

**School-Based Services**  
**Provider Type 21**  
**[907 KAR 1:715](#)**

**Information about the program:**

- All [School-Based Health Services](#) applicants must be certified by the state of Kentucky
- The certifying authority of Kentucky School-Based Health Services is the Kentucky Department of Education
- Provider must have a permanent physical address/location
- No out-of-state providers in this program
- Provider can only be an entity - NO INDIVIDUALS
- The only permissible provider is a Kentucky school district

**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
- **Department of Education Certification letter** for current school year as well as covering 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 Code Verification](#)

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

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

**Important address:**

**For information about certification, contact:**

Kentucky Department of Education  
Capital Plaza Tower  
500 Mero Street  
Frankfort, KY 40601  
Phone: 502-564-1979