1 Basic Information Screen

Select 'Yes' to indicate user is providing SUD Residential services. Enter the effective date for the Medicaid ID. The Application Received Date will be pre-populated.

Dashboard Application	Maintena	ince Corres	pondenc	e DMS F	Review	Administratio	on Sea	rch	I Appica	tion Hea	der	٠
0 Administrative Information	۰ e	lasic Informa	tion-Gr	oup/Entity					0	0	* = Req	uire
1.1 Basic Information	1											
1.2 Tax Information	0	Please en	ter your b	basic informa	ation below			in the Manhard				
1.3 NPI Information	•	 The email access yo 	in the Kentuc	xy Online Gat	eway (K0G)1	0					
1.4 Taxonomy Information	•	 If the appli individual? 	ication is s provide	for a Group rs address	or Entity e	nter the Grou	p/Entity e	mail notification	on address and	d not t	10	
1.5 Add Group Members	0	Press "Ext	T to retur	rn to the Dar	shboard an	nd keep all va	lidated da	ta entered				
1.8 Additional Identifiers	•	 For Provid 	ler Type (e to held scre inroll together	with Tier 2 NT	P. Tier	2 NTP	į.				
1.7 Address Information	•	 For PT05. 	I separat "Accredi	tely. ted Organizi	ation Nam	e": If you are	currently r	of accredited	enter the nam	ne of t	e acer	10
1.8 Contact Information	•	which you	are purs	uing accred	tation.							
1.9 Language Information	۰.	Business Nam	e									
1.10 Bed Data	0	Residential Crisis Stabilization Unit (RCSU)										
1.11 Locum Tenens	0 0	Doing Business As										
1.12 Teaching Facility	0	Residential Crisis Stabilization Unit (RCSU)										
1.13 Telehealth Information	0	*Legally Authorized Agent Email			*Confi	m Legally Au	thorized A	gent				
1.14 NTP Address Information	0	fember)	, Onicer (or board	aman	ta ridnewavilla	1001					
1.15 CLIA Information	•	amanda.ridgewa	ny@ky.gov		-	and a start of the	1.8.1					
Provider Qualifications) 0	Communication Email Address			Confirm	n Communica	tion Emai	I Address				
Disclosure of Ownership and Control amanda.ridgeway@ky.gov				aman	da.ridgeway@k	y gov						
rest	۰.	* Business Structure Type			* Business Ownership Type							
Attestations	0	Non-Profit 🗸		~	Publi	0		~				
Provider Group Linkage	0.	Are you provid	ng subst	ance use dis	order Res	idential Servi	ces?					
Account Information	•	Yes O No										
Fee Payment	0	Requested Eff	ective Da	ite	• Appli	cation Receiv	ed Date					
Document Upload	•	08/29/2023			05/29	2023						
Provider Review	•											
0 Submit	•	Ext								ne 8	Next	Ľ.



1.10 Bed Data

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

1.0 Administrative Information	•	Bed Information			0 0 *= Required
1.1 Basic Information	8				
1.2 Tax Information	8	Click "Add" If you wish to add Be record	d Data records, "Edit" to ch	ange existing record, "R	emove" to delete existing
1.3 NPI Information	C	After pressing "Add", enter data a	and then press "Add to Grid	" to add record to the gri	d, "Discard" to not save
1.4 Taxonomy Information	e	 For Provider Types 03, 06, 26, 30): If your organization is pro	oviding residential service	es and have multiple
1.5 Add Group Members	0	residential licensed programs at	the same location, please e	enter a Bed record for ea	ch residential licensed
1.6 Additional Identifiers	8	program man bed Enecare date		the checare date and c	
1.7 Address Information	C				Discard
1.8 Contact Information	C				
1.9 Language Information	C	Physical Address Bed Type	Bed Effective Date	Bed End Date	Total Beds Action
1.10 Bed Data	1		No records tout	10	
1.11 Locum Tenens	0				
1.12 Teaching Facility	0	* Physical Address	*Bed Type		
1.13 Telehealth Information	0	ADR01 - Residential Crisis Stabil V	Residential	~	
1.14 NTP Address Information	0	*Bed Effective Date	Bed End Date	1.00	
1.15 CLIA Information	e	08/29/2023	08/29/2024	1	
A Desider Confidentiers		*Adult Beds	*Adolescent Beds		
o Provider Guarrications	-	2	2		
1.0 Disclosure of Ownership and Co nterest	etrol		Add To Grid		
0 Attestations	0				
				Click 'A	Add to Grid'

2.2 License Information

Select 'Add' to enter the RCSU license information.

