

Requirements For Provider Type 36 – Personal Care Services

Specialty Code

Please choose from the following for the specialty and code:

360 – Personal Care – Individual

361 – Personal Care Agency

Provider Eligibility Program (PEPs)

Please indicate one or more of the following PEPs:

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

Additional Required Documents For Provider Type 36

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

- Provider Enrollment Application
- Signed Outpatient Provider Agreement
- License from Department of Health
- Certificate of Compliance

****In addition to the above you MUST complete the PROVIDER DISCLOSURE / OWNERSHIP OR CONTROLLING INTEREST FORM which can be found on the enrollment website or by following the link below:**

http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/p_011861.pdf

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