

# KENTUCKY MEDICAID PARTNER PORTAL APPLICATION NEWSLETTER

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### Provider Type 09 - Certified Waiver Provider

## 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.

# CERTIFIED WAIVER REQUIREMENTS

## 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

**Specialties Information**

- To change information, edit the allowable field(s)
- You must make one specialty your primary specialty if selecting more than one
- Click "Add", if you wish to add Specialties, "Edit" to End Date an existing record
- After pressing "Add", enter data and then press "Add to Grid" to add record to grid, "Discard" to not save the record
- User must proceed to screen 8.0 to "Upload Documents " and then proceed to screen 10.0 to "Submit" Maintenance item once all items have been updated for DMS
- When adding the specialty of 018 - Rural Emergency Hospital only this specialty is allowed, please end date any & all existing specialties before adding another.

Specialty Type	Primary	Effective Date	Expiration Date	Action
009 - CWP	Yes	02/05/2025	12/31/2299	 

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Exit Back Save & Next

# CERTIFIED WAIVER REQUIREMENTS



## 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.

The screenshot displays a web application interface for 'Certification Information'. The top navigation bar includes links for Dashboard, Application, Maintenance, Correspondence, DMS Review, Administration, and Search. The left sidebar lists various steps from 1.0 Administrative Information to 10.0 Submit, with '2.3 Certification Information' currently selected. The main content area is titled 'Certification Information' and contains the following instructions:

- Click "Add" if you wish to add Certifications, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record
- Applicant Name displayed on the certification must match the name on the application

An 'Add' button is located to the right of the instructions. Below the instructions is a table with the following data:

Certification Type	Certification Number	Effective Date	Expiration Date	Action
26 - DAIL Certification		05/09/2025	05/31/2025	 

Below the table are navigation links: First, Previous, Next, Last. The page number is (Page 1 of 1). The page number is 1. At the bottom, there are three buttons: Exit, Back, and Save & Next.

# CERTIFIED WAIVER REQUIREMENTS

## 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.

**Counties Served Information**

For each location, please indicate each county that location serves

- After pressing "Add" if you need to add another location, press the "Add/ Edit Address" button and return here when finished
- Click "Add" if you wish to add Counties, "Edit" to change existing record, "Remove" to delete existing record
- After pressing "Add", enter data and then press "Add to Grid" to add a record to the grid, "Discard" to not save the record

\* Organization Subtype

Select One

- Select One
- Area Agency on Aging and Independent Living
- Community Mental Health Center
- Certified Provider Agency

KY County Served	Effective Date	Expiration Date	Action
No record found			

Exit Back Save & Next

# CERTIFIED WAIVER REQUIREMENTS

## 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

Dashboard

Application

Maintenance

Correspondence

DMS Review

Administration

Search

2.3 Certification Information

2.4 County Served

2.5 Services Provided

2.6 Supervisor Details

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

• After pressing "Add", enter data and press "Add To Grid" to add record to the grid, "Discard" to not save the record

Discard

Address	County Served	Waiver Program	Service	Effective Date	Expiration Date	Action
11 Mill Creek Park, Frankfort, Kentucky - 40601	Anderson	Acquired Brain Injury Waiver (ABI/LTC)	Assessment - T1028	02/05/2025	02/28/2027	 

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\* Address

Select One

\* County Served

Select One

\* Waiver Program

Select One

\* Service

☐ Select All

\* Effective Date

02/05/2025

\* Expiration Date

MM/DD/YYYY

Add To Grid

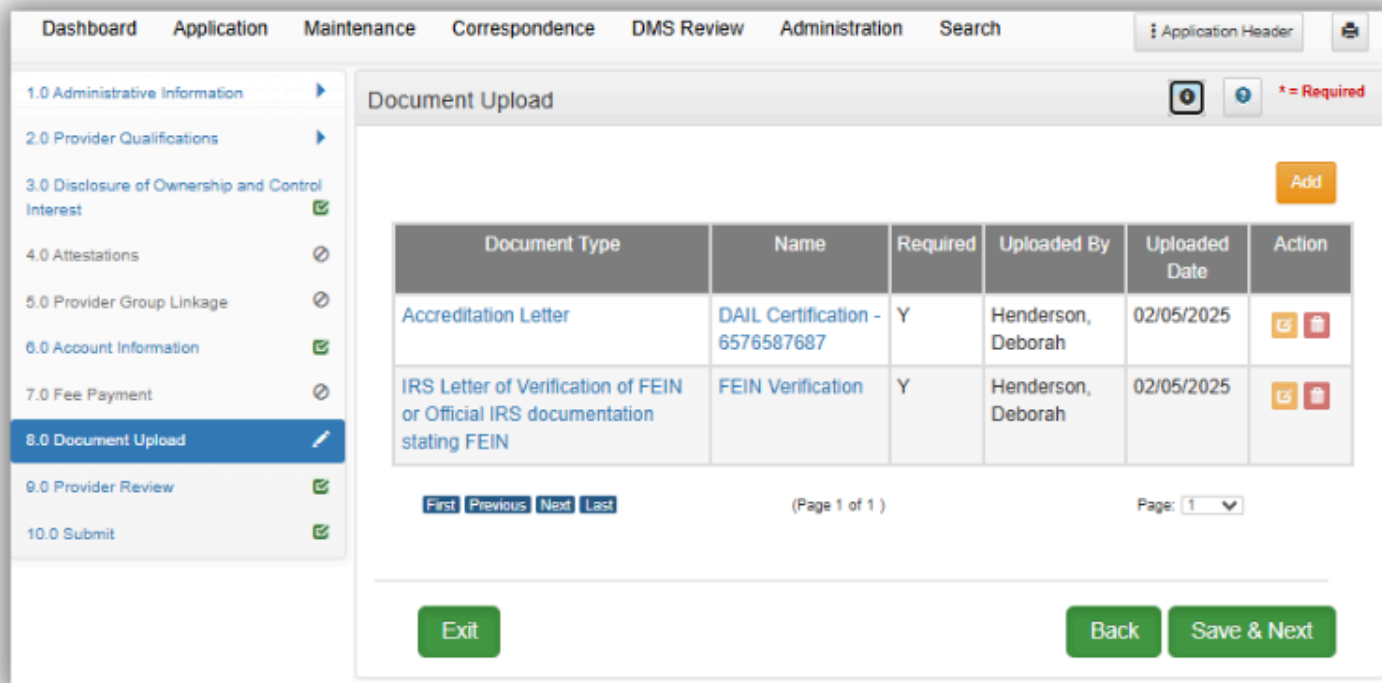
# CERTIFIED WAIVER REQUIREMENTS

## 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

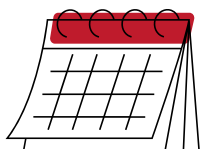
**Incomplete documentation may delay the enrollment process.**



The screenshot shows a web application interface with a top navigation bar containing links: Dashboard, Application, Maintenance, Correspondence, DMS Review, Administration, and Search. On the right of the top bar is an 'Application Header' button and a printer icon. A left sidebar lists menu items from 1.0 to 10.0, with '8.0 Document Upload' selected and highlighted in blue. The main content area is titled 'Document Upload' and includes an 'Add' button in the top right corner. Below this is a table with the following data:

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

Below the table are navigation links: First, Previous, Next, Last. The page status is '(Page 1 of 1)' and the page number is 'Page: 1'. At the bottom of the interface are three buttons: Exit, Back, and Save & Next.



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