

Consolidated Waiver, Person Family Directed Support Waiver and Base Funded Services Definitions

ISOPayment Agent	Funding	Transaction Code	Modifier	Service Name	Service Description	Unit
				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 requirements. This service can only be provided when the <u>county program determines it will support such provision.</u>	
				Rate (Base and Modifiers)	Modifiers enable services to be enriched through lower 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 appropriately address individual's health and safety needs and/or to achieve the purpose of the provision of the service.	
Yes - Individual, No - Agency	Consistent with Base B (2015), F252A(2), Penultimate Paragraph of			Home and Community Habilitation	This service 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. Camp day or overnight can only be provided under responsible family aid. Escape fees to events are not covered. Standard of a contiguous state with regional approval in writing.	15 minutes
				Base Staff Support	The provision of the service at a staff to individual ratio of no less than 1:5.	
				Staff Support Level 1	The provision of the service at a staff to individual ratio range of 1:3.5-1:5.	
				Staff Support Level 2	The provision of the service at a staff to individual ratio range of 1:3.5-1:1.	
				Staff Support Level 3	The provision of the service at a staff to individual ratio of 1:1.	
				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 1:1.	

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ICF/Support Agent	Funding	Revision Code	Waiver	Service Name	Service Description	Unit
No	Community PFSSW, Base # S010, FSSAFLD, Purchure Dispersed #			<b>Community Habilitation (Title 55, Chapter 2360 Adult Training Facilities)</b>	This service is made available to individuals in an Adult Training Facility.	1/2 day (2.5 hours)/cannot exceed 2 units per day
				W7022	Base Staff Support	The provision of the service at a staff to individual ratio of no less than 1:6.
				W7023	Staff Support Level 1	The provision of the service at a staff to individual ratio range of 4:1.6 - 1:3.6.
				W7024	Staff Support Level 2	The provision of the service at a staff to individual ratio range of 4:1.3.6 - 1:5.1.
				W7025	Staff Support Level 3	The provision of the service at a staff to individual ratio of 1:1.
				W7026	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.
No	Community PFSSW, Base # S010, FSSAFLD, Purchure Dispersed #			<b>Pre-Vocational Services (Title 55, Chapter 2390 Vocational Facilities)</b>	This service is made available to individuals in a Vocational Facility. Handicapped employment as defined in Title 55, Chapter 2390 is not a service that may be funded through the waiver.	1/2 day (2.5 hours)/cannot exceed 2 units per day
				W7027	Base Staff Support	The provision of the service at a staff to individual ratio of 1:1.5.
				W7028	Staff Support Level 1	The provision of the service at a staff to individual ratio range of 4:1.5 - 1:7.6.
				W7029	Staff Support Level 2	The provision of the service at a staff to individual ratio range of 4:1.7.6 - 1:11.
				W7030	Staff Support Level 3	The provision of the service at a staff to individual ratio of 1:1.
				W7031	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.
Yes	Community PFSSW, Base # S010, FSSAFLD, Purchure Dispersed #			<b>Older Adult Day Services (Title 6, Chapter 11, Older Adult Daily Living Centers)</b>	Direct service to meet regulatory requirements and/or contract conditions for other individuals with mental retardation. Services are provided to individuals to assist in meeting their personal care and social needs. Standards of a contiguous state apply, with regional approval in writing.	1/2 day (2.5 hours)/cannot exceed 2 units per day
No	Community PFSSW, Base # S010, FSSAFLD, Purchure Dispersed #			<b>JCAHO Accredited MA Certified Non-Residential Agencies Providing Community Habilitation</b>	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.	15 minutes
				<b>Residential Home and Community Habilitation - Licensed Homes</b>	Direct service and services to meet regulatory requirements and contract conditions provided in licensed community homes to assist individuals in acquiring, retaining, and improving self-help, socialization and adaptive skills. Services under code W7277 through W7277 are residential services that differ in setting and regulatory requirements. All homes must be integrated and accepted, except on cases as set aside for waiver. Rates are based on the individual's needs and are may be unique to each person in each setting.	
No	Community Base			<b>Rate Setting Methodology</b>		
				<b>Child Residential Services (The residential section of Title 55, Chapter 3800 Child Residential and Day Treatment Facilities)</b>	The Title 55, Chapter 3800 services that may be funded through the waiver are limited to residential service settings, Child residential services provided in secure settings, detention centers, and residential treatment facilities accredited by JCAHO and be funded through the waiver.	1/2 month (11 to 21 days) 1/2 month
No	Community Base			W7227	Eligible	Service costs eligible for waiver funding.
				W7228	Ineligible	Service costs not eligible for waiver funding.
No	Community Base			<b>Community Residential Rehabilitation Services for the Mentally Ill (Title 55, Chapter 5310)</b>	Community residential rehabilitation services (CRRS) are characterized as transitional residential programs in community settings for persons with chronic psychiatric disability. Full care CRRS for adults. Excludes host homes. This is a service for people with mental retardation and mental illness.	1/2 month (11 to 21 days)
				W7229	Eligible	Service costs eligible for waiver funding.
				W7230	Ineligible	Costs not eligible for waiver funding.

