



COMMONWEALTH OF PENNSYLVANIA  
**DEPARTMENT OF PUBLIC WELFARE**  
P.O. BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

**KEVIN T. CASEY**

Office of Developmental Programs

FAX: (717) 787-6583

March 5, 2008

Dear Administrator or Director:

Enclosed is the final bulletin entitled "*Individual Eligibility for Medicaid Waiver Services*" and its attachments. These documents are being forwarded to you for your information. Please share this bulletin with your colleagues who may be affected by the information.

This bulletin disseminates the Office of Developmental Programs' policy and procedures for the initial determination and annual re-determination of an individual's eligibility for services and supports provided under the Medicaid Waivers that provide home and community based services (HCBS) for individuals with mental retardation aged three and older.

If you have any questions regarding the procedures in this bulletin, please contact the appropriate Regional Program Manager.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey

Enclosures