TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Home Health Agency (HHA)
Provider Type 34

Notice to Providers

- Provider must be actively enrolled with Medicare at the primary physical location.
- Per 42 CFR 455.432, the State Medicaid agency (a) Must conduct pre-enrollment and post-enrollment site visits of providers who are designated as "high" categorical risks to the Medicaid program. (b) Must require any enrolled provider to permit CMS, its agents, its designated contractors, or the State Medicaid agency to conduct unannounced on-site inspections of any and all provider locations.
- According to the provisions of 42 CFR 455.434, providers who are considered "high" risk are required to comply with Fingerprint-based Criminal Background Check (FCBC). "High" risk can apply to individual or organizational providers and is defined by two federal regulations, 42 CFR 424.518(c) and 42 CFR 455.450(e).

Information about the Program

- Provider can only be an entity, not an individual.
- Provider must have a primary physical location in Kentucky.
- A valid NPI and Taxonomy Code registered with NPPES is required
- Providers must contact the Office of Inspector General (OIG) for a Certificate of Need and license. DMS will not assign a provider number to facilities unless a Certificate of Need and license have been received.

New Provider Application, Revalidation, and Maintenance Information

- All provider applications (new enrollment, revalidations, and maintenance items) must be completed using the KY Medicaid Partner Portal Application.

Supporting Documentation Required for New Enrollment, Revalidation, and Maintenance Applications

- HHA 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.
- 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.
- Pursuant to 42 CFR 455.460, an application fee is required. Payments are processed electronically through the KY MPPA website. If you have already paid an application fee to Medicare or another state's Medicaid agency, payment is not required. For information regarding the current application fee, please refer to the Application Fee - Cabinet for Health and Family Services (ky.gov).

Resources

- Create a KY MPPA account
- Learn more about KY MPPA
- Search NPI records
- Obtain a Certificate of Need
- Contact the Office of the Inspector General
- Apply for a CLIA Certificate
- View application fee information CFR 455.460
- Information about Fingerprint-based Criminal Background Checks
- View 907 KAR 1:030
- View 42 CFR 455.432
- View 42 CFR 455.434
- View 42 CFR 424.518(c)
- View 42 CFR 455.450(e)