

Requirements for Provider Type 11 – Mental Health and Substance Abuse Services: Social Worker Specialties

Specialty Code

Please choose from the following for specialty and code:

- 116 – Licensed Clinical Social Worker
- 117 – Licensed Social Worker

Provider Eligibility Program (PEP)

Please choose the appropriate PEP(s) from the following:

- Fee-for-Service
- Enrollment Not Paid (ENP)
- Pennsylvania Department of Aging Waiver

Required Documents for an Individual Provider Type 11:

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll as a provider (please ensure documents are legible):

- Completed application for the enrollment of an Individual Practitioner – application must include:
 - Signed Provider Agreement with original signature of enrolling Provider; and
 - Completed Ownership or Control Interest Disclosure form
- Copy of license issued by the Department of State
- Current copy of Board Certification, if applicable
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

Required Documents for a Provider Type 11 Group:

- Completed application for the enrollment of a Group—application must include:
 - Signed Provider Agreement with original signature of an authorized representative;
 - Completed Ownership or Control Interest Disclosure form
- Documentation generated by the IRS showing both the Provider’s legal name and FEIN—documentation must come from the IRS; this Department does not accept W-9s
- If Group is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- If Group operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation papers issued by Department of State Corporation Bureau or business partnership agreement
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

Licensed Social Workers and Licensed Clinical Social Workers (11-116/117) are encouraged to apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us> . If circumstances do not allow online submission, send application and documents to:

**DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045
Fax: (717)265-8284
E-mail: RA-ProvApp@pa.gov**