

**Home and Community Based Waiver Services
Provider Enrollment Information Form**

STEP 1: Choose the Waiver/Program(s) that you are enrolling for.

ACT 150
 Community HealthChoices
 OBRA

STEP 2: Choose the service(s) you are enrolling for.

Does your agency provide complete care management and coordination for consumers? YES NO

If yes, please select the service(s) that you want to provide below:

Service Coordination

If this option is selected, no other service on this form can be chosen.

Do you have a Home Care Agency license from the Dept. of Health? YES NO

If yes, please select the service(s) that you want to provide below:

Personal Assistant Services (PAS)
 Personal Assistant Services (PAS) – Clustered Shared Living Arrangement (CSLA) (**Revalidation Only**)
 Respite

Do you have a Home Health Agency license from the Dept. of Health and Medicare Certification? YES NO

If enrolling as an individual ONLY, do you have a license from the Department of State for an individual specialty? YES NO

If yes, please select the service(s) that you want to provide below:

<p><u>Requires Home Health Agency License</u></p> <p> <input type="checkbox"/> Home Health Aide <input type="checkbox"/> Home Health-Nursing (LPN) <input type="checkbox"/> Home Health-Nursing (RN) <input type="checkbox"/> Cognitive Therapy <input type="checkbox"/> Behavioral Therapy <input type="checkbox"/> Counseling Services <input type="checkbox"/> Nutritional Counseling </p>	<p><u>Requires Home Health Agency or Outpatient or Community-Based Rehabilitation Agency</u></p> <p> <input type="checkbox"/> Home Health-Occupational Therapy <input type="checkbox"/> Home Health-Occupational Therapy - Assistant <input type="checkbox"/> Home Health-Physical Therapy <input type="checkbox"/> Home Health-Physical Therapy - Assistant <input type="checkbox"/> Home Health-Speech & Language Therapy </p>
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Do you have an Adult Day Care License from Human Services or the Dept. of Aging? YES NO

If yes, please select the service(s) that you want to provide below:

Adult Daily Living
 Adult Daily Living Services Half Day
 Adult Daily Living Enhanced (*must have the additional Enhanced agreement*)
 Adult Daily Living Enhanced Half Day (*must have the additional Enhanced agreement*)

Please note that a provider may only choose Adult Daily Living or Adult Daily Living Enhanced – not both.

Does your agency specialize in services that assist consumers with obtaining new skills in order to be a part of their community? YES NO

If yes, please select the services that you want to provide below:

<input type="checkbox"/> Career Assessment <input type="checkbox"/> Job Coaching <input type="checkbox"/> Job Finding	<input type="checkbox"/> Employment Skills <input type="checkbox"/> Benefits Counseling <input type="checkbox"/> Community Integration
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Does your agency specialize in a vendor service? YES NO

If yes, please select the service(s) that you want to provide below:

- Assistive Technology (*Drug and Device Certification from the Dept. of Health, Contractor, or Equipment, Technology and Modifications Agency or Specialist*)
- Community Transition Services (**OBRA Waiver ONLY**)
- Home Adaptations (*Contractor's license if required by trade or Durable Medical Equipment provider*)
- Home Delivered Meals (*Home Delivered Meals Vendors*)
- Non-Medical, Non-Emergency Transportation (*Individual Driver, Licensed Transportation Agency, Public Transit Authority*)
- Personal Emergency Response System (PERS) Installation **and** Maintenance (*Vendors of Personal Emergency Response Systems, Home Health Agency, Durable Medical Equipment and Supply Company*)
- Vehicle Modifications (*Quality Assurance Program Accreditation by the National Mobility Equipment Dealers Assoc.*)
- Specialized Medical Equipment and Supplies (*Durable Medical Equipment, Pharmacy, or Hearing Aid Dealer*)
- Pest Eradication (Pest Company license required) (**CHC ONLY**)
- Telecare Services (*please select one below*) (**CHC ONLY**)
 - Health Status Measuring and Monitoring (*Home Health Agency license from Dept. of Health*)
 - Activity & Sensor Monitoring (*Home Health Agency, Durable Medical Equipment and Supply Company, Pharmacy or Hospital license from the Dept. of Health*)
 - Medication Dispensing & Monitoring (*Home Health Agency, Durable Medical Equipment and Supply Company, Pharmacy or Hospital license from the Dept. of Health*)

Has your agency achieved CARF Brain Injury Home and Community Services accreditation? YES NO

If yes, please select the service(s) that you want to provide below:

