



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES

APR 13 2018

Dear Colleague:

Please find attached the Office of Developmental Programs' (ODP) *Provider Agreement for Participation in Pennsylvania's Consolidated, Person/Family Directed Support and Community Living Waivers ("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, 2018, and will replace the current *Provider Agreement for Participation in Pennsylvania's Consolidated and Person/Family Directed Support Waivers*, in effect from July 1, 2011.

Please note that the Provider Agreement contains no revisions from the current Agreement, with the exception of the effective date and the addition of the Community Living 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.

The signed Provider Agreement must be received by ODP **no later than close of business on May 1, 2018**, so that ODP can validate providers as eligible waiver providers effective July 1, 2018. 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-odpprovideragreement@pa.gov](mailto:ra-odpprovideragreement@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, PA 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.

Colleague

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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](mailto:ra-odpprovideragreem@pa.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Thaler". The signature is fluid and cursive, with a large initial "N" and a long, sweeping underline.

Nancy Thaler  
Deputy Secretary

attachment