

Behavioral Health Service Organization (BHSO)
Provider Type 03
[907 KAR 15:020](#)

Information about the program:

- Provider must contact KY OIG for survey/licensure.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.

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 each actively enrolled behavioral health professional working in facility (LPCC, Psychologist, LCSW, etc.)
- 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
- BHSO license (current and reflecting requested enrollment date)
- [NPI and Taxonomy Code Verification](#)

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602