

Community Mental Health Center
Provider Type 30
[907 KAR 1:044](#)

Provider must be actively enrolled with Medicare at the Primary Practice Location listed on the MAP-811 application.

Information about the program:

- Provider must contact the [Office of Inspector General \(OIG\)](#) for a survey
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have a permanent physical address/location
- Out-of-state providers may not enroll
- Provider must obtain a "[Certificate of Need](#)"

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
- CMHC 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](#)
- Application Fee - per [42 CFR 455.460](#) - Please make check payable to the [KY State Treasurer](#) and submit the current application at the time of enrollment. For information regarding the current application fee, please refer to the DMS Provider Enrollment Revalidation Page at <http://www.chfs.ky.gov/dms/provEnr/Revalidation.htm#fee>. If you have already paid an application fee to Medicare or another state's Medicaid agency, please provide proof of payment

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