

Consolidated Waiver, Person Family Directed Support Waiver and Base Funded Services Definitions Narrative

General Comments

Consolidated Waiver and Person/Family Directed Support Waiver (P/FDSW) services are not available to persons from birth to their third birthday. Services funded by the waivers are also not available to individuals while they are living in public or private ICFs/MR, nursing homes, assisted living facilities, residential treatment facilities, correctional facilities, or drug and alcohol facilities.

The cost of P/FDSW services provided to any individual may not exceed the funding cap established in the current waiver or waiver as amended. There is no similar cap associated with the Consolidated Waiver.

The residential services, which include Child Residential Services, Community Residential Rehabilitation Services for the Mentally Ill, Community Homes for Individuals with Mental Retardation, Family Living Homes, and Residential Home and Community Habilitation Unlicensed Homes, are **only** available through the Consolidated Waiver and base allocation.

None of the services discussed in this document may be provided to individuals in their residences if the residences are provider owned, leased, or rented and serve more than ten people. Services may not be provided to individuals who live in licensed residential settings established prior to January 1, 1996 that are homes to more than ten unrelated individuals or in homes established on or after January 1, 1996 that are homes to more than four unrelated individuals. Services may be provided to individuals who reside in converted ICFs/MR of ten beds or less.

The need for services must be established through assessment processes and be documented in Individual Support Plans (ISPs).

In recognition of requirements to ensure individuals' health and welfare, to enable the achievement of the purpose of the provision of the service, to individualize services, and to account for differences in service delivery regulations and/or methods specific to different service settings, some of the services have unique sets of modifiers. The modifiers consist of multiple levels of staff to individual support ratios or support by staff that have had special training and/or experience.

While providing a framework through which the health and safety needs of individuals can be ensured and outcomes can be achieved, modified services also provide options to individuals and families who may choose enriched and/or more creative programs made possible through lower staff to individual ratios.

Family members may provide services funded through the waivers when qualified on a service-by-service basis and when the following conditions are met.

Person/Family Directed Support Waiver:

- In the case of providers who are family members, federal and state financial participation is excluded when the provider is a parent of a minor child (under the age of 18) or the provider is a spouse.
- The service provided is not a function which the spouse or parent would normally provide for the individual without charge as a matter of course in the usual relationship among members of a nuclear family.
- The service would otherwise need to be provided by a qualified provider.
- A qualified provider who is not a family member is either not available to provide the service or can only provide the service at an extraordinarily higher cost than the fee or charge negotiated with the qualified family member.

Consolidated Waiver:

- The service is not a function that a relative would normally provide for the individual without charge as a matter of course in the usual relationship among members of the nuclear family.
- The service would otherwise need to be provided by a qualified provider of services funded under the waiver.
- The service is provided by a relative who meets the same qualifications that are currently established for other non-licensed providers of services by the Department.

Home and Community Services

These services are for individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community.

A service that is included in another category of services, for example, Occupational Therapy, may not be provided as a Home and Community service and/or included in the rate charged for a Home and Community Service. The exception to this rule is in transportation services. When providers of Residential Home and Community Habilitation Licensed Homes and Residential Home and Community Habilitation Unlicensed Homes transport individuals to activities in accordance with their plans, the costs of transportation are included in the residential rates. The only transportation cost that may be included in the rate for services such as Pre-Vocational Services and

Transitional Work Services is the cost of transportation that is necessary for involving individuals in activities that are an integral part of these services. An example is transportation that originates from a provider site to a community activity or function that is part of the overall program of activities of the provider.

Home and Community Habilitation

This is a direct service (face to face) that must meet contractual conditions. This service is provided in home and community settings to assist individuals in acquiring, maintaining, and improving self-help, domestic, socialization and adaptive skills.

This service is not a residential service. For residential services, see Residential Home and Community Habilitation Licensed Homes and Residential Home and Community Habilitation Unlicensed Homes.

Home and Community Habilitation, however, is a service that may be provided to individuals in their homes when they live in residential settings serving 10 or fewer persons. These settings include Personal Care Homes and Domiciliary Care Homes. This service also may be provided to individuals in their own homes or the homes of family members with whom they may be living.

Through the provision of this service individuals learn, maintain or improve skills through their participation in a variety of everyday life activities of interest to them. They learn and use skills in the context of these activities, a functional approach to the delivery of services. These activities must be necessary for individuals to live in the community, to live more independently, or to be more productive and participatory in community life. Services must be provided in a manner that ensures individuals' health and welfare.

In addition to supporting individuals in activities typically associated with those occurring in their homes and the immediate community, the Home and Community Habilitation service may also be used to provide staff assistance to support individuals in the following ways:

- To participate in generic community programs or activities such as those offered by senior centers or YMCAs. There is, however, no entitlement to the purchase of memberships or admission passes to clubs, organizations, or parks.
- To participate in community projects, associations, groups, and functions, such as support that assists an individual to participate in a volunteer association, a community work project, or on public and private boards or advisory groups.
- To acquire assistance related to maintaining a household residence such as assistance in financial planning, managing home responsibilities and making timely payment of bills. This is not financial support for room or board expenses.
- To exercise rights as a citizen such as voting in elections.

- To learn parenting skills.
- To be financially self-sufficient such as assistance in personal and estate planning, preparing income taxes and record keeping.
- Indirectly through the development of self-sustaining functional support networks of family, friends and associates. This service is to enable individuals to access and use the resources of their local communities with the support of individuals other than paid staff.

There may be multiple uses of this service with multiple providers within any individual's plan as long as there is documented need and there is no conflict in regards to day and/or time. An individual, for example, may participate in activities that are community based to satisfy an outcome for an individual's independent use of generic services, a Home and Community Habilitation service, provided from 6:00 PM to 9:00 PM, Monday through Friday. The same individual could also be provided with a Home and Community Habilitation service that is home-based, scheduled Monday through Friday from 11:30 AM to 12:30 PM to support him/her in achieving an outcome of independent meal preparation.

