



KENTUCKY

Cabinet for Health and Family Services

PROVIDER WEBINAR

**UPCOMING CHANGES FOR PHYSICAL,
SPEECH, OCCUPATIONAL THERAPY**

May 31 & June 1, 2016

What is Changing and Why: Refresher

PT/OT/ST Waiver Transition to State Plan

Provider Enrollment

Q&A

What's Changing?

The Office of Inspector General (OIG) and the Department for Medicaid Services (DMS) have filed regulations to expand the provider base for PT/OT/ST, and transition PT/OT/ST from Home and Community Based Services (HCBS) waivers into the state plan.

1

New Options for Individual Therapists/Group Therapy Providers

- Revised licensure for mobile health services and new DMS provider type for a multi-therapy agency group

2

Licensed Organizations

- Expanded Medicaid regulations to allow licensed organizations, like rehabilitation agencies, mobile health services, special health clinics, and adult day health centers (ADHC), to provide PT/OT/ST

3

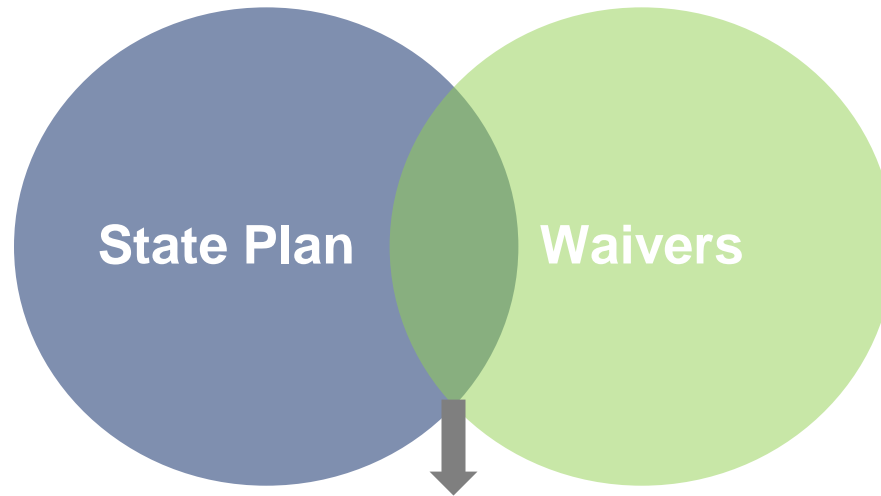
Waiver Services Transition to State Plan

- Requirement to transition PT/OT/ST from the HCBS waivers to the state plan at the time of renewal for each of the HCBS waivers

For individual therapists who are not interested in forming a multi-specialty group provider or obtaining new licensure, there are no changes to current processes.

Why are Waiver Services Changing?

PT/OT/ST have been historically provided to children through EPSDT and to HCBS waiver participants. However, on 1/1/14, DMS added PT/OT/ST as covered benefits to its state plan for all Medicaid members.



- Overlap between a service provided in a state plan and a service provided in the waiver is **not** allowed by the Centers for Medicare and Medicaid Services (CMS).
- There are some options for states to provide **similar** services in its state plan and its waiver, but the services cannot be the same in both.
 - **Extended state plan services** are only allowable in the waiver if the service in the state plan has a hard limit that cannot be exceeded by medical necessity. *Kentucky's state plan allows for limits to be exceeded by medical necessity.*
 - **“Other” services** are only allowable if the waiver service is distinct or materially different from the state plan service. *CMS determined that Kentucky's waiver services of PT/OT/ST are not distinctly different from the state plan services.*
 - **For children**, any service which CMS allows as a state plan service must be provided through the state plan. If not covered by the state, the service must be provided through Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Kentucky worked with CMS for several months trying to identify a way to implement a differential rate for providers rendering PT/OT/ST to waiver participants, but CMS informed Kentucky that a differential rate is not possible. These services will be reimbursed at the same rate as the existing PT/OT/ST fee schedule.

PT/OT/ST Waiver Transition to State Plan

Since DMS cannot cover PT/OT/ST in both the waivers and the state plan, DMS is transitioning these services from the HCBS waivers into the state plan at the time of renewal for each of the HCBS waivers.

