

Requirements For Provider Type 05 – Home Health Agency

Specialty Types

Please choose from the following for the specialty and code:

- 050 – Home Health Agency
- 051 – Private Duty Nursing
- 361 – Personal Care – Agency
- 025 – Personal Emergency Response System
- 250 – DME/Medical Supplies
- 410 – Adult Day Care
- 430 – Homemaker Agency
- 362 – Attendant Care/Personal Assistance Service
- 026 – Home Infusion Therapy
- 512 – Respite Care – Home Based
- 370 – Tobacco Cessation

Provider Eligibility Program (PEPs)

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

- Fee-for-Service
- PDA Waiver and Bridge Program
- Michael Dallas Waiver
- AIDS Waiver
- OBRA Waiver
- Independence Waiver
- Commcare Waiver
- Attendant Care Waiver
- Act 150 Waiver
- MR Base Program
- Consolidated Waiver
- Person/Family Directed Services Waiver

Additional Required Documents For Provider Type 05

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs to enroll your facility as a provider:

- 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 that shows both name and tax ID issued to the facility.
- A copy of License from Department of Health.
- For out-of-state providers, proof of home state Medicaid participation.
- Copy of corporation papers issued by the Department of State Corporation Bureau or a copy of your business partnership agreement, if applicable.

Submittal Address

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

Department Of Public Welfare Provider Enrollment Unit P.O. Box 8045 Harrisburg, PA 17105-8045