This service should be coordinated with any service/s that may be provided in the Specialized Therapies and Related Clinical Services category to ensure consistency in services to individuals across service settings.

This service allows for standard of a contiguous state with written regional approval.

The code and service units for Home and Community Habilitation follow:

W7057	Base Staff Support	The provision of the service at a staff to individual ratio of no less than 1:6.	15 minutes
W7058	Staff Support Level 1	The provision of the service at a staff to individual ratio range of <1:6 - 1:3.5.	
W7059	Staff Support Level 2	The provision of the service at a staff to individual ratio range of <1:3.5 - >1:1.	
W7060	Staff Support Level 3	The provision of the service at a staff to individual ratio of 1:1	
W7061	Level 3 Enhanced	The provision of the service 1:1 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.	

Community Habilitation (Title 55, Chapter 2380, Adult Training Facilities)

This service is provided to address the same needs as Home and Community Habilitation. The differences are the settings in which services are provided and the regulatory standards that apply.

This is a direct service (face to face) that must meet contractual conditions and the regulatory requirements of the Pennsylvania Code, Title 55, Public Welfare, Chapter 2380, Adult Training Facilities.

This service allows for standard of a contiguous state with written regional approval.

The code and service units for Community Habilitation follow:

W7072	Base Staff Support	The provision of the service at a staff to individual ratio of no less than 1:6.	1/2 day (2.5 hours)- cannot exceed 2 units per day
W7073	Staff Support Level 1	The provision of the service at a staff to individual ratio range of <1:6 - 1:3.5.	
W7074	Staff Support Level 2	The provision of the service at a staff to individual ratio range of <1:3.5 - >1:1.	
W7075	Staff Support Level 3	The provision of the service at a staff to individual ratio of 1:1.	
W7076	Level 3 Enhanced	The provision of the service 1:1 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.	
Services with code W7072 through W7076 may be made available to individuals by providers in states contiguous to Pennsylvania when services meet comparable standards. Must have regional approval in writing.			

Pre-Vocational Service (Title 55, Chapter 2390, Vocational Facilities)

This is a direct service (face to face) that must meet contractual conditions and the regulatory requirements of the Pennsylvania Code, Title 55, Public Welfare, Chapter 2390, Vocational Facilities. This service is provided to individuals to prepare them for paid employment.

Individuals are taught concepts such as task completion, safety, problem solving, following direction and dependability. The service is not provided to teach skills required of a particular job task; instead, a variety of job tasks of interest to individuals are used to train appropriate work traits.

This service may not be funded through either waiver or through base allocation if it is available to individuals under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17)).

Individuals who participate in Pre-Vocational services in Chapter 2390 facilities may not earn in excess of 50 percent of the minimum wage and retain **P/FDSW funding** for the service.

The code and service units for Pre-Vocational Service follow:

W7087	Base Staff Support	The provision of the service at a staff to individual ratio of 1:15.	1/2 day (2.5 hours)- cannot exceed 2 units per day
W7088	Staff Support Level 1	The provision of the service at a staff to individual ratio range of <1:15 - 1:7.5.	
W7089	Staff Support Level 2	The provision of the service at a staff to individual ratio range of <1:7.5 - >1:1.	
W7090	Staff Support Level 3	The provision of the service at a staff to individual ratio of 1:1.	
W7091	Level 3 Enhanced	The provision of the service 1:1 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.	
		Services with codes W7087 through W7091 may be made available to individuals by providers in states contiguous to Pennsylvania when services meet comparable standards. Must have regional approval in writing.	

Home and Community Service

These services are provided to support individuals in the same or similar manner as Home and Community Habilitation.

Older Adult Day Service

This is a direct service (face to face) that must meet the regulatory requirements of the Pennsylvania Code, Title 6, Part 1 (Aging), Chapter 11, Older Adult Daily Living Centers.

By regulation, an older adult daily living center is a premise operated for profit or not-for-profit in which older adult daily living services are simultaneously provided for four or more clients who are not relatives of the operator for part of a 24-hour day.

A person served must be 60 years of age or 18 years of age or older and have post-stroke dementia, Parkinsonism or a dementia-related disease such as Alzheimer's or other organic brain syndrome.

Services are provided to individuals to assist in meeting their personal care and social needs.

This service allows for standard of a contiguous state with written regional approval.

The code and service units for Older Adult Day Services follow:

W7094	Older Adult Day Service (Title 6, Chapter 11, Older Adult Daily Living Centers)	Direct service (face to face) to meet regulatory requirements and/or contract conditions for older individuals with mental retardation. Services are provided to individuals to assist in meeting their personal care and social needs.	1/2 day (2.5 hours)- cannot exceed 2 units per day
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JCAHO Accredited/MA Certified Non-Residential Agencies Providing Community Habilitation

This is a direct service (face to face) that must meet contractual conditions that is provided in home and community settings to assist individuals in acquiring, retaining, and improving self-help, socialization and adaptive skills.

The code and service units for JCAHO Accredited Services follow:

W7096	JCAHO Accredited/ MA Certified Non-Residential Agencies Providing Community Habilitation	Direct service (face to face) and services to meet regulatory requirements and/or contract conditions provided in home and community settings to assist individuals in acquiring, retaining, and improving self-help, socialization and adaptive skills.	15 minutes
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Residential Home and Community Habilitation – Licensed Homes

This is a direct service (face to face) that must meet regulatory requirements of homes licensed under the Pennsylvania Code, Title 55, Public Welfare, Chapters 3800, 5310, 6400 or 6500. The service provided must also meet contractual conditions.