Transition in Progress

SCL

- Submitted renewal application to CMS without PT/OT/ST in June
- Filed SCL regulations without PT/OT/ST as covered services in August
- Transition anticipated: **August, 2016**

HCB

- Submitted renewal application to CMS without PT/OT/ST in April
- Filed HCB regulations without PT/OT/ST as covered services in September
- Transition anticipated: **July, 2016**

Upcoming Transition

ABI-LTC

- Submit renewal application to CMS on April 1, 2016 (effective date of July 1, 2016)
- File ABI-LTC regulations without PT/OT/ST as covered services in June
- Transition anticipated: **February, 2017**

MPW

- Submit renewal application to CMS on June 1, 2016 (effective date of September 1, 2016)
- File MPW regulations without PT/OT/ST as covered services in July
- Transition anticipated: **February, 2017**

ABI

- Submit renewal application to CMS on October 1, 2016 (effective date of January 1, 2017)
- File ABI regulations without PT/OT/ST as covered services in August
- Transition anticipated: **February, 2017**

Revised Licensure for Mobile Health Services



OIG has amended its mobile health services regulation, 902 KAR 20:275, to give small, multi-disciplinary therapy providers additional options for licensure. The new changes within 902 KAR 20:275 will become effective on June 3, 2016.

Summary of Key Changes for Mobile Health Services Licensure

- **Licensure allows multiple therapy types:** The revised mobile health services regulation defines a therapy practice to include any combination of physical and/or occupational therapists and/or speech-language pathologists and/or their corresponding assistants.
- **Expanded place of service:** The mobile health services provider is able to render services in various locations, including the provider's office, a health facility, or a home- and community-based setting.
- **Exemption of medical director for therapy practices:** Under the current OIG regulation, the mobile health services provider must have a medical director that is a physician or a dentist. However, OIG intends to amend this requirement so that therapy practices are exempt.

Note: A private office or other entity that meets the exemption criteria of KRS 216B.020(2), including a practice that is exempt from Certificate of Need pursuant to 900 KAR 6:130, Section 3, is not required to obtain licensure as a mobile health service or other health facility licensed under 902 KAR Chapter 20.

Provider Type 76 – Multi-Therapy Agency

The chart below outlines information about the Multi-Therapy Agency, Provider Type 76 program and highlights the additional information to be submitted by the provider for application processing.

Multi-Therapy Agency, Provider Type 76 (Effective June, 2016)	
Services	<ul style="list-style-type: none"> Provider must be providing one or a combination of the following: physical therapy, occupational therapy and/or speech language pathology (PT, OT, ST)
Locations	<ul style="list-style-type: none"> Provider must have “bricks and mortar” (a physical location where they administer services) but services may be provided outside the facility with appropriate licensure
Licensure	<ul style="list-style-type: none"> License issued by the Office of Inspector General (OIG) as Adult Day Health, Special Health Services Clinic, Rehab Agency, or Mobile Health Service Note: to render these services outside of the licensed facility, a provider will need to be licensed as a Mobile Health Service
Required MAP Application Forms	<ul style="list-style-type: none"> MAP-811 and MAP-811 Addendum E MAP-347 for all licensed providers within the group (all licensed PT, OT, and ST practitioners must be active to link to the group provider)

