

ICF/IID Facility
Intermediate Care Facility – Individuals with Intellectual Disability
Provider Type 11
[907 KAR 3:225](#)

Notice to Providers:

- Provider must be actively enrolled with Medicare at the primary physical location.
- 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 and providing services in Kentucky.
- All ICF/IID facilities 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.

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:

- If a provider is in a hospital setting, an accreditation letter from [The Joint Commission](#) or another CMS approved accreditation program must be submitted.
- ICF/IID Facility 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.
- For state agency providers, submit a notarized statement attesting to being a state agency.
- For non-state agency providers, submit an 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