



# DEVELOPMENTAL PROGRAMS BULLETIN

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE

**August 12, 2008**

EFFECTIVE DATE

**July 1, 2008**

NUMBER

**00-08-12**

SUBJECT:

**Revised Service Definitions**

BY:

Handwritten signature of Kevin T. Casey in black ink.

**Kevin T. Casey**  
Deputy Secretary for Developmental Programs

### SCOPE:

Administrative Entity Administrators or Directors (for Waiver participants)  
County Program Administrators (for Base-funded individuals)  
Supports Coordination Organization 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 Person/Family Directed Support (P/FDS) Waiver and the amendment of the Consolidated Waiver.

### BACKGROUND:

On December 31, 2003, in preparation for HCSIS/PROMISe billing, the Office of Developmental Programs (ODP) disseminated service definitions under 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 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 unit per service to facilitate standardized rate setting. These revised service definitions were published under 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 these changes were issued in Bulletin 00-07-03, "*Revised Service Definitions*".

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

**The Appropriate Regional Program Office**

On February 22, 2008, CMS approved the renewal of the P/FDS Waiver, retroactive to July 1, 2007; and on May 16, 2008, CMS approved the amendment of the Consolidated Waiver, also retroactive to July 1, 2007. These approvals included some changes to service definitions. Most of the changes are minor, and do not modify the scope of the allowable services. The more significant changes are outlined below:

- Supports Coordination (W7210) has been added as a Waiver service in both the Consolidated and P/FDS Waivers.
- The unit limitation for Waiver-funded Overnight Respite has been maintained at 30 days per participant per fiscal year.
- Ineligible codes (W8400 and W8401) have been added to fund the ineligible (room and board) costs of respite provided in settings that are not licensed or accredited by the State.
- Unlicensed Residential services (W7226 and W7227) have been added to the P/FDS Waiver, and therefore are available through Consolidated and P/FDS Waiver as well as base funding.

#### **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 County Programs must review Individual Support Plans during approval and authorization to ensure the correct transaction codes are utilized in the Plans. Administrative Entities and County Programs must also review provider claims to ensure the correct codes are used in processing claims through HCSIS/PROMISe. Supports Coordination Organizations are responsible to use the correct transaction codes in the development of Individual Support Plans. All providers who are billing for Waiver and base services through HCSIS/PROMISe must 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).

#### **Attachments:**

Attachment 1 – Consolidated Waiver, P/FDS Waiver, Administrative Services, and Base Funded Services Definitions

Attachment 2 – Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, Administrative Services, and Base Funded Services Definitions Narrative

#### **OBSOLETE BULLETIN (effective July 1, 2008):**

00-07-03, *Revised Service Definitions*