

**Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, Administrative Services, and Base-Funded Service Definitions Chart**

| Service Name                           | Service Description   | Transaction Code | Modifier | Unit       | Funding  | Agency with Choice and Vendor Fiscal FMS/Payment Agent |
|--|---|------------------|----------|------------|--|--|
| <b>Home and Community Habilitation</b> | This is a direct service that may be made available to individuals in their own home or in other residential or community settings not subject to licensing regulations. Services are designed to assist people in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. Recreation is not an eligible service. Entrance fees to events and membership fees are not covered. Camp day or overnight can only be provided under respite. |                  |          |            | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst dispersal @ 90/10 | Individual – Yes<br>Agency* – No                       |
| Base Staff Support                     | The provision of the service at a staff-to-individual ratio of no less than 1:6.  | W7057            |          | 15 minutes |  |  |
| Staff Support Level 1                  | The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.   | W7058            |          | 15 minutes |  |  |
| Staff Support Level 2                  | The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.  | W7059            |          | 15 minutes |  |  |
| Staff Support Level 3                  | The provision of the service at a staff-to-individual ratio of 1:1.   | W7060            |          | 15 minutes |  |  |
| 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.   | W7061            |          | 15 minutes |  |  |

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|--|--|------------------|----------|--|-----------------------------------|--|
| <b>Residential Habilitation – Unlicensed Homes</b> | Unlicensed Residential Habilitation is a direct service (face-to-face) that consists of services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. This service is provided to people who live in provider-owned, leased, rented homes that do not require licensure because they serve three or fewer individuals who are 18 years of age or older and who need a yearly average of 30 hours or less of direct habilitation service per week per home; and family living homes that do not require licensure because they serve two or fewer individuals who are 18 years of age or older and who need a yearly average of 30 hours or less of direct training and assistance per week per home, from the agency, the AE or County Program, or the family. . |                  |          |  | Consolidated, P/FDS, Base @ 90/10 | No   |
| Eligible   | Unlicensed community residential service costs that are eligible for Consolidated Waiver funding.  | W7226            |          | ½ month (11 to 15 days equals one ½ month) |                                   |  |
| Ineligible   | Unlicensed community residential service costs that are not eligible for Consolidated Waiver funding.  | W7227            |          | ½ month (11 to 15 days equals one ½ month) |                                   |  |

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|---|---|------------------|----------|--|----------------------------|--|
| <b>Licensed Residential Habilitation</b>  | Licensed Residential Habilitation is a direct and indirect service provided in licensed residential settings. Services are provided to assist individuals in acquiring, retaining, and improving self-help, socialization, and adaptive skills. Services must meet regulatory requirements of homes licensed under the 55 Pa. Code Chapters 3800, 5310, 6400, or 6500. Please note that Licensed Residential Home and Community Habilitation may not be provided in Domiciliary Care Homes and Personal Care Homes. |                  |          | ½ month (11 to 15 days equals one ½ month) | Consolidated, Base @ 90/10 | No   |
| <b>Child Residential Services (Residential section of 55 Pa. Code Chapter 3800)</b> | The 55 Pa. Code Chapter 3800 services that may be funded through the Consolidated Waiver are limited to residential service settings. Child residential services provided in secure settings, detention centers, and residential treatment facilities accredited by JCAHO may <b>not</b> be funded through the Consolidated Waiver.   |                  |          |  | Consolidated, Base @ 90/10 | No   |
| Eligible  | Child residential service costs that are eligible for Consolidated Waiver funding.  | W7097            |          | ½ month (11 to 15 days equals one ½ month) |                            |  |
| Ineligible  | Child residential service costs that are not eligible for Consolidated Waiver funding.  | W7098            |          | ½ month (11 to 15 days equals one ½ month) |                            |  |

