

## 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 Private/Non profit	Charitable/Religious Other	Public/govt	MEDICARE NUMBER:	
LEGAL STRUCTURE:	Corporation Sole Proprietorship	Non-profit corp Vol Corp	Partnership	S-Corp	GROUP SIZE:
GROUP TYPE:	Corporation Partnership	Group Medical Practice Other	HMO		GROUP NUMBER:
TYPE:	PASSPORT Pharmacy	Home Health Agency Home Medical Supplier	Phys Therapy		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
<input type="radio"/> <b>ADULT DAY CARE</b> 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
<input type="radio"/> <b>ADULT DAY CARE</b> 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
<input type="radio"/> <b>ADS TRANSPORTATION</b> <input type="radio"/> Mile <input type="radio"/> 2nd Person/Mile <input type="radio"/> Roundtrip <input type="radio"/> 2nd Person/Roundtrip <input type="radio"/> 1 One-Way Trip <input type="radio"/> 2nd Person/1 One-Way Trip		\$ 3.12 \$2.34 \$28.61 \$21.46 \$23.21 \$17.41	\$ 3.12 \$2.34 \$28.61 \$21.46 \$23.21 \$17.41
<input type="radio"/> <b>COMMUNITY INTEGRATION</b>		/unit	\$3.93/unit
<input type="radio"/> <b>COMMUNITY TRANSITION</b>		per bid	per bid
<input type="radio"/> <b>ENHANCED COMMUNITY LIVING</b>		/unit	\$6.54/unit
<input type="radio"/> <b>STRUCTURED FAMILY CAREGIVING</b> SFC FULL DAY SFC FULL DAY GROUP SFC HALF DAY SFC HALF DAY GROUP		\$102.68 \$77.01 \$51.34 \$38.51	\$102.68 \$77.01 \$51.34 \$38.51
<input type="radio"/> <b>CHOICES-HOME CARE ATTENDANT SERVICE (C-HCAS)</b>		Negotiated rate	
<input type="radio"/> <b>HOME DELIVERED MEALS</b> <input type="radio"/> Hot <input type="radio"/> Frozen <input type="radio"/> Therapeutic <input type="radio"/> Kosher		/meal /meal /meal /meal	\$8.80/meal \$8.80/meal \$10.61/meal \$10.61/meal
<input type="radio"/> <b>HOME MAINTENANCE AND CHORES</b> <input type="radio"/> Minor Home Maintenance <input type="radio"/> Heavy household cleaning <input type="radio"/> Non-routine trash disposal <input type="radio"/> Non-routine yard work <input type="radio"/> Pest Control		per bid	per bid
<input type="radio"/> <b>HOME MEDICAL EQUIPMENT &amp; SUPPLIES</b>		per bid	per bid
<input type="radio"/> <b>HOMEMAKER</b>		/unit	\$5.99/unit
<input type="radio"/> <b>MINOR HOME MODIFICATIONS</b>		per bid	per bid
<input type="radio"/> <b>NUTRITION CONSULTATION</b>		/unit	\$13.34/unit
<input type="radio"/> <b>OUT-OF-HOME RESPITE</b>		/unit	\$199.82/unit
<input type="radio"/> <b>PERSONAL CARE</b> <input type="radio"/> <b>PERSONAL CARE 2<sup>ND</sup></b>		/unit /unit	\$7.24/unit \$5.43/unit
<input type="radio"/> <b>PERSONAL EMERGENCY RESPONSE SYSTEM</b>			\$32.95 Monthly \$32.95 Installation
<input type="radio"/> <b>SOCIAL WORK COUNSELING</b>		/unit	\$16.26/unit
<input type="radio"/> <b>TRANSPORTATION NON-MEDICAL</b>		per bid	per bid

<input checked="" type="checkbox"/> <b>WAIVER NURSING</b>			
o AGENCY RN FIRST HOUR*		\$68.44	\$68.44
o AGENCY RN PER UNIT		\$9.25	\$9.25
o AGENCY RN GROUP VISIT		\$51.33	\$51.33
o AGENCY RN GROUP VISIT PER UNIT		\$6.94	\$6.94
o AGENCY LPN FIRST HOUR*		\$58.72	\$58.72
o AGENCY LPN PER UNIT		\$7.82	\$7.82
o AGENCY LPN GROUP		\$44.04	\$44.04
o AGENCY LPN GROUP VISIT PER UNIT		\$5.87	\$5.87

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