This service may not be provided to individuals who live in licensed residential settings established prior to January 1, 1996 that are homes to more than ten unrelated individuals or in homes established on or after January 1, 1996 that are homes to more than four unrelated individuals. This service may be provided to individuals who reside in converted ICFs/MR of ten beds or less. This size limitation does not apply to base funded residential services.

Residential Home and Community Habilitation – Licensed Homes services are only available through the Consolidated Waiver and base allocation.

Support is provided to assist individuals in acquiring, maintaining, and improving self-help, domestic, socialization and adaptive skills. The difference between the services is that a housing component is included in the residential service. **All homes must be integrated and dispersed.**

Child Residential Services (The residential section of Title 55, Chapter 3800, Child Residential and Day Treatment Facilities)

The code and service units for Child Residential Services follow:

	Child Residential Services (The residential section of Title 55, Chapter 3800 Child Residential and Day Treatment Facilities)	The Title 55, Chapter 3800 services that may be funded through the waiver are limited to residential service settings. Child residential services provided in secure settings, detention centers, and residential treatment facilities accredited by JCAHO may not be funded through the waiver.	1/2 month (11 to 21 days is 1/2 month)
W7097	Eligible	Service costs eligible for waiver funding.	
W7098	Ineligible	Service costs not eligible for waiver funding.	

Community Residential Rehabilitation Services for the Mentally III (CRRS), (Title 55, Chapter 5310)

According to regulations, Full-care CRRS for adults is a program that provides living accommodations for individuals who are psychiatrically disabled and display severe community adjustment problems. Staff is onsite whenever a person is in residence. A full range of personal assistance and psychological rehabilitation is provided for individuals in a structured living environment.

The code and service units for Community Residential Rehabilitation for the Mentally III follow:

	Community Residential Rehabilitation Services for the Mentally III (Title 55, Chapter 5310)	Community residential rehabilitation services (CRRS) are characterized as transitional residential programs in community settings for persons with chronic psychiatric disability. Full-care CRRS for adults. Excludes host homes. This is a service for people with mental retardation and mental illness.	1/2 month (11 to 21 days is a half month)
W7202	Eligible	Service costs eligible for waiver funding.	
W7203	Ineligible	Costs not eligible for waiver funding.	

Family Living Homes (Title 55, Chapter 6500)

Family Living Homes are somewhat different than other licensed homes. These settings provide for life sharing arrangements. Individuals live in their host families' homes and are encouraged to become contributing members of the family unit. Family living arrangements are chosen by individuals/families in conjunction with host families and in accordance with needs documented in their plans. Family Living Homes are limited to homes in which there are no more than two individuals with mental retardation living who are not family members or relatives of family members.

The code and service units for Family Living Homes follow:

	Family Living Homes (Title 55, Chapter 6500)	A Title 55, Chapter 6500 setting is a private home in which residential care is provided to one or two individuals with mental retardation and who are not relatives of the home owners. An individual is considered a child when under the age of 18.	
	Adults		1/2 month (11 to 21 days)
W7208	Eligible	Service costs eligible for waiver funding.	
W7209	Ineligible	Costs not eligible for waiver funding.	
	Children		1/2 month (11 to 21 days)
W7214	Eligible	Service costs eligible for waiver funding.	
W7215	Ineligible	Costs not eligible for waiver funding.	

Community Homes for Individuals with Mental Retardation (Title 55, Chapter 6400)

A community home for people with mental retardation is defined in the regulations as, "A building or separate dwelling unit in which residential care is provided to one or more individuals with mental retardation..."

The code and service units for Community Homes for Individuals with Mental Retardation follow:

	Community Homes for Individuals with MR (Title 55, Chapter 6400)	This service is made available to individuals in Title 55, Chapter 6400 settings.	1/2 month (11 to 21 days)
W7220	Eligible	Service costs eligible for waiver funding.	
W7221	Ineligible	Costs not eligible for waiver funding.	

Residential Home and Community Habilitation – Unlicensed Homes

Residential Home and Community Habilitation – Unlicensed Homes is a service that is only available through the Consolidated Waiver and base allocation.

This is a direct service (face to face) that must meet contractual conditions. It is a service that is provided to individuals who live in provider owned, leased, rented or family living homes. These are homes that don't 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.

Support is provided to assist individuals in acquiring, maintaining, and improving self-help, domestic, socialization and adaptive skills. The difference between the services is that a housing component is included in the residential services.

The code and service units for Residential Home and Community Habilitation follow:

	Residential Home and Community Habilitation - Unlicensed Homes	Direct service (face to face) and services to meet contract conditions provided in agency owned, leased, rented or family living homes to assist individuals in acquiring, retaining, and improving self-help, socialization and adaptive skills.	1/2 month (11 to 21 days)
W7226	Eligible	Service costs eligible for waiver funding.	
W7227	Ineligible	Costs not eligible for waiver funding.	

Employment Services

Competitive employment refers to paid employment in the public or private sector in integrated settings whereby individuals receive at least minimum wage, but generally the prevailing wage of co-workers performing the same job with comparable experience or expertise. Individuals are also entitled to the benefits, training and personnel related experiences as co-workers within the company performing comparable work.

There are two services in this service category. The services are Job Finding and Job Support. These services support individuals in obtaining and maintaining integrated, competitive employment.

These services may not be funded through either waiver or through base allocation if they are available to individuals under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17)).

Federal Financial Participation (FFP) will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in employment.
- Payments that are passed through to users of employment programs.
- Payment for training that is not directly related to an individual's employment.