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Residential Habilitation in a 1-3 group setting <ul style="list-style-type: none"> <input type="checkbox"/> Res. Habilitation Supplemental for 1:1 <input type="checkbox"/> Res. Habilitation Supplemental for 2:1 <input type="checkbox"/> Structured Day Habilitation-Group <ul style="list-style-type: none"> <input type="checkbox"/> Structured Day Supplemental for 1:1 <input type="checkbox"/> Structured Day Supplemental for 2:1 | <ul style="list-style-type: none"> <input type="checkbox"/> Residential Habilitation in a 4-8 group setting <ul style="list-style-type: none"> <input type="checkbox"/> Res. Habilitation Supplemental for 1:1 <input type="checkbox"/> Res. Habilitation Supplemental for 2:1 (Must also be licensed as a Personal Care Home) |
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These services are available in the Community HealthChoices and OBRA waivers only

Supplemental Services cannot be selected without a corresponding group setting service

STEP 3: Choose the counties your agency is willing and able to provide services in.

Region 1 <input type="checkbox"/> All Region 1 Counties <input type="checkbox"/> Allegheny <input type="checkbox"/> Armstrong <input type="checkbox"/> Beaver <input type="checkbox"/> Fayette <input type="checkbox"/> Greene <input type="checkbox"/> Washington <input type="checkbox"/> Westmoreland	Region 2 <input type="checkbox"/> All Region 2 Counties <input type="checkbox"/> Butler <input type="checkbox"/> Cameron <input type="checkbox"/> Clarion <input type="checkbox"/> Clearfield <input type="checkbox"/> Crawford <input type="checkbox"/> Elk <input type="checkbox"/> Erie <input type="checkbox"/> Forest <input type="checkbox"/> Jefferson <input type="checkbox"/> Venango <input type="checkbox"/> Lawrence <input type="checkbox"/> McKean <input type="checkbox"/> Mercer <input type="checkbox"/> Potter <input type="checkbox"/> Warren	Region 3 <input type="checkbox"/> All Region 3 Counties <input type="checkbox"/> Bedford <input type="checkbox"/> Blair <input type="checkbox"/> Cambria <input type="checkbox"/> Indiana <input type="checkbox"/> Somerset	Region 4 <input type="checkbox"/> All Region 4 Counties <input type="checkbox"/> Centre <input type="checkbox"/> Clinton <input type="checkbox"/> Columbia <input type="checkbox"/> Lycoming <input type="checkbox"/> Mifflin <input type="checkbox"/> Montour <input type="checkbox"/> Northumberland <input type="checkbox"/> Snyder <input type="checkbox"/> Tioga <input type="checkbox"/> Union
Region 5 <input type="checkbox"/> All Region 5 Counties <input type="checkbox"/> Adams <input type="checkbox"/> Cumberland <input type="checkbox"/> Dauphin <input type="checkbox"/> Franklin <input type="checkbox"/> Fulton <input type="checkbox"/> Huntingdon <input type="checkbox"/> Juniata <input type="checkbox"/> Lancaster <input type="checkbox"/> Lebanon <input type="checkbox"/> Perry <input type="checkbox"/> York	Region 6 <input type="checkbox"/> All Region 6 Counties <input type="checkbox"/> Bradford <input type="checkbox"/> Lackawanna <input type="checkbox"/> Luzerne <input type="checkbox"/> Monroe <input type="checkbox"/> Pike <input type="checkbox"/> Sullivan <input type="checkbox"/> Susquehanna <input type="checkbox"/> Wayne <input type="checkbox"/> Wyoming	Region 7 <input type="checkbox"/> All Region 7 Counties <input type="checkbox"/> Berks <input type="checkbox"/> Carbon <input type="checkbox"/> Lehigh <input type="checkbox"/> Northampton <input type="checkbox"/> Schuylkill	Region 8 <input type="checkbox"/> All Region 8 Counties <input type="checkbox"/> Bucks <input type="checkbox"/> Chester <input type="checkbox"/> Delaware <input type="checkbox"/> Montgomery Region 9 <input type="checkbox"/> Philadelphia



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STEP 5: Choose an effective date for the services to begin and sign below. Services cannot be backdated.

Requested effective date: _____

Signature of Authorized Representative

Title

Print Name

Date

Agency Name

MPI # (PROMISe™)

Four Digit Service Location (PROMISe™)

Service Location Address

Please note: One Provider Enrollment Information Form must be completed for **each** service location. This ensures that your agency's information is processed efficiently and accurately.

Selection of waiver services does not indicate final approval. Services should not be provided until your agency is approved and the participant's service plan has been updated to reflect your agency as the approved service provider. Qualifications for each service will be reviewed and approved at the time of enrollment. Please be sure to include a copy of all valid licenses.

Staff qualifications needed to provide that service can be found in each individual waiver.
<https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Alternatives-to-Nursing-Homes.aspx>