

PT 66 SUD Guide

This Job Aid provides important information and demonstrates input screens to assist SUD providers in completing a New Enrollment in Partner Portal.

Provider Type Summary

For detailed information and documentation requirements, click the following link to access the [PT 66 Behavioral Health Multi-Specialty Group Provider Type Summary](#). Visit the [Behavioral Health Multi-Specialty Group](#) page for more information on PT 66.

Prior to Starting a New Enrollment

- If SUD treatment is being provided, an Alcohol and Other Drug Entity (AODE) Outpatient license is required. A letter of approval from the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) should be provided in conjunction with the AODE license.
- Medical Professionals (MD and APRN) prescribing buprenorphine for medication assisted treatment related to opioid use treatment must submit a DEA Waivered license documenting the number, issued date, and the capacity to prescribe. (if applicable)

The following INDIVIDUAL Provider Types can link to this Provider Type:

- PT 62 Licensed Professional Art Therapist
- PT 63 Applied Behavioral Analyst
- PT 64 Physician
- PT 67 Licensed Clinical Alcohol and Drug Counselor
- PT 78 Advanced Practice Registered Nurse
- 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 89 Licensed Psychologist
- PT 95 Physician Assistant

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Navigating Partner Portal Screens

The information below includes screens relevant to SUD Providers and does not represent a complete New Enrollment Application. For more information on completing a New Enrollment, refer to the [How to Apply for a Medicaid ID - New Enrollment Job Aid](#).

1.1 Basic Information Screen

As a Behavioral Health Multi-Specialty Group, Provider select 'Yes' if providing SUD treatment.

1.0 Administrative Information

1.1 Basic Information

1.2 Tax Information

1.3 NPI Information

1.4 Taxonomy Information

1.5 Add Group Members

1.6 Additional Identifiers

1.7 Address Information

1.8 Contact Information

1.9 Language Information

1.10 Bed Data

1.11 Locum Tenens

1.12 Teaching Facility

1.13 Telehealth Information

1.14 NTP Address Information

1.15 CLIA Information

2.0 Provider Qualifications

3.0 Disclosure of Ownership and Control Interest

4.0 Attestations

5.0 Provider Group Linkage

6.0 Account Information

7.0 Fee Payment

8.0 Document Upload

9.0 Provider Review

10.0 Submit

Basic Information-Group/Entity

- Please enter your basic information below
- The email address used here must be the same as the one used in the Kentucky Online Gateway (KOG) to access your application later
- If the application is for a Group or Entity enter the Group/Entity email notification address and not the individual's providers address
- Press "Exit" to return to the Dashboard and keep all validated data entered
- Press "Next" when you are done entering data and ready to move to next screen
- For Provider Type 03, Tier 1, Tier 2 Non-NTP and Tier 3 cannot enroll together with Tier 2 NTP. Tier 2 NTP must enroll separately.
- For PT06, "Accredited Organization Name": If you are currently not accredited, enter the name of the agency in which you are pursuing accreditation.

* Business Name
Behavioral Health

Doing Business As

* Legally Authorized Agent Email Address (Owner, Officer or Board Member)
john.smith@email.com

* Confirm Legally Authorized Agent Email Address
john.smith@email.com

Communication Email Address
john.smith@email.com

Confirm Communication Email Address
john.smith@email.com

* Business Structure Type
Profit

* Business Ownership Type
Private

* Are you providing Substance Use Disorder Treatment(SUD)?
 Yes No

* Requested Effective Date
06/23/2023

* Application Received Date
06/23/2023

Exit Save & Next

User should enter the effective date for the Medicaid ID to be active. The license must be active within the effective date. The Application Received Date will be pre-populated.

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2.2 License Information

If providing SUD treatment, an AODE Outpatient license is required. A letter of approval from the DBHDID should be provided in conjunction with the AODE license.

The screenshot shows the 'License Information' form. The left sidebar lists various sections, with '2.2 License Information' selected. The main content area contains instructions and a table of license records.

- The name on the license should match the Provider Name
- If License Number is less than 4 digits, add zeroes (0) to the front of license number to total 4 digits
- Click "Add" if you wish to add Licenses, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record
- If exempt for licensure for Provider Type 66, then at the 8.0 Document Upload screen, please upload personal letter citing the statute reason for exemption noted in the Provider Type 66 Summary.
- For Provider Types 03, 05, 25, 30: If your organization is providing residential services and have multiple residential licensed programs at the same location, please enter a Bed record for each residential licensed program with Bed Effective date and End-date same as License Effective date and End-date

License Type	Issue State	License Number	Name	License Designation	License Effective Date	License Expiration Date	Action
AODE-Outpatient	Kentucky	18709383	Behavioral Health	Permanent	05/01/2023	08/31/2023	[Add] [Edit] [Remove]

Buttons: Exit, Back, Save & Next

8.0 Document Upload

Documents indicated with a "Y" are required to be uploaded. For more information on uploading documents, refer to the [Uploading Documents Job Aid](#).

The screenshot shows the 'Document Upload' form. The left sidebar lists various sections, with '8.0 Document Upload' selected. The main content area contains instructions and a table of document records.

- All required documents must be uploaded to submit application
- Required documents are listed in grid with "Required = Y", select "Edit" on each row to upload required item
- User may select "Add" to upload any additional documents to grid
- Click "Add" to upload a document, "Delete" to remove uploaded document
- After clicking "Add", click "Browse" and use "Insert File" popup to locate each file you wish to upload and then press "Insert"
- Fill out the required fields and then Click "Add to Grid" when you are ready to upload each file
- Please Note: JPG, JPEG, TXT, RTF, CSV, DOC, DOCX, XLS, XLSX, TIF, TIFF and PDF file formats are accepted for supporting documents uploads and the file size is limited to 5 MB

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN	FEIN Verification	Y			[Add] [Edit] [Remove]
MAP-347	MAP-347 - 7100682640	Y			[Add] [Edit] [Remove]
OIG Letter	OIG Letter	Y			[Add] [Edit] [Remove]
AODE Outpatient License	AODE OutPatient License - 18709383	Y			[Add] [Edit] [Remove]

Buttons: Exit, Back, Save & Next

For further assistance with navigation, invitations, or account creation please contact the Partner Portal Technical Support Center at 877-838-5085. Select option 1 and option 1, again, to speak with a customer service representative.