

ICF/IID Clinic
(Intermediate Care Facility – Individuals with Intellectual Disability)
Provider Type 10
[907 KAR 3:255](#)

Provider must be actively enrolled with Medicare at the Primary Practice Location listed on the MAP-811 application.

Information about the program:

- Provider must contact the [Office of Inspector General \(OIG\)](#) for a survey
- Out-of-state providers may not enroll
- Provider must obtain a “[Certificate of Need](#)”
- Provider can only be an entity – NO INDIVIDUALS
- Provider must have a permanent physical address/location

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](#) for each professional working in facility (physician, Advanced Practitioner Registered Nurse (APRN), Certified Registered Nurse Anesthetist (CRNA), Physician Assistant (PA), etc.,)
- ICF/IID Clinic license (current and reflecting requested enrollment date)
- [Clinical Laboratory Improvement Amendments \(CLIA\) license](#) if a lab is onsite
- [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

Other Important Addresses:

For Licensure, contact:
Office of Inspector General
275 East Main Street
Frankfort, KY 40621
Phone: 502-564-7963

For a Certificate of Need, contact:
Office of Health Policy
275 E. Main St., 4W-E
Frankfort, KY 40621
Phone: 502-564-9592