Supplemental Grant Agreement

THIS AGREEMENT made this _______ day of __________________, between the Office of Mental Retardation, Department of Public Welfare, hereinafter referred to as “Department,” and the _______________ County Mental Health and Mental Retardation Program, hereinafter referred to as the “county.”

WITNESSETH:

WHEREAS, the county is responsible for providing community mental retardation services pursuant to the Mental Health and Mental Retardation Act of 1966; and

WHEREAS, authorization has been given for a Person/Family Directed Support Waiver as a result of federal approval under Section 1915(c) of the Social Security Act; and

WHEREAS, Federal approval was conditioned on assurances that the expenditure of funds be governed by the criteria set forth below.

NOW, THEREFORE, the parties intending to be legally bound agree as follows:

1. Subject to legislative funding approval, the Department will allocate Medicaid waiver funding to the county’s approved fiscal year community mental retardation allocation.

2. Allocation of Medicaid waiver funding is conditional upon the county program’s compliance with the Supplemental Grant Conditions, Appendix A.

3. Changes or corrections in written policies and procedures under this waiver project shall be effective only as of the dates mentioned therein.

4. This agreement shall remain in full force and effect as an integral part of the Department’s funding obligation for the county’s annual statutory grant for community mental retardation services until superseded by another agreement or amendment to this agreement.

Department of Public Welfare

Nancy R. Thaler
Deputy Secretary
For Mental Retardation

County Authority

Signature(s)