

Requirements for Provider Type 03 - Extended Care Nursing Facility (NF) and Intermediate Care/Intellectual Disabilities (ICF/ID) Facility

The following documents and supporting information are required by the Office of Long-Term Living (OLTL) to enroll your facility as a provider in the Medical Assistance Program:

For Extended Care Nursing Facilities, the following documentation must be submitted for enrollment:

- Pennsylvania's PROMISE Provider Enrollment Base Application for Provider Type 03
- Signed Nursing Facility Provider Agreement (2 copies)
- Copy of facility's current Dept. of Health License
- A copy of a recent hospital transfer agreement between your facility and a general hospital – *required for initial enrollments only.*
- The **Special Provider Agreement** and the NF Provider Agreement (2 copies of each) must be signed and submitted when there is a change in owners.
- A copy of the signed Agreement of Sale or Court Order approving the acquisition when there is a change in owners.

For ICF/ID facilities, the following must be submitted for enrollment:

- Pennsylvania's PROMISE Provider Enrollment Base Application for Provider Type 03
- Signed Intermediate Care Facility/Intellectual Disabilities Provider Agreement (2 copies)
- Copy of facility's current DPW Certificate of Compliance
- A copy of a recent hospital transfer agreement between your facility and a general hospital – *required for initial enrollments only.*
- A copy of a Utilization Review Plan incorporating Federal Regulations 42 CFR 456.401 - *required for initial enrollments only.* **Your UR Plan must follow our model UR Plan – see posted example.**
- The **Special Provider Agreement** and the ICF/ID Provider Agreement (2 copies of each) must be signed and submitted when there is a change in owners.
- A copy of the signed Agreement of Sale or Court Order approving the acquisition when there is a change in owners.

Specialty Types

Please choose from the following specialty codes:

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|-------------------------------|---------------------------------------|
| 030 – Nursing Facility | 038 – State Mental Retardation Center |
| 031 – County Nursing Facility | 039 – ICF/ORC |
| 032 – ICF/MR 8 Beds or less | 040 – Special Rehabilitation Facility |
| 033 – ICF/MR 9 beds or more | 042 – VA Nursing Home |
| 036 – Respite Care | 382 – Hospital-based Facility |
| 037 – State LTC Unit | |

Provider Eligibility Program (PEP)

Please choose the appropriate PEP(s) from the following:

- Fee-for-Service
- Aging Waiver

Send completed packet via U.S. Postal Service to:

DPW/OLTL
Attention: Provider Enrollment
P.O. Box 8025
Harrisburg, Pennsylvania 17105-8025