

**Home Delivered Meals
Provider Type 48
[907 KAR 7:010](#)**

**PROVIDERS MUST CONTACT THE DEPARTMENT FOR AGING AND
INDEPENDENT LIVING (DAIL) FOR CERTIFICATION PRIOR TO ENROLLMENT**

Information about the program:

- Provider shall comply with [902 KAR 45:005](#) and meet the definition of a food service establishment in accordance with [KRS 217.015\(21\)](#)
- Provider shall meet the requirements of [910 KAR 1:190](#) Section 10(1)(b)1 and 2.
- Provider can only be an entity - NO INDIVIDUALS
- Provider shall be certified by DAIL as a Home Delivered Meal provider
- Provider shall submit the Medicaid enrollment application with required supporting documentation to DAIL
- Upon certification that the provider meets the requirements to be a Home Delivered Meal provider, DAIL will forward the Medicaid enrollment packet with the DAIL certification approval letter to the Department for Medicaid Services (DMS) for processing. DMS will contact provider if any additional documentation or corrections are needed for enrollment

Information to be submitted by the provider for Medicaid application 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
- Food Establishment Permit (Current and requested enrollment date)
- 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 with supporting documentation to:

Department for Aging and Independent Living
Division of Quality Living
275 East Main Street 3E-E
Frankfort, KY 40621
Phone: 502-564-6930
Toll Free: 877-315-0589
Email: dailhcb@ky.gov