

Children's Targeted Case Management
Provider Type 28
[907 KAR 15:060](#)

Information about the program:

- Provider must be a licensed Community Mental Health Center.
- Provider must contact OIG for survey.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have "bricks and mortar".
- Out-of-state providers may not enroll.

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
- Medicare letter
- License
- 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](#)

Important addresses:

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