



## Purpose

The Provider Closure Notification Form is used to ensure that all ODP waiver and system requirements are met for any provider who no longer intends to provide ODP Consolidated and/or Person/Family Directed (P/FDS) Waiver services.

Providers who no longer intend to provide ODP Consolidated and/or P/FDS Waiver services are required to provide written notification and to participate in transitioning activities in accordance with 55 Pa Code § 51.31 and the "Provider Agreement for Participation in Pennsylvania's Consolidated and Person/Family Directed Support Waivers". Providers should use the Provider Closure Notification Form to notify the department along with all AEs and SCOs with Individual Support Plan (ISP) authorizations of the intent to discontinue provision of ODP waiver services. Note that the provider should notify waiver participants via a separate letter that meets the requirements of 55 Pa Code § 51.31.

The Provider Closure Notification Form should be completed and used as follows:

1. **PROVIDER:** The provider informs the Assigned AE of the intent to discontinue ODP waiver service provision.
2. **ASSIGNED AE:** The Assigned AE completes Section 1 of the form and forwards it to the provider, using **Attachment #1** and copies the ODP Lead Regional Office.
3. **PROVIDER:** The provider completes Section 2 of the form and forwards it to all authorizing AEs, all SCOs of affected waiver participants, and the ODP Lead Regional Office at least 30 calendar days prior to the projected termination date.
4. **ODP:** Upon receipt of the Provider Closure Notification Form:
  - a. ODP Lead Regional Office:
    - 1) Runs the Provider Service Detail Report to determine the current service authorizations and affected AEs.
    - 2) Completes contact information in Section 3, determines the end-date, as described below, then forwards the form to the Provider Agreement mailbox; ODP Provider Qualification Lead(s) of all regions with authorizing AEs; and, if a licensed service is involved, the Licensing Entity and applicable Waiver Capacity Manager(s).
      - If there are no current service authorizations, the end-date is the provider's effective termination date.
      - If there are current service authorizations, the end-date is extended 30 calendar days beyond the provider's effective termination date, to assure that transitioning of waiver participants has been successfully completed prior to the end-date, at the discretion of the ODP Region in collaboration with ODP Central Office.
        - Note that this does not replace an SC's responsibility to end-date plans. SCs are still responsible to update ISPs to reflect transitioning activities.
    - 3) Sends response to provider and copies all authorizing AEs and corresponding ODP Regional Office Provider Qualification Leads (**Attachment #2**).
  - b. ODP Central Office:
    - 1) Runs the Service Impact Report to determine the impact of end-dating the provider's service offerings; and
    - 2) Pre-sets HCSIS to end-date provider service offerings, service contracts, and services on plans, based on the effective service end date provided by the ODP Regional Lead.
      - The ODP Region and Central Office may elect not to pre-set the end date based upon the results of the Service Impact Report.
5. **AUTHORIZING AE(s):** Upon receipt of Attachment # 2 from ODP, authorizing AEs notify all SCOs with authorizations on ISPs of affected waiver participants to begin transitioning activities.
6. **ODP:** After the service end-date in HCSIS has elapsed, the ODP Regional Lead:
  - a. Runs a Provider Service Detail Report to confirm that the services have been end-dated;
  - b. Marks the provider's services as "Not Qualified" in HCSIS;
  - c. Notes the date that the provider's services were marked "Not Qualified" in Section 3 of the form; and
  - d. Forwards the form to the ODP Provider Agreement mailbox ([RA-odpprovideragreement@pa.gov](mailto:RA-odpprovideragreement@pa.gov)).
7. **ODP:** Upon receipt of the finalized form, ODP Central Office:
  - a. Removes the provider's information from HCSIS and PROMISE;
  - b. Forwards the form to the rate-setting mailbox for end-dating of the rates;
  - c. Notifies the appropriate licensing entity, if applicable;
  - d. Enters information onto the ODP Central Office tracking spreadsheet; and
  - e. Posts the Provider Closure Notification Form along with the tracking spreadsheet onto Docushare.



# Provider Closure Notification Form

## SECTION 1: ADMINISTRATIVE ENTITY CONTACT INFORMATION

Assigned AE:	CONTACT NAME:
PHONE #:	EMAIL ADDRESS:

Assigned AE completes Section 1 of the form and emails it to the provider, using Attachment #1, and copies the ODP Lead Regional Office Provider Qualification contact(s).

## SECTION 2: PROVIDER INFORMATION

LEGAL ENTITY NAME:	EFFECTIVE TERMINATION DATE:	MPI #:
CONTACT NAME:	PHONE #:	EMAIL ADDRESS:
CAO/PRESIDENT (IF DIFFERENT FROM CONTACT NAME):	PHONE #:	EMAIL ADDRESS:

BUSINESS ADDRESS (CITY, STATE, ZIP CODE):

☐ YES ☐ NO 1. Is the provider currently rendering ODP waiver services?

☐ YES ☐ NO 2. Does the organization plan to continue waiver service provision with a different FEIN or MPI?  
For example, an agency is bought out by another agency or an agency changes from an LLC to an INC.  
If YES, enter the new MPI# and agency name. If not available, enter the FEIN:

3. Provider is discontinuing waiver service provision for the following reasons:

4. CEO's handwritten or electronic signature below indicates that the organization attests to the following:

- Notification of the effective termination date has been/will be provided to each participant, their SC, ODP, and each authorizing AE, in accordance with 55 PA Code § 51.155 (Provider closure requirements).
- The department, the department's designee, and the SC will be notified of any issues preventing transition of any participant to another provider by the effective termination date, at least seven calendar days in advance of the termination date.
- Claims can only be submitted for services provided up to the authorization end date.
- ODP will terminate the Provider Agreement for Participation in Pennsylvania's Consolidated and Person/Family Directed Support Waivers and will dis-enroll ODP waiver services from HCSIS and PROMISE™, including but not limited to end-dating of provider service offerings, service contracts, and services on plans, and marking waiver services as "Not Qualified."
- A provider may re-enroll as an ODP waiver service provider at any time following ODP's provider enrollment process.

CEO Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider emails completed form to ODP Lead Regional Office, all authorizing AEs, all SCOs of affected waiver participants, and the ODP Lead Regional Office Provider Qualification contact(s) cc'd on Attachment 1.

## SECTION 3: ODP REGIONAL OFFICE INFORMATION

ODP REGIONAL OFFICE:	CONTACT NAME:	
DATE FORM RECEIVED FROM PROVIDER:	EFFECTIVE SERVICE END-DATE:	DATE SERVICES MARKED "NOT QUALIFIED":

The ODP Lead Regional Office completes contact information in Section 3, determines the end-date, then emails the form to the Provider Agreement mailbox; ODP Provider Qualification Lead(s) of all regions with authorizing AEs; and, if a licensed service is involved, the Licensing Entity and applicable Waiver Capacity Manager(s).

After the services have been marked "Not Qualified," the ODP Lead Regional Office forwards the completed form to the Provider Agreement mailbox.



## Attachment 1 - Email from AE to Provider

Dear Provider <Legal Entity Name & MPI #>:

Thank you for notifying us that your organization no longer intends to provide ODP Consolidated and/or Person/Family Directed (P/FDS) Waiver services as of <DATE>. To finish the closure process, complete Section 2 of the Provider Closure Notification Form, as follows:

- Carefully read the instructions on the form and fill in all applicable information.  
An incomplete form may delay the termination date.
- Ensure that the CEO signs the form.
- Should any issues arise that may prevent transitioning of individuals by the effective termination date, you must notify the ODP Lead Regional Office and all AEs and SCOs with authorizations, at least seven calendar days in advance. Note that claims can only be billed for services provided up to the end date of the authorizations.
- Email the completed form to the Assigned AE contact <NAME> at <EMAIL ADDRESS>, all authorizing AEs, SCOs, and the ODP Regional Office Provider Qualification Lead, <NAME> at <EMAIL ADDRESS>, at least 30 calendar days prior to the effective termination date.

Sincerely,

Assigned AE

cc: ODP Lead Regional Office Provider Qualification Contact(s)



## Attachment 2 - Email (letter) from ODP Regional Office to Provider

Dear Provider:

This letter is in response to the Provider Closure Notification Form that you submitted on **<DATE>**. We would like to take this opportunity to thank you for the service you have provided to individuals with an intellectual or developmental disability in Pennsylvania.

You have stated that your effective termination date is **<DATE>**. We ask that you please make certain that you work with applicable AEs and SCOs to ensure a smooth transition of all waiver participants, in accordance with 55 Pa Code § 51.31. The following AEs have been determined to have open authorizations with your organization:

- AE
- AE

Please be aware that these AEs will notify the appropriate SCOs that planning activities for the transition of waiver participants to another willing and qualified provider shall begin with participants, families, and Individual Support Plan (ISP) teams, effective immediately.

Also, ODP will:

- End-date all service authorizations on **<SERVICE END DATE>**;
- Mark your provider qualification application as “Not Qualified”;
- Remove your ODP waiver services from HCSIS and PROMISe™; and
- Terminate your Provider Agreement for Participation in Pennsylvania’s Consolidated and Person/Family Directed Support Waivers.

Should any issues arise that may prevent transitioning of individuals by the effective termination date, you must notify the ODP Regional Lead and all applicable AEs and SCOs. Note that claims can only be billed for services provided up to the end date of the authorizations.

We appreciate your attention to the above information. If you have any questions please contact me at **<EMAIL>** or **<PHONE #>**.

Sincerely,

ODP Regional Provider Qualification Lead

cc: Authorizing AEs  
ODP Provider Qualification Lead(s) of all regions with authorizing AEs