

Chemical Dependency Treatment Center (CDTC)
Provider Type 06
[907 KAR 15:080](#)

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.
- Provider's primary physical location must be in Kentucky.
- Providers must contact the [Office of Inspector General \(OIG\)](#) for a survey/license. DMS will not assign a provider number to in-state facilities unless a survey/license has been received.

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:

- CDTC License (must be current and reflect the requested enrollment date)
- 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.
- Current [DMS Residential Provisional Certification](#) Letter and/or American Society of Addiction Medicine (ASAM) Level of Care Certification for each applicable level providing (Levels 3.5, 3.7).
- [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 82 – Licensed Clinical Social Worker
PT 64 – Physician	PT 83 – Licensed Marriage and Family Therapist
PT 67 – Licensed Clinical Alcohol and Drug Counselor	PT 84 – Licensed Psychological Practitioner
PT 78 – Advanced Practice Registered Nurse	PT 89 – Licensed Psychologist
PT 81 – Licensed Professional Clinical Counselor	PT 95 – Physician Assistant

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