



pennsylvania
DEPARTMENT OF HUMAN SERVICES
OFFICE OF DEVELOPMENTAL PROGRAMS

ODP Workforce Recovery Supplemental Payments

Upon CMS approval, ODP will be releasing **Workforce Recovery Supplemental Payments** to eligible providers who wish to receive them. **Providers are required to complete the following survey to request these payments.**

Questions regarding this submission may be addressed to ra-ratesetting@pa.gov. ODP will release further communication regarding timing of these payments when feedback from CMS has been received.

Please begin the survey now by clicking on the **START** button below.

- * 1. Enter your Master Provider Index (MPI) number (9-digits):

Do not add spaces before or after the 9 digits.

- * 2. Enter Your Agency Name:

3. Enter Your Contact Information:

* First Name

* Last Name

* Email Address

* 4. Enter eligible waiver revenue for the period July 1, 2023 thru December 31, 2023:

\$

* 5. Check the box to agree to the following statements:

Select all that apply.

- If eligible, I wish to receive the supplemental payment as outlined in ODPANN 24-031 *Amendments to the ODP Waivers for Workforce Recovery Supplemental Payments Submitted to CMS and Guidance for Requesting the Payments*
- I am legally authorized to make this request on behalf of the provider entered above.
- I attest that the funds received will be utilized to cover recruitment, retention and any unusual staffing expenses resulting from the COVID-19 pandemic for specific professionals employed by providers as outlined in ODPANN 24-031 *Amendments to the ODP Waivers for Workforce Recovery Supplemental Payments Submitted to CMS and Guidance for Requesting the Payments* and will not be utilized to increase executive compensation in any way.
- I acknowledge that any supplemental payment received will be subject to recoupment if it is identified in a state or federal audit or any other authorized third-party review that the provider has inappropriately billed for services or received duplicative payments for services provided or if expenses were reimbursed by duplicative funding streams.
- I attest that provider will comply with all reporting requirements concerning the use of the supplemental payment and will maintain and produce supporting documentation upon request.

ODP Workforce Recovery Supplemental Payments Survey