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ID/ Payment Agent	Funding	Transaction Code	Waiver	Service Name	Service Description	Unit	
Yes	Consolidated Base			<b>Family Living Homes (Title 55, Chapter 6500)</b>	A Title 55, Chapter 6500 setting is a private home in which residential care is provided to one or two individuals with mental retardation and who are not relatives of the home tenants.		
				Adults		12 month (11 to 21 days)	
				W7208 Eligible	Service costs eligible for waiver funding.		
				W7209 Ineligible	Costs not eligible for waiver funding.		
Yes				Children		12 month (11 to 21 days)	
				W7214 Eligible	Service costs eligible for waiver funding.		
				W7215 Ineligible	Costs not eligible for waiver funding.		
				W7220 Eligible	Service costs eligible for waiver funding.		
No	Comms & Base			<b>Community Homes for Individuals with MR (Title 55, Chapter 6400)</b>	This service is made available to individuals in Title 55, Chapter 6400 settings.	12 month (11 to 21 days)	
				W7221 Ineligible	Costs not eligible for waiver funding.		
				W7222 Eligible	Service costs eligible for waiver funding.		
				W7223 Ineligible	Costs not eligible for waiver funding.		
No	Consolidated Base			<b>Residential Home and Community Habilitation - Unlicensed Homes</b>	Direct service and services to meet contract conditions provided in agency owned, leased, or rented homes to assist individuals in acquiring, retaining, and improving self-help, socialization and job skills.	12 month (11 to 21 days)	
				W7224 Eligible	Service costs eligible for waiver funding.		
				W7225 Ineligible	Costs not eligible for waiver funding.		
				W7227 Ineligible	Costs not eligible for waiver funding.		
				<b>Supported Employment Services</b>	Direct and indirect services that must meet contractual conditions provided in community employment work sites with co-workers who are not disabled for the purposes of finding and supporting individuals in competitive jobs of their choice. Individuals must receive minimum wage or higher. Codes W7232 through W7236 allow for individualized contracts.		
Yes - Individual No-agency	Consolidated PFCDF, Base # 5011, FSSMFD, Penhurst Chapter #1			<b>Job Finding Service</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 2300. The provision of the service is at a maximum staff to individual ratio of 1:20.	15 minutes	
				W7230			
Yes - Individual No-agency	Consolidated PFCDF, Base # 5011, FSSMFD, Penhurst Chapter #1			<b>Job Support Service</b>	The provision of the service at a maximum staff to individual ratio of 1:20.	15 minutes	
				W7231			
Yes - Individual No-agency	Consolidated PFCDF, Base # 5011, FSSMFD, Penhurst Chapter #1			<b>Transitional Work Services</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 2300 or Chapter 2300. Transitional work service options include, but are not limited to: mobile work force, work station in industry, off-site activities, and lecture.		
				W7232	Base Staff Support	The provision of the service at a staff to individual ratio range of <math>1:1.10 - >1:1</math>.	15 minutes
				W7233	Staff Support Level 1	The provision of the service at a staff to individual ratio range of <math>1:1.5 - >1:3.5</math>.	15 minutes
				W7241	Staff Support Level 2	The provision of the service at a staff to individual ratio range of <math>1:2.5 - >1:1</math>.	15 minutes
				W7243	Staff Support Level 3	The provision of the service at a staff to individual ratio of 1:1.	15 minutes
				W7245	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 1:1.	15 minutes
No	Consolidated PFCDF, Base # 5011, FSSMFD, Penhurst Chapter #1			<b>Visual/Mobility Therapy</b>	Evaluation and consultation for individuals who are blind or have visual impairments.	15 minutes	

