



# MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE

**August 21, 1996**

EFFECTIVE DATE

**Immediately**

NUMBER

**00-96-12**

SUBJECT:

**STATE MATCH VERIFICATION  
SIGNATURES**

BY:

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Deputy Secretary for Mental Retardation**

## SCOPE:

County Mental Health/Mental Retardation Administrators  
Targeted Service Management Provider Directors  
Base Service Unit Directors

## PURPOSE:

The purpose of this bulletin is to advise mental retardation service providers of changes to the State Match Verification signature requirement for Targeted Service Management (TSM).

## BACKGROUND:

TSM providers were required to use the State Match Verification Form (MA 791C) to document the availability of state match to support the provision of TSM services prior to seeking federal reimbursement for these services.

As providers automated their billing process and included the generation of State Match Verification in their billing program, we modified the State Match Verification process. We removed the requirement that counties and providers comply with the completion of a specific form. Documentation of the state dollars transferred by the county must occur on a fee for services basis. A record of these transactions must be retained for four years and be available for audit purposes. It must correlate on a line for line basis to the Medical Assistance Invoice (MA 319) and the Claim Adjustment (MA 319A) billing lines. The State Match Verification Form facsimile developed by counties and providers must be reviewed and approved by the Office of Mental Retardation, TSM Unit prior to use. (Reference Mental Retardation #00-95-12, "State Match Verification and Targeted Service Management".)

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Office of Mental Retardation, Targeted Service Management Unit; Room 512 Health and Welfare Building,  
Harrisburg, PA 17102; Telephone: (717) 783-2376; FAX: (717) 787-6583

**DISCUSSION:**

We are further reducing the requirement of state match to permit counties and providers to include a signature transmittal type document with any batch of state match verification claims that may be prepared. This will remove the requirement for signature on each claim. Attached is a sample signature transmittal document counties and providers may adopt or they may use their discretion in developing a format. The State Match Verification signature facsimile that is developed must be reviewed and approved by the Office of Mental Retardation, TSM Unit prior to implementation. Send your draft to:

Office of Mental Retardation  
Targeted Service Management Unit  
P.O. Box 2675  
Harrisburg, PA 17105-2675  
Telephone: (717) 783-5314  
Fax: (717) 787-6583

NOTE: The Office of Mental Retardation continues to hold the County Administrator responsible for the oversight of state matching funds.

Any questions may be directed to the TSM Unit.