

**Adult Day Health Care  
Provider Type 43  
[907 KAR 1:160](#)  
[907 KAR 7:010](#)**

**Information about the program:**

- Provider must contact [Office of Inspector General \(OIG\)](#) for survey. DMS will not assign a provider number to in-state facilities unless a survey has been received. Any changes to in-state facilities licensure status must be directed to OIG immediately
- Out-of-state providers may not enroll.
- Provider must obtain a "[Certificate of Need](#)"
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have a permanent physical address/location

**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
- Adult Day Health Care license (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 Code Verification](#)

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

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

**Other Important Addresses:**

For Licensure, contact:  
Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621  
Phone: 502-564-7963

For a Certificate of Need, contact:  
Office of Health Policy  
275 E. Main St., 4W-E  
Frankfort, KY 40621  
Phone: 502-564-9592