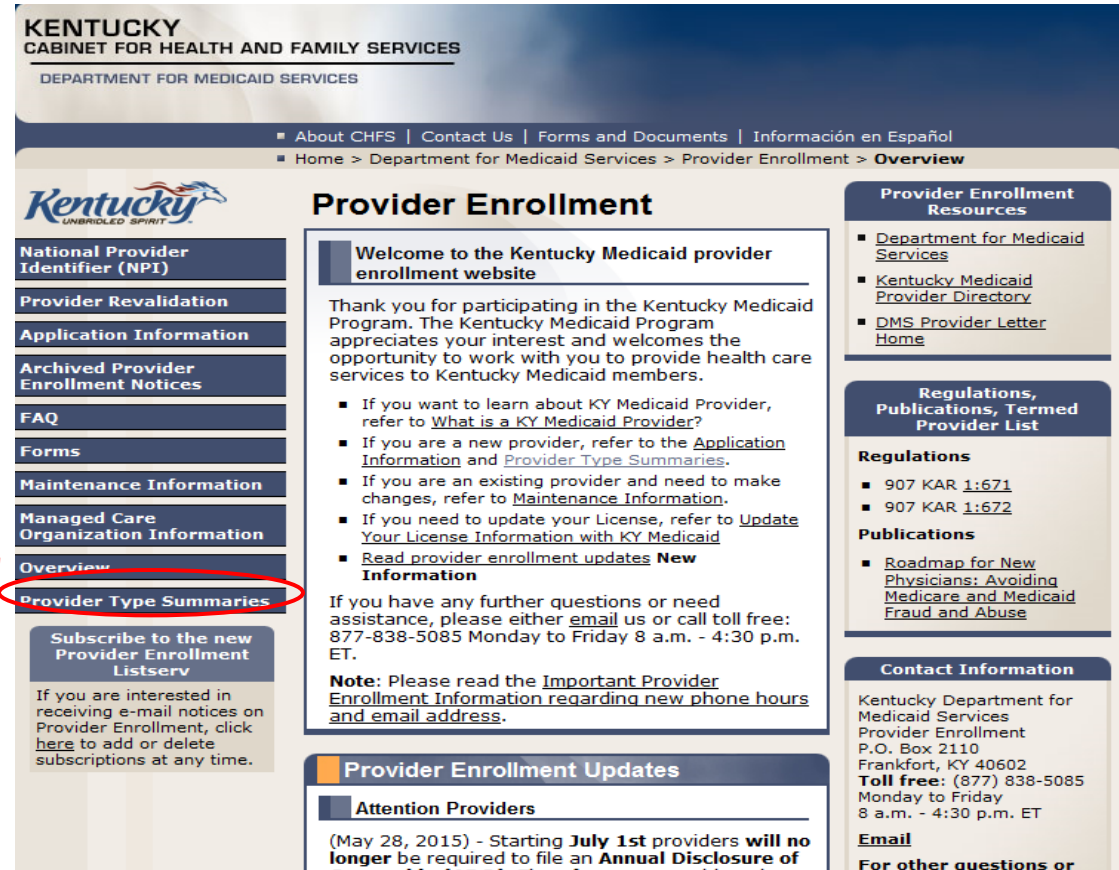
Regulation 907 KAR 8:040 expands the PT, OT, and ST service provider base to ensure sufficient access to services for all Medicaid recipients.

Provider Enrollment Steps

Waiver providers who render PT/OT/ST should enroll as Medicaid state plan providers now to ensure consistency of services for participants.

Step One:

- <http://chfs.ky.gov/dms/provEnr/>
- Select Provider Type Summaries



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 participating 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 or call toll free: 877-838-5085 Monday to Friday 8 a.m. - 4:30 p.m. ET.

Note: Please read the [Important Provider Enrollment Information regarding new phone hours and email address](#).

Provider Enrollment Updates

Attention Providers

(May 28, 2015) - Starting **July 1st** providers **will no longer** be required to file an **Annual Disclosure of**

Provider Enrollment Resources

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

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
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
For other questions or

Left Sidebar:

