

**Psychiatric Residential Treatment Facility (PRTF) Level II  
Provider Type 05  
[907 KAR 9:005](#)**

**Information about the program:**

- Provider cannot be an individual
- Out-of-state providers may not enroll
- Provider must obtain a “[Certificate of Need](#)”
- Provider must have a permanent physical address/location
- In-state 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 facilities licensure status must be directed to OIG immediately

**Information to be submitted by the provider for application 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
- Accreditation letter from [The Joint Commission](#) or [Council on Accreditation \(COA\)](#) or other approved accreditation programs approved by the state
- Model Attestation Letter
- PRTF II 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