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ISO Payment Agency	Funding	Transaction Code	Modifier	Service Name	Service Description	Unit
				<b>Respite Services</b>	Direct service and services to meet regulatory requirements and/or contractual conditions that are provided to supervise/support individuals on a short term basis because of the absence or need for relief of those persons normally providing care. 24 hour respite care is limited to four (4) weeks per fiscal year. Respite that is less than 24 hours is limited to a maximum of four (4) times per month but may be adjusted by the County MHMR Office based on individual need. Waivers of these limitations may be approved on an individual basis by the Regional Office in accordance with Title 55, Chapter 6350, Family Resource Services, Section 6350.16.	
				<b>Rate Base and Modifiers</b>	Modifiers enable services to be enriched through lower staff to individual ratio and program content. Individuals and families have increased program options from which to choose and levels of service are available to appropriately address individual's health and ability capabilities.	
Yes - Individual, No - Agency	Consolidated, PFCSP, Base 8, 9010, PFCSP, Premium, Dispersal 8			<b>Respite-In Home-24 hours</b>	This service is provided in the private homes of individuals or the homes of their family or friends. The service may also be provided in other unlicensed homes acceptable to individuals/families.	Day
				<b>Base Staff Support</b>	The provision of the service at a staff to individual ratio of 1:4.	
				<b>Staff Support Level 1</b>	The provision of the service at staff to individual ratio range of 1:4 - 1:1.	
				<b>Staff Support Level 2</b>	The provision of the service at a staff to individual ratio range of 1:4 - 1:1.	
				<b>Staff Support Level 2 Enhanced</b>	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.	

Consolidated Waiver, Person Family Directed Support Waiver and Base Funded Services Definitions

