

# Behavioral Health Services Organization Provider Type Webinar

July 21, 2014

Provided by:

Department for Behavioral Health, Developmental & Intellectual Disabilities,  
Office of Inspector General & Department for Medicaid Services



# Welcome

## Kara Fresh

**Department for Behavioral Health,  
Developmental & Intellectual Disabilities**

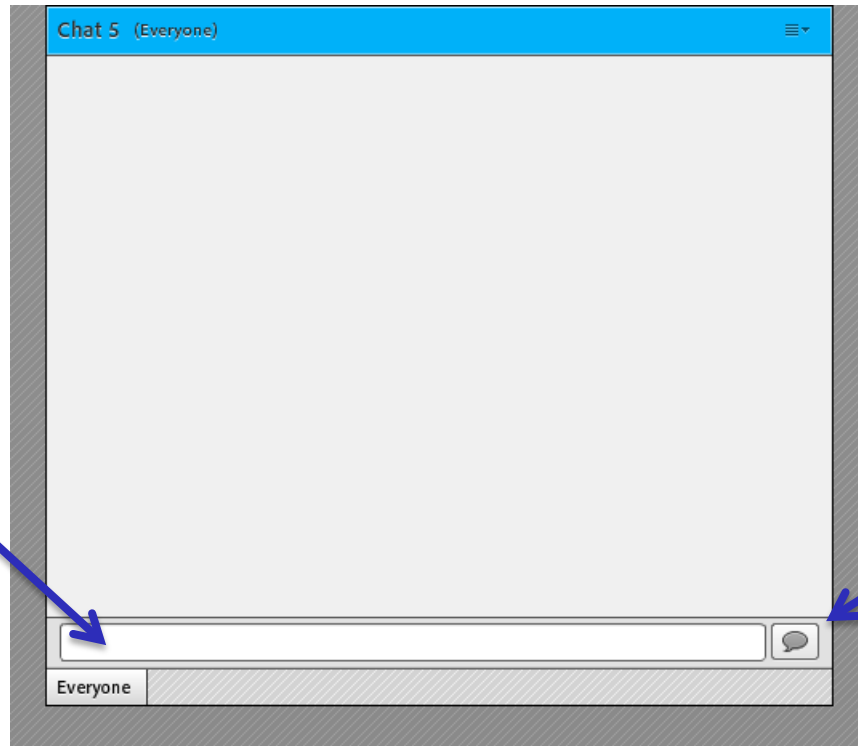
# Agenda

- Webinar Logistics
- Goal & Objectives
- Introduction of all Presenters
- Presentations:
  - Office of Inspector General
  - Department for Medicaid Services
- Question & Answer Panel
- Closing

# Webinar Logistics

## “Chat Pod”

Type information



Click to send information

# Goal & Objectives

**Overall Goal:** Explain the new Behavioral Health Services Organization provider type application and licensure process to potential providers.

**As a result of this webinar, participants will be able to:**

- ✓ Apply knowledge gained from the webinar to apply for the new Behavioral Health Services Organization provider type through the Department for Medicaid Services and Office of Inspector General.
- ✓ Recall how to access information from the webinar.
- ✓ Recall how to ask future questions on this new provider type.

# Speakers

## Office of Inspector General

Stephanie Brammer-Barnes, Internal Policy Analyst

Michelle Mitchell, Nurse Consultant Trainer  
Division of Health Care

## Department for Medicaid Services

Stuart Owen, Regulation Coordinator

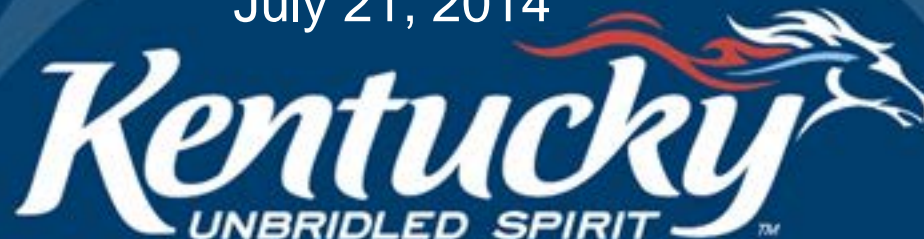
Jennifer C. Moore, Division of Program Integrity

# **Cabinet for Health and Family Services Office of Inspector General Division of Health Care**

## **Behavioral Health Services Organizations and Residential Crisis Stabilization Units**

Stephanie Brammer-Barnes, Regulation Coordinator  
Michelle Mitchell, NCI, Nurse Trainer

July 21, 2014



# Emergency Regulations

On July 15, 2014, the Office of Inspector General filed the following emergency regulations:

- 902 KAR 20:430E. Facilities specifications, operation and services; behavioral health services organizations.
- 902 KAR 20:440E. Facilities specifications, operation and services; residential crisis stabilization units.



# Enhanced Access to Community-Based Services

Under these new emergency regulations, the anticipated increase in the number of entities licensed to provide behavioral health services in community-based programs to Medicaid recipients and other individuals with substance use disorder, mental health disorder, or a co-occurring disorder will enhance patient access to needed services and help prevent unnecessary admissions to facility-based care.

