



MEDICAL ASSISTANCE BULLETIN  
COMMONWEALTH OF PENNSYLVANIA \* DEPARTMENT OF PUBLIC WELFARE

**NUMBER:** 08-04-07,  
11-04-07, 34-04-03

**ISSUE DATE:**  
December 23, 2004

**EFFECTIVE DATE:**  
January 1, 2005

**SUBJECT:** Revision to the Summer Therapeutic Activities Program  
Annual Service Description Submission Requirement

**BY:**

A handwritten signature in black ink, appearing to read "David S. Feinberg".

**David S. Feinberg**  
Deputy Secretary for Medical Assistance Programs

**PURPOSE:**

The purpose of this bulletin is to notify all Summer Therapeutic Activities Program (STAP) providers of a revision to the annual service description submission requirement effective January 1, 2005.

**SCOPE:**

This bulletin applies to all providers enrolled in the Medical Assistance (MA) Program that provide STAP in both the Fee-For-Service (FFS) and the behavioral health-managed care organization (BH-MCO) delivery systems.

**BACKGROUND:**

MA Bulletin 50-96-03 titled "Summer Therapeutic Activities Program" issued and effective April 25, 1996, establishes that STAP providers are required to annually submit a service description for each site of a STAP to the Department of Public Welfare (Department) for review and approval prior to the opening of the program or before services begin.

**DISCUSSION:**

The Department recognizes the administrative burden that the annual service description submission requirement creates for the provider community when the Program has no changes from year to year. Therefore, in order to eliminate this administrative burden, effective January 1, 2005, if there is no change to the most recently submitted and approved STAP service description, the annual service description does not need to be submitted to the Department for review and approval. However, if there are any changes to the most recently approved STAP service description, including a request for a fee above that on the MA fee schedule, a new service description must be submitted to the Department for review and approval at least 45 days prior to the opening of the program or before services are provided. The service description must follow the procedures and requirements as outlined in MA Bulletin 50-96-03.

**PROCEDURE:**

MA enrolled STAP providers, in either the FFS or BH-MCO delivery systems, who have no change to the most recently submitted and approved STAP service description, will not need resubmit the STAP service description to the Department for review and approval. Providers enrolled in the BH-MCO delivery system are directed to contact the appropriate BH-MCO for additional requirements.

Any Department review of the STAP Program will be based on the most recently approved service description on file.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Behavioral Health Inquiry Line: (800) 433-4459

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap).