

## Provider Type 66 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 SUD treatment is being provided, an Alcohol and Other Drug Entity (AODE) Outpatient license is required. A letter of approval from the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) should be provided in conjunction with the AODE license.
- Medical professionals (MD and APRN) prescribing buprenorphine for medication assisted treatment related to opioid use treatment must submit a DEA Waivered license documenting the number, issued date, and the capacity to prescribe (if applicable).

The following individual provider types can link to this Provider Type:

- PT 62 Licensed Professional Art Therapist
- PT 63 Applied Behavioral Analyst
- PT 64 Physician
- PT 67 Licensed Clinical Alcohol and Drug Counselor
- PT 78 Advanced Practice Registered Nurse
- PT 81 Licensed Professional Clinical Counselor
- PT 82 Licensed Clinical Social Worker
- PT 83 Licensed Marriage and Family Therapist
- PT 84 Licensed Psychological Practitioner
- PT 89 Licensed Psychologist
- PT 95 Physician Assistant

## 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

As a Behavioral Health Multi-Specialty Group, select “Yes” if providing SUD treatment.

The screenshot shows the 'Basic Information-Group/Entity' form. The left sidebar lists navigation options from 1.0 Administrative Information to 10.0 Submit. The main form area contains the following fields and instructions:

- Business Name:** Behavioral Health
- Doing Business As:** (empty field)
- Legally Authorized Agent Email Address (Owner, Officer or Board Member):** john.smith@email.com
- Confirm Legally Authorized Agent Email Address:** john.smith@email.com
- Communication Email Address:** john.smith@email.com
- Confirm Communication Email Address:** john.smith@email.com
- Business Structure Type:** Profit
- Business Ownership Type:** Private
- Are you providing Substance Use Disorder Treatment(SUD)?** Yes (selected), No
- Requested Effective Date:** 08/23/2023
- Application Received Date:** 08/23/2023

Buttons for 'Exit' and 'Save & Next' are visible at the bottom.

User should enter the effective date for the Medicaid ID to be active. The license must be active within the effective date. The Application Received Date will be pre-populated.

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

An AODE Outpatient license is required if providing SUD treatment. A letter of approval from the DBHDID should be provided in conjunction with the AODE license.

The screenshot shows a web application interface for 'License Information'. The left sidebar contains a navigation menu with items 1.0 through 10.0. The main content area has a title 'License Information' and a list of instructions:

- The name on the license should match the Provider Name
- If License Number is less than 4 digits, add zeroes (0) to the front of license number to total 4 digits
- Click "Add" if you wish to add Licenses, "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
- 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 one row of data:

License Type	Issue State	License Number	Name	License Designation	License Effective Date	License Expiration Date	Action
AODE-Outpatient	Kentucky	18709383	Behavioral Health	Permanent	05/01/2023	08/31/2023	[Edit] [Remove]

At the bottom of the form are buttons for 'Exit', 'Back', and 'Save & Next'.

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## 8.0 Document Upload

Documents indicated with a “Y” are required to be uploaded.

The screenshot shows a web application interface for document upload. On the left is a navigation menu with steps 1.0 through 10.0. Step 8.0, 'Document Upload', is selected. The main 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 four documents, all marked as 'Required' (Y). At the bottom of the interface 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			US
MAP-347	MAP-347 - 7100682640	Y			US
OIG Letter	OIG Letter	Y			US
AODE Outpatient License	AODE OutPatient License - 18709383	Y			US

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