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|--|---|------------------|----------|--|----------------------------|--|
| <b>Community Residential Rehabilitation Services for the Mentally III (55 Pa. Code Chapter 5310)</b> | CRRS are characterized as transitional residential programs in community settings for people with chronic psychiatric disabilities. This service is full-care CRRS for adults with mental retardation and mental illness. Full-care CRRS for adults is a program that provides living accommodations for people who are psychiatrically disabled and display severe community adjustment problems. A full range of personal assistance and psychological rehabilitation is provided for individuals in a structured living environment. <b>Host homes are excluded.</b> |                  |          |  | Consolidated, Base @ 90/10 | No   |
| Eligible   | Community residential rehabilitation service costs that are eligible for Consolidated Waiver funding.   | W7202            |          | ½ month (11 to 15 days equals one ½ month) |                            |  |
| Ineligible   | Community residential rehabilitation service costs that are not eligible for Consolidated Waiver funding.   | W7203            |          | ½ month (11 to 15 days equals one ½ month) |                            |  |

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|---|---|-------------------------|-----------------|--|----------------------------|---|
| <b>Family Living Homes (55 Pa. Code Chapter 6500)</b> | Family Living Homes provide for lifesharing arrangements. People live in host family homes and are encouraged to become contributing members of the family unit. Family living arrangements are chosen by people and families in conjunction with host families and in accordance with the person's needs. Licensed Family Living Homes are limited to homes in which there are no more than two individuals living with mental retardation who are not family members or relatives the homeowners. |                         |                 |  | Consolidated, Base @ 90/10 | No  |
| <b>Adult Family Living</b>                            |   |                         |                 |  |                            |   |
| Eligible  | Family living service costs that are eligible for Consolidated Waiver funding.  | W7208                   |                 | ½ month (11 to 15 days equals one ½ month) |                            |   |
| Ineligible  | Family living service costs that are not eligible for Consolidated Waiver funding.  | W7209                   |                 | ½ month (11 to 15 days equals one ½ month) |                            |   |
| <b>Child Family Living</b>                            |   |                         |                 |  |                            |   |
| Eligible  | Family living service costs that are eligible for Consolidated Waiver funding.  | W7214                   |                 | ½ month (11 to 15 days equals one ½ month) |                            |   |

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Service Definitions Chart**

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|--|---|-------------------------|-----------------|---|----------------------------|---|
| Ineligible   | Family living service costs that are not eligible for Consolidated Waiver funding.  | W7215                   |                 | ½ month<br>(11 to 15 days equals one ½ month) |                            |   |
| <b>Community Homes for People with Mental Retardation (55 Pa. Code Chapter 6400)</b> | A licensed community home is a home licensed under 55 Pa. Code Chapter 6400 where services are provided to people with mental retardation. A community home is defined in regulations as, "A building or separate dwelling unit in which residential care is provided to one or more individuals with mental retardation...." |                         |                 |   | Consolidated, Base @ 90/10 | No  |
| Eligible   | Community residential service costs that are eligible for Consolidated Waiver funding.  | W7220                   |                 | ½ month<br>(11 to 15 days equals one ½ month) |                            |   |
| Ineligible   | Community residential service costs that are not eligible for Consolidated Waiver funding.  | W7221                   |                 | ½ month<br>(11 to 15 days equals one ½ month) |                            |   |

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|--|--|------------------|----------|------------|--|--|
| <b>Licensed Day Habilitation Services – Adult Training Facilities (55 Pa. Code Chapter 2380)</b> | This service is made available to individuals in Adult Training Facilities licensed under 55 Pa. Code Chapter 2380. Services consist of supervision, training, and support in general areas of self-care, communication, community participation, and socialization. Areas of emphasis include: therapeutic activities, fine and gross motor development, mobility, personal adjustment, use of community resources, and relationship development. |                  |          |            | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | No   |
| Base Staff Support   | The provision of the service at a staff-to-individual ratio of no less than 1:6.   | W7072            |          | 15 minutes |  |  |
| Staff Support Level 1  | The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.  | W7073            |          | 15 minutes |  |  |
| Staff Support Level 2  | The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.   | W7074            |          | 15 minutes |  |  |
| Staff Support Level 3  | The provision of the service at a staff-to-individual ratio of 1:1.  | W7075            |          | 15 minutes |  |  |
| 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.  | W7076            |          | 15 minutes |  |  |

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|---|---|------------------|----------|------------|--|--|
| <b>Licensed Day Habilitation Services – Older Adult Day Service (6 Pa. Code Chapter 11)</b> | This service is made available to older individuals with mental retardation in licensed Older Adult Day services licensed under 6 Pa. Code Chapter 11. Services consist of supervision, training, and support in general areas of self-care, communication, community participation, and socialization. Areas of emphasis include: therapeutic activities, fine and gross motor development, mobility, personal adjustment, use of community resources, and relationship development. | W7094            |          | 15 minutes | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | No   |
| <b>Prevocational Services (55 Pa. Code Chapter 2390) Vocational Facilities</b>              | This service is made available to individuals in a licensed vocational facility. Services consist of work experience and other developmental work training activities designed to promote movement into a higher level vocational program. Handicapped employment as defined in 55 Pa. Code Chapter 2390 is not a service that is eligible through the waivers.   |                  |          |            | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | No   |
| Base Staff Support  | The provision of the service at a staff-to-individual ratio of no less than 1:15.   | W7087            |          | 15 minutes |  |  |
| Staff Support Level 1   | The provision of the service at a staff-to-individual ratio range of <1:15 to 1:7.5.  | W7088            |          | 15 minutes |  |  |
| Staff Support Level 2   | The provision of the service at a staff-to-individual ratio range of <1:7.5 to >1:1.  | W7089            |          | 15 minutes |  |  |
| Staff Support Level 3   | The provision of the service at a staff-to-individual ratio of 1:1.   | W7090            |          | 15 minutes |  |  |

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|---------------------------------------|---|-------------------------|-----------------|-------------|--|---|
| 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.   | W7091                   |                 | 15 minutes  |  |   |
| <b>Supports Coordination Services</b> | Supports Coordination is a critical service that involves the primary functions of locating, coordinating, and monitoring needed services and supports for waiver participants. In addition to locating, coordinating, and monitoring, Supports Coordination also includes providing information and assistance in order to help participants decide whether to select participant direction of services, and assistance for participants who opt to direct services. | W7210                   |                 | 15 minutes  | Consolidated, P/FDS  | No  |
| <b>Personal Support Services</b>      | This is a direct and indirect service provided to people with mental retardation who are self-directing their services through either employer authority (hiring/managing workers) or budget authority (determining worker salaries, shifting funds between approved services and/or providers). Services are provided to assist people in planning, organizing, and managing community resources and supports.   | W7096                   |                 | 15 minutes  | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes – Individual, No – Agency*                                |
| <b>Supported Employment Services</b>  | Direct and indirect services that must meet contractual requirements provided in community employment work sites with coworkers who are not disabled. The purpose of Supported Employment Services is to find and support people with mental retardation in competitive jobs of their choice. People must receive minimum wage or higher.   |                         |                 |             | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes – Individual, No – Agency*                                |

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|-----------------------------------|---|------------------|----------|------------|--|--|
| <b>Job Finding/Job Support</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 55 Pa. Code Chapter 2390. The Supported Employment worker may have a maximum caseload of 20 individuals.  | W7235            |          | 15 minutes |  |  |
| <b>Transitional Work Services</b> | Services directed towards supporting people with mental retardation in transition to integrated, competitive employment through work that takes place in a location other than a facility subject to 55 Pa. Code Chapters 2380 or 2390. Transitional work service options include mobile work force, work station in industry, affirmative industry, and enclave. |                  |          |            | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 |  |
| Base Staff Support                | The provision of the service at a staff-to-individual ratio range of <1:10 to >1:6.   | W7237            |          | 15 minutes |  | Yes - Individual;<br>No - Agency                       |
| Staff Support Level 1             | The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.   | W7239            |          | 15 minutes |  | Yes - Individual;<br>No - Agency*                      |
| Staff Support Level 2             | The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.  | W7241            |          | 15 minutes |  | Yes - Individual;<br>Yes - Agency                      |
| Staff Support Level 3             | The provision of the service at a staff-to-individual ratio of 1:1.   | W7243            |          | 15 minutes |  | Yes - Individual;<br>Yes - Agency                      |
| 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 the person. This also includes service at a staff to individual ratio of 2:1.  | W7245            |          | 15 minutes |  | Yes - Individual;<br>Yes - Agency                      |

