

## PAA7 REQUEST FOR PASSPORT AGREEMENT/EXPANSION

Purpose of Request (check all that apply)

☐ Renew Provider Agreement - same service(s)    ☐ Expand into PAA7. Note: Must be certified in another PAA.

☐ Add or delete services (circle which)                      Certified in PAA \_\_\_\_\_

☐ Add or delete counties served (circle which for same PAA)

### PROVIDER

NAME:			
DOING BUSINESS AS:			
OWNERSHIP TYPE:	Private                  Charitable/Religious                  Public/govt Private/Non profit                  Other	MEDICARE NUMBER:	
LEGAL STRUCTURE:	Corporation      Non-profit corp      Partnership      S-Corp Sole Proprietorship                  Vol Corp	GROUP SIZE:	
GROUP TYPE:	Corporation      Group Medical Practice      HMO Partnership                  Other	GROUP NUMBER:	
TYPE:	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?    YES      NO    If "yes," please attach a separate statement			
CHANGE IN GOVERNING BODY?    YES      NO    If "yes," please attach a separate statement			
CHANGE IN MANAGEMENT OR ADMINISTRATION?    YES      NO    If "yes," please attach a separate statement			

### PERSON AUTHORIZED TO SIGN PROVIDER AGREEMENT

Name:	Email:	
Title:	Phone:	Fax:
Address:		

FORM COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PAA7 REQUEST FOR PASSPORT AGREEMENT EXPANSION

Please complete the counties & rate.	COUNTIES	RATE	PAA USE ONLY
○ <b>ADULT DAY CARE ENHANCED</b>		\$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
○ <b>ADULT DAY CARE INTENSIVE</b>		\$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
○ <b>ADS TRANSPORTATION</b> ○ Mile ○ 2nd Person/Mile ○ Roundtrip ○ 2nd Person/Roundtrip ○ 1 One-Way Trip ○ 2nd Person/1 One-Way Trip		\$ 3.12	\$ 3.12
		\$2.34	\$2.34
		\$28.61	\$28.61
		\$21.46	\$21.46
		\$23.21	\$23.21
		\$17.41	\$17.41
○ <b>COMMUNITY INTEGRATION</b>		/unit	\$3.93/unit
○ <b>COMMUNITY TRANSITION</b>		per bid	per bid
○ <b>ENHANCED COMMUNITY LIVING</b>		/unit	\$6.54/unit
○ <b>STRUCTURED FAMILY CAREGIVING</b> SFC FULL DAY SFC FULL DAY GROUP SFC HALF DAY SFC HALF DAY GROUP		\$102.68	\$102.68
		\$77.01	\$77.01
		\$51.34	\$51.34
		\$38.51	\$38.51
○ <b>CHOICES-HOME CARE ATTENDANT SERVICE (C-HCAS)</b>		Negotiated rate	
○ <b>HOME DELIVERED MEALS</b> ○ Hot ○ Frozen ○ Therapeutic ○ Kosher		/meal	\$8.80/meal
		/meal	\$8.80/meal
		/meal	\$10.61/meal
		/meal	\$10.61/meal
○ <b>HOME MAINTENANCE AND CHORES</b> ○ Minor Home Maintenance ○ Heavy household cleaning ○ Non-routine trash disposal ○ Non-routine yard work ○ Pest Control		per bid	per bid
○ <b>HOME MEDICAL EQUIPMENT &amp; SUPPLIES</b>		per bid	per bid
○ <b>HOMEMAKER</b>		/unit	\$5.99/unit
○ <b>MINOR HOME MODIFICATIONS</b>		per bid	per bid
○ <b>NUTRITION CONSULTATION</b>		/unit	\$13.34/unit
○ <b>OUT-OF-HOME RESPITE</b>		/unit	\$199.82/unit
○ <b>PERSONAL CARE</b> ○ <b>PERSONAL CARE 2<sup>ND</sup></b>		/unit	\$7.24/unit
		/unit	\$5.43/unit
○ <b>PERSONAL EMERGENCY RESPONSE SYSTEM</b>			\$32.95 Monthly \$32.95 Installation
○ <b>SOCIAL WORK COUNSELING</b>		/unit	\$16.26/unit
○ <b>TRANSPORTATION NON-MEDICAL</b>		per bid	per bid

<b>○ WAIVER NURSING</b>			
○ AGENCY RN FIRST HOUR*		\$68.44	\$68.44
○ AGENCY RN PER UNIT		\$9.25	\$9.25
○ AGENCY RN GROUP VISIT		\$51.33	\$51.33
○ AGENCY RN GROUP VISIT PER UNIT		\$6.94	\$6.94
○ AGENCY LPN FIRST HOUR*		\$58.72	\$58.72
○ AGENCY LPN PER UNIT		\$7.82	\$7.82
○ AGENCY LPN GROUP		\$44.04	\$44.04
○ AGENCY LPN GROUP VISIT PER UNIT		\$5.87	\$5.87

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