

Provider Type 03 SUD Guide

To participate in Kentucky Medicaid, Providers must submit a New Enrollment application. This Job Aid guides users through the New Enrollment process for Provider Type 03.

Provider Type 03 consists of three specialty Tiers that are outlined below. When completing a New Enrollment, Providers must select each Tier for the services being 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 an 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. To complete a New Enrollment in Partner Portal, users are required to have initiated the accreditation process. Providers have one year to obtain accreditation.

Navigating Partner Portal Screens

The information below includes screens relevant to SUD Providers. It does not represent a complete New Enrollment Application.

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.

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

- Tier Selection:** A dropdown menu labeled 'Select Tier' is shown. Below it are three checkboxes: Tier 1 Mental Health, Tier 2 Outpatient SUD, and Tier 3 Residential SUD.
- Accreditation Status:** A question asks, 'Are you currently accredited by a Nationally Recognized Accreditation Organization?' with radio buttons for 'Yes' (selected) and 'No'. Below this are two text input fields: 'Accredited Organization Name' and 'Initiated Date'.
- Extension Request:** A question asks, 'Do you request a one year extension to obtain accreditation?' with radio buttons for 'Yes' and 'No'. Below this are two date pickers: 'Requested Effective Date' (set to 07/20/2023) and 'Maintenance Received Date' (set to 07/20/2023).

Callouts provide additional information:

- A callout for the 'Initiated Date' field states: 'Select if you are currently Accredited. If "No," enter Accredited Organization Name and Accreditation Initiated Date.'
- A callout for the 'Requested Effective Date' field states: 'The Requested Effective Date applies to the Medicaid ID and when it will become Active; it does not apply to Accreditation.'
- A callout for the 'Maintenance Received Date' field 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.'

Note: 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. 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.

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.

Discard

Provider Medicaid ID	NPI	Provider Name
No records found		

* Provider Medicaid ID

* Provider Linkage Effective Date

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"

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.

Discard

Specialty Type	Primary	Effective Date	Expiration Date	Action
No records found				

* Specialty Type

Select Specialty Type

Primary? Yes

If multiple Specialties selected, select "Yes" for the Primary Specialty

* Effective Date

Expiration Date

Add To Grid

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.

2.2 License Information

At least one BHSO License is required.

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

- Physical Address:** A dropdown menu with the selected value "ADR01 - BHO - 1583 Partner Way, Lexington".
- License Type:** A dropdown menu with the selected value "BHSO".
- Issue State:** A dropdown menu with the selected value "Kentucky".
- License Number:** An empty text input field.
- Provider Name:** A text input field with the value "Behavioral Health".
- License Designation:** A dropdown menu with the selected value "Permanent".
- License Effective Date:** A date picker field with the value "08/01/2023".
- License Expiration Date:** A date picker field with the value "08/31/2023".

Below the form is a blue "Add To Grid" button. Two yellow callout boxes with arrows point to the form:

- The left callout box points to the "License Effective Date" and "License Expiration Date" fields, containing the text: "License Effective & Expiration date must match the information on License".
- The right callout 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 fields are required for Certification: Certification Type, Certification Number, Effective Date, Expiration Date.

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

Certification Number

* Effective Date

* Expiration Date

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.

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	📄 🗑️
BHSCO License	BHSCO 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

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

Payment Authorization for Individual Linking to the Group

Required if Currently Accredited from a National Organization

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.

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 an 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. To complete a New Enrollment in Partner Portal, users are required to have initiated the accreditation process. Providers have one year to obtain accreditation.

Navigating Partner Portal Screens

The information below includes screens relevant to SUD Providers. It does not represent a complete New Enrollment Application.

1.1 Basic Information

- **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.

*** Tier Selection** ← **Select Tier**

Tier 1 Mental Health Tier 2 Outpatient SUD Tier 3 Residential SUD

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

Yes No

*** Accredited Organization Name** *** Initiated Date**

← **Select if you are currently Accredited. If "No," enter Accredited Organization Name and Accreditation Initiated Date.**

*** Do you request a one year extension to obtain accreditation?**

Yes No

*** Requested Effective Date** *** Maintenance Received Date**

07/20/2023 07/20/2023

← **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 Requested Effective Date applies to the Medicaid ID and when it will become Active; it does not apply to Accreditation.**

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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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.

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 "Action". The table contains one row with "No record" in the "Provider Medicaid ID" column. Below the table are input fields for "Provider Medicaid ID", "Provider Linkage Effective Date" (with a date picker set to 08/29/2023), "NPI", and "Provider Name". A blue button labeled "Verify Provider Medicaid ID" is positioned below the "Provider Linkage Effective Date" field. Below these fields is a question: "Is this Provider licensed to prescribe buprenorphine?" with radio buttons for "Yes" and "No". At the bottom right is a blue button labeled "Add To Grid". Annotations in yellow boxes with arrows point to the "Provider Medicaid ID" field, the "Verify Provider Medicaid ID" button, the "Add To Grid" button, and the "Is this Provider licensed to prescribe buprenorphine?" question.

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

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

Select if Provider is Licensed to Prescribe Buprenorphine

1.14 NTP Address Information

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

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.

