

Commonwealth of Pennsylvania
Office of Developmental Programs
Crosswalk Requirements for the Provider Cost Reports

Category of Service	Description of Changes	Crosswalk Adjustments for Cost Report
<ul style="list-style-type: none"> ▪ Home and Community Habilitation Services ▪ Licensed Day Services ▪ Prevocational Services ▪ Vocational Facilities ▪ Transitional Work Service ▪ Respite Services 	<ul style="list-style-type: none"> ▪ Same or similar descriptions for most procedure codes ▪ Addition of procedure code for 2:1 staffing ▪ Addition of procedure codes for “Enhanced” to distinguish between “Trained/Experienced” and “Credentialed” staff for 1:1 and 2:1 staffing ratios 	<p>Most services can be mapped from the current service descriptions to the new service descriptions. To the extent providers will use the new procedure codes for 2:1 staff ratio and enhanced staff for 1:1 and 2:1 staff ratios in SFY 2009/2010, the provider will need to evaluate prior year costs to identify the utilization for these services based on qualifications and time and report these in the appropriate column. Costs for the new procedure codes will need to be allocated appropriately. For example, if respite was provided 1:1 by a nursing, the staff time would then need to be identified and allocated to the new service code WXXX.</p>

Category of Service	Description of Changes	Crosswalk Adjustments for Cost Report
<ul style="list-style-type: none"> ▪ Residential Habilitation – Licensed ▪ Residential Habilitation – Unlicensed 	<ul style="list-style-type: none"> ▪ Procedure Codes added to distinguish the defined program capacity of the residence (e.g., Two-Person Home) ▪ Un-bundles Nursing, Therapies, Behavioral Support and Supplemental Habilitation Staff and other services that will be billed on a discrete basis based on the temporary or periodic need for additional support 	<p>Providers will need to determine how the utilization and costs associated with providing residential services, currently using the single residential habilitation code, will be distributed to the new residential habilitation procedure codes. Costs for nurses that are staffed on a permanent basis in a residence should be included in the residential codes. Costs for nursing services that are temporary or periodic in nature should be removed from residential codes. Additionally, providers will need to estimate the utilization and allocate the associated costs for the unbundled services and report these in the appropriate columns of the cost report. Please note that most unbundled services will be paid using a fee schedule rate and billed directly by the provider of the service and as such, these costs will need to be removed from the expenses related to delivering residential habilitation.</p>
<ul style="list-style-type: none"> ▪ Supported Employment 	<ul style="list-style-type: none"> ▪ Minor clarifications in description of service 	<p>Providers will need to determine how the utilization and costs currently associated with the single supported employment code will be distributed to the new procedure codes. Additionally, providers will need to estimate the utilization and allocate the associated costs for the new codes and report these in the appropriate columns of the cost report.</p>

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<ul style="list-style-type: none"> ▪ Nursing and Therapies 	<ul style="list-style-type: none"> ▪ Clarification regarding service provision ▪ Limited nursing to specific conditions ▪ Codes for services will be used for similar services un-bundled from the residential rate and billed discretely 	<p>As noted above, providers will need to estimate and exclude the utilization and remove the associated costs for nursing and therapy services that were provided on a temporary or periodic basis from the residential habilitation rate. This utilization and cost should be reported in the appropriate nursing and therapy columns of the cost report. Please note that these services will be paid using a fee schedule rate and billed directly by the provider of the service and as such, these expenses should not be bundled into another rate.</p>
<ul style="list-style-type: none"> ▪ Nursing and Therapies Consultation 	<ul style="list-style-type: none"> ▪ This is a new service available to unpaid caregivers in which a therapists or nurses work with unpaid caregivers to integrate activities in the home 	<p>This is a new service and providers will not have historical utilization or expenses to allocate to these procedure codes. Please note that these services will be paid using a fee schedule rate and billed directly by the provider of the service and as such, these expenses should not be bundled into another rate.</p>
<ul style="list-style-type: none"> ▪ Home Finding ▪ Environmental Accessibility Adaptations – Vehicles ▪ Environmental Accessibility Adaptations – Homes ▪ Adaptive Appliances and Equipment ▪ Homemaker/Chore Services ▪ Education Support Services 	<ul style="list-style-type: none"> ▪ Clarification of current definitions. ▪ Separated home and vehicle environmental accessibility adaptations to provide for separate services. 	<p>Providers will be able to map these services directly on a 1:1 basis.</p>
<ul style="list-style-type: none"> ▪ Companion 	<ul style="list-style-type: none"> ▪ This is new service that is provided when there is not a habilitative goal for the individual. 	<p>This is a new service and providers will not have historical utilization or expenses to allocate to these procedure codes.</p>

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<ul style="list-style-type: none"> ▪ Behavior Support 	<ul style="list-style-type: none"> ▪ This is a new service definition that will allow individuals under the direction of a Masters Level supervisory to develop behavior support plans. 	<p>Providers will need to estimate the utilization and associated costs for these services that were previously billed under home and community habilitation for behavior support should be allocated to this procedure code.</p>