

**First Steps
Provider Type 24
907 KAR 1:720**

Information about the program:

- All First Steps subcontract providers must be certified by the [Department for Public Health](#)
- Provider can only be an entity-NO INDIVIDUALS
- [Cabinet for Health and Family Services](#), Department for Public Health is the enrolled entity
- Provider must have a permanent physical address/location
- Out-of-state providers may not enroll.

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
- Title V certification

Submit the completed MAP-811 (Enrollment) application and supporting documentation to:

KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

Important address:

For certification information, contact:

Department for Public Health
Early Childhood Development
275 East Main Street
Frankfort, KY 40621
Phone: 502-564-3756