

Requirements for Provider Type 21 – Case Manager

Specialty Code

- 076 Peer Support Services
- 211 Medical Assistance Case Management for HIV&AIDS
- 212 Medical Assistance Case Management for Under 21
- 213 Early Intervention-Supports Coordination
- 214 Supports Coordination Agency
- 216 Licensed Social Worker/Early Intervention
- 218 MR Case Management
- 221 MH Targeted Case Management – Resource Coordination
- 222 MH Targeted Case Management – Intensive

Provider Eligibility Program (PEP)

Please refer to PEP descriptions included in the Application instruction for additional requirements and then indicate one or more of the PEPs. The table below categorizes each PEP by the specialties that can be associated with it.

Fee-for-Service	ITF Waiver	Consolidated Waiver	ID Base Programs	Per/Fam Directed Svcs	Adult Autism Waiver	Early Intervention MA	Early Intervention Maintenance
076	213	218	218	218	214	213	213
211	216					216	216
212							
214							
218							
221							
222							
574							

Enrollment Not Paid can be associated with all specialties except for 076 and 214

Required Documents for an Individual Provider Type 21

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment (please ensure all documents are legible):

- Completed application for the enrollment of an Individual Practitioner—application must include:
 - Signed Provider Agreement with original signature of enrolling Provider or, in the case of an Agency, an authorized representative; and
 - Completed Ownership or Control Interest Disclosure form
- Case Management Addendum specific to selected specialty
 - Each Addendum will have separate requirements
- If Provider is not a citizen of the United States, submit copy of Permanent Resident Card or Form I-797 showing authorization to work in the United States
- If application is for an Out-of-State Provider, submit proof of home state Medicaid participation

Required Documents for a Provider Type 21 Groups

- Completed application for the enrollment of a Group Provider
 - If Specialty 214, submit an application for a Facility/Agency
- Application must include both:
 - Signed Provider Agreement with original signature of an authorized individual; and
 - Completed Ownership or Control Interest Disclosure form
- Documentation generated by the IRS showing both the Provider’s legal name and FEIN— documentation must be from the IRS; this Department **does not** accept W-9s
- If Group is tax-exempt, submit 501 (c)(3) letter confirming this status
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation paperwork issued by Department of State Corporation Bureau or business partnership agreement
- If application is for an Out-of-State Provider, submit proof of home state Medicaid participation

After gathering the documentation listed above, please read the following pages for additional requirements based on the Provider’s specific specialty type. Case Management (21) Providers are encouraged to apply online via the Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us>. If circumstances do not allow online submission, send the application and all documents to one of the applicable addresses below.

<u>Specialty 211 and 212</u>	<u>Specialties 076, 221, and 222</u>	<u>Specialty 213</u>	<u>Specialty 218</u>
DHS Provider Enrollment Unit PO Box 8045 Harrisburg, PA 17105-8045 Fax: (717) 265-8284 E-mail: RA- ProvApp@pa.gov	Send to address indicated on the addendum for your specific specialty.	DHS Office of Child Development and Early Learning PO Box 2675 Harrisburg, Pa 17105-2675	Office of Developmental Programs –ID Room 413 Health and Welfare Bldg Harrisburg, PA 17101

211- HIV Case Management

List additional counties you wish to serve:

1. _____ 2. _____ 3. _____ 4. _____

Attach documentation to verify that you meet the education and work experience requirements.

- Documentation of education can be in the form of an Undergraduate or Graduate level diploma, college transcripts, or an official description of a course of study. A Case Manager must meet the minimum education requirement of completion of 12 semester hours in psychology, sociology, or other social welfare course.
- Documentation of case management work experience can be in the form of a detailed resume and job descriptions signed and dated by you and your supervisor at the time of applicable experience. If a job description is unavailable, a letter from your supervisor at the time of applicable experience, which details your job duties and responsibilities, may be submitted for review.

For MSW/MSS/BSW/BWW Degrees, a copy of your degree, CM training, and CM experience **must be attached**.

For MSN and BSN Degrees, a copy of your degree, Pennsylvania License, CM training, and CM experience **must be attached**.

For RN Diplomas/Nursing Associate Degree, a copy of your diploma and Pennsylvania RN License and documented CM training, CM experience, and experience with the targeted group you intend to case manage **must be attached**. Your college transcript must include a combination of 12 semester hours of psychology, sociology, or other social welfare courses.

List the name(s), address(es), and telephone number(s) of a reference person(s) familiar with your CM experience an experience with the target group.

Submittal Address:

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

212- Under Age 21

Attach documentation to verify that you meet the education and work experience requirements.

- Documentation of education can be in the form of an Undergraduate or Graduate level diploma, college transcripts, or an official description of a course of study. A Case Manager must meet the minimum education requirement of completion of 12 semester hours in psychology, sociology, or other social welfare course.
- Documentation of case management work experience can be in the form of a detailed resume and job descriptions signed and dated by you and your supervisor at the time of applicable experience. If a job description is unavailable, a letter from your supervisor at the time of applicable experience, which details your job duties and responsibilities, may be submitted for review.

