

## **Requirements For Provider Type 53-Employment-Competitive**

### **Specialty Code**

Please choose from the following specialty codes:

- 530 – Job Finding
- 531 – Job Support
- 532 – Employee Training Specialist
- 534 – Supported Employment

### **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 53**

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](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).
- Projected costs, in any format, with as much detail as possible including contact name, address and phone number. Please send projected costs to Rate Setting.

### **If an Office of Mental Retardation provider:**

- Office of Mental Retardation Certificate of Compliance (if applicable)

### **Submittal Address**

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

**DPW Enrollment Unit PO Box 8045 Harrisburg, PA 17105-8045**