



Completing and Submitting the Office of Developmental Programs Provider Agreement

The Office of Developmental Programs' (ODP) *Provider Agreement for Participation in Pennsylvania's Consolidated, Community Living and Person/Family Directed Support (P/FDS) Waivers* (Agreement) serves as the agreement between ODP and providers of ODP Waiver-funded services wherein the provider agrees to the conditions of participation in an ODP Waiver program. Every waiver provider must complete an Agreement.

The legal entity of each waiver provider is required to submit only one (1) Agreement for that legal entity, regardless of the number of services provided or the number of service locations operated by the legal entity.

Each Agreement must include the original signature of the provider's Chief Executive Officer/Director, as well as the provider's Master Provider Index (MPI) number on the space provided. If an MPI has not been assigned to the provider at the time of submission of the Agreement, the space may be left blank, and the MPI will be added upon enrollment of the provider's first service location.

Completed Agreements may be submitted to ODP as an attachment via email to:

ra-odpprovideragreement@pa.gov,

Completed Agreements may also be submitted by traditional mail to:

Department of Human Services
Office of Developmental Programs – Intellectual Disability Services
Attention: Provider Enrollment
625 Forster Street Room 413
Health and Welfare Building
Harrisburg, PA 17120

Questions relating to the provider enrollment process may be directed to the ODP Provider Enrollment Unit at ra-odpprovideragreement@pa.gov.

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
OFFICE OF DEVELOPMENTAL PROGRAMS
Provider Agreement for Participation in Pennsylvania’s
Consolidated, Community Living and Person/Family
Directed Support Waivers**

This agreement is effective July, 1, 2011, for purposes of _____
[Provider’s Name]’s (hereinafter “Waiver Provider”) participation in Pennsylvania’s Consolidated,
Community Living and Person/Family Directed Support Waivers.

Whereas, the Department of Human Services (“Department”), Office of Developmental
Programs (“ODP”) administers Pennsylvania’s Consolidated, Community Living and
Person/Family Directed Support (P/FDS) waivers (“Waiver Programs”); and

Whereas, Waiver Provider seeks to provide services to persons eligible to receive waiver
services (“Waiver Participants”); and

Whereas, waiver services are supported by federal and state funds, and ODP must
administer the Waiver Programs consistent with the terms of the Consolidated, Community Living
and P/FDS waivers approved by the Centers for Medicare & Medicaid Services (“CMS”)
 (“approved waivers”);

Now, therefore, Waiver Provider, as a condition of participation in the Waiver Program,
agrees:

1. To comply with the following (collectively, “Waiver Program Standards”): federal
and state statutes and regulations that apply to the Waiver Programs and Waiver Provider, including
but not limited to those governing participation in the Pennsylvania Medical Assistance Program,
confidentiality, and nondiscrimination; the approved waivers; and policy bulletins governing the
Waiver Programs issued by ODP (including but not limited to monitoring of Waiver Provider’s
service delivery and of claims submitted for services delivered); provided, however, that Waiver

Provider does not thereby waive any rights it has under state and federal law relating to the Waiver Program Standards, including but not limited to ODP's interpretation and application of the Waiver Program Standards to Waiver Provider.

2. To deliver waiver services in accordance with the terms of the Individual Support Plans ("ISP") of each individual served by Waiver Provider in a manner that meets professionally recognized standards of care. For the purpose of this paragraph, the ISP is the ISP that is in the possession of Waiver Provider, after Waiver Provider has made good faith efforts to obtain the most current ISP.

3. To provide records, as requested, to the Department, the United States Department of Health and Human Services, the Pennsylvania Office of Attorney General (Medicaid Fraud Control Unit), and other authorized federal and state agencies, or their designees, regarding waiver services delivered and payments received by Waiver Provider.

4. This Agreement shall continue in effect until it is terminated by either provider or the Department upon thirty (30) days prior written notice to the other party or until it is superseded by a new agreement. The notice of termination must state the date of termination.

(Provider signature)

(Date)

(Printed name of signatory)

(Title of signatory)

(Printed name of provider)

(Provider address)

(Federal Employer Identification Number- Federal EIN)

(Telephone number)

(E-mail address)