



**Waiver for People with Physical Disabilities - Specialty 189,
Attendant Services and Specialty 191, Respite Care**

The following is a list of required enrollment documents for this provider type. Include with your Provider Enrollment Packet a copy of each document listed below.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- Documentation showing tax payer identification number (SS-4, CP575, W-9 or Social Security Card)
- Proof of Workers Compensation Insurance

NOTE: Independent contractors can waive Workers Compensation Insurance with a signed NMO Medicaid Provider Agreement form.

- Cardiopulmonary Resuscitation (CPR) certification
- For individual providers rendering skilled services: Submit the Medicaid Provider Agreement NMO3428 B. (Agency providers should keep this form on file; do not resubmit to HP Enterprise Services.)

You do not need to mail this checklist with your enrollment documents.