**PAA7 REQUEST FOR PASSPORT AGREEMENT/EXPANSION**

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| Purpose of Request (check all that apply) 0 Renew Provider Agreement - same service(s) 0 Expand into PAA7. Note: Must be certified in another PAA. 0 Add or delete services (circle which) Certified in PAA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0 Add or delete counties served (circle which for same PAA)  |

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| --- |
| **PROVIDER** |
| NAME: |  |
| DOING BUSINESS AS: |  |
| OWNERSHIP TYPE: | (circle) Private Charitable/Religious Public/govt  Private/Non profit Other  | MEDICARE NUMBER: |
| LEGAL STRUCTURE: | (circle) Corporation Non-profit corp Partnership S-Corp  Sole Proprietorship Vol Corp | GROUP SIZE: |
| GROUP TYPE: | (circle) Corporation Group Medical Practice HMO  Partnership Other | GROUP NUMBER: |
| TYPE: | (circle) PASSPORT Home Health Agency Phys Therapy  Pharmacy Home Medical Supplier  | FED ID/SSN: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | CORPORATE  | BUSINESS  | MAILING  |
| IN CARE OF: |  |  |  |
| ADDRESS: |  |  |  |
| CITY/STATE/ZIP: |  |  |  |
| PHONE: |  |  |  |
| FAX: |  |  |  |
| EMAIL: |  |  |  |
| CHANGE IN OWNERSHIP? 0YES 0NO If “yes,” please attach a separate statement  |
| CHANGE IN governing body? 0YES 0NO If “yes,” please attach a separate statement |
| CHANGE IN management or administration? 0YES 0NO If “yes,” please attach a separate statement |

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| Person authorized to sign provider agreement |
| Name: | Email: |
| Title: | Phone: | Fax: |
| Address: |

Form completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAA7 REQUEST FOR PASSPORT AGREEMENT EXPANSION**

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| Please complete the counties & rate. | **COUNTIES** | **RATE** | **PAA use only** |
| ⭘ **Adult Day Care**  Enhanced |  | $80.94/4-8 hours | $80.94/4-8 hours |
| $40.48 / <3.75 hours | $40.48/ <3.75 hours |
| $2.54/15 minutes  | $2.54/ 15 minutes |
| **⭘ Adult Day Care** INTENSIVE |  | $106.26/4-8 hours | $106.26/4-8 hours |
| $53.11/ <3.75 hours | $53.11/ <3.75 hours |
| $3.33/ 15 minutes | $3.33/15 minutes |
| ⭘ **ADS Transportation**  ⭘ Mile ⭘ 2nd Person/Mile ⭘ Roundtrip ⭘ 2nd Person/Roundtrip ⭘ 1 One-Way Trip ⭘ 2nd Person/1 One-Way Trip |  | $ 2.85$2.14$27.31$20.48$20.79$15.59 | $ 2.85$2.14$27.31$20.48$20.79$15.59 |
| ⭘ **COMMUNITY INTEGRATION** |  | /unit | $3.93/unit |
| ⭘ **cOMMUNITY TRANSITION** |  | per bid | per bid |
| ⭘ **ENHANCED COMMUNITY**  **lIVING** |  | /unit | $6.54/unit |
| ⭘ **Home Delivered Meals**  ⭘ Hot ⭘ Frozen ⭘ Therapeutic ⭘ Kosher  |  | /meal/meal/meal/meal | $8.80/meal$8.80/meal$10.61/meal$10.61/meal |
| ⭘ **HOME MAINTENANCE AND**  **CHORES** ⭘ Minor Home Maintenance ⭘ Heavy household cleaning ⭘ Non-routine trash disposal ⭘ Non-routine yard work ⭘ Pest Control |  | per bid | per bid |
| ⭘ **HOME MEDICAL**  **EQUIPMENT & SUPPLIES** |  | per bid | per bid |
| ⭘ **Homemaker**  |  | /unit |  $5.39/unit |
| ⭘ **Minor Home**  **Modifications**  |  | per bid | per bid |
| ⭘ **Nutrition Consultation**  |  | /unit | $13.34/unit |
| ⭘ **out-of-home respite** |  | /unit | $199.82/unit |
| ⭘ **Personal Care** ⭘ **Personal Care 2nd** |  | /unit/unit |  $7.24/unit$5.43/unit |
| ⭘ **personal eMERGENCY**  **RESPONSE SYSTEM** |  |  | $32.95 Monthly$32.95 Installation |
| ⭘ **Social Work Counseling** |  | /unit | $15.73/unit |
| ⭘ **TRANSPORTATION**  **NON-MEDICAL** |  | per bid | per bid |
| ⭘ **TRANSPORTATION** **NON-EMERGENCY** |  | per bid | per bid |
| ⭘ **waiver nursing** ⭘ Agency RN first hour\*  ⭘ Agency RN per unit ⭘ Agency LPN first hour\* ⭘ Agency LPN per unit |  | $68.44$9.25$58.72$7.82 | $68.44$9.25$58.72$7.82 |

**COMPLETED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_**