Job Finding Service

The code and service units for Job Finding Service follow:

W7233	Job Finding Service	Services directed towards supporting individuals in transition to integrated competitive employment through work that occurs in a location other than a facility subject to Title 55, Chapter 2390.	15 minutes
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This is a direct (face to face) and/or indirect service that must meet contractual conditions. This service is directed towards preparing individuals for and obtaining integrated competitive employment of their choice. The service may include but is not limited to: interview assistance, employer outreach and orientation, resume preparation, job searching, and preparation for job tasks.

Other examples of activities that may be associated with job finding include participation in individual planning for employment, development of job seeking skills, development of customer-specific job development, direct intervention with an employer, job analysis, support to learn and relearn job tasks, employment related personal skills instruction, coordination of financial issues, maintenance of appropriate work and interpersonal behaviors on the job, outreach with prospective employers on behalf of the individual including consultation on tax advantages and other benefits, and consultation with the OVR, benefits counseling agencies and provider networks under Ticket to Work on behalf of an individual.

Job Support Service

This is a direct service (face to face) that must meet contractual conditions. This service is directed towards supporting individuals in maintaining integrated competitive jobs of their choice. The service consists of training individuals in job assignments, periodic follow-up and/or ongoing support with individuals and their employers. The service must be necessary for individuals to maintain acceptable job performance and work habits including assistance in learning new work assignments, maintaining job skills, and achieving performance expectations of the employer.

Other examples of activities that may be associated with job support include participation in individual planning for employment, job analysis, employment related personal skills instruction, coordination of financial issues, training to assist individuals in using transportation to and from work, maintenance of appropriate work and interpersonal behaviors on the job, follow-along services at the work site after OVR funded services are discontinued, technical assistance and instruction for the individual's co-workers that will enable peer support, outreach with prospective employers on behalf of the individual including consultation on tax advantages and other benefits, and consultation with the OVR, benefits counseling agencies and provider networks under Ticket to Work on behalf of an individual.

Ongoing use of the service is limited to support for individuals that cannot be provided by the employer through regular supervisory channels and/or on-the-job resources that are available to employees who are non-disabled.

The code and service units for Job Support Service follow:

W7235	Job Support Service	The provision of the service at a maximum staff to individual ratio of 1:20.	15 minutes
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Transitional Work Service

This is a direct service that must meet contractual conditions and is provided to support individuals in transition to integrated competitive employment through work that occurs in a location other than a facility subject to 55 PA Code 2380, and 55 PA Code 2390. Transitional work service options include, but are not limited to mobile work force, work station in industry, affirmative industry, apprenticeship and enclave.

This service may not be funded through either waiver or through base allocation if it is available to individuals under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17)).

The code and service units for Transitional Work Service follow:

W7237	Base Staff Support	The provision of the service at a staff to individual ratio range of 1:20	15 minutes
W7239	Staff Support Level 1	The provision of the service at a staff to individual ratio range of <1:20-1:10	15 minutes
W7241	Staff Support Level 2	The provision of the service at a staff to individual ratio range of <1:10 - >1:1	15 minutes

W7243	Staff Support Level 3	The provision of the service at a staff to individual ratio of 1:1.	15 minutes
W7245	Level 3 Enhanced	The provision of the service at a staff to individual ratio of 1:1 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.	15 minutes

Specialized Therapies and Related Clinical Services

This category of services includes therapies and nursing service. The therapy services include Physical Therapy, Occupational Therapy, Speech and Language Therapy, Behavior Therapy and Visual/Mobility Therapy. These therapies are limited to the codes, services and units specified. **Services similar to behavior support can be provided under Habilitation utilizing a minimum of staff support level two. Services similar to Nutritional Consultation can be provided by a nurse, but cannot be provided by a dietician.**

Physical Therapy, Occupational Therapy, Speech and Language Therapy, Nursing Services and the Behavior Therapies are State Medical Assistance Plan services and may only be funded through the waiver or base allocation when the “State Plan” limitations have been reached. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related services being provided.

All specialized supports must meet applicable regulations and contractual conditions.

Physical Therapy

The code and service units for Physical Therapy follow:

T2025	GP	Physical Therapy	Scope of Practice. Service delivered under an outpatient physical therapy plan of care. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
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The Physical Therapy Practice Act, Act 110 of 1975, as amended December, 1985 defines physical therapy as follows: “...means the evaluation and treatment of any person by the utilization of the effective properties of physical measures such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, mobilization and the use of therapeutic exercises and rehabilitative procedures including training in functional activities, with or without assistive devices, for the purpose of limiting or preventing disability and alleviating or correcting any physical or mental conditions, and the performance of tests and measurements as an aid in diagnosis or evaluation of function.

Occupational Therapy

The code and service units for Occupational Therapy follow:

T2025	GO	Occupational Therapy	Scope of Practice. Service delivered under an outpatient occupational therapy plan of care. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
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The Occupational Therapy Practice Act 140 of 1982 defines occupational therapy as follows: “The evaluation of learning and performance skills and the analysis, selection and adaptation of activities for an individual whose abilities to cope with the activities of daily living, to perform tasks normally performed at a given stage of development and to perform essential vocational tasks which are threatened or impaired by that person’s developmental deficiencies, aging process, environmental deprivation or physical, psychological, injury or illness, through specific techniques which include: (1) Planning and implementing activity programs to improve sensory and motor functioning at the level of performance for the individual’s stage of development. (2) Teaching skills, behaviors and attitudes crucial to the individual’s independent, productive and satisfying social functioning. (3) The design, fabrication and application of splints, not to include prosthetic or orthotic devices, and the adaptation of equipment necessary to assist patients in adjusting to a potential or actual impairment and instructing in the use of such devices and equipment. (4) Analyzing, selecting and adapting activities to maintain the individual’s optimal performance of tasks to prevent disability.”

