

**Private Duty Nursing
Provider Type 18
[907 KAR 13:010](#)**

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 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
- Private Duty Nursing License or 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

Important address:

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