



# DEVELOPMENTAL PROGRAMS BULLETIN

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE  
**May 27, 2010**

EFFECTIVE DATE  
**July 1, 2010**

NUMBER  
**00-10-07**

SUBJECT:

**Service Definitions for the Pennsylvania  
Mental Retardation Program**

BY:

  
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### 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 effective July 1, 2010.

### BACKGROUND:

On September 4, 2008, CMS approved the service definition amendments to the Consolidated and P/FDS Waivers, which were effective on July 1, 2009. These approvals included many changes to service definitions, which were issued in Bulletin 00-08-17, "*Service Definitions*".

Because of the changes to the service definitions that went into effect on July 1, 2009, ODP received questions that require clarification to the service definitions. The attached service definitions include clarifications that have been distributed to ODP's stakeholders in other correspondence since the service definitions went into effect July 1, 2009. The revisions and clarifications to the service definitions involve the:

- Addition of 1 service – Additional Individualized Staffing.
- Deletion of 2 services – Home Finding and Base-funded Respite, 15 Minutes.
- Addition of Prior Authorization requirements for Supplemental Habilitation and Additional Individualized Staffing.
- Revision of Travel Policy.

In addition to the above changes, many definitions were revised to promote greater clarity in the scope of the service, as well as to promote consistency in application of the definition.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

**The Appropriate Developmental Programs Regional Office**

**DISCUSSION:**

The attached service definitions narrative (Attachment 1) 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. Supports Coordination Organizations are responsible to use the correct services and codes in the development of Individual Support Plans (ISPs). All providers who are billing for Waiver and base services through PROMISe™ must use the local (“W” codes) and national healthcare codes (“T” codes) specified in the attachment for claims to be processed through PROMISe™. Electronic billers must use these codes to be in compliance with the Health Insurance Portability and Accountability Act (HIPAA). All Administrative Entities and County Programs must review ISPs during approval and authorization to ensure the correct transaction codes are utilized in the ISPs. Administrative Entities and County Programs must also review provider claims to ensure the correct codes are used in processing claims through PROMISe™.

**ATTACHMENTS:**

Attachment 1: Service Definitions Narrative for Consolidated Waiver, Person/Family Directed Support Waiver, Administrative Services, and Base-Funded Services

**OBSOLETE BULLETIN (effective July 1, 2010):**

00-08-17, *Service Definitions*