

In order for the application to be considered complete:

1. All information must be legible. Please print or type all information.
2. If necessary, use a separate sheet of paper to provide additional information.
3. Fill-in the Tax ID# at the bottom of every page for reference purposes.
4. Complete a new LTSS addendum (Pages 1 & 2) for each service location
5. This LTSS Addendum must be completed in its entirety for any LTSS agreement.

Completed forms can be submitted to the Provider Data team at:

PHWproviderdata@pahealthwellness.com

LTSS Addendum	Service Location ____ of ____
Name:	
Address:	
Promise ID:	

Provider type					
<input type="checkbox"/> Durable medical equipment (DME)	<input type="checkbox"/> Skilled nursing facility	<input type="checkbox"/> HCBS facility (59)			
<input type="checkbox"/> Home health	<input type="checkbox"/> Hospice	<input type="checkbox"/> County nursing home			
Select the counties where your agency is willing to provide services for this location.					
<input type="checkbox"/> All counties in Pennsylvania	<input type="checkbox"/> Cambria	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Lackawanna	<input type="checkbox"/> Montour	<input type="checkbox"/> Susquehanna
<input type="checkbox"/> Adams	<input type="checkbox"/> Cameron	<input type="checkbox"/> Elk	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Northampton	<input type="checkbox"/> Tioga
<input type="checkbox"/> Allegheny	<input type="checkbox"/> Carbon	<input type="checkbox"/> Erie	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Northumberland	<input type="checkbox"/> Union
<input type="checkbox"/> Armstrong	<input type="checkbox"/> Centre	<input type="checkbox"/> Fayette	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Perry	<input type="checkbox"/> Venango
<input type="checkbox"/> Beaver	<input type="checkbox"/> Chester	<input type="checkbox"/> Forest	<input type="checkbox"/> Lehigh	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Warren
<input type="checkbox"/> Bedford	<input type="checkbox"/> Clarion	<input type="checkbox"/> Franklin	<input type="checkbox"/> Luzerne	<input type="checkbox"/> Pike	<input type="checkbox"/> Washington
<input type="checkbox"/> Berks	<input type="checkbox"/> Clearfield	<input type="checkbox"/> Fulton	<input type="checkbox"/> Lycoming	<input type="checkbox"/> Potter	<input type="checkbox"/> Wayne
<input type="checkbox"/> Blair	<input type="checkbox"/> Clinton	<input type="checkbox"/> Greene	<input type="checkbox"/> McKean	<input type="checkbox"/> Schuylkill	<input type="checkbox"/> Westmoreland
<input type="checkbox"/> Bradford	<input type="checkbox"/> Columbia	<input type="checkbox"/> Huntingdon	<input type="checkbox"/> Mercer	<input type="checkbox"/> Snyder	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Bucks	<input type="checkbox"/> Crawford	<input type="checkbox"/> Indiana	<input type="checkbox"/> Mifflin	<input type="checkbox"/> Somerset	<input type="checkbox"/> York
<input type="checkbox"/> Butler	<input type="checkbox"/> Cumberland	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Monroe	<input type="checkbox"/> Sullivan	
	<input type="checkbox"/> Delaware	<input type="checkbox"/> Juniata	<input type="checkbox"/> Montgomery		

Services Provided (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Adult Day Care (410) | <input type="checkbox"/> Exceptional Durable Medical Equipment and Supplies |
| <input type="checkbox"/> Respite (512) | <input type="checkbox"/> Job Coaching (504) |
| <input type="checkbox"/> Adult Daily Living Enhanced (411) | <input type="checkbox"/> ISO-Fiscal/Employer Agent – Financial Mgmt Services (541) |
| <input type="checkbox"/> Service Coordination (219) | <input type="checkbox"/> Job Finding (530) |
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Architectural Modification – Home Adaptations (440) |
| <input type="checkbox"/> Structured Day Habilitation (528) | <input type="checkbox"/> Non-Medical Transportation (267) |
| <input type="checkbox"/> Assistive Technology (544) | <input type="checkbox"/> Home-Delivered Meals (460) |
| <input type="checkbox"/> TeleCare (29) | <input type="checkbox"/> Participant-Directed Community Supports |
| <input type="checkbox"/> Employment-Benefits Counseling (502) | <input type="checkbox"/> Home Health Aide |
| <input type="checkbox"/> Therapeutic and Counseling Services – BH (209) | <input type="checkbox"/> Participant-Directed Goods and Services |
| <input type="checkbox"/> Career Assessment (503) | <input type="checkbox"/> Home Health Agency – Nursing/Therapies (50) |
| <input type="checkbox"/> Therapeutic and Counseling Services – Cognitive Rehab (207) | <input type="checkbox"/> Home Health Nursing L.P.N. (161) |
| <input type="checkbox"/> Community Integration (525) | <input type="checkbox"/> Personal Emergency Response System (PERS) (25) |
| <input type="checkbox"/> Therapeutic and Counseling Services –Non-medical (231) | <input type="checkbox"/> PERS– Monthly Maintenance (28) |
| <input type="checkbox"/> Community Transition Services (551) | <input type="checkbox"/> Home Health Nursing R.N. (160) |
| <input type="checkbox"/> Therapeutic and Counseling Services – Nutritional (230) | <input type="checkbox"/> Personal Care-Individual-(PAS)– Agency (360) |
| <input type="checkbox"/> DME - Durable Medical Equipment and Supplies (250) | <input type="checkbox"/> Home Health Services Occupational Therapy (171) |
| <input type="checkbox"/> Transitional Service/Support Coordination - (219) | <input type="checkbox"/> Personal Assistance Services (362) |
| <input type="checkbox"/> Employment Skills Development (505) | <input type="checkbox"/> Home Health Services Speech and Language Therapy (173) |
| <input type="checkbox"/> Vehicle Modification (255) | <input type="checkbox"/> Pest Eradication (501) |
| <input type="checkbox"/> Enrollment (210) | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Residential Habilitation (510) | <input type="checkbox"/> Other (Please Specify): |

- Has the facility had a post-licensing onsite visit by a government agency such as the Department of the Health or CMS within the past 36 months?
 - Yes. Date of most recent standard survey (MM/DD/YYYY)_____ (Please submit copy with application.)
 - No. Successful completion of a health plan onsite visit will be required to complete credentialing.
- Were any deficiencies cited during the last full survey? Yes No N/A - no recent survey

If yes, have all deficiencies been corrected?

