

## Requirements For Provider Type 51-Home and Community Habilitation Provider

### Specialty Code

Please choose from the following specialty codes:

117 – Licensed Social Worker	517 – Visual & Mobility Therapy
362 – Attendant Care/Personal Assistance Service	518 – Recreation
410 – Adult Day Services	519 – Family Support
420 – Autism Behavioral Specialist	525 – Community Integration
427 – Systematic Skill Building	526 – Night Supervision
510 – Home and Community Habilitation	527 – Habilitation Plus
511 – Respite Care – Institutional	528 – Structured Day
512 – Respite Care – Home Based	529 – Coaching and Cueing
513 – Respite Care – Out of Home	533 – Educational Service
514 – Adult Training – 2380 Certificate	544 – Assistive Technologies
515 – Pre-Vocational – 2390 Certificate	571 – Home Finding
536- Temporary Crisis Staff Assistance	
516 – Transitional Work Services	

### Provider Eligibility Program (PEPs)

Please choose from the following PEPs:

- Consolidated Waiver
- Adult Autism Waiver – For those applying to provide services under the Adult Autism Waiver, visit [www.MyODP.org](http://www.MyODP.org) for specific enrollment requirements

### Additional Required Documents For Provider Type 51

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).

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](mailto:RA-ProvApp@pa.gov)**