

**Behavioral Health Service Organization (BHSO)**  
**Provider Type 03**  
[907 KAR 15:020 \(Tier I\)](#)  
[907 KAR15:022 \(Tier II and III\)](#)

**Notice to Providers:**

- 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](#) registered with NPES is required.
- 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, and the provider must contact the [Office of Inspector General \(OIG\)](#) for a survey/license. DMS will not assign a provider number to facilities unless a survey/license has been received.
- Provider should indicate each "specialty" tier in which services will be provided:
  - Tier I – Mental Health Services (BHSO License Required)
  - Tier II – Outpatient Services for SUD Treatment (AODE Outpatient License Required)
  - Tier III – Residential Services for SUD Treatment (AODE Residential License Required)

**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](#)).

**Tier I – Mental Health Services**

**Supporting Documentation Required for Enroll as BHSO Tier I:**

- National 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. New enrollees must indicate accreditation process has been initiated and be obtained within one year of enrollment **OR** current certification must be provided.
- Behavioral Health Services Organization license (must be current and reflect the requested enrollment date) [Office of Inspector General \(OIG\)](#)
- [Clinical Laboratory Improvement Amendments \(CLIA\) certificate](#) (if applicable) (must be current and reflect the requested enrollment date) CLIA address must match primary physical address. Additional CLIAs at different locations require separate location enrollment
- 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.

**Tier II – Outpatient Services (Including Co-Occurring Disorders) for Substance Use Treatment**

**Supporting Documentation Required for Enroll as BHSO Tier II:**

- National 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. New enrollees must indicate accreditation process has been initiated and be obtained within one year of enrollment **OR** current certification must be provided.
- 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 [Office of Inspector General \(OIG\)](#) should be provided in conjunction with the AODE license.
- **If** applicable, 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.
- For Narcotic Treatment Programs (NTP), address and hours of operation are required. NTP will be required to provide a certification letter issued by the [State Opioid Treatment Authority \(SOTA\)](#). If also operating medication stations, addresses for each are required.
- [Clinical Laboratory Improvement Amendments \(CLIA\) certificate](#) (if applicable) (must be current and reflect

the requested enrollment date) CLIA address must match primary physical address. Additional CLIAs at different locations require separate location enrollment

- 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.

**Tier III – Residential Services (Including Co-Occurring Disorders) for Substance Use Treatment Supporting Documentation Required for Enroll as BHSO Tier III:**

- National 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. New enrollees must indicate accreditation process has been initiated and be obtained within one year of enrollment OR current certification must be provided.
- Residential Alcohol and Other Drug Entity (AODE) license (must be current and reflect the requested enrollment date). **If** provider encompasses more than one residential facility, **each** residential AODE license is required; extension sites are not allowed. A letter of approval from the Kentucky [Office of Inspector General \(OIG\)](#) should be provided in conjunction with each of the AODE license(s).
  - **Note: All physical locations are required to be registered with DMS**
- DMS Provisional Certification Letter indicating American Society of Addiction Medicine (ASAM) Level of Care (Levels 3.1; 3.5). (If applicable)
- As of 07/01/2021, the American Society of Addiction Medicine (ASAM) Level of Care Certification for the appropriate LOC(s) provided (Levels 3.1; 3.5). (Must be current and reflect the requested enrollment date.)
- **If** applicable, 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.
- [Clinical Laboratory Improvement Amendments \(CLIA\) certificate](#) (if applicable) (must be current and reflect the requested enrollment date) CLIA address must match primary physical address. Additional CLIAs at different locations require separate location enrollment
- 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.

**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