

Requirements For Provider Type 52-Community Residential Rehabilitation

Specialty Code

Please choose from the following specialty codes:

- 456 – CRR Adult
- 520 – Child & Youth Licensed Group Home with Mental Health Treatment Component
- 521 – Adult Residential – 6400
- 522 – Family Living Homes – 6500
- 523 – Host Home/Children
- 524 - Unlicensed

Provider Eligibility Program (PEPs)

Please choose from the following PEPs:

- Consolidated Waiver.
- Fee-for-Service
- Adult Autism Waiver

Additional Required Documents For Provider Type 52

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).
- 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.
- Office of Mental Health and Substance Abuse License/Certificate for Outpatient Psychiatric Clinic, Partial Hospital, or Family Based Services if applicable
- Copy of OMHSAS approved Service Description along with Approval/Certification Letter
- Copy of SPeCTRUM training certificate for providers applying to provide services under the Adult Autism Waiver

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**