# Public Hearing and Public Comment Period

- Interested individuals may comment on the new regulations by submitting:
  - A written request for a public hearing by 8/14/14, or
  - Written comments by 9/2/14.
- Requests for a public hearing or submission of written comments must be addressed to:

Attn: Tricia Orme  
Office of Legal Services  
275 East Main Street 5 W-B  
Frankfort, KY 40621

(502) 564-7905

Fax: (502) 564-7573

email address: [tricia.orme@ky.gov](mailto:tricia.orme@ky.gov)

# Statement of Consideration

- If public comments are received, the OIG will file a response called a “Statement of Consideration” with the Legislative Research Commission within 45 days of the end of the public comment period.
- All individuals who provide comments will receive a copy of the Statement of Consideration.
- The Cabinet anticipates final adoption of the new regulations in mid-December 2014.

# Licensure Process

# Certificate of Need (CON)

- BHSOs are exempt from CON.
- Residential Crisis Stabilization Units are subject to CON's nonsubstantive review process.
  - CON approval under the nonsubstantive review process must be obtained prior to application for licensure as a Residential Crisis Stabilization Unit.
  - For information regarding CON, contact the Office of Health Policy at (502) 564 – 9592.

# Application for Initial Licensure

To apply for initial licensure as a BHSO or Residential Crisis Stabilization Unit, applicants must submit the following to the OIG:

- Appropriate application for licensure, which may be downloaded from the OIG's website
- \$750 made payable to the Kentucky State Treasurer, and
- Proof of city or county Fire Marshal approval for the location where services will be provided. (*Fire Marshal's approval is considered current if received within 12 month period prior to the date the OIG receives the licensure application.*)

# Submitting the Application

The licensure application, fee, and proof of Fire Marshal's approval must be submitted to:

Attn: Robin Rowe  
Division of Health Care  
Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

**NOTE:** An incomplete application or failure to submit the fee or Fire Marshal's approval will result in return of the application, which may be re-submitted by the applicant upon completion of all required information.

# Unannounced Visits and Effective Date of License

- Upon receipt of the application, fee, and Fire Marshal's approval, the OIG will place the facility on the survey schedule for inspection.
- The initial survey and all subsequent licensure surveys will be unannounced.
- If there are no deficiencies found during the initial survey, licensure is effective on the date of the last day of the survey.
- If deficiencies are found during the initial survey:
  - The applicant must submit an acceptable plan of correction, and
  - Licensure is effective as of the last “alleged compliance date” identified on the applicant's plan of correction.



# Accreditation

- BHSOs and Residential Crisis Stabilization Units must become accredited within one year of licensure by the:
  - Joint Commission;
  - Commission on Accreditation of Rehabilitation Facilities; or
  - Council on Accreditation.
- BHSOs and Residential Crisis Stabilization Units that fail to become accredited within one year of the effective date of the initial license or fail to maintain accreditation will be subject to revocation of the license.



# Behavioral Health Services Organizations (BHSO)

# Who should apply for licensure as a BHSO?

- Any clinical behavioral health services entity not licensed by the OIG's Division of Health Care or an entity licensed in a category not eligible for enrolling in Medicaid, such as an Alcohol and Other Drug Entity (AODE), may obtain licensure as a BHSO pursuant to 902 KAR 20:430E.
- BHSOs are eligible to enroll in the Kentucky Medicaid Program for reimbursement of covered behavioral health services provided to Medicaid recipients.

# BHSO Services

Licensed BHSOs must provide one or more of the following behavioral health outpatient services as described in the Medicaid State Plan and 902 KAR 20:430E:

- Screening
- Assessment
- Psychological testing
- Crisis intervention
- Mobile crisis
- Day treatment
- Peer support
- Intensive outpatient services

# BHSO Services, continued

- Individual, group, family, or collateral outpatient therapy
- Service planning for mental health disorders
- Screening, brief intervention and referral to treatment for substance abuse
- Assertive community treatment for mental health disorders
- Targeted case management
- Comprehensive community support services, or
- Therapeutic rehabilitation for adults with a serious mental illness or children with severe emotional disabilities

# Dual Licensure and Residential Services

- If a BHSO provides outpatient behavioral health services to treat individuals with substance use disorder or a co-occurring disorder in which substance use disorder is the primary diagnosis, the BHSO will be required to be dually licensed as an AODE.
- In addition to providing outpatient behavioral health services, BHSOs may provide residential services for substance use disorder, in which case the BHSO must also be dually licensed as an AODE.

# Staffing – Licensed BHSOs must have:

- Executive Director: Responsible for the administrative management of the organization and may serve as the Program Director
- Program Director: Must be one of the following:
  - Psychiatrist
  - Physician
  - Certified or licensed psychologist
  - Licensed psychological practitioner
  - Advanced practice registered nurse
  - Licensed professional clinical counselor
  - Licensed marriage and family therapist
  - Licensed professional art therapist
  - Licensed board certified behavior analyst, or
  - Licensed clinical social worker

# Staffing, continued

BHSO's must have a sufficient number of personnel, which may include:

- Behavioral health professionals
- Behavioral health professionals under clinical supervision
- Licensed behavior analysts and licensed assistant behavior analysts
- Case managers
- Peer support specialists
- Certified alcohol and drug counselors, or
- Community support associates



# General Requirements

In addition to service and staffing requirements, 902 KAR 20:430E establishes standards related to:

- Plan of care
- Client records
- Confidentiality
- Client rights
- Grievance process
- Employee background checks
- Staff training
- Quality assurance
- Safe and accessible physical environment

# Residential Crisis Stabilization Units (RCSU)

# Exemption

Because Community Mental Health Centers (CMHC) and Psychiatric Residential Treatment Facilities (PRTF) may provide crisis stabilization under their existing licenses, CMHCs and PRTFs will not be required to obtain separate licensure under 902 KAR 20:440E as a Residential Crisis Stabilization Unit to provide the service.

