



MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE

September 18, 1990

EFFECTIVE DATE

July 1, 1990

NUMBER

6000-90-04

SUBJECT:

Provider Agreements Under 2176 Waiver

BY:

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SCOPE:

County Mental Health/Mental Retardation Program Administrators
Base Service Unit Directors
Adult Day Care Centers Directors
Vocational Facility Directors
Community Residential Mental Retardation Facility Directors

PURPOSE:

The purpose of this bulletin is to explain provider agreements under the 2176 Waiver Program for individuals with mental retardation and to explain the responsibilities of the County Mental Health/Mental Retardation Program as the Department's fiscal agent in relation to these agreements.

BACKGROUND:

As a condition of Federal approval of the Department's 2176 Waiver Program for individuals with mental retardation (0147), the Health Care Financing Administration (HCFA) required that the Department of Public Welfare, Office of Mental Retardation, have completed provider agreements for all providers of waiver services. HCFA maintains that provider agreements are necessary under Federal regulations (42 CFR 431.107) to assure accountability in the use of Medical Assistance funding under the waiver program.

As a condition of its five year renewal of the waiver, the Department has agreed to institute provider agreements for all providers of waiver services. County Mental Health and Mental Retardation Programs, as the fiscal agents for the Department under the waiver, are authorized by the Department to assure that provider agreements are in place and to perform related functions specified in this bulletin.

Requests for additional provider agreements should be made to the Regional Office of Mental Retardation, Attention: Regional Waiver Coordinator.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

APPROPRIATE REGIONAL MENTAL RETARDATION PROGRAM MANAGER

POLICY:

PROVIDER AGREEMENTS

\$6000.771. Requirements for provider agreements.

(a) The Office of Mental Retardation will require a completed provider agreement for each provider of waiver services. This includes specialized therapists, providers of respite services, residential and adult day provider agencies, case management providers, County Mental Health/Mental Retardation Programs and Base Service Units providing waiver services to beneficiaries directly. Provider agreements are also required for all families contracting with the County Programs to provide home-based habilitation services, as defined in the waiver renewal.

(b) Provider agreements are not required when habilitation services are provided by a parent of a minor child or a spouse since such services cannot be paid for with waiver funding. When families, such as providers of family living, render services under a sub-contract arrangement with a provider agency, only the provider agency holding the contract with the county needs a provider number. Employees of a contracted agency, such as casemanagers, are also excused from entering into provider agreements.

\$6000.772. Payment of waiver funding.

Payment of waiver funding to a provider without a completed provider agreement is prohibited and is subject to audit exception by the Department. County Programs shall not enter into an agreement with or continue payment to a provider who has been terminated or suspended from participation in the Medical Assistance Program upon such notification by the Department.

\$6000.773. Duration of provider agreement.

The provider agreement is effective for the duration of waiver services being rendered by the provider and does not require renewal, subject to termination or suspension as provided by law.

\$6000.774. Submission process.

The following process shall be followed for all provider agreement submissions:

(1) The County Mental Health/Mental Retardation Program issues three provider agreement forms to all the County's providers of waiver services. Current providers who have rendered waiver services prior to this bulletin's date of issue should be sent the new provider agreement forms for completion as soon as possible. Provider agreements for all providers who rendered waiver services prior to the issue date of this bulletin shall be effective on July 1, 1990. New providers should be sent provider agreements so that the agreement is signed by the provider prior to the rendering of waiver services.

(2) The provider completes the information on the three provider agreement forms and mails the agreements back to the County Mental Health/Mental Retardation Administrator, or designee, for assignment of a provider number. The items to be completed consist of the provider name and address, the provider's Social Security or Federal I.D. number, the provider's signature, and the date of the provider's signature.

(3) The County Mental Health/Mental Retardation Administrator assigns a provider number in accordance with the instructions contained in Section 6000.775 and enters the name of the County Mental Health/Mental Retardation Program on page 2 of the provider agreement. Once a provider number is assigned and the County Program name entered, the County forwards one agreement form to the Regional Office of Mental Retardation, Attention: Regional Waiver Coordinator, one to the provider, and retains one agreement with the County's current service purchase contract for waiver services with the provider.

(4) On receipt of its provider agreement from the County Mental Health/Mental Retardation Administrator, the provider retains the agreement with its current service purchase contract for waiver services with the County Mental Health/Mental Retardation Program.

§6000.775. Assignment of provider number.

(a) The County Mental Health/Mental Retardation Administrator will assign a separate provider number for each provider of waiver services with which the County contracts. A separate waiver provider number also needs to be assigned to the County Mental Health/Mental Retardation Program if the County provides services directly.

(b) The provider number consists of the County Mental Health/Mental Retardation Program prefix indicated in Attachment #1, followed by the provider number. The county prefix corresponds to the county number under Mental Health Bulletin No. 99-85-09, titled "Catchment Area Code Numbers," issued on March 6, 1985.

(c) Provider numbers should be assigned in the order the signed provider agreement is processed by the County Mental Health/Mental Retardation Program. Numbers are to be assigned consecutively, beginning with the number 1 (one). Example: Bucks County uses the county prefix "09." The first provider agreement processed for Bucks County would be assigned number 09-1. The second provider agreement processed would be 09-2, etc. A previously issued Medical Assistance or other provider number may be used for purposes of the waiver provider agreement with prior written approval of the Regional Mental Retardation Program Manager.

