

ICF/IID Facility
(Intermediate Care Facility- Individuals with Intellectual Disability)
Provider Type 11
[907 KAR 1:022](#)
[907 KAR 1:025](#)

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

Information about the program:

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

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
- ICF/IID Facility License (current and reflecting requested enrollment date)
- [Clinical Laboratory Improvement Amendments \(CLIA\) license](#) if a lab is onsite
- **For non-state agency providers** - IRS letter of verification of FEIN or Notarized statement signed by provider attesting to FEIN. FEIN must be pre-printed by IRS on documentation. W- 9 forms will not be accepted
- If a provider is in a hospital setting, must also submit the hospital's accreditation issued by [The Joint Commission](#) or other CMS approved accreditation
- [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