



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

KEVIN T. CASEY
Deputy Secretary
Office of Developmental Programs

TELEPHONE NUMBER: (717) 787-3700
FAX: (717) 787-6583

Dear Provider,

Attached is a request for several pieces of information needed to develop the prospective payment rates for state fiscal year (SFY) 2009/2010. We are requesting information related to three issues, described below, to supplement information requested in the current cost report. All providers who submitted cost reports for SFY 2007/2008 must complete this data request.

Historical data reported in the cost reports for SFY 2007/2008 do not reflect certain provider costs that should be reflected in the SFY 2009/2010 payment rates. Three such changes are: 1) the change in the service definitions effective July 1, 2009, that clarifies that day program providers are responsible for all required staffing needs for waiver participants attending their programs; 2) the change in the service definitions effective July 1, 2009, that clarifies that residential habilitation providers are responsible for transportation to and from a day program for waiver participants who receive residential habilitation from the provider; and 3) mid-year or subsequent year changes in staff authorized through the IESF process to accommodate a waiver participant's change in need based on the IESF process.

Attachment 1 contains instructions (in Adobe Acrobat format) and a form (in Excel format) for completing a supplemental data request designed to provide the Office of Developmental Programs (ODP) with the data needed to make adjustments to the cost report data to develop prospective payment rates for SFY 2009/2010 that reflect these changes. **If any of these changes applies to you, please complete the appropriate worksheets in the attached Excel file labeled "Attachment1.xls."** If a specific change does not apply to you, and you therefore do not need to complete all worksheets, please indicate which changes do not apply to you in the "Comments" worksheet of the Excel data request. **If none of the changes applies to you, please submit the Excel file, confirming in the "Comments" worksheet that none of the changes applies to you.**

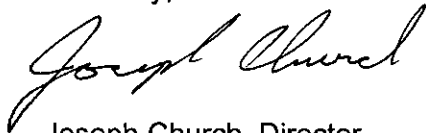
Please submit the requested information in the specified format no later than January 23, 2009. Completed data request files should be emailed to odpcostreporhelp@mercer.com. As stated in the attached instructions, you should submit the file with the following naming convention:

Attachment1_XXXXXXXXX.xls

where "XXXXXXXXX" is the provider's 9-digit MPI number.

The forms and detailed instructions are also available at www.odpconsulting.net (located under "What's New?"). If you have specific questions about this request or data submission, please submit such questions to odpcostreporthehelp@mercer.com.

Sincerely,

A handwritten signature in cursive script that reads "Joseph Church".

Joseph Church, Director
Bureau of Financial Management and Budget
Office of Developmental Programs
Department of Public Welfare