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

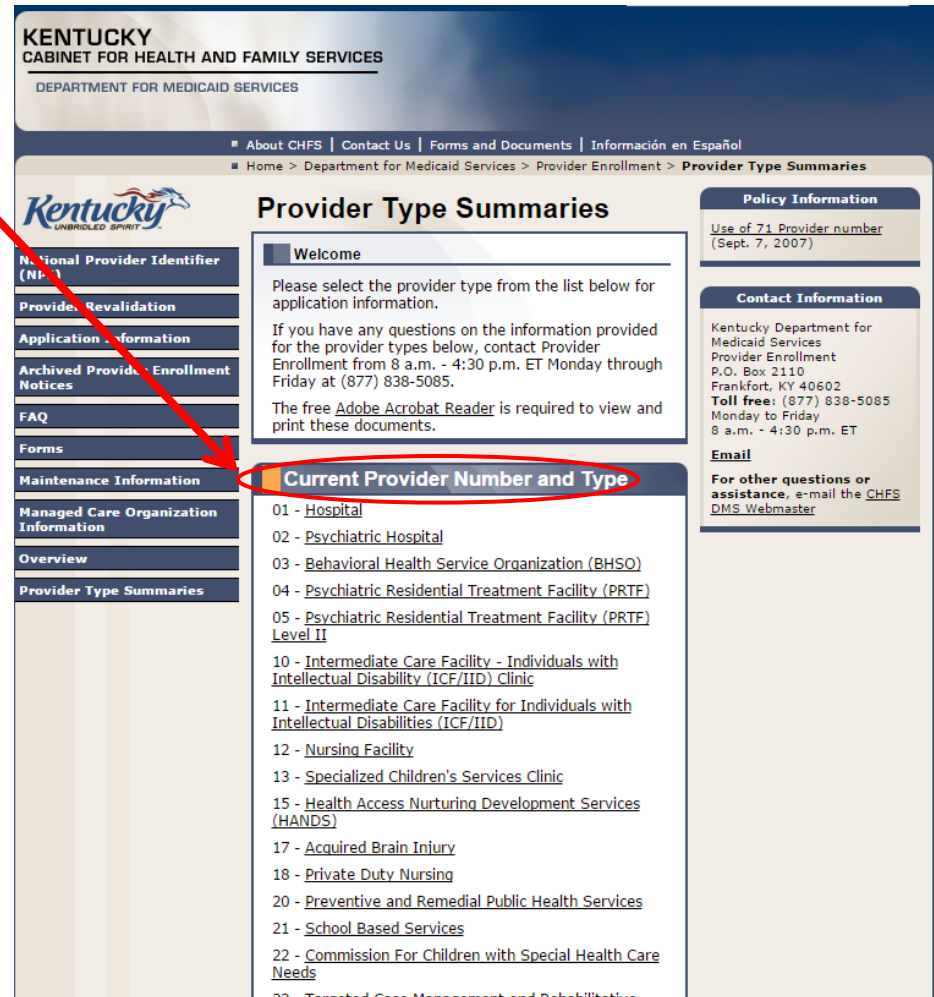
While provider enrollment typically takes 45 days, providers who submit accurate and complete applications may be enrolled sooner.

Provider Enrollment Steps

Required forms for enrollment may vary among provider types. It is important to select the correct provider type to ensure that you have the right information to enroll as that provider type.

Step Two:

- Browse the 'Current Provider Number and Type' for your provider type:
 - 76: Multi-Therapy Agency***
 - 79: Speech Language Pathologist**
 - 87: Physical Therapist**
 - 88: Occupational Therapist**
- Click on the appropriate provider type to determine what forms are required for enrollment



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[Home](#) > [Department for Medicaid Services](#) > [Provider Enrollment](#) > [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.

Policy Information

Use of 71 Provider number (Sept. 7, 2007)

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

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

Current Provider Number and Type

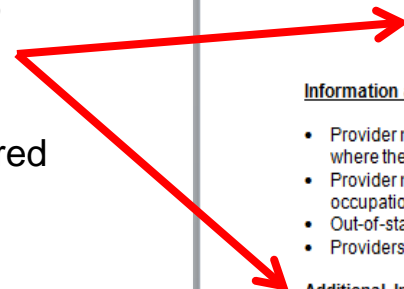
- 01 - [Hospital](#)
- 02 - [Psychiatric Hospital](#)
- 03 - [Behavioral Health Service Organization \(BHSO\)](#)
- 04 - [Psychiatric Residential Treatment Facility \(PRTE\)](#)
- 05 - [Psychiatric Residential Treatment Facility \(PRTE\) Level II](#)
- 10 - [Intermediate Care Facility - Individuals with Intellectual Disability \(ICF/IID\) Clinic](#)
- 11 - [Intermediate Care Facility for Individuals with Intellectual Disabilities \(ICF/IID\)](#)
- 12 - [Nursing Facility](#)
- 13 - [Specialized Children's Services Clinic](#)
- 15 - [Health Access Nurturing Development Services \(HANDS\)](#)
- 17 - [Acquired Brain Injury](#)
- 18 - [Private Duty Nursing](#)
- 20 - [Preventive and Remedial Public Health Services](#)
- 21 - [School Based Services](#)
- 22 - [Commission For Children with Special Health Care Needs](#)
- 23 - [Targeted Case Management and Rehabilitative](#)

Provider Enrollment Steps

Each provider type summary details the provider requirements and necessary forms that must be completed for enrollment.

Step Three:

- Review the provider type summary to ensure that you meet the enrollment requirements
- Identify which forms you will be required to complete



TENTATIVE*
**SUBJECT TO CHANGE PENDING CMS APPROVAL
AND ADOPTION OF NEW REGULATIONS**

**Multi-Therapy Agency
Provider Type 76**

Information about the program:

- Provider must be an entity licensed (unless exempt from licensure) by the state where they practice.
- Provider must be providing one or a combination of the following: physical therapy, occupational therapy and/or speech language pathology.
- Out-of-state providers may enroll.
- Providers must have "bricks and mortar."

