

**Model Waiver II Provider  
Provider Type 41  
[907 KAR 1:595](#)**

**Note:** The Model Waiver II Service is a Home and Community Based waiver in which a Home Health Agency (HHA) or Private Duty Nursing (PDN) Agency in accordance with [902 KAR 20:370](#) may apply to provide services. Model Waiver II Provider - Home Health Agency can only enroll under a Medicare certified and Medicaid licensed Home Health Agency. Private Duty Nursing Agency does not require Medicare certification.

**Notice to Providers:**

- Upon request, providers may be subject to an onsite inspection

**Information about the Service:**

- Provider can only be an entity, not an individual.
- Provider must have a primary physical address/location.
- Out-of-state providers may enroll but must comply with the requirements of 907 KAR 1:595 and must be licensed as a HHA or PDN in the state in which services are being provided.
- Provider must obtain a [Certificate of Need](#) from the Division of Certificate of Need when located in and providing services in Kentucky. Out of state providers are not required to have a Certificate of Need.
- 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.
- A valid [NPI and Taxonomy Code](#) registered with NPPES is required

**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:**

- HHA or PDN license (must be current and reflect the 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.
- 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