# RCSU Services

RCSUs licensed under 902 KAR 20:440E must provide the following services:

- Screening
- Assessment
- Treatment planning
- Individual outpatient therapy
- Group outpatient therapy, and
- Psychiatric services

**NOTE:** RCSUs may provide family therapy or peer support.

# RCSU Staffing

- Administrative oversight of the unit must be provided by a behavioral health professional or behavioral health professional under clinical supervision.
- RCSUs must have access to a board-certified or board-eligible psychiatrist 24 hours per day, 7 days per week.
- At least one direct-care staff member must be present for every 4 clients during waking hours and every 6 clients during sleeping hours.

# Location

- AODEs that obtain separate licensure to operate a RCSU must ensure that the RCSU is located off the campus of the AODE.
- RCSUs that serve both adults and children must not be located on the same campus.

# General Requirements

In addition to services and staffing requirements, 902 KAR 20:440E establishes standards related to:

- Employee background checks
- Quality assurance
- Grievance process
- Staff training
- Client records
- Confidentiality
- Client rights
- Mandatory reporting of suspected abuse, neglect, or exploitation of adult or child residents
- Medication prescribing and monitoring
- Safe and accessible physical environment

# Survey Process



# Survey Time Frames

- Unannounced
- During normal business hours of the facility

# Types of Surveys

- Initial
- Relicensure
- Complaint
- Revisit

# Survey Tasks

- Task 1 – Offsite Preparation
- Task 2 – Entrance Conference
- Task 3 – Information Gathering
- Task 4 – Information Analysis/Deficiency Determination
- Task 5 – Exit Conference

# Statement of Deficiencies (SOD)

- Document written following every survey
- Serves as evidence of compliance and noncompliance with state requirements
- Records results of survey/investigation
- OIG must submit to the facility within 10 working days

# Plan of Correction (POC)

- Required by 902 KAR 20:008 Section 2(3)(d)
- The facility must submit a written plan for correction of violations within 10 calendar days

# OlG Regional Enforcement Branches

## **Western Enforcement Branch**

Western State Hospital  
P.O. Box 2200  
2400 Russellville Road  
Hopkinsville, KY 42241  
Phone: (270) 889-6052  
Fax: (270) 889-6089

## **Northern Enforcement Branch**

L & N Building, 10-W  
908 W. Broadway  
Louisville, KY 40203  
Phone: (502) 595-4958  
Fax: (502) 595-4540

## **Southern Enforcement Branch**

116 Commerce Ave.  
London, KY 40744  
Phone: (606) 330-2030  
Fax: (606) 330-2054

## **Eastern Enforcement Branch**

3470 Blazer Parkway, Suite 300  
Lexington, KY 40509  
Phone: (859) 246-2301  
Fax: (859) 246-2307



# OIG Contacts

- **OIG, DHC, Regional Enforcement Branches**
  - Surveys, Statement of Deficiencies (SOD) and Plans of Correction (POC)
  
- **OIG DHC Central Office**
  - Change of Ownership (CHOW)
  - Change of Location
  - Change of Name



# OIG Website

<http://chfs.ky.gov/os/oig/>

# Office of Inspector General

Maryellen B. Mynear, Inspector General  
Connie Payne, Deputy Inspector General

**For questions regarding the licensure application process, contact:**

Robin Rowe, Analyst, Division of Health Care  
[Robin.rowe@ky.gov](mailto:Robin.rowe@ky.gov)  
(502) 564 – 7963, extension 3302

**For general questions, contact:**

Melanie Poynter, Assistant Director, Division of Health Care  
[Melanie.poynter@ky.gov](mailto:Melanie.poynter@ky.gov)  
(502) 564 – 7963, extension 3311

Stephanie Brammer-Barnes, Regulation Coordinator  
[Stephanie.brammer@ky.gov](mailto:Stephanie.brammer@ky.gov)  
(502) 564 – 2888, extension 3281

# Cabinet for Health and Family Services Department for Medicaid Services

## Medicaid Behavioral Health Services Organization

Stuart Owen, Regulation Coordinator

July 21, 2014



# How to become a Medicaid Behavioral Health Services Organization (BHSO)

- Obtain a BHSO license from the CHFS Office of Inspector General
- Enroll in the Medicaid Program (by fully and accurately completing a Medicaid provider agreement - “MAP-811” - and submitting it to the Department for Medicaid Services’ (DMS’s) provider enrollment branch (details stated in related PowerPoint))
- If desiring to join a managed care organization’s (MCO’s) provider network, request to be credentialed by the MCO and then complete (accurately and fully) a Medicaid provider agreement “MAP-811” and submit the agreement to DMS

# BHSO Rendering Practitioners

- Rendering practitioners vary per service but include behavioral health (BH) professionals who are licensed to practice independently as well as behavioral health professionals who must work under supervision
- BH professionals who can work independently include:
  - Licensed psychologists (LPs)
  - Licensed psychological practitioners (LPPs)
  - Licensed clinical social workers (LCSWs)
  - Licensed professional clinical counselor (LPCC)
  - Licensed behavior analyst (LBA) (PENDING CMS APPROVAL)
  - Licensed professional art therapists (LPATs) (PENDING CMS APPROVAL)
  - Licensed marriage and family therapists (LMFTs)
  - Physicians
  - Psychiatrists
  - Advanced practice registered nurses (APRNs)
- BH professionals who must work under supervision (defined as “behavioral health practitioner under supervision” in the regulation) include:
  - Licensed psychological associates (LPA)
  - Licensed professional counselor associates (LPCA)
  - Certified social workers (CSA)
  - Marriage and family therapy associates (MFTA)
  - Licensed professional art therapist associates (LPATA) (PENDING CMS APPROVAL)
  - Physician assistants (PA)
  - Licensed assistant behavior analysts (LABA) (PENDING CMS APPROVAL)
  - Certified alcohol and drug counselors (CADC)
  - Peer support specialists (PSS)
  - Community support associates (CSA)

