

OLTL HCBS WAIVER CHECKLIST

- PROMISE Provider Enrollment Base Application
- Outpatient Provider Agreement
- Ownership or Control Interest Pages
- Copy of SSN cards for anyone with 5% or more ownership or controlling interest
- Legal Entity Verification Document
 - *IRS-generated form with FEIN, business name, and address*
- PA State Articles of Incorporation/Fictitious Name Registration
- Business Creation Agreements, i.e. Incorporation documents, partnership agreements ect.
- Copy of Pennsylvania License/Certification based on the services you provide*
- Most Recent Tax Return
 - *If the business has not filed, the owner must submit the most recent personal tax return*
- Most Recent Monthly Balance Sheet
 - *If your agency is new and does not have a balance sheet you must submit a complete Business Plan with loan/banking information*
- Most Recent Audit or Financial Review
 - *If completed in the last 5 years*
- Provider Enrollment Information Form
- Qualifications of the Executive Director and/or the Program Director
 - *Include copies of their diplomas and resume*
- Agency Employment Job Descriptions
- OLTL-HCBS Waiver Agreement Form
- Proof of General Liability Insurance
- Proof of Worker's Compensation Insurance
- Proof of Professional Liability Insurance, if required per specialty

Compliance Policies

- | | |
|---|---|
| <input type="checkbox"/> ADA Compliance Policy | <input type="checkbox"/> Non-discrimination Policy |
| <input type="checkbox"/> Criminal History Background Check Policy | <input type="checkbox"/> Participant Complaint Management Policy |
| <input type="checkbox"/> Critical Incident Management Policy | <input type="checkbox"/> Quality Management Policy |
| <input type="checkbox"/> Employee Healthcare Exclusion Check Policy | <input type="checkbox"/> Regulation Compliance Policy |
| <input type="checkbox"/> Employee SSN Verification Policy | <input type="checkbox"/> Staff Training Policy |
| <input type="checkbox"/> HIPAA Compliance Policy | <input type="checkbox"/> Limited English Proficiency (LEP) Policy |

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***For specific license requirements for each individual service please read appendix C of the individual waiver program that you are applying for.**

Please Note: OLTL must receive all documents in the checklist in order to process your enrollment application. The enrollment process may take several weeks to complete.

If you should have any questions, please contact the Bureau of Provider Support (BPS) Call Center at 1-800-932-0939 or send an email to RA-HCBSEnProv@pa.gov .

Please return all completed documents including the checklist to:

**Office of Long-Term Living
Bureau of Provider Support
Certification and Enrollment Section
555 Walnut Street, 5th Floor
P.O. BOX 8025
Harrisburg PA 17105-8025**