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

- MAP-811
- MAP-811 Addendum E
- MAP-347 for all licensed providers within the group. (Individual provider number **must** be active in order to join a group.)
- License (unless exempt from licensure) for one of the following: Adult Day Health, Special Health Services Clinic; Rehabilitation Agency or a Mobile Health Services.
- If a provider is exempt from licensure, must submit a letter indicating why the provider is exempt.
- CLIA Certificate (if applicable)
- 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:

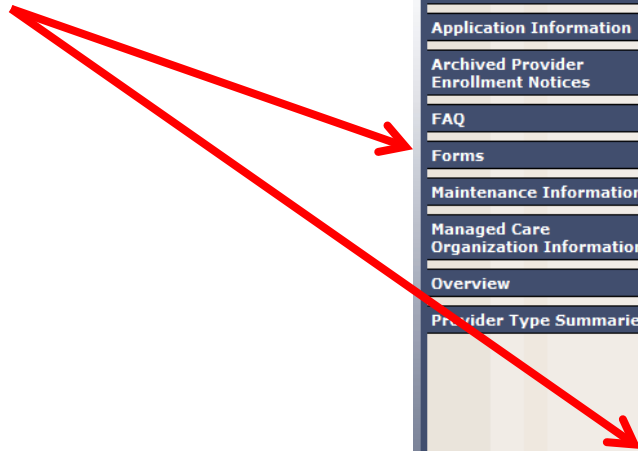
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

Provider Enrollment Steps

All Medicaid forms required for enrollment are available on the DMS webpage for download.


Step Four:

- Select 'Forms'
- View each form that is required based upon the provider type summary



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- 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.

Attention Providers - MAP-811 form launch delayed

(May 5, 2015) - An April 26, 2015 letter sent to providers regarding 2015 legislative changes to provider enrollment included the statement, "In addition, effective May 1, 2015, all applications must be submitted on the revised MAP-811 in order to be processed. Otherwise, the application will be returned."

Due to technical difficulties launching the new MAP-811 form, DMS advises providers this change will not take effect until July 1, 2015. You may submit either version of the MAP 811 application until July 1, 2015.

Enrollment Forms

- [MAP- 811 \(Enrollment\)](#) (rev. May 2015) **New** (with [MAP- 811 Addendum E](#) - Direct Deposit Authorization/Cancellation Form - and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit)
- [MAP-900 \(Revalidation\)](#) (rev. May 2015) **New**
- [Map 347](#) - Statement for Authorization of Payment [MAP-347 Group Linkages](#) **New**
- [MAP 572A](#) - Private Auto Provider
- [Map 572B](#) - Foster Parent Provider Agreement
- [MAP-612](#) - Statement for Authorization of Payment (Physician Assistant)

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

For questions regarding this website, e-mail the CHFS DMS Webmaster

Provider Enrollment Steps

The MAP-811 is a required form for all therapy provider types.

Step Five:

- Complete the necessary forms
- Submit the forms to Kentucky Medicaid or the MCO with which you are enrolling

Map-811 Checklist

NOTICE: Pursuant to [907 KAR 1.672](#) Section 2 1(c) (1), you must be enrolled eligible to receive reimbursement. Enrollment in the program is not a guarantee for Kentucky Medicaid members prior to your effective date is at your own risk.

A complete list of enrollment requirements for each provider type can be found at link: <http://www.chfs.ky.gov/dms/provEnr/Provider+Type+Summaries.htm>

Did you:

- ◆ Complete *all* questions? Questions not applicable should be completed with *(Applications will be rejected for any questions left blank.)*
- ◆ Sign and date signature page (page 12) *Electronic or stamped signatures*
- ◆ Attach appropriate licenses and/or certifications and all other required documents as current?
- ◆ Attach verification documentation for NPI and Taxonomy Code(s) from CMS
- ◆ Attach a [MAP-347](#) if individual wants to be linked to group KY Medicaid
- ◆ Attach a copy of your Social Security card if you are enrolling as an individual you are applying with a FEIN.
- ◆ If you are subject to an application fee, please attach a check payable to the information on the application fee, please refer to your Provider Type Summary at <http://www.chfs.ky.gov/dms/provEnr/Provider+Type+Summaries.htm>
- ◆ Keep a copy of the application for your records.

