

Requirements for Provider Type 55 - Vendor

Specialty Code

- 225 – Environmental Investigation
- 267 - Non-Emergency Transportation
- 430 - Homemaker Agency
- 431 - Homemaker / Chore Services
- 519 - FSS/Consumer Payment
- 533 - Educational Service
- 543 - Environmental Accessibility Adaptations
- 552 - Adaptive Appliances / Equipment
- 553 - Habilitation Supplies
- 554 - Respite, Overnight Camp
- 555 - Respite, Day Camp
- 571 - Home Finding

Provider Eligibility Program (PEP)

- Fee-for-Service (FFS)
- Consolidated Waiver
- Community Living Waiver
- Person/Family Directed Support Waiver
- ID Base Service

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll as a provider: (please ensure all documents are legible):

- Completed application for the enrollment of an Individual Practitioner—application must include:
 - Signed Provider Agreement; and
 - Completed Ownership or Control Interest Disclosure form
- Copy of the 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. If your agency is a Non-Profit, please provide verification of tax exempt status from the IRS.
- Copy of corporation papers issued by the Department of State’s Bureau of Corporations or a copy of your business partnership agreement, if applicable
- If application is for an Out-of-State Provider, submit proof of home state Medicaid participation if that state’s Medicaid program allows the enrollment of environmental investigation entities.

The following documents and supporting information are required by the Office of Developmental Programs to enroll as a provider: (please ensure all documents are legible):

- Copy of “ODP Approved” stamped ODP Provider Agreement
- Copy of DP - 1059 form showing qualifications of requested specialties

Required Documents for Provider Type 55-223– Diabetes Prevention Program:

- Copy of Certificate or Determination Letter demonstrating the Diabetes Prevention Program has attained Preliminary or Full Diabetes Prevention Recognition Status from the Centers for Disease Control (CDC) or proof that the program is enrolled in the Medicare program as a Medicare Diabetes Prevention Program Supplier.
- Include a roster of coaches for the diabetes prevention program including the first name, middle initial, last name, social security number and date of birth for each coach providing services in the program.

Additional Required Documents for Provider Type 55-225:

- Certification of a lead-based paint risk assessor issued by the PA Department of Labor & Industry. The lead risk assessor must be employed or contracted by the Environmental Lead Investigation entity. The lead risk assessor must be a nurse or a sanitarian.
 - For Nurses, please include a copy of the lead risk assessor’s professional nursing license

Vendors providing environmental investigations are encouraged to apply electronically via the Electronic Provider Portal, available at <https://provider.enrollment.dpw.state.pa.us/>. If unable to enroll electronically, please send the paper application and all required documents to:

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

Office of Developmental Program providers who are seeking to enroll as a vendor for the Consolidated, Community Living, Person/Family Directed Support Waivers: Please contact the Office of Developmental Programs at [ra-odpproviderenroll@pa.gov](mailto:radpproviderenroll@pa.gov) or 1-888-565-9435 for additional requirements that may apply to your enrollment as an ODP Provider. If you are interested in becoming a **new provider** for ODP, you can view the [New Provider Process](#) for licensed and unlicensed providers under the Provider Enrollment Documents section on www.myodp.org. If you need to revalidate your enrollment for one of the ODP Waiver programs, please visit <https://provider.enrollment.dpw.state.pa.us/>