

**Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, and Base-Funded  
Service Definitions Chart**

<b>Service Name</b>	<b>Service Description</b>	<b>Transaction Code</b>	<b>Modifier</b>	<b>Unit</b>	<b>Funding</b>	<b>ISO/Payment Agent</b>
Home and Community Services	Direct service and services to meet regulatory requirements and/or contract conditions provided in home and community settings to assist individuals in acquiring, retaining, and improving self-help, socialization, and adaptive skills. For the most part, these services differ only with respect to setting or regulatory or contract requirements. These services can only be provided when the administrative entity determines they are necessary to prevent institutionalization.					
Rate Base and Modifiers	Modifiers enable services to be individualized through varying staff-to-individual ratios and program content. Individuals and families have increased program options from which to choose and levels of service are available to adequately address individuals' health and welfare needs and/or to achieve the purpose of the provision of the service.					
<b>Home and Community Habilitation</b>	This is a direct service that may be made available to individuals in their own home or in other residential or community settings not subject to licensing regulations. Recreation is not an eligible service. Entrance fees to events and membership fees are not covered. Camp day or overnight can only be provided under respite. Waiver-funded home and community habilitation services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.				Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst dispersal @ 90/10	Individual – Yes Agency – No
Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:6.	W7057		15 minutes		
Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	W7058		15 minutes		
Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	W7059		15 minutes		

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Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	W7060		15 minutes		
Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	W7061		15 minutes		
<b>Licensed Day Habilitation Services – Adult Training Facilities (Title 55, Chapter 2380)</b>	This service is made available to individuals in Adult Training Facilities. Waiver-funded licensed day habilitation services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.				Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No
Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:6.	W7072		15 minutes		
Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	W7073		15 minutes		
Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	W7074		15 minutes		
Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	W7075		15 minutes		
Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	W7076		15 minutes		
<b>Licensed Day Habilitation Services – Older Adult Day Service (Title 6, Chapter 11)</b>	This service is made available to older individuals with mental retardation in licensed Older Adult Day services. Waiver-funded Older Adult Day services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.	W7094		15 minutes	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No

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<b>Prevocational Services (Title 55, Chapter 2390) Vocational Facilities</b>	This service is made available to individuals in a licensed vocational facility. Handicapped employment as defined in Title 55, Chapter 2390 is not a service that is eligible through the waivers. Waiver-funded prevocational services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.				Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No
Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:15.	W7087		15 minutes		
Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:15 to 1:7.5.	W7088		15 minutes		
Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:7.5 to >1:1.	W7089		15 minutes		
Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	W7090		15 minutes		
Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	W7091		15 minutes		

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<b>Personal Support Services</b>	Direct and indirect services to meet contractual requirements to people with mental retardation who are self-directing their services through either employer authority (hiring/managing workers) or budget authority (determining worker salaries, shifting funds between approved services and/or providers). Services are provided to assist people in planning, organizing, and managing community resources and supports. Waiver-funded personal support services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.	W7096		15 minutes	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	Yes
<b>Residential Habilitation</b>	Direct and indirect services to meet regulatory requirements and waiver contract and agreement conditions, provided in licensed residential settings. Services are provided to assist individuals in acquiring, retaining, and improving self-help, socialization, and adaptive skills. Services under codes W7097 through W7227 are residential services that differ in setting and regulatory requirements. All licensed homes must be integrated and dispersed in the community; homes on campuses are not eligible for waiver funding. All homes must be located in Pennsylvania. Licensed Residential Home and Community Habilitation may <b>not</b> be provided in Domiciliary Care Homes and Personal Care Homes. <b>Rate Setting Methodology:</b> Rates are based on the individual's needs and may be unique to each person in the setting.			½ month (11 to 21 days equals one ½ month)	Consolidated, Base @ 90/10	No

