KENTUCKY MEDICAID PARTNER PORTAL APPLICATION NEWSLETTER

In this edition...

Provider Type 09 - Certified Waiver Provider

TEAM KENTUCKY®
CABINET FOR HEALTH AND FAMILY SERVICES

New Provider Type 09 – Certified Waiver Provider

We are pleased to announce a new Provider Type in the Home and Community Based Waiver Services (HCBS) Enrollment process. Provider Type 09 – Certified Waiver Provider is now available for selection through the enrollment portal.

Please review the following details to ensure a smooth and successful enrollment:

Key Requirements:
In-State Providers Only: Provider Type 09 – Certified Waiver is limited to providers whose primary service location is within the Commonwealth of Kentucky.

Out-of-state providers will receive the following error message:

 "The provider type selected does not allow out-of-state enrollment."

Entity Enrollment Only:
This provider type is available only for Entity provider enrollments. Individual and Group submissions will not be accepted under Provider Type 09.

Required Information:

To enroll, providers must submit the following basic information:

- Tax Information
- National Provider Identifier (NPI)
- Taxonomy Code
- Address Information
  - Physical
  - Pay To/1099
  - Mailing
- Contact Information
  - Credentialing Contact
  - Agent of Service
  - Email
- Provider Office Information
  - Language and Provider Facility Details
- CLIA (if applicable)

Provider Specialty Requirement:

The system will automatically default to Certified Waiver as the specialty.

- Default specialty is open-ended dated 12/31/2299
- Only one specialty is allowed

Provider Certification Requirement

- All Provider Type 09 Certified Waiver Providers must be certified by the Department of Aging and Independent Living (DAIL). A copy of the certification will be required on the 8.0 Document Upload Screen.

County Served Requirements

- All providers must list every county they intend to provide service.
- For multiple counties, use the "Add or Edit Address" option for each additional county.
- Be sure to add each new county location address to the "Grid" to ensure accurate processing and recordkeeping.

Services Provided:

The provider must already be certified by the Waiver Operating Agency and can only provide the services listed below:

- Attendant Care - S5108
- Respite - T1005
- Case Management - T1016
- Goods and Services - T1999
- Minor Home Adaptation - S5165

Document Upload

As part of the enrollment process, all providers are required to submit copies of all certification records. This includes:

- Federal Employer Identification Number (FEIN)
- Electronic Funds Transfer (EFT) or Check Information
- Relevant Certifications and Licenses

Incomplete documentation may delay the enrollment process.

| Dashboard | Application | Maintenance | Correspondence | DMS Review | Administration | Search | ⋮ Application Header | 🖨 |

Document Upload   ❶ ❷   * = Required

Add

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
Accreditation Letter	DAIL Certification - 6576587687	Y	Henderson, Deborah	02/05/2025	🗒 🗑
IRS Letter of Verification of FEIN or Official IRS documentation stating FEIN	FEIN Verification	Y	Henderson, Deborah	02/05/2025	🗒 🗑

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1.0 Administrative Information ▶
2.0 Provider Qualifications ▶
3.0 Disclosure of Ownership and Control Interest ☑
4.0 Attestations ⊘
5.0 Provider Group Linkage ⊘
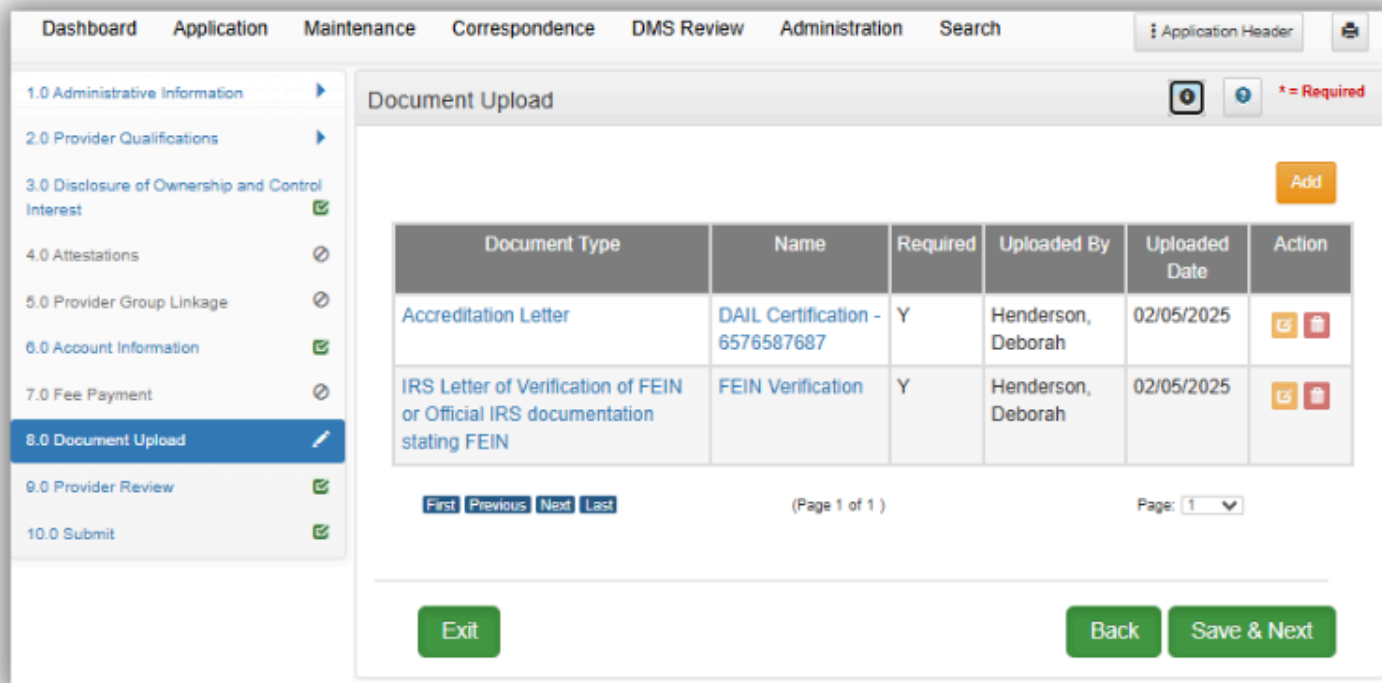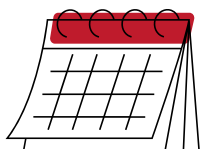**6.0 Account Information** ☑
7.0 Fee Payment ⊘
8.0 Document Upload ✎
9.0 Provider Review ☑
10.0 Submit ☑

These updates are already in effect as of 8/29/2025.