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|------------------------------------|---|------------------|----------|------|--|--|
| <b>Respite Services</b>            | Respite services consist of services which are provided on a short-term basis due to the absence or need for relief of those persons normally providing care. Services are limited to people residing in their own (unlicensed) home or the (unlicensed) home of a relative, friend, or other family. Respite services are not available to individuals residing in licensed or unlicensed residential homes. Individuals can receive two categories of respite services: 24-hour overnight respite and temporary respite. Overnight respite is provided in segments of day (24-hour) units and includes overnight care. Temporary respite is provided in segments of time known as sessions. A session is billed in 15-minute units, and is comprised of a period of time less than 24 hours, not to include overnight care. |                  |          |      | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 |  |
| <b>Respite – In-home, 24 Hours</b> | This service is provided in segments of 24-hour units and includes overnight care. This service is provided in the private homes of people with mental retardation or the private homes of their family or friends. The service may also be provided in other unlicensed homes acceptable to individuals/families and subject to provider qualification criteria.   |                  |          |      |  | Yes – Individual, No – Agency*                         |
| Base Staff Support                 | The provision of the service at a staff-to-individual ratio range of 1:4.   | W7247            |          | Day  |  |  |
| Staff Support Level 1              | The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.  | W7248            |          | Day  |  |  |
| Staff Support Level 2              | The provision of the service at a staff-to-individual ratio of 1:1.   | W7249            |          | Day  |  |  |

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| 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 the person. This also includes service at a staff to individual ratio of 2:1.  | W7250            |          | Day        |         |  |
| <b>Respite – In-home, 15 minutes</b>   | This service is provided on a less than 24-hour overnight basis. This service is provided in the private homes of people with mental retardation or the private homes of their family or friends. The service may also be provided in other unlicensed homes acceptable to individuals/families and subject to provider qualification criteria. |                  |          |            |         | Yes – Individual, No – Agency*                         |
| Base Staff Support                     | The provision of the service at a staff-to-individual ratio range of 1:4.   | W7255            |          | 15 minutes |         |  |
| Staff Support Level 1                  | The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.  | W7256            |          | 15 minutes |         |  |
| Staff Support Level 2                  | The provision of the service at a staff-to-individual ratio of 1:1.   | W7257            |          | 15 minutes |         |  |
| 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 the person. This also includes service at a staff to individual ratio of 2:1.  | W7258            |          | 15 minutes |         |  |
| <b>Respite – Out-of-Home, 24 hours</b> | This service is provided in segments of 24-hour units and includes overnight care. This service is provided in licensed (3800, 5310, 6400, 6500) residential homes.   |                  |          |            |         | No   |
| Base Staff Support                     | The provision of the service at a staff-to-individual ratio range of 1:4.   | W7259            |          | Day        |         |  |
| Staff Support Level 1                  | The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.  | W7260            |          | Day        |         |  |

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| Staff Support Level 2                    | The provision of the service at a staff-to-individual ratio of 1:1.   | W7261            |          | Day        |  |  |
| 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 the person. This also includes service at a staff to individual ratio of 2:1.  | W7262            |          | Day        |  |  |
| <b>Respite – Out-of-Home, 15 minutes</b> | This service is provided on a less than 24-hour overnight basis in licensed (3800, 5310, 6400, 6500) residential homes.   |                  |          |            |  | No   |
| Base Staff Support                       | The provision of the service at a staff-to-individual ratio range of 1:4.   | W7267            |          | 15 minutes |  |  |
| Staff Support Level 1                    | The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.  | W7268            |          | 15 minutes |  |  |
| Staff Support Level 2                    | The provision of the service at a staff-to-individual ratio of 1:1.   | W7269            |          | 15 minutes |  |  |
| 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 the person. This also includes service at a staff to individual ratio of 2:1.  | W7270            |          | 15 minutes |  |  |
| <b>Respite - Camp</b>                    | Respite services provided on a short-term basis due to the absence or need for relief of those persons normally providing care. Services are limited to people residing in their own (unlicensed) home or the (unlicensed) home of a relative, friend, or other family. |                  |          |            | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes  |
| <b>Respite – Overnight Camp</b>          | This service is provided in 24-hour segments in residential camp settings. Respite in overnight camps is not contingent upon an emergency situation.  | W7285            |          | Day        |  |  |

