

Supports for Community Living (SCL)
Provider Type 33
[907 KAR 12:010](#)

Information about the program:

- SCL providers must be certified through the [Division of Developmental and Intellectual Disabilities \(DDID\)](#)
- Out-of-state providers may not enroll
- Provider must have a permanent physical address/location
- Provider can only be an entity - NO INDIVIDUALS

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
- "[SCL Statement of Services to be Provided](#)" form
- 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
- Certification letter from DDID (agency listed below)
- [NPI and Taxonomy Code Verification](#)

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 Certification Information, contact:
Department for Behavioral Health, Developmental and Intellectual Disabilities
Division of Developmental and Intellectual Disabilities
275 East Main Street 4th Floor
Frankfort, KY 40601
Phone: 502-564-7702