Requirements For Provider Type 51-Home and Community Habilitation Provider

Specialty Code

Please choose from the following specialty codes:

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

Provider Eligibility Program (PEPs)

Please choose from the following PEPs:

- Consolidated Waiver
- Adult Autism Waiver – For those applying to provide services under the Adult Autism Waiver, visit www.MyODP.org for specific enrollment requirements

Additional Required Documents For Provider Type 51

The following documents and supporting information are required enrollment:

- Completed application for the enrollment of an application must include:
  - Signed Outpatient Provider Agreement with original signature of enrolling Provider; and
  - Completed Ownership or Control Interest Disclosure form

- 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).

Providers are encouraged to submit applications online via our Electronic Provider Portal at https://provider.enrollment.dpw.state.pa.us. If circumstances do not allow for online submission, 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

6/13/2019