Substance Use Disorder (SUD) Requirements in KY MPPA *(PT 03, PT 06, PT26, PT30, and PT 66)*

This document provides the Substance Use Disorder (SUD) requirements (screens and entries) required for Provider Types:
PT 03 Behavioral Health Services Organization(BHSO)
PT 06 Chemical Dependency Treatment Center (CDTC)
PT 26 Residential Crisis Stabilization Units (RCSU)
PT 30 Community Mental Health Center (CMHC)
PT 66 Behavioral Health Multi-Specialty Group (MSG)

Overview

Additional requirements and tracking have been implemented for Provider Types providing Substance Use Disorder (SUD) Treatment and support. These requirements apply to:

- **Behavioral Health Service Organizations (BHSO) – Provider Type 03**
  - Will identify the level of service provided:
    - Tier 1 Mental Health
    - Tier 2 Outpatient SUD
      - Tier 2 Providers will identify whether they are a Narcotic Treatment Provider (NTP) on the 1.1 Basic Information screen.
      - Tier 2 NTP Providers must enroll separately. Tier 2 Providers cannot be combined with a Teir 1, a Non-NTP Tier 2 or a Tier 3 Provider.
      - If the location, or Medicaid ID associated with the location, is not a NTP (i.e., non-methadone clinic), select No to the NTP question.
    - Tier 3 Residential SUD

    Note: *Can select one, two or all tiers based on services provided, but must select at least one Tier.*

- **Chemical Dependency Treatment Center (CDTC) – Provider Type 06**
  - Facility that treats chemical addiction or dependency treatment.

- **Residential Crisis Stabilization Units (RCSU) – Provider Type 26**
  - Will identify, stabilize a crisis and divert the individual from a higher level of care.

- **Community Mental Health Center (CMHC) – Provider Type 30**
  - Will identify if providing Residential Services.

- **Behavioral Health Multi-Specialty Groups (MSG) – Provider Type 66**
  - Will identify whether Substance Use Disorder Treatment services are provided.

KY MPPA Screens Impacted

Changes affect the following screens, depending upon the Provider Type and level of support:

Screen Affected	Provider Type Affected		
1.1 Basic Information	PT 03 *(all Tiers)*	PT 66	PT 30
1.4 Taxonomy Information	PT 03 Tier 2	PT 66	
1.5 Add Group Members	PT 03 *(all Tiers)*	PT 66	
1.7 Address Information	PT 03 *(all* Tiers)	PT 66	PT 30
1.10 Bed Data	PT 03 Tier 3		PT 30
1.14 NTP Address Information	PT 03 Tier 2		
2.2 License Information	PT 03 *(all Tiers)*	PT 66	PT 30
2.3 Certification Information	PT 03 *(all Tiers)*		PT 30
8.0 Document Upload	PT 03 *(all Tiers)*	PT 66	

Table 1 – Substance Use Disorder Requirements in KY MPPA

The remainder of the document will address the requirements for each impacted screen.

Screen Impacts and Entries

1.1 Basic Information Screen – **PT 03**

There are three primary items the Provider will be required to address on this screen. See Figures 1 and 2.

- **Tier Selection**: *Select* all tiers that apply
  - Must select at least one tier
  - Entries and requirements on subsequent screens will depend upon tiers selected
- **Are you a licensed Narcotic Treatment Program (NTP)?**: Only Tier 2 will see this question.
  - *Select* **Yes** or **No**
    - *Select* **Yes** if the location provides NTP services.
      - Tier 1 and Tier 3 will be disabled (greyed out). This Tier with NTP services must be enrolled for separately.
      - Will be required to enter NTP address information on **1.14 NTP Address Information** screen.
    - *Select* **No** if the Medicaid ID will be, or is associated with, a Non-Methadone Clinic. The Non-Methadone Clinic is not a NTP Provider. If no, Tiers 1 and 3 will be enabled.
      - All physical addresses associated with Bed Data must be enetered on screen **1.7 Address Information** screen.
      - On screen **1.10 Bed Data**, individual physical locations must be selected when entering bed data. Physical locations must have been

entered on screen 1.7 Address Information. Providers with Non-NTP clinics can also select Tiers 1 and 3 in this application

- **Are you currently accredited by a Nationally Recognized Accreditation Organization?** *Select* **Yes** or **No**
    - o If **Yes**, will be required to enter a certification organization on **2.3 Certification Information** screen. Certification must be Active.
    - o If **No**, must have initiated accreditation with a recognized accreditation organization prior to the current date
        - *Enter* **Accreditation Organization Name**
        - *Enter* **Initiated Date**. Initiated date cannot be greater than the current date.