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|--|--|-------------------------|-----------------|-------------|--|---|
| <b>Respite – Day Camp</b>                          | This service is provided in segments of less than 24-hours in day camp settings. Respite in day camps is not contingent upon an emergency situation.   | W7286                   |                 | 15 minutes  |  |   |
| <b>Respite - Ineligible (Room and Board Costs)</b> | Room and board costs are excluded from respite services when the service is provided in a setting that is not licensed or accredited by the State. If there are room and board costs for these settings, they may be funded through the ineligible codes listed below.   |                         |                 |             | Base   | Yes - Individual;<br>No - Agency*                             |
| <b>Respite - Ineligible Costs, 15 minutes</b>      | This code is used for the ineligible (room and board) portion of respite services that are provided in settings that are not licensed or accredited by the State.  | W8400                   |                 | 15 minutes  |  |   |
| <b>Respite - Ineligible Costs, 24 hours</b>        | This code is used for the ineligible (room and board) portion of respite services that are provided in settings that are not licensed or accredited by the State.  | W8401                   |                 | Day         |  |   |
| <b>Transportation Service</b>                      | Transportation services are provided to enable people to access Waiver and other community services and resources specified in their approved individual support plans.  |                         |                 |             | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes - Individual;<br>No - Agency*                             |
| <b>Transportation (Mile)</b>                       | This transportation service is provided by providers, family members, and other licensed drivers for using vehicles to transport the person to services and resources specified in the person's ISP. The unit of service is one mile. The reimbursement rate may not exceed the current reimbursement rate established for Commonwealth employees for such purposes. | W7271                   |                 | Per mile    |  |   |

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| <b>Public Transportation</b>     | Public transportation costs to enable people with mental retardation in accessing services and resources specified in the person's approved individual support plan.   | W7272            |          | Outcome based      |                            |  |
| <b>Transportation (per diem)</b> | Non-emergency transportation provided by provider agencies, in order to enable people to access services and resources specified in their ISPs.  | W7273            |          | Day                |                            |  |
| <b>Transportation (trip)</b>     | Transportation provided to people for which costs are determined on a per trip basis. A trip is either transportation to a service/resource from a person's home or from the service/resource to the person's home. Taking a person to a service/resource and returning the person to his/her home is considered two trips or two units of the transportation (trip) service.  |                  |          |                    |                            |  |
| <b>Zone 1</b>                    | A defined geographical area that is the shortest distance from the service site.   | W7274            |          | Per trip (one way) |                            |  |
| <b>Zone 2</b>                    | A defined geographical area that represents a middle distance from the service site.   | W7275            |          | Per trip (one way) |                            |  |
| <b>Zone 3</b>                    | A defined geographical area that is the longest distance from the service site.  | W7276            |          | Per trip (one way) |                            |  |
| <b>Home Finding</b>              | Home Finding services consist of support that enables an individual to locate and maintain a home, such as assistance in financial planning, arranging for or moving utility hook-ups, managing home responsibilities, arranging for home modifications and repairs, making monthly payments, and assisting the individual to purchase home security devices such as beepers which are necessary to ensure the individual's health and well-being. | W7277            |          | 15 minutes         | Consolidated, Base @ 90/10 | Yes  |

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**Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, Administrative Services, and Base-Funded Service Definitions Chart**

| Service Name  | Service Description   | Transaction Code | Modifier | Unit          | Funding  | Agency with Choice and Vendor Fiscal FMS/Payment Agent |
|---|---|------------------|----------|---------------|--|--|
| <b>Environmental Accessibility Adaptations (Vehicles)</b> | Adaptations to vehicles for improved access and/or safety. Maximum state participation for vehicle and home adaptations is limited to \$20,000 per household.   | W7278            |          | Outcome based | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes  |
| <b>Environmental Accessibility Adaptations (Homes)</b>    | Adaptations to homes for improved access and/or safety for people with mental retardation. Maximum state participation for vehicle and home adaptations is limited to \$20,000 per household.         | W7279            |          | Outcome based | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes  |
| <b>Adaptive Appliances/ Equipment</b>                     | The purchase or modification of adaptive appliances or equipment for increased functional involvement of people with mental retardation in their activities of daily living.                          | W7280            |          | Outcome based | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes  |
| <b>Permanency Planning Services</b>                       | Services to assist children (18 years of age or younger) with mental retardation to live in families that offer continuity of relationships. <b>This service is not eligible in the P/FDS Waiver.</b> | W7281            |          | 15 minutes    | Consolidated, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10        | Yes – Individual, No – Agency*                         |
| <b>Homemaker/ Chore</b>                                   | Indirect services including household cleaning and maintenance and homemaker activities. This service is limited to \$2,000 per person per fiscal year.   | W7283            |          | Hour          | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes – Individual, No – Agency*                         |
| <b>Education Support Services</b>                         | Support, in the form of payment, for education courses and training to the extent that they are not available under a program funded by IDEA.   | W7284            |          | Outcome based | Consolidated, Base @ 90/10   | Yes  |

