



DEVELOPMENTAL PROGRAMS BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

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May 1, 2007


EFFECTIVE DATE
July 1, 2007

NUMBER
00-07-03

SUBJECT:

Revised Service Definitions

BY:


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SCOPE:

Administrative Entity Administrators/Directors
Supports Coordination Entity Directors
Providers of Mental Retardation Services

PURPOSE:

The purpose of this bulletin is to distribute new service definitions to reflect changes made as a result of the renewal of the Consolidated Waiver. These changes include service additions, the consolidation of some services, and the separation of others. The bulletin also includes a new unit for licensed day services.

BACKGROUND:

On December 31, 2003, in preparation for HCSIS/PROMISe billing, the Office of Developmental Programs (ODP) disseminated service definitions under MR Bulletin 00-03-12, entitled "*Service Definitions and Procedure Codes for Healthcare and Non-Healthcare Waiver and Base Services*". The healthcare related codes were updated on September 3, 2004, under MR Bulletin 00-04-10, entitled "*Service Definitions and Procedure Codes for Healthcare Waiver and Base Services*". ODP revised the service definitions effective July 1, 2006, to include one rate per service to facilitate standardized rate setting. These revised service definitions were published under MR Bulletin 00-06-04, "*Revised Units for Service Definitions*".

On December 23, 2006, the Centers for Medicare and Medicaid Services (CMS) approved the renewal of the Consolidated Waiver. The approved renewal application included some revisions to previous waiver service definitions, and they are reflected in this bulletin. These changes include the addition of personal support services for people who are self-directing their waiver services; the separation of several services from the habilitation definition, including homemaker/chore, home finding, adaptive

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The Appropriate Regional Program Office

appliances/equipment, and education support services; and the combination of job support and job finding into one service--namely, Supported Employment—Job Finding/Job Support. Please note that the waiver-related service definition changes for the Consolidated Waiver are effective with its renewal on December 23, 2006; however, individual support plans impacted by the changes do not need to be changed until the 2007/2008 fiscal year. The only exception to this effective date is the changes in the payment for the administrative costs of Intermediary Service Organizations. This change is effective December 23, 2006, for all waiver participants and all impacted individual support plans.

A summary of the specific service definition changes reflected in this bulletin are listed below:

- The unit for Licensed Day Habilitation Services – Adult Training Facilities (Title 55, Chapter 2380) has been changed to 15 minutes.
- The unit for Licensed Day Habilitation Services – Older Adult Day Service (Title 6, Chapter 11) has been changed to 15 minutes.
- The unit for Prevocational Services (Title 55, Chapter 2390) has been changed to 15 minutes.
- JCAHO Accredited/MA Certified Non-Residential Agencies Providing Community Habilitation has been deleted as an eligible service.
- Personal Support Services has been added as an eligible service under transaction code W7096.
- Supported Employment Services has been combined as Job Finding/Job Support under transaction code W7235.
- Habilitation Supplies has been deleted as an eligible service.
- Permanency Planning Services has been added as an eligible service under transaction code W7281.
- Homemaker and Chore Services have been combined under one service called Homemaker/Chore under transaction code W7283.
- Career Education has been renamed Education Support Services, which is still under transaction code W7284.
- A new service entitled Support (Medical Environment) has been added to allow habilitation in medical environments through non-waiver funding under transaction codes W7305 – W7309.
- The funding column for Intermediary Service Organization (ISO), Vendor Fiscal/Employer Agent has been changed to reflect that waiver service funds may not be used to pay for this service.
- The funding column for Intermediary Service Organization (ISO), Agency with Choice has been changed to reflect that waiver service funds may not be used to pay for this service.

DISCUSSION:

The attached service definitions chart and narrative reflects the current definitions for services. As with previous versions of the service definition bulletins, the appropriate modifiers must be billed with the corresponding codes, in the order specified. All

Administrative Entities and providers who are billing for waiver and base healthcare services through HCSIS/PROMISE must continue to use the local (“W” codes) and national healthcare codes (“T” codes) specified in the attachment for claims to be processed through HCSIS/PROMISE. Electronic billers must use these codes to be in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

All Administrative Entities and providers must begin to use the attached local and national codes effective July 1, 2007.

Attachments:

Attachment 1 – Consolidated Waiver, Person/Family Directed Support Waiver and Base Funded Services Definitions

Attachment 2 – Consolidated Waiver, Person/Family Directed Support Waiver and Base Funded Services Definitions Narrative

Obsolete Bulletin (effective July 1, 2007):

00-06-04, *Revised Units for Service Definitions*