

Requirements For Provider Type 54-Intermediate Service Organization

Specialty Code- Please choose from the following specialty codes:

025 – Personal Emergency Response System	542 – Transportation Broker
250 – DME/Medical Supplies	543 – Environmental Accessibility Adaptations
254 – Attendant Escort	544 – Assistive Technologies
267 – Non-Emergency Transportation	545 – ISO – Physical Therapy
362 – Attendant Care/Personal Assistance Service	546 – ISO – Occupational Therapy
363 – Companion Service	547 – ISO – Speech/Hearing Therapy
430 – Homemaker Agency	548 – Therapeutic Staff Support
460 – Home Delivered Meals	549 – Mobile Therapy
540 – ISO – Agency with Choice	559 – Behavioral Specialist Consultant
541 – ISO – Fiscal/Employer Agent	572 – Early Intervention Services

Provider Eligibility Program (PEPs)- Please choose from the following PEPs:

- Consolidated Waiver- see PEP descriptions (included with the instructions) for additional requirements.
- Person/Family Directed Support Waiver-see PEP descriptions (included with the instructions) for additional requirements.
- OMR Base Program-see PEP descriptions (included with the instructions) for additional requirements

Additional Required Documents For Provider Type 54- Required for enrollment:

- Provider Enrollment Application
- **You MUST complete the Provider Disclosure/Ownership or Control interest form. This form can be found on the enrollment website or by following this link:**
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/p_011861.pdf
- Signed Outpatient Provider Agreement
- Copy of tax document generated by the Federal IRS. Note: W-9 is **NOT** acceptable. (Any tax document generated by the Federal IRS that shows both the name and FEIN of the entity applying for enrollment will be accepted).
- Proof of home state Medicaid participation (out of state providers only).
- Projected costs, in any format, with as much detail as possible including contact name, address and phone number. Please send projected costs to Rate Setting.

If an Office of Mental Health and Substance Abuse Provider:

- Office of Mental Health and Substance Abuse License/Certificate for Outpatient Psychiatric Clinic, Partial Hospital, or Family Based Services
- Copy of OMHSAS approved Service Description along with Approval/Certification Letter

If an Office of Mental Retardation provider:

- Office of Mental Retardation Certificate of Compliance (if applicable)

Submittal Address- After completion of all enrollment documents, send the complete package to:
DPW Enrollment Unit PO Box 8045 Harrisburg, PA 17105-8045