# Billing Supervisors

- A behavioral health practitioner under supervision must be supervised by a “billing supervisor”
- A billing supervisor is any of the aforementioned professionals licensed to practice independently who is ALSO employed by or under contract with the same provider as the behavioral health practitioner under supervision (the “same provider” is the BHSO in this context)
- A supervisor is required to co-sign and date notes recorded by a behavioral health practitioner under supervision and to record a monthly supervisory note which reflects consultations between the supervisor and the practitioner working under supervision

# Covered Services

- **Medicaid-covered BHSO services include:**
  - Screenings
  - Assessments
  - Service planning
  - Screening, brief intervention, and referral to treatment (SBIRT)
  - Crisis intervention
  - Mobile crisis services
  - Intensive outpatient program services
  - Psychological testing
  - Day treatment
  - Residential services for substance use disorders
  - Peer support (provided by peer support specialists under supervision)
  - Individual outpatient therapy
  - Group outpatient therapy
  - Collateral outpatient therapy
  - Family outpatient therapy
  - Assertive community treatment
  - Comprehensive community support services
  - Therapeutic rehabilitation program services
  - Targeted Case Management

# Reimbursement in General

- DMS's reimbursement varies per service
- DMS's reimbursement is tiered based on practitioner
- DMS's reimbursement for most services is a percent of the rate listed on the current Kentucky-specific Medicare Fee Schedule
- Managed care organizations (MCOs) are NOT required to pay the same as DMS pays for BHSO services
- MCO reimbursement is negotiated between the MCO and the BHSO (and is not a matter for DMS)



# Screening/Crisis Intervention Reimbursement

- Reimbursement for a screening or for crisis intervention is:
  - 75% of the KY-specific Medicare rate when provided by a physician or psychiatrist
  - 63.75% of the KY-specific Medicare rate when provided by an advanced practice registered nurse (APRN) or a licensed psychologist (LP)
  - 60.0% of the KY-specific Medicare rate when provided by a licensed professional clinical counselor (LPCC), a licensed clinical social worker (LCSW), a licensed psychological practitioner (LPP), a licensed marriage and family therapist (LMFT), or a licensed professional art therapist (LPAT)
  - 52.5% of the KY-specific Medicare rate when provided by any of the following working under supervision:
    - A marriage and family therapy associate (MFTA)
    - A licensed professional counselor associate (LPCA)
    - A licensed psychological associate (LPA)
    - A certified social worker (CSW)
    - A physician assistant (PA)
    - A licensed professional art therapist associate (LPATA)
    - A certified alcohol and drug counselor (CADC)

# Assessment Reimbursement

- Reimbursement for an assessment is:
  - 75% of the KY-specific Medicare rate when provided by a physician or psychiatrist
  - 63.75% of the KY-specific Medicare rate when provided by an APRN or LP
  - 60.0% of the KY-specific Medicare rate when provided by an LPCC, an LCSW, an LPP, an LMFT, an LPAT, or a licensed behavior analyst (LBA)
  - 52.5% of the KY-specific Medicare rate when provided by any of the following working under supervision:
    - An MFTA
    - An LPCA
    - An LPA
    - A CSW
    - An LPATA
    - A PA
    - A CADC
    - A licensed assistant behavior analyst (LABA)

# Psychological Testing Reimbursement

- Reimbursement for psychological testing is:
  - 63.75% of the KY-specific Medicare rate when provided by an LP
  - 60.0% of the KY-specific Medicare rate when provided by an LPP
  - 52.5% of the KY-specific Medicare rate when provided by an LPA working under the supervision of an LP

# Individual/Group/Collateral Outpatient Therapy Reimbursement

- Reimbursement for individual outpatient therapy, group outpatient therapy, or collateral outpatient therapy is:
  - 75% of the KY-specific Medicare rate when provided by a physician or psychiatrist
  - 63.75% of the KY-specific Medicare rate when provided by an APRN or LP
  - 60.0% of the KY-specific Medicare rate when provided by an LPCC, an LCSW, an LPP, an LMFT, an LPAT, or an LBA
  - 52.5% of the KY-specific Medicare rate when provided by any of the following working under supervision:
    - An MFTA
    - An LPCA
    - An LPA
    - A CSW
    - A PA
    - An LPATA
    - An LABA

# Family Outpatient Therapy Reimbursement

- Reimbursement for family outpatient therapy is:
  - 75% of the KY-specific Medicare rate when provided by a physician or psychiatrist
  - 63.75% of the KY-specific Medicare rate when provided by an APRN or LP
  - 60.0% of the KY-specific Medicare rate when provided by an LPCC, an LCSW, an LPP, an LMFT, or an LPAT
  - 52.5% of the KY-specific Medicare rate when provided by any of the following working under supervision:
    - An MFTA
    - An LPCA
    - An LPA
    - A CSW
    - A PA
    - An LPATA