Note: *If Provider has applied for accreditation, accreditation must be added to the Medicaid file within 1 year. If not added, notifications will be sent to the Provider at 90 days, 60 days, and 30 days from the deadline to remind the provider of the accreditation deadline. If accreditation is not added, the Medicaid ID will be end-dated.*

Note: *When accreditation is granted, Provider will perform a Maintenance action to add the certification:*

- *Select* **Yes** *to* "**Are you currently accredited by a Nationally Recognized Accreditation Organization?"**
- *Add the certification to the* **2.3 Certification Information** *screen.*
- *Upload* **"Certification of Accreditation"** *document to the* **8.0 Document Upload** *screen.*

> Question only applies to PT03 Tier 2, Outpatient SUD. *Select* **No** if a Non-Methadone Clinic operates, or will operate, under this Medicaid ID.

* Tier Selection
☐ Tier 1 Mental Health ☑ Tier 2 Outpatient SUD ☐ Tier 3 Residen[tial]

*Are you a licensed Narcotic Treatment Program(NTP)?
◉ Yes ○ No

*Are you currently accredited by a Nationally Recognized Accreditation Organization?
◉ Yes ○ No

* Requested Effective Date   * Application Received Date
02/05/2020   02/05/2020

Figure 1 - 1.1 Basic Information Screen – PT 03

Note: *The Requested Effective Date applies to the Medicaid ID and when it will become Active. It does not apply to the Accreditation request.*

Figure 2 - 1.1 Basic Information Screen – PT 03 – Not Currently Accredited

1.1 Basic Information Screen – **PT 30 and 66**

Provider will identify whether they provide Substance Use Disorder (SUD) Treatment.

Figure 3 - 1.1 Basic Information Screen – PT 66

- *Answer* **"Are you providing Substance Use Disorder (SUD) Treatment?"** *Select* **Yes** or **No**
  - o If **Yes**, upload an Alcohol and Other Drug Entity (AODE) license for Outpatient services on the **2.2 License Information** screen
  - o If **No**, no further action is required

1.4 Taxonomy Information

- Tier 2 with NTP selected "Yes" will be required to have taxonomy code 261QM2800X Clinic/Methadone. This taxonomy must be entered in order to proceed; a message will alert that Taxonomy code is required.

1.5 Add Group Members

Once SUD changes are implemented, it is recommended that Physicians (PT 64) and APRNs (PT 78) have certain Specialties based upon the Group/Entity Provider Type (PT 03 or PT 66) selections.

- <u>PT 03 Tier 1</u>: Psychiatric Specialty or Psychiatrist recommended.
- <u>PT 03 Tier 2 / PT 03 Tier 3 / PT 66</u>:
  - PT 64: Either Psychiatric Specialty or Addictionology Specialty or Psychiatrist Specialty recommended.
  - PT 78: Either Psychiatric Specialty or Addictionology Specialty or Psychiatric Nurse Practitioner Specialty recommended.

Note*: Specialty for PT66 only if SUD is selected on the 1.1 Basic Information screen.*

Figure 4 - 1.5 Add Group Members

- Click **Add** to add group members *(clicking Add opens data entry fields)*

Figure 5 - 1.5 Add Group Members Entry

- *Enter* **Provider Medicaid ID**
- *Enter* **Provider Linkage Effective Date**
- *Click* **Verify Provider Medicaid ID** button

If adding PT 64 or PT 78 Individual Provider to <u>PT 03 Tier 2 / PT 03 Tier 3 / PT 66</u>, an additional question will be asked:

- **Is this Provider licensed to prescribe buprenorphine?**
  - o *Select* **Yes** or **No**
    - ▪ If **Yes**, Individual Provider must have XDEA
    - ▪ If **No**, no further action required
- *Click* **Add to Grid** to update information
  - o If Individual Provider does not have XDEA, user will receive an error message and will need to perform a Maintenance action to add XDEA on the **1.6 Additional Identifier** screen before proceeding

Figure 6 - 1.5 Add Group Members - Prescribe Buprenorphine Question

- **Repeat** as necessary to add additional group members

1.7 Address Information

Location name has changed to Program Name (column 4) and it is now a required field. Each Physical address will now generate a unique Address ID (column 1). The program name is used to help DMS to distinguish between different programs offering services at the same physical address / location. Program names and addresses will be linked to Bed Data and License information.

