

**Applied Behavior Analyst GROUP**  
**Provider Type 639**

**Information about the program:**

- Provider must be an entity
- Out-of-state providers may enroll.

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

- [MAP-811\(Enrollment\)](#)
- [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](#) for all Applied Behavior Analysts within the group.  
(Individual provider number must be active in order to join a group.)
- 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 Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602