# Reimbursement for Other Services

- Reimbursement for the following BHSO services is as stated on the Non-Medicare Services Fee Schedule:
  - Mobile crisis services
  - Day treatment
  - Peer support services including parent/family peer support services
  - Intensive outpatient program services
  - Service planning
  - Residential services for substance use disorders
  - Screening, brief intervention, and referral to treatment (SBIRT)
  - Assertive community treatment (ACT)
  - Comprehensive community support services
  - Therapeutic rehabilitation services

# General Medicaid Program Requirements

- A BHSO must comply with records maintenance requirements (documenting services provided including who rendered the service, etc.) and HIPAA confidential requirements
- A BHSO must review each recipient's treatment plan once every six months (for recipients who continue to receive treatment)
- A BHSO must return any overpayments
- Payment from DMS for a service is considered payment in full and a BHSO cannot bill a recipient for a service reimbursed by DMS
- By submitting a claim to DMS (for reimbursement) a BHSO attests that the claim is valid/accurate
- All claims, health records, and associated documentation are subject to audit by DMS
- Medicaid is the payer of last resort and if a BHSO is aware that a client has other party (insurance) coverage the BHSO shall first bill the other party before submitting any bill to DMS

# Regulation Process

- The agency (DMS) submits “files” regulation w/the Legislative Research Commission
- Agency conducts public comment period (accepts comments from the public) on the regulation (roughly 1.5 month comment period stated in regulation) – the public comment period for the BHSO regulations is scheduled to run from the file date until September 2, 2014
- Comments on the DMS BHSO regulations can be emailed to Tricia Orme [tricia.orme@ky.gov](mailto:tricia.orme@ky.gov) or to Stuart Owen at [stuart.owen@ky.gov](mailto:stuart.owen@ky.gov)
- If DMS receives comments it must draft and file w/LRC a “statement of consideration” or SOC which summarizes and responds to the comments
- DMS may also file (w/the SOC) an amended version of the regulation in response to the comments
- The regulation is reviewed by legislative committee(s) including the Administrative Regulation Review Subcommittee
- After clearing legislative committee(s)’ review the regulation is adopted in its final (all amendments included) version



# Cabinet for Health and Family Services Department for Medicaid Services

## New Provider Types & Provider Enrollment

Jennifer C. Moore, Division of Program Integrity

July 21, 2014



# NEW PROVIDER TYPES

The Medicaid Provider Network expanded effective January 1, 2014. New provider types include:

- Private Duty Nursing Agency (PDNA)
- Speech Language Pathologist (ST)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Psychological Practitioner (LPP)
  - Accept Certified Psychologists with Autonomous Functioning licenses
- Multi-Specialty Group (MSG)
- Licensed Professional Art Therapist (**PENDING CMS APPROVAL**)
- Licensed Behavior Analyst (**PENDING CMS APPROVAL**)

**The following provider types will no longer be limited to only being reimbursable for services provided to Qualified Medicare Beneficiary (QMB).**

**Providers enrolled prior to 1/1/2014 may provide services to the entire Medicaid population effective 1/1/2014.**

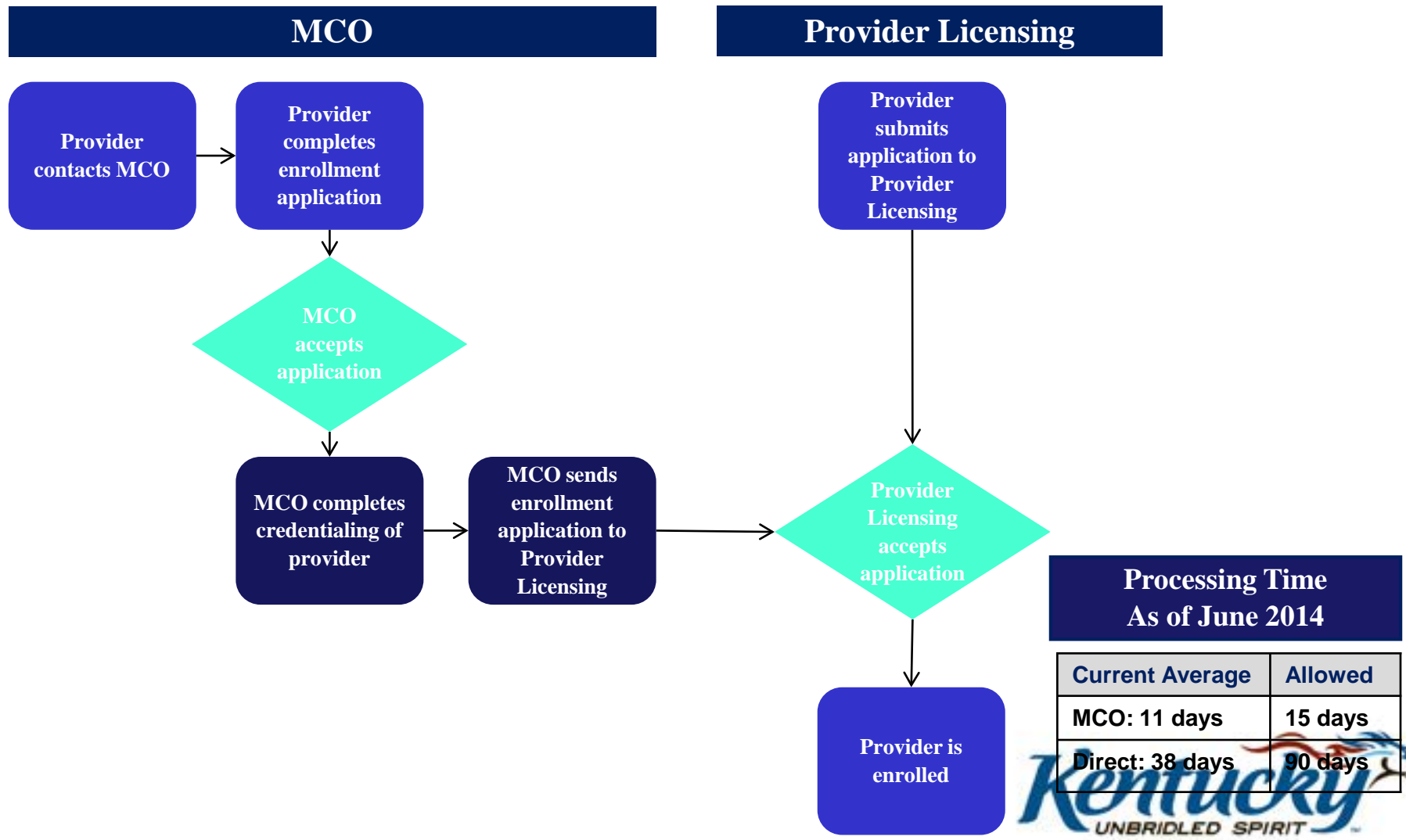
- Licensed Clinical Social Worker (LCSW)
- Physical Therapist (PT)
- Occupational Therapist (OT)
- Licensed Psychologist (LP)