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<b>Child Residential Services (Residential section of Title 55, Chapter 3800)</b>	The Title 55, Chapter 3800 services that may be funded through the Consolidated Waiver are limited to residential service settings. Child residential services provided in secure settings, detention centers, and residential treatment facilities accredited by JCAHO may <b>not</b> be funded through the Consolidated Waiver.				Consolidated, Base @ 90/10	No
Eligible	Child residential service costs that are eligible for Consolidated Waiver funding.	W7097		½ month (11 to 21 days equals one ½ month)		
Ineligible	Child residential service costs that are not eligible for Consolidated Waiver funding.	W7098		½ month (11 to 21 days equals one ½ month)		
<b>Community Residential Rehabilitation Services for the Mentally Ill (Title 55, Chapter 5310)</b>	CRRS are characterized as transitional residential programs in community settings for people with chronic psychiatric disabilities. This service is full-care CRRS for adults with mental retardation and mental illness. Full-care CRRS for adults is a program that provides living accommodations for people who are psychiatrically disabled and display severe community adjustment problems. A full range of personal assistance and psychological rehabilitation is provided for individuals in a structured living environment. <b>Host homes are excluded.</b>				Consolidated, Base @ 90/10	No
Eligible	Community residential rehabilitation service costs that are eligible for Consolidated Waiver funding.	W7202		½ month (11 to 21 days equals one ½ month)		

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Ineligible	Community residential rehabilitation service costs that are not eligible for Consolidated Waiver funding.	W7203		½ month (11 to 21 days equals one ½ month)		
<b>Family Living Homes (Title 55, Chapter 6500)</b>	Family Living Homes provide for lifesharing arrangements. People live in host family homes and are encouraged to become contributing members of the family unit. Family living arrangements are chosen by people and families in conjunction with host families and in accordance with the person's needs. Licensed Family Living Homes are limited to homes in which there are no more than two individuals living with mental retardation who are not family members or relatives of family members.				Consolidated, Base @ 90/10	No
<b>Adult Family Living</b>						
Eligible	Family living service costs that are eligible for Consolidated Waiver funding.	W7208		½ month (11 to 21 days equals one ½ month)		
Ineligible	Family living service costs that are not eligible for Consolidated Waiver funding.	W7209		½ month (11 to 21 days equals one ½ month)		
<b>Child Family Living</b>						
Eligible	Family living service costs that are eligible for Consolidated Waiver funding.	W7214		½ month (11 to 21 days equals one ½ month)		

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Ineligible	Family living service costs that are not eligible for Consolidated Waiver funding.	W7215		½ month (11 to 21 days equals one ½ month)		
<b>Community Homes for People with Mental Retardation (Title 55, Chapter 6400)</b>	A licensed community home is a home licensed under Title 55, Chapter 6400 where services are provided to people with mental retardation. A community home is defined in regulations as, "A building or separate dwelling unit in which residential care is provided to one or more individuals with mental retardation...." The 55 PA Code Chapter 6400 services that may be funded through the waiver are limited to licensed settings established on or before January 1, 1996, with a licensed capacity of ten (10) or fewer residents, and to licensed setting established on or after January 1, 1996, with a licensed capacity of four (4) or fewer residents.				Consolidated, Base @ 90/10	No
Eligible	Community residential service costs that are eligible for Consolidated Waiver funding.	W7220		½ month (11 to 21 days equals one ½ month)		
Ineligible	Community residential service costs that are not eligible for Consolidated Waiver funding.	W7221		½ month (11 to 21 days equals one ½ month)		

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<b>Residential Habilitation – Unlicensed Homes</b>	Direct services to meet contract conditions provided to people who live in provider-owned, leased, rented, or family living homes that do not require licensure because they serve three or fewer individuals who are 18 years of age or older and who need a yearly average of 30 hours or less of direct habilitation service per week per home. The service is provided to assist people with mental retardation in acquiring, retaining, and improving self-help, domestic, socialization, and adaptive skills.				Consolidated, Base @ 90/10	No
Eligible	Unlicensed community residential service costs that are eligible for Consolidated Waiver funding.	W7226		½ month (11 to 21 days equals one ½		
Ineligible	Unlicensed community residential service costs that are not eligible for Consolidated Waiver funding.	W7227		½ month (11 to 21 days equals one ½		
<b>Supported Employment Services</b>	Direct and indirect services that must meet contractual requirements provided in community employment work sites with coworkers who are not disabled. The purpose of Supported Employment Services is to find and support people with mental retardation in competitive jobs of their choice. People must receive minimum wage or higher. Waiver-funded supported employment services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.				Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	Yes – Individual, No – Agency

