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 NPPES 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 CLIA 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 CLIA 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 CLIA 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