 - Yes. Provide evidence of state acceptance of your CAP. Note - Please submit with application
 - No. Provide explanation and your plan to correct all deficiencies

If no deficiencies were cited during the last full survey, please submit verification of no deficiencies

LTSS Addendum

Attestation Statement

INSTRUCTIONS: Please complete either Section A or Section B for consideration to participate in the PA Health & Wellness provider network. For any "Yes" response to one or more of the questions in Section B, complete the Attestation Question Explanation Section.

This attestation pertains to all employed and contracted provider(s) authorized to provide or supervise care provided by _____ (the "Agency").

I, _____, the undersigned representative of Agency, on its behalf, understand and agree that as part of the credentialing process for participation in the Health Plan provider network,

Section A

...attest that the Agency has conducted the following on each caregiver prior to allowing each to provide care to a Health Plan member:

- Criminal Background Check and;
- State Child Abuse Registry (if applicable) and;
- Other State Mandated Clearance Checks

Section B

...assure through a background check and other reasonable means the following with respect to each caregiver providing care and each attendant supervising care on behalf of the Agency:

- YES NO 1. Have applicable license(s) held by caregiver(s) and/or attendant(s) been revoked, refused, restricted or voluntarily surrendered?
- YES NO 2. Have caregiver(s) and/or attendant(s) been convicted of, or pled guilty to, a felony?
- YES NO 3. Has any caregiver or attendant been terminated, suspended, barred, sanctioned or voluntarily withdrawn as part of a settlement agreement, or otherwise excluded from any state or federal health care program?
- YES NO 4. Is/Are caregiver(s) and/or attendant(s) unable to perform the essential functions of his or her job with reasonable accommodation?

Signature: _____

Print: _____

Title: _____

Date: _____

Report any "Yes" response to one or more of the questions on the Attestation Statement. Record the question number in the first column, then your explanation in the second column. If you need additional space to explain a "Yes" response, write explanation on additional sheet of paper and attach.

Question #	Explanation

State Requirements for Full Time Equivalent Counts

Service Location ____ of ____

Please use a separate form for each location

Service Address:

Service Location Promise ID:

Full Time Equivalent (FTE) data is required by the State of Pennsylvania for the Specialties listed below. Please indicate the number of FTE staff available and the Counties served by the FTE staff in the chart.

- Staff member working 35-40 hours is equal to 1 FTE.
- Staff member working less than 35 hours is equal to 0.5 FTE.

PA Counties

1 Adams	13 Carbon	26 Elk	35 Lackawanna	46 Montgomery	57 Sullivan
2 Allegheny	14 Centre	25 Erie	36 Lancaster	47 Montour	58 Susquehanna
3 Armstrong	15 Chester	26 Fayette	37 Lawrence	48 Northampton	59 Tioga
4 Beaver	16 Clarion	27 Forest	38 Lebanon	49 Northumberland	60 Union
5 Bedford	17 Clearfield	28 Franklin	39 Lehigh	50 Perry	61 Venango
6 Berks	18 Clinton	29 Fulton	40 Luzerne	51 Philadelphia	62 Warren
7 Blair	19 Columbia	30 Greene	41 Lycoming	52 Pike	63 Washington
8 Bradford	20 Crawford	31 Huntingdon	42 McKean	53 Potter	64 Wayne
9 Bucks	21 Cumberland	32 Indiana	43 Mercer	54 Schuylkill	65 Westmoreland
10 Butler	22 Delaware	33 Jefferson	44 Mifflin	55 Snyder	66 Wyoming
11 Cambria	23 Dauphin	34 Juniata	45 Monroe	56 Somerset	67 York
12 Cameron					

Primary Specialty Code	Primary Specialty Name	Staff Count	Co Served	Staff Count	Co Served	Staff Count	Co Served	Staff Count	Co Served
362	PERSONAL ASSISTANCE SERVICE								
209	BEHAVIOR THERAPY								
207	COGNITIVE THERAPIST								
525	COMMUNITY INTEGRATION								
551	COMMUNITY TRANSITION SERVICES								
502	EMPLOYMENT - BENEFITS COUNSELING								
504	EMPLOYMENT - JOB COACHING								
505	EMPLOYMENT - SKILLS DEVELOPMENT								
510	HOME AND COMMUNITY HABILITATION								
50	HOME HEALTH AGENCY								
161	LICENSED PRACTICAL NURSE								
267	NON-EMERGENCY TRANSPORTATION								
231	NON-MEDICAL COUNSELING								
171	OCCUPATIONAL THERAPIST								
360	PERSONAL CARE - INDIVIDUAL								
170	PHYSICAL THERAPIST								
160	REGISTERED NURSE								
230	REGISTERED NUTRITIONIST								
512	RESPIRE CARE - HOME BASED								
173	SPEECH/HEARING THERAPIST								
361	PERSONAL CARE - AGENCY								
456	CRR-ADULT								