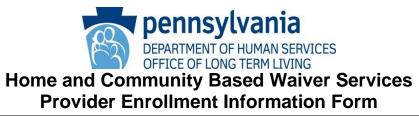


## Home and Community Based Waiver Services Provider Enrollment Information Form

### 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:			
<ul> <li>□ Personal Assistant Services (PAS)</li> <li>□ Personal Assistant Services (PAS) – Clustered Shared Living Arrangement (CSLA) (Revalidation Only)</li> <li>□ Respite</li> </ul>			
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:			
Requires Home Health Agency License  Requires Home Health Agency or Outpatient or Community-Based Rehabilitation Agency			
☐ Home Health Aide   ☐ Home Health-Nursing (LPN) ☐ Home Health-Occupational Therapy   ☐ Home Health-Nursing (RN) ☐ Home Health-Occupational Therapy - Assista   ☐ Cognitive Therapy ☐ Home Health-Physical Therapy   ☐ Behavioral Therapy ☐ Home Health-Physical Therapy - Assistant   ☐ Counseling Services ☐ Home Health-Speech & Language Therapy   ☐ Nutritional Counseling	ınt		
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:			
<ul> <li>☐ Adult Daily Living</li> <li>☐ Adult Daily Living Services Half Day</li> <li>☐ Adult Daily Living Enhanced (must have the additional Enhanced agreement)</li> <li>☐ Adult Daily Living Enhanced Half Day (must have the additional Enhanced agreement)</li> </ul>			
Please note that a provider may <u>only</u> choose Adult Daily Living <u>or</u> Adult Daily Living Enhanced – not bot	th.		
Does your agency specialize in services that assist consumers with obtaining new skills in order to be a of their community? YES NO	part		
If yes, please select the services that you want to provide below:			
□ Career Assessment       □ Employment Skills         □ Job Coaching       □ Benefits Counseling         □ Job Finding       □ Community Integration			



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-Em Authority)	ergency Transportation (Individual D	river, Licensed Transportation	on 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 F				
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					
			at you want to provide below:		
<ul><li>☐ Residential Habilitation in a 1-3 group setting</li><li>☐ Res. Habilitation Supplemental for 1:1</li><li>☐ Res. Habilitation Supplemental for 2:1</li></ul>		Res. Habilitation S	upplemental for 1:1 upplemental for 2:1		
(Must also be licensed as a Personal Care Home)  Structured Day Habilitation-Group  Structured Day Supplemental for 1:1  Structured Day Supplemental for 2:1					
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  All Region 1 Counties  Allegheny Armstrong Beaver Fayette Greene Washington Westmoreland	Region 2  All Region 2 Counties  Butler  Cameron  Clarion  Clearfield  Crawford  Elk  Erie  McKean  Forest  Jefferson  Venango  Warren	Region 3  All Region 3 Counties  Bedford Blair Cambria Indiana Somerset	Region 4  All Region 4Counties Centre Clinton Lycoming Mifflin Montour Northumberland Snyder Tioga Union		
Region 5  All Region 5 Counties  Adams  Cumberland  Dauphin  Franklin  Fulton  Huntingdon  Juniata  Lancaster  Lebanon  Perry York	Region 6  All Region 6 Counties  Bradford  Lackawanna  Luzerne  Monroe  Pike  Sullivan  Susquehanna  Wayne  Wyoming	Region 7  All Region 7 Counties Berks Carbon Lehigh Northampton Schuylkill	Region 8  All Region 8 Counties  Bucks Chester Delaware Montgomery  Region 9 Philadelphia		



# Home and Community Based Waiver Services Provider Enrollment Information Form

## STEP 4: Please answer all the following questions.

	For 1915(c) Home and Community-Based waivers, settings that are <u>not</u> home and community based are defined at Federal Regulation 42 CFR 441.301(c)(5).
	Will your agency provide any of the selected services in any of the following settings?
1. 2. 3. 4.	Nursing Facility Institution for Mental Diseases Public or Private ICF/ID Hospital  YES NO  YES NO  YES NO
	For 1915(c) Home and Community-Based waivers, settings that are <u>presumed</u> to have the qualities of an institution are defined at Federal Regulation 42 CFR 441.301(c)(5)(v).
	Will your agency provide any of the selected services in a publicly or privately operated facility that provides inpatient institutional treatment?  YES NO
	Will your agency provide services in a building on the grounds of, or immediately adjacent to, a public institution (A public institution is an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government? A privately owned nursing facility is not a public institution.)  YES□ NO□
	Will your agency provide any of the selected services in any of the following settings?
1. 2. 3.	Farmstead or disability-specific farm community  Gated/secured community for people with disabilities  Residential school  YES NO  NO
	Do you own, rent/lease, or operate a residential setting (i.e. licensed or unlicensed) at this location where services are provided?  YES $\square$ NO $\square$
	Does any owner with greater than 50% or more controlling interest of the agency own, rent, or lease, any of the homes/apartments where participants reside? YES $\square$ NO $\square$
	Will your agency provide any of the selected services in this location that is designed to offer multiple services and activities onsite? YES $\square$ NO $\square$
	Are there other buildings located on these grounds, which also provide services and activities? YES $\square$ NO
	Please describe the space where the service will be provided:



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

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	

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

Selection of waiver services does <u>not</u> 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