

**Psychiatric Residential Treatment Facility (PRTF) Level I
Provider Type 04
[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 [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 in-state facilities licensure status must be directed to OIG immediately

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
- Accreditation letter from [The Joint Commission](#) or [Council on Accreditation \(COA\)](#) or other approved accreditation programs approved by the state.
- Model Attestation Letter
- PRTF I 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