HO/Agency	Funding	Transaction Code	Modifier	Service Name	Service Description	Unit
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010			<b>Respite - In Home - 15 minutes</b>	This service is provided in the private homes of individuals or the homes of their family or friends. The service may also be provided in other unlicensed homes acceptable to individuals/families.	15 minutes
				Base Staff Support	The provision of the service at a staff to individual ratio of 1:4.	
				Staff Support Level 1	The provision of the service at a staff to individual ratio of <1:4.	
				Staff Support Level 2	The provision of the service at a staff to individual ratio range of	
				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 an individual. This also includes service at a staff to individual ratio of 2:1.	
No	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010			<b>Respite - Out-of-Home - 24 hours</b>	This service is provided in licensed (840and 6500) homes.	Day
				Base Staff Support	The provision of the service at a staff to individual ratio of 1:4.	
				Staff Support Level 1	The provision of the service at a staff to individual ratio of <1:4.	
				Staff Support Level 2	The provision of the service at a staff to individual ratio range of	
				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 an individual. This also includes service at a staff to individual ratio of 2:1.	
No	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010			<b>Respite - Out of Home - 15 minutes</b>	This service is provided in licensed (840and 6500) homes.	15 minutes
				Base Staff Support	The provision of the service at a staff to individual ratio of 1:4.	
				Staff Support Level 1	The provision of the service at a staff to individual ratio of <1:4.	
				Staff Support Level 2	The provision of the service at a staff to individual ratio range of	
				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 an individual. This also includes service at a staff to individual ratio of 2:1.	
				<b>Transportation Service</b>	Direct service and services to meet regulatory requirements and/or contractual conditions to provide transportation for individuals, enabling them access to service/activities in accordance with their ISPs.	
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07271		<b>Transportation (Mile)</b>	Transportation by family, friends, or others not affiliated with a provider agency. When transportation is provided to more than one individual at a time, the total number of units of service provided are equitably divided among the individuals for whom transportation is provided. The mileage cost may not exceed the state rate.	per mile
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07272		<b>Public Transportation</b>	Public transportation for individuals enabling access to service/activities in accordance with their ISPs.	outcome based
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07273		<b>Transportation</b>	Individual, non-emergency transportation.	per dem
No Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010			<b>Transportation (Trip)</b>	Transportation by a provider agency (excluding transportation for residential services) for which costs are determined on a per trip basis.	per trip (one way)
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07274		Zone 1	A defined geographical area that is the shortest distance from the program site.	
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07275		Zone 2	A defined geographical area that represents a middle distance from the program site.	
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07276		Zone 3	A defined geographical area that is the longest distance from the program site.	
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07277		<b>Home Finding</b>	Direct and indirect services directed towards assisting individuals in finding homes in accordance with their needs. <b>SERVICE PROVIDED UNDER CONSOLIDATED WAIVER ONLY</b>	flat fee
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07278		<b>Environmental Accessibility Adaptations</b>	Adaptations to vehicles for improved access and/or safety.	outcome based
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07279		<b>Environmental Accessibility Adaptations</b>	Adaptations to homes for improved access and/or safety.	outcome based
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07280		<b>Adaptive Appliances/Equipment</b>	The purchase or modification of items for increased functional involvement by individuals in activities of daily living.	outcome based
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07281		<b>Habilitation Supplies</b>	Supplies for direct use by individuals and/or caregivers to address health and safety needs. Supplies are limited to those listed in the long definitions document.	outcome based
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07282		<b>Chore</b>	Indirect services including household cleaning/maintenance and homemaker activities such as meal preparation. The initial duration of this service is limited to one month. A mandatory 2-week interval must be observed for evaluation purposes prior to any extension of this service. After six (6) weeks, additional criteria must be met to extend the service. Consolidated Waiver funding for this service may not exceed \$2000 in a fiscal year.	1 hour
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07283		<b>Homemaker</b>	Indirect services including household cleaning/maintenance and homemaker activities such as meal preparation. The initial duration of this service is limited to one month. A mandatory 2-week interval must be observed for evaluation purposes prior to any extension of this service. After six (6) weeks, additional criteria must be met to extend the service. There is no funding for this service in the PFCDF Waiver. <b>The consolidated waiver funding for this service is limited to one month. A mandatory 2-week interval must be observed for evaluation purposes prior to any extension of this service. After six (6) weeks, additional criteria must be met to extend the service. There is no funding for this service in the PFCDF Waiver. The consolidated waiver funding for this service is limited to one month. A mandatory 2-week interval must be observed for evaluation purposes prior to any extension of this service. After six (6) weeks, additional criteria must be met to extend the service. There is no funding for this service in the PFCDF Waiver. <b>SERVICE PROVIDED UNDER CONSOLIDATED WAIVER ONLY.</b></b>	1 hour
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07284		<b>Career Education</b>	Support, in the form of payment, for continuing education courses and training beyond high school that enables an individual to pursue a career. <b>AVAILABLE UNDER CONSOLIDATED WAIVER ONLY.</b>	outcome based
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07285		<b>Respite - Overnight Camp</b>	The temporary support/supervision of individuals in the absence/absence of their regular caregivers. This service is provided in residential camp settings. Respite in a residential camp is not contingent upon an emergency situation. This service shall not exceed four (4) weeks within a fiscal year except if approved by Regional Offices on an individual basis.	Day
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010	07286		<b>Respite - Day Camp</b>	The temporary support/supervision of individuals in the absence/absence of their regular caregivers. Respite in a day camp setting is not contingent upon an emergency situation. The recommended maximum of four (4) sessions per family per month may be adjusted by County MHMR Offices based on individual	Day
				<b>Family Support Services</b>	Family-Driven Family Support Services (FD-FSS) are designed to offer a variety of services to the family of an individual with mental retardation or to the individual who is mentally retarded for the purpose of enabling the individual to remain with his/her family in a community setting or maintain independence in a community setting.	
Yes Individual, No Agency	Consolidated PFCDF, Base # 9010, FSSA/T, Penhurst, Dispersal # 9010			<b>Respite Care-24 Hours- Out of Home</b>	This service is the same as in home respite services, with one exception related to sites in which the service may be provided. The Family Resource Services Program permits respite care in a general hospital or nursing home when there is documented medical need and the County MHMR Administrator approves the	

