



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
P.O. BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

KEVIN FRIEL
Acting Deputy Secretary
Office of Developmental Programs

TELEPHONE NUMBER: (717) 787-3700
FAX: (717) 787-6583

May 5, 2011

Dear Colleague:

Please find attached the Office of Developmental Programs' (ODP) *Provider Agreement for Participation in Pennsylvania's Consolidated and Person/Family Directed Support (P/FDS) waivers* (waiver) that will serve as the statewide "Provider Agreement" between providers of waiver-funded services and ODP, the Department of Human Services, as the Pennsylvania State Medicaid Agency. This Provider Agreement will have an effective date of July 1, 2011, and will replace the current *Provider Agreement for Participation in Pennsylvania's Consolidated and Person/Family Directed Support Waivers*, in effect from July 1, 2009 to June 30, 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 condition number (4) four.

The signed Provider Agreement must be received by ODP **no later than close of business on June 1, 2011**, so that ODP can validate providers as eligible waiver providers effective July 1, 2011. 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@state.pa.us.

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:

Susan K. Ulsh
DHS/Office of Developmental Programs
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

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 service locations. The Administrative Entity (AE) shall ensure waiver providers enter into and maintain a signed Provider Agreement with the Department. Each AE is expected to share information regarding the Provider Agreement requirements with all waiver providers

Colleague

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within its jurisdiction.

Thank you for your cooperation and please direct any questions regarding the Provider Agreement to the appropriate ODP Regional Program Manager.

Sincerely,

A handwritten signature in black ink that reads "Kevin M. Friel". The signature is written in a cursive style with a large, stylized 'K' and 'F'.

Kevin Friel

cc: David Kauffman

Attachment