

Requirements for Provider Type 40 – Medically Fragile Foster Care

Specialty Code

- 400 – Medically Fragile Foster Care

Provider Eligibility Program (PEPs)

- Fee-for-Service

Required Documents for Provider Type 40

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 enrollment of a Facility – application must include:
 - Signed Provider Agreement with original signature of an authorized representative; and
 - Completed Ownership or Control Interest Disclosure form
- Documentation generated by the IRS showing the legal name and FEIN of the Provider— documentation must come from the IRS; this Department **does not** accept W-9s
- If the Provider is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- Copy of Corporation papers issued by Department of State Corporation Bureau or copy of business partnership agreement
- If the Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of license issued by the Office of Children and Youth or applicable state licensing agency if Provider is Out-of-State
- If application is from an Out-of-State Provider, submit proof of current home state Medicaid participation

Medically Fragile Foster Care Providers (40) are encouraged to apply 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 required documents to:

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

