

## **Requirements For Provider Type 54-Intermediate Service Organization**

**Specialty Code-** Please choose from the following specialty codes:

- 540 – ISO – Agency with Choice
- 541 – ISO – Fiscal/Employer Agent

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

- Consolidated Waiver
- Person/Family Directed Support Waiver
- ID Base Program

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

- Provider Enrollment Application
- 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). ). If you are a Non-Profit agency, please provide verification of tax-exempt status from the IRS.
- Articles of Incorporation
- Proof of home state Medicaid participation (out of state providers only).

**If an Office of Developmental Programs provider:**

- Copy of the agency “ODP Approved” ODP Provider Agreement
- Copy of the DP – 1059 showing you are qualified for the services you are requesting on your application

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