# PROVIDER ENROLLMENT

# Provider Network Expansion



Providers are able to enroll as a Medicaid provider either through an MCO or directly through DMS' Provider Licensing.



### Processing Time As of June 2014

Current Average	Allowed
MCO: 11 days	15 days
Direct: 38 days	90 days



# Provider Enrollment



<http://www.chfs.ky.gov/dms/provEnr/>

**Kentucky.gov** KY Agencies | KY Services Search CHFS Go

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español  
■ Home > Department for Medicaid Services > Provider Enrollment > **Overview**

**Provider Enrollment**

**Welcome to the Kentucky Medicaid provider enrollment website**

Thank you for choosing to participate in the Kentucky Medicaid Program. The Kentucky Medicaid Program appreciates your interest and welcomes the opportunity to work with you to provide health care services to Kentucky Medicaid members.

- If you want to learn about KY Medicaid Provider, refer to [What is a KY Medicaid Provider?](#)
- If you are a new provider, refer to the [Application Information](#) and [Provider Type Summaries](#).
- If you are an existing provider and need to make changes, refer to [Maintenance Information](#).
- If you need to update your License, refer to [Update Your License Information with KY Medicaid](#)
- Read provider enrollment updates **New Information**

If you have any further questions or need assistance, please either email us at [Program.Integrity@ky.gov](mailto:Program.Integrity@ky.gov) or call toll free: (877) 838-5085 Monday to Friday 8 a.m. - 4:30 p.m. ET.

**Provider Enrollment Resources**

- [Department for Medicaid Services](#)
- [Kentucky Medicaid Provider Directory](#)

**Regulations, Publications, Termed Provider List**

**Regulations**

- 907 KAR [1:671](#)
- 907 KAR [1:672](#)

**Publications**

- [Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse](#)

**Contact Information**

Kentucky Department for Medicaid Services

**National Provider Identifier (NPI)**

**Application Information**

**Credentialing Recredentialing**

**FAQ**

**Forms**

**Lockin Information**

**Maintenance Information**

**Managed Care Organization Information**

**Overview**

**Provider Type Summaries**

Subscribe to the new Provider Enrollment



Draft

Behavioral Health Service Organization (BHSO)  
Provider Type 03  
REG 907 KAR 15:020

**Information about the program:**

- Provider must contact KY OIG for survey/licensure.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E and voided check/banking information verification
- MAP-347 for each actively enrolled behavioral health professional working in facility (LPCC, Psychologist, LCSW, etc.)
- 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. NPI and Taxonomy Verification
- State BHSO license (current and reflecting requested enrollment date)
- NPI and Taxonomy Code Verification

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40601
- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602



# Provider Enrollment



Kentucky.gov

KY Agencies | KY Services

Search

CHFS

Go

## KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

DEPARTMENT FOR MEDICAID SERVICES

[About CHFS](#) | [Contact Us](#) | [Forms and Documents](#) | [Información en Español](#)

[Home](#) > [Department for Medicaid Services](#) > [Provider Enrollment](#) > **Provider Type Summaries**



National Provider Identifier  
(NPI)

Provider Revalidation

Application Information

Archived Provider Enrollment  
Notices

FAQ

Forms

Maintenance Information

Managed Care Organization  
Information

Overview

Provider Type Summaries

## Provider Type Summaries

### Welcome

Please select the provider type from the list below for application information.

If you have any questions on the information provided for the provider types below, contact Provider Enrollment from 8 a.m. - 4:30 p.m. ET Monday through Friday at (877) 838-5085.

The free [Adobe Acrobat Reader](#) is required to view and print these documents.