Not completing these reminders will delay the processing of your application. Other information not mentioned above may be requested during processing.

If you are completing this application for ENROLLMENT and you will be sending this application to the following address:

Kentucky Medicaid
P.O. Box 2110
Frankfort, KY 40602

If you are completing this application for ENROLLMENT and you will be sending this application to the MCO of your choice.

Please do not send the application directly to the Department for Medicaid Services for processing of your application.

If you have any questions regarding your enrollment, please call Kentucky Medicaid enrollment specialist will be available to help you between the hours of 8:00 a.m. through Friday.

Map-811 (Enrollment)
(Rev 7/2015)

For Kentucky Medicaid Use Only

ATN# _____
Identifier# _____
Provider Type _____
Reviewer's Initials: _____

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR MEDICAID SERVICES
SECTION A: ADMINISTRATIVE INFORMATION

I am enrolling as a: <input type="checkbox"/> New Provider <input type="checkbox"/> Re-applicant <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Reinstatement			
Will you be contracting with a KY Managed Care organization (MCO)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate which MCO?</i>			
<input type="checkbox"/> Anthem <input type="checkbox"/> Coventry Cares of Kentucky <input type="checkbox"/> Humana CareSource <input type="checkbox"/> Passport Health Plan <input type="checkbox"/> WellCare of Kentucky			
1. Kentucky Medicaid Provider Number: _____ <i>(Complete only if you have indicated Reapplicant, or Reinstatement above.)</i> <input type="checkbox"/> Check here for N/A			
2. Applying As:			
Please check only one box and print clearly. For individual applicants, please input any suffixes if applicable.			
<input type="checkbox"/> Individual <input type="checkbox"/> Entity <input type="checkbox"/> Group			
Last: _____ First: _____ MI: _____ Name: _____			
3. Doing Business As (DBA): _____			
4. Please select: <input type="checkbox"/> Public <input type="checkbox"/> Private		5. Please select: <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit	
6. License/Certification #: _____		7. Provider Type: _____	
8. Type of Service: _____		9. Date Provider Requests Effective Enrollment: ____/____/____ <i>(Date must be in mm/dd/yyyy format.)</i>	
10. National Provider Identifier (NPI): _____		11. Primary Taxonomy Code: _____ <i>(Attach extra sheet if necessary.)</i>	
12. SSN: _____		13. FEIN (Please list only if you own the FEIN 100%): _____	14. Date of Birth: _____
15. DMS will report all monies paid to the IRS. Please indicate which number you use for tax reporting. (If you are enrolling as an individual and do not own a FEIN, please check SSN field). (Check one only.) <input type="checkbox"/> SSN <input type="checkbox"/> FEIN			
16. Tax Structure: Please select only one structure.			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government/Non-Profit			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Public Service Corporation <input type="checkbox"/> Limited Liability Company			
17. Agent of Service in Case of Summons (N/A not acceptable). First Name: _____ Last Name: _____		18. Telephone # of Agent of Service (N/A not acceptable). _____	
19. PRIMARY PHYSICAL BUSINESS LOCATION: <i>(If you have more than one physical location, attach a copy of items listing additional locations. If an entity/group is applying, each additional location may require separate enrollment.)</i>			
Street Address: _____			
City: _____		State: _____	Zip: _____
Phone #: _____ Ext. _____		Fax #: _____	County: _____
20. MAILING ADDRESS: <input type="checkbox"/> (Check here if same as primary physical business address)			
Address: _____			
City: _____		State: _____	Zip: _____
Credentiating Contact Information (Required) <i>(This individual will be contacted should any information be needed to process the application.) Note: Your email address will not be given to any outside party for any reason. DMS may use provider email addresses to send provider letters/notices.</i>			
Name: _____		Email Address: _____	
Phone: _____		Fax Number: _____	
21. PAY-TO/1099 ADDRESS: <input type="checkbox"/> (Check here if same as primary physical business address)			
Address: _____			
City: _____		State: _____	Zip: _____
Contact First Name: _____		Contact Last Name: _____	Phone #: _____
22. List any Kentucky Medicaid group/facility numbers you have held in the past three years. <input type="checkbox"/> Check here for N/A			
23. Please list all Medicare Provider Numbers. (Attach extra sheet if necessary.) <input type="checkbox"/> Check here for N/A			

Fill out all Applicable Sections. Write Not Applicable (N/A) for questions that do not apply. Applications will be rejected for any questions left blank. Please print or type. Reformatted or altered applications will not be accepted.

