



APPLICATION FOR EXPANSION

Instructions

This form should be used for two different but related reasons:

1. If you already have a PASSPORT contract with the Area Agency on Aging 10B, and wish to add a service(s) or a county (-ies) to the existing contract.
2. If you already have a PASSPORT contract in another region of the state and want to expand your service delivery area into one or more of the counties in the 10B region.

Instructions:

1. If you already have a PASSPORT contract with the Area Agency on Aging 10B, and wish to add a service(s) or a county (-ies) to the existing contract, complete the enclosed Expansion Application indicating what services you want to add, and/or what counties you want to add, and at what rate. Then return the form to the AAoA at the address below.
2. If you already have a PASSPORT contract in another region of the state and want to expand your service delivery area into one or more of the counties in the 10B region, complete the enclosed Expansion Application indicating what services you want to add, and what counties you want to add, and at what rate. Also, complete the IRS Form W-9, and return both forms to the AAoA at the address below.

RETURN FORM TO:

Area Agency on Aging, 10B, Inc.
ATTN: Provider Certification Staff
1550 Corporate Woods Parkway
Uniontown, OH 44685

See Additional Note Next Page!

A NOTE ABOUT REFERRALS –

The 10B region, which includes Summit, Portage, Stark and Wayne counties, has a surplus of providers of all PASSPORT services, and competition between provider agencies is intense. We have over 160 providers of all services and 60+ providers of personal care/homemaker service. Our staff does not select a provider for any given consumer; instead, we educate consumers and have the consumer make the selection on their own. We estimate that approximately half of those selections are based simply on name recognition alone. With standard enrollment capped at 58 clients per month, this should make it clear that most providers, especially newer or less well known ones, will not receive many referrals. Whether referrals are received or not, the provider is obligated to remain compliant with the regulations as well as undergo an annual review and compliance audit. As this is a business decision, prospective providers should take this into consideration in deciding whether or not to pursue participation in the PASSPORT program.

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 another PAA. Note: Must be certified in another PAA.
 Certified in PAA _____

Provider Name:		Date:	
Doing Business as (dba), if applicable:		Fed. ID/SSN:	
Street:	Business Address:	Mailing Address (if different):	
City, State, & Zip:			
In Care Of:			
Local Phone:	()	()	
Toll-Free:	()	()	
Fax:	()	()	
Contact Person:		Phone Number:	
		Email:	
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 _____

REQUEST FOR PASSPORT AGREEMENT RENEWAL/EXPANSION

Please check current & new services you wish to provide	Service		Counties:	Rate:	Current Rate:	PAA Use Only:
	Current	New				
<input type="radio"/> Adult Day Service – Enhanced				\$40.00/day \$20.00/ ½ day \$1.25/15 minutes		\$40.00/day \$20.00/ ½ day \$1.25/15 minutes
<input type="radio"/> Adult Day Service – Intensive				\$52.50/day \$26.25/ ½ day \$1.64/15 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				/meal		/meal
<input type="radio"/> Hot				/meal		/meal
<input type="radio"/> Frozen				/meal		/meal
<input type="radio"/> Home Delivered Meals – Special				/meal		/meal
<input type="radio"/> Hot				/meal		/meal
<input type="radio"/> Frozen				/meal		/meal
<input type="radio"/> Homemaker Service				/hour		/hour
<input type="radio"/> ILIA						
<input type="radio"/> In-Person Activities				/hour		/hour
<input type="radio"/> Telephone Support				/call		/call
<input type="radio"/> Travel Attendant				/hour		/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				\$70.00/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

REQUEST FOR PASSPORT AGREEMENT RENEWAL/EXPANSION

Please check current & new services you wish to provide	Service		Counties:	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"/> Pest Control <input type="radio"/> Waste Disposal						
<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						