Psychiatric Residential Treatment Facility (PRTF) Level I
Provider Type 04
907 KAR 9:005
907 KAR 9:010

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 primary physical address/location in Kentucky.
- Out-of-state providers may not enroll.
- 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 in and providing services in Kentucky.
- 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.
- Provider may have a provisional license from Office of Inspector General (OIG).

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 website).

Supporting Documentation Required for New Provider Enrollment, Revalidation and Maintenance Tasks:
- An accreditation letter from The Joint Commission or Council on Accreditation (COA) or other CMS approved accreditation programs.
- PRTF I License (must be current and reflect the requested enrollment date)
- Clinical Laboratory Improvement Amendments (CLIA) certificate (if applicable) (must be current and reflect the requested enrollment date) CLIA address must match primary physical address. Additional CLIA at different locations require separate location enrollment
- Model Attestation Letter per 42 CFR Part 483 Subpart G § 483.350-483.376, outlining the use of restraint and seclusion in psychiatric residential treatment facilities providing inpatient psychiatric services to individuals under age 21
- 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/accounting numbers, such as voided check or bank letter, is required.

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
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

Provider Type Summary Revised December 2020