

TO ENROLL AS A MEDICAID WAIVER PROVIDER IN THE SUNCOAST AREA:

Please complete the Provider Questionnaire on the next page. You must list the Medicaid Waiver services that you would like to provide as well as the education and/or work experience that qualifies you to provide those services. The questionnaire *must* include a complete address, phone number, fax number and email address.

You must have an active email address and access to a computer and printer in order to enroll for required training. Most training materials are sent to participants via email and it is expected that participants print and bring those materials to training.

Questionnaires must be sent to Agency for Persons with Disabilities
Provider Enrollment Unit
1201 102nd Avenue North
St. Petersburg, FL 33716
Attention: David LePere

Alternatively, they can be emailed to david.lepere@apd.state.fl.us or faxed to his attention at (727) 217-7044.

Upon receipt, the Provider Enrollment Unit will review your questionnaire to determine if you meet the minimal educational/work experience requirements for the services you requested to provide. If qualified to provide those services, a letter of invitation to attend the *“Phase I - New Provider Orientation”* class will be sent. Invitation letters must be returned to APD to confirm registration for training.

Please do not send in questionnaires requesting to provide services that are not actively being recruited for on our webpage. If a Waiver service is not listed on our webpage, it is because we currently have sufficient provider capacity to meet the needs of the individuals whom we serve.