(d) The same provider number cannot be assigned to more than one provider. A change in ownership or provider name requires a new provider agreement. A provider number that is terminated or suspended cannot be reassigned to another provider. A provider which renders more than one waiver service only requires one provider number. A provider of waiver services contracting with different County Programs will have a separate provider number with each County Program.

§6000.776. Use of Provider Agreement.

The provider agreement number is used on all waiver service invoices from the provider to the County Mental Health/Mental Retardation Program. County Programs should revise their invoice forms to accommodate the provider agreement number.

§6000.777. Review procedures.

The County Mental Health/Mental Retardation Program is responsible to assure that all providers have a completed provider agreement. Regional Mental Retardation Program staff will review County records and procedures through the quarterly monitoring process.

§6000.778. Termination and suspension of the provider agreement.

(a) Provider agreements under the waiver are subject to termination and suspension due to violations of General Provisions of the Medical Assistance Program under 55 PA Code Chapter 1101.77; revocation, denial, or non-renewal of the provider's license or certification to provide waiver services, and non-compliance with the conditions of the provider's contract for waiver services with the County Mental Health/Mental Retardation Program.

(b) A termination or discontinuance of the contract for waiver services which is not based on provider non-compliance has no bearing on termination of the provider agreement. The County should reserve a provider's agreement number when a discontinued provider is likely to render waiver services for the County in the future.

(c) The County Mental Health/Mental Retardation Program is responsible for notifying the Regional Office of Mental Retardation when a provider has not complied with the conditions of the provider agreement. The Regional Office of Mental Retardation will instruct the County to terminate or suspend the provider agreement based on the Department's review of the County's notification of provider agreement non-compliance or when non-compliance is determined by the Department based on licensing termination or a violation of 55 Pa Code CH. 1101, §1101.77 (relating to provider participation).

(d) Termination of the provider agreement is subject to fair hearing, except in certain situations which warrant automatic termination, such as when the provider has been convicted of Medicaid/Medicare fraud, has otherwise been terminated by Federal authority or has lost its license/approval.

2176 WAIVER PROVIDER AGREEMENT FORM

WAIVER PROVIDER AGREEMENT FORM
NUMBER: 

PROVIDER NAME

SSN OR FED ID NO.

PROVIDER ADDRESS

The Provider named above hereby agrees to participate as provider in the Medicaid home and community Waiver program for persons with mental retardation and that:

1. All services shall be provided only pursuant to a separate contract between the appropriate County Mental Retardation Program and the provider pursuant to the conditions of the waiver grant to the County. All unresolved contract disputes are subject to the requirements of 55 Pa. Code 4300.139(d) (relating to procedures to resolve contract disputes) and to the portions of the Judicial Code relating to the use of arbitration and the jurisdiction of the Courts of Common Pleas.
2. All services shall be in compliance with Department of Public Welfare fiscal regulations for County Mental Health/Mental Retardation programs.
3. Provider shall keep and retain all necessary records to disclose the nature and extent of services provided to persons eligible to receive Waiver services for a period of four years. In the event of any dispute, records shall be preserved until such dispute is finally resolved, or for four years, whichever is later.
4. Provider shall furnish any information relating to services, and payments for such services rendered to waiver recipients, on request, to the Department of Public Welfare, the U.S. Department of Health and Human Services or other authorized agents of the State and Federal agencies, pursuant to the requirements of the Public Welfare Code, 55 Pa. Code Chapter 1101; and Title XIX of the Social Security Act.

Provider hereby certifies under penalty of law that Provider, its agents or employees, have not been suspended or terminated from the Medicare or Medicaid Program.

PROVIDER SIGNATURE

DATE

COUNTY MH/MR PROGRAM NAME

ATTACHMENT 1

MENTAL HEALTH/MENTAL RETARDATION
ADMINISTRATIVE UNITS (BY REGION)2176 WAIVER PROVIDER AGREEMENT
PREFIX

SOUTHEAST REGION (5 UNITS)	
Bucks	09
Chester	15
Delaware	23
Montgomery	46
Philadelphia	51
NORTHEAST REGION (9 UNITS)	
Berks	06
Bradford/Sullivan	08-57
Carbon/Mon/Pike	13-45-52
Lack/Susq/Wayne	35-58-64
Lehigh	39
Luzerne/Wyoming	40-66
Northampton	48
Schuylkill	54
Tioga	59
CENTRAL REGION (14 UNITS)	
Bedford/Somerset	05-56
Blair	07
Cambria	11
Centre	14
Col/Mon/Sny/Union	19-47-55-60
Cumberland	21-50
Dauphin	22
Franklin/Fulton	28-29
Hunt/Miff/Juniata	31-44-34
Lancaster	36
Lebanon	38
Lycoming/Clinton	18-41
Northumberland	49
York/Adams	67-01
WESTERN REGION (17 UNITS)	
Allegheny	02
Armstrong/Ind	03
Beaver	04
Butler	10
Cam/Elk/McK	12-24-42
Clarion	16
Clear/Jefferson	17-33
Crawford	20
Erie	25
Fayette	26
Forest/Warren	27-62
Lawrence	37
Mercer	43
Potter	53
Venango	61
Washington/Greene	63-30
Westmoreland	65