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| <b>Service Name</b>                | <b>Service Description</b>   | <b>Transaction Code</b> | <b>Modifier</b> | <b>Unit</b> | <b>Funding</b>   | <b>Agency with Choice and Vendor Fiscal FMS/Payment Agent</b> |
|------------------------------------|--|-------------------------|-----------------|-------------|--|---|
| <b>Physical Therapy</b>            | Physical therapy provided by a licensed physical therapist based on documentation or a prescription for a specific therapy program by a physician.   | T2025                   | GP              | 15 minutes  | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes – Individual, No – Agency*                                |
| <b>Occupational Therapy</b>        | Occupational therapy provided by a registered occupational therapist based on documentation or a prescription for a specific therapy program by a physician.   | T2025                   | GO              | 15 minutes  | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes – Individual, No – Agency*                                |
| <b>Speech and Language Therapy</b> | Speech/Language Therapy provided by a licensed speech therapist or certified audiologist upon examination and recommendation by a certified audiologist or licensed speech therapist.  | T2025                   | GN              | 15 minutes  | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes – Individual, No – Agency*                                |
| <b>Behavior Therapy</b>            | Behavior Therapy includes services provided by a licensed psychologist or psychiatrist based on an evaluation by a licensed psychologist or psychiatrist. Behavior Therapy is defined as 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. |                         |                 |             | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes – Individual, No – Agency*                                |
| <b>Individual Behavior Therapy</b> | Individual therapy which consists of face-to-face insight-oriented, behavior modifying and/or support in an office or outpatient facility.   | T2025                   | HE              | 15 minutes  |  |   |
| <b>Group Behavior Therapy</b>      | Interactive group psychotherapy.   | T2025                   | HE, HQ          | 15 minutes  |  |   |

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| Service Name                   | Service Description   | Transaction Code | Modifier            | Unit       | Funding  | Agency with Choice and Vendor Fiscal FMS/Payment Agent |
|--------------------------------|---|------------------|---------------------|------------|--|--|
| <b>Visual/Mobility Therapy</b> | Evaluation and consultation for people with mental retardation who are blind or have visual impairments.  | W7246            |                     | 15 minutes | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes – Individual, No – Agency*                         |
| <b>Nursing Services</b>        | Nursing includes services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.     |                  |                     |            | Consolidated, P/FDS, Base @ 90/10, FSS & FD, Pennhurst Dispersal @ 90/10 | Yes – Individual, No – Agency*                         |
| <b>Nursing Service – RN</b>    | Nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.              | T2025            | TD                  | 15 minutes |  |  |
| <b>Nursing Service – LPN</b>   | Nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.              | T2025            | TE                  | 15 minutes |  |  |
| <b>Nursing Service</b>         | RN Morning nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.   | T2025            | UF (6 hours) and TD | 6 hours    |  |  |
| <b>Nursing Service</b>         | RN Afternoon nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime. | T2025            | UG (6 hours) and TD | 6 hours    |  |  |
| <b>Nursing Service</b>         | RN Evening nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.   | T2025            | UH (6 hours) and TD | 6 hours    |  |  |

