

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

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

Aging     
  Attendant Care/ACT 150     
  COMMCARE     
  Independence     
  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  
 Transition Service Coordination (Nursing Home Transition Partners only)

**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)  
 Respite

**Do you have a Home Health Agency license from the Dept. of Health?** 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Home Health Aide ( <i>Aging Waiver only</i> )                                  | <input type="checkbox"/> Home Health-Nursing (RN)              |
| <input type="checkbox"/> Home Health-Nursing (LPN)  | <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 |
| <input type="checkbox"/> Behavioral Therapy   | <input type="checkbox"/> Cognitive Therapy                     |
| <input type="checkbox"/> Counseling Services  | <input type="checkbox"/> Nutritional Counseling                |
| <input type="checkbox"/> Personal Assistant Services (PAS)  | <input type="checkbox"/> Respite                               |
| <input type="checkbox"/> Personal Assistant Services (PAS) – Clustered Shared Living Arrangement (CSLA) |  |

**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"/> Employment Skills     |
| <input type="checkbox"/> Job Coaching      | <input type="checkbox"/> Benefits Counseling   |
| <input type="checkbox"/> Job Finding       | <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*)
- Community Transition Services
- Home Adaptations (*Contractor's license if required by trade*)
- Home Delivered Meals (*Certification from the Dept. of Agriculture*)
- Non-Medical, Non-Emergency Transportation (*Public Utilities Commission license required*)
- Personal Emergency Response System (PERS) Installation **and** Maintenance
- Specialized Medical Equipment and Supplies (*Drug and Device Certification from the Dept. of Health*)
- Telecare Services (*Aging Waiver Only*) (*Home Health Agency License or Drug and Device Certification from Dept. of Health*)
- Vehicle Modifications (*Quality Assurance Program Accreditation by the National Mobility Equipment Dealers Association*)

**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:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Residential Habilitation in a 1-3 group setting           <ul style="list-style-type: none"> <li><input type="checkbox"/> Res. Habilitation Supplemental for 1:1</li> <li><input type="checkbox"/> Res. Habilitation Supplemental for 2:1</li> </ul> </li> <li><input type="checkbox"/> Structured Day Habilitation-Group           <ul style="list-style-type: none"> <li><input type="checkbox"/> Structured Day Supplemental for 1:1</li> <li><input type="checkbox"/> Structured Day Supplemental for 2:1</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Residential Habilitation in a 4-8 group setting           <ul style="list-style-type: none"> <li><input type="checkbox"/> Res. Habilitation Supplemental for 1:1</li> <li><input type="checkbox"/> Res. Habilitation Supplemental for 2:1</li> </ul>           (Must be licensed as a Personal Care Home)         </li> </ul> |
|--|---|

**These services are available in the COMMCARE 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
- Forest
- Jefferson
- Lawrence
- McKean
- Mercer
- Potter
- Venango
- Warren

**Region 3**

- All Region 3 Counties
- Bedford
- Blair
- Cambria
- Indiana
- Somerset

**Region 4**

- All Region 4 Counties
- Centre
- Clinton
- Columbia
- 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 of the following questions.**

For 1915(c) Home and Community-Based waivers, settings that are not home and community based are defined at Federal Regulation 42 CFR 441.301(c)(5).

*Does your agency provide services in any of the following settings?*

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 1. | <i>Nursing Facility</i>                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. | <i>Institution for Mental Diseases</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. | <i>Public or Private ICF/ID</i>        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. | <i>Hospital</i>                        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

For 1915(c) Home and Community-Based waivers, settings that are presumed to have the qualities of an institution are defined at Federal Regulation 42 CFR 441.301(c)(5)(v).

*Does your agency provide services in a publicly or privately operated facility that provides inpatient institutional treatment?*

YES  NO

*Does 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

*Does your agency provide services in any of the following settings?*

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | <i>Farmstead or disability-specific farm community</i>      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. | <i>Gated/secured community for people with disabilities</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. | <i>Residential school</i>                                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

*Do you own, rent/lease, or operate a residential setting (i.e. licensed or unlicensed) at this location where services are provided?*

YES  NO



## 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

**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.

<http://www.dhs.state.pa.us/foradults/healthcaremedicalassistance/supportserviceswaivers/index.htm>