Address ID	Address Type	Contact Name	Program Name	Address	Phone Number	Fax Number	Action
ADR01	Primary Physical	Test	test	test st, frankfort, Kentucky 40601	(112)132-1321	(123)123-1313	
	Pay To/1099	Test		Test St, Frankfort, Kentucky 40601	(112)132-1321	(123)123-1313	
	Mailing	Test		Test St, Frankfort, Kentucky 40601	(112)132-1321	(123)123-1313	

First Previous Next Last   (Page 1 of 1)   Page: 1

Figure 8 - 1.7 Address Information

- System will generate a unique Address ID for each physical address entered.
- All locations providing services, including names and addresses associated with this Medicaid ID will be entered. If organization has multiple facilities at the same location, **add** each facility as different Service Location and address.
- Same program names can have different physical addresses. But there cannot be the same program name and exact same physical address.
- Existing physical addresses cannot be edited. New physical address must be added and linked for bed data according to licensure and certification.
- A license will need to be uploaded for each location on the 2.2 License Information screen

1.10 Bed Data

This screen only applies to **PT 03 Tier 3 – Residential SUD**. Multiple programs offered at the same location must have a new record for each program offered.

- *Click* **Add** to enter bed data records
    - At least one Bed Data record is required

Figure 8 - 1.10 Bed Data

- *Select* **Physical Address** from drop down menu
  - Addresses will be pre-populated from entries on the **1.7 Address Information** screen
- *Select* **Bed Type – Residential**
- *Enter* **Bed Effective Date**
  - Defaults to Requested Effective Date
- *Enter* **Bed End Date** (optional)
- *Enter* **Total Beds Adult or Adolescent** (this must match licensure)
  - Total number of beds cannot exceed 999
  - Total number of beds will be calculated and populated by the system.
- *Click* **Add to Grid**
- **Repeat** for each Residential Facility address

Note: *Overlapping dates are not allowed for the same facility. Multiple programs offered at the same location must have a new record for each program offered.*

1.14 NTP Address Information

This screen only applies to **PT 03 Tier 2 – Outpatient SUD.**

- *Click* **Add** to enter **NTP Locations** or **Affiliated Medicaid Stations**
    - o At least one NTP Location is required
    - o Multiple addresses may be entered
- *Answer* **"Is this location NTP Location or Additional Affiliated Medication Station?"** Select appropriate option.

For NTP Location:

- *Select* **NTP Location**
- *Enter* address information

Figure 9 - 1.14 NTP Address Information – NTP Location

- *Click* **Validate Address** button
    - o *Continue* with address entered or *click* **Enter Address Again** to add a new address
- *Enter* **Hours of Operation**
    - o *Select* **AM** or **PM**
    - o **End Time** cannot be earlier than **Start Time**

KY MPPA, V1

Figure 10 - 1.14 NTP Address Information – NTP Location – Data Entry

- *Answer* **"Do you operate a Non-Methadone Clinic at the same location?"**
  - *Select* **Yes** or **No**
    - If **Yes**, system will display a Warning message to **"Please enroll Non-Methadone clinic as a separate Entity"**
    - If **No**, no further action is required

Figure 11 - 1.14 NTP Address Information – NTP Location – Non-Methadone Clinic

- *Click* **Add to Grid**
- **Repeat** until all NTP Locations are added
- *Click* **Save & Next**

For Medication Station:

- *Select* **Medicaid Station**
- *Enter* address information
- *Click* **Validate Address** button
  - *Continue* with address entered or *click* **Enter Address Again** to add a new address
- *Enter* **Hours of Operation**
  - *Select* **AM** or **PM**
  - **End Time** cannot be earlier than **Start Time**
- *Click* **Add to Grid**
- **Repeat** until all Medicaid Stations are added
- *Click* **Save & Next**

Figure 12 - 1.14 NTP Address Information – Medication Station

2.2 License Information

- All Tiers of PT 03 and PT 66 will need to add a license associated with SUD services provided.
- PT 03 Tier 3 (Residential SUD) will need to add a license for each location.

