

# PT 30 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 30 Community Mental Health Center \(CMHC\) Provider Type Summary](#). Visit the [Community Mental Health Center webpage](#) for more information on PT 30.

## Prior to Starting a New Enrollment

If providing SUD residential services, Providers must possess or be in the process of obtaining the following:

- **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.
- **AODE License** - Residential Alcohol and Other Drug Entity (AODE) License if residential substance abuse treatment is being provided. If a provider enrolls more than one residential facility, a residential AODE license is required for each facility. Extension sites are not allowed.

## Provisional Certification & ASAM LOC Certification

If Providers are offering residential/inpatient services, they 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 who are offering residential/inpatient services 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 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

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.

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Dashboard Application Maintenance Correspondence DMS Review Administration Search

- 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
- 7.0 Fee Payment
- 8.0 Document Upload
- 9.0 Provider Review
- 10.0 Submit

The email address used here must be the same as the one used in the Kentucky Online Gateway (KOG) to access your application later.

- If the application is for a Group or Entity enter the Group/Entity email notification address and not the individual's providers address
- Press "Exit" to return to the Dashboard and keep all validated data entered
- Press "Next" when you are done entering data and ready to move to next screen
- For Provider Type G3, Tier 1, Tier 2 Non-NTP and Tier 3 cannot enroll together with Tier 2 NTP. Tier 2 NTP must enroll separately.
- For PT06, "Accredited Organization Name": If you are currently not accredited, enter the name of the agency in which you are pursuing accreditation.

\* Business Name  
Community Mental Health - Frankfort

Doing Business As  
Residential Crisis Stabilization Unit Frankfort

\* Legally Authorized Agent Email Address (Owner, Officer or Board Member)  
amanda.ridge@ky.gov

\* Confirm Legally Authorized Agent Email Address  
amanda.ridge@ky.gov

Communication Email Address  
amanda.ridge@ky.gov

Confirm Communication Email Address  
amanda.ridge@ky.gov

\* Business Structure Type  
Non-Profit

\* Business Ownership Type  
Private

\* Fiscal Year End  
Jun

\* Are you providing substance use disorder Residential Services?  
 Yes  No

\* Requested Effective Date  
06/30/2023

\* Application Received Date  
06/30/2023

Exit Save & Next

## 1.6 Additional Identifiers

User must be actively enrolled with Medicare at the permanent physical location.

Dashboard Application Maintenance Correspondence DMS Review Administration Search Application Header

1.0 Administrative Information

- 1.1 Basic Information
- 1.2 Tax Information
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- 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
- 7.0 Fee Payment
- 8.0 Document Upload

Additional Identifiers

- Please click on Add then click on the Identifier type dropdown and enter information for each identifier that applies
- If applicable add all CLIA numbers that are assigned to this provider
- Click "Add" if you wish to add Additional Identifiers, "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

Identifier Type	Identifier Number	Issue State	Effective Date	Expiration Date	Location NPI	Comments	Action
No record found							

\* Identifier Type  
Medicare Number

\* Identifier Number  
0000028

\* Effective Date  
06/22/2013

Expiration Date  
12/31/2299

Comments

Add to Grid

Exit Back Save & Next

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## 1.10 Bed Data

Only CMHC providing residential services must provide Bed Data. To add Bed data Click Add. 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

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- 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

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## 2.1 Specialties Information

Select 'Add' to enter Specialty information.

The screenshot shows the 'Specialties Information' form in a web application. The left sidebar contains a navigation menu with items 1.0 through 10.0. The main content area has a title 'Specialties Information' and a 'Required' indicator. Below the title are instructions: 'You must make one specialty your primary specialty if selecting more than one', 'If your provider type is 64 - Physician Individual - General Practitioner can not be changed except for "Primary"', 'Click "Add" if you wish to add specialties, "Edit" to change existing record, "Remove" to delete existing record', and 'After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record'. There is a 'Discard' button. Below the instructions is a table with columns: Specialty Type, Primary, Effective Date, Expiration Date, and Action. The table currently shows 'No records found'. Below the table are input fields: 'Specialty Type' (a dropdown menu with options: 110 - Outpatient Mental Health Clinic, 111 - Community Mental Health Center (CMHC), 114 - Health Service Provider in Psychology (HSPP), 118 - Mental Health - DMHSAS), 'Primary?' (checkbox Yes), 'Effective Date' (text input), and 'Expiration Date' (text input). There is an 'Add To Grid' button. At the bottom are 'Exit', 'Back', and 'Save & Next' buttons.

Enter the below information:

- Specialty Type:
  - Outpatient Mental Health Clinic
  - Community Mental Health Center (CMHC)
  - Health Service Provider in Psychology (HSPP)
  - Mental Health- DMHSAS
- Primary
  - If this is the primary license, select 'Yes'
- Effective Date
- Expiration Date

The screenshot shows the 'Specialties Information' form with the following fields filled out: 'Specialty Type' is set to '111 - Community Mental Health Center (CMHC)', 'Primary?' is checked 'Yes', 'Effective Date' is '08/30/2023', and 'Expiration Date' is '12/31/2299'. The 'Add To Grid' button is visible. The rest of the form structure is the same as in the previous screenshot.

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## 2.2 License Information

Select 'Add' to enter the CMHC license information.

The screenshot displays the PT 30 SUD Guide application interface. The top navigation bar includes: Dashboard, Application, Maintenance, Correspondence, DMS Review, Administration, and Search. A left sidebar lists steps from 2.4 to 10.0. The main content area shows a table with columns: Physical Address, License Type, Issue State, License Number, Name, License Designation, License Effective Date, License Expiration Date, and Action. The table is currently empty, displaying "No record found". Below the table is a form with fields for: Physical Address (dropdown), License Type (dropdown with a list including: Select One, Exempt from Licensure, Health Board, Other, AODE-Residential, AODE-Outpatient, CDTC, CMHC), Issue State (dropdown), License Designation (dropdown), License Effective Date (MM/DD/YYYY), and License Expiration Date (MM/DD/YYYY). Buttons for "Add To Grid", "Exit", "Back", and "Save & Next" are visible. A yellow arrow points from the "Add To Grid" button to a text box below.

Enter the below information:

- Physical Address
- License Type
  - Health Board
  - Other
  - AODE- Residential
  - AODE- Outpatient
  - CDTC
  - CMHC
  - Exempt from License is not permitted for KY Providers
- Issue State
- License Number
- License Designation
  - Permanent
- License Effective Date
- License End Date

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## 2.3 Certification Information

- **Provisional Certification OR ASAM LOC Certification:** Users must indicate the current LOC (Levels 3.1, 3.5, 3.7)

Enter the below information:

- Certification Type
  - AS-ASAM
- Certification Level
  - 3.1
  - 3.5
  - 3.7
- Certification Number
- Effective Date
- Expiration Date

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## 8.0 Document Upload

Documents indicated with a “Y” are required to be uploaded. If the user has already paid an application fee to Medicare or another state’s Medicaid agency, a proof of payment will be required as well. For more information on uploading documents, refer to the [Uploading Documents Job Aid](#).

Document Upload

- All required documents must be uploaded to submit application
- Required documents are listed in grid with "Required = Y", select "Edit" on each row to upload required item
- User may select "Add" to upload any additional documents to grid
- Click "Add" to upload a document, "Delete" to remove uploaded document
- After clicking "Add", click "Browse" and use "Insert File" popup to locate each file you wish to upload and then press "Insert"
- Fill out the required fields and then Click "Add to Grid" when ou are ready to upload each file
- Please Note: JPG, JPEG, TXT, RTF, CSV, DOC, DOCX, XLS, XLSX, TIF, TIFF and PDF file formats are accepted for supporting documents uploads and the file size is limited to 5 MB

**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			 
CMHC Certification	CMHC Certification	Y			 
AS-ASAM Certification	AS - ASAM - 3.7 - ADR01 - Residential Crisis Stabilization Unit (RCSU) - 840 Hillwood Ave, Frankfort, 40601 - 1234	Y			 

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**Exit** **Back** **Save & Next**

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.