

**Model Waiver II  
Provider Type 41  
907 KAR 1:595**

**Information about the program:**

- Provider must contact OIG for Home Health Agency survey.
- Out of state providers may not enroll.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.
- Provider must obtain a Certificate of Need.
- Program is a waiver of Home Health Agency.
- Provider can only enroll under a Medicare certified and Medicaid licensed Home Health Agency.
- Services must be provided through a Home Health Agency.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- Medicare letter for Home Health Agency
- State license for Home Health Agency (current and reflecting 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.
- NPI and Taxonomy Verification

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40601
  
- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602