

Home and Community Based Waiver
Provider Type 42
[907 KAR 1:160](#)
[907 KAR 7:010](#)

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

Information about the program:

- Provider must be a Medicare certified and a Commonwealth of Kentucky licensed Home Health Agency, which participates with Kentucky Medicaid
- In-state providers must contact the [Office of Inspector General \(OIG\)](#) for a survey/license. 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
- 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\(Enrollment\)](#)
- [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
- Home Health Agency 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