ICD Payment Agent	Funding	Transaction Code	Modifier	Service Name	Service Description	Unit
	Base	W020		Base Staff Support	The provision of the service at a staff to individual ratio of 1:4.	Day
		W021		Staff Support Level 1	The provision of the service at a staff to individual ratio of <1:4.	
		W022		Staff Support Level 2	The provision of the service at a staff to individual ratio range of	
		W023		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 an individual. This also includes service at a staff to individual ratio of 2:1.	

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ISO/Payment Rate	Funding	Transaction Code	Modifier	Service Name	Service Description	Unit
Yes - Individual No - Agency				<b>Respite Care-Out of Home- 15 minutes</b>	This service is the same as in home respite services, with one exception related to sites in which the service may be provided. The Family Resource Service Program permits respite care in a general hospital or nursing home when there is documented medical need and the County MHA/MR Administrator approves the service placement in a medical facility.	15 minutes
	Base	W7301		Base Staff Support	The provision of the service at a staff to individual ratio of 1:4	
	Base	W7302		Staff Support Level 1	The provision of the service at a staff to individual ratio of <1:4.	
	Base	W7303		Staff Support Level 2	The provision of the service at a staff to individual ratio range of 1:3.5 - 1:3.	
	Base	W7304		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 an individual. This also includes service at a staff to individual ratio of 2:1.	
Yes - Individual No - Agency				<b>Family Aide</b>	The family aide may be responsible for the care and supervision of family members other than the family member with mental retardation.	
	Base	W7310		Base Staff Support	The provision of the service at a staff to individual ratio of no less than 1:6.	15 minutes
	Base	W7311		Staff Support Level 1	The provision of the service at a staff to individual ratio range of 1:5.5 - 1:3.5.	
	Base	W7312		Staff Support Level 2	The provision of the service at a staff to individual ratio range of 1:3.5 - 1:1.	
	Base	W7313		Staff Support Level 3	The provision of the service at a staff to individual ratio of 1:1.	
	Base	W7314		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.	
Yes - Individual No - Agency	Base	W7315		<b>Special Diet Preparation</b>	This service is assistance in the planning or preparation of meals for individuals who require significant modification to a routine diet.	outcome based
Yes - Individual	Base	W7316		<b>Recreation/Leisure Time Activities</b>	This service is to enable individuals to participate in regular community activities of a recreational nature.	outcome based
Yes	Base	W7317		<b>Home Rehabilitation</b>	This service is the minor renovation to a family's home to enable the continued care and support of the individual with mental retardation in the home.	outcome based
	Consolidated PFDW, Base B, SO10, FSSA/D, Permethur, Disposal A	W7318		<b>Intermediary Service Organization (ISO) Vendor Fiscal/Employer Agent</b>	An indirect service that must meet contractual conditions that facilitates individuals/representatives in the employment and management of individual providers of service of their choice.	per month
	Consolidated PFDW, Base B, SO10, FSSA/D, Permethur, Disposal A	W7319		<b>Intermediary Service Organization (ISO) Agency with Choice</b>	An indirect service that must meet contractual conditions that facilitates individuals/representatives in the employment and management of individual providers of service of their choice.	per month
	Base	W7320		<b>FSS/Consumer Payment</b>	This is an indirect service to allow cash and/or voucher payments to individuals/families for Family Support Services expenses.	Dollar
