

**Licensed Clinical Alcohol and Drug Counselor (LCADC)
Provider Type 67**

**ENROLLMENT LIMITED TO LCADCs PROVIDING SERVICES IN A
COMMUNITY MENTAL HEALTH CENTER (CMHC) (907 KAR 1:044),
CHEMICAL DEPENDENCY TREATMENT CENTER (CDTC) (907 KAR 15:080),
LEVEL 1 OR LEVEL II PSYCHAIITRIC RESIDENTIAL TREATMENT
FACILITIES (PRTF) (907 KAR 9:015),
OUTPATIENT HOSPITALS (907 KAR 10:014),
OUTPATIENT PSYCHIATRIC HOSPITALS (907 KAR 10:020)
UNTIL REGULATIONS ARE FILED AND APPROVED FOR OTHER SETTINGS**

Information about the program:

- Provider must be an individual
- Only in-state providers may enroll
- Provider must have a permanent physical address/location
- **Provider must be providing services at a CMHC, CDTC, Level I or II PRTF, Outpatient Hospital, or Outpatient Psychiatric Hospital**

Application Information and Supporting Documentation required for processing:

- [Map-811 \(Enrollment\) application](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- **[Map-347 \(CDTC setting only\)](#)**
- **Copy of the providers Social Security Card- No other forms of verification will be accepted.** If applicant has a Social Security Card stating “valid for work only” with DHS/INS Authorization, please refer to additional requirements by clicking on the following link: [DHS/INS Documentation](#). Social Security Cards with moniker “not valid for employment” will not be accepted
- LCADC license (current and reflecting requested enrollment date)
- [NPI and Taxonomy Code Verification](#)
- **Letter signed by the provider attesting services provided as an LCADC are limited to a specifically identified CMHC, CDTC, PRTF, Outpatient Hospital or Outpatient Psych Hospital**

Submit the completed MAP-811 (Enrollment) application and supporting documentation to:

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

Important Address:

For Licensure, contact
[Kentucky Board of Alcohol and Drug Counselors](#)
911 Leawood Drive
P.O. Box 1360
Frankfort, Kentucky 40602
Phone: 502-782-8814