

REQUEST FOR PASSPORT AGREEMENT RENEWAL/EXPANSION

Purpose of Request (check all that apply):

- Renew Provider Agreement – same service
- Add or Delete Services (circle which)
- Change Counties Served (same PAA)

Expand into PAA. Note: Must be already certified in another PAA.

Certified in PAA('s) _____

Provider Name:		Date:
Doing Business as (dba), if applicable:		Fed. ID/SSN:
	Business Address:	Mailing Address (if different):
Street:		
City, State, & Zip:		
In Care Of:		
Local Phone:	()	()
Toll-Free:	()	()
Fax:	()	()
Contact Person & Email Address:		Phone Number:
Change in Provider Ownership? <input type="radio"/> Yes <input type="radio"/> No If 'yes,' please record change or attach a separate statement.		
Change in Provider Governing Body? <input type="radio"/> Yes <input type="radio"/> No If 'yes,' please record change or attach a separate statement.		
Change in Management or Administration? <input type="radio"/> Yes <input type="radio"/> No If 'yes,' please record change or attach a separate statement.		

Authorization to Sign Provider Agreement:	Name:	Title:
	Address:	Phone:

FORM COMPLETED BY:	
Signature _____	Date _____
Title _____	

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Please check current & new services you wish to provide	Service		In Which Counties?	Enter your proposed rate Rate:	Current Rate:	PAA Use Only:
	Current	New				
<input type="radio"/> Adult Day Service – Enhanced				\$49.39/day \$24.70/ ½ day \$1.55/15 minutes		\$40.00/day \$20.00/ ½ day \$1.25/15 minutes
<input type="radio"/> Adult Day Service – Intensive				64.84/day \$32.41/ ½ day 2.03/15 minutes		\$52.50/day \$26.25/ ½ day \$1.64/15 minutes
<input type="radio"/> ADS Transportation				/mile /one-way trip /round trip		/mile /one-way trip /round trip
<input type="radio"/> Home Delivered Meals <input type="radio"/> Hot <input type="radio"/> Frozen				/meal /meal		/meal /meal
<input type="radio"/> Home Delivered Meals – Special <input type="radio"/> Hot <input type="radio"/> Frozen				/meal /meal		/meal /meal
<input type="radio"/> Homemaker Service				/hour		/hour
<input type="radio"/> ILA <input type="radio"/> In-Person Activities <input type="radio"/> Telephone Support <input type="radio"/> Travel Attendant				/hour /call /hour		/hour /call /hour
<input type="radio"/> Nutrition Consultation				/hour		/hour
<input type="radio"/> Personal Care Service				/hour		/hour
<input type="radio"/> Personal Care Service – Extended Day				/hour		/hour
<input type="radio"/> Social Work Counseling				/hour		/hour
<input type="radio"/> Occupational Therapy				\$55.00/hour \$4.50/15 min. unit		\$70.00/hour \$4.50/15 min. unit
<input type="radio"/> Physical Therapy				\$70.00/hour \$4.50/15 min. unit		\$70.00/hour \$4.50/15 min. unit
<input type="radio"/> Registered Nurse				\$55.00/hour \$5.70/15 min. unit		\$55.00/hour \$5.70/15 min. unit
<input type="radio"/> Speech Therapy				\$70.00/hour \$4.50/15 min. unit		\$70.00/hour \$4.50/15 min. unit

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Please check current & new services you wish to provide	Service		In Which Counties?	Enter your proposed rate Rate:	Current Rate:	PAA Use Only:
	Current	New				
<input type="radio"/> Chore <input type="radio"/> Heavy Household Cleaning <input type="radio"/> Simple Household Repair <input type="radio"/> Waste Disposal						
<input type="radio"/> Chore <input type="radio"/> Pest Control						
<input type="radio"/> Minor Home Modification <input type="radio"/> MH Modification <input type="radio"/> MH Maintenance <input type="radio"/> MH Repair						
<input type="radio"/> Transportation – Medical						
<input type="radio"/> Transportation – Non-Medical						
<input type="radio"/> Emergency Response System						
<input type="radio"/> Home Medical Equipment & Supplies						
<input type="radio"/> Community Transitions Service						
<input type="radio"/> Enhanced Community Living Service						
<input type="radio"/> Consumer-Directed Personal Care Service				\$3.13/15-minutes		
<input type="radio"/> PP Home Care Attendant				Nursing \$25.95/1 st hour Nursing \$4.43/15 minutes Personal Care \$2.86/15 min. unit		
<input type="radio"/> PP Home Care Attendant, Nursing, Group				\$19.47/1 st hour \$3.33/15 minutes		
<input type="radio"/> Choices - Home care attendant				Negotiated rate		
<input type="radio"/> Out-of-Home Respite Care				\$199.82 ./Day		

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<input type="radio"/> Waiver Nursing – Agency, RN				\$45.40/1 st hour \$6.96/15-minutes		
<input type="radio"/> Waiver Nursing – Agency, LPN				\$37.90/1 st hour \$6.82/15-minutes		
<input type="radio"/> Waiver Nursing – Non-agency, RN				\$38.60/1 st hour \$6.96/15-minutes		
<input type="radio"/> Waiver Nursing – Non-agency, LPN				\$31.65/1 st hour \$5.57/15-minutes		
<input type="radio"/> Waiver Nursing – Agency, Group, RN				\$34.05 /1 st hour \$6.24 /15-minutes		
<input type="radio"/> Waiver Nursing – Agency, Group, LPN				\$28.43/1 st hour \$5.12/15-minutes		
<input type="radio"/> Waiver Nursing – Non-agency, Group, RN				\$28.95/1 st hour \$5.22/15-minutes		
<input type="radio"/> Waiver Nursing – Non-agency, Group, LPN				\$23.74/1 st hour \$4.18/15-minutes		