

IMPACT INDIVIDUAL PROVIDER ENROLLMENT FORM INSTRUCTIONS FOR COMPLETION

The following is a guide to assist Individual Providers to correctly complete the IMPACT Individual Provider Enrollment Form and the Notice of Waiver Program Provider Agreement.

IMPACT INDIVIDUAL PROVIDER ENROLLMENT FORM (IL488-2263)

- **ALL** Individual Providers are required to complete Section A of the IMPACT Individual Provider Enrollment Form
- **Personal Assistants** are required to complete Section A & B of the IMPACT Individual Provider Enrollment Form
- **CNAs, LPNs and RNs** are required to complete Section A & C of the IMPACT Individual Provider Enrollment Form
- If you are an Individual Provider who provides more than one service type, please select your highest discipline.
Ex: You are a PA and a CNA, please follow the requirements and complete the form based on the highest discipline selected.
- LPNs and RNs must provide a valid License Number to show they are certified.
- NPI (National Provider Identifier) is required for all CNA*, LPN and RNs to be enrolled in the IMPACT System. ***NOTE:** A NPI for CNA's is optional at this time and only required if you currently have one.
- If you do not have an NPI< please obtain one at <https://nppes.cms.hhs.gov> or visit <http://drs.illinois.gov/hsp/impact> to find out how to obtain an NPI.

IMPACT WAIVER PROGRAM PROVIDER AGREEMENT (IL488-2262)

- **ALL** Individual Providers must print full legal name, last 4 digits of SSN, sign and date IL488-2262.
- CNAs*, LPNs, and RNs must also include their NPI number.

Personal Assistant (PA):

A: Individual Provider Information

Please complete all of your basic information in Section A.

Personal Assistants can leave the following blank:

- a. Application ID (*For Office Use Only*)
- b. License Number (*For LPN/RN Only*)
- c. NPI (*For CNA*/LPN/RN Only*)

B: Provider Questionnaire for PA

Please respond to all 16 questions in Section B.

If you are unsure of how to answer any of the questions, please respond with N/A under Comments.

C: Provider Questionnaire for CNA/LPN/RN

Skip Section C.

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CNA:

A: Individual Provider Information

Please complete all of your basic information in Section A.

CNAs can leave the following blank:

- a. Application ID *(For Office Use Only)*
- b. License Number *(For LPN/RN Only)*

B: Provider Questionnaire for PA

Skip Section B.

C: Provider Questionnaire for CNA/LPN/RN

Please respond to all 23 questions in Section C.

If you are unsure of how to answer any of the questions, please respond with N/A under Comments.

LPN/RN:

A: Individual Provide Information

Please complete all of your basin information in Section A.

LPN/RN can leave the following blank:

- a. Application ID *(For Office Use Only)*

B: Provider Questionnaire for PA

Skip Section B.

C: Provider Questionnaire for CNA/LPN/RN

Please respond to all 23 questions in Section C.

If you are unsure of how to answer any of the questions, please respond with N/A under Comments.

PLEASE NOTE:

National Provider Identifier (NPI):

If you are a CNA*/LPN/RN applying for a NPI number, the online application at <https://nppes.cms.hhs.gov> will require the entry of Taxonomy Code to process your request. The following Taxonomy Codes are recommended based on your Provider Type:

CNA: 376K00000X
LPN: 164W00000X
RN: 163W00000X

***NOTE:** A NPI is optional for CNA's at this time and only required if you currently have one.