Specialty Code

Please choose from the following for the specialty and code:

430 – Homemaker Agency 431 – Homemaker/Chore Services

Provider Eligibility Program (PEPs)

Please indicate one or more of the following PEPs:

- Pennsylvania Department of Aging Waiver and Bridge Program See PEP Descriptions (included with the instructions) for additional requirements.
- COMMCARE Waiver See PEP Descriptions (included with the instructions) for additional requirements
- AIDS Waiver See PEP Descriptions (included with the instructions) for additional requirements

Additional Required Documents For Provider Type 43

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment:

- Provider Enrollment Application
- You MUST complete the Provider Disclosure/Ownership or Control interest form. This form can be found on the enrollment website or by following this link: <u>http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/p_011861.pdf</u>
- Signed Outpatient Provider Agreement
- Copy of Tax Documentation generated by the Federal IRS showing both the name of the group and the tax id number.
- Copy of Corporation papers.
- License from Department of Health
- Completed "Ownership or Control Interest" Form (attached)

Submittal Address

After completion of all enrollment documents, send the complete package to:

DPW Provider Enrollment Unit P.O. Box 8045 Harrisburg, PA 17105-8045