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<b>Job Finding/Job Support</b>	Services directed towards supporting individuals in transition to integrated competitive employment through work that occurs in a location other than a facility subject to Title 55, Chapter 2390. The provision of the service is at a maximum staff to individual ratio of 1:20.	W7235		15 minutes		
<b>Transitional Work Services</b>	Services directed towards supporting people with mental retardation in transition to integrated, competitive employment through work that takes place in a location other than a facility subject to Title 55, Chapter 2380 or Chapter 2390. Transitional work service options include mobile work force, work station in industry, affirmative industry, and enclave. Waiver-funded transitional work services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.				Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No
Base Staff Support	The provision of the service at a staff-to-individual ratio range of <1:10 to >1:6.	W7237		15 minutes		
Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	W7239		15 minutes		
Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	W7241		15 minutes		
Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	W7243		15 minutes		
Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	W7245		15 minutes		

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<b>Respite Services</b>	Direct services to meet regulatory and/or contractual requirements that are provided to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. Respite services do not cover the care provided to a minor child when the primary caregiver or legally responsible individual is absent due to work. Services are limited to people residing in their own (unlicensed) home or the (unlicensed) home of a relative, friend, or other family. Waiver-funded respite services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office. Overnight respite is limited to 4 weeks (28 days) per individual per fiscal year, except when extended by an ODP Regional Office waiver. Temporary respite is recommended at a maximum of four sessions per month, but this limit may be adjusted by the Administrative Entity based on individual needs.				Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	
<b>Respite – In-home, 24 Hours</b>	This service is provided in segments of 24-hour units and includes overnight care. This service is provided in the private homes of people with mental retardation or the private homes of their family or friends. The service may also be provided in other unlicensed homes acceptable to individuals/families and subject to provider qualification criteria.					Yes – Individual, No – Agency
Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	W7247		Day		
Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	W7248		Day		
Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	W7249		Day		

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Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	W7250		Day		
<b>Respite – In-home, 15 minutes</b>	This service is provided on a less than 24-hour overnight basis. This service is provided in the private homes of people with mental retardation or the private homes of their family or friends. The service may also be provided in other unlicensed homes acceptable to individuals/families and subject to provider qualification criteria.					Yes – Individual, No – Agency
Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	W7255		15 minutes		
Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	W7256		15 minutes		
Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	W7257		15 minutes		
Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	W7258		15 minutes		
<b>Respite – Out-of-Home, 24 hours</b>	This service is provided in segments of 24-hour units and includes overnight care. This service is provided in licensed (3800, 5310, 6400, 6500) residential homes.					No
Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	W7259		Day		
Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	W7260		Day		
Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	W7261		Day		

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Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	W7262		Day		
<b>Respite – Out-of-Home, 15 minutes</b>	This service is provided on a less than 24-hour overnight basis in licensed (3800, 5310, 6400, 6500) residential homes.					No
Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	W7267		15 minutes		
Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	W7268		15 minutes		
Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	W7269		15 minutes		
Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	W7270		15 minutes		
<b>Transportation Service</b>	Direct services to meet regulatory and/or contractual requirements to provide transportation to people with mental retardation. The purpose of transportation services is to enable people to access services and activities in accordance with their approved individual support plans. Waiver-funded transportation services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.				Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	Yes

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<b>Transportation (Mile)</b>	Transportation by providers, family members, and other licensed drivers for using vehicles to transport the person to services or activities specified in the person's approved individual support plan. The reimbursement rate may not exceed the mileage reimbursement rate established by the Department of Public Welfare for its employees. When transportation is provided to more than one person at a time, the total number of units of service provided are equitably divided among the people for whom transportation is being provided. Mileage reimbursement to providers is limited to situations where transportation costs are not included in the provider's rate for other services.	W7271		Per mile		
<b>Public Transportation</b>	Public transportation costs to enable people with mental retardation in accessing services and activities specified in the person's approved individual support plan.	W7272		Outcome based		
<b>Transportation (per diem)</b>	Non-emergency transportation provided to people with mental retardation by provider agencies, in order to enable people to access services and activities specified in the person's approved individual support plan. These costs are prorated by the usage for people receiving waiver services when vehicles are also used for accessing services and activities for people who are not waiver participants.	W7273		Day		
<b>Transportation (trip)</b>	Transportation services provided to people with mental retardation for which costs are determined on a per trip basis. Trip reimbursement to providers is limited to situations where transportation costs are not included in the provider's rate for other services.					
<b>Zone 1</b>	A defined geographical area that is the shortest distance from the service site.	W7274		Per trip (one way)		

