

OLTL HCBS WAIVER CHECKLIST

- _____ PROMISE Provider Enrollment Base Application (must contain original signatures)
- _____ Outpatient Provider Agreement (must contain original signatures)
- _____ Ownership or Control Interest Pages
- _____ Legal Entity Verification Document (*IRS-generated form with FEIN, business name, and address*)
- _____ Articles of Incorporation (if applicable)
- _____ Partnership Agreement (if applicable)
- _____ Copy of Pennsylvania Department of Health Home Care License (if applicable)
- _____ Copy of Pennsylvania Department of Aging Adult Day Care License (if applicable)
- _____ Copy of Pennsylvania State Certification(s) or license (if applicable)
- _____ Most Recent Tax Return, as applicable
- _____ Most Recent Monthly Balance Sheet or Business Plan
- _____ Most Recent Audit or Financial Review (if applicable)
- _____ Provider Enrollment Information Form: Aging - Commcare/Independence/OBRA - ACW/150
- _____ Qualifications of the Executive Director and/or the Program Director (Include copies of their diplomas and resume)
- _____ OLTL-HCBS Waiver Agreement

Proof of Insurances

- _____ General Liability
- _____ Worker's Compensation
- _____ Professional Liability (if app.)

Policy Compliances

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|------------------------------------|--|
| _____ ADA Compliance Policy | _____ Criminal History Background Check Policy |
| _____ HIPPA Compliance Policy | _____ Critical Incident Management Policy |
| _____ Non-discrimination Policy | _____ Employee Screening for Exclusion Policy (LEIE, EPLS & Medichcek) |
| _____ Quality Management Policy | _____ Employee SSN Verification Policy |
| _____ Regulation Compliance Policy | _____ Limited English Proficiency (LEP) Policy |
| _____ Staff Training Policy | _____ Participant Complaint Management Policy |

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Please Note: OLTL must receive all documents in the checklist in order to process your enrollment application. The enrollment process may take several weeks to complete.

If you should have any questions, please contact the Bureau of Provider Support (BPS) Call Center at 1-800-932-0939 or send an email to RA-HCBSEnProv@pa.gov.

Please return all completed documents including the checklist to:

**Office of Long-Term Living
Bureau of Provider Support
Certification and Enrollment Section
555 Walnut Street, 5th Floor
P.O. BOX 8025
Harrisburg PA 17105-8025**