Provider Enrollment Guidance

The following information will assist in having a smooth and quick enrollment. It is important to know that if you are currently serving active waiver participants, waiver participants are **not** enrolled in Managed Care, and therefore, as their provider, you will need to enroll as a Medicaid provider.

ANSWER ALL QUESTIONS ON THE FORM!

- If the question does not apply, be sure to indicate “**N/A**”. Many of the questions do not apply to an individual.
- Do not answer a question and check “N/A”
- DMS cannot assume the answer. It must be complete.
- Clock starts with a correct and complete application.

Common Issues:

- Ensure the **entire legal name** is entered – no initials.
- Ensure the provider number listed is the **Medicaid provider number** for the provider that the form pertains to.
- Do not put NPI or Tax ID if it asks for Medicaid provider number.
- If an **attachment** is needed, make sure the **attachment** is **clearly labeled** with the question number and the **question** indicates “**see attached**”.
- Ensure the correct **taxonomy** is listed
- **Sign the form.**

Provider Enrollment Guidance

For more information, or to subscribe to the listserv, please visit:

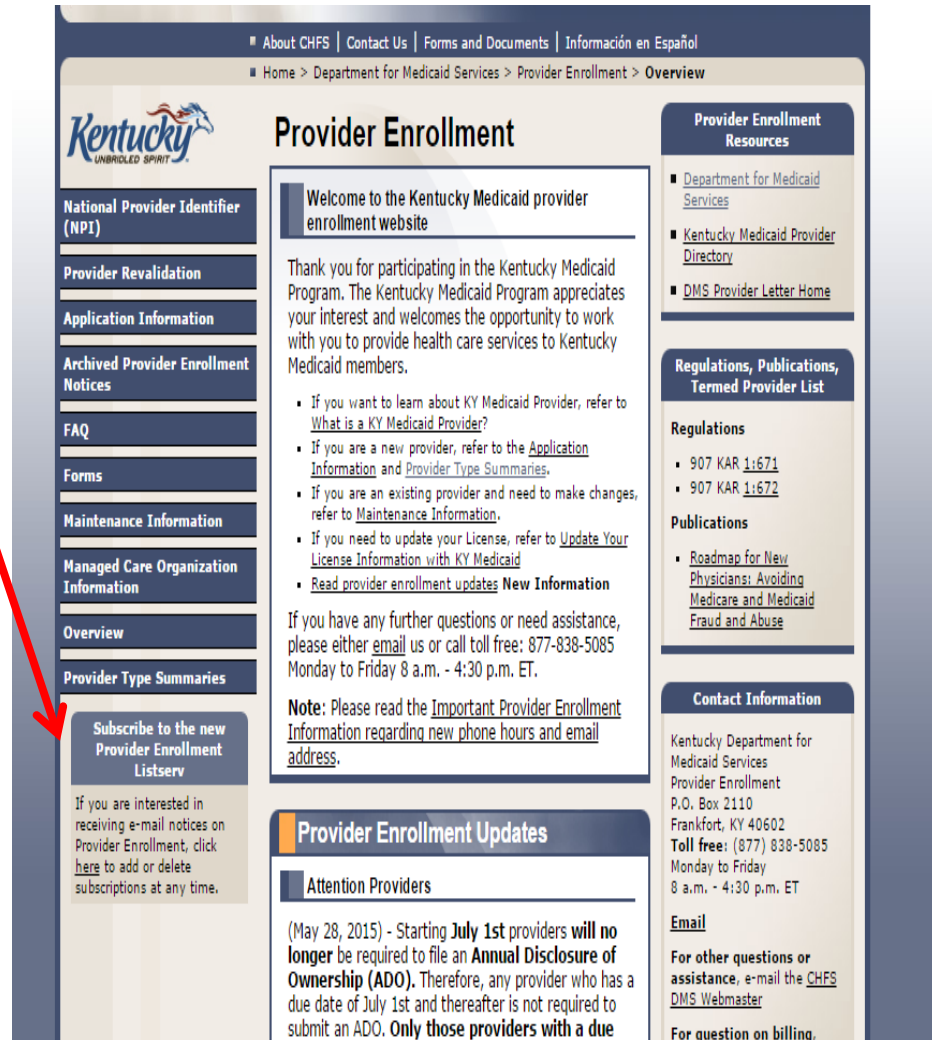
<http://www.chfs.ky.gov/dms/provEnr/>

Contact Information:

