

Provider Type 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.

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.

This will allow providers who are offering residential/inpatient services to be 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 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

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.

The screenshot shows the 'Basic Information' screen with the following details:

- 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
- Requested Effective Date:** 09/30/2023
- Application Received Date:** 09/30/2023

1.6 Additional Identifiers

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

The screenshot shows the 'Additional Identifiers' screen with the following details:

- Identifier Type:** Medicare Number
- Identifier Number:** 0000020
- Effective Date:** 06/22/2013
- Expiration Date:** 12/31/2299

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 Enter Bed Data

Only CMHCs 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.

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 displays 'No records found'. An orange 'Discard' button is located to the right of the table.

The data entry section includes the following fields:

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

At the bottom of the form are three buttons: a green 'Exit' button, a green 'Back' button, and a green 'Save & Next' button. A blue 'Add To Grid' button is positioned above the 'Save & Next' 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.

2.1 Specialties Information

Select “Add” to enter Specialty information.

Dashboard Application Maintenance Correspondence DMS Review Administration Search Application Header

1.0 Administrative Information
2.0 Provider Qualifications
2.1 Specialties Information
2.2 License Information
2.3 Certification Information
2.4 County Served
2.5 Services Provided
2.6 Supervisor Details
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

Specialties Information

**** Required**

- 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
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

Discard

Specialty Type	Primary	Effective Date	Expiration Date	Action
No records found				

* Specialty Type
Select One
110 - Outpatient Mental Health Clinic
111 - Community Mental Health Center (CMHC)
114 - Health Service Provider in Psychology (HSPP)
115 - Mental Health - DMHSAS

Primary?
 Yes

Expiration Date
DD/YYYY

Add To Grid

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.

2.2 License Information

Select “Add” to enter the CMHC license information. Required information includes physical address, license type, issue state, license number, license designation, license effective and end dates.

The screenshot shows a web application interface with a navigation menu on the left and a main content area. The navigation menu includes items like "2.4 County Served", "2.5 Services Provided", "2.6 Supervisor Details", "3.0 Disclosure of Ownership and Control Interest", "4.0 Allegations", "5.0 Provider Group Linkage", "6.0 Account Information", "7.0 Fee Payment", "8.0 Document Upload", "9.0 Provider Review", and "10.0 Submit".

The main content area contains instructions:

- If exempt for licensure for Provider Type 66, then at the 8.0 Document Upload screen, please upload personal letter citing the statute reason for exemption noted in the Provider Type 66 Summary.
- 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, License Type, Issue State, License Number, Name, License Designation, License Effective Date, License Expiration Date, and Action. The table currently displays "No record found".

The form below the table includes the following fields:

- * Physical Address: Select One (dropdown)
- * License Type: Select One (dropdown) with a list of options: Exempt from Licensure, Health Board, Other, AODE-Residential, AODE-Outpatient, CDTC, CMHC.
- * Issue State: Select One (dropdown)
- * License Designation: Select One (dropdown)
- * License Effective Date: MM/DD/YYYY (calendar icon)
- * License Expiration Date: MM/DD/YYYY (calendar icon)

Buttons at the bottom include "Exit", "Add To Grid", "Back", and "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.

2.3 Certification Information

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

The screenshot shows a web application interface for entering certification information. On the left is a sidebar with a menu of options: 1.0 Administrative Information, 2.0 Provider Qualifications, 2.1 Specialties Information, 2.2 License Information, 2.3 Certification Information (highlighted), 2.4 County Served, 2.5 Services Provided, 2.6 Supervisor Details, 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, and 10.0 Submit.

The main content area is titled "Certification Information" and contains the following instructions:

- Click "Add" if you wish to add Certifications, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record
- Applicant Name displayed on the certification must match the name on the application

Below the instructions is a table with the following columns: Physical Address, Certification Type, ASAM Level, Certification Number, Effective Date, Expiration Date, and Action. The table currently displays "No records found".

Below the table are the following input fields:

- Certification Type: A dropdown menu with "AS - ASAM" selected.
- ASAM Level: A dropdown menu with "Select One" selected. A tooltip is visible showing the options: "3.1", "3.5", and "3.7".
- License Number: An empty text input field.
- License Date: A date picker showing "08/30/2023".
- Expiration Date: A date picker showing "MM/DD/YYYY".

At the bottom of the form are three buttons: "Exit", "Add To Grid", and "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.

8.0 Document Upload

Documents indicated with a “Y” are required to be uploaded. If the user has already paid and application fee to Medicare or another state’s Medicaid agency, a proof of payment will be required as well.

The screenshot shows a web application interface for document upload. The navigation menu on the left includes sections like Administrative Information, Provider Qualifications, and Document Upload (which is currently selected). The main content area is titled 'Document Upload' and contains instructions for uploading documents. Below the instructions is a table with columns for Document Type, Name, Required, Uploaded By, Uploaded Date, and Action. The table lists three document types: IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN, CMHC Certification, and AS-ASAM Certification. Each row has a 'Y' in the 'Required' column and an 'Add' button in the 'Action' column. At the bottom of the interface, there are buttons for 'Exit', 'Back', and 'Save & Next'.

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			

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.