

Requirements For Provider Type 51-Home and Community Habilitation Provider

Specialty Code

Please choose from the following specialty codes:

117 – Licensed Social Worker	517 – Visual & Mobility Therapy
362 – Attendant Care/Personal Assistance Service	518 – Recreation
410 – Adult Day Services	519 – Family Support Services
510 – Home and Community Habilitation	525 – Community Integration
511 – Respite Care – Institutional	526 – Night Supervision
512 – Respite Care – Home Based	527 – Habilitation Plus
513 – Respite Care – Out of Home	528 – Structured Day Program
514 – Adult Training – 2380 Certificate	529 – Coaching and Cueing
515 – Pre-Vocational – 2390 Certificate	533 – Educational Service
516 – Transitional Work Services	571 – Home Finding

Provider Eligibility Program (PEPs)

Please choose from the following PEPs:

- Consolidated Waiver- see PEP descriptions (included with the instructions) for additional requirements.
- Person/Family Directed Support Waiver-see PEP descriptions (included with the instructions) for additional requirements.
- OMR Base Program-see PEP descriptions (included with the instructions) for additional requirements

Additional Required Documents For Provider Type 51

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:**
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/p_011861.pdf
- Signed Outpatient Provider Agreement
- Copy of tax document generated by the Federal IRS. Note: W-9 is **NOT** acceptable. (Any tax document generated by the Federal IRS that shows both the name and FEIN of the entity applying for enrollment will be accepted).
- Proof of home state Medicaid participation (out of state providers only).
- Please contact Office of Social Programs at 1-888-565-9435 for additional requirements that may apply to your enrollment.

Submittal Address

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

(For 51/362 ONLY)

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

(For all other specialties)

DPW/OMR
300 Corporate Center Drive
Camp Hill, PA 17011-17603