Provider Licensing and Certification Branch:

1-877-838-5085

program.integrity@ky.gov



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Provider Enrollment

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Note: Please read the [Important Provider Enrollment Information](#) regarding new phone hours and [email address](#).

Provider Enrollment Updates

Attention Providers

(May 28, 2015) - Starting **July 1st** providers **will no longer** be required to file an **Annual Disclosure of Ownership (ADO)**. Therefore, any provider who has a due date of July 1st and thereafter is not required to submit an ADO. **Only those providers with a due**

Provider Enrollment Resources

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

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
 Provider Enrollment
 P.O. Box 2110
 Frankfort, KY 40602
Toll free: (877) 838-5085
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Email

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

For question on billing,

Advantages of Early Enrollment

DMS encourages waiver providers to begin enrolling in Medicaid as state plan providers **now** in order to ensure that they will be able to continue providing services to waiver participants once the regulations become effective and the waivers are renewed. Additionally, there are several benefits for providers that enroll early.

1: Expand Client Base

- Once enrolled in Medicaid as a state plan provider, providers have the option to render services to active fee for service (FFS) Medicaid members, potentially increasing volume of visits
- Providers may also begin to contract with managed care organizations (MCO) to render services to Medicaid members covered under MCOs

2: Avoid Billing and Reimbursement Interruptions

- Early enrollment will assist in avoiding a gap between enrollment in Medicaid as a state plan provider and rendering and billing for therapy services

3: Ensure Continuity of Care

- Therapy services will not be interrupted while waiver participants wait for their current provider to enroll in Medicaid as a state plan provider
- Participants will be less likely to transition to a new PT/OT/ST provider to avoid a service disruption if their existing provider enrolls quickly

Resources

DMS has distributed several letters and published Frequently Asked Questions (FAQ) related to this transition to inform both providers and participants/families/advocates

May, 2016

- ABI – Case Manager Provider Letter # A-28
- HCB – Case Manager Provider Letter # A-86
- SCL – Case Manager Provider Letter # A-45
- ADHC – Case Manager Provider Letter # A-48

March, 2016

- ABI – Provider Letter # A-26
- HCB – Provider Letter # A-84
- SCL – Provider Letter # A-44
- ADHC – Provider Letter # A-46
- Participant Letter

Waiver Transition FAQs: <http://chfs.ky.gov/dms/>

Additional Resources

The contact information for **Kentucky's KHIE Outreach Coordinators** may be obtained from the following website: <http://khie.ky.gov/cwkhie/Pages/getstarted.aspx>

A copy of the **Request for Advisory Opinion, OHP Form 7**, may be downloaded from the following website under the **Miscellaneous Forms** header: <http://chfs.ky.gov/ohp/con/forms.htm>

If a proposed therapy service requires CON review, nonsubstantive CON applications are batched monthly. **OHP Form 2A** may be downloaded from the following website under the **Application Forms** header: <http://chfs.ky.gov/ohp/con/forms.htm>

Mobile Health Information:

- The application for licensure as a mobile health service, **Form OIG 005**, may be downloaded from the OIG's website: <http://chfs.ky.gov/NR/rdonlyres/E981EADD-22B7-4E03-BDDC-20C3E2454595/0/OIG005AppESRDMobileHealthSpecialHealthSMTSXTF.pdf>
- The mobile health services licensure regulation may be downloaded from the following link: <http://www.lrc.ky.gov/kar/902/020/275reg.htm>

Questions Regarding:

- Certificate of Need: *Diona Mullins* (502-564-9592 or Diona.mullins@ky.gov)
- The process of obtaining licensure as a mobile health service: *OIG's Division of Health Care* (502-564-7963 or Marylou.jackson@ky.gov or robin.rowe@ky.gov)
- The status of the mobile health services regulations: *Stephanie Brammer-Barnes* (502-564-2888 or Stephanie.brammer@ky.gov)