

Targeted Case Management and Rehabilitative Services
Provider Type 23
[907 KAR 3:020](#)

Information about the program:

Prerequisites:

- Title V agency designation (Department for Public Health)
- Provider must have a signed inter-agency agreement.
- Provider must be based in Kentucky.
- Cabinet for Health and Family Services is the enrolled entity.
- Provider can only be an entity - NO INDIVIDUALS

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
- 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.

Important addresses:

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