Speech and Language Therapy

The code and service units for Speech and Language Therapy follow:

T2025	GN	Speech and Language Therapy	Scope of Practice. Service delivered under an outpatient speech language pathology plan of care. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
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The Commonwealth of Pennsylvania, Pennsylvania Code, Title 49, Professional and Vocational Standards, Department of State, Chapter 45, State Board of Examiners in Speech-Language and Hearing provides the following service descriptions:

“Practice of audiology – The evaluation, counseling, habilitation and rehabilitation of individuals whose communication disorders center in whole or in part in the hearing function, including the prevention, identification, examination, diagnosis

and treatment of conditions of the human auditory system, and including the examination for, and adapting of amplification or assistive devices.”

“Practice of speech-language pathology – The evaluation, counseling, habilitation and rehabilitation of individuals whose communicative disorders involve the functioning of speech, voice or language, including the prevention, identification, examination, diagnosis and treatment of conditions of the human speech-language system, and including the examination for, and adapting and use of assistive devices.”

Nursing Service

The code, service units and modifiers for Nursing Services follow:

T2025	TD	Nursing Service-RN	Consultation, and training within scope of practice. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
T2025	TE	Nursing Service-LPN	Consultation, and training within scope of practice. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
T2025	UF (6 Hrs.) and TD	Nursing Service	RN Morning. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
T2025	UG (6 Hours) and TD	Nursing Service	RN Afternoon. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
T2025	UH (6Hours) and TD	Nursing Service	RN Evening. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
T2025	UJ (6 Hours) and TD	Nursing Service	RN Night. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
T2025	UF (6Hours); and TE	Nursing Service	LPN Morning. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
T2025	UG (6 Hours) and TE	Nursing Service	LPN Afternoon. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
T2025	UH (6Hours) and TE	Nursing Service	LPN Evening. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours

T2025	UJ (6 Hours) and TE	Nursing Service	LPN Night. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
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The Pennsylvania Code, Title 49, Professional & Vocational Standards, Department of State, Chapter 21, State Board of Nursing provides the following service definition:

“Practice of professional nursing – Diagnosing and treating human responses to actual or potential health problems through such service as case finding, health teaching, health counseling, provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The term does not include acts of medical diagnosis or prescription of medical, therapeutic or corrective measures, except as may be authorized by rules and regulations jointly promulgated by the State Board of Medicine and the Board, which rules and regulations will be implemented by the Board.”

Behavior Therapy

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. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.

Individual Behavior Therapy

The code and service units for Individual Therapy follow:

T2025	HE	Individual Therapy	Individual therapy, insight oriented behavior modifying and/or supportive, in an office or outpatient facility, 20 to 30 minutes face-to face with the patient. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
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Group Behavior Therapy

The code and service units for Group Therapy follow:

T2025	HE, HQ	Group Therapy	Interactive group psychotherapy. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
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Visual/Mobility Therapy

The code and service units for Visual and Mobility Therapy follow:

W7246	Visual/Mobility Therapy	Evaluation and consultation for individuals who are blind or have visual impairments.	15 minutes
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This therapy is for individuals who are blind or have visual impairments. The provision of therapy is for the purpose of increasing individuals' travel skills and/or access to items used in activities of daily living.

This service may include evaluation and assessment of individuals and the environments in which they interact, direct service (face to face) to individuals, and training of support individuals. The provision of this service may result in recommendations for adapting environments or purchasing adaptive appliances.

Respite Services

Respite services are for the temporary relief of the person/s normally responsible for the care and supervision of individuals in service. These services are not to replace the responsibility of members of the nuclear family to provide care and supervision that would normally occur in a family situation.

When there is an ongoing and regular need for the relief of caregivers, the more appropriate service is Home and Community Habilitation where there is the expectation that individuals will receive a service that is of greater benefit to them than basic care and supervision.

These services are limited to individuals residing in their own homes or in the homes of family, friends, companions, foster homes or domiciliary homes.

Twenty four hour respite is limited to four weeks per fiscal year. Respite that is less than 24 hours is limited to a recommended maximum of four times per month but may be adjusted by the County MH/MR Office based on individual need. The Regional Offices in accordance with Title 55, Chapter 6350, Family Resource Services, Section 6350.16, Waiver option may approve waivers of these limitations on an individual basis. These limitations also apply to the respite services that are provided in camp settings that are included in the Other Services category.

Respite may not be provided in Nursing Homes, Hospitals, or ICFs/MR.

Respite In-Home 24 Hours

The code and service units for In-Home Respite -24 Hours follow:

		Respite-In Home-24 hours	This service is provided in the private homes of individuals or the homes of their family or friends. The service may also be provided in other unlicensed homes acceptable to individuals/families.	Day
W7247		Base Staff Support	The provision of the service at a staff to individual ratio of 1:4.	
W7248		Staff Support Level 1	The provision of the service at staff to individual ratio range of <1:4 - >1:1.	
W7249		Staff Support Level 2	The provision of the service at a staff to individual ratio range of 1:1.	
W7250		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 an individual. This also includes service at a staff to individual ratio of 2:1.	

Respite In-Home 15 minutes

The code and service units for In-Home Respite -15 Minutes follow:

	Respite- In Home- 15 minutes	This service is provided in the private homes of individuals or the homes of their family or friends. The service may also be provided in other unlicensed homes acceptable to individuals/families.	15 minutes
W7255	Base Staff Support	The provision of the service at a staff to individual ratio of 1:4.	
W7256	Staff Support Level 1	The provision of the service at a staff to individual ratio of <1:4->1:1	
W7257	Staff Support Level 2	The provision of the service at a staff to individual ratio range of 1:1.	
W7258	Staff Support Level 2 Enhanced	The provision of the service 1:1 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.	

