



Dear Colleague:

Please find attached the Office of Developmental Programs' (ODP) *Provider Agreement for Participation in Pennsylvania's Consolidated, Person/Family Directed Support, Community Living Waivers and Adult Autism Waiver ("Waiver Programs")* that will serve as the "Provider Agreement" between providers of waiver-funded services and ODP. This Provider Agreement will have an effective date of January 1, 2020 and will replace the current *Provider Agreement for Participation in Pennsylvania's Consolidated, Community Living, and Person/Family Directed Support Waivers*, in effect from January 1, 2018. This Provider Agreement will replace the current *Medical Assistance Supplemental Provider Agreement* for the Adult Autism Waiver in effect from September of 2008.

Please note that the Provider Agreement contains only minor revisions from the current Agreement for the Consolidated, Community Living, and P/FDS Waivers, with the exception of the effective date and the addition of the Adult Autism Waiver. Condition number two (2) was added to more clearly outline the expectation that providers comply with the approved waivers; including all standards enumerated in the service definition(s), which the provider will be rendering, provider qualification requirements and other requirements established by the Department of Human Services as outlined in the approved waivers. For Adult Autism Waiver providers, the language in the Provider Agreement is significantly different than the *Medical Assistance Supplemental Provider Agreement*, however, the content is similar in nature. All providers are encouraged to read the Provider Agreement closely.

The signed Provider Agreement must be received by ODP **no later than close of business on March 1, 2020**, so that ODP can validate providers as eligible waiver providers effective January 1, 2020. Every waiver provider, including Supports Coordination Organizations (SCO) and Agency With Choice (AWC) providers, must submit the attached Provider Agreement to ODP via email at RA-ODPProvideragreem@pa.gov.

If your organization does not have the ability to submit an electronic signature, the following address must be utilized to submit your signed Provider Agreement:

Department of Human Services
Office of Developmental Programs
Attention: Provider Agreement
625 Forster Street, Room 413
Health and Welfare Building
Harrisburg, Pennsylvania 17120

Each waiver provider shall submit only one (1) Provider Agreement for that legal entity with the original signature of the provider agency's Chief Executive Officer/Director, regardless of the number of services provided or the number of service locations operated by the legal entity.

Thank you for your cooperation and please direct any questions regarding the Provider Agreement to the appropriate ODP Regional Program Manager or email your question to the provider agreement mailbox at ra-ODPProvideragreem@pa.gov.

Sincerely,



Kristin Ahrens
Deputy Secretary

attachment