### Current Provider Number and Type

- 01 - [Hospital](#)
- 02 - [Psychiatric Hospital](#)
- 04 - [Psychiatric Residential Treatment Facility \(PRTF\)](#)
- 10 - [Intermediate Care Facility - Individuals with Intellectual Disability \(ICF/IID\) Clinic](#)
- 11 - [Intermediate Care Facility/Mental Retardation/Developmentally Disabled Services \(ICF/MR/DD\)](#)

### Policy Information

[Use of 71 Provider number](#)  
(09/07/07)

### Contact Information

Kentucky Department for  
Medicaid Services  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

**Toll free:** (877) 838-5085  
Monday to Friday  
8 a.m. - 4:30 p.m. ET

**Email:**  
[Program.Integrity@ky.gov](mailto:Program.Integrity@ky.gov)

**For other questions or  
assistance,** e-mail the [CHFS  
DMS Webmaster](#)

# Provider Enrollment



60 - <u>Dentist</u>
61 - <b>Dentist Group</b>
64 - <u>Physician</u>
659 - <b>Physician Group</b>
66 - <u>Behavioral Health Multi-Specialty Group</u>
70 - <u>Audiologist</u>
709 - <b>Audiologist Group</b>
74 - <u>Certified Registered Nurse Anesthetist</u>
749 - <b>Certified Registered Nurse Anesthetist Group</b>
77 - <u>Optometrist</u>
779 - <b>Optometrist Group</b>
78 - <u>Advanced Registered Nurse Practitioner</u>
789 - <b>Advanced Registered Nurse Practitioner Group</b>
79 - <u>Speech Language Pathologist</u>
799 - <b>Speech Language Pathologist Group</b>
80 - <u>Podiatrist</u>
809 - <b>Podiatrist Group</b>
81 - <u>Licensed Professional Clinical Counselor</u>
819 - <b>Licensed Professional Clinical Counselor Group</b>
82 - <u>Licensed Clinical Social Worker</u>
829 - <b>Licensed Clinical Social Worker Group</b>
83 - <u>Licensed Marriage and Family Therapist</u>
839 - <b>Licensed Marriage and Family Therapist Group</b>
84 - <u>Licensed Psychological Practitioner</u>
849 - <b>Licensed Psychological Practitioner Group</b>
85 - <u>Chiropractor</u>
859 - <b>Chiropractor Group</b>
86 - <u>Other Lab and X Ray</u>
87 - <u>Physical Therapist</u>
879 - <b>Physical Therapist Group</b>
88 - <u>Occupational Therapist</u>
889 - <b>Occupational Therapist Group</b>
89 - <u>Licensed Psychologist</u>

Licensed  
Marriage  
and  
Family  
Therapist



## Licensed Marriage and Family Therapist Provider Type 83

### Information about the program:

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Licensed Marriage and Family Therapist must sign all forms.
- Provider must have "bricks & mortar".

### Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 (if working in a group setting)
- Marriage and Family Therapist license (current and reflecting requested enrollment date)
- Copy of social security card (If applicant has a social security card stating "valid for work only with DHS/INS Authorization, please refer to additional requirements at <http://www.chfs.ky.gov/dms/provEnr/>).
- If applicant is sole owner of a tax id, need to submit 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.
- NPI and Taxonomy Verification

### Important addresses:

- Kentucky Board of License for Marriage and Family Therapists  
911 Leewood Drive  
Frankfort, KY 40601
- Kentucky Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

## Provider Type Summary

# Provider Enrollment



Kentucky.gov KY Agencies | KY Services Search CHFS Go

**KENTUCKY**  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español  
■ Home > Department for Medicaid Services > Provider Enrollment > **Forms**

- National Provider Identifier (NPI)
- Provider Revalidation
- Application Information
- Archived Provider Enrollment Notices
- FAQ
- Forms**
- Maintenance Information
- Managed Care Organization Information
- Overview
- Provider Type Summaries

## Forms

Welcome to the Kentucky Department of Medicaid Services Provider Enrollment Forms webpage.

If you are a new provider, refer to the [Enrollment Forms](#) listed below.

If you are an existing provider and need to make changes, refer to the [Maintenance Forms](#) listed below.

## Enrollment Forms

- [MAP-811 - \(Revalidation\) \\*NEW\\*](#)
- [Map 347](#) - Statement for Authorization of Payment
- [MAP 572A](#) - Private Auto Provider
- [Map 572B](#) - Foster Parent Provider Agreement
- [MAP-612](#) - Statement for Authorization of Payment (Physician Assistant)
- [MAP-811 Non Credentialed](#) (with [MAP-811 Addendum E](#))
- [MAP-811 Individual](#) (with [MAP- 811 Addendum E](#)) and [KAPER-1](#)
  - [KAPER-1 Code Lists](#) (Refer to these code lists as you complete the KAPER-1).
- [MAP-811 Addendum E](#) - Direct Deposit Authorization/Cancellation Form
- [MAP-814](#) - EPSDT Special Services Short Form
- [MAP-4100](#) - Acquired Brain Injury Waiver Program Provider Information and Services
- [Supports for Community Living Statement of Services to Be Provided](#)
- [Dental Credentialing Form](#)

### Contact Information

Kentucky Department for Medicaid Services  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602  
**Toll free:** (877) 838-5085  
Monday to Friday  
8 a.m. - 4:30 p.m. EST  
**Email:**  
[Program.Integrity@ky.gov](mailto:Program.Integrity@ky.gov)

**For questions regarding this website,** e-mail the [CHFS DMS Webmaster](#)



Providers enrolling in KY Medicaid and participating with any of the Managed Care Organizations (MCOs) may send your enrollment application to one of the MCOs of your choice.