This service is provided in individuals' private homes or in the private homes of family or friends. The service may also be provided in other unlicensed homes acceptable to individuals/families. This does not prohibit supporting individuals' participation in activities in the community during the period of respite.

There is no requirement for the regular caregiver to be absent from the setting in which respite is provided.

Respite- Out of Home-24 Hours

This service is provided in licensed (3800, 5310, 6400 and 6500) homes. There is no prohibition of the support of individuals' participation in activities in the community during the period of respite.

The code and service units for out of Home Respite -24 Hours follow:

		Respite - Out-of-Home - 24 hours	This service is provided in licensed (6400and 6500) homes.	Day
W7259		Base Staff Support	The provision of the service at a staff to individual ratio of 1:4.	
W7260		Staff Support Level 1	The provision of the service at a staff to individual ratio of <1:4->1:1	
W7261		Staff Support Level 2	The provision of the service at a staff to individual ratio range of 1:1.	
W7262		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 an individual. This also includes service at a staff to individual ratio of 2:1.	

Respite- Out of Home- 15 minutes

The code and service units for Out of Home Respite 15 minutes follow:

		Respite- Out of Home- 15 minutes	This service is provided in licensed (6400and 6500) homes.	15 minutes
W7267		Base Staff Support	The provision of the service at a staff to individual ratio of 1:4.	
W7268		Staff Support Level 1	The provision of the service at a staff to individual ratio of <1:4->1:1	
W7269		Staff Support Level 2	The provision of the service at a staff to individual ratio range of 1:1.	
W7270		Staff Support Level 2 Enhanced	The provision of the service 1:1 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.	

Transportation Service

This service is the provision of transportation for individuals to enable them to access services, activities, or supports in accordance with their individual support plans (ISPs).

This includes transportation that is provided by Adult Training Facilities, Pre-Vocational Service and Transitional Work Service providers who transport individuals to and from their homes and provider sites. It is **not** transportation that is an integral part of the provision of activities within these service settings nor is it transportation associated with residential services. In both of these cases, costs of transportation are included in the rates charged for the specific service.

This is a service that may also be provided by family members, friends, and others not affiliated with a provider agency.

Transportation – Mile

The code and service units for Transportation (Mile) follow:

W7271	Transportation (Mile)	Transportation by family, friends, or others not affiliated with a provider agency. When transportation is provided to more than one individual at a time, the total number of units of service provided is equitably divided among the individuals for whom transportation is provided. The mileage cost may not exceed the state rate.	1 mile
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This transportation service is provided by family, friends, or others not affiliated with a provider agency. The unit of service is one mile. When transportation is provided to more than one individual at a time, the total number of units of service that are to be provided are equitably divided among the individuals for whom transportation is provided. The rate may not exceed the current state rate for mileage reimbursement.

Public Transportation

The code and service units for Public Transportation follow:

W7272	Public Transportation	Public transportation for individuals enabling access to services and activities in accordance with their ISPs.	outcome based
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Public transportation services are provided to individuals to enable them to gain access to waiver and other community services and resources specified in their Individual Support Plans.

The utilization of public transportation promotes self-determination and is made available to individuals as a cost effective means of accessing services.

Public transportation tokens and transit passes can be purchased by the County/Joinder, County/Joinder contracted service providers, service coordination units, County/Joinder contracted payment agents, or Intermediary Service Organizations (ISOs).

Tokens/passes can be provided to individuals on a daily, weekly or monthly basis.

Transportation-Individual

This is transportation provided to an individual for non-emergency purposes.

The code and service units for Individual Transportation follow:

W7273	Transportation (Individual)	Individual, non-emergency transportation	per diem
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Transportation – Trip

This is transportation by provider agencies (excluding transportation for residential services) for which costs are determined on a per trip basis. A trip is either transportation to a provider site from an individual’s home or from the provider site to the individual’s home. Taking an individual to a program site and returning the individual to his/her home is two trips or two units of service.

The code and service units for Trip Transportation follow:

W7274	Zone 1	A defined geographical area that is the shortest distance from the program site.	per trip (one way)
W7275	Zone 2	A defined geographical area that represents a middle distance from the program site.	per trip (one way)
W7276	Zone 3	A defined geographical area that is the longest distance from the program site.	per trip (one way)

Home Finding

The code and service units for Home Finding follow:

W7277	Home Finding	Direct (face to face) and indirect services directed towards assisting individuals in finding homes and establishing households in accordance with their needs.	flat fee
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Environmental Accessibility Adaptations

This service is provided to improve individuals' independence in activities of daily living in their homes and communities and/or to make possible their continued care and support in their homes or the homes of family members.

This is made possible through physical adaptations to individuals'/families' private properties and vehicles. The adaptations provide for safe and independent or assisted access to homes and rooms within homes, for the safe and functional use of furnishings and appliances within homes, and/or to facilitate individuals' involvement in activities of daily living or other activities in accordance with their ISPs.

Physical adaptations may consist of installation, repair, and when necessary to comply with rental or lease agreements, return of properties to their original condition.

Maximum state and federal funding is limited to \$20,000 per household, which includes adaptations to any personal vehicles used by the person/family residing in the household. If the individual moves, another \$20,000 limit applies.

Physical adaptations to vehicles are limited to the following:

- Vehicular lifts.
- Interior alterations of seats, for proper positioning and safety of the individual.
- Other customized devices necessary for the safe transportation of the individual.

All adaptations to the household shall be provided in accordance with applicable building codes.

The code and service units for Vehicle Accessibility Adaptations follow:

W7278	Environmental Accessibility Adaptations	Adaptations to vehicles for improved access and/or safety.	outcome based
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Physical adaptations to a household are limited to the following items:

- Ramps for egress to the home, rooms within the home, or vehicle.
- Handrails and grab bars in and around the home.
- Adaptation of a smoke/fire alarm or detection system for individuals with sensory impairments.
- Widening of doorways, landings, hallways, and sidewalks.
- Modification of counters or work surfaces, major appliances, and furnishings including built-in furnishings in rooms such as kitchens, bathrooms and bedrooms necessary for use by the individual.
- Stair glider and elevating systems.

