Nursing Facility (NF)
Provider Type 12
907 KAR 1:022
907 KAR 1:065

Notice to Providers:
- Upon request, providers may be subject to an onsite inspection

Information about the Program:
- Provider can only be an entity, not an individual.
- Provider must have a permanent physical location in Kentucky.
- Out-of-state providers may not enroll unless a Kentucky facility is closing and the recipients are being moved out-of-state on a temporary basis. Approval for this enrollment must be given by DMS.
- A valid NPI and Taxonomy Code registered with NPPES is required
- Provider must obtain a Certificate of Need from the Division of Certificate of Need when located and providing services in Kentucky. Out of state providers are not required to have a Certificate of Need.
- 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/license has been received.
- Different types of nursing facilities are:
  - 122 (Out-of-state)
  - 123 (NF waiver)
  - 124 (Institutions of Mental Disease (IMD))
  - 125 (Nursing Facility (NF))
- Facility must have a minimum of 10 continuous beds
- Commission Accreditation Rehabilitation Facility (CARF) certification is required after the first year.

New Provider Application, Revalidation and Maintenance Information:
- All provider applications (new enrollment, revalidations, and maintenance items) are now completed using the [KY Medicaid Partner Portal Application (KY MPPA)](https://dms厅ева.gov/DMS/). Please refer to KY MPPA website.

Supporting Documentation Required for New Provider Enrollment, Revalidation and Maintenance Tasks:
- Nursing Facility License (must be current and reflect the requested enrollment date)
- Bed Data Verification Letter (if bed data is not listed on license)
- Clinical Laboratory Improvement Amendments (CLIA) certificate (must be current and reflect the requested enrollment date) CLIA address must match primary physical address. Additional CLIAAs at different locations require separate location enrollment
- 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.
- If the provider chooses to enroll in direct deposit, verification of the bank routing/account numbers, such as voided check or bank letter, is required.
- Pursuant to 42 CFR 455.460, an application fee is required. Payments are processed electronically through the KY MPPA website. If you have already paid an application fee to Medicare or another state’s Medicaid agency, payment is not required. For information regarding the current application fee, please refer to the DMS Provider Enrollment Page.

KY Medicaid Partner Portal Application (KY MPPA):
- **Link to Enroll as a Kentucky Medicaid Provider:**
  https://medicaidsystems.ky.gov/Partnerportal/home.aspx and click Let's Get Started
- **Link to the Kentucky Medicaid Partner Portal Application (KY MPPA):**
  [https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx](https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx)
  Where providers can:
  - Register for a KY MPPA account
  - Access KY MPPA training resources
  - Register for or view pre-recorded webinars
  - Subscribe to CHFS email for updates

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Provider Type Summary Revised December 2020