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**Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, Administrative Services, and Base-Funded Service Definitions Chart**

| <b>Service Name</b>                  | <b>Service Description</b>  | <b>Transaction Code</b> | <b>Modifier</b>     | <b>Unit</b>          | <b>Funding</b> | <b>Agency with Choice and Vendor Fiscal FMS/Payment Agent</b> |
|--------------------------------------|---|-------------------------|---------------------|----------------------|----------------|---|
| <b>Nursing Service</b>               | RN Night nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.   | T2025                   | UJ (6 hours) and TD | 6 hours              |                |   |
| <b>Nursing Service</b>               | LPN Morning nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.  | T2025                   | UF (6 hours) and TE | 6 hours              |                |   |
| <b>Nursing Service</b>               | LPN Afternoon nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.  | T2025                   | UG (6 hours) and TE | 6 hours              |                |   |
| <b>Nursing Service</b>               | LPN Evening nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.  | T2025                   | UH (6 hours) and TE | 6 hours              |                |   |
| <b>Nursing Service</b>               | LPN Night nursing services provided by a registered nurse or licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regime.  | T2025                   | UJ (6 hours) and TE | 6 hours              |                |   |
| <b>Financial Management Services</b> | FMS include indirect services provided by FMS agents to assist individuals or their surrogates in the employment and management of support service workers and vendors. Payment for FMS provided by a FMS agent (formerly known as an Intermediary Service Organization) must be made using administrative dollars, not waiver service dollars. |                         |                     | Per month for Waiver | Administrative | N/A   |

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| Service Name                             | Service Description   | Transaction Code | Modifier | Unit | Funding | Agency with Choice and Vendor Fiscal FMS/Payment Agent |
|--|---|------------------|----------|------|---------|--|
| <b>FMS, Vendor Fiscal/Employer Agent</b> | An indirect service that must meet policy and contractual requirements that facilitates people with mental retardation and/or their representatives in the direct employment and management of qualified support service workers and vendors of their choice. This service may be provided by Vendor Fiscal/Employer Agent FMS providers on contract with Administrative Entities until March 31, 2009. | W7318            |          |      |         |  |
| <b>FMS, Agency with Choice</b>           | An indirect service that must meet policy and contractual requirements that facilitates people with mental retardation and/or their representatives in the employment and management of qualified support service workers and vendors of their choice.  | W7319            |          |      |         |  |
| <b>Base Services</b>                     | Base Services are designed to offer a variety of services to the person with mental retardation or their family for the purpose of enabling the person to remain with his/her family in a community setting or to maintain independence in a community setting.   |                  |          |      |         |  |

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**Consolidated Waiver, Person/Family Directed Support (P/FDS) Waiver, Administrative Services, and Base-Funded Service Definitions Chart**

| Service Name   | Service Description  | Transaction Code | Modifier | Unit | Funding      | Agency with Choice and Vendor Fiscal FMS/Payment Agent |
|--|--|------------------|----------|------|--------------|--|
| <b>Respite – Out of home, 24 hours (Medical Environment)</b> | Direct services that are provided in 24-hour segments to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. Services are limited to people residing in their own home or the home of a relative, friend, or other family. <b>This service may be provided in general hospital or nursing home settings, when there is a documented medical need and the Administrative Entity Administrator/Director approves the respite care in a medical facility.</b> Overnight respite is limited to 4 weeks (28 days) per individual per fiscal year, except when extended by an ODP Regional Office waiver. |                  |          |      | Base @ 90/10 | Yes – Individual, No – Agency*                         |
| Base Staff Support   | The provision of the service at a staff-to-individual ratio range of 1:4.  | W7287            |          | Day  |              |  |
| Staff Support Level 1  | The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.   | W7288            |          | Day  |              |  |
| Staff Support Level 2  | The provision of the service at a staff-to-individual ratio of 1:1.  | W7289            |          | Day  |              |  |
| 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 the person. This also includes service at a staff to individual ratio of 2:1.   | W7290            |          | Day  |              |  |

