

**Requirements for Provider Type 21 – Case Manager**

**Specialty Code**

- 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
211	213	218	218	218	214	213	213
212	216					216	216
214							
218							
221							
222							
574							

**Enrollment Not Paid** can be associated with all specialties **except** 214, 221, and 222

**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
- For Specialty Code 214, Supports Coordination Agency, if applying to be an Adult Autism Waiver provider submit a copy of SPeCTRUM training certificate, AAW SC101 and SC102 Training certificates, and specific Education and Experience Requirements (found on MyODP)

**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:*

**DHS Provider Enrollment  
PO Box 8045  
Harrisburg, PA 17105-0845  
Fax: (717) 265-8284  
E-mail: [RA-ProvApp@pa.gov](mailto:RA-ProvApp@pa.gov)**

## 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.

**Send application and documents to:**

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PO Box 8045  
Harrisburg, PA 17105-0845  
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## 212- Under Age 21

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- 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.

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## 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.

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**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)

<b>Old Code</b>	<b>New Code</b>	<b>Modifier</b>
<b>W9068</b>	<b>T1017</b>	<b>n/a</b>

**Submit application and required documents to:**

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

**221 – Mental Health Targeted Case Management – Resource Coordination**  
**222 – Mental Health Targeted Case Management – Intensive Case Management**

**The following additional attachments are needed to complete package:**

- Submit a letter from the County denoting its intent to support the program under MA Fee-for-Service and/or HealthChoices funding.
- Field Office approval letter with the designated service identified.

**Send application and required documents to:**

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