

TYPE	SPECIALTY
04 – Rehabilitation Facility/Center	041 – Head Injury Rehabilitation *KDHE-DHCF approval required
	042 – Non-CMHC Partial Hospitalization *OOS cannot enroll

**State (FFS) Requirements:**

041,042- A signed and dated W9. (Revised 2017 or 2018, within 1 year from receipt).

041,042- Current Hospital License

**MCO Credentialing Requirements:**

041,042- Copy of Declaration Sheet and/ or Certificate of Insurance (Professional Malpractice and Comprehensive General Liability Insurance Policies)

041,042- Section 12 Attestation / Consent and Release Form