

IN THIS EDITION!

- ASAM requirement for residential locations.
- Legally Authorized Agent Updates.
- Physician Compact License.

These changes and updates will go into effect on 11/14/2024.

KYMPPA NEWSLETTER KENTUCKY MEDICAID PARTNER PORTAL APPLICATION

ASAM REQUIREMENTS

All residential SUD providers are required to have an ASAM Certification on the 2.3 Certification Information Screen.

For Substance Use Disorder (SUD) Providers 03 Behavioral Health Service Organization and 30 Community Mental Health Centers, there must be an active American Society of Addiction Medicine (ASAM) certification on the 2.3 Certification Information screen of KYMPPA. It is required to have an ASAM certification for every residential treatment location with an active Alcohol and Other Drug Treatment Entity (AODE) Residential License on the 2.2 License Information screen.

If no active ASAM record is listed, you will receive an alert requiring the certification to be added. No duplicate records are allowed and document upload of certification is still required.

artification Information					0 0	* = Required
						Add
Physical Address	Certification Type	ASAM Level	Certification Number	Effective Date	Expiration Date	Action
	08 - JC-The Joint Commission		654365	04/18/202 4	04/01/2025	62
ADR01 - Abc - 123 Lane,	AS - ASAM	3.1	jkhskjhfkjsdf	04/18/202 4	10/04/2026	
ADR02 - test - 12 Mill Cr	AS - ASAM	3.1	test	04/18/202 4	10/04/2027	68
First Previous Next Last		(Page 1 of 1)		Page: 1 V	
Exit				Back	Save &	Next

ASAM REQUIREMENTS

For provider type 06 Chemical Dependency Treatment Center (CDTC) and provider type 26 Residential Crisis Stabilization Unit, there is now a option on the 1.1 Basic Information screen to select that Residential Services are provided.

Owner, Officer or Board Member Email Address email@email.com Confirm Owner, Officer or Board Member Email Address email@email.com Confirm Communication Email Address	ner, Officer or Board Member * Confirm Owner, Officer or Board I Address Member Email Address iil@email.com email@email.com munication Email Address Confirm Communication Email Address ismith@email.com john.smith@email.com siness Structure Type * Business Ownership Type * Fiscal Year End n-Profit Private Dec	test for ASAM Sowmya		
* Owner, Officer or Board Member * Confirm Owner, Officer or Board Email Address Member Email Address email@email.com email@email.com Communication Email Address Confirm Communication Email Address	ner, Officer or Board Member * Confirm Owner, Officer or Board I Address Member Email Address il@email.com email@email.com nunication Email Address Confirm Communication Email Address isiness Structure Type * Business Ownership Type * Fiscal Year End n-Profit Private Dec	tea lo Abrai comiya		
Email@email.com Member Email@email.com Communication Email Address Confirm Communication Email Address	I Address Member Email Address ail@email.com email@email.com munication Email Address Confirm Communication Email Address ismith@email.com john.smith@email.com siness Structure Type * Business Ownership Type * Fiscal Year End n-Profit Private Dec	 Owner, Officer or Board Member 	*Confirm Owner, Officer or Board	
email@email.com email@email.com Communication Email Address Confirm Communication Email Address	ail@email.com email@email.com munication Email Address Confirm Communication Email Address ismith@email.com john.smith@email.com siness Structure Type * Business Ownership Type * Fiscal Year End n-Profit Y Private Dec	Email Address	Member Email Address	
Communication Email Address Confirm Communication Email Address	munication Email Address Confirm Communication Email Address ismith@email.com john.smith@email.com siness Structure Type • Business Ownership Type • Fiscal Year End n-Profit • Private • Dec	email@email.com	email@email.com	
	isiness Structure Type * Business Ownership Type * Fiscal Year End Private * Dec	Communication Email Address	Confirm Communication Email Addres	55
john.smith@email.com john.smith@email.com	siness Structure Type Business Ownership Type Fiscal Year End Dec	john.smith@email.com	john.smith@email.com	
* Business Structure Type * Business Ownership Type * Fiscal Year E	n-Profit V Private V Dec	* Business Structure Type	* Business Ownership Type	* Fiscal Year End
Non-Profit Y Private Y Dec		Non-Profit V	Private 🗸	Dec
Are you providing substance use disorder Residential Services?		e Yes ⊖ No		
Yes O No	s O No	* Are you currently accredited by a Na	tionally Recognized Accreditation Organi	ization?
Yes ONo Are you currently accredited by a Nationally Recognized Accreditation Organization?	s ONo you currently accredited by a Nationally Recognized Accreditation Organization?	⊖Yes ⊛No		
Yes O No Yes No Yes No	s ⊖No you currently accredited by a Nationally Recognized Accreditation Organization? s ⊛No	* Accredited Organization Name	 Initiated Date 	
Yes ONo Yes No Accredited Organization Name Initiated Date	s ONo you currently accredited by a Nationally Recognized Accreditation Organization? s No redited Organization Name Initiated Date			

For provider type 06 Chemical Dependency Treatment Center (CDTC) provider type 26 Residential Crisis Unit, KYMPPA will check for the inclusion of the ASAM Certification on the 2.3 Certification Information screen.

If no active ASAM record is listed, you will receive an alert requiring the certification to be added. No duplicate records are allowed and document upload of certification is still required.

LEGALLY AUTHORIZED AGENT

Legally Authorized Agents (LAA) who are not Officers, Owners or Board Members should submit items in KYMPPA under the selection for Credentialing Agents and Authorized Delegates. When selecting New Enrollment on the Application screen, LAAs should choose the third option **I am a Credentialing Agent or Legally Authorized Agent**.

Kentucky.gov	Partne	er Portal Sl	Т		Welcome	e: yagna marsakatla 👻
Dashboard	Application	Maintenance	Correspondence	Administration		
Role Selection						• Required
* Select one of the three roles below						
○ I am a Provider enrolling as an Individual						
○ I am an Owner, Officer or Board Member enrolling on behalf of a Group or Entity						
O I am a Credentialing Agent or Legally Authorized Agent						
Exit					Se	ave & Next

Please Note that on the 1.8 Contact Information screen, the Agent of Service should be the individual who will receive all legal documentation and should not be the Credentialing Agent.

Legally Authorized Agents can choose to select either the Credentialing Agent option or the Authorized Delegate option on the 10.0 Submit screen.

 If no form was found, upload a signed Authorized Delegate form If you are a Legally Authorized Agent, please upload your signed statement of authorization.
 Submitting as: Credentialing Agent – Send to Provider to Submit.Provider must log-in to Partner Portal and submit application. Authorized Delegate or Legally Authorized Agent - Must submit aithorization document.
Click on link to review form: No form found Click here to download Template-KY DMS Partner Portal Authorized Delegate Form

When selecting the Credentialing Agent option, the item submitted will be forwarded to the Provider who will have to log into an existing account or create an account to review and submit the item to DMS.

If the Provider does not wish to review and submit the item, the Legally Authorized Agent should have a signed Authorized Delegate form and choose this option on the 10.0 Submit screen. When this option is selected, the Legally Authorized Agent will upload a copy of the form and submit directly to DMS.

COMPACT LICENSURE

There will be a new Compact Licensure selection on the 2.2 License Information screen. This is to allow those Providers who have opted to apply through the Interstate Medical Licensure Compact to report their participation.

License Type	* Issue State	* Privileged State	
Select One	Select One V	Select All Kentucky Alabama Alaska	
License Number			
Provider Name	* License Designation		
test, cr688	Compact	~	

On the 2.2 License Information screen, when the user selects the License Designation as Compact, a new check box named Privileged States will become available. Users will select each state in which the Compact License applies. Enter the remaining required information and add it to the grid.

Document Upload will still be required for the license on the 8.0 Document Upload screen.