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Zone 2	A defined geographical area that represents a middle distance from the service site.	W7275		Per trip (one way)		
Zone 3	A defined geographical area that is the longest distance from the service site.	W7276		Per trip (one way)		
<b>Home Finding</b>	Direct services provided in accordance with contractual requirements to assist a person with mental retardation to locate and maintain a home, such as assistance in financial planning, arranging for or moving utility hook-ups, managing home responsibilities, arranging for home modifications and repairs, making monthly payments, and purchasing home security devices such as beepers which are necessary to ensure the individual's health and well-being.	W7277		15 minutes	Consolidated, Base @ 90/10	Yes
<b>Environmental Accessibility Adaptations (Vehicles)</b>	Adaptations to vehicles for improved access and/or safety for people with mental retardation. Maximum state participation for vehicle and home adaptations is limited to \$20,000 per household.	W7278		Outcome based	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	Yes
<b>Environmental Accessibility Adaptations (Homes)</b>	Adaptations to homes for improved access and/or safety for people with mental retardation. Maximum state participation for vehicle and home adaptations is limited to \$20,000 per household.	W7279		Outcome based	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	Yes
<b>Adaptive Appliances/ Equipment</b>	The purchase or modification of adaptive appliances or equipment for increased functional involvement of people with mental retardation in their activities of daily living.	W7280		Outcome based	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	Yes
<b>Permanency Planning Services</b>	Direct and indirect services that meet regulatory and contractual requirements to assist children (18 years of age or younger) with mental retardation to live in families that offer continuity of relationships. <b>This service is not eligible in the P/FDS Waiver.</b>	W7281		15 minutes	Consolidated, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	Yes – Individual, No – Agency

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<b>Homemaker/ Chore</b>	Indirect services including household cleaning and maintenance and homemaker activities. This service may only be provided when the person, or anyone else in the household is incapable of performing or financially providing for the function; and no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. This service is limited to \$2,000 per person per fiscal year.	W7283		Hour	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	Yes
<b>Education Support Services</b>	Support, in the form of payment, for education courses and training to the extent that they are not available under a program funded by the Individuals with Disabilities Education Act (IDEA).	W7284		Outcome based	Consolidated, Base @ 90/10	Yes
<b>Respite - Camp</b>	Direct services to meet contractual requirements that are provided in camp settings to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. Services are limited to people residing in their own home or the home of a relative, friend or other family. Waiver-funded respite services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.				Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	Yes
<b>Respite – Overnight Camp</b>	This service is provided in 24-hour segments in residential camp settings. Respite in overnight camps is not contingent upon an emergency situation. This service is limited to 4 weeks (28 days) of 24-hour overnight respite per individual in a period of one fiscal year except when extended by an ODP Regional Office waiver pursuant to Family Resource Services Regulations.	W7285		Day		

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<b>Respite – Day Camp</b>	This service is provided in segments of less than 24-hours in day camp settings. Respite in day camps is not contingent upon an emergency situation. This service is limited to 4 sessions per individual per month, but this limit may be adjusted by the Administrative Entity based on individual needs.	W7286		15 minutes		
<b>Family Driven-Support Services</b>	Family Driven-Support Services (FD-FSS) are designed to offer a variety of services to the person with mental retardation or their family for the purpose of enabling the person to remain with his/her family in a community setting or to maintain independence in a community setting.					
<b>Respite – Out of home, 24 hours (Medical Environment)</b>	Direct services that are provided in 24-hour segments to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. Services are limited to people residing in their own home or the home of a relative, friend, or other family. <b>This service may be provided in general hospital or nursing home settings, when there is a documented medical need and the Administrative Entity Administrator/Director approves the respite care in a medical facility.</b> Overnight respite is limited to 4 weeks (28 days) per individual per fiscal year, except when extended by an ODP Regional Office waiver.				Base @ 90/10	Yes – Individual, No – Agency
Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	W7287		Day		
Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	W7288		Day		
Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	W7289		Day		