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| Service Name   | Service Description   | Transaction Code | Modifier | Unit       | Funding      | Agency with Choice and Vendor Fiscal FMS/Payment Agent |
|--|---|------------------|----------|------------|--------------|--|
| <b>Respite – Out of home, 15 minutes (Medical Environment)</b> | Direct services that are provided in segments of less than 24 hours to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. Services are limited to people residing in their own home or the home of a relative, friend, or other family. <b>This service may be provided in general hospital or nursing home settings, when there is a documented medical need and the Administrative Entity Administrator/Director approves the respite care in a medical facility.</b> Temporary respite is limited to a recommended four sessions per month, but this limit may be adjusted by the Administrative Entity based on individual needs. |                  |          |            | Base @ 90/10 | Yes – Individual, No – Agency*                         |
| Base Staff Support   | The provision of the service at a staff-to-individual ratio range of 1:4.   | W7301            |          | 15 minutes |              |  |
| Staff Support Level 1  | The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.  | W7302            |          | 15 minutes |              |  |
| Staff Support Level 2  | The provision of the service at a staff-to-individual ratio of 1:1.   | W7303            |          | 15 minutes |              |  |
| 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 the person. This also includes service at a staff to individual ratio of 2:1.  | W7304            |          | 15 minutes |              |  |

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| Service Name                         | Service Description  | Transaction Code | Modifier | Unit       | Funding      | Agency with Choice and Vendor Fiscal FMS/Payment Agent |
|--------------------------------------|--|------------------|----------|------------|--------------|--|
| <b>Support (Medical Environment)</b> | This service may be made available to individuals in their own home or in other residential or community settings. <b>This service may be provided in general hospital or nursing home settings, when there is a documented medical need and the Administrative Entity Administrator/Director approves the habilitation in a medical facility.</b> Camp day or overnight can only be provided under respite. |                  |          |            | Base @ 90/10 | Yes – Individual, No – Agency*                         |
| Base Staff Support                   | The provision of the service at a staff-to-individual ratio of no less than 1:6.   | W7305            |          | 15 minutes |              |  |
| Staff Support Level 1                | The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.  | W7306            |          | 15 minutes |              |  |
| Staff Support Level 2                | The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.   | W7307            |          | 15 minutes |              |  |
| Staff Support Level 3                | The provision of the service at a staff-to-individual ratio of 1:1.  | W7308            |          | 15 minutes |              |  |
| 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.  | W7309            |          | 15 minutes |              |  |
| <b>Family Aide</b>                   | Direct services that are provided in segments of less than 24 hours to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. The family aide may also be responsible for the care and supervision of family members other than the family member with mental retardation.                                   |                  |          |            | Base @ 90/10 | Yes – Individual, No – Agency*                         |

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| <b>Service Name</b>                        | <b>Service Description</b>  | <b>Transaction Code</b> | <b>Modifier</b> | <b>Unit</b>   | <b>Funding</b> | <b>Agency with Choice and Vendor Fiscal FMS/Payment Agent</b> |
|--|---|-------------------------|-----------------|---------------|----------------|---|
| Base Staff Support                         | The provision of the service at a staff-to-individual ratio of no less than 1:6.  | W7310                   |                 | 15 minutes    |                |   |
| Staff Support Level 1                      | The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.   | W7311                   |                 | 15 minutes    |                |   |
| Staff Support Level 2                      | The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.  | W7312                   |                 | 15 minutes    |                |   |
| Staff Support Level 3                      | The provision of the service at a staff-to-individual ratio of 1:1.   | W7313                   |                 | 15 minutes    |                |   |
| 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. | W7314                   |                 | 15 minutes    |                |   |
| <b>Special Diet Preparation</b>            | This service provides people with mental retardation with assistance in the planning or preparation of meals when needed due to a significant modification to a routine diet.   | W7315                   |                 | Outcome based | Base @ 90/10   | Yes – Individual, No – Agency*                                |
| <b>Recreation/ Leisure Time Activities</b> | This service is provided to enable people with mental retardation to participate in regular community activities that are recreational or leisure in nature.  | W7316                   |                 | Outcome based | Base @ 90/10   | Yes – Individual, No – Agency*                                |
| <b>Home Rehabilitation</b>                 | This service provides for minor renovations to a person's or family's home to enable the continued care and support of the person with mental retardation in the home.  | W7317                   |                 | Outcome based | Base @ 90/10   | Yes   |
| <b>FSS/Consumer Payment</b>                | This is an indirect service to allow cash and/or voucher payments to individuals and families for Family Supports Services.   | W7320                   |                 | Dollar        | Base @ 90/10   | Yes   |

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