## MCO Provider Credentialing Contacts:

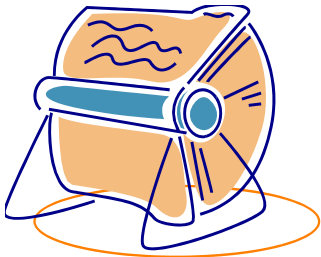
- Aetna (formerly Coventry) - 855-300-5528
- Anthem - 800-205-5870
- Humana Caresource - 800-457-5683
- Passport - 800-578-0775
- Wellcare - 877-389-9457

# Provider Enrollment



For more information or  
to subscribe to a Listserve,  
please visit:

<http://www.chfs.ky.gov/dms/provEnr/>



## CONTACT INFORMATION:

Provider Licensing and Certification Branch

1-877-838-5085

[program.integrity@ky.gov](mailto:program.integrity@ky.gov)

### Provider Type Summaries

#### Subscribe to the new Provider Enrollment Listserv

If you are interested in receiving e-mail notices on Provider Enrollment, click [here](#) to add or delete subscriptions at any time.



# Question & Answer Panel

## Office of Inspector General

Stephanie Brammer-Barnes, Internal Policy Analyst

Michelle Mitchell, Nurse Consultant Trainer, Division of Health Care

Melanie Poynter, Assistant Director, Division of Health Care

Robin Rowe, Human Services Compliance Analyst, Division of Health Care

## Department of Medicaid Services

Jennifer C. Moore, Division of Program Integrity

Stuart Owen, Regulation Coordinator

Charles Douglass, Assistant Director

## Division of Behavioral Health

Kara Fresh, MS, LMFT, Program Administrator, Impact Plus Central Office

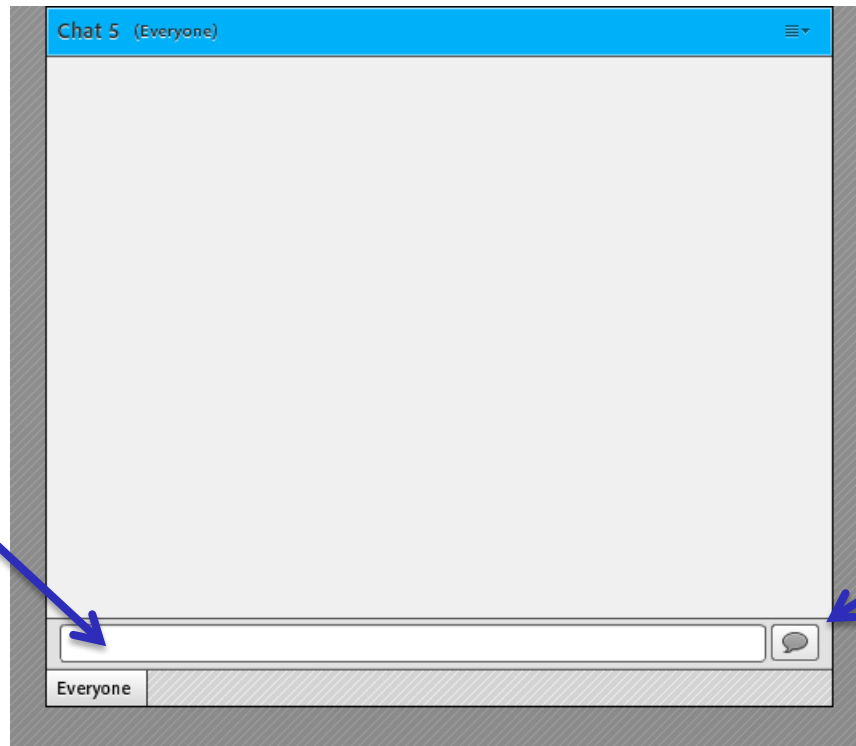
Cabinet for Health and Family Services



# Share Information

## “Chat Pod”

Type Your Provider Name and “Yes” that you anticipate applying for BHSO licensure.



The image shows a chat window titled "Chat 5 (Everyone)". The main area is a large, empty text box. At the bottom, there is a text input field and a send button (a speech bubble icon). A blue arrow points from the text on the left to the text input field. Another blue arrow points from the text on the right to the send button.

Click to send information



# Closing

## Future Questions

Please direct your questions to the appropriate content expert:

### Office of Inspector General

*For questions regarding the licensure application process, contact:*

Robin Rowe, Analyst, Division of Health Care, [Robin.rowe@ky.gov](mailto:Robin.rowe@ky.gov), (502) 564 – 7963, extension 3302

*For general questions, contact:*

Melanie Poynter, Assistant Director, Division of Health Care, [Melanie.poynter@ky.gov](mailto:Melanie.poynter@ky.gov), (502) 564 – 7963, extension 3311

Stephanie Brammer-Barnes, Regulation Coordinator, [Stephanie.brammer@ky.gov](mailto:Stephanie.brammer@ky.gov), (502) 564 – 2888, extension 3281

### Department of Medicaid Services

Jennifer C. Moore, Division of Program Integrity, [JenniferC.Moore@ky.gov](mailto:JenniferC.Moore@ky.gov), (502) 564 – 1013 extension 2163

Stuart Owen, Regulation Coordinator, [Stuart.Owen@ky.gov](mailto:Stuart.Owen@ky.gov), (502) 564 – 4321

### Division of Behavioral Health

Kara Fresh, MS, LMFT, Program Administrator, Impact Plus Central Office, [Kara.Fresh@ky.gov](mailto:Kara.Fresh@ky.gov) (502) 564 – 4797

## Today's Webinar

Will be posted to the BHDID website soon at: <http://dbhdid.ky.gov/kdbhdid/#>

# Thank you!