Adaptations that add to the total square footage of the home are excluded from this service.

The code and service units for Home Accessibility Adaptations follow:

W7279	Environmental Accessibility Adaptations	Adaptations to homes for improved access and/or safety.	outcome based
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Adaptive Appliances/Equipment

The code and service units for Adaptive Appliances/Equipment follow:

W7280	Adaptive Appliances/Equipment	The purchase or modification of items for increased functional involvement by individuals in activities of daily living.	outcome based
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This service is provided for individuals to improve their independence in activities of daily living in the home and community. This is made possible through the purchase of adaptive appliances and equipment or the modification of standard appliances and equipment for functional use by individuals.

Examples of appliances and equipment that are or may be adapted include but are not limited to; eating utensils such as scoop plates, spout cups, and silverware with modified handles, cooking and cleaning equipment, personal care items such as toothbrushes, soap holders, or washcloths, communication devices such as electronic language boards, switching devices used to control

electrical appliances or thermostats, reaching devices, or other devices or equipment as specified in the individuals' plans.

The following adaptive devices and appliances are excluded from Federal and State financial participation under the waivers:

- Instructional supplies, workbooks, and materials used as habilitation or training aid to the provider.
- Durable medical equipment.
- Home modifications and adaptations that are affixed to the individuals home.

Habilitation Supplies

The code and service units for Habilitation Supplies follow:

W7281	Habilitation Supplies	Supplies for direct use by individuals and/or caregivers to address health and safety needs. Supplies are limited to those listed in the long definitions document.	outcome based
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These are supplies for direct use by individuals and/or caregivers to address health and safety needs. These supplies are limited to adult incontinence products, physician ordered dietary supplements and latex gloves.

Homemaker/Chore

This is an indirect service to individuals and is the provision of general household activities such as meal preparation and routine house cleaning. More extensive services are also included when those services are necessary to maintain the home in a clean, sanitary and safe condition. More extensive duties include washing floors, walls, and windows; repairs such as tacking down rugs or loose tiles; moving heavy furniture to ensure safe access and egress; and yard maintenance.

This service may only be provided when persons regularly responsible for these activities are temporarily absent or unable to manage the home and care for themselves or others in the home, or where neither the service recipient or anyone else in the household is capable of performing or financially providing for the service and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of, or responsible for, the provision of the service. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to authorization of service.

The initial duration of this service is limited to one month. A mandatory two week interval must be observed for evaluation purposes prior to any extension of this service. After six weeks, additional criteria must be met to extend the service. An extension requires the County MH/MR Office to document the lack of feasibility of other alternatives. Specific goals must be determined and reasonable time limits to meet them must be established. Consolidated Waiver funding for this service may not exceed \$2000 per fiscal year. There is no funding cap on this service in the P/FDSW.

The code and service units for Chore follow:

W7282	Chore	Chore services are more extensive services that are necessary to maintain the home in a clean, sanitary and safe condition. More extensive duties include washing floors, walls, and windows; repairs such as tacking down rugs or loose tiles; moving heavy furniture to ensure safe access and egress; and yard maintenance. The initial duration of this service is limited to one month. A mandatory 2-week interval must be observed for evaluation purposes prior to any extension of this service. After six (6) weeks, additional criteria must be met to extend the service. Consolidated Waiver funding for homemaker and chore services combined may not exceed a total of \$2000 in a fiscal year. There is no funding cap for this service in the P/FDSW.	1 Hour
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The code and service units for Homemaker follow:

W7283	Homemaker	This is an indirect service to individuals and is the provision of general household activities such as meal preparation and routine house cleaning. The initial duration of this service is limited to one month. A mandatory 2-week interval must be observed for evaluation purposes prior to any extension of this service. After six (6) weeks, additional criteria must be met to extend the service. There is no funding cap for this service in the P/FDS Waiver. The combined consolidated cap on Homemaker and Chore services is \$2000 per fiscal year.	1 hour
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Career Education

The code and service units for Career Education follow:

W7284	Career Education	Support, in the form of payment, for continuing education courses and training beyond high school that enables an individual to pursue a career.	outcome based
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Respite – Overnight Camp

The code and service units for Respite-Overnight Camp follow:

W7285	Respite - Overnight Camp	The temporary support/supervision of individuals in the absence/relief of their regular caregivers. This service is provided in residential camp settings. Respite in a residential camp is not contingent upon an emergency situation. This service shall not exceed four (4) weeks within a fiscal year except by waiver by Regional Offices on an individual basis.	Day
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Twenty-four hour Respite including Respite – Overnight Camp is limited to four weeks per fiscal year. The Regional Offices in accordance with Title 55, Chapter 6350, Family Resource Services, Section 6350.16, Waiver option, may approve waivers of these limitations on an individual basis.

This service is the temporary support/supervision of individuals in the absence/relief of their regular caregivers. This service is provided in a residential camp setting. This respite service in combination with any overnight respite used in the services, Respite In-Home or Respite Out-Of-Home is limited to four weeks per year.

Respite – Day Camp

The code and service units for Respite-Day Camp follow:

W7286	Respite - Day Camp	The temporary support/supervision of individuals in the absence/relief of their regular caregivers. Respite in a day camp setting is not contingent upon an emergency situation. The recommended maximum of four (4) sessions per family per month may be adjusted by County MH/MR Offices based on individual need.	Day
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Respite that is less than 24 hours including Respite – Day Camp is limited to a recommended maximum of four times per month but may be adjusted by the County MH/MR Office based on individual need. The Regional Offices in accordance with Title 55, Chapter 6350, Family Resource Services, Section 6350.16, Waiver option, may approve waivers of these limitations on an individual basis.