Dashboard Application N	aintenance Correspondence DIMS Review Administration Search	Divisional Addresse
terest D Attestations	Decent	ADD01 - Residential Crisis Stabilization Linit (
Provider Group Linkage	Physical License Issue License Name License License License Action	I leane Tune I leane Tune
Account Information	No record found	RCSU Kentucky Y
locument Upload	g Fee Parate Sam Las (Page 1471) Page 1 - V	License Number
Provider Review	Physical Address	
4 0 June	Locrise Type Issue State Select One Select One	Provider Name • License Designation Residential Crisis Stabilization Unit Frankfort Permanent • License Effective Date • License Expiration Date
	Residential Orius Stabilization: Unit Franktut Select One License Effective Date License Effective Date MacDOVYYV M Antite Cent Antite Cent	05/01/2023 🖬 04/30/2024 Click 'Add to Grid" Add To Grid control information
	Exit Back Save & Next	Exit Back Save & Next



PT 26 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 (3.7)

2.1 Specialities Information	G	record	you wish to add Ce	TURCEUUTS, EUR	to change existing	record, Rein	ove to delete et	usung	
2.2 License Information	8	 After pressing 	"Add", enter data a	and then press "	Add to Grid" to add	a record to the	e grid, "Discard"	to not sa	
2.3 Certification Information	1	 Applicant Nan 	ne displayed on the	e certification mu	st match the name	on the applica	tion		
2.4 County Served	0								
2.5 Services Provided	0							Discout	
2.6 Supervisor Details	0							Discard	
0 Disclosure of Ownership and Cor lerest	itrol	Physical Address	Certification Type	ASAM Level	Certification Number	Effective Date	Expiration Date	Actio	
0 Attestations	0	No records found							
0 Provider Group Linkage	0								
0 Account Information	•	Certification T	ype						
0 Fee Payment	0	AS - ASAM 👻							
0 Document Upload	•	* ASAM Level							
0 Provider Review	•	3.7 🗸							
0 Submit	•	Physical Addr	ess						
		ADR01 - Reside	ential Crisis Stabilizati	ion Unit (RCSU) - 8	40 Hilhrood Ave, Fran	idort, 4061 🗸			
		Certification Nu	mber	*Effective Da	te	* Expirati	ion Date		
				08/29/2023		MMDD	mm	=	
				•	dd To Grid				
		_				_		_	

8.0 Document Upload

Documents indicated with a "Y" are required to be uploaded. For more information on uploading documents, refer to the <u>Uploading Documents Job Aid</u>.

0 Administrative Information	Document Upload				0 0	* = Require
D Provider Qualifications D Discloser of Ownership and Control Discloser	All required documents in Required documents are i User may select 'Add' to Idick' Add' to upload a do After cicking 'Add', click' press "meet" Fill out the required fields Please Note: JPG, JPEG, accepted for supporting do	ust be uploaded to submit applicat isted in grid with 'Required = Y', se upload any additional documents to cument, 'Doleth' to remove uploa Browse" and use "Insert File" pop and then Click 'Add to Grid' when TXY, RTF, CSV, DOC, DOCX, XJ, ocuments uploads and the file size	ion lect 'Edit' or o grid ded docume up to locate ou are read 3, XLSX, TIF is limited to	each row to nt each file you y to upload 5 TIFF and F 5 MB	o upload requ u wish to uplo each file PDF file form	aired item and and then ats are
0 Provider Review 0 0.0 Submit 0	Document Type	Name	Required	Uploaded By	Uploaded Date	Action
	IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN	FEIN Verification	Y	J		
	Residential Crisis Stabilization Unit License	Residential Crisis Stabilization Unit License - 800163	Y			6
	AS-ASAM Certification	AS - ASAM - 3.7 - ADR01 - Residential Crisis Stabilization Unit (RCSU) - 840 Hillwood Ave, Frankfort, 40601 - 1234	Y			
	First Previous Next Last	(Page 1 of 1)			Page: 1	



For further assistance with navigation, invitations, or account creation please contact the Partner Portal Technical Support Center at 877-838-5085. Select option 1 and option 1, again, to speak with a customer service representative.