Requirements For Provider Type 58 – Communications Services

Specialty Code
Please indicate for the specialty and code:
- 580 – Sign Language
- 582 – Communications Specialist
- 583 – Communications Specialist Deaf and Hard of Hearing

Provider Eligibility Program (PEPs)
Please indicate one or more of the following PEPs:

<table>
<thead>
<tr>
<th>580</th>
<th>582</th>
<th>583</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFS</td>
<td>Consolidated Waiver</td>
<td>Consolidated Waiver</td>
</tr>
<tr>
<td>ENP</td>
<td>Community Living Waiver</td>
<td>Community Living Waiver</td>
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<tr>
<td></td>
<td>ID Base Programs</td>
<td>ID Base Programs</td>
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<tr>
<td></td>
<td>Per/Family Services</td>
<td>Per/Family Services</td>
</tr>
</tbody>
</table>

Additional Required Documents For Provider Type 58
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
- Business Associate Agreement (HIPAA)
- For Specialty 580, Registry of Interpreters for the Deaf (RID)

Certification Form (attached) Submittal Address
After completion of all enrollment documents, send the complete package to:

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

09/10/2018
Registry of Interpreters for the Deaf (RID) Certification Form (Check All Applicable):

CI   CT   CSC   CDI   NAD 4   NAD 5

Name: __________________________________________________________

RID Membership Number: ________________________________

RID Membership Begin Date: ________________________________

RID Membership Expiration Date: ________________________________

**Please enclose a copy of your current membership card**

Counties in which you will provide service:

____________________________________________________________________

____________________________________________________________________

Telephone Numbers:

Home: (_____ __________________________

Mobile: (_____ ________________________

Submittal Address
After completion this form and all other enrollment documents, send the complete package to:

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