OLTL HCBS WAIVER CHECKLIST

- PROMISse Provider Enrollment Base Application
- Outpatient Provider Agreement
- Ownership or Control Interest Pages
- Copy of SSN cards for anyone with 5% or more ownership or controlling interest
- Legal Entity Verification Document
  - IRS-generated form with FEIN, business name, and address
- PA State Articles of Incorporation/Fictitious Name Registration
- Business Creation Agreements, i.e. Incorporation documents, partnership agreements etc.
- Copy of Pennsylvania License/Certification based on the services you provide*
- Most Recent Tax Return
  - If the business has not filed, the owner must submit the most recent personal tax return
- Most Recent Monthly Balance Sheet
  - If your agency is new and does not have a balance sheet you must submit a complete Business Plan with loan/banking information
- Most Recent Audit or Financial Review
  - If completed in the last 5 years
- Provider Enrollment Information Form
- Qualifications of the Executive Director and/or the Program Director
  - Include copies of their diplomas and resume
- Agency Employment Job Descriptions
- OLTL-HCBS Waiver Agreement Form
- Proof of General Liability Insurance
- Proof of Worker’s Compensation Insurance
- Proof of Professional Liability Insurance, if required per specialty

**Compliance Policies**

- ADA Compliance Policy
- Criminal History Background Check Policy
- Critical Incident Management Policy
- Employee Healthcare Exclusion Check Policy
- Employee SSN Verification Policy
- HIPAA Compliance Policy
- Non-discrimination Policy
- Participant Complaint Management Policy
- Quality Management Policy
- Regulation Compliance Policy
- Staff Training Policy
- Limited English Proficiency (LEP) Policy

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OLTL HCBS WAIVER CHECKLIST

*For specific license requirements for each individual service please read appendix C of the individual waiver program that you are applying for.

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