

Provider Type 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.

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

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 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.

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 end date that accreditation was initiated.

Users who have initiated the accreditation process will receive reminder notifications in Partner Portal 30,60, and 90 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.

* 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.

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.

The screenshot shows a form with the following fields and buttons:

- Header: Provider Medicaid ID, NPI, Provider Name
- Message: No records found
- Field: * Provider Medicaid ID (with callout: "Enter Provider's Medicaid ID and intended Effective Date. Select 'Verify Provider Medicaid ID'")
- Field: * Provider Linkage Effective Date (MM/DD/YYYY) (with callout: "Enter Provider's Medicaid ID and intended Effective Date. Select 'Verify Provider Medicaid ID'")
- Button: Verify Provider Medicaid ID (with callout: "After information has been entered, Click 'Add to Grid'")
- Button: Add To Grid (with callout: "After information has been entered, Click 'Add to Grid'")

1.10 Enter Bed Data

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

The screenshot shows a form with the following fields and buttons:

- Field: * Physical Address (Select One) (with callout: "Select Address pre-populated from the 1.7 Address Information Screen")
- Field: * Bed Type (Select One) (with callout: "Select Bed Type")
- Field: * Bed Effective Date (08/23/2023)
- Field: Bed End Date (MM/DD/YYYY)
- Field: * Adult Beds (with callout: "Indicate number of Adult & Adolescent Beds at Facility")
- Field: * Adolescent Beds (with callout: "Indicate number of Adult & Adolescent Beds at Facility")
- Button: Add To Grid (with callout: "When complete, click '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 CDTC License is required.

The screenshot shows a web form for entering license information. The form includes the following fields and controls:

- * Physical Address:** A dropdown menu with "Select One" as the current selection.
- * License Type:** A dropdown menu with "Select One" as the current selection.
- * Issue State:** A dropdown menu with "Select One" as the current selection.
- * License Number:** A text input field.
- Provider Name:** A text input field containing "Chemical Dependency".
- * License Designation:** A dropdown menu with "Select One" as the current selection.
- * License Effective Date:** A date input field with the format "MM/DD/YYYY" and a calendar icon.
- * License Expiration Date:** A date input field with the format "MM/DD/YYYY" and a calendar icon.
- Add To Grid:** A blue button.

Annotations on the form include:

- A yellow box with the text "License Effective & Expiration date must match the information on License" with arrows pointing to both date input fields.
- A yellow box with the text "After information has been entered, Click 'Add to Grid'" with an arrow pointing to the "Add To Grid" button.

2.3 Certification Information

The following certification information is required.

- 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.

* Certification Type: AS - ASAM (Callout: Enter Certification Type)

* ASAM Level: Select One (Callout: For ASAM Certification, Select Level of Care)

* Physical Address: Select One (Callout: Enter Physical Address)

Certification Number: [] (Callout: Enter Certification Number)

* Effective Date: 08/10/2023

* Expiration Date: MM/DD/YYYY (Callout: Enter Certification 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.

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			[Add] [Remove]
MAP-347	MAP-347 - 7100682640	Y			[Add] [Remove]
CDTC License	CDTC License - 18709383	Y			[Add] [Remove]
AS-ASAM Certification	AS - ASAM - 3.5 - ADR01 - CDTC - 1583 Partner Way, Lexington, 40254 - 43366743	Y			[Add] [Remove]

Payment Authorization for Individual Linking to the Group (Callout to MAP-347)

Upload ASAM Certification or Provisional Certification (Callout to AS-ASAM Certification)

[Add] (Callout: For any documents not listed as required, Click the "Add" button to upload additional Documents)

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.