

**SUBJECT TO CHANGE PENDING CMS APPROVAL AND
ADOPTION OF NEW REGULATIONS**

**Multi-Therapy Agency
Provider Type 76
907 KAR 8:040**

Information about the program:

- Provider must be an entity licensed (unless exempt from licensure) by the state where they practice.
- Provider must be providing one or a combination of the following: physical therapy occupational therapy and/or speech language pathology.
- Provider must obtain a [Certificate of Need](#) (unless exempt).
- Out-of-state providers may enroll.
- Providers must have a permanent physical address/location.

Application Information and Supporting Documentation required for processing:

- Complete the [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
- [MAP-347](#) for all licensed providers within the group. (Individual provider number **must** be active in order to join a group.)
- License issued by the [Office of Inspector General \(OIG\)](#) for one of the following: Adult Day Health, Special Health Services Clinic; Rehabilitation Agency or a Mobile Health Services (unless exempt from licensure).
- **If a provider is exempt from licensure, the provider must submit a letter indicating why the provider is exempt.**
- [Clinical Laboratory Improvement Amendments \(CLIA\) license](#) (if applicable)
- 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 Verification

Submit 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