

**Psychiatric Residential Treatment Facility (PRTF) Level II**  
**Provider Type 05**  
[907 KAR 9:005](#)  
[907 KAR 9:010](#)

**Notice to Providers:**

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

**Information about the Program:**

- Provider can only be an entity, not an individual.
- Provider must have a primary physical address/location in Kentucky.
- Out-of-state providers may not enroll.
- A valid [NPI and Taxonomy Code](#) registered with NPES is required
- Provider must obtain a [Certificate of Need](#) from the Division of Certificate of Need when located in and providing services in Kentucky.
- 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.
- Provider may have a provisional license from [Office of Inspector General \(OIG\)](#).

**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:**

- An accreditation letter from [The Joint Commission](#) or [Council on Accreditation \(COA\)](#) or other CMS approved accreditation programs.
- PRTF II License (must be current and reflect the requested enrollment date)
- [Clinical Laboratory Improvement Amendments \(CLIA\) certificate](#) (if applicable) (must be current and reflect the requested enrollment date) CLIA address must match primary physical address. Additional CLIAs at different locations require separate location enrollment
- Model Attestation Letter per [42 CFR Part 483 Subpart G § 483.350-483.376](#), outlining the use of restraint and seclusion in psychiatric residential treatment facilities providing inpatient psychiatric services to individuals under age 21
- 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