Specialized Children's Services Clinic
Provider Type 13
907 KAR 3:160

Information about the program:

- Only an entity can enroll for this program - NO INDIVIDUALS
- Provider must have a permanent physical address/location
- The Child Advocacy Center is the provider-enrolled entity

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
- IRS letter of verification of FEIN or Notarized statement signed by provider attesting to FEIN. FEIN must be pre-printed by IRS on documentation. W- 9 forms will not be accepted
- Minimum of one professional from each category below:
  - Licensed physician employed with specialized children's services clinic, who has received specialized training in the use and access to a colposcope
  - A mental health professional who performs a mental health screening and is directly supervised by a physician who performs the medical exam and who is employed by the specialized children's services clinic and has received specialized training in the mental health screening and assessment of sexually abused children

    "Mental Health Professional" is defined as one of the following:
    Psychologist
    Licensed Clinical Social Worker
    Advanced Practitioner Registered Nurse (APRN)
    Licensed Marriage and Family Therapist
    Certified Professional Counselor Certified
    Professional Art Therapist
- Letter from Department for Community Based Services declaring Child Advocacy Center status
- NPI and Taxonomy Code Verification

Must provide current documentation to support requirements above and to reflect requested enrollment date

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

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