

**Certified Community Behavioral Health Clinic (CCBHC)**  
**Provider Type 16 CCBHC**  
[908 KAR 1:370](#)

**Notice to Providers:**

- All Providers must be certified by the State Medicaid agency before enrollment.
- Individual provider service sites proposed for CCBHC service provision must be approved by the State Medicaid agency before enrollment.
- Upon request, providers may be subject to an onsite inspection.

**Information about the Program:**

- Provider can only be an entity, not an individual.
- A valid NPI and Taxonomy Code for Ambulatory Health registered with NPPES. (Recommended 261QC1500X)
- Provider must have a permanent physical location.
- All physical locations are required to be registered with DMS.
- Provider's primary physical location must be in Kentucky.
- Provider must have AODE (Alcohol and Other Drug Treatment Entity) Outpatient license. Provider must contact the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) for an AODE Outpatient survey/license. DMS will not assign a provider number to facilities unless a AODE survey/license has been received.
- No Out of State Enrollments.
- Providers must be accredited by a national accrediting body for the provision of behavioral health services.

**New Provider Application, Revalidation and Maintenance Information:**

- All provider applications (new enrollment, revalidations, and maintenance items) are now completed using the **KY Medicaid Partner Portal Application** (KY MPPA website).

**Supporting Documentation Required for New Provider Enrollment, Revalidation and Maintenance Tasks:**

- DMS CCBHC Certification Letter (on official DMS letterhead) listing each CCBHC service site.
- Outpatient Alcohol and Other Drug Entity (AODE) license (must be current and reflect the requested enrollment date). If extension sites are established, addresses for each site are required. A letter of approval from the Kentucky [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 XDEA Waiver license documenting the number, issue date, and the capacity to prescribe **OR** valid DEA registration including Schedule III authority.
- [Clinical Laboratory Improvement Amendments \(CLIA\) certificate](#) (if applicable) (must be current and reflect the requested enrollment date). CLIA address must match primary physical address.
- IRS letter of verification of FEIN or official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- If the provider chooses to enroll in direct deposit, verification of the bank routing/accounting numbers, such as voided check or bank letter, is required.

**The following INDIVIDUAL provider types can link to this provider type:**

PT 62 – Licensed Professional Art Therapist  
PT 63 – Applied Behavior Analyst  
PT 64 – Physician (XDEA)  
PT 67 – Licensed Clinical Alcohol and Drug Counselor  
PT 78 – Advanced Practice Registered Nurse (XDEA)  
PT 79 – Speech Language Pathologist  
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 87 – Physical Therapist  
PT 88 – Occupational Therapist  
PT 89 – Licensed Psychologist  
PT 95 – Physician Assistant

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**KY Medicaid Partner Portal Application (KY MPPA):**

**Link to Enroll as a Kentucky Medicaid Provider:**

<https://medicaidsystems.ky.gov/Partnerportal/home.aspx> and click **Let's Get Started**

**Link to the Kentucky Medicaid Partner Portal Application (KY MPPA):**

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx>

Where providers can:

- Register for a KY MPPA account
- Access KY MPPA training resources
- Register for or view pre-recorded webinars
- Subscribe to CHFS email for updates