This service is the temporary support/supervision of individuals in the absence/relief of their regular caregivers. This service is provided in a day camp setting.

Family Support Services (These services are limited to base funding only)

Respite Care

Respite care services are the same as in home respite services, with the following exception: The FRS program permits respite care in a general hospital or nursing home when there is documented medical need and the County MH/MR administrator has approved the placement.

Respite Care-24 Hours-Out of Home

The code and service units for Out of Home Respite Care-24 Hours follow:

	Respite Care-24 Hours- Out of Home	This service is the same as in home respite services, with one exception related to sites in which the service may be provided. The FRS Program permits respite care in a general hospital or nursing home when there is documented medical need and the County MH/MR Administrator approves the person's placement in a medical facility.	
W7287	Base Staff Support	The provision of the service at a staff to individual ratio of 1:4.	Day
W7288	Staff Support Level 1	The provision of the service at a staff to individual ratio of <1:4->1:1	
W7289	Staff Support Level 2	The provision of the service at a staff to individual ratio range of 1:1.	
W7290	Staff Support Level 2 Enhanced	The provision of the service 1:1 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.	

Respite Care-Out of Home-15 minutes

		Respite Care-Out of Home- 15 minutes	This service is the same as in home respite services, with one exception related to sites in which the service may be provided. The FRS Program permits respite care in a general hospital or nursing home when there is documented medical need and the County MH/MR Administrator approves the person's placement in a medical facility.	15 minutes
W7301		Base Staff Support	The provision of the service at a staff to individual ratio of 1:4.	
W7302		Staff Support Level 1	The provision of the service at a staff to individual ratio of <1:4->1:1	
W7303		Staff Support Level 2	The provision of the service at a staff to individual ratio range of 1:1.	
W7304		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 an individual. This also includes service at a staff to individual ratio of 2:1.	

Family Aide

The family aide service provides for the care and supervision of family members other than the family member with mental retardation.

The code and service units for Family Aide follow:

	Family Aide	The family aide may be responsible for the care and supervision of family members other than the family member with mental retardation.	
W7310	Base Staff Support	The provision of the service at a staff to individual ratio of no less than 1:6.	
W7311	Staff Support Level 1	The provision of the service at a staff to individual ratio range of <1:6 - 1:3.5.	
W7312	Staff Support Level 2	The provision of the service at a staff to individual ratio range of <1:3.5 - >1:1.	
W7313	Staff Support Level 3	The provision of the service at a staff to individual ratio of 1:1	
W7314	Level 3 Enhanced	The provision of the service 1:1 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.	15 minutes

Special Diet Preparation

Assistance in the planning or preparation of meals for medically involved clients who require significant modification to a routine diet.

The code and service units for Special Diet Preparation follow:

W7315	Special Diet Preparation	This service is assistance in the planning or preparation of meals for individuals who require significant modification to a routine diet.	outcome based
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Recreation/Leisure Time Activities

This service is designed to provide for the individual to participate and experience regular community leisure-time activities and to increase his or her physical or psycho-social development. Participation in activities with non-related people, within the community, is encouraged.

The code and service units for Recreation/Leisure Time Activities follow:

W7316	Recreation/Leisure Time Activities	This service is to enable individuals to participate in regular community activities of a recreational nature.	outcome based
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Home Rehabilitation

The home rehabilitation service includes the minor renovation to a family's home to provide for continued care of the individual with mental retardation in their own home.

The code and service units for Home Rehabilitation follow:

W7317	Home Rehabilitation	This service is the minor renovation to a family's home to enable the continued care and support of the individual with mental retardation in the home.	outcome based
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Intermediary Service Organization (ISO)

An Intermediary Service Organization (ISO) provides an indirect service that must meet contractual conditions. The service assists individuals/representatives in the employment and management of individual providers of service.

ISO Service

The service provided by an ISO may include:

Under the Vendor Fiscal/Employer Agent ISO model:

- Functioning as an employer agent on behalf of individuals and their representatives, the common law employer, for the limited purpose of withholding, filing and paying federal employment taxes and income taxes, as required for the individuals' qualified support services workers.

The code and service units for Intermediary Service Organization (ISO) Vendor Fiscal/Employer Agent ISO follow:

W7318	Intermediary Service Organization (ISO) Vendor Fiscal/Employer Agent ISO	An indirect service that must meet contractual conditions that facilitates individuals/representatives in the employment and management of individual providers of service of their choice.	per month
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Under the Agency with Choice ISO model:

- Functioning as the common law employer
- Invoicing the government agency for services rendered
- Processing employment documents
- Conducting criminal background checks on prospective workers
- Preparing and disbursing payroll checks
- Providing workers compensation for workers
- Providing a variety of support services to individuals/representatives (i.e., skills training, development and maintenance of a worker registry, and conducting individual needs assessments)
- Conducting worker training

- Monitoring quality of services provided and individual/representative satisfaction

The code and service units for Intermediary Service Organization (ISO) Agency with Choice ISO follow:

W7319	Intermediary Service Organization (ISO) Agency with Choice ISO	An indirect service that must meet contractual conditions that facilitates individuals/representatives in the employment and management of individual providers of service of their choice.	per month
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FSS/Consumer Payment

FSS/Consumer payment provides an indirect service that must meet contractual conditions facilitating individuals in the employment and management of individual providers of service of their choice.

The code and service units for FSS/Consumer Payment follow:

W7320	FSS/Consumer Payment	This is an indirect service to allow cash and/or voucher payments to individuals/families for Family Support Services rendered.	dollar
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