

Health Access Nurturing Development Services (HANDS)
Provider Type 15
[907 KAR 3:140](#)

Information about the program:

- Provider cannot be an individual
- Out-of-state providers may not enroll
- Provider must have a permanent physical address/location
- Providers must be [Department for Public Health](#), local, or district health department

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
- For non-health department providers - 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

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

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