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Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	W7290		Day		
<b>Respite – Out of home, 15 minutes (Medical Environment)</b>	Direct services that are provided in segments of less than 24 hours to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. Services are limited to people residing in their own home or the home of a relative, friend, or other family. <b>This service may be provided in general hospital or nursing home settings, when there is a documented medical need and the Administrative Entity Administrator/Director approves the respite care in a medical facility.</b> Temporary respite is limited to a recommended four sessions per month, but this limit may be adjusted by the Administrative Entity based on individual needs.				Base @ 90/10	Yes – Individual, No – Agency
Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	W7301		15 minutes		
Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	W7302		15 minutes		
Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	W7303		15 minutes		
Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	W7304		15 minutes		

**Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, and Base-Funded  
Service Definitions Chart**

Service Name	Service Description	Transaction Code	Modifier	Unit	Funding	ISO/Payment Agent
<b>Support (Medical Environment)</b>	This service may be made available to individuals in their own home or in other residential or community settings. <b>This service may be provided in general hospital or nursing home settings, when there is a documented medical need and the Administrative Entity Administrator/Director approves the habilitation in a medical facility.</b> Camp day or overnight can only be provided under respite.				Base @ 90/10	Yes – Individual, No – Agency
Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:6.	W7305		15 minutes		
Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	W7306		15 minutes		
Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	W7307		15 minutes		
Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	W7308		15 minutes		
Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	W7309		15 minutes		
<b>Family Aide</b>	Direct services that are provided in segments of less than 24 hours to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. The family aide may also be responsible for the care and supervision of family members other than the family member with mental retardation.				Base @ 90/10	Yes – Individual, No – Agency
Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:6.	W7310		15 minutes		
Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	W7311		15 minutes		

**Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, and Base-Funded  
Service Definitions Chart**

<b>Service Name</b>	<b>Service Description</b>	<b>Transaction Code</b>	<b>Modifier</b>	<b>Unit</b>	<b>Funding</b>	<b>ISO/Payment Agent</b>
Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	W7312		15 minutes		
Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	W7313		15 minutes		
Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	W7314		15 minutes		
<b>Special Diet Preparation</b>	This service provides people with mental retardation with assistance in the planning or preparation of meals when needed due to a significant modification to a routine diet.	W7315		Outcome based	Base @ 90/10	Yes – Individual, No – Agency
<b>Recreation/ Leisure Time Activities</b>	This service is provided to enable people with mental retardation to participate in regular community activities that are recreational or leisure in nature.	W7316		Outcome based	Base @ 90/10	Yes
<b>Home Rehabilitation</b>	This service provides for minor renovations to a person's or family's home to enable the continued care and support of the person with mental retardation in the home.	W7317		Outcome based	Base @ 90/10	Yes – Individual, No – Agency
<b>Intermediary Service Organization (ISO), Vendor Fiscal/Employer Agent</b>	An indirect service that must meet policy and contractual requirements that facilitates people with mental retardation and/or their representatives in the direct employment and management of qualified support service workers and vendors of their choice. This service may be provided by Vendor Fiscal/Employer Agent ISO's on contract with Administrative Entities until March 31, 2008.	W7318		Per month	Base @ 90/10	N/A
<b>Intermediary Service Organization (ISO), Agency with Choice</b>	An indirect service that must meet policy and contractual requirements that facilitates people with mental retardation and/or their representatives in the employment and management of qualified support service workers and vendors of their choice.	W7319		Per month	Base @ 90/10	N/A

**Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, and Base-Funded  
Service Definitions Chart**

<b>Service Name</b>	<b>Service Description</b>	<b>Transaction Code</b>	<b>Modifier</b>	<b>Unit</b>	<b>Funding</b>	<b>ISO/Payment Agent</b>
<b>FSS/Consumer Payment</b>	This is an indirect service to allow cash and/or voucher payments to individuals and families for Family Supports Services.	W7320		Dollar	Base @ 90/10	Yes
<b>Visual/Mobility Therapy</b>	Evaluation and consultation for people with mental retardation who are blind or have visual impairments. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded therapy services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	W7246		15 minutes	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No
<b>Physical Therapy</b>	Waiver service not otherwise specified. Service delivered under an outpatient physical therapy plan of care. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded therapy services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	T2025	GP	15 minutes	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No

**Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, and Base-Funded  
Service Definitions Chart**

<b>Service Name</b>	<b>Service Description</b>	<b>Transaction Code</b>	<b>Modifier</b>	<b>Unit</b>	<b>Funding</b>	<b>ISO/Payment Agent</b>
<b>Occupational Therapy</b>	Waiver service not otherwise specified. Service delivered under an outpatient occupational therapy plan of care. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded therapy services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	T2025	GO	15 minutes	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No
<b>Speech and Language Therapy</b>	Waiver service not otherwise specified. Service delivered under an outpatient speech/language therapy plan of care. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded therapy services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	T2025	GN	15 minutes	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No
<b>Nursing Service – RN</b>	Waiver service not otherwise specified. This service consists of consultation and training within scope of practice. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	T2025	TD	15 minutes	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No

**Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, and Base-Funded  
Service Definitions Chart**

<b>Service Name</b>	<b>Service Description</b>	<b>Transaction Code</b>	<b>Modifier</b>	<b>Unit</b>	<b>Funding</b>	<b>ISO/Payment Agent</b>
<b>Nursing Service – LPN</b>	Waiver service not otherwise specified. This service consists of consultation and training within scope of practice. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	T2025	TE	15 minutes	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No
<b>Nursing Service</b>	RN Morning. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	T2025	UF (6 hours) and TD	6 hours	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No
<b>Nursing Service</b>	RN Afternoon. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	T2025	UG (6 hours) and TD	6 hours	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No

**Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, and Base-Funded  
Service Definitions Chart**

<b>Service Name</b>	<b>Service Description</b>	<b>Transaction Code</b>	<b>Modifier</b>	<b>Unit</b>	<b>Funding</b>	<b>ISO/Payment Agent</b>
<b>Nursing Service</b>	RN Evening. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	T2025	UH (6 hours) and TD	6 hours	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No
<b>Nursing Service</b>	RN Night. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	T2025	UJ (6 hours) and TD	6 hours	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No
<b>Nursing Service</b>	LPN Morning. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	T2025	UF (6 hours) and TE	6 hours	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No

**Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, and Base-Funded  
Service Definitions Chart**

<b>Service Name</b>	<b>Service Description</b>	<b>Transaction Code</b>	<b>Modifier</b>	<b>Unit</b>	<b>Funding</b>	<b>ISO/Payment Agent</b>
<b>Nursing Service</b>	LPN Afternoon. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	T2025	UG (6 hours) and TE	6 hours	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No
<b>Nursing Service</b>	LPN Evening. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	T2025	UH (6 hours) and TE	6 hours	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No
<b>Nursing Service</b>	LPN Night. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	T2025	UJ (6 hours) and TE	6 hours	Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No

**Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, and Base-Funded  
Service Definitions Chart**

<b>Service Name</b>	<b>Service Description</b>	<b>Transaction Code</b>	<b>Modifier</b>	<b>Unit</b>	<b>Funding</b>	<b>ISO/Payment Agent</b>
<b>Behavior Therapy</b>	The treatment by psychological means of the problem of an emotional nature in which a trained person deliberately establishes a professional relationship with an individual, in an attempt to alleviate the emotional disturbance(s), reverse or change maladaptive patterns of behavior, and promote positive personality growth and development. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded therapy services may be provided by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.				Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10	No
<b>Individual Behavior Therapy</b>	Individual therapy which consists of insight-oriented, behavior modifying and/or support in an office or outpatient facility. The service consists of 20 to 30 minutes of face-to-face contact with the person with mental retardation.	T2025	HE	15 minutes		
<b>Group Behavior Therapy</b>	Interactive group psychotherapy. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided.	T2025	HE, HQ	15 minutes		