

Provider Closure Notification Form (DP 1061)

ODP Announcement 20-009

AUDIENCE:

Providers of Consolidated, Person/Family Directed Support (P/FDS) and/or Community Living Waiver services and Administrative Entity (AE) Administrators or Directors. Supports Coordination Organizations and Support Service Professionals in the Vendor Fiscal/Employer Agent (VF/EA) model are excluded from these requirements.

PURPOSE:

The Provider Closure Notification Form (DP 1061) is used to ensure that all ODP waiver and system requirements are met for any provider who no longer intends to provide ODP Consolidated, Person/Family Directed Support (P/FDS) and/or Community Living Waiver services. The DP 1061 and its instructions have been updated to comply with 55 Pa Code § 6100 requirements. Additionally, the form has been formatted to be submitted electronically. This new version of the form (11/19) should be used going forward effective immediately.

NOTE: This form **is not** to be used when providers are ONLY discharging individuals. Providers shall adhere to requirements contained in 55 Pa. Code § 6100.304.

With the release of this announcement, ODP Communication Number: 050-17 Provider Closure Notification Form (DP 1061) is obsolete.

DISCUSSION:

The Provider Closure Notification Form (DP 1061) was developed to track and assure that providers who no longer intend to provide Consolidated, Community Living, and P/FDS services meet all ODP waiver and system requirements. This includes ensuring that participants who are receiving services from the closing provider are properly

transferred to a willing and qualified provider of their choice, according to 55 Pa. Code § 6100.303, and that the closing provider is properly removed from the ODP systems, including but not limited to HCSIS and PROMISE.

Providers are required to use the Provider Closure Notification Form (DP 1061) to ensure that ODP and all authorizing AEs are notified of their closing, in accordance with 55 Pa. Code § 6100.304. The 11/19 revised version of the [DP 1061](#) can be found on the forms page of MyODP.org.

COMMENTS relating to the Provider Closure Notification Form (DP 1061) may be directed to the ODP Provider Qualification mailbox at ra-odpproviderqualif@pa.gov