For MSW/MSS/BSW/BWW Degrees, a copy of your degree, CM training, and CM experience **must be attached.**

For MSN and BSN Degrees, a copy of your degree, Pennsylvania License, CM training, and CM experience **must be attached.**

For RN Diplomas/Nursing Associate Degree, a copy of your diploma and Pennsylvania RN License and documented CM training, CM experience, and experience with the targeted group you intend to case manage **must be attached.** Your college transcript must include a combination of 12 semester hours of psychology, sociology, or other social welfare courses.

List the name(s), address(es), and telephone number(s) of a reference person(s) familiar with your CM experience and experience with the target group.

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

213- Early Intervention

Attach documentation to verify that you meet the education and work experience requirements.

- Documentation of education can be in the form of an Undergraduate or Graduate level diploma, college transcripts, or an official description of a course of study. A Case Manager must meet the minimum education requirement of completion of 12 semester hours in psychology, sociology, or other social welfare course.
- Documentation of case management work experience can be in the form of a detailed resume and job descriptions signed and dated by you and your supervisor at the time of applicable experience. If a job description is unavailable, a letter from your supervisor at the time of applicable experience, which details your job duties and responsibilities, may be submitted for review.

For MSW/MSS/BSW/BWW Degrees, a copy of your degree, CM training, and CM experience **must be attached.**

For MSN and BSN Degrees, a copy of your degree, Pennsylvania License, CM training, and CM experience **must be attached.**

For RN Diplomas/Nursing Associate Degree, a copy of your diploma and Pennsylvania RN License and documented CM training, CM experience, and experience with the targeted group you intend to case manage **must be attached.** Your college transcript must include a combination of 12 semester hours of psychology, sociology, or other social welfare courses.

List the name(s), address(es), and telephone number(s) of a reference person(s) familiar with your CM experience an experience with the target group.

Submit application and required documents to:

DHS Office of Child Development
PO Box 2675
Harrisburg, Pa 17105-2675

218- MR Targeted Services

Mental Retardation Targeted Services Management

Effective date of enrollment: _____

The following additional attachments are needed to complete the package:

- County Negotiated Rate
- Two Provider Agreements with original signatures

Mental Retardation Targeted Services Management Services Include:

MR Targeted Services Management (TSM)

Old Code	New Code	Modifier
W9068	T1017	n/a

Submit application and required documents to:

Office of Developmental Programs – ID
Room 413 Health and Welfare Building
Harrisburg, PA 17101

**221- MH/Resource Coordination or
222- MH/Intensive Case Management or
222- Blended Case Management**

The following additional attachments are needed to complete package:

- Letter of Support from County
- Certificate of Compliance (with attached letter)
- Blended Model Waiver Approval, if applicable

Send application and required documents to:

DHS Office of Mental Health and Substance Abuse Services
Provider Enrollment Unit
PO Box 2675
Harrisburg, Pa 17105-2675

ADDENDUM – PEER SUPPORT SERVICES (Specialty 076)

In addition to all the above-listed requirements, providers requesting peer support services must submit their application to the OMHSAS Field Office along with:

- Copy of the Certificate of Compliance (as applicable)
- Copy of the peer support service description
- Signed supplemental provider agreement for peer support services
- Copy of the subcontract agreement (for subcontracted providers only)

Submit the information to the appropriate OMHSAS Field Office:

OMHSAS - Scranton Field Office
Scranton State Office Bldg
100 Lackawanna Avenue, Room 321
Scranton PA 18503-1939

OMHSAS - Pittsburgh Field Office
301 5th Avenue, Suite 480
Pittsburgh PA 15222

OMHSAS – Southeast Field Office
Norristown State Hospital
1001 Sterigere Street, Bldg. #48
2nd Floor Room 208
Norristown PA 19401

OMHSAS – Harrisburg Field Office
Commonwealth Tower – 12th Floor
PO Box 2675
Harrisburg PA 17105-2675

**PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES
OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
SUPPLEMENTAL PROVIDER AGREEMENT FOR THE
DELIVERY OF PEER SUPPORT SERVICES**

This Supplemental Provider Agreement sets forth the responsibilities of the peer support services provider (Provider), which are in addition to those set forth in the Medical Assistance Outpatient Provider Agreement and addendums to that agreement, and the Provider handbooks and supplements.

The Provider agrees to deliver services in accordance with the service description approved by the Office of Mental Health and Substance Abuse Services (OMHSAS) and the revised Peer Support Standards found in the provider handbook.

The Provider agrees to deliver services to individuals who meet all eligibility criteria including, age requirements, presence or history of serious mental illness (SMI) or serious emotional disturbance (SED) that results in a functional impairment, a written recommendation from a licensed practitioner of the healing arts (LPHA), and chooses to receive Peer Support.

I hereby agree to comply with the terms of the Peer Support Services Bulletin, the Medical Assistance Provider Handbook, and all requirements that govern participation in the Medical Assistance Program:

Provider Name (please type or print)

Provider signature

Date

Provider Address (please type or print)

