

Certified Community Behavioral Health Clinic (CCBHC)

Provider Type 16

CCBHC 6 Year Demonstration

[908 KAR 1:370](#)

Notice to Providers:

- All Providers and individual provider services sites must be certified 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, and the 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 survey/license has been received.
- No Out of State Enrollments.
- Provider must have AODE (Alcohol and Other Drug Treatment Entity) Outpatient license.
BHDIDFKFTProgramLicensureBranch@ky.gov

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. BHDIDFKFTProgramLicensureBranch@ky.gov
- **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.
- 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

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