No	Consolidated PFDW, Base B, SO10, FSSA/D, Permethur, Disposal B	2205	GP	<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 must be received prior to any healthcare related service being provided.	15 minutes
No	Consolidated PFDW, Base B, SO10, FSSA/D, Permethur, Disposal B	2205	OC	<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 must be received prior to any healthcare related service being provided.	15 minutes
No	Consolidated PFDW, Base B, SO10, FSSA/D, Permethur, Disposal B	2205	GN	<b>Speech and Language Therapy</b>	Waiver service not otherwise specified. Service delivered under an outpatient speech language pathology plan of care. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
No	Consolidated PFDW, Base B, SO10, FSSA/D, Permethur, Disposal B	2205	TD	<b>Nursing Service-RN</b>	Waiver service not otherwise specified. Consultation, and training within scope of practice. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
No	Consolidated PFDW, Base B, SO10, FSSA/D, Permethur, Disposal B	2205	TE	<b>Nursing Service-LPN</b>	Waiver service not otherwise specified. Consultation, and training within scope of practice. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
No	Consolidated PFDW, Base B, SO10, FSSA/D, Permethur, Disposal B	2205	UF (6 hours) and TD	<b>Nursing Service</b>	RN Morning. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
No	Consolidated PFDW, Base B, SO10, FSSA/D, Permethur, Disposal B	2205	UG (6 hours) and TD	<b>Nursing Service</b>	RN Afternoon. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
No	Consolidated PFDW, Base B, SO10, FSSA/D, Permethur, Disposal B	2205	UH (6hours) and TD	<b>Nursing Service</b>	RN Evening. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
No	Consolidated PFDW, Base B, SO10, FSSA/D, Permethur, Disposal B	2205	UI (6 hours) and TD	<b>Nursing Service</b>	RN Night. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
No	Consolidated PFDW, Base B, SO10, FSSA/D, Permethur, Disposal B	2205	UF (6 hours) and TE	<b>Nursing Service</b>	LPN Morning. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
No	Consolidated PFDW, Base B, SO10, FSSA/D, Permethur, Disposal B	2205	UG (6 hours) and TE	<b>Nursing Service</b>	LPN Afternoon. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours

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ICD/Payment Agent	Funding	Transaction Code	Modifier	Service Name	Service Description	Unit
No	Consolidated PFSDW, Base # S013, FSMFD, Personnel Dispend #	2205	HT (5 Hour) and TE	Nursing Service	3-PM Evening. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	1 Hour
No	Consolidated PFSDW, Base # S013, FSMFD, Personnel Dispend #	2205	LJ (6 Hour) and TE	Nursing Service	3-PM Night. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	1 Hour
				Behavior Therapy	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 disturbances, 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 must be received prior to any healthcare related service being provided.	
No	Consolidated PFSDW, Base # S013, FSMFD, Personnel Dispend #	2205	HE	Individual Therapy	Individual therapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 20 to 30 minutes face-to-face with the patient. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
No	Consolidated PFSDW, Base # S013, FSMFD, Personnel Dispend #	2205	HE, HO	Group Therapy	Interactive group psychotherapy. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes

Consolidated Waiver, Person Family Directed Support Waiver and Base Funded Services Definitions

ICD/Physician Agent	Funding	Transaction Code	Modifier	Service Name	Service Description	Unit

ID/ Payment Agent	Funding	Transaction Code	Modifier	Service Name	Service Description	Unit