

## Requirements For Provider Type 52-Community Residential Rehabilitation

### Specialty Code

Please choose from the following specialty codes:

456 - CRR Adult – License by OMHSAS	522 - Family Living Homes-6500
520 – Child & Youth LIC Grp Home W Mntl Hlth Trtmnt Comp	523 – Host Home/Children
521 – Adult Residential – 6400	524 - Unlicensed

### Provider Eligibility Program (PEPs)

Please choose from the following PEPs:

- Consolidated Waiver- see PEP descriptions (included with the instructions) for additional requirements.
- Fee-for-Service- 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 52

The following documents are required 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).
- Proof of home state Medicaid participation (out of state providers only).
- 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 Health and Substance Abuse Provider:**

- Office of Mental Health and Substance Abuse License/Certificate for Outpatient Psychiatric Clinic, Partial Hospital, or Family Based Services
- Copy of OMHSAS approved Service Description along with Approval/Certification Letter

#### **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**

01/21/2014

Page 1 of 1