

REQUEST FOR PASSPORT AGREEMENT RENEWAL/EXPANSION

Purpose of Request (check all that apply):	
<input type="checkbox"/> Renew provider agreement (same service) <input type="checkbox"/> Add or delete services (circle which) <input type="checkbox"/> Change counties served (same PAA)	<input type="checkbox"/> Expand into another PAA (must be certified in another PAA) Certified in PAA _____ <input type="checkbox"/> Expand to open a new office (must already be certified in PAA-9)

Provider Name:		Date:
Doing Business As (dba), if applicable:		Fed. I.D./SSN:
Corporate:	Business Address:	Mailing Address (if different):
Street:		
City, State & Zip		
Location # (if known):		
Phone #:	()	()
Fax #:	()	()
Contact Person:	Phone #:	Email:
Change in provider ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please record change or attach a separate statement.		
Change in provider governing body? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please record change or attach a separate statement.		
Change in management or administration? <input type="checkbox"/> Yes <input type="checkbox"/> 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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Services You Seek Certification to Provide	PASSPORT Program	Assisted Living	Counties You Propose to Serve Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum & Tuscarawas Counties	Proposed Rate	PAA 9 Current Rate
<input type="checkbox"/> Adult Day Services: Enhanced				\$49.39	\$49.39
<input type="checkbox"/> 4-8 hours					
<input type="checkbox"/> ≤3.75 hours				\$24.70	\$24.70
<input type="checkbox"/> .25 hour				\$1.55	\$1.55
<input type="checkbox"/> Adult Day Services: Intensive				\$64.84	\$64.84
<input type="checkbox"/> 4-8 hours					
<input type="checkbox"/> ≤ 3.75 hours				\$32.41	\$32.41
<input type="checkbox"/> .25 hour				\$2.03	\$2.03
<input type="checkbox"/> Adult Day Service: Transportation Service					\$1.67
<input type="checkbox"/> per mile					
<input type="checkbox"/> 2 nd person per mile					\$1.26
<input type="checkbox"/> per trip					\$8.45
<input type="checkbox"/> 2 nd person per trip					\$6.34
<input type="checkbox"/> per roundtrip					\$17.70
<input type="checkbox"/> 2 nd person per roundtrip					\$13.28
<input type="checkbox"/> Choices Home Care Attendant Service .25 hour				Negotiated	Negotiated
<input type="checkbox"/> Community Integration (Previously ILA) .25 hour					\$3.13
<input type="checkbox"/> Emergency Response System					\$32.95
<input type="checkbox"/> Monthly Rental - <input type="checkbox"/> Landline <input type="checkbox"/> Cellular					
<input type="checkbox"/> Mobile					
<input type="checkbox"/> Installation					\$32.95
<input type="checkbox"/> Enhanced Community Living .25 hour					\$5.83
<input type="checkbox"/> Home Care Attendant Service-Nursing					\$25.95
First hour per visit					
Additional .25 hour unit in same visit					\$4.43
<input type="checkbox"/> Home Care Attendant Service-PC .25 hour					\$2.86
<input type="checkbox"/> Home Delivered Meal meal					\$6.50
<input type="checkbox"/> Home Delivered Meal					
<input type="checkbox"/> HDM-Therapeutic/Diet					\$8.68
<input type="checkbox"/> HDM-Kosher					\$8.68
<input type="checkbox"/> Home Maintenance & Chores per job				Per bid	Per bid
<input type="checkbox"/> Chore					
<input type="checkbox"/> Pest Control				Per bid	Per bid
<input type="checkbox"/> Home Medical Equipment per item				Per bid	Per bid
<input type="checkbox"/> Ambulatory					
<input type="checkbox"/> Non-ambulatory - <input type="checkbox"/> Med Dispenser				Per bid	Per bid
<input type="checkbox"/> Nutritional Supplements				Per bid	Per bid
<input type="checkbox"/> Hygiene & Disposable				Per bid	Per bid
<input type="checkbox"/> Repairs				Per bid	Per bid
<input type="checkbox"/> Homemaker .25 hour					\$3.37
<input type="checkbox"/> Home Modifications per job				Per bid	Per bid
<input type="checkbox"/> Personal Care .25 hour					\$4.64
<input type="checkbox"/> Personal Care Agency					
Personal Care 2 nd Person Agency					\$3.48
<input type="checkbox"/> Personal Care Individual					\$3.24
Personal Care 2 nd Person Individual					\$2.43
<input type="checkbox"/> Out of Home Respite Service per day					\$199.82
<input type="checkbox"/> Social Work/Counseling .25 hour					\$11.79
<input type="checkbox"/> Non-Medical Transportation per job				Per bid	Per bid
(2 nd person at 75%)					
<input type="checkbox"/> Non-Emergency Medical Transportation per job				Per bid	Per bid
(2 nd person at 75%)					

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<input type="checkbox"/> Nutrition Consultation Service .25 hour					\$12.13
<input type="checkbox"/> Assisted Living Service per day				\$49.98	\$49.98
<input type="checkbox"/> Tier 1					
<input type="checkbox"/> Tier 2				\$60.00	\$60.00
<input type="checkbox"/> Tier 3				\$69.98	\$69.98
<input type="checkbox"/> Community Transition Service lifetime total				\$2000.00	\$2000.00
<input type="checkbox"/> Waiver Nursing					
<input type="checkbox"/> Agency RN first hour*					\$47.40
Additional .25 hour unit in same visit					\$8.72
<input type="checkbox"/> Non-agency RN first hour*					\$38.95
Additional .25 hour unit in same visit					\$7.03
<input type="checkbox"/> Agency LPN first hour*					\$40.65
Additional .25 hour unit in same visit					\$7.37
<input type="checkbox"/> Non-agency LPN first hour*					\$33.20
Additional .25 hour unit in same visit					\$5.88
Group rate (2+ consumers) is 75% of Individual Rate					
*Waiver nursing first hour requires the provider to furnish service for more than two units (a minimum of 35 minutes) in order to be paid for a 'loaded first hour' or 'base rate'					
**NOTE: STATE PLAN SERVICES MUST BE USED PRIOR TO USING WAIVER SERVICES					
					Rev 3/27/2020