* Is this location NTP Location Or Additional Affiliated Medication Station?
 NTP Location Medication Station

Address 1: _____ Address 2: _____

City: _____ State: Kentucky Zip Code: XXXXX Zip+4: XXXX County: Select One

Validate Address

* Enter Hours of Operation for Licensed NTP

Start Time: HH:MM AM End Time: HH:MM AM

* Do you operate a Non-Methadone Clinic at the same location?
 Yes No

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: BHSO * Issue State: Kentucky

* License Number: _____

Provider Name: Behavioral Health * License Designation: Permanent

* License Effective Date: 08/01/2023 * License Expiration Date: 08/31/2023

Add To Grid

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.

2.3 Certification Information Entry

The following fields are required for Certification: Certification Type, Certification Number, Effective Date, Expiration Date.

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 interface for entering certification information. At the top right, there is an orange "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 a yellow border. The form includes a dropdown menu for "Certification Type" with "Select One" as the current selection. Below this are three input fields: "Certification Number" (empty), "*Effective Date" (containing "08/10/2023" with a calendar icon), and "*Expiration Date" (containing "MM/DD/YYYY" with a calendar icon). At the bottom of the form is a blue "Add To Grid" 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 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		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

Add

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.

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 an Accreditation Certification from a Nationally Certified Organization and 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. 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 June 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.

Navigating Partner Portal Screens

The information below includes screens relevant to SUD Providers and does not represent a complete New Enrollment Application.

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.

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.

The screenshot shows a web form titled "1.1 Basic Information Screen" with several sections and callouts:

- Tier Selection:** A dropdown menu labeled "Select Tier" is positioned above three radio button options: Tier 1 Mental Health, Tier 2 Outpatient SUD, and Tier 3 Residential SUD.
- Accreditation Status:** A question asks, "Are you currently accredited by a Nationally Recognized Accreditation Organization?" with radio buttons for "Yes" (selected) and "No".
- Accreditation Details:** Two text input fields are labeled "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 Request:** A question asks, "Do you request a one year extension to obtain accreditation?" with radio buttons for "Yes" and "No".
- Effective Dates:** Two date pickers are labeled "Requested Effective Date" and "Maintenance Received Date", both showing "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 Note:** A callout box at the bottom explains: "The Requested Effective Date applies to the Medicaid ID and when it will become Active; it does not apply to Accreditation."

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 "Action". The table contains one row with "No record" in the "Provider Medicaid ID" column. Below the table are input fields for "Provider Medicaid ID" and "Provider Linkage Effective Date" (with a date picker showing "08/29/2023"). A "Verify Provider Medicaid ID" button is positioned below these fields. Further down are "NPI" and "Provider Name" input fields. At the bottom, there is a question: "Is this Provider licensed to prescribe buprenorphine?" with radio buttons for "Yes" and "No". An "Add To Grid" button is located below the question. Three 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 "Provider Medicaid ID" field and the "Verify Provider Medicaid ID" button. 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.

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.

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 a web application interface for entering bed data. The top navigation bar includes 'Dashboard', 'Application', 'Maintenance', 'Correspondence', 'DMS Review', 'Administration', and 'Search'. The left sidebar lists various information categories, with '1.10 Bed Data' selected. The main content area is titled 'Bed Information' and contains the following instructions:

- 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.

Below the instructions is a table with the following columns: Physical Address, Bed Type, Bed Effective Date, Bed End Date, Total Beds, and Action. The table currently shows 'No records found'.

The form includes the following input fields:

- *Physical Address: A dropdown menu with 'ADR01 - Community Mental Hea' selected.
- *Bed Type: A dropdown menu with 'Residential' selected.
- *Bed Effective Date: A date picker showing '08/30/2023'.
- Bed End Date: A date picker showing '12/31/2299'.
- *Adult Beds: A text input field containing '5'.
- *Adolescent Beds: A text input field containing '5'.

Buttons at the bottom include 'Add To Grid' (blue), 'Exit' (green), 'Back' (green), and 'Save & Next' (green). A 'Discard' button is also present near the instructions.

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.

2.2 License Information

At least one AODE Residential License is required.

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

- Physical Address:** A dropdown menu showing "ADR01 - BHO - 1583 Partner Way, Lexington".
- License Type:** A dropdown menu showing "BHSO".
- Issue State:** A dropdown menu showing "Kentucky".
- License Number:** An empty text input field.
- Provider Name:** A text input field containing "Behavioral Health".
- License Designation:** A dropdown menu showing "Permanent".
- License Effective Date:** A date picker showing "08/01/2023".
- License Expiration Date:** A date picker showing "08/31/2023".
- Add To Grid:** A blue button located below the date fields.

Two callout boxes with arrows point to the date fields and the button:

- The first callout box points to the "License Effective Date" and "License Expiration Date" fields, containing the text: "License Effective & Expiration date must match the information on License".
- The second callout box points to the "Add To Grid" button, containing the text: "After information has been entered, Click 'Add to Grid'".

2.3 Certification Information

The following certification information must be provided:

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

* Certification Type: AS - ASAM

* ASAM Level: Select One

* Physical Address: Select One

Certification Number: [Empty field]

* Effective Date: 08/10/2023

* Expiration Date: MM/DD/YYYY

Buttons: Add To Grid

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.

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	[Add] [Remove]
AODE Residential License	AODE Residential License	Y		07/27/2023	[Add] [Remove]
Certification of Accreditation	Certification of Accreditation	Y		07/27/2023	[Add] [Remove]
OIG Letter	OIG Letter	Y		07/27/2023	[Add] [Remove]
AS-ASAM Certification	AS - ASAM - 3.5 - ADR01 - test - 95 burt rd, Lexington, 40513	Y		07/27/2023	[Add] [Remove]

Required if Currently Accredited from a National Organization.

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