

## SBHS Application Instructions & Forms

You must complete **all tabs** of the application ([KDEMED1](#), [KDEMED2A](#), [KDEMED2B](#)).

**Direct links to the required documents for 2026-2027:**

- **SBHS Application Instructions:** [SBHS Application Instructions 2026-2027](#)
- **SBHS Certification Application:** [SBHS Certification Application 2026 2027](#)
- **SBHS District Agreement:** [SBAC District Agreement](#)
- **SBHS Amendment Form 2026–2027:** [SBHS Amendment Form](#)
- **Technical Assistance Guide:** [Technical Assistance Guide](#)
- **SBHS GMAP Medicaid Instructions:** [SBHS GMAP Medicaid Instructions 2026-2027](#)

All forms can also be accessed on the KDE School-Based Medicaid Services webpage:  
[District/School - School Based Medicaid Services](#)

The “Application for Medicaid Certification – 2026-2027” is the first step to enrolling in the Medicaid School-Based Health Services program. Please follow these instructions for completing the application forms labeled **KDEMED1**, **KDEMED2A** and **KDEMED2B & SBAC District Agreement** to reduce processing delays. Please note these forms are in an Excel Workbook, each form is a separate worksheet within this workbook.

### **KDEMED1 – Application for Medicaid Certification – 2026-2027**

#### **SCHOOL DISTRICT INFORMATION**

- Please complete the identifying information in the top left box.
- The Medicaid Liaison listed is the person to whom all correspondence, notices, and Medicaid related information would be sent. The liaison may be the director of Special Education, or some other person assigned to facilitate the implementation of this program in the district. **It is recommended listing more than one person as the Medicaid Liaison.**

#### **SERVICES TO BE PROVIDED**

- In the top right box, please check the services for which you anticipate submitting claims to Medicaid for reimbursement. If you plan on billing for assistive technology and/or transportation, you may make sure to check those boxes. **You**

***must have a practitioner listed and credentials for that practitioner for each service marked.***

- Transportation and Assistive Technology Devices do not require the listing of practitioners on KDEMED2A or KDMED2B. All other services require listing practitioners.

**STATE PROVIDER NUMBER**

- Enter the “21” or “71” number provided by the Department of Medicaid

**NATIONAL PROVIDER NUMBER (NPI)**

- Enter the NPI number

**Will your district be participating in SBHS Expansion?**

This is referring to the non-IEP part of the program. Only check this box if you will be participating.

**DOES YOUR DISTRICT CONTRACT WITH A THIRD-PARTY BILLING AGENT (do you pay an outside vendor to submit the claims to Medicaid on your behalf?)**

- Enter either Yes or No

**LIST THE NAME OF THE CONTRACTOR**

- Enter the name of the contractor/billing agent (the company that does your billing)

**IS YOUR DISTRICT GOING TO PARTICIPATE IN EXPANDED ACCESS?**

- **Mark either Yes or No**

**SUPERINTENDENT SIGNATURE**

- Superintendent verification that the assurances will be fulfilled is denoted by the superintendent’s dated signature.

## **KDEMED2A – School-Based Health Services 2026-2027 Practitioner List**

- List each practitioner’s name, title and **current** license or certification number for whose services you anticipate seeking Medicaid reimbursement.
- Legible copies of **current** licenses or certificates must be attached. **Please**

**check expiration dates & what licenses are accepted.**

ASHA - [ASHA Certification Verification](#)

Kentucky Speech License- [oop.ky.gov/lic\\_search.aspx](http://oop.ky.gov/lic_search.aspx)

Kentucky Nursing License- [License Lookup](#)

Occupational Therapist - [oop.ky.gov/lic\\_search.aspx](http://oop.ky.gov/lic_search.aspx)

Physical Therapist- [License Search - Kentucky Board of Physical Therapy](#)

Mental Health Therapists- [oop.ky.gov/lic\\_search.aspx](http://oop.ky.gov/lic_search.aspx)

Social Work- [Licensure - Kentucky Board of Social Work](#)

- Please refer to the “Qualified Medicaid Practitioners” (QMP1) to determine the licensure or certification requirements, practitioner title and practitioner modifier.
- Please do not send information regarding your bus drivers.

### **Licensure and Certification Documentation Requirements**

As part of the FY 2026–2027 SBHS Certification Application, districts must upload **licensure and certification verification** for all service providers included on the application. This includes:

- **Kentucky licensure verification** for *all* SBHS service providers (Licensure must be **active and up to date** at the time of submission.)
- **ASHA Certification** for:
  - Speech-Language Pathologists (SLPs)
  - Audiologists
- **Orientation & Mobility (O&M) Providers:**
  - A copy of the provider’s **O&M certification** must be submitted
  - Kentucky licensure verification must also be included (if applicable)

**All licensure and certification documents must be uploaded with the application in GMAP by July 31, 2026.**

## **KDEMED2B – Medicaid Health Aide List – 2026-2027**

- Complete this section **only** if you anticipate seeking reimbursement for health-related services that may be delegated by a licensed nurse to an appropriately trained and supervised person.
- Practitioners listed on this page may include paraprofessionals, instructional assistants, teachers, or other district staff.
- The supervising nurse must complete and sign the certification statement.
- The supervising nurse must be listed on KDEMED2A and a copy of the current Kentucky Board of Nursing license attached.
- The nurse signing off on this list of health aides will need to provide a signature, printed name and current KY license number for approval of health aide list.

## **KDEMED3 –Quality Assurance Outline (ONLY FOR DISTRICTS THAT DON'T HAVE ONE COMPLETED)**

- If your district has already submitted a Quality Assurance, you do **NOT** have to submit it again.
- Please review the “Quality Assurance Outline”
- The Medicaid liaison must establish local procedures **within one year** of initial Medicaid certification.
- Technical assistance from the Department of Education is available on request.

**All licensure and certification documents must be uploaded with the application in GMAP by July 31, 2026.**

**Submission Deadline: All applications must be submitted in GMAP by July 31, 2026.**

If your district has already submitted a **Quality Assurance**, you **do not need to resubmit** another one.

Due to upcoming program changes discussed in the recent **PCG training** (2026 Kentucky School-Based Medicaid Program Updates: CMS Required Changes to MAC), please ensure your application is submitted by the deadline. **Late applications will not receive an effective August 1st date**, which will result in the district being unable to bill.

\*\*If you missed the training you can log into your [PCG Claiming System](#) account and review the presentation which is at the bottom of the Homepage under Resources – [CMS Guidance Training](#).

For questions, please contact: **Cecilia VanDyke** at [cecilia.vandyke@education.ky.gov](mailto:cecilia.vandyke@education.ky.gov).