

Network Partner Agreement Letter

Date

This is to confirm that _____ (name of network partner/organization), located at _____ (address of network partner/organization), has agreed to be a provider in the network of **LIFEPlan CCO NY**.

As a member of the network, _____ (name of network partner/organization) will receive referrals and provide services (e.g., behavioral health, physical health, social and community supports, specialty children's services, developmental disability services, and other long term supports and services) and collaborate and support the work of the CCO/HH care managers who will develop Life Plans for individuals with intellectual and/or developmental disabilities who will be enrolled in and receive Health Home Care Management through **LIFEPlan CCO NY**.

Name of Network
Partner/Organization: Signature
of Authorized Representative:
Printed/Typed Name:
Title:

LIFEPlan CCO NY

Signature of Authorized Representative: *Nicholas Cappoletti*
Printed/Typed Name: **Nick Cappoletti**
Title: **CEO**