Note: *PT 66 will only need to add a SUD-related license if "Yes" is answer to "Are you providing Substance Use Disorder (SUD) Treatment?" on the 1.1 Basic Information screen.*

Figure 13 – 2.2 License Information – Add License

- *Click* **Add**
- *Select* **Physical Address**, addresses will be populated from the 1.7 Address Information screen. Physical Addresses will be shown for selection.
- *Select* **License Type** from the drop-down menu: AODE-Residential, CDTC, AODE-Outpatient or CMHC
    - PT 03 Tier 1: BHSO License
    - PT 03 Tier 2: Outpatient Alcohol and Other Drug Entity (AODE) License
    - PT 03 Tier 3: Residential Alcohol and Other Drug Entity (AODE) License
        - Will need a license for each residential location
    - PT 66: Outpatient Alcohol and Other Drug Entity (AODE) License
- *Select* **Issue State**
- *Enter* **License Number**
- **Name on License**: Pre-populated
- *Select* **License Designation**, Permanent is the only selection
- *Select* **License Effective Date**

- *Select* **License Expiration Date**
- *Click* **Add to Grid**
- **Repeat** as needed to add additional licenses
    - o **Note**: *For PT 03, must enter a separate license record for each Tier selected on the **1.1 Basic Information** screen*
- *Click* **Save & Next**

****Note**: *Will need to upload a license for each one added to the grid.*

Only applies to PT 06. Will add a new **License Type** and select from the drop-down menu **CDTC**. At least one "CDTC" license is required. CDTC is a Chemical Dependency Treatment Center

Only applies for PT 26. Will add a new **License Type** and select from the drop-down menu **RCSU**. At least one "RCSU" license is required. RCSU is a Residential Crisis Stabilization Units

2.3 Certification Information

Will only need to add a certification if answered **"Yes"** to **"Are you currently accredited by a Nationally Recognized Accreditation Organization?"**

- *Click* **Add**
- *Select* **Certification Type**
    - o Will select one of the certification type options
        - ▪ 08: JC - The Joint Commission
        - ▪ 14: CARF – Commission on Accreditation of Rehab Facility
        - ▪ 18: CAS – Council on Accreditation of Services
        - ▪ AS: ASAM – American Society of Addiction Medicine (will be the only choice for PT 30)
        - ▪ OT: Other
    - o Certification must be Active
- *Enter* **Certification Number**
- *Select* **Effective Date (ASAM cannot be prior to 4/1/2020)**
- *Select* **Expiration Date**
- *Click* **Add to Grid**
- *Click* **Save & Next**

Figure 14 – 2.3 Certification Information – Add Certification

*Note: " All Residential SUD providers will need to follow the provisional attestation process documented by DMS. Once ASAM.org has completed certification a new ASAM record will need to added with the ASAM effective date and end date.

8.0 Document Upload

Documents will be required in the **Document Upload** grid based on SUD selections made on previous screens.

See Figures 14-15 for PT 03 and Figure 16 for PT 66 examples.

Required Documents:

- PT 03 Tier 1: Mental Health
    - BHSO License
    - Certification of Accreditation (if currently certified)
- PT 03 Tier 2: Outpatient SUD
    - Outpatient AODE License
    - Certification of Accreditation (if currently certified)

- o OIG Letter
- PT 03 Tier 3: Residential SUD
  - o Residential AODE License
    - ▪ A license will be required for each residential location*
  - o Certification of Accreditation (if currently certified)
  - o OIG Letter
- PT 06
  - o CDTC License
  - o RCSU License
- PT 26
  - o CDTC License
  - o RCSU License
- PT 66: If providing SUD Treatment
  - o Outpatient AODE License
  - o OIG Letter

For steps to upload documents, refer to the **"Uploading Files in Section 8.0 Document Upload"** job aid available from the [KY MPPA Training Resources web page](#) > Training Documents. *Select* **Screen Functionality** as the Topic from the drop down menu.

Note: *For PT 03 Tier 3, if each residential License (each location) is not listed as a separate required document in the Document Upload grid, click* **Add** *to select.*

Note: *If Specialty Certification is listed as a required document but no certification was issued, upload License in lieu of certification. Will also need to upload License for required BHSO/AODE License document.*

Figure 15 – 8.0 Document Upload - PT 03 Page 1

Figure 16 – 8.0 Document Upload - PT 03 Page 2

Note: *For PT 03, a License must be uploaded for each Tier selected on the 1.1 Basic Information screen. All the licenses will be identified in the Document Upload grid as* **"BHSO License".** *To identify the specific license to upload, check the* **License Number** *in